
Child Protection Network

Ministry of Social Affairs, Labour, Vocational Training
and Youth Rehabilitation
and
UNICEF Cambodia

Findings and recommendations
of the external evaluation

Phnom Penh, January 2004

Acknowledgments

Our first and foremost appreciation goes to all the children, who have greatly contributed to our understanding of their problems and the issues they are facing. The children spoke freely about their lives and hopes for the future, and the evaluation team is grateful that they shared their precious time and their lives with us so openly.

Our special thanks also go to all the provincial coordinators, permanent secretaries and UNICEF staff, who organised our visits and provided valuable inputs and information. The Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation assisted through national, provincial and district staff, thus enabling the team to meet with government officials at all levels.

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Acronyms

CAR	Child (Children) At Risk
CASD	Community Action for Social Development
CBCP	Community-based Child Protection
CEDAW	Convention for the Elimination of Discrimination Against Women
CNCC	Cambodian National Council for Children
CNSP	Children in Need of Special Protection
CPN	Child Protection Network
CRC	Convention on the Rights of the Child
CSH	Community Social Helper
CWCC	Cambodian Women's Crisis Centre
CWG	Commune Working Group
DAC	Disability Action Council
DCPC	District Child (Rights) Protection Committee
DOLA	District Office for Local Administration
DRDC	District Rural Development Committee
DSALVY	Provincial Department of Social Affairs, Labour, Vocational Training and Youth Rehabilitation
DWG	District Working Group
EPSSEG	Education as a Preventative Strategy Against the Sexual Exploitation of Girls
FRA	Field Relief Agency
ILO	International Labour Organisation
IOM	International Organisation for Migration
KAP	Knowledge Attitudes and Practises
MOSALVY	Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation
MOWVA	Ministry of Women's and Veterans' Affairs
NGO	Non Governmental Organisation
OSALVY	District Office of Social Affairs, Labour, Vocational Training and Youth Rehabilitation
PAP	Priority Action Plan
PCPC	Provincial Child (Rights) Protection Committee
PLG	Partnership for Local Governance
PLWHA	People living with HIV/AIDS
POLA	Provincial Office for Local Administration
PRDC	Provincial Rural Development Committee
PWG	Provincial Working Group
IPEC	International Programme for the Elimination of Child Labour
Seth Koma	Community Action for Child Rights
SWOC	Strengths Weaknesses Opportunities and Constraints
UNICEF	United Nations Children's Fund
VAC	Village Action Plan
VDC	Village Development Committee
VHV	Village Health Volunteers

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I. EXECUTIVE SUMMARY

This evaluation covers two components of the UNICEF-supported Child Protection Network: the Community-Based Child Protection (CBCP) network and the Provincial Child Protection Committees (PCPC). Both programmes are technically and financially supported by UNICEF Cambodia's Children in Need of Special Protection (CNSP) section.

The CBCP programme was initiated in 1999 as a pilot in Battambang province, in close relation with the Seth Koma section of UNICEF. To date, the CBCP network covers 660 villages in 5 provinces. It operates in two convergence provinces alongside other UNICEF programmes and in three provinces on a standalone basis. The CBCP aims at establishing community-based support systems for children-at-risk and children in need in special protection. This includes identification, diagnosis and action. The network ranges from the village to the provincial level.

Children are being identified through interviews by volunteer Community Social Helpers (CSH). The CSH have interviewed over 56,000 children and found that 46 per cent of the children were at risk and 8 per cent in need of special protection. Based on the assessment, services have been provided to some children. However, the support was limited and mostly on a one-off basis. The Village Social Fund, which has been established in all villages, has been able to provide some immediate and small assistance for children, mainly for school integration and in some cases the provision of cash and rice. The Government has contributed limited amounts of assistance to children, notably orphans and abandoned children. Children were referred to specialised services, where they were available.

There is no doubt that a community-based approach is the most appropriate for the majority of children in need of special protection. However, there is some concern that the CBCP was established and expanded without undertaking a substantial assessment of child needs and protection issues in the target areas. As a result, information on children's issues that is needed to ensure that interventions are focused and relevant is lacking. It is also problematic to make community-based services rely on volunteer contributions, in the form of CSH as well as the village social funds.

Generally, the programme is inadequately documented, which is a major shortcoming for a project of this size. As a result, learning appears to be limited and provincial approaches differ considerably. From a structural point of view, the CBCP lacks a policy framework that would provide it with the necessary legitimacy and pressure to mobilise stakeholders from the national to community level.

The CBCP has shortcomings in its management and reporting structures, which will need to be addressed if it is to become an effective mechanism for child protection. In order to achieve this the CBCP should develop a framework that clearly outlines its objective, outputs and indicators to be achieved. In addition, the programme should have an operational manual with detailed information on how the network works. This should be supported by a policy framework, which sanctions the CBCP as a government-sponsored initiative.

As a principle, the CBCP should start interventions in target areas only after conducting a thorough assessment to explore local needs, prepare for focused interventions for children in need, and gain support from local authorities.

It is recommended that the number of children to be assisted through the CBCP be reduced. The high number of poverty cases has burdened the programme with too many cases it is not able to assist effectively. So the categories of CAR and CNSP should be reviewed and the list shortened. The reports indicate that orphans, abandoned and neglected children, and children with disabilities form the largest group of CNSP. These groups could be assisted through village-based interventions in addition to a referral system. However, there are substantial differences in the perceptions of problems that children face, with many district- and provincial-level authorities quoting sexual abuse and trafficking as major issues.

The involvement of MOSALVY should be strengthened at all levels. The central level should take more responsibility in programme management, including planning, monitoring and evaluation. The provincial and district level of MOSALVY should take on the responsibility to give advice to the commune and village levels, as well as provide training, supervise activities and assist in the referral of children.

Some forms of abuse that were reported less frequently, such as sexual abuse and exploitation, trafficking and hazardous labour, should be addressed by means other than the present one. The interviews have not been effective in identifying such cases. A system where children can turn to in times of stress appears to be more suitable.

Awareness-raising has been undertaken by the CBCP, but it has been insufficiently documented. The information available suggests that awareness-raising campaigns need to be better prepared. They should be based on existing knowledge, attitudes and practices, and the local situation should be taken into consideration.

The PCPC have taken different forms in all the provinces visited. Generally, they are considered too big to be effective. They also lack a clear link to national-level institutions or policies. But the secretariat attached to the PCPC has been successful in mobilising some assistance for difficult cases and to initiate referrals.

The PCPC have not contributed substantially to the development of child rights and child protection programmes in any of the provinces. Generally, the coordination provided by committees and the attached secretariat has been appreciated, but it is felt that this could have been achieved through less formal mechanisms. The PCPCs have not been able to include child rights issues into the mainstream development bodies at the provincial level. The Provincial Rural Development Committee (PRDC) should be a more appropriate body to mainstream child rights issues. This implies that no further committees are needed, prior to having an agreement and commitment from the national and provincial levels to do so.

II. INTRODUCTION

A. *Background of the Child Protection Network (CPN)*

The UNICEF Child Protection Network (CPN) was established in 1999 in Battambang and Banteay Meanchey provinces. Based on that first pilot experience, the concept was later on integrated into UNICEF Cambodia's country strategy. In 2001 and 2002, in partnership with the Ministry of Social Affairs, Labour, Vocational training and Youth rehabilitation (MOSALVY), the CPN was extended to 2 out of 6 UNICEF convergence provinces (Svay Rieng and Prey Veng) as well as to urban and border areas where child protection is a major concern (Phnom Penh, western districts of Banteay Meanchey and Battambang).

The overall goal of the CPN is to prevent child abuse, neglect and exploitation. The CPN consists of a network of different resource persons and professionals acting at different levels. It has two components – the Community-Based Child Protection (CBCP) and the Provincial Child Protection Committees (PCPC).

Community-Based Child Protection (CBCP)

The CBCP is a network with stakeholders at village, commune, district, province and national level (see page 49 for details). Its general objectives are¹:

- To develop child protection in the villages;
- To improve the care of children at risk and children in need of special protection through the strengthening of human resource knowledge, skills and attitude, and through the development of intersectoral involvement; and
- To develop prevention and early-intervention strategies that address children at risk before the need for special protection.

The operational objectives of the programme are²:

- To increase awareness and knowledge about children at risk and children in need of special protection in the community;
- To implement activities that appropriately address psychosocial problems of children in rural areas or in disadvantaged urban areas, such as squatter communities, and that will include identification, diagnosis, early-intervention, action and referral mechanisms; and
- To improve protection activities at the village level through the participation of the communities themselves.

At the village level, Community Social Helpers (CSH) and Village Development Committee (VDC) focal points are selected and trained to: (i) identify children at risk or in need of special protection; (ii) counsel their families; and (iii) if necessary, to present the case during case conferences to a multisectoral working group at the commune level in order to identify a solution or facilitate the referral to available services. CSH also disseminate within the community preventive information on issues such as sexual exploitation, trafficking, domestic violence, addiction and HIV/AIDS. Commune Working Groups (CWG) were formed to support the village

¹ Training Manual on Child Protection for Community Social Helpers and VDC Focal Points – Triple-A Method, UNICEF.

² Ibid.

level. The CWG is led by the second deputy commune chief, who is in charge of social affairs. The members of the CWG consist of a health centre representative, a representative of a primary school, a monk or achar of the local pagoda and a representative of the commune police force. These stakeholders at village and commune level are referred to as the four actors. The four actors also take part in case conferences, which are held regularly at the commune level.

At the village and commune level, health workers, teachers, police and Buddhist monks (in most cases also pagoda elders, or achars) are sensitised about child protection and the role they can play in the community in assisting and protecting children. At the district and provincial levels, focal points in selected departments are trained by national and provincial trainers to assist the communities and facilitate solution finding and child referral. They form the District Working Groups (DWG) and Provincial Working Groups (PWG).

The network is under the coordination of MOSALVY, with the financial and technical support of UNICEF. A national coordinator and a national training team provide technical support to the provincial teams. UNICEF provides budget support, assists in and advises on training of trainers, the facilitation of training and the implementation and monitoring of activities. Today, the CBCP network covers 660 villages in 5 provinces (see Table 1).

Table 1: Areas covered by CBCP

Province	District	Type	Number of communes	Number of villages
Banteay Meanchey	1 O'Chrov	Border, urban	4	51
	2 Malay	Border, rural		
	3 Thmo Pouk	Border, rural		
Battambang	1 Battambang	Urban	20	145
	2 Thmo Koul	Rural		
	3 Kom Rieng	Border, rural		
Phnom Penh	1 Daun Penh	Urban	11	56
	2 Tuol Kok	Urban		
	3 Meanchey	Urban		
Prey Veng	1 Ba Phnom	Rural, Seth Koma	17	183
	2 Kampong Trabek	Rural, Seth Koma		
Svay Rieng	1 Kampong Ro	Rural, Seth Koma	22	225
	2 Svay Teap	Rural, Seth Koma		
	3 Svay Chrum	Rural, Seth Koma		
	4 Romeas Hek	Rural, Seth Koma		
5	15		74	660

Provincial Child Protection Committee (PCPC)

The first Provincial Child Protection Committee (PCPC) was initiated in Banteay Meanchey in 1999. With the expansion of the CPN, committees were also established in Battambang (2001) and Svay Rieng (2002). In Phnom Penh, there is no PCPC. In Prey Veng, the provincial committee that exists was assisted by ILO/IPEC. The committee in Prey Veng has a focus on child trafficking, sexual exploitation and child labour. The form of the committees differs from province to province. However, they have similar roles and responsibilities. These include:

- To strengthen the cooperation between institutions and non-governmental organizations (NGO)/international organizations (IO) focusing on women and children;
- To improve the coordination between institutions and NGO/IO; and
- To enhance the communication between institutions and NGO/IO.

In Battambang, Svay Rieng and Banteay Meanchey the PCPCs receive direct support from UNICEF. In particular, financial support is provided to a secretariat, which is located within the provincial department of social affairs (DSALVY). The secretariat organises meetings, participates at district level meetings, follows up cases and assists in referrals.

District Child Protection Committees (DCPC) were initiated in Banteay Meanchey and Battambang. They act as the link between the commune and provincial level. The committees engage in solving cases through referrals, or mobilising assistance for children who cannot be helped at the village or commune level. They also maintain contacts at the provincial level for cases that need the intervention of provincial authorities and departments.

B. Purpose and methodology of the evaluation

The purpose of this evaluation was to assess the progress made by CPN in achieving its objectives. The evaluation took place during a mid-term review of UNICEF's five-year Master Plan of Operation.

The specific aims of the evaluation were:

- To assess the relevance, effectiveness, efficiency of the CPN both as a concept and in its current practical set-up;
- To identify lessons learned and recommend future development and adjustment from a strategic, structural and implementation point of view; and
- To evaluate the sustainability of the CPN.

The team consisted of four people, including an international team leader, a second international consultant and two national consultants.

A preparatory phase in Phnom Penh served to develop guidelines for semi-structured interviews and focus group discussions. Available documentation was collected and the evaluation team met with UNICEF and MOSALVY staff. The interviews and focus group discussions aimed to explore the following areas:

- Achievements of the CPN;
- Strengths and weaknesses;
- Effectiveness of training;
- Training provided by the stakeholders;
- Role and function of groups and/or individuals in the CPN;
- Impact on children; and
- Sustainability of the CPN.

The evaluation team conducted visits to project sites in all 5 provinces covered by the programme – Phnom Penh, Battambang, Banteay Meanchey, Svay Rieng and Prey

Veng. At the provincial level, the team met with stakeholders from the government departments involved in the CPN working groups and committees. In addition, the evaluation team met with specialised service providers, which are mainly NGOs.

In each province a few districts were selected based on accessibility, availability of key stakeholders and ongoing activities. Within each district one or two communes and selected villages were visited. These visits included the following activities:

- Meetings with children's groups, which included drawings and discussions;
- Focus group discussions with CSH, villagers (village chiefs, VDC);
- Focus group discussions with district and commune working groups;
- Observation of case conferences;
- Observation of one awareness-raising activity;
- Observation of one training for teachers; and
- Interviews with district governors and district social workers of MOSALVY.

Project reports were analysed to gain a better understanding of the quantitative aspects of the CPN. The evaluation team had asked during an initial presentation to UNICEF's CNSP team on 8 August 2003 to be provided with a list of documents that were available. The main reports received were the six-monthly and yearly summary reports that are prepared by the provincial CBCP coordinator with UNICEF's assistance. In addition, reports from the national level training team and monitoring team were also reviewed. Even though the reports follow the same standards as of 2002, entry errors and differences in the presentation of data render it difficult to analyse the full range of activities and to compare the different provinces. As a result, the data presented in the following section does not cover the same periods for all of the provinces. Also, the reports from different provinces have started to provide gender disaggregated data at different times and not covering the full period of programme activities. Therefore, a gender breakdown can only be shown for partial periods of the programme.

The evaluation team had to spend considerable time on locating data in the reports, identifying data errors and inconsistencies.

The following three sections are structured as follows:

- 'Findings', which contains data that could be extrapolated from the reports received. It also summaries the results of focus group discussions with community members, CSH and villagers, in order to provide the different perceptions of these stakeholders regarding the CBCP.
- 'Conclusions', which draws conclusions from the facts of the 'Findings' section.
- 'Recommendations', which proposes a number of changes to the programme.

III. FINDINGS

A. CBCP

1. Identification of children and services provided

The interviewing of children forms the basis of CBCP's case management system. Following an initial 10-day training, the Community Social Helpers (CSH) are asked to interview children in their communities and identify their problems. The CSH are requested to interview 20 children in their village between two case conferences, which take place approximately every 6 weeks. The classification is made along the lines of children at risk (CAR), children in need of special protection (CNSP) and children without particular problems.

Children at risk (CAR) are defined³ as:

"[...] a child living in circumstances that put him/her at special disadvantage or in danger but which do not affect his/her development, though the child is at risk of becoming a child in need of special protection. More generally, a child at risk may need special protection because he/she is in a situation that exposes the child to being easily abused."

There are 8 categories of CAR:

1. Extreme poverty⁴
2. Parents' break-up, second marriage
3. Alcoholism, gambling in the family
4. Domestic violence against women
5. Post-conflict areas
6. Newly-settled families (internally-displaced people, demobilised soldiers, etc.)
7. In the care of people who are not the biological parents
8. Often miss school, dropouts or never went school

Children in need of special protection (CNSP) are defined⁵ as:

"[...] a child in circumstances that put him/her at special disadvantage or in danger and are affecting his/her development. The child could be a victim of abuse and/or be in a situation that justifies specific intervention and the involvement of social services."

There were initially 13 categories of CNSP. Recently a category for children affected by HIV/AIDS has been added:

1. Abandoned children
2. Orphans
3. Neglected children
4. Battered children
5. Children victim of sexual abuse

³ Ibid.

⁴ There is no definition provided for 'extreme poverty'. The Training Manual contains case studies for children living in this situation. The Handbook for Working Group members (p.6) contains a table with a list of basic needs that may not be covered for children living in extreme poverty and CAR in general.

⁵ Training Manual on Child Protection for Community Social Helpers and VDC focal points.

6. Children victim of sexual exploitation
7. Children engaged in harmful and exploitative labour
8. Trafficked children
9. Children living or working on the streets
10. Children deprived of basic material needs
11. Children affected by armed conflict
12. Children in conflict with the law
13. Disabled children
14. Children affected by HIV/AIDS

Since the beginning of the CBCP programme in 1999 to mid-2003 a total of 56,881 children had been reported as interviewed⁶ (see Table 2). 26,411 or 46 per cent of the children interviewed are reported to have no special problems. Of the children interviewed, 46 per cent (25,931) fell under the children at risk (CAR) category. The remaining 8 per cent (4,539) were identified as CNSP. Girls represented between 47 per cent and 59 per cent of the children interviewed. Prey Veng had the highest percentage of girls at risk (62 per cent). The percentage of girls assessed as CNSP ranged from 41 per cent in Phnom Penh to 53 per cent in Prey Veng.

Table 2: Children interviewed by CBCP – up to June 2003*

Province	Children interviewed		CAR		CNSP		Without problems	
	Total	% girls	Total	% girls	Total	% girls	Total	% girls
Banteay Meanchey ⁷	4,193	47%	2,305	46%	553	50%	1,335	52%
Battambang ⁸	15,289	-- ⁹	8,595	--	1,514	--	5,180	--
Phnom Penh ¹⁰	4,491	47%	1,857	46%	259	41%	2,375	50%
Prey Veng ¹¹	7,716	59%	5,994	62%	928	53%	794	37%
Svay Rieng ¹²	25,192	51%	7,180	48%	1,285	45%	16,727	54%
Total	56,881	--	25,931	--	4,539	--	26,411	--

*Battambang – up to September 2003

⁶ These figures needed to be compiled from different reports, because the statistics obtained at national level contained substantial errors.

⁷ Calculated from CBCP reports for 2001, 2002 and Mid-Year 2003, prepared by CBCP provincial coordinator and UNICEF Banteay Meanchey.

⁸ Calculated from CBCP reports for 2000, in UNICEF, *The visit of Vietnam Delegation to the programmes Seth Koma and CNSP*, and CBCP provincial reports for 2001, 2002 and Mid-Year 2003, prepared by CBCP provincial coordinator and UNICEF Battambang.

⁹ No data on girls available for the first two years.

¹⁰ From report of MOSALVY national trainer for Phnom Penh, 20 July 2003.

¹¹ From national statistics received from National CBCP Coordinator.

¹² From provincial report for 2001 to June 2003, Svay Rieng, prepared by CBCP provincial coordinator and UNICEF Svay Rieng.

The percentage of cases of children without problems in Prey Veng is around 10 per cent, compared to 66 per cent in Svay Rieng. It appears that in Prey Veng a pre-selection of potentially vulnerable of children was made prior to interviewing. This was confirmed by at least one of the villages visited, where the CSH and VDC focal points only interviewed children they thought were potentially at risk or in need of special protection.

The interviews were conducted by CSH, who are volunteer social workers in their own village. They receive a small per diem for training activities and meetings. In Phnom Penh CSH receive incentives in the form of rice, as it was found that in an urban environment, the motivation to be a volunteer is very limited (Poipet faces a similar problem).

The CSH are provided with a bicycle to facilitate their work and keep them motivated. Many CSH reported that their bicycles were of bad quality and not helpful for their tasks due to bad or non-existent roads.

The VDC focal points often became actively involved in the actual interviewing as well as the provision of assistance. In some cases where the CSH resigned, the VDC focal points took over the responsibilities. They are often very engaged in the village life by participating as health volunteers, credit agents for the revolving fund, and so on. In general, at the village level, those involved in the CBCP seemed to hold a number of other positions in the village.

After the identification of CAR and CNSP, the CBCP aims at providing assistance to them. It is specifically intended “to implement activities that appropriately address psychosocial problems of children in rural areas or in disadvantaged urban areas, such as squatter communities, and which will include identification, diagnosis, early-intervention, action and referral mechanisms [and] to improve protection activities at the village level through the participation of the communities themselves”¹³.

a) Battambang

The CBCP programme was initiated in Battambang in the district of Thmo Koul. Meanwhile, UNICEF’s assistance to Thmo Koul has stopped. The CBCP still supports selected communes in two other districts in the province – Battambang and Kom Rieng districts on the Thai border.

Districts	Communes	Villages	Total children (girls) in target area
3*	20	145	99,206 (45,799)

* 1 district no longer supported by UNICEF-CBCP funds (Thmo Koul with 52 villages)

Battambang’s CBCP structure was initially a complement to the existing Seth Koma structures. The structure has changed considerably with the establishment of the PCPC and DCPCs in all 13 districts of the province. The Provincial Working Group (PWG) consists of three people – a provincial coordinator based in the DSALVY, a

¹³ Child protection handbook for Community Social Helpers and members of Village Development Committees – Triple-A method, UNICEF Cambodia.

member of the provincial police and a member of the education department. The District Working Group (DWG) has one coordinator from social affairs and four members from the departments of health, education, cults and religion and women's affairs. The members of these working groups are included in the provincial and district committees.

In the CBCP target areas, the standard structure of Commune Working Groups and CSH and VDC focal points has been maintained. In the other districts, the second deputy commune chief is a member of the DCPC.

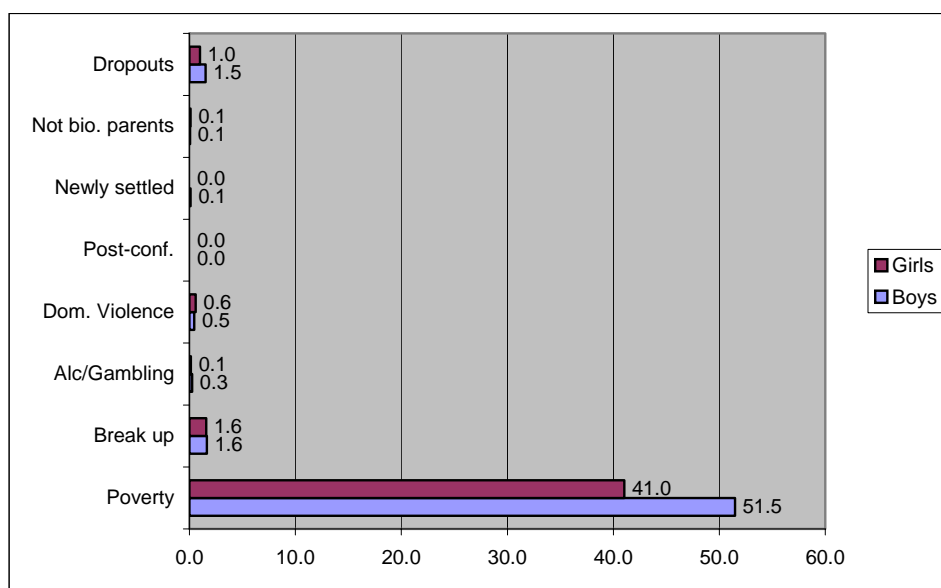
Battambang – Structures and stakeholders	Number
CBCP Provincial Working Group (PWG)	3
Provincial Child Protection Committee (PCPC)	about 40 members
Permanent Secretariat PCPC	6 members
District Child Protection Committee (DCPC)	13 committees
CBCP District Working Group (DWG)	5 members per DWG
Commune Working Group (CWG)	5 members per CWG
Police	unknown
Monks/Achars	unknown
Teachers of primary schools	unknown
Health staff	unknown
Community Social Helpers (CSH) and VDC focal points	290
Village Social Fund committee members	unknown

Between October 1999 and September 2003¹⁴ a total of 15,289 children were reported as interviewed in the CBCP target areas of Battambang. This amounts to 15.4 per cent of the children living in the target areas of the CBCP. Of all the children in the target area 8.7 per cent were reported as CAR and 1.5 per cent as CNSP. There is no data on girls available for the years 1999, 2000 and 2001.

CBCP Battambang 10/2000 to 09/2003	Children interviewed	As % of total children in target area	Number and % of girls	
Total	15,289	15.4%	no data	no data
Children without problems	5,180	5.2%	“	“
CAR	8,595	8.7%	“	“
CNSP	1,514	1.5%	“	“

From January 2002 to September 2003 a total of 2,998 CAR cases were reported. Of these children at risk 92.5 per cent were in the category of extreme poverty. Children living in households of second marriage constituted 97 cases (3.2 per cent). School dropouts formed another 2.5 per cent of CAR (76 cases). 32 cases of domestic violence, 12 cases of alcoholism or gambling and 5 cases of children not living with their biological parents were reported (see Figure 1).

¹⁴ The reports received show a gap between November 2001 and January 2002.

Figure 1: CAR in Battambang – January 2002 to September 2003 – N=2,998

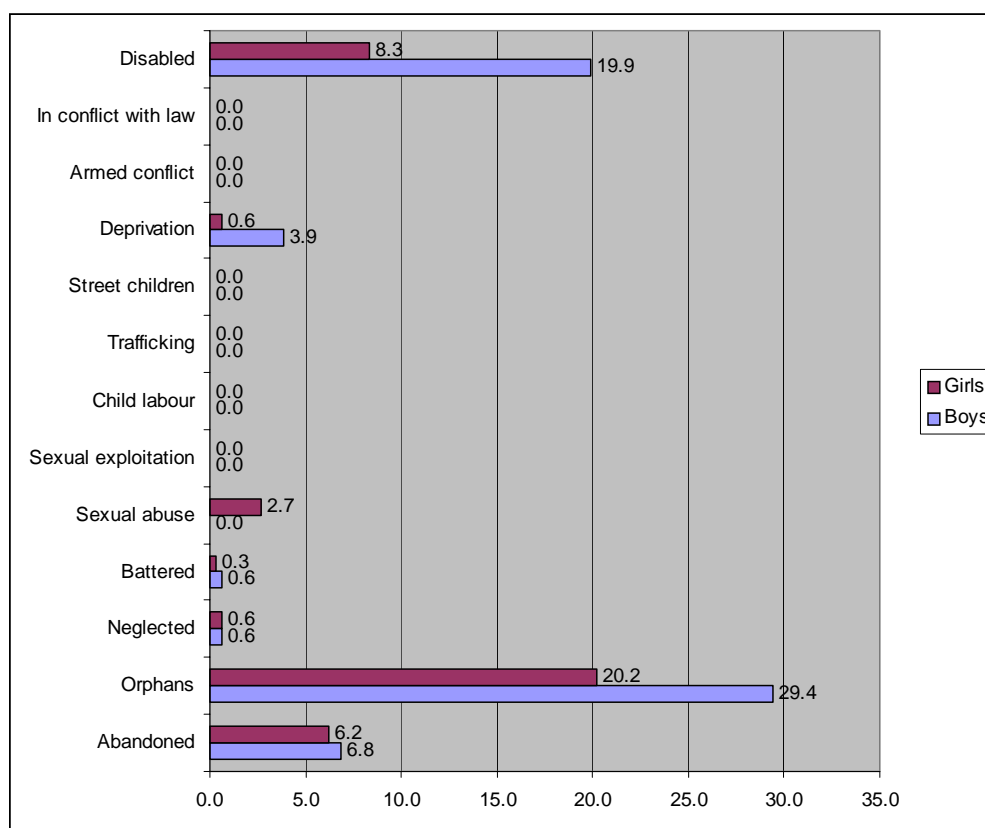
Support for school integration was provided to 303 children at risk (10 per cent). In addition, counselling and follow-up visits were conducted to children and their families.

From January 2002 to September 2003 a total of 337 CNSP were identified. No cases were identified in the categories of sexual exploitation, child labour, trafficking, street children, children affected by armed conflict and in conflict with the law. Of the children in need of special protection 211 (62.6 per cent) were abandoned or orphaned children. Disabled children constituted 95 cases of CNSP (28.2 per cent). 15 children were reported as being deprived of material supports and 9 as victims of sexual abuse. All of them were girls.

Of the 211 abandoned and orphaned children 11 were referred to a foster family in the village. For all of the 9 cases of sexual abuse, the child filed a complaint. 4 girls were referred to an NGO and the other 5 girls stayed with their family.

Of the 95 children with disabilities 67 had already received support from NGOs¹⁵ before they were identified by the CSH. 22 children with disabilities were referred to NGO services. For 6 remaining children with disabilities no solution was found.

¹⁵ The NGO Operation Enfants de Battambang (OEB) has a programme to assist children with physical disabilities. They have their own district staff and assess the situation of children with disabilities with their staff.

Figure 2: CNSP in Battambang – January 2002 to September 2003 – N=337

During a focus group discussion with the CHS in O'Char commune of Battambang, the participants listed and ranked the problems they thought the children in their villages faced. These perceived needs differed substantially from the reported cases of CAR and CNSP for the whole target area. HIV/AIDS was considered as the major problem. The issue of street children and trafficking were ranked fourth and sixth. However, the provincial reports had no cases recorded at all.

Problems	Ranking		Assistance provided
	Girls	Boys	
Children infected by HIV/AIDS	1	1	Provided rice (CSH initiative) Health worker visited the children occasionally
Orphans	2	2	Referred NGOs
Children using drugs	rare	3	Difficult to solve
Street children	4	4	Rescued them and referred to NGOs for support
Domestic violence	5	5	Tried to give advice in cooperation with the local authorities
Trafficked children	6	none	Reported to the local authorities, police
School dropout	7	7	Provided school materials
Poverty	8	8	Provided rice (could help only for short time)

Case 1: Thmo Koul district, Battambang – CBCP after UNICEF’s support ended

Thmo Koul, in Battambang province, was the pilot district for the CBCP. Interventions started in October 1999. The CBCP aimed to closely follow the structure of the Community Action for Social Development (CASD) programme, now renamed Seth Koma. However, Seth Koma pulled out of Battambang and the CBCP was left on its own. UNICEF stopped its financial support in March 2003. When the evaluation team visited stakeholders at the district, commune and village levels, the situation had changed noticeably after the funding had stopped. The district admits that activities have slowed down. Notably there are no more follow up visits, the case conferences stopped and the information no longer flows. The district reported that they no longer had access to information about the general situation of children in the district. However, the district maintained that the most difficult cases still come to their attention. They reported using the weekly security meetings with commune chiefs to discuss difficult cases of children. The last official meeting of the DWG took place in April 2003. They discussed two cases of children orphaned by HIV/AIDS and one case of rape.

The meeting with the CWG of Bang Pring indicated that most activities had stopped in this commune. A focus group discussion with CSH from four villages showed that some activities are still being carried out by the CSH. However, they pointed out that the link to the higher levels of the network no longer exists. They missed the case conferences. They also said that they continue to work with children, but they felt that DSALVY and OSALVY have abandoned them. They made it clear that they will stop all activities if no support is forthcoming.

The CSH have virtually ceased their activities of actively identifying children. The village social fund had at the time of the visit 137,000 Riels (about US\$34) and there seemed to be no plans to actively look for additional funds. The people present thought that villagers distrust the management of the fund.

The discussions in this district named poverty, orphans, children with disabilities, school dropouts and rare cases of sexual abuse as the main problems encountered by the children. It is interesting to note that the drawings made by the children during a session showed pictures of beating. The adults said there was no problem of domestic violence in this village. Independently of who is right, this example shows that working with children can hint at potential problems that may not be openly discussed during an interview with the CSH.

b) Banteay Meanchey

The CBCP programme in Banteay Meanchey covers 4 communes in 3 districts. The districts covered are O’Chrov (which includes Poipet commune), Malay and Thmo Pouk.

Districts	Communes	Villages	Total children in target area (girls)
3	4	51	61,593 (29,579)

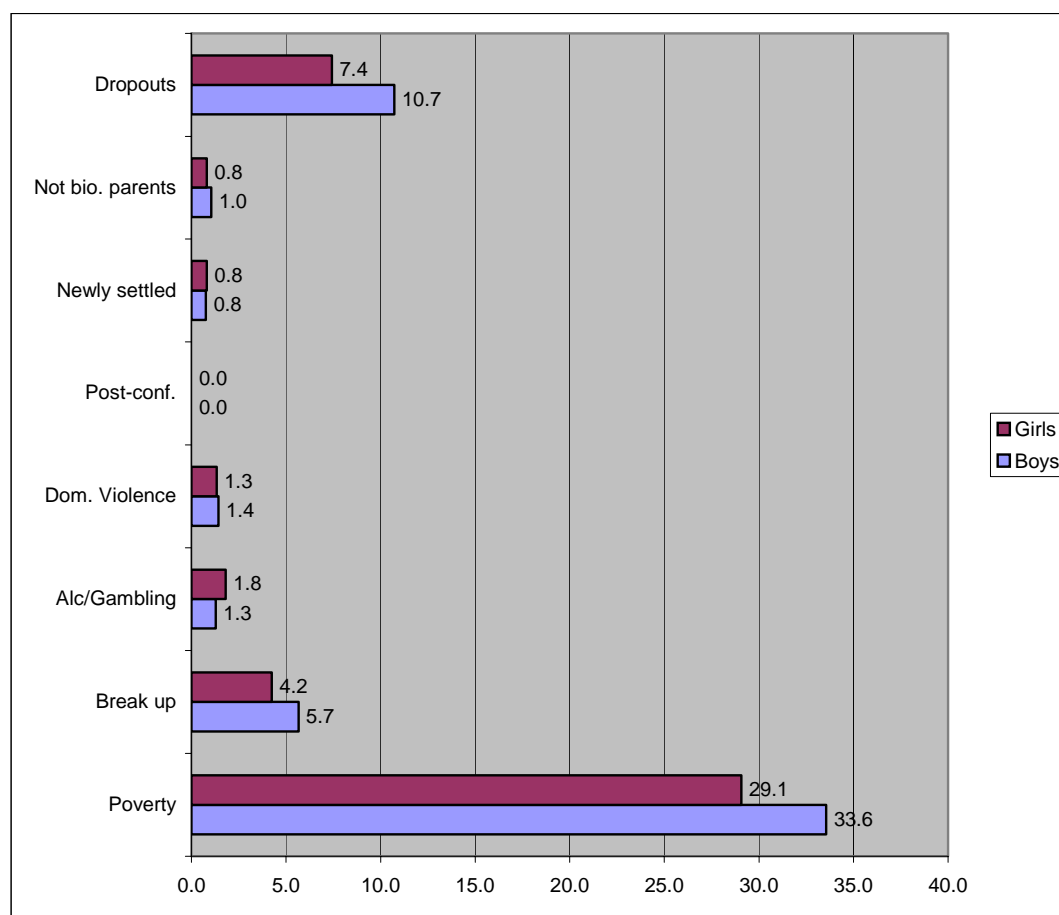
The structures in Banteay Meanchey include the CBCP in the 4 target communes as well as a Provincial Child Protection Committee (PCPC) and 8 District Child Protection Committees (DCPC). In Banteay Meanchey, there exists no PWG and DWG. The functions of these groups are taken on by the PCPC and the DCPC.

Banteay Meanchey - Structures and stakeholders	Number
Provincial Working Group (PWG)	not existing
Provincial Child Protection Committee (PCPC)	33 members
Permanent Working Group to assist PCPC	12 members
District Child Protection Committee (DCPC)	8 committees
District Working Group (DWG)	not existing
Commune Working Group (CWG)	5 members / CWG
Police	unknown
Monks/Achars	unknown
Teachers of primary schools	unknown
Health staff	unknown
Community Social Helpers (CSH)/ Village Development Committee (VDC) focal points	162 (85 women)
Village Social Fund committee members	unknown

In Banteay Meanchey 4,193 children were interviewed since 2001. This corresponds to 6.8 per cent of the child population in the target area. 3.7 per cent of the children were identified as children at risk and 0.9 per cent as children in need of special protection. Girls represent about 50 per cent of CAR, CNSP and children without problems.

CBCP Banteay Meanchey 2001 – June 2003	Children interviewed	As % of total children in target area	Number and % of girls	
Total	4,193	6.8%	1,958	47%
Children without problems	1,335	2.2%	692	52%
CAR	2,305	3.7%	1,058	46%
CNSP	553	0.9%	276	50%

From January 2002 to June 2003, a total of 2,098 children at risk were identified through interviews. Children living in extreme poverty constitute 63.5 per cent of these children. School dropouts (18.1 per cent) and children living in households of a second marriage (9.9 per cent) constitute most of the other children considered at risk.

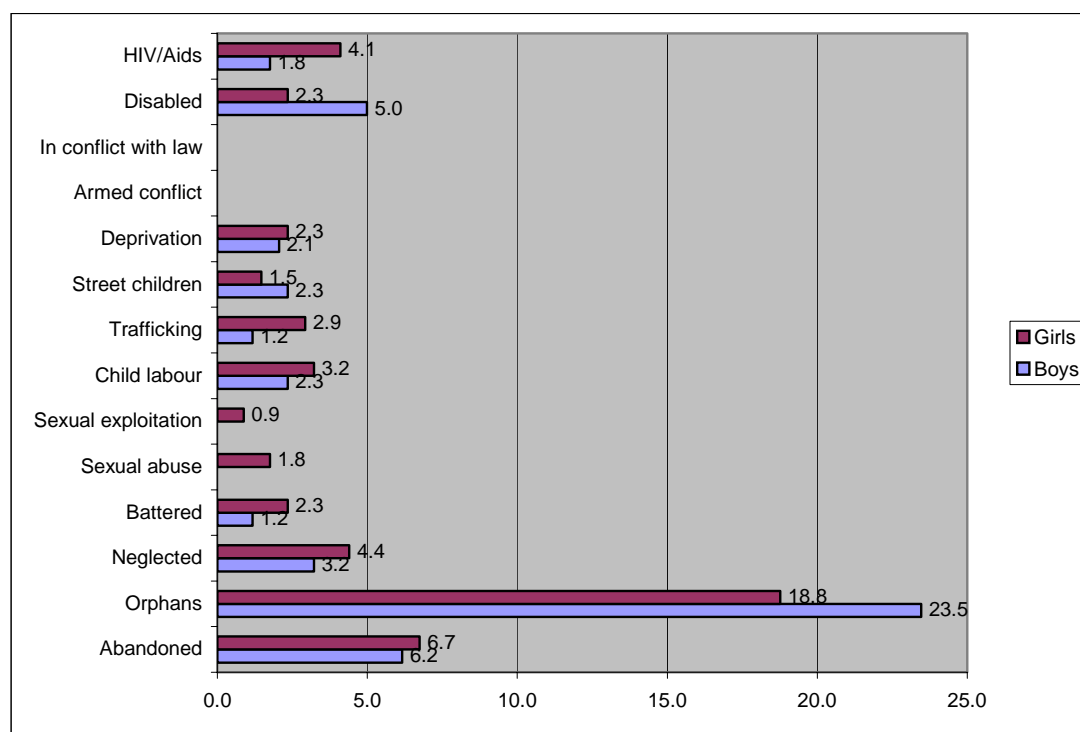
Figure 3: CAR in Banteay Meanchey – 2002 to June 2003 – N=2,098

In 2002, 499 (82 per cent) of 612 children at risk received assistance through referrals to NGOs. These included CCHDO (non-formal education), Don Bosco (scholarship, non-formal education and skills training), Krousar Thmey and FRA (vocational training). In addition, 20 children were reintegrated into public school.

In 2003 (up to June), 203 (14 per cent) of 1,486 children at risk were referred to NGOs (as above, Don Bosco, CCHDO, FRA). An additional 49 children (3.3 per cent) of CAR were reintegrated into school or literacy classes.

The Banteay Meanchey province relied to a large extent on the referral to specialised service provision by NGOs. However, these services have their limitations, are mainly based in Poipet and can only support a limited number of children. The initial success of referring children to service providers could not be sustained in 2003, when the programme was extended.

A total of 431 children were reported as CNSP from the beginning of 2002 to June 2003. 42.3 per cent of those were orphans and another 12.9 per cent were abandoned children. No children affected by armed conflict or in conflict with the law were reported. Sexual abuse and sexual exploitation affected girls only. Five cases of sexual abuse and three cases of sexual exploitation were reported. The other categories were more or less evenly distributed.

Figure 4: CNSP in Banteay Meanchey – 2002 to June 2003 – N=341

The services provided to CNSP ranged from referrals to NGO services to the provision of follow-up visits. 68 children (12 per cent) are reported to having received assistance by NGOs. Other solutions found for CNSP were:

- Orphans and abandoned children: referral to foster family (35 children), referral to the pagoda (21 children), being looked after by neighbours (82 children);
- Children with disabilities: referral to NGOs (8 children), provision of material support (2 children), school integration (2 children);
- Neglected children: counselling visits for 10 of 14 cases reported in 2003;
- Battered children: counselling visits to 7 children and their families; these children were reported to being able to stay at home due to the counselling visits.

A focus group discussion with CSH of Poipet commune in O'Chrov district ranked child labour and children orphaned by HIV/AIDS as major problems (see below). Children living or working on the streets, drug users and school dropouts were perceived as other major problems. The difficulty to find solutions for children in need was mentioned for several types of problems affecting children.

Problems	Ranking		Solutions
	Girls	Boys	
Labour exploitation	1	1	Difficult to solve as the NGO provides meals only for the children
Children orphaned by HIV/AIDS	2	2	Looked for foster care, referred to NGOs for support
Street children	4	4	Asked for support from local authorities

Drug users	4	4	Difficult to solve
School dropouts (poverty related)	4	3	Difficult to find the solution
Abandoned children	5	5	Looked for NGO support
Trafficked children	5	5	Cooperated with the relevant NGOs
Extremely poor children	6	6	Difficult to find the solutions
Sexually abused children	7	7	Cooperated with local authorities for immediate intervention
Disabled children	8	8	Referred to NGOs, provided material support, reintegrated into schools

The focus group discussion with the CSH and village chiefs of Malay commune in Malay district showed very specific problems for this commune. The CSH perceived health problems related to malaria and dengue fever as the major issues affecting children. Extreme poverty, orphans and drug use were also considered high priority problems. The fact that the village chiefs had not received training by the CBCP, and therefore had less knowledge of the categories of children identified through the interviews, may have had an impact on the outcome of this ranking. It is, however, still interesting to see that the perception of problems affecting children differ from the reported cases.

Problems	Ranking		Solutions
	Girls	Boys	
Malaria	1	1	Referred to health centre for treatment
Dengue and typhoid fever	1	1	Referred to health centre/hospital for treatment
Extremely poor children	2	2	Provided rice and some money
Orphans	3	3	Looked for foster care, provided money, referred to the pagoda
Drug users	3	3+	Provided advice and education
Child labour	4	4	Difficult to help
Children with disabilities	4	4+	Referred to the hospital, provided education about the danger of landmines
Sexual abuse of children	5	none	Referred victim to health centre/hospital, referred offender to court
Affected by HIV/AIDS	6	6	Referred to the hospital
Trafficking	6	6	Informed the local authorities
Difficult road to school	7	7	No solution

c) *Phnom Penh*

Phnom Penh has an established the CBCP network in 3 districts (khans for urban areas), where it works in 56 villages. The areas are often poor squatter areas with a high level of social problems.

Districts	Communes	Villages	Total children (girls) in target area
3	11	56	44,487 (22,236)

The CBCP structures in Phnom Penh consist of a Provincial, District and Commune Working Groups. A total of 90 CSH have been recruited and trained. In addition, training has been provided to police, monks/achars, school directors, teachers and health staff. A total of 475 people are reported to having received training in child protection.

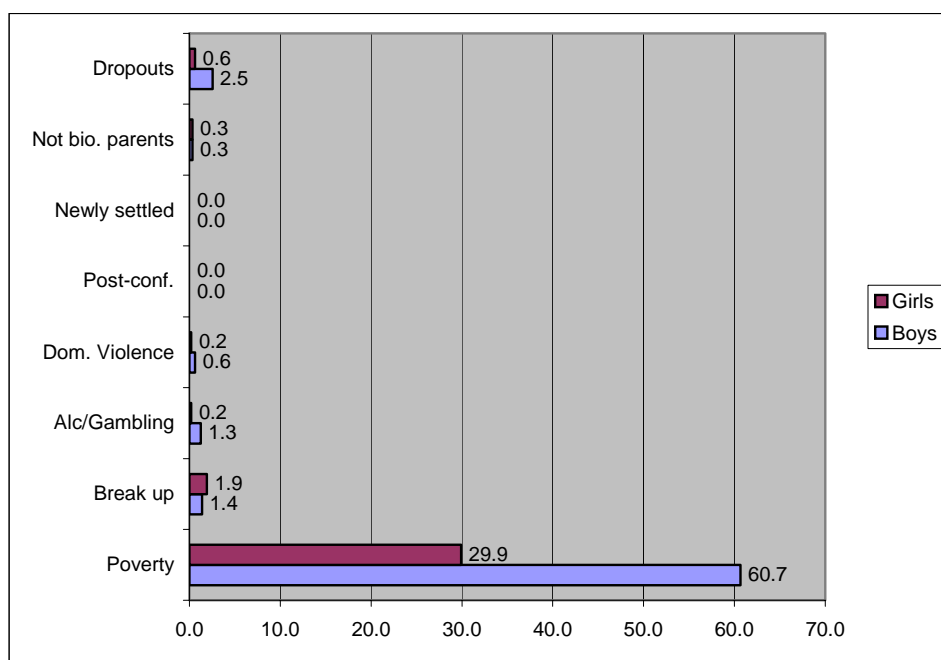
Phnom Penh – Stakeholders and structures	Number
Provincial Working Group (PWG)	unknown
District Working Groups (DWG) and Commune Working Groups (CWG)	49 (11 women)
Police	63 (8 women)
Monks/Achars	60
School directors	20 (5 women)
Teachers of primary schools	147 (97 women)
Health staff	46 (30 women)
Community Social Helpers (CSH)	90 (30 women)
Village Social Fund committee members	unknown

From 2001 to June 2003, the CSH have interviewed a total of 4,496 children. This corresponds to 9.9 per cent of all the children living in the target villages. Children at risk constitute 4.2 per cent and CNSP 0.6 per cent of all the children in the 56 villages. Girls represent 46 per cent of the CAR cases and 41 per cent of the CNSP cases.

CBCP Phnom Penh 2001 – June 2003	Children interviewed	As % of total children in target area	Number and % of girls	
Total	4,496	9.9%	2,134	47%
Children without problems	2,375	5.3%	1,187	50%
CAR	1,857	4.2%	854	46%
CNSP	254	0.6%	103	41%

In the first half of 2003, 943 children were identified as CAR. Over 90 per cent of them were considered to be at risk due to extreme poverty. Other types of children at risk were school dropouts (3.1 per cent) and children living in families of second marriages (3.3 per cent). All other types of CAR categories showed up in very small numbers.

In the first half of 2003, a total of 344 children at risk (36 per cent) of the 943 cases reported received one T-shirt and 3,000 Riels each. 19 children received support in the form of rice (12 to 30 kg each). 63 children were assisted in being integrated into school and 44 in going to literacy classes. Counselling visits were also conducted.

Figure 5: CAR in Phnom Penh – January to June 2003 – N=943

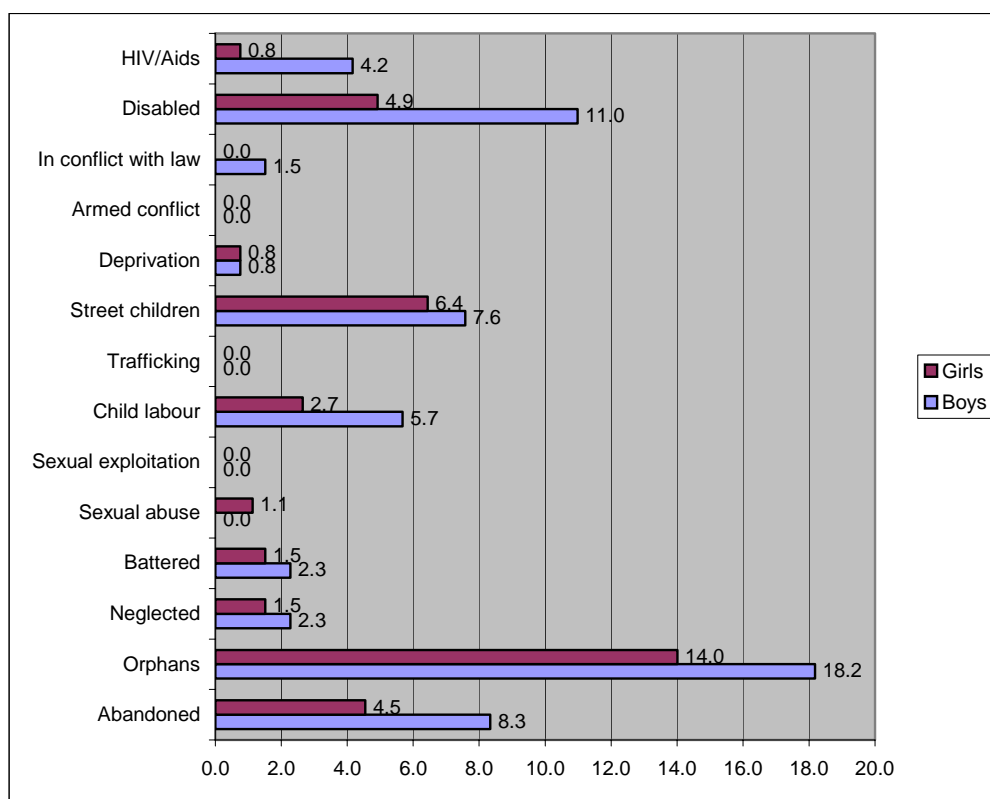
From 2002 to June 2003 the CSH in Phnom Penh identified 254 cases of CNSP. There are no cases of trafficking and sexual exploitation reported. 45 per cent of the cases reported were orphaned and abandoned children. During 2003, no case of sexual abuse was identified or reported. In 2002, three cases of sexual abuse were reported. One of these cases was taken to court and the hearing is pending.

Of 42 children with disabilities identified by the CSH, 10 already received support from NGOs. Three were referred to NGOs, four have been assisted in being integrated into school and three received material support. For 27 of the children, regular visits have been reported.

A total of 22 cases of child labour were identified (7.4 per cent). Of the 119 orphaned and abandoned children, 4 were referred to NGO centres and another 6 went to government centres. A foster family was identified for 83 children. And 15 were reported to live under the supervision of a neighbour.

The district social affairs officer in Daun Penh district reported that 18 children orphaned by HIV/AIDS were identified as CNSP during one case conference. These cases were subsequently reviewed and determined by the district and provincial levels to be in no need of special protection measures, since these children lived with the extended family.

Battered children received regular counselling visits and 9 of 10 cases were reported to continue living at their home as a result of these visits. Of the 37 street children, 32 reported having received regular home visits, and 4 were referred to NGO centres.

Figure 6: CNSP in Phnom Penh – 2002 to June 2003 – N=254

The figures reported in Phnom Penh need to be taken with some caution, as they may not reflect all the existing problems of the children in the villages. For instance, CSH in Phnom Penh reported that they cannot touch cases involving trafficking or drugs, as they have to live in the village and high-level officials are involved. Therefore, the reported CAR and CNSP cases may reflect 'softer' issues where the CSH feel they can interview the children without any problems. The same scenario has been reported for cases involving domestic violence, alcoholism and gambling.

The focus group discussion with CSH conducted in the Neakavorn pagoda, Daun Penh district, ranked poverty, domestic violence, trafficking and drug use as the major issues faced by children. The statistics for Phnom Penh reported only a few cases of domestic violence and no cases of trafficking. Likewise, children in conflict with the law were given a high priority by the CSH, but the reported cases were very few.

Problems	Ranking		Solutions
	Girls	Boys	
Poverty	1	1	Referred children to school (non-formal/ formal education), provided skill training, assisted in job search
Domestic violence	2	2	Conciliated and complained to competent authorities
Trafficking	2	4	Encouraged parents to take care of children
Drug user	3	2	Counselled, educated
HIV/AIDS	4	5	Encouraged parents to go to the hospital
School dropout	4	3	Encouraged children to go to school and looked for support from NGOs

Children in conflict with the law	5	5	Referred to relevant NGOs for help
Orphaned children	6	6	Referred children to NGOs
Street children	7	7	Referred children to live with the NGO Friends
Abandoned children	8	8	Encouraged children to live in NGOs' centres
Volunteer sex workers	11	0	Unable to help, only educated on HIV/AIDS prevention
Disabled children	12	12	Made contact with the NGOs working for disabled people

The focus group discussion with CSH of Stung Meanchey commune, Meanchey district listed extreme poverty and children orphaned by HIV/AIDS as the major issues facing children. The CSH thought that they could provide assistance to about 10 per cent of the children living in extreme poverty.

Problems	Ranking		Solutions
	Girls	Boys	
Poverty	1	1	Helped 10 per cent, supported by NGOs
Children orphaned by HIV/AIDS	1	1	Reported to NGO WOMAN for support
Poor children cannot go to school	2	2	Provided assistance and referred to public school or to NGO Pour un Sourire d'Enfant (PSE)
Gambling	2	3	Tried to give advice. They promised to stop but started again in a few days
Domestic violence	3	rare	Provided advice, informed to local authorities
In conflict with law	rare	4	Reported to police and local authorities, referred to Chom Chao Rehabilitation Centre
Street children using drugs	rare	4	Referred to NGO Pour un Sourire d'Enfant (PSE), but difficult to refer
Sexual abuse	5	never	Reported to the police to arrest the perpetrators. Cannot do anything other than reporting.

d) Prey Veng

In Prey Veng, the CBCP network is established in two districts: Ba Phnom and Kampong Trabek. It covers 183 villages in 17 communes. The two districts are also Seth Koma target districts.

Districts	Communes	Villages	Total children (girls) in target area
2	17	183	65,123 (32,788)

The CBCP structures in Prey Veng include a Provincial Working Group (PWG), two District Working Groups and 17 Commune Working Groups. A total of 183 CSH and 183 VDC focal points are active in the network. In addition, police, monks/achars,

teachers of primary schools and health staff have received training in child protection. This amounts to a total of 1,759 people trained between May 2002 and August 2003.

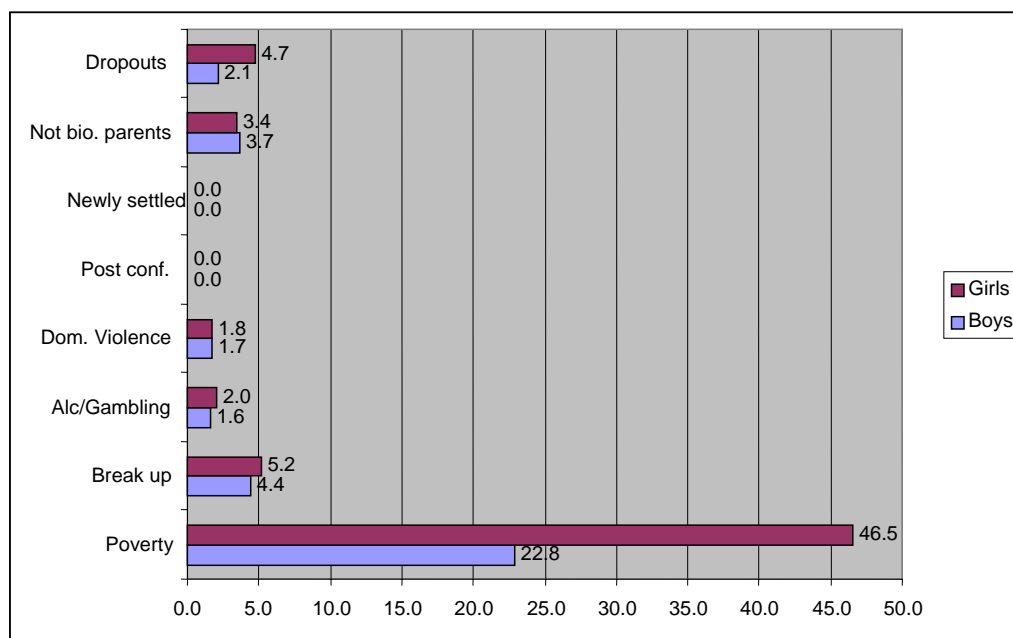
The Provincial Committee on Child Rights Protection (PCCRP) and the 12 district working groups were initiated by ILO/IPEC. While the committee has collected social data on child rights and children's issues in Prey Veng, its focus is on trafficking, exploitation and child labour.

Prey Veng – Structures and stakeholders	Number
CBCP Provincial Working Group (PWG)	11
<i>Provincial Committee on Child Rights Protection (PCCRP) supported by ILO/IPEC</i>	<i>26 members</i>
<i>Provincial Coordination Trafficking Unit (PCTU)</i>	
<i>District Working Groups on Trafficking, supported by ILO/IPEC</i>	<i>12 groups</i>
CBCP District Working Group (DWG)	20
Commune Working Group (CWG)	85
Police	59
Monks/Achars	260
Teachers of primary schools	920
Health staff	38
Community Social Helpers (CSH)/ Village Development Committee (VDC) focal points	366
Village Social Fund committee members	unknown

The CBCP in Prey Veng reported a total of 7,716 children interviewed from 2002 to June 2003. This represents 12 per cent of the children living in the 183 target villages. Girls made up 59 per cent of the children interviewed, 63 per cent of the children at risk and 53 per cent of CNSP.

CBCP Prey Veng 2002 to June 2003	Children interviewed	As % of total children in target area	Number and % of girls	
Total	7,716	12%	4,539	59%
Children without problems	794	1.2%	292	37%
CAR	5,994	9.3%	3,747	63%
CNSP	928	1.4%	496	53%

In 2002, Prey Veng reported a total of 4,613 cases of CAR. 69 per cent (3,201 children) fall under the 'extreme poverty' category. No cases were reported for newly settled and post-conflict categories. Children living in families of second marriage (9.6 per cent), children not living with their biological parents (7.1 per cent) and school dropouts (6.8 per cent) constitute other substantial groups of CAR.

Figure 7: CAR in Prey Veng – January to December 2002 – N=4,613

70 per cent or 3,239 children identified as CAR only received counselling and were offered no other form of support. In reality this means one or more follow-up visits to the child and/or the family, which is carried out by different actors. The lack of existing support services was mentioned as a major constraint. Of the children identified as living in extreme poverty 377 (12 per cent) received material assistance that included 500 kg of rice, 400 kg of fertiliser and school material.

The Education as a Preventive Strategy Against the Sexual Exploitation of Girls (EPSSEG) programme, financed by UNICEF and implemented by World Education/Cambodia, provides education services for 1,568 girls in the two CBCP target districts in Prey Veng. 579 of these girls, who were all identified as living in extreme poverty, have been reported to being referred to EPSSEG by the CBCP network in 2002. They would amount to 12 per cent of the children identified as CAR. A report by EPSSEG¹⁷ points out the potential for collaboration with CBCP in a number of areas. In Ba Phnom district a case conference, which was attended by EPSSEG staff, was used to identify children requiring follow-up as well as to make recommendations regarding the entitlement to scholarships. However, constraints remain and EPSSEG reports continuing disagreement and misunderstandings over the selection process. The idea of joint house visits by EPSSEG and CSH has also encountered problems.

In 2002, it was reported that 194 CAR were assisted in being integrated into public school. Another 136 were assisted in joining literacy classes.

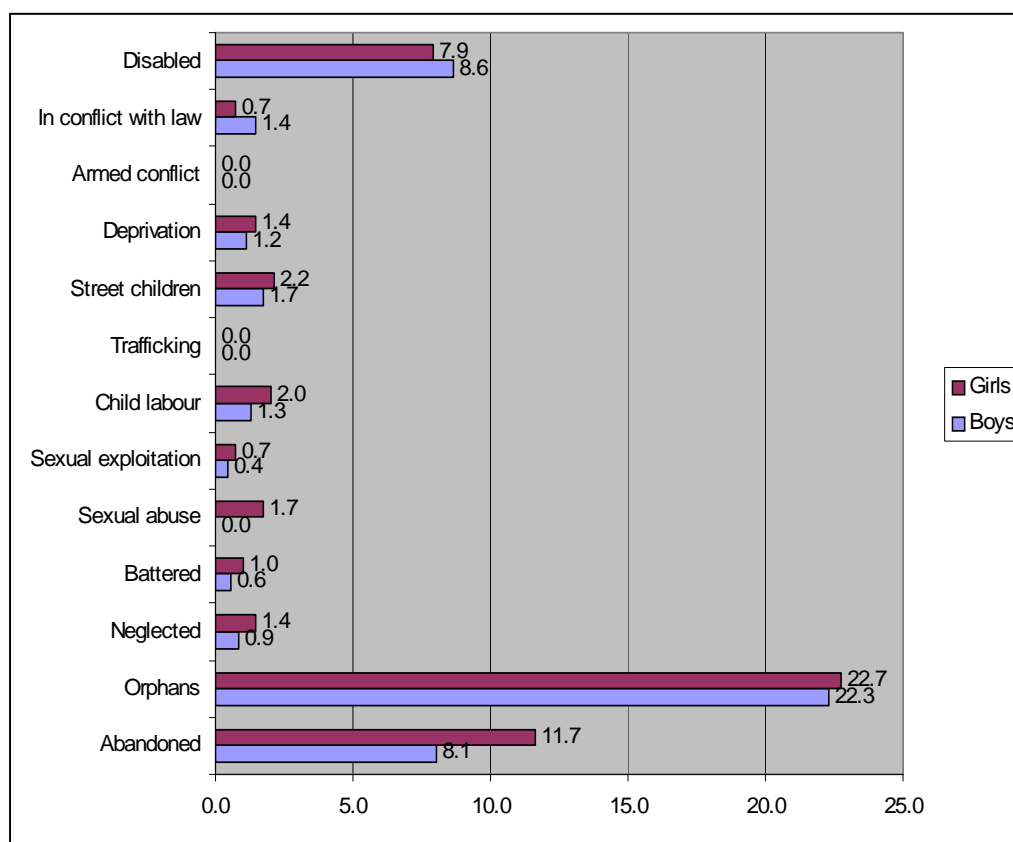
In 2002, a total of 695 CNSP were identified. 19 per cent (137 children) of CNSP cases were abandoned children and 45 per cent (313 children) were orphans. 264

¹⁷ Progress Report 4, 2003.

children (38 per cent) of the CNSP are living in child-headed households under the supervision of villagers and 105 children (15 per cent) are living with grandparents. 39 orphans and abandoned children are living with a foster family in the village. And 15 were referred to the local pagoda.

The third largest group of children in need of special protection were children with disabilities. In 2002, a total of 115 children were reported. The other groups represented between 1 per cent and 2.5 per cent of the total. No cases of trafficking were reported during that period.

Figure 8: CNSP in Prey Veng – January to December 2002 – N=695



In 2002, 12 cases of sexual abuse were reported, all concerning girls. However, only 2 perpetrators were arrested and went to court. The other 10 have reportedly escaped. All the girls were reported to having received regular counselling visits at home.

Of 27 street children, 20 received regular counselling visits. Two were referred to an NGO and 5 were referred to a government centre. Of the 115 children with disabilities 50 received some support, which included referral to NGOs (25 children), school integration (4 children), material support (9 children) and regular counselling visits (12 children). For 65 of the children with disabilities nothing could be done.

e) Svay Rieng

The CBCP in Svay Rieng, operational since 2001, is the largest of the 5 provinces with 225 villages covered in 4 districts. The 4 districts are also Seth Koma target areas.

Districts	Communes	Villages	Total children (girls) in target area
4	22	225	61,744 (36,357)

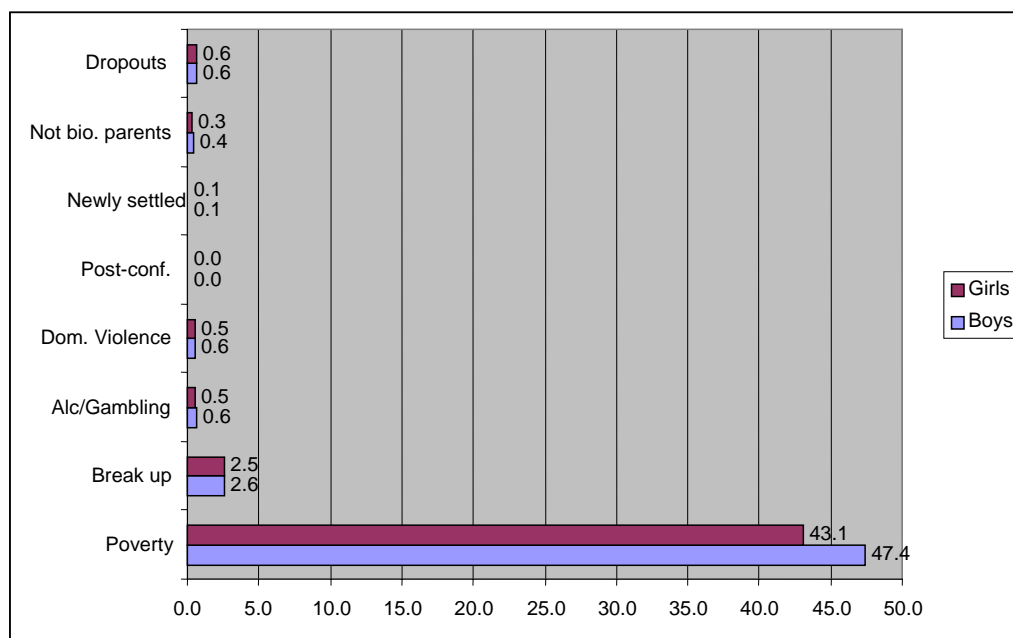
The structure in Svay Rieng consists of a Provincial Working Group, 4 District Working Groups and 22 Commune Working Groups. A total of 225 CSH and 225 VDC focal points are reported to be active in the network. In addition, police, monks/achars, teachers and health staff have received training in child protection issues.

Svay Rieng - Structures and stakeholders	Number
Provincial Working Group (PWG)	15 members
Provincial Child Protection Committee (PCPC)	29 members
Permanent Secretariat of PCPC	9 members
District Working Group (DWG)	4 DWG
Commune Working Group (CWG)	22 CWG
Police	86
Monks/Achars	186
Teachers of primary schools	669
Health staff	44
Community Social Helpers (CSH)/ Village Development Committee (VDC) focal points	450
Village Social Fund committee members	1,102

A total of 25,192 children were interviewed in Svay Rieng. This represents 41 per cent of the child population in the target area of 225 villages. 16,727 (66 per cent) of the children interviewed were reported as having no particular problems. 12 per cent of the children were classified as CAR and 2 per cent as CNSP.

CBCP Svay Rieng 2001 to June 2003	Children interviewed	As % of total children in target area	Number and % of girls	
Total children	25,192	41%	12,994	52%
Children without problems	16,727	27%	8,994	54%
CAR	7,180	12%	3,423	48%
CNSP	1,285	2%	708	55%

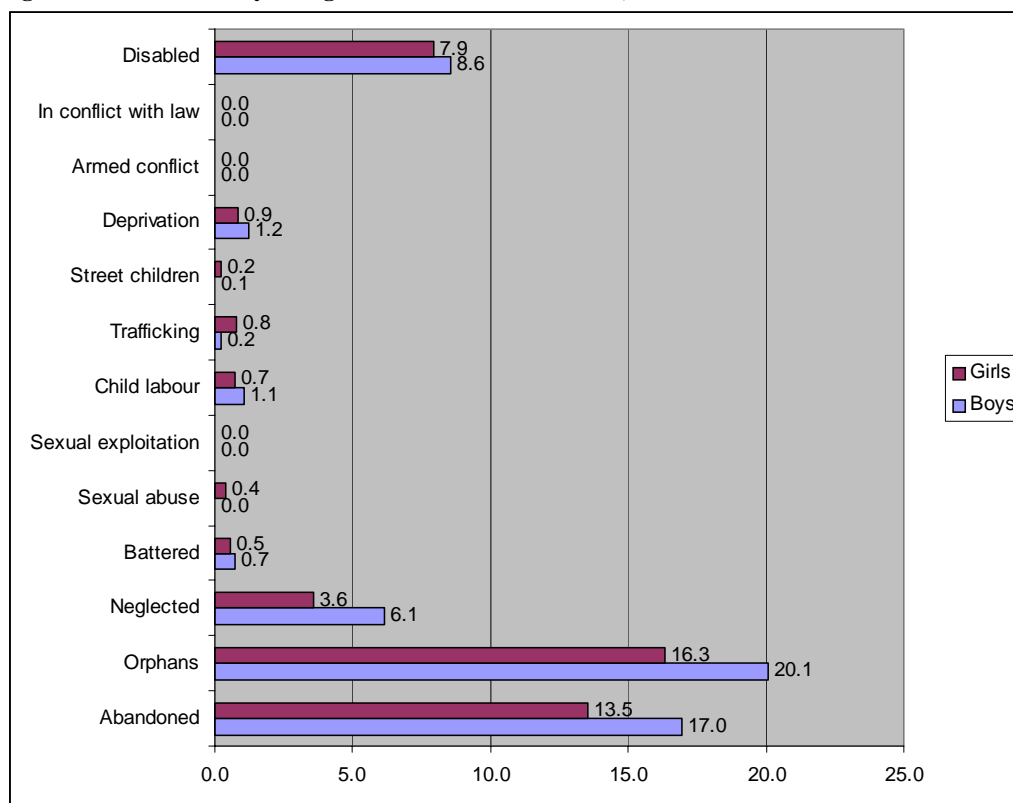
From 2001 to June 2003, Svay Rieng identified 7,180 children as CAR. 90 per cent of all CAR cases were under the 'extreme poverty' category. Children living in families of second marriage represented another 5.1 per cent. All other categories of CAR were reported as around 1 per cent of the total.

Figure 9: CAR in Svay Rieng – 2001 to June 2003 – N=7,180

All children at risk were reported as having received regular counselling visits. Other support was provided in the form of money, school materials and some rice. For 627 of the 6,494 children registered as living in extreme poverty, a total of 1,616 kg of rice was made available. This amounts to 2.5 kg of rice per child. Another 605 received schools books. Cash assistance amounted to 934,000 Riels for 556 children – an average of 1,700 Riels per child. Other support for children living in extreme poverty included school reintegration (499 children), literacy classes (447 children) and assistance to access health centres (246 children).

A total of 1,285 CNSP were identified. 392 of them were abandoned children and 468 were orphans. This represents 67 per cent of all CNSP. 505 of the abandoned and orphaned children live under the supervision of neighbours. Another 238 of them live with their grandparents.

The interviews identified 212 children with disabilities (16.5 per cent of CNSP). Another 125 (9.6 per cent of CNSP) were identified as neglected.

Figure 10: CNSP in Svay Rieng – 2001 to June 2003 – N=1,285

The material support for CNSP cases was mainly provided to orphans and abandoned children. The amount of support provided by the community is not clear, but seemed to be more substantial than that for CAR. In addition, DSALVY of Svay Rieng provided direct support to orphans and abandoned children in two districts. This support was quite substantial. 204 children received an average of 50 kg of rice and 50 kg of fertiliser. In addition, they received clothing, one mat, some fertilizer, plant seed boxes as well as money.

23 children were identified as working children. It was reported that the workload decreased for all of them after regular visits to the parents. The same province also reported 27 cases of children unreasonably deprived of material support. They received food assistance.

Of 212 children with disabilities, 38 received support from NGOs, 7 were integrated into public school and 36 were reported to having received material support. All 212 children received regular visits.

All of the 5 sexual abuse cases reported¹⁸ actually went to court. The CBCP provided full support, including the provision of a lawyer to the child.

The focus group discussion with CSH in Chantrey commune, Romeas Hek district, named poverty and children orphaned by HIV/AIDS as the two major issues for

¹⁸ These cases occurred in the CBCP coverage area. However, DSALVY reports 17 cases that were followed during the period from 2001 to mid-2003. All of them went to court.

children. The perceived priorities of problems largely correspond with the reported cases for Svay Rieng. However, children who left with their parents to work in Phnom Penh do not show up in any report.

Problems	Ranking		Solutions
	Girls	Boys	
Poverty	1	1	Provided money, rice, clothes and school materials
Children orphaned by HIV/AIDS	2	2	Provided rice, money, books and clothes
Second marriage	3	3	Provided money, clothes and school materials
Went with parents to work in Phnom Penh	4	4	No solution
Abandoned children	5	5	Provided money, school materials, scarf and house repairing
No access to school	6	6	Provided clothes and school materials

Children returned from Vietnam

In Kampong Ro and Svay Teab districts, which border Vietnam, families from a number of villages migrate to Vietnam for begging. The evaluation team conducted a focus group session with 8 children in one of the CBCP target communes in Kampong Ro district. These children had just returned from begging in Vietnam. Three of the children had disabilities (were deaf or had learning difficulties). None of the 8 children had ever been interviewed by a CSH and none were even aware that the CSH existed in their village. When probed, the CWG, the village chief and the CSH informed that they do not work with these families, as “they are too difficult”. It must be noted though, that the DSALVY reported that a specialised staff member of DSALVY was assigned to work with the families returning from Vietnam.

f) Common issues

Identification

The interviewing of children is time consuming and requests have been made regularly to provide incentives to the CSH in the form of rice or cash. One district working group said that in Cambodia “a volunteer is a person that volunteers to do something, but still accepts some incentives for time spent on the tasks he or she is undertaking”. The stakeholders from provincial and district levels often mentioned the low capacity of CSH and VDC focal points. They mentioned that the interview forms are not well filled and that the reports submitted by the CSH are often incomplete.

The process of interviewing and categorizing children by CSH along the lines of CAR and CNSP met several problems:

- The CSH as well as district and provincial level stakeholders felt that the high number of categories was a major difficulty;
- Some categories are overlapping (such as children not living with their biological parents with CAR and abandoned/orphaned children with CNSP);
- Some categories identify causes of risk (for example poverty) while others consequences for children at risk (for example school dropouts); and
- CSH do not approach all CAR and CNSP, because they find the cases too difficult.

Services

The services provided to CAR and CNSP varied considerably from province to province. Partly this may be related to incomplete and inconsistent reporting. The general issues that arose from reviewing the assistance provided to children were:

- The outcome of services provided to children is not well documented;
- The success of referrals for specialised services depends on the existence of service providers and their willingness to cooperate closely with CBCP;
- The gaps in service provision remain considerable, resulting in high rates of cases without solutions;
- Community-based assistance is usually for one time and includes limited support for school material, rice or cash;
- Government assistance occurs only in some provinces and it is not institutionalised; it only provides a one-off support to some children and their families;
- The fact that no solutions can be found for many of the children identified is a major complaint from the CSH and they found it very difficult to face the families and children interviewed if they could not offer some support¹⁹; and
- CSH considered the support provided from district and provincial levels as insufficient.

Follow-up and counselling visits

The community-based assistance to children includes visits to children identified as CAR and CNSP. These visits appear in the English version of the provincial reports as counselling visits to families and children. However, the use of the term ‘counselling’ is misleading for the majority of these visits.

The aim of these visits is to reassess the situation of the children and propose appropriate action. The form provided for these visits includes a section for the people paying the visits to make recommendations regarding further interventions. In the case that no further action is required, the case is closed.

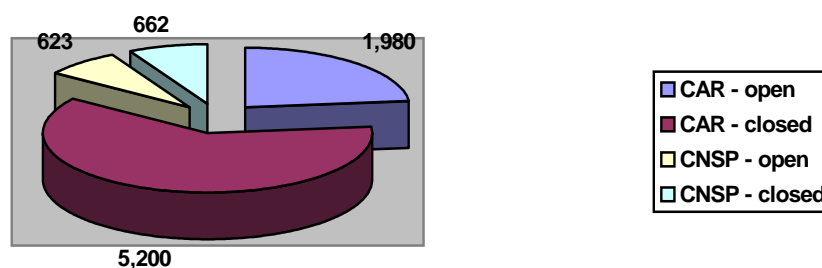
The number of visits reported are summarised in Table 3. Only as of 2003 has the number of visits to CAR been recorded consistently in all provinces. For CNSP, the follow-up visits are recorded for only a few of the categories of children. There are substantial differences between provinces in the number of visits reported. Svay Rieng reports that 100 per cent of the CAR received one-off or regular visits. The other provinces reported visits to only some of the children identified through interviews.

¹⁹ Some provinces listed ‘no solutions found’ in their statistics. In the case of Banteay Meanchey, no solution could be found for 28 to 39 per cent of CAR cases. In Prey Veng, it was 17 per cent of CAR cases. A national trainer estimated that about 20 per cent of the cases can be solved during or following case conferences and a further 20 per cent are pending. The remaining 60 per cent apparently find no solution at all. Therefore, estimates on the percentage of cases without a solution differ widely.

Table 3: Counselling visits to CAR and CNSP by province

	One time counselling CAR or family		Regular counselling CAR or family		One-off or regular counselling CNSP ²⁰	
	Number	% of CAR	Number	% of CAR	Number	% of CNSP
Battambang (Nov. 2000 to Sept. 2003)	3,779	70%	no data	no data	55	8%
Banteay Meanchey (Dec. 2002 to June 2003)	603	47%	185	14%	51	20%
Phnom Penh (Jan. to June 2003)	711	75%	312	33%	64	38%
Prey Veng (2002 to June 2003)	1,391	23%	1,600	27%	no data	no data
Svay Rieng (2001 to June 2003)	7,180	100%	7,180	100%	370	29%

Prey Veng was the only province that provided the evaluation team with a specific report on the follow-up of old cases. The report contains a breakdown of types of assistance provided to children (no disaggregated data on girls and boys). It does not, however, detail the results of the visits that were only listed as ‘families visited’. Svay Rieng was the only province that provided figures on the cases that were initially identified, but are no longer followed up (see Figure 11). The children who were assessed as in need of no further assistance were recorded as ‘closed cases’. The number of open cases was reduced considerably. A total of 5,200 or 72 per cent of the CAR cases were closed. These included 4,543 CAR in the category of extreme poverty. Over 50 per cent of the identified CNSP cases were closed after follow-up.

Figure 11: CAR and CNSP after follow-up – 2001 to June 2003 – Svay Rieng

The visits are carried out by the CSH with the assistance of the VDC focal point. In addition, the members of the working groups at provincial, district and commune levels have a number of per diems per month to assist in these visits. There are several issues arising from this system. On the one hand, the staff from provincial and district levels pointed out that the CSH were not always available when they visited the villages. On the other hand, the CSH mentioned that they do not see much use in these follow-up visits, where the same questions are asked each time. They also thought

²⁰ Not all categories of CNSP have counselling visits recorded. For example, there are no records of visits to orphans and abandoned children, who form the two biggest groups of CNSP.

that the lack of assistance provided to children and families after the follow-up visits puts them in a difficult situation in their village. In one village in Prey Veng, the CSH and VDC focal point admitted that they actually avoid meeting the people from the district and province to avoid this embarrassment.

Reporting

While there have been some efforts to improve the reporting system of the CBCP, there remains considerable gaps in the information available to managers, particularly at the provincial and national levels. The absence of a comprehensive planning framework with detailed indicators hampers the establishment of a reporting system that collects data to inform management on the outcomes of the activities.

Many of the stakeholders thought that CBCP's reporting system was complicated. It was usually pointed out that particularly the CSH, VDC focal point and the CWG struggle with the reporting. It was also indicated that the reporting was not part of the training.

The reporting system was reported to present the following common shortcomings:

- It is difficult to gain an overview of the children identified and of interventions that were taken in their favour;
- There are not enough details on who provided the assistance;
- The actual number of CAR and CNSP, who are being actively followed and/or supported are not known, because the reports only list children that are identified during the reporting period; and
- There is a lack of analysis of the data collected at all levels.

2. Structures and stakeholders

a) National management

The CBCP is implemented by the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MOSALVY) with technical assistance from UNICEF. At the national level there is a national CBCP coordinator, one secretary and four national trainers. Two of these national trainers are civil servants of the Ministry of Women's and Veterans' Affairs (MOWVA). All others are staff of MOSALVY. At the national level, MOSALVY expressed some reservations about the fact that two of these trainers are MOWVA staff. They thought that it was difficult to manage staff of other ministries.

The national CBCP coordinator felt that the central level is not sufficiently included in the planning and budget development. The CBCP coordinator also thought that provincial departments of MOSALVY considered the CBCP a UNICEF programme, and were therefore not willing to share information with the national level. The national coordinator perceived the lack of control over the budget as a particular constraint for the central ministry.

The national trainers, in addition to being involved in training activities, undertook monitoring visits to the provinces. They submitted reports to the national CBCP

coordinator, which differ in their form from the reports submitted by the provincial level. No analysis of the information has been done at the national level.

b) Working groups

The CBCP has established working groups at the provincial, district and commune levels. The Handbook for Working Group Members²¹ indicates that members of working groups are from the departments of social affairs, women's affairs, health, education and rural development. The handbook lists the following tasks for the Provincial and District Working Groups:

- Select trainers within the Working Group to train and follow up CSH and VDC focal persons through awareness raising, identification and activities in the village;
- Select trainers within the Working Group from Education to train all primary teachers from CBCP network villages and mobilise them in identification, early intervention and prevention of CAR and CNSP;
- Select trainers within the Working Group from Health to train two staff from each commune health centre in identification and referral of CNSP;
- Cooperate closely with District Social Workers and Provincial Social Workers to facilitate implementation of child protection;
- Develop cooperation with teachers to organise child-to-child activities about child rights and Cambodian law with children from primary schools with the aim of spreading messages to villagers and out-of-school children; and
- Develop cooperation with the VDC in the area of cultural activities for the village children.

Provincial Working Groups (PWG)

The PWG was initially conceived as a sub-working group of Seth Koma. But while a link still exists in provinces where Seth Koma is established, CBCP working groups operate largely independently. In addition to representatives of the departments of social affairs, women's affairs, education and rural development, the PWG for CBCP included representatives of the department of cults and religion as well as the provincial police. In reality, the composition of the PWG varies among provinces. In Banteay Meanchey, there is no PWG. In Battambang, it consists of three people – the provincial CBCP coordinator and a representative from the police and the education sector. In Svay Rieng and Prey Veng, the PWG are built upon the Seth Koma working groups.

The PWG members provide training to other stakeholders at the district and commune levels. They also participate in case conferences as facilitators and undertake follow-up visits. PWG members take on responsibilities for specific districts where they support the stakeholders.

A staff member from DSALVY was nominated as the provincial coordinator for the CBCP²². The coordinator usually plays a very active role in the implementation of CBCP activities. The provincial coordinator is also responsible for the reporting.

²¹ A Handbook for Child Protection Working Groups – Triple-A Method, UNICEF.

²² In Svay Rieng, the department of social affairs and the department of women's affairs share the coordination role by having two CBCP coordinators. In Banteay Meanchey, the provincial coordinator was a contract staff at the time of the field visit.

The PWG considered the following as the major achievements of the CBCP:

- The structures are established from the national to village levels;
- Training was provided to district, commune and village stakeholders;
- The CBCP network was promoted through community awareness;
- The PWG assists in the follow-up of CAR and CNSP with particular problems;
- The knowledge about the situation of CAR and CNSP has improved;
- Children are referred to services; and
- Village Social Funds are established.

The PWG considered the following as constraints for the implementation of the CBCP activities:

- CSH do not receive per diem or other form of payment for the interviewing and the follow-up of children;
- Lack of transport for the PWG; and
- Training was short and should be followed up by refresher training, particularly for reporting.

District Working Groups (DWG)

The composition of the DWG differs from province to province. In principle, the same stakeholders as in the PWG are included, i.e. from social affairs, health, education, rural development, police and cults and religion. In some districts other departments were involved, such as the department of planning in one district of Svay Rieng.

In Prey Veng and Svay Rieng, the DWG is led by the third deputy district governor, who is responsible for social affairs. In Phnom Penh and Battambang, the DWG is chaired by a representative of the district office of social affairs. In Banteay Meanchey, a DWG does not exist.

The DWG assists in referrals, provides training to relevant actors and monitors case conferences. The DWG meets on a regular basis, usually monthly.

The DWG considered the following as the major achievements of the CBCP:

- The structures are established from the national to village levels and follow decentralisation structures;
- There is an improved cooperation between the different levels of authorities;
- There is a reduced risk for children;
- Children are integrated into school;
- There are referrals of children to NGO services; and
- The response for children in need has become quicker.

The DWG considered the following as constraints for the implementation of the CBCP activities:

- The CSH receive no (or little) per diem or other incentives;
- The commune council does not take any decisions; and
- There is a lack of service providers for children.

Commune Working Group (CWG)

The CWG has the same composition in all provinces:

Second deputy commune chief – chairperson
 Representative of the primary school – member
 Representative of the health centre – member
 Commune police – member
 Monk or pagoda elder (achar) - member

Therefore, the CWG has consistently 5 members. The members of the CWG assist in follow-up visits to children, participate in case conferences and prepare reports for the district and provincial levels. In the communes visited, the second deputy commune chiefs were the most active members, undertaking follow-up visits to the cases they considered most serious.

During discussions with CWG members the following achievements were mentioned:

- Some cases of domestic violence cases were assisted;
- The school integration of poor children is promoted through the CWG;
- The CWG assisted in collecting funds for the village social fund;
- There is improved support for children and reduced incidences of CNSP;
- The information about children in need arrives faster at the commune level;
- The pagodas provided moral and material support to children through education and temporary shelter; and
- There were referrals to health centres and hospitals free of charge.

The constraints mentioned were:

- CSH have to spend too much time on CBCP, but lack the time to do so;
- CSH receive no incentives and are therefore not very motivated;
- The existence of different programmes and networks is confusing, such as Seth Koma, ILO, CBCP; and
- Awareness of child protection in villages is still weak.

3. Tools

a) Training

The Handbook for Child Protection Working Groups (p.4) states that “community-based child protection network will become operational after a series of training courses for:

- Provincial working group members whereby persons from the province, district and commune are invited, as follows:
 - Social Affairs – two from the province and two from each district
 - Women’s Affairs - one from the province and one from each district
 - Education - one from the province and one from each district
 - Health - one from the province and one from each district
 - Police - one from the province and one from each district
 - Culture - one from the province and one from each district
 - Rural Development - one from the province
 - Agriculture - one from the district
 - Commune Chief or Deputy Chief from each commune.
 - One volunteer Community Social Helper and one representative from each VDC who will be a focal person

- Primary school teachers
- Commune Primary health centre staff - two from each commune
- Policemen - two from each commune and two from each district.

Working group on Child Protection has to follow 10 days training on ‘Concept and Strategies of Children in Need of Special Protection’. During the training, the criteria for identifying community social helpers and VDC focal persons have to be discussed. Each member is given a certain responsibility. Two trainers from the working group are assigned to a group of 14 villages. They train the VDC and CSH and follow up village implementation with the deputy or commune chief. Working group members from education, health and the police will be assigned to train their respective colleagues. Other members will participate in developing leisure and cultural activities for the children of the villages.”

The CBCP has trained a large number of people at all levels. In Svay Rieng, over 1,500 people have received some training between early 2001 and May 2003. In Prey Veng close to 1,700 people received training between May 2002 and August 2003. In Phnom Penh, 475 people are reported to having received training in child protection issues. For Battambang and Banteay Meanchey no details were available.

The training was provided by trainers from the national, provincial and district levels. Working group members from police, health, cults and religion and education trained staff from their departments at lower levels. The national level trainers thought that provincial and district trainers improved their skills considerably and that they could increasingly carry out the training independently.

The training is based on manuals providing detailed instructions for the trainers to follow. Additional documentation is provided to the trainees through handbooks. Specific handbooks and manuals were developed for the working group members, CSH and VDC focal points, police, teachers, health staff, monks and pagoda elders.

Working group members underwent a 10-day training in child protection. The training included general issues of child development and child rights. Specifically, the participants were trained in identifying CAR and CNSP, diagnosing the identified children and planning interventions.

CSH and VDC focal points also underwent a 10-day training, which focused on community-based action for children. The training included issues of child development, identification of CAR and CNSP through interviews and planning for action in favour of identified children.

Police, monks and pagoda elders received a three-day training with specific contents. Likewise, members of health centres and primary school teachers followed a two-day training on child protection.

People are being trained in assessing children using the Triple-A method. The method is adapted from Seth Koma’s Triple-A approach, which consists of a three-step approach of assessment, analysis and action. In child protection, these steps correspond to identification, diagnosis and action. The Triple-A method should enable

people to identify CAR and CNSP, to make an assessment of the situation of a child and to propose appropriate action.

Generally, the participants of training activities showed a high level of satisfaction regarding the training provided. However, many also mentioned that the training was short and that refresher or additional training would be necessary. The discussions with trainees confirmed that they remembered only selected parts of the training. While most of the people interviewed could quote a number of categories of CAR and CNSP, many other aspects of the training seemed to have been forgotten. The difficulty of understanding the concept of resilience²³ was mentioned several times. In some cases there was confusion between the CBCP training and courses offered by other training providers. At the village level the difficulty of distinguishing between Seth Koma and CBCP training also became apparent. The fact that the village chief was not included in training activities was mentioned as a constraint during a number of discussions.

The DSALVY and OSALVY staff expressed concerns about the fact that many of the working group members had no previous experience in social work. They found it difficult to work with staff from other departments.

The examination of interviewing forms filled out by the CSH indicated that there are substantial problems in the understanding of the assessment methodology. Many interview forms were filled incompletely.

b) Awareness

There is little information available on awareness raising, since these activities were not systematically included in the reports that were examined. The training for CSH included a session on awareness raising. The objectives of these campaigns were given as²⁴:

- To introduce the Child Protection programme to the villagers (adults and children);
- To sensitise villagers about CAR and CNSP; and
- To mobilise the community in the ‘Triple-A’ process as much as possible.

The discussion during field visits confirmed that the CSH, with the assistance of working group members, have introduced the CBCP during village meetings. These sessions had the aim to explain the community-based assistance and as well as to introduce the village social fund (VSF). The feedback the evaluation team received

²³ **Definition:** “Resilience is the capacity of a person to do well facing difficult conditions in life. Resilience as a human reality is probably as old as mankind. After all, that is the only way in which the poor and the oppressed have survived. They have had to be resilient in one way or another, even if they had no concept for describing it”.

If a child has developed problems, for example, because his/her father is an alcoholic, does that imply that all children of alcoholic fathers develop problems? Logically it does not, since some children of alcoholic fathers do well. Why do some children at risk of certain problems not develop the problem they are exposed to? What can we learn from such ‘resilient’ children for prevention or for intervention with other, less fortunate, children? Can we detect in so-called ‘problem children’ some areas of possible strength on which they can build or rebuild their lives? (CBCP training manuals)

²⁴ Training Manual on Child Protection for Community Social Helpers and VDC Focal Points, UNICEF, p.70.

indicated that attendance varied a lot and sometimes only few people showed up for the sessions.

Specific campaigns were held on trafficking and HIV/AIDS in Phnom Penh. The evaluation team observed one of these sessions, which took place in a public space and was aimed at sensitising garment factory workers on the dangers of trafficking. The session was prepared and conducted by DSALVY in Phnom Penh. It consisted of the screening of the 45-minute film ‘The victim’, which tells the story of a girl who is tricked into prostitution. The chosen location was very noisy and the sound of the video could only be heard by the people standing closest to the speakers.

Thmo Koul, Bang Pring commune in Battambang province reported dissemination of CRC and sexual abuse information (but at the same time they stated that no cases of sexual abuse were ever reported in the commune).

Many people interviewed recommended more community awareness campaigns to be conducted. It was also recommended to conduct child rights training in schools and to disseminate child rights messages through the pagodas.

c) Case conferences

Case conferences were considered important and useful by all stakeholders involved. The evaluation team observed four case conferences in Banteay Meanchey, Svay Rieng and Prey Veng. All of them took place in pagodas, which provided for a quiet and appropriate environment.

The CSH mentioned that it was useful to share experiences with other villages, to receive advice on difficult cases from other people and to discuss difficulties of solving cases with other people. In addition, the case conferences are also a major motivating factor for the CSH and VDC focal points, because they are paid a per diem for their participation.

The case conferences were used to collect the latest figures about children interviewed, establish the amounts available in the VSF and to discuss some cases of children and their families. Typically, the CSH present cases of children they find difficult to address. There are no records regarding the number of cases for which a solution can actually be identified during the case conferences.

The national trainers join as many case conferences as they can. Observations made by the evaluation team during case conferences suggested that they provided little added value. The national trainers seemed to observe the meetings, but provided little input even for practical matters. In one case conference, the 50 participants were sitting scattered around the meeting hall and some obviously had problems hearing the facilitator. One would expect a national trainer to provide some advice on how to organise a case conference in a manner that encourages participation.

d) Village Social Funds (VSF)

Village social funds have been piloted in the initial programme area in Battambang. In the Master Plan of Operations, they are listed under the Seth Koma initiatives and

were intended to finance educational materials for children of the most vulnerable families so that they could attend school²⁵.

The VSF have been established in all villages where the CBCP is operating. In general, the VSF works better in rural areas. This could be related to higher levels of trust existing among villagers in rural villages compared to urban areas.

The VSF is managed by a management committee. Typically, 5 to 9 people are involved. The management committee of the VSF usually includes people who were involved in other village development activities. The fact that in many cases a monk of the local pagoda was part of the committee was mentioned as a factor for creating trust in the fund.

The source of funds for the VSF were, (i) money collected during religious ceremonies at the local pagoda and (ii) voluntary contributions from individuals. In addition, UNICEF contributed 40 per cent of the sum collected by the villagers. There was only one commune (Malay district, Banteay Meanchey province) that has established a system of regular contribution. Since this was a recent initiative, it is not yet possible to assess the results.

The members of VSF committees said that there were no problems within the village regarding the access to the funds, which are destined to serve the poorest or most vulnerable. However, the relatively low level of disbursement of VSF indicates that there are some problems with the selection criteria²⁶. Some of the VSF committees also expressed concern that they would not know how to replenish the funds once they are spent. They are therefore very careful in spending the funds. Some VSF committees mentioned that they wish to keep the funds for the school registration period to be able to provide support to the maximum number of children.

At the village level, the bookkeeping appeared to be solid. However, it was difficult to establish the use of the funds from the reports received. Generally, the VSF mentioned that funds were mostly used for support for schooling material, some limited food and cash assistance. The information that was received through interviews and reports suggested that the VSF support was rather small, one-off and mainly intended for children identified as CAR.

4. Children's view

Group meetings involving children were held in the following locations:

- Banteay Meanchey – O'Chrov district, Poipet commune (village children)
- Battambang – Thmo Koul district, Bang Pring commune (village children)
- Phnom Penh – Meanchey district (HIV/AIDS-affected children and scavengers in two separate meetings)
- Svay Rieng – Kampong Ro district, Snay Krieng village (children returned from begging in Vietnam), Svay Chrum district, Chantrey village (village children, including orphans living with their grandmothers)

²⁵ UNICEF, Master Plan of Operations 2001 – 2005, p.44.

²⁶ The director of DSALVY Svay Rieng informed that the 225 villages have collected a total of 63 million Riels. So far 8 million have been disbursed.

In addition, children were interviewed during visits to villages and NGO centres.

In the groups meetings, the children were asked to draw all the things that make them happy, all the things that make them sad, the people they would go to with problems and their dreams for the future. The children then explained their drawings. This formed the basis of the discussions about the CBCP. This tool was chosen in order to enable comparisons of children's realities in the different locations and contexts (border areas, urban slum areas and rural areas). All focus groups consisted of an equal balance of girls and boys and an attempt was made to have a varied age range. The children's participation was excellent. They spoke freely of their lives and hopes for the future.

Children's perceptions

The children in the different provinces portrayed their problems in distinct ways. This demonstrated the children's ability to analyse their own situation and that of their peers. In many cases it is possible to identify the province by just referring to the drawings.

The children in Malay district of Banteay Meanchey openly discussed the problem of drugs in their villages with the village chiefs. This was apparently the first time the village chiefs and the children sat and discussed issues together. Needless to say the village chiefs and all present learned a lot about this issue from the children. This model of children and adult actors jointly discussing issues should be encouraged

The children in Stung Meanchey in Phnom Penh graphically drew and discussed their lives as both students and scavengers. Their biggest dream was to have space and time to play. Their situation also highlighted the lack of child participation within the family as none of these children wanted to work on the garbage dump but were forced to do so by their parents in order to support the family. A number of the children in Poipet drew pictures of them or other children pushing carts.

Knowledge of the CBCP and the CSH

It was found that many of the children who participated in the focus group meetings were unaware of the CSH. Children involved in the evaluation stated that if they had problems they would firstly inform their parents and/or family and secondly the village chief.

In the villages where the CSH could establish a well-known presence, the CSH gained some importance, notably for children and families who had received some form of assistance. In these cases, the evaluation team was impressed by the relationships the CSH had built up with the children and their families.

Children who were interviewed by the CSH but received no assistance

Children generally felt disappointed as they thought the interview would lead to something. Many of the CSH felt that they should have something small such as pens or a snack to give to the children during the interviews.

Children's views on the CSH interviews

The children felt the interviews took a long time. They also thought the CSH were kind and friendly but none said the interviews were fun. It should also be noted that some of the children stated that they did not know why they were interviewed.

Children who were referred to NGO services by the CBCP

Some children who were referred to services reported to the evaluation team “I was lonely for a long time before I came here”. This could be interpreted as a long period of time from identification of the child to actually offering the child any tangible material or moral support.

Many of the children had not had any follow-up visits by the CSH or DSALVY since the referral.

Two children in Battambang had run away from home due to constant beating and were then trafficked to Thailand and subsequently rescued by the CBCP and referred to an NGO in Battambang. They told us “we want to stay here, we do not want to go home because they beat us every day”. The NGO, when asked about longer-term plans for these children, informed us that they will reintegrate the children with their families even though the children specifically said they never want to return home and that if they were sent back they would run away again. This raises the issue of children having a say in the decisions being made regarding their lives and being listened to.

The majority of the children were very pleased to be in the NGO centres and informed us that they were asked by the CBCP actors if they wanted to go there or not. Some said they were ‘convinced’ to go to the NGOs.

The evaluation team observed a vast difference in the quality of the services. The actual place of referral could have an enormous impact on the child because of the differences in the services offered. Another major issue is the sustainability of these centres. One NGO where many children were referred to by the CBCP in Phnom Penh had funding secured until April 2004 but no alternative funding sources thereafter. Many NGOs were concerned with their funding status.

Children who received some support but were still living with either their parents or grandparents.

These children had an excellent relationship with the CSH and felt supported by them even though the CSH did not have much to offer them. It was noted that there was a very caring relationship between the CSH and the children they tried to help, but the CSH often felt frustrated and disappointed that they could not really assist these children due to the lack of solutions available to them during the case conferences.

Orphaned and abandoned children living with their grandparents told us that the CSH “sometimes gives us some rice”. The grandmothers felt a dire need for support as they were getting older and were mostly afraid of what would happen to the children if they got sick or passed away. Some children said it makes them very sad when their grandmothers are sick and that the children have to help them a lot in the house. None of the children living with their grandmothers said they were beaten whereas nearly all the children living with their parents reported being beaten.

Children who had not been interviewed by the CSH.

It was alarming to note that none of the 8 children in a focus group in Thnot commune in Svay Rieng had been interviewed by a CSH. Three were children with disabilities, the others were visibly neglected and all had just returned from Vietnam, where they had been living and begging on the streets of Ho Chi Minh City. All these children could have been classified as CNSP and they simply fell through the CBCP net. The CSH informed us that these children had not been interviewed because their families were too difficult to work with.

Children's participation in the CBCP

Children's participation in the CBCP activities has been minimal. They basically show up as a 'child interviewed', 'Child at Risk (CAR)', 'Child in Need of Special Protection (CNSP)' or victim.

The following shortcomings exist:

- The community awareness sessions for introducing the CBCP and the CSH to the villagers focused on adults and not children;
- Children did not participate in any form in the case conferences;
- Children are inappropriately approached (see box below); and
- Children are not involved in the assessment, planning and monitoring of the CBCP.

There was one case of a sexually-abused 11-year-old girl in Malay district, Banteay Meanchey province, where four adult men from the CBCP network (including the national trainer and the CBCP coordinator) went to visit the girl to **convince** her to go to Sisophon (two hours away from her home) to the CWCC centre for training and support. When the child refused the CBCP coordinator told us he could not understand why. Subsequently both the girl and her mother moved to Thailand and no one involved in the CBCP seemed to understand why.

B. Child Protection Committees

Provincial Child Protection Committees (PCPC)

The PCPC is intended to act as a mechanism for the promotion of child rights and child protection in the province. The governor was included in the committee to add importance given to child protection issues at the provincial level. NGOs were also included in the committees to ensure a better coordination of programmes and services for child protection.

The composition of the PCPC differs from province to province. There is no PCPC in Phnom Penh, where the municipality maintains its own coordination meetings with NGOs. In Prey Veng, the committee was initiated by ILO/IPEC and is called Provincial Committee on Child Rights Protection (PCCRP). The number of committee members ranges from 26 to 43, depending on the number of departments and NGOs included. Committees usually meet every 6 months. Daily activities are run by a permanent secretariat, which is located within the DSALVY office.

Committee members from the government as well as NGOs named the following strengths of the PCPC:

- The deputy governor as chairperson can intervene in particular cases (often related to a need to involve the police);
- The committee works through DSALVY;
- There is an improved exchange of information;
- The PCPC meetings provide a place to raise and discuss issues;
- Difficult cases could be referred to appropriate organisations, particularly NGOs; and
- Links with CNCC ensure the involvement of the national level.

They mentioned the following weaknesses:

- High-level officials do not attend meetings regularly;
- The structure of the PCPC and CBCP are separated;
- Courts are not members of the PCPC (because they want to keep their independence); and
- The PCPC is in some cases mainly run by DSALVY.

The following recommendations were made:

- To have one structure for the promotion of child rights and one structure for CNSP (director of DSALVY Banteay Meanchey);
- To integrate the structures of PCPC, CBCP and Seth Koma into one structure (director DSALVY Prey Veng);
- To make the meetings of the committee more regular;
- To strengthen the work with local authorities;
- To integrate child protection into the decentralisation process (commune development plan); and
- To strengthen the monitoring and evaluation role of the national and provincial levels.

The deputy governors confirmed that they thought DSALVY was responsible for child protection and related services. They considered that most of the work should be done by social affairs.

Deputy governors and PCPC members considered the CNCC as the national level institution that should link to the PCPC. These links have been established with regard to the National Five-Year Plan of Action Against the Trafficking and Sexual Exploitation of Children (2000 – 2004).

District Child (Rights) Protection Committees (DCPC)

UNICEF-supported DCPC exist in Banteay Meanchey and Battambang. ILO/IPEC established district working groups, which are more focused on trafficking and child labour, in Prey Veng and Sihanoukville. They are the extension of the PCPC and include the key departments at the district level as well as the commune chiefs.

The DCPC in Battambang and Banteay Meanchey have established a district social fund that functions in a similar fashion to the VSF. It also received a 40 per cent contribution from UNICEF. The members of the DCPC themselves contributed to the fund. Additional contributions are sought through ceremonies and private sector contributions. Since these funds cover only a few cases, the impact they can make for individual cases is substantial.

The members of the DCPC named the following strengths of the DCPC:

- Permanent secretary keeps contact with the districts (Battambang) and pays per diems for meetings;
- Regular meetings took place;
- Cases are easier to solve;
- District Social Fund can assist children who were referred by the CSH and commune;
- Children can be referred to participating NGOs;
- Helps children to attend school; and
- Commune chiefs are part of the committee and provide information during meetings.

The constraints mentioned were:

- Lack of funds; and
- Lack of transport.

The following were recommendations:

- Include child protection in commune development plans;
- UNICEF should support workshops at district level;
- Increase fund raising capacity, including from private sector; and
- Provide training on laws related to child protection to district, commune and village stakeholders.

In some cases, such as in Malay district, the district governor expressed a strong commitment to continue the DCPC even without UNICEF funding. However, the case of Thmo Koul, where meetings stopped after UNICEF withdrew the support, suggests that the sustainability of the DCPC cannot be taken for granted.

C. Technical Assistance provided by UNICEF

Technical assistance by UNICEF was provided through two expatriate Technical Advisors (TA), one Assistant Project Officer and four provincial-based national Project Assistants. One TA was based in DSALVY Phnom Penh and one in Battambang, which covered Banteay Meanchey. The provinces of Svay Rieng and Prey Veng were supervised by the Assistant Project Officer, based in UNICEF's Phnom Penh office.

The project assistants felt that being based within the DSALVY office helped them establish a close relationship with their counterparts. They assisted DSALVY in coordinating with NGOs. They felt that the capacity of MOSALVY staff has improved. However, they expressed that they still needed to be involved in many administrative and management tasks, such as report writing and financial reporting. Some found it difficult to deal with differences with the DSALVY management. More generally, they thought it difficult to deal simultaneously with management tasks and the provision of advice. They also found that the contact with local authorities was a difficulty.

Generally, the technical assistance provided by UNICEF is appreciated by virtually all the stakeholders met. There are frictions in some provinces, which are as much related to personalities as to a misunderstanding of the role of UNICEF staff. One director of DSALVY expressed the feeling that in some cases the hierarchy is not respected. In the case of Banteay Meanchey, there is a continuing conflict regarding the role of UNICEF staff as programme advisors and/or as programme managers. In other provinces this seems to be less the case, or at least it was not expressed to the evaluation team.

IV. CONCLUSIONS

A. CBCP

There is no doubt that a community-based approach is most appropriate for the majority of children in need of special protection. This is due to the big gaps in service provision, the continuing weak government structures and the low level of government contributions toward child protection issues. However, there is some concern that the CBCP was established without undertaking a substantial assessment of children's needs and protection issues in the target areas. As a result there is a lack of baseline data and information on children's issues, which would ensure that interventions are focused and relevant. It also seems unrealistic to base most of the community-based services on volunteer contributions, in the form of CSH and village social funds.

It is difficult to assess the outcomes of CBCP interventions because the programme has no comprehensive planning framework that includes expected outputs and indicators to measure progress against.

Generally, the programme is inadequately documented, which is a major shortcoming for a project of this size. As a result, learning appears to be limited, provincial approaches differ considerably without being fully comprehensible and a number of the documents, ranging from training manuals to reporting forms, are outdated.

From a structural point of view, the CBCP lacks a policy framework that would provide it with the necessary legitimacy and pressure to mobilise stakeholders from the national to community level. Also, there is no single operational manual that outlines the logic of the interventions.

1. Identification and services

Identification

The identification of CAR and CNSP was done through interviewing. There are several issues related to this approach. First, the interviewing of children is a time-consuming exercise for the CSH, who are volunteers. Interviewing such high numbers of children without problems is not an effective use of the volunteers' time. Second, there is a risk that mere interviewing of children does not provide an accurate picture of the situation of children in a given village. This is related to the fact that the CSH tended to avoid cases they felt were too difficult for them to approach (such as trafficking, drug use, domestic violence). Also, the CSH usually interview one child per family, which does not ensure that the situation of all children in a family is assessed.

In addition, the interviewing of children on sensitive issues such as sexual abuse and domestic violence has ethical and legal implications. Ethically it is questionable whether widespread interviewing of children by freshly trained CSH is appropriate. Furthermore, it was mentioned that the mere fact that a CSH interviews a child may

raise suspicions among neighbours that something is wrong with the family, even if the interview identifies the child as a ‘no problem child’. Some parents may not appreciate their children getting interviewed. From the legal point of view, village volunteers are not backed by a policy or legal framework.

There are important differences in the stakeholders’ perception of the issues that are affecting children and the actual number of reported cases. Besides poverty, most provinces identified sexual abuse, trafficking and children affected by HIV/AIDS as the key issues affecting children. However, the reports of the interviews indicate different trends, with abandoned children, orphaned children and children with disabilities forming a large majority of CNSP cases identified.

The categories of CAR included in the CBCP have resulted in high numbers of children being reported in the CBCP network. The CBCP programmes seem badly equipped to deal with so many cases, particularly when a large majority of children are being identified as living in extreme poverty. Just identifying them as living in poverty does not reveal the type of risk these children face. If these children do not attend school, as suggested by some of the services provided, it would be better to register them as such.

The category of children not living with their biological parents seems to overlap with CNSP categories such as abandoned and orphaned children. It would be important to clarify how children are assessed and classified under this category.

The identification of CNSP has been to some extent successful. However, it is possible that many CNSP are not being identified, because the difficult cases are either being hidden from the CSH or the CSH feel that they cannot interfere in certain cases. Some CSH reported that they felt threatened by a violent behaviour of men. Others mentioned that cases of trafficking and sexual exploitation are very difficult to approach, and interviewing is not the appropriate approach in such situations.

The CBCP stakeholders, particularly at the village and commune levels, seem to be overwhelmed with the definitions of different types of CNSP.

By far the most important group of CNSP reported were orphaned and abandoned children. This highlights the importance of alternative care and support to child-headed households, children in foster care and/or living with the extended family. The number of orphans and children living in spontaneous and unsupervised care arrangements appears to be substantial. While they are most likely the best option for the majority of the children, several issues arise from such arrangements.

Firstly, they require some sort of organised supervision. While informal community-based control systems should be encouraged, it is necessary to invest in establishing more formal systems that will ensure the protection of these children. This will require policy and legislation regarding foster care, guardianship and legal responsibilities of local authorities and courts. Secondly, communities usually come to a saturation point, particularly when environmental change factors lead to increasing numbers of abandoned and orphaned children (such as labour migration, family break-up, AIDS). Thirdly, the care of abandoned and orphaned children seems to fall largely onto grandmothers, who are well beyond their economically active

stage in life. This type of household is particularly vulnerable and will require long-term supervision and support, which the CBCP has not managed to provide to date. The CBCP has also failed to provide a better understanding of the situation of orphans and abandoned children.

Services for CAR and CNSP

Communities have actively tried to mobilise support for children in need. Even though the material support provided to the children is minimal, it is a crucial initial step. While the villagers thought that the targeting of this assistance works well, the reports indicate that most of the village-based assistance is provided to children identified as CAR, notably children living in extreme poverty.

There is a lack of long-term, sustained support from communities and the government. The lack of longer-term and more substantial assistance from the government is a concern. While some assistance could be mobilised through DSALVY, this remains an exception. As long as the government does not commit itself to contributing to the safety nets by allocating appropriate budgets to provincial social affairs, there is little hope that the situation of children will improve substantially. Virtually all longer-term solutions are provided through service providers outside the community, notably NGOs.

The reports reviewed indicate that the support provided to CAR is minimal. The majority of children and/or families received visits by the CSH and working group members, but the results of these visits are not reported and analysed in a systematic manner. Material support was limited to small amounts of rice, cash and some school material. Integration into the public school system was reported in all provinces. However, the numbers are difficult to extract from the reports.

Only in Svay Rieng, where UNICEF supports a health cost-exemption scheme, a substantial number of children (247) were reported to having been assisted in gaining access to health services. For the other provinces, the feedback received was that health centres do not charge children referred through the CBCP. However, no figures or details on the type of services are available.

There have been some successful interventions in the cases of sexual abuse. The evaluation team was told that reporting and reaction times to child sexual abuse cases have been reduced. This means that the police was able to arrest a number of suspected perpetrators. The social affairs services also noted that the cases are transferred quickly to them, indicating that the police realises the social aspect of these cases. The collaboration between local authorities, police and social affairs seemed to work well in these cases, at least in some provinces. In most cases of sexual abuse the anti-trafficking unit was involved in the investigation of the case.

Despite these positive developments, considerable shortcomings exist regarding the support provided to children who suffered from sexual abuse. The sensitive nature of this issue requires special support and this expertise is not widely available. The evaluation team discovered that the majority of the girls are visited by men for follow-up. The girls are in some cases strongly encouraged to go to NGO centres for training and are not provided with proper medical care and psychosocial support following the incident. The medical check-up is purely for the verification of the assault for the

legal procedure. In one case, the child was examined in obstetric stirrups designed for grown women when the examination could have been done on a bed without having the same impact on the girl.

Children with disabilities formed in all provinces a substantial part of the CNSP identified (8 per cent to 27 per cent). The assistance reported depended to a large extent on the availability of specialised service providers. A number of children identified by the CSH already received assistance from NGOs. The majority only received counselling visits, which were translated into ‘counselling visits for better integration and autonomy development’. It is not clear what these visits have achieved.

Material assistance to CNSP was provided on a one-off basis only. There is no institutionalisation of support for children in need of long-term assistance. The impact of follow-up services provided is not well documented, but there are indications that the assistance provided through these visits is not effective.

Follow-up / Counselling visits

The reports do not distinguish between counselling and follow-up visits. This is confusing, since it is unlikely that several thousand counselling sessions have been held by the CSH and working group members. The aims and results of the visits are incompletely recorded, thus rendering an analysis of them difficult.

2. Structures and stakeholders

The CBCP was intended to be a network that strengthens the capacity of communities to care for their vulnerable children. This was to be achieved through different layers of interrelated actors, stakeholders and working groups. Its structure is based in principle on the Seth Koma approach. In particular, the idea of working groups and the ‘Triple A’ approach were adopted for the CBCP.

The actors that are operating in the network were identified as follows²⁷:

	Government	Non-Government
Village level	Village Chief / Deputy Village Chief	Child –Family and adults close to child. CSH / VDC / VHW / FBC.
Covering several villages	Pagoda / Health Centre Primary School	
Commune level	Administration / Police	
District level	Social Affairs / Woman’s Affairs / Education / Health / Rural Development Health Centre (can cover several districts) or Referral Hospital/ Secondary School/ Police/ Administration	Community Development NGOs

²⁷ Handbook for Child Protection Working Group, UNICEF, p.34.

	Government	Non-Government
Provincial Level	Social Affairs / WA / Education / Health / Rural Development Children's Centres / Provincial hospitals and health centres / Upper Secondary schools / Police / Courts / Administration	Recovery Centres (abuse)/ Services for the Disabled / Child Protection Centres / CD NGOs / Human Rights NGOs / Legal Assistance

The different levels have the following roles in the network²⁸:

Village level	Prevention and Protection for CAR / Identification / Counselling / Referral / Limited Assistance / Monitoring
Covering several villages	Information in the primary school / In Pagoda or Health Centre / Facilitating access for CAR and CNSP to those different services
Commune level	Facilitator for referral or law application
District level	Facilitator for referral / Participation in dissemination of information – sensitisation / awareness raising
Province level	Facilitator for referral / Providing special services and support / Reintegration / Follow-up and monitoring

One consequence of using this structure was the involvement of many actors in the CBCP. This has advantages and disadvantages. The added value of each actor needs to be carefully assessed to avoid creating an unwieldy structure. A thorough stakeholder analysis could have contributed to a better understanding of the different institutions involved in child protection and the CBCP. Stakeholders and institutions should have an interest in the outcome of the various activities. It was also mentioned by the stakeholders, notably the Ministry of Social Affairs staff, that there is a lack of clear guidelines as well as roles and responsibilities for the different stakeholders.

It was also found that the government stakeholders of the CBCP see the establishment of the structures as a major success. The structures are certainly important, but they are not a goal in itself.

National level

The national level of MOSALVY was insufficiently involved in the development and implementation of the CBCP. There is a lack of policy development from the part of the Ministry. Monitoring and evaluation conducted at the national level are superficial and lack analysis. The national trainers who were supposed to take on the role of linking the provincial and national levels have not been able to fulfil this role.

Provincial and district levels

In all provinces DSALVY assumed a leading role in the implementation of CBCP activities. The provincial CBCP coordinators were all based in the office of DSALVY. Financial reporting was done through the coordinator and the provincial director of DSALVY. Other members of the PWG had specific districts assigned to them, in which they were responsible for follow-up and assisting the district, commune and village levels. This division of labour makes little sense when the CBCP is dealing to a large extent with issues that fall under the mandate of the Ministry of Social Affairs.

²⁸ Ibid.

The members of DWG also divided the work between them. Each working group member took on the responsibility for one, sometimes two communes. This has the disadvantage of extending the responsibility for child protection to departments that are not mandated for this work. It would make more sense to strengthen the capacity of DSALVY and OSALVY to follow through cases. There are too many departments without a relevant mandate involved in the CBCP working groups, and their added value is questionable.

It will be necessary to sustain the attention of provincial and especially district governors. UNICEF's initiative aimed at raising awareness of decision makers seems to be particularly suited to work to this end.

Commune level

The CWG is an important link in the CBCP, since interaction with the village chiefs and CSH takes place at this level. The CWG is usually chaired by the second deputy commune chief, who is in charge of social affairs.

The commune council is mandated by the commune law to provide public services to the people under its jurisdiction. However, the commune law is vague regarding the nature of these services. There is therefore a high competition to engage with the commune council to bring sectoral interests into the commune development plan²⁹. The commune council will likely be confronted with many demands and proposals, while having to build the capacity of councillors, satisfying its electorate as well as the institutions in charge of decentralisation.

Despite these constraints, the work with the commune council appears to be crucial for the future of social service delivery in Cambodia. Ideally, the commune council would assume responsibilities for some tasks related to child protection. This would have the advantage of being able to deal with an established, elected and financed institution. The commune council could also act as a facilitator to mobilise support from the four actors – police, teachers, health staff and pagodas.

The role of commune councils in urban areas seems less clear for the time being and additional research is needed to assess the potential to interact with them in cities.

3. Tools

Training

The evaluation team did not have the opportunity to observe training activities, except for one teacher training in Phnom Penh. It is certainly not possible to draw general conclusions from this single observation. However, it was felt that the training could be more participatory and that the case studies, which form a major part of the training, could be better utilised by the trainers.

²⁹ It is understood that in Svay Rieng and Battambang, an IFAD loan will be used to strengthen the commune council in the field of agriculture. In the Seth Koma provinces, it is planned to make more extensive use of the commune council by including the focal point for women and children.

Generally, it is observed that the training manuals and handbooks show a considerable gap with the reality of the CBCP as it is implemented. The working groups do not exist in the form they are presented in the manuals. It should also be noted that the training is not based on a prior assessment of the local situation. This means that in many instances the trainees are learning topics that have little relevance to the needs of their communities.

While the training manuals and the handbooks provide an extensive introduction to the work with vulnerable children, the training contents are too complicated for many of the participants. Instead of a one-time 10-day training for CSH, a phased training should be considered, as it may be more appropriate for villagers.

Village chiefs have not received any training and should be included in future trainings.

Police have reportedly acted upon sexual abuse cases and on some cases of child physical abuse and domestic violence. However, the impact of this work is not well documented. The anti-trafficking units at the provincial level seem to take on most of the cases of sexual abuse.

Health staff was included in training activities, even though they number less than teachers, monks and police. The visits to the health centres by the evaluation team showed little impact at this level. The health centre staff who had received training had apparently failed to share the child protection messages with the other staff of the health centre. There were no reported cases of active identification of CNSP by health staff.

There was little evidence found that teachers have become active players in child protection who identify and follow up CNSP.

The training for monks and pagoda elders reached important stakeholders for village-level activities, including child protection. The monks that were met had a reasonable understanding of child rights. The participation of monks in the Village Social Fund was found particularly successful to instil trust in the management of the funds.

Awareness

Awareness can be raised through different channels. In the case of the CBCP it was done through the regular activities of the network (training, case conferences, meetings of working groups and committees) as well as through targeted awareness raising campaigns.

The awareness raising and public information campaigns were not documented consistently, so little can be said about their impact. The large number of people who were exposed to child protection issues through the numerous training activities, the various committees and working groups as well as practical work has certainly enabled issues of child protection to be discussed with a wide range of actors. This is a promising start. It has not yet, however, led to a wider inclusion of child protection issues in development plans at the provincial as well as local levels.

Generally, it appears that the awareness on child protection issues remained within the circle of stakeholders directly involved in the programme activities. There is a need to disseminate the knowledge on child protection issues. However, this will require clearly targeted and well-defined campaigns. It also requires that existing knowledge, attitudes and practices of the target groups are better known.

Case conferences

The present system of regular case conferences has some shortcomings. While the case conferences are important for case management, the participants spend a lot of time on reporting. There is little time left for discussing and solving cases or to provide training.

Case conferences take place about every six weeks. However, many cases of child protection cannot wait for six or more weeks to be discussed and followed up. The system is therefore not suitable for fast intervention for children in need.

There is also a lack of a long-term, sustainable strategy regarding the case conferences or a system that could replace them after UNICEF's financial support ends. As the example of Thmo Koul district in Battambang province shows, case conferences risk stopping the moment UNICEF withdraws direct financial support. The present form of case conferences will render difficult handing over protection issues to local authorities and the relevant departments.

Village Social Fund (VSF)

The VSF has been established in all villages of the CBCP area. One of the constraints for the VSF will be the replenishment. One persistent request from provincial, district, commune and village levels was for UNICEF to continue contributing funds to the VSF. UNICEF could keep contributing to the VSF over a number of years with a declining percentage. This would keep up the commitment of the villagers to collect funds after the initial 40 per cent contribution has been made. However, ideally a system of regular contributions could be established as a condition for UNICEF contributions.

While the VSF may be able to provide minimal assistance to children in need of school material, it is unlikely that long-term needs of children in the community will be covered through the VSF, unless the number of beneficiaries is reduced considerably. In the long run, social funds would be better placed at the commune level so that social services can be provided by the commune and financed by funds allocated to the commune council.

4. Child participation

Children have not participated substantially in the CBCP. The interviewing of children by adults does not stimulate participation. There is a need to truly incorporate child participation. This, however, comes with additional demands on people's time and with additional programme costs. Child participation also requires some specific skills to facilitate the process.

5. Coverage

The CBCP expanded from a relatively small pilot project covering 52 villages in one district to the present size without a thorough review and evaluation of the pilot programme in Battambang. The different provinces have developed in substantially diverse directions. At the very least, these experiences should have been better documented.

Many stakeholders at the provincial and national levels expressed the wish to provide the government with a coherent and uniform model for child protection. The findings suggest that the urban and rural environments require a different approach to child protection in general and community-based networks in particular.

It is understood that MOSALVY as well as local authorities wish to expand the CPN into further areas. At this stage, this does not seem to be appropriate. Substantial reflection should take place in order to identify the success and weaknesses of the network so far prior to including new areas.

6. Management and Management information systems

Management practices at all levels of the CPN are restricted to a large extent to programme administration rather than programme management. Reports are filled and filed, liquidation reports are completed, and so on. However, the management lacks in general the capacity to analyse and participate in programme monitoring, evaluation and forward-looking planning.

The contribution of the government partners to the overall strategy, the development of management and training tools as well as the implementation is weak. This carries the risk that the CPN is seen as a UNICEF initiative, even though it relies to a large extent on government staff to carry out the tasks of the CPN.

The information system of the CBCP at present provides only limited support to decision making and monitoring of impact. An information system requires that information provided is accurate, timely, relevant and complete. The information system of the CBCP has shortcomings in all of these fields.

It needs to be carefully determined what type of information is needed at what level and whether it is worth collecting it. Two things should be kept in mind. One, the use of volunteers or village authorities requires that a minimum of time is spent on reporting. Villagers earn their credibility through action and assistance to children and families and not reporting to higher levels. Two, only information that is actually being used for programme management, policy development and related issues should be collected.

In order to achieve the first, reporting formats and requirements need to be simplified. To make progress towards the second point there is a need to improve the analytical capacity of the managers involved in the CBCP. As long as the reports are being compiled and forwarded to MOSALVY and UNICEF without substantial analysis, there is not much use in collecting information.

The sustainability of information channels is another problem that needs to be kept in mind. As the case of Thmo Koul suggests, the information flow risks to collapse after the withdrawal of external support.

B. Child Protection Committees

The PCPC has not managed to become a strong coordination and programme planning mechanism for child rights at the provincial level. This could be related to several facts. Firstly, the PCPC is not firmly connected to the national level and thus lacks the support from ministries at the central level. Secondly, the PCPC is not part of the main development body at the provincial level, the PRDC. It works through the third deputy governor, who sometimes lacks the political clout needed for important issues. This also implies that child rights issues are not included in the provincial development plans.

There are two conclusions that can be drawn from this. First, a less formal provincial coordination mechanism could have similar results for solving difficult cases. The high degree of formalisation—through sub-committees, secretariats, etc—seems to be too complicated for case management and case solving. Second, the mainstreaming of child protection and child rights requires that provincial child rights initiatives feed into existing structures. This implies that rather than proposing new committees, provincial leaders need to be convinced to include these issues on their agenda. UNICEF through its sectoral programmes would be particularly well placed to lead such an approach in the convergence provinces.

C. Technical Assistance

The presence of provincial technical staff of UNICEF has been instrumental for the implementation of CPN activities in all provinces. Since the technical assistance of UNICEF is located within the provincial offices of MOSALVY, staff of DSALVY has gained most from this assistance. UNICEF staff also has played an important role in establishing contacts with NGOs.

The technical assistance could have been more effective in the areas of analysis of information, monitoring and evaluation.

At the national level, the absence of a technical advisor to MOSALVY's General Directorate of Social Affairs has probably constrained a more active involvement of MOSALVY's central level in the development of the CPN. A technical advisor at this level could also have contributed to improved coordination between the provinces.

The evaluation team found that UNICEF staff were well aware of many of the strengths and weaknesses of the CPN. It would have been useful to document these more consistently for monitoring and planning.

D. Sustainability

Sustainability concerns technical and financial aspects. It is therefore not simply about financing but also about continued quality of service provision and upkeep of skills³⁰.

Technical sustainability

Considering the relatively short training provided, it is not surprising that gaps in knowledge exist. The lack of focus of the CBCP has not helped either to develop capacity for specific child protection issues at the village and commune levels. More capacity-building is certainly needed.

A concern is the use of volunteers for service delivery. Particularly in urban areas a change of status from volunteers to paraprofessionals may be needed.

Financial sustainability

For 2002 the budget plans for the CBCP amounted to about \$150,000, excluding UNICEF's technical assistance. These costs include the setting up of the CBCP in new areas, which entails one-off expenditures such as initial training, purchase of bicycles and contributions to the village social fund. The national level also took charge of the printing of forms and documents, which are at least partly one-time investment costs.

Since it is not clear how many villages were covered during that period, cost per village can only be estimated. UNICEF staff members think that they amount to about \$100 per village and year.

The recurrent costs (which are paid for directly by UNICEF) are:

- costs of national coordination or training team, which consists of six people (4 trainers, 1 national coordinator, 1 secretary);
- incentives for provincial coordinators of the CBCP programme;
- incentives for CSH;
- per diems for meetings of working groups and committees;
- per diems for case conferences for provincial, district, commune and village level participants;
- per diems for follow-up visits.

Indirect costs covered by UNICEF are:

- referral services partially or fully financed by UNICEF, such as Veterans International in Prey Veng, World Education in Prey Veng, support to school reintegration programmes in Battambang and Banteay Meanchey, support to legal protection, and others.

Other costs, not covered by UNICEF are:

- provision of short-term assistance to families and children through VSF, and in some cases DSALVY and/or other local authorities;
- referral services financed by third parties;

³⁰ McLeod, 2001, p.36.

Long-term support for children in need should be factored in, but this would require a clearer definition of the services to be provided.

The evaluation team found it difficult to gain an overview of costs related to the CPN. This may be partly related to UNICEF's accounting procedures with the government, which use advances and liquidation reports. However, in light of the pilot nature of the CBCP and the potential impact it could have on social service provision, there is a need to make costs more transparent. This is particularly important because social services, by definition, consist mainly of recurrent costs³¹. It is crucial to make recurrent costs visible to inform the government of eventual costs of service provision. Currently, UNICEF finances virtually all recurrent costs of the programme. The exceptions are costs of NGO services, which are only partly or not financed at all by UNICEF.

Inputs from government counterparts are restricted to the supply of personnel and the contribution of meeting and office space. All participants in the CPN receive per diems for each activity conducted. While this is a common practice in Cambodia, it raises concerns regarding the sustainability of the approach as well as the ownership of the programme.

In some cases DSALVY has provided short-term relief for difficult cases. This included rice, clothes, mats, fertilizer and cash. The inputs are usually one-time efforts for children and families in need. Some DSALVY directors and district governors expressed the hope that the government will eventually cover the costs of the network.

The reliance of MOSALVY on UNICEF funds for most programmes related to child protection is another concern. While there is a clear need for UNICEF to work with MOSALVY as a partner, the Ministry should engage in efforts to obtain other sources of funding.

³¹ There are several ways to finance recurrent costs, including through – i) the government (tax revenues), ii) the users of services (user fees), and iii) donors - McLeod, 2001, p.30.

V. RECOMMENDATIONS

A. *Community-based Child Protection*

1. The CPN requires a phase of **consolidation**, which should be used to review and improve the existing approaches, tools and methodologies. It is essential to document and analyse this phase.

1. **Assessment and identification of children**

1. It is recommended to **review the categories of CAR and CNSP** with the aim to (i) substantially reduce the numbers of children to be assisted through the CBCP and (ii) to provide the necessary support and assistance to children who are identified. The wide definition of CAR has burdened villages with a high caseload without being able to provide substantial assistance.
2. The CBCP should move away from using **interviews with children** as the main assessment technique. The findings of the evaluation indicate that interviews do not provide for an accurate picture of child protection issues in a community.
3. Children's problems should be assessed and documented prior to starting the CBCP in new target areas. Depending on the outcome of community assessments, interventions **should focus on identified priorities**. These assessments need to be participatory and should include children.
4. It is recommended to better **distinguish between direct support to children on the one hand and awareness raising activities on the other hand**. This will require more defined objectives for services that are to be provided for children. It will also require well-defined awareness raising and public information and education campaigns. In particular, child-to-child activities should be explored.
5. A number of difficult issues are not adequately addressed through the CBCP and the CSH, notably trafficking, sexual exploitation and child labour. These problems would be better addressed through a different approach that does not expose CSH to reporting cases. An **anonymous reporting mechanism** through the village and commune authorities could be tried as pilot.
6. The approach to **follow-up and counselling** should be reviewed. It will need to be clarified who is undertaking the follow-up, what its aims are and how is action being taken and reported. In principle, visits should be coordinated and monitored by DSALVY/OSALVY. Furthermore, the visits should be based on clear criteria and not guided by the number of per diems available per month.
7. **Counselling** is necessary for many cases of children and families in distress. However, it should be conducted by qualified people and in a context that protects child rights.

2. Structures and support systems for community-based support

1. It is recommended **the CBCP be fully implemented by MOSALVY, DSALVY and OSALVY**. MOSALVY staff should take the responsibility for training and supervising activities at the commune and village levels. They should also be fully responsible for initiating and following up referrals.
2. The PWG and DWG should be **reduced in size and their roles and responsibilities reviewed**. Staff of technical departments should only be involved in tasks that are directly related to the mandate of their ministry and the position they are holding.
3. It is recommended to further strengthen the **collaboration with the commune council** as the basic unit of social service delivery. The present weakness of these structures shows they will require substantial capacity-building. It will also need to be clarified what type of services the commune can deliver and what are the cost implications of social service delivery.
4. The actors involved at the commune level are relevant and they should **continue to be strongly involved** in protection issues. However, their role should also be reviewed and their work be more targeted towards areas where they can contribute. The commune council should take the lead in child protection and the relevant stakeholders should contribute as needed and requested by the commune council. Commune-level assessments could be used to plan for the support of CNSP in a commune.
5. In view of the above, it is recommended to **review the training provided to all stakeholders** in the CPN. Training should take into account whether stakeholders are playing an essentially awareness-raising role or whether they are actively involved in service delivery.
6. The aims of **case conferences** should be reviewed. They are not sustainable in the long term. However, they offer the opportunity to train people during the initial phase of establishing the network. Existing meetings at the commune and district levels should be made better use of to include child protection issues.
7. The involvement of the **village chiefs** needs to be reinforced with the aim to institutionalise the responsibility of the village authorities in child protection.
8. The role of **volunteers will need to be reviewed**. Volunteers' time needs to be used effectively to maintain their motivation. A commune-based social service could be piloted with paraprofessionals, financed through project funds.
9. Links should be kept with **the police, education and health sectors at the provincial and district levels**. However, the interventions of these departments should be restricted to their mandates and supported by their provincial director. Other departments, not seen as essential by the evaluation team, should not be involved in training, follow-up and direct service provision.

10. The police should concentrate on **sexual abuse and other criminal offences**. This includes the follow-through of sexual abuse cases and trafficking. However, the psychosocial assistance should be provided through other channels. The CBCP does not provide for this, since it is male-dominated at the commune, district and provincial levels. The CSH are not sufficiently trained to undertake this work. It should be considered to **build up specialised expertise to deal with the emotional and health-related problems** of children who suffered from sexual abuse and exploitation. Since there are relatively few cases occurring per province (according to the figures that were reported – see section A.1.), this could be done from the provincial level at relatively low cost.

3. Management and management information systems

1. The programme should strengthen its **management**, and management systems should be improved at all levels.
2. The CBCP should have a clear **guiding framework**, which includes goals, objectives, outputs and costing of inputs.
3. An **operations manual** containing guidelines on the network, the roles and responsibilities of the stakeholders and reporting formats should be developed.
4. **Learning and exchange of information among the different provinces** with CBCP needs to be enhanced. This implies that government counterparts as well as UNICEF project assistants should visit different provinces to exchange ideas and ensure that systems develop along compatible lines. Common planning workshops should be organised.
5. The **recurrent costs** of running a community-based child protection system need to be established and shared with government counterparts. While it can not be expected that financial sustainability will be achieved in the short run, the government needs to be aware of the recurrent costs it eventually needs to provide to maintain the system.
6. It is strongly recommended to improve the **reporting, monitoring and evaluation system**. M&E systems need to provide meaningful information for managers at all levels. The analysis of information needs to be strengthened. The reporting system needs to be simplified at the village level so that villages can meaningfully participate in M&E.

4. Child participation

1. It is strongly recommended to **strengthen the participation of children** in protection issues. To date children have been regarded as objects to be provided with protection and services. This view should be changed to one where children are actively involved in identifying problems and solutions. Child-to-child activities should be explored to this end.

B. Child Protection Committees

1. Provincial-level advocacy needs to address the **decision makers and decision-making bodies**. Particularly important are the provincial and district governors as well as the Provincial Rural Development Committee (PRDC) and the District Rural Development Committee (DRDC). It should therefore be envisaged to include child rights and child protection issues with the PRDC and notably involve the executive committee of the PRDC.
2. The **roles and responsibilities as well as the composition** of the provincial child rights protection committees should therefore be reviewed. This will require a review of relevant policy and existing coordination mechanisms. It is particularly important that central level ministries are included here, since it appears crucial that the highest level of the government shows a commitment to the issue of child rights.

C. Technical Assistance provided by UNICEF

1. The TA provided by UNICEF **should be strengthened**. The evaluation team considers that there is a need for expertise in specialised topics. This includes child-focused activities, child participation and general participatory assessment techniques.
2. It is also recommended to **place a technical advisor at the central level**, who can assist in the development of management systems and tools as well as policy for the community-based protection network.

VI. Lessons learned

1. Programmes need a strategic planning framework with well-defined objectives and outcomes to be achieved. Indicators are to be used for monitoring and regular reviews.
2. The creation of networks and structures is necessary, but not sufficient to ensure improved child protection. Systems need to be functional, supported by the actors involved and oriented towards achieving results. This requires in addition to a planning framework a commitment from the government to develop and apply policy and legislation.
3. The documentation of pilot projects forms an important learning process and needs to be built into programme plans. This requires additional resources and time.
4. Community-based initiatives should build upon an assessment of the local situation. The information available at this stage indicates that the situation varies from province to province, and even within provinces. These assessment techniques need to be participatory and simple.
5. Community-based initiatives need to engage children in programme planning and monitoring as well as in the identification of support systems and finding solutions for their own problems.
6. Programmes need to be monitored and reviewed regularly.
7. The use of volunteers needs to be carefully planned and monitored. The CBCP has shown that volunteers can contribute towards child protection. However, it is difficult to sustain their motivation. There is a need to support volunteers and communities in finding solutions and assistance for children.
8. Community-based services are cost-effective, but they are not free. Government contributions are required to sustain social safety nets and to provide long-term assistance for the neediest.

VII. LITERATURE AND DOCUMENTS

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CHILDREN IN NEED OF SPECIAL PROTECTION

EVALUATION OF THE CHILD PROTECTION NETWORK

TERMS OF REFERENCE

1- Background:

In 2003, UNICEF Cambodia will carry out the Mid Term Review of its Master Plan of Operation 2001-05. The Evaluation of the Child Protection Network is part of this review process. It is one of the major projects being implemented in the Child Protection Programme of the Country Programme of Co-operation between UNICEF and the Royal Government of Cambodia.

The UNICEF Child Protection Network (CPN) was launched in 1999 in Battambang and Banteay Meanchey provinces. Based on that first pilot experience, the concept was later on integrated into UNICEF Cambodia's country strategy. In 2001 and 2002 the CPN was extended, in partnership with the Ministry of Social Affairs, Labour, Vocational training, Youth and rehabilitation (MoSALVY), to 2 out of 6 UNICEF convergence provinces (Svay Rieng, Prey Veng) as well as in urban and border areas where child protection is a major concern (Phnom Penh, western districts of Banteay Meanchey and Battambang).

The overall goal of the CPN is to prevent child abuse, neglect and exploitation. It intends to reach the following objectives:

- to identify, counsel and follow up children in need of special protection at the community level and refer them to services as necessary;
- to disseminate information and change attitudes on child protection;
- to facilitate coordination and cooperation between agencies involved in child protection.

The CPN consists of a network of different resource persons and professionals acting at different levels: village, commune, district, and province. At village level, community Social Helpers (CSH) are trained to, (1) identify children at risk or in need of special protection; (2) counsel their families; and (3) if necessary, to present the case to a multi-sectoral working group at commune level tasked with finding a solution or facilitating referral to available services as required and available. Community Social Helpers also disseminate within the community preventive information on issues such as sexual exploitation trafficking, domestic violence, addiction and HIV-AIDS. At village and commune level, Health workers, teachers, police and Buddhist monks are sensitized about child protection and the role they can play in the community in assisting and protecting the children. They also take part in case conferences that are organized on a regular basis to address the problem of children identified at village level. At district and provincial level, focal points in Social Affairs, Women's Affairs, Health, Education and Police Department are also trained to assist the communities and facilitate solution finding and child referral.

The network is under the coordination of the Ministry of Social Affairs Labor Vocational training and Youth rehabilitation (MoSALVY) with the support of UNICEF. In the provinces, UNICEF provides guidance, training of trainers, facilitation and monitoring of activities. Today, the network covers 665 villages in 5 provinces.

In 2003, UNICEF Cambodia will carry out the Mid Term Review of its Master Plan of Operation 2001-05. In addition, UNICEF Children in Need of Special Protection section plans to support the government in promoting similar initiatives in three new provinces in Cambodia (Oddar Meanchey, Siem Reap, and Pailin). However, so far the CPN has never been assessed. Therefore, before conducting UNICEF MTR and extending their programme in new areas, the MoSALVY and UNICEF Cambodia plan to conduct an external evaluation of the CPN and related activities.

2- Objectives of the evaluation:

To examine the actual achievements of the project, in relation to the objectives stated in the project proposal, with a view to document the progress, experiences and lessons learnt and identify issues and challenges for the project.

The evaluation specifically aims to:

- Assess the relevance, effectiveness, efficiency of the CPN both as a concept and in its current practical set-up;
- Identify lessons learnt and recommend future development and adjustment from a strategic, structural and implementation point of view;
- Evaluate the sustainability of the CPN.

3- Methodology

The evaluation is expected to be participatory in approach and must involve project implementers and target beneficiaries in all key evaluation tasks. In particular, the evaluation will have to give specific attention and space to child participation. Existing project documents and progress reports will be shared with the evaluator to facilitate completion of the tasks.

4- Scope of the assignment

The evaluation will be required to collate information and prepare a comprehensive report that specifically covers the following aspects:

3.1. Impact

Evaluate the outputs of the programme and its impact on beneficiaries in terms of:

- Number of beneficiaries: children interviewed, Children At Risk (CAR) or Children in Need of Special Protection (CNSP) identified, cases handled / referred / closed / pending.
- Prevention of abuse, exploitation and neglect.
- Early identification and intervention CAR and CNSP.
- Awareness raising in the community
- Awareness raising of the various professionals identified and trained as network members (teachers, health staff, police, monks, *achar*, commune chiefs, etc.).
- Capacity building of the communities / the local institution / the Social Affairs services.
- Access and referral to other social services for the children or their family: health, education (non-formal or formal), childcare, rehabilitation, income generating, vocational training etc.

3.2. Technical / operational

Evaluate the technical aspects of the programme and particularly:

- Approach and methodology.
- Tools developed and the training provided to the various social actors involved in the CPN (volunteers, professional, officials, families etc.)
- Case management and its process
- Establishment of the village social fund and its management
- Information systems: data gathering, management, analysis, dissemination and utilisation.
- Project management and monitoring processes

- Technical assistance provided by UNICEF to its counterpart.

3.3. Structural

- Effectiveness of the CPN structure including cost effectiveness and working mechanisms
- Relevance, effectiveness and efficiency of the different actors within the CPN - appropriateness of their roles and responsibilities
- Legitimacy of MOSALVY / DSALVY / OSALVY as the lead Ministry as regards the various aspects of CBCP and linkage to other government structures - including CPN future perspective in link with the national process of decentralisation.
- Current and potential role of other ministers, administration, local authorities and other government bodies
- Possible duplications between CPN or its components and other development projects or social structures (networks, committees, working groups etc.) at provincial, district, commune and village level.
- Opportunities for better integration / collaboration / consultation of CPN network with existing network / structures (Commune Council, SEILA, VDC, Health, Education, Women Affairs etc.)
- Private sector versus the public services.

3.4. Strategic

- Current CPN coverage: overall geographic coverage, selection of CPN coverage area, the number of volunteers or other actors versus the number of beneficiaries.
- Relevance and feasibility of expanding the current CPN in other areas and possibly nationwide and related conditions / restrictions in different contexts (urban area, border area, convergence provinces)
- Sustainability of the project and the need / possibility / chances for UNICEF to phase out.
- Local partnerships between the different actors: government, development agencies, communities, NGOs, UNICEF.
- Technical assistance provided by UNICEF so far and its possible adaptation.

5- Geographic coverage

CPN has been implemented differently in different location and can vary significantly from one place to another, depending on the local context (urban / rural environment, border area, UNICEF convergence provinces, collaboration with other agencies / NGOs etc.). In addition, the way the project was implemented evolved along the time, from a pilot experience to a duplication of model. Therefore it is important that the evaluation covers the different areas where the CBCP is / was implemented so as to reflect this multiplicity:

- Pilot area: Thmorkoul district, Battambang province.
- UNICEF convergence areas: Prey Veng, Svay Rieng.
- Urban areas: Phnom Penh, Battambang.
- Border areas: Bantey Meanchey, Battambang, Svay Rieng.

6- Duration

The overall evaluation process is expected to last around 3 months:

- 1 month preparation and interviews in Phnom Penh;
- 1 month in the field in the different locations;
- 1 month analysis and report writing.

The final evaluation report is due to UNICEF by 30 August 2003.

7- Other specifications:

The scope of work of the evaluation team will include the following:

- Develop the evaluation framework, design and methodology and tools.
- Develop the evaluation implementation work plan.
- Field visit to project sites and meeting/interview with project partners, beneficiaries, staff etc.
- Collection, analysis and write up of the findings of the evaluation.
- Present the research findings to a group of peers, partners and stakeholders.
- Write up of the final evaluation report.

The final evaluation report is to be provided to UNICEF Cambodia. It must be written in English. Drafts of the final evaluation report will be shared by the evaluator, for comments by project partners.

8- Qualifications / profile

The evaluation team will be composed of two to three persons, including one Team Leader and one to two Team Members. Unicef will favour complementarity within the team, taking in consideration the following:

- Analytical skills;
- Structural and strategic abilities;
- Knowledge of child protection and social work sector;
- Proven competence in evaluation methodology and tools / experience in designing and conducting evaluation;
- Management and organizational skills;
- Reporting skills;
- Knowledge of / experience in Cambodia;
- Experience working at community level and liaison with local government officials;
- Language skills (English & Khmer, French an asset).

9- Application

Interested organizations or individual should send:

- a) a cover letter;
- b) the organizational profile or individual resume;
- c) in case of an organization the resume of each of the proposed team members;
- d) reference of previous evaluation work (if applicable);

in a sealed envelop to:

Head of Section
Children in Need of Special Protection (CNSP)
United Nations Children's Fund (UNICEF)
No. 11 Street 75, P.O. Box 176
Phnom Penh Cambodia

All applications will be treated with strict confidentiality. UNICEF is an equal opportunity employer.

Deadline: 22 May, 2003.

For further information please contact: jtemple@unicef.org

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Saroeun	DSALVY	PCPC Coordinator	Battambang
Chum Im	Bang Pring commune	Chief	Battambang
Chay Vooun	Bang Pring commune	CBCP Chief	Battambang
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Om Sem	Andong Chenh village	CSH	Battambang
Kong Chenda	An Chanh village	CSH	Battambang
Chout Sin Reth	Andong Chenh village	CSH	Battambang
Rom Rath	O Char commune	CWG/ Council	Battambang

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Ho Tit	Health Center/O Char	Chief	Battambang
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Ob Phally	O Char commune	CWG member	Battambang
Mao Lang	Home Land	Director	Battambang
Chheang Chon	OEB	Assistant	Battambang
Dos Reurng Deith	OEB	Administrator	Battambang
Kim Yen	Moung Russei district	PCPC Coordinator	Battambang
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Children &family	An Chanh village	Children & family	Battambang
Ven Veasna	Phare Centre	Director	Battambang
Prak Deoun	Provincial Governor	3rd Governor	Battambang
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Chan Sothy	PLG – Seila	Advisor	Battambang
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Sem Kok	O Nhor village	CSH	Battambang
Chim Leng	Snoul Kong village	CSH	Battambang
Kem Chhean	Bang Pring village	CSH	Battambang
Im Saron	Bang Pring commune	Com.council member	Battambang
Yoeung Thim	Commune Council	First deputy	Battambang
Lang Mut	Bang Pring commune	Second deputy	Battambang
Bou Vathana	Bang Pring commune	Com.council member	Battambang
Deab Bisny	Bang Pring commune	Com.council member	Battambang
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Choun Sophon	Bang Pring commune	Com.council member	Battambang
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Lim Veng	Bang Pring commune	Com.council member	Battambang
Som Bun Roeun	Boy Tasek	Village chief	Battambang
Biv Nong	Commune police	Police staff	Battambang
Paing Sophat	Commune	Commune clerk	Battambang
Sot Yearn	Cluster school	Director	Battambang
Rach Saroeun	O Nhor primary school	Director	Battambang
Kong Seng Hun	Chroy Sdao	Director	Battambang
Lim Loeurn	O Nhor village	VDC	Battambang
Chom Soy	O Nhor village	VDC	Battambang
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Phang Panna	Kilo 4 village	CSH	BTM
Ou Socheat	Kbal Spean	CSH	BTM
San Searn	Poipet commune	First deputy	BTM
Buth Silon	Poipet commune	Com.council member	BTM
Tain Svang	O Chruv commune	First deputy	BTM
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Mrs. Choun Vath	Anti-Trafficking police	Chief	BTM
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Kim Lain	Kandal village	CSH (F)	BTM/Malay
Noun Pheth	Kandal village	Village chief (F)	BTM/Malay
Eam Phally	Veal Hart village	CSH (F)	BTM/Malay
Long Bun	Veal Hart village	CSH (F)	BTM/Malay
Chea Lum	Veal Hart village	CSH (F)	BTM/Malay
Lay Sanh	Veal Hart village	Village chief	BTM/Malay
Im Tei	Dong village	CSH (F)	BTM/Malay
Svay Bo	Dong village	CSH (F)	BTM/Malay
Choun Mon	Dong village	Village chief (F)	BTM/Malay
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Neang Si Chan	Dombok Vil village	CSH (F)	BTM/Malay
Poeuk Thy	Dombok Vil village	Village chief	BTM/Malay
Sunn Porn	Trosek Chrum village	CSH (F)	BTM/Malay

NAME	ORGANISATION	FUNCTION	LOCATION
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Chhim Nath	Thmei village	CSH (F)	BTM/Malay
So Seith	Thmei village	CSH (F)	BTM/Malay
Vong Sam El	Thmei village	Village chief (F)	BTM/Malay
Dim Kim Chea	Spean village	CSH	BTM/Malay
Toch Sareth	Spean village	CSH (F)	BTM/Malay
Muy Soth	Spean village	Village chief	BTM/Malay
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Hin Hoeun	Brocheatom village	CSH centre 3	BTM/Poipet
Im Nov	Chankiri village	Village chief	BTM/Poipet
Cheng Mom	Brocheatom village	CSH (F) centre 1	BTM/Poipet
Sieng Thai	Prey Kup village	CSH (F)	BTM/Poipet
In Hak	Brocheatom village	CSH centre 2	BTM/Poipet
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Dank Gneng	Friends/MITH SAMLANH	Support Team Leader	Phnom Penh
Cala	Friends/MITH SAMLANH	Technical Advisor	Phnom Penh
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Thida	Friends/MITH SAMLANH	Child Right Officer	Phnom Penh
Var Pha	Damnak Tom Village	CSH	Phnom Penh

NAME	ORGANISATION	FUNCTION	LOCATION
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Yean Ravy	Peak Tol Village	CSH	Phnom Penh
Kong Navann	Phneat Village	CSH	Phnom Penh
Kov Vantha	Russei Village	CSH	Phnom Penh
Chhun Saravy	Trea Village	CSH	Phnom Penh
Children (8)	Garbage Dump Site	Scrap Collectors	Phnom Penh
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Sok Rath	Meanchey District	Deputy Police Chief	Phnom Penh
Kov Sokha Ly	Meanchey District	Deputy Chief Bureau	Phnom Penh
Chin Sam An	Meanchey District	Cult and Religion	Phnom Penh
Em Ren	Meanchey District	Women's Affairs	Phnom Penh
Sok Vannarith	Stung Meanchey P. School	Director	Phnom Penh
Ly Kim Roeun	Stung Meanchey P. School	Deputy Director	Phnom Penh
O Raksa	Stung Meanchey P. School	Deputy Director	Phnom Penh
Thach Sokirida	Stung Meachey H. Centre	Deputy Chief	Phnom Penh
Seng Ny	PSE	Social Service	Phnom Penh
Children & family	Prek Tol Village	Garbage pickers	Phnom Penh
Yin Saroeun	DSALVY	Director	Prey Veng
Khiev Sambath	Agriculture	Coordinator	Prey Veng
Em Phalla	Women's Affairs	Deputy Director	Prey Veng
Him Sophal	Education	Deputy Director	Prey Veng
Seing Sat	DSALVY	Coordinator	Prey Veng
Im Sophal	DSALVY	Child Welfare Bureau	Prey Veng
Sei Ponlok	Police	Police	Prey Veng
Sorn Nok	Health	PWG	Prey Veng
Sor Yon	DSALVY	PWG	Prey Veng
Mao Ieng	Ba Phnom District	District Governor	Prey Veng
Ros Sakhon	OSALVY	DWG	Prey Veng
Yim Hoeun	Women's Affairs	DWG	Prey Veng
Pin Sam Ol	Cult and Religion	DWG	Prey Veng
Tum Sorn Mony	Police	Police	Prey Veng
Houn Chav	OSALVY	DWG	Prey Veng
Lay Sophorn	OSALVY	DWG	Prey Veng
Noun Vath	Education	DWG	Prey Veng
Chhoun Cholakun	Commune Office	Commune Chief	Prey Veng
Brak Mon	Health	CWG	Prey Veng
Hem San	Police	Police	Prey Veng
Srey Vuthy	Unknown	Director	Prey Veng
Keo Sam Nang	Health Center	Unknown	Prey Veng
Veng Vong	Pagoda	Achar	Prey Veng

NAME	ORGANISATION	FUNCTION	LOCATION
Lek Vannak	Pagoda	Monk	Prey Veng
Touch Heng	Village Social Fund	Chief	Prey Veng
Thong Run	Village Social Fund	Cashier	Prey Veng
Mao Kun	Village Social Fund	Secretary	Prey Veng
Kong Kalory	Village Social Fund	First Advisor	Prey Veng
Lonh Deith	Village Social Fund	Second Advisor	Prey Veng
Ouch Hoeun	Village Social Fund	Third Advisor	Prey Veng
Yin Chap	Rong Domrei village	Village chief	Prey Veng
Soun Heng	Third Governor	PCPC chairman	Prey Veng
Chea Tha	EPSSEG	Assistant	Prey Veng
Meth Manith	World Education	District Coordinator	Prey Veng
Sok Kim Sroeueng	World Education	Manager	Prey Veng
Bin Thun	Unicef Education	Project Officer	Prey Veng
Unknown	Kampong Trobek District	District Governor	Prey Veng
Brak Sarath	Health	DWG	Prey Veng
Preap Sin	Cult and Religion	DWG	Prey Veng
O Ath	Education	DWG	Prey Veng
Muth To	Police	DWG	Prey Veng
Phan Seng	Unknown	Village Social Fund	Prey Veng
Hem Chan Ly	Beng Village	Village Social Fund	Prey Veng
Pen Nim	Beng Village	Village Social Fund	Prey Veng
Vong Sophorn	Beng Village	Village Social Fund	Prey Veng
Nov Savy	Beng Village	Village Social Fund	Prey Veng
Var Saren	DSALVY	Director	Svay Rieng
Pao Sopheap	Women's Affairs	CBCP Coordinator	Svay Rieng
Pao Saing	DSALVY	CBCP Coordinator	Svay Rieng
Var Panha	MOSALVY	National Trainer	Svay Rieng
Mao Phan	Snay Krieng village	Village chief	Svay Rieng
Sou Sokha	Snay Krieng village	VCD focal point	Svay Rieng
Sok Phoun	Snay Krieng village	CSH	Svay Rieng
Pao	Snay Krieng village	Pagoda elder	Svay Rieng
Children	Snay Krieng village	Children	Svay Rieng
En Thou	Sam Dei village	Village chief	Svay Rieng
To Chanda	Military police	VDC focal point	Svay Rieng
Bao Sorn	School	Teacher	Svay Rieng
Ung Sakhorn	Community working group		Svay Rieng
Chap Yon	Community working group	Commune 2nd Deputy	Svay Rieng
Keo Bunthoeun	Community working group	Monk	Svay Rieng
Brak Sophat	Community working group	Pagoda elder	Svay Rieng
Som Soeun	Community working group	Commune Deputy	Svay Rieng

NAME	ORGANISATION	FUNCTION	LOCATION
Uy sim	Community working group	Police	Svay Rieng
Mom Lida	Licahdo	Monitoring unit	Svay Rieng
Kong Rachanak	Licahdo	Assistant	Svay Rieng
Net Kim Chorn	Adhoc	Assistant	Svay Rieng
Meas Sadul	UNICEF Education	Team Leader	Svay Rieng
Prum Lina	Provincial Cabinet	POLA Chief	Svay Rieng
Seng Pho	Seila	Advisor	Svay Rieng
Mao Yong	Thnot village	Seth Koma	Svay Rieng
Chea Sokhon	Thnot village	Teacher	Svay Rieng
Puk Khen	Thnot village	Police	Svay Rieng
Keth Sakhoeun	Thnot village	Health Center staff	Svay Rieng
Noun Bunthoeun	Thnot village/Wat Ek	Chief of monk	Svay Rieng
Um Thao	Kbal Thnal	Village chief	Svay Rieng
Families and children	Chantrey Village	Farmer	Svay Rieng
In Saphat	Tropaing Poun village	CSH	Svay Rieng
So Koy	Prey Kabas village	CSH	Svay Rieng
Mai Sary (F)	Taken village	CSH	Svay Rieng
Mai Pren	Balaing Chea	CSH	Svay Rieng
Prea Sok Maly (F)	Prey Rolos village	CSH	Svay Rieng
Pich Sarom (F)	Tropaing Poun Cheung	CSH	Svay Rieng
Brak Cham	Police commissariat	Deputy commissioner	Svay Rieng
Ung Sam Ol	Police commissariat	Anti-Trafficking Unit	Svay Rieng
Kieng Navy	Unicef Health project	Project Assistant	Svay Rieng

CHILD PARTICIPATION EVALUATION ACTIVITIES

“Children are the bamboo shoots who replace the bamboo stalks”(Traditional Khmer saying)

❑ Child-focused evaluation activities.

Children focus group meetings: The evaluation team held children’s focus group meetings in the following locations:

- Phnom Penh: Stung Meanchey
- Battambang: Thmo Koul
- Banteay Meanchey: Poipet and Malay
- Svay Rieng: children returned from Vietnam

During these informal meetings the children drew all the things that make them happy, all the things that made them sad, the people they would go to with problems and their dreams for the future. The children then explained their drawings, and this formed the basis of the discussions about the CBCP. This tool was chosen in order to be able to compare children’s realities in the different locations and contexts (border areas, urban slum areas and rural areas). All focus groups consisted of an equal balance of both girls and boys and we tried to have a varied age range as well. (Please see children’s drawings in Annex 7). The children’s participation was excellent, they spoke freely of their lives and hopes for the future and the evaluation team would like to extend their gratitude to these children who gave us their precious time and shared their lives with us so openly.

Semi-structured interviews were held with children who:

- were interviewed by the CSH but received no assistance;
- were referred to NGO services by the CBCP;
- received some support but were still living with either their parents or grandparents;
- were provided with support, but who had not been referred by the CBCP; and
- children who had not been interviewed by the CSH.

❑ Child-focused evaluation findings.

Children’s participation in the CBCP activities has been minimal. Their only real participation has been that of being categorized a “child interviewed” or a “Child at Risk (CAR)”, “Child in Need of Special Protection (CNSP)” or VICTIM.

From a child rights perspective the CBCP was hardly effective in facilitating children’s participation in the child protection network, even though the CRC has provided a new view of children that also acknowledges that a child is a vulnerable human being requiring protection and assistance from the family, society and the state. The child is seen as a subject of rights, who is able to form and express opinions, to participate in decision-making processes and influence solutions. Within a child rights framework, solutions need to be built with children, considering their perspectives on the situations they face, the realities the CBCP wants to address and ensuring that they are empowered to make informed choices and enrich results¹. This means that the relationship between children and adults must also change. Parents, CSH, teachers and other CPN actors

¹ M Santos Pais (2000) “Child Participation”, UNICEF Division of Evaluation, Policy and Planning.

interacting with children should evolve from merely identifying CAR and CNSP within their communities as well as providing services and protecting them to becoming negotiators and facilitators. This is not happening in the present CBCP model.

❑ **Children's perceptions**

During the evaluation sessions with the children, where children drew and discussed all the things that made them happy and all the things that made them sad, the children in the different provinces portrayed their own problems in a distinct way. This demonstrated the children's ability to analyse their own situations and those of their peers.

The children in Malay district of Banteay Meanchey openly discussed the problem of drugs in their villages with the village chiefs. This was apparently the first time the village chiefs and the children sat and discussed issues together. Needless to say the village chiefs and all present learned a lot about this issue from the children. This model of children and adult actors jointly discussing issues should be encouraged

The children in Stung Meanchey in Phnom Penh graphically drew and discussed their lives as both students and scrap collectors. Their biggest dream was to have space and time to play. Their situation also highlighted the lack of child participation within the family as none of these children wanted to work on the garbage dump, but were forced to do so by their parents in order to support the family.

❑ **Knowledge of the CBCP and the CSH**

The evaluation team found that a number of the children who participated in the focus group meetings were unaware of the CSH.

Many children involved in the evaluation stated that if they had problems they would firstly inform their parents and/or family and secondly the village chief. The village chiefs did not receive any training for the CBCP, which is a weakness, considering the importance of their role to the children.

For children who were interviewed and supported, the CSH and the village chief were the most important actors. The evaluation team was impressed by the relationships the CSH had built up with the children and their families in these cases.

❑ **Children who were interviewed by the CSH but received no assistance.**

Children generally felt disappointed as they thought the interview would lead to something. Many of the CSH felt that they should have something small such as pens or a snacks to give to the children during the interviews.

❑ **Children's views on the CSH interviews**

The children felt the interviews took a long time.

The children thought the CSH was kind and friendly.

None of the children said the interviews were fun.

Some children did not understand why they were interviewed.

❑ **Children who were referred to NGO services by the CBCP**

Some children who were referred to services reported to the evaluation team “I was lonely for a long time before I came here”. This could be interpreted as a long period of time from identification of the child to actually offering the child any tangible material or moral support.

Many of the children had not had any follow-up visits by the CSH or DSALVY since the referral.

Two children in Battambang had run away from home due to constant beating and were then trafficked to Thailand and subsequently rescued by the CBCP and referred to an NGO in Battambang. They told us “we want to stay here, we do not want to go home because they beat us every day”. The NGO, when asked about longer-term plans for these children, informed us that they will reintegrate the children with their families even though the children specifically said they never want to return home and that if they were sent back they would run away again. This raises the issue of children having a say in the decisions being made regarding their lives and being listened to.

The majority of the children were very pleased to be in the NGO centres and informed us that they were asked by the CBCP actors if they wanted to go there or not. Some said they were ‘convinced’ to go to the NGOs.

The evaluation team observed a vast difference in the quality of the services. The actual place of referral could have an enormous impact on the child because of the differences in the services offered. Another major issue is the sustainability of these centres. One NGO where many children were referred to by the CBCP in Phnom Penh had funding secured until April 2004 but no alternative funding sources thereafter. Many NGOs were concerned with their funding status.

❑ **Children who received some support but were still living with either their parents or grandparents.**

These children had an excellent relationship with the CSH and felt supported by them even though the CSH did not have much to offer them.

The evaluation team noted that there was a very caring relationship between the CSH and the children they tried to help, but the CSH often felt frustrated and disappointed that they could not really assist these children due to the lack of solutions available to them during the case conferences.

Orphaned and abandoned children living with their grandparents told us that the CSH “sometimes gives us some rice”. The grandmothers felt a dire need for support as they were getting older and were mostly afraid of what would happen to the children if they got sick or passed away. Some children said it makes them very sad when their grandmothers are sick and that the children have to help them a lot in the house. None of the children living with their grandmothers said they were beaten whereas nearly all the children living with their parents reported being beaten.

❑ **Children who had not been interviewed by the CSH.**

It was alarming to note that none of the 8 children in a focus group in Thnot commune in Svay Rieng had been interviewed by a CSH. Three were children with disabilities, the others were visibly neglected and all had just returned from Vietnam, where they had been living and begging on the streets of Ho Chi Minh City. All these children could have been classified as CNSP and they simply fell through the CBCP net. The CSH informed us that these children had not been interviewed because their families were too difficult to work with.

❑ **Programme Design**

Children did not participate in the design of the programme and were not consulted regarding their views on protection issues and problems they face in their villages. The strategies that children use to help each other were not incorporated into the programme nor were they asked who were the key people in their villages that help them when they have problems or whom they would go to if they had problems.

The lack of this baseline data on children's situations in the villages made it difficult to evaluate the programme.

The lack of child participation at the design and start-up phase proved to be a weakness in the programme as many of the children were unaware of the CSH and the CBCP, which was specifically designed to support them in times of need.

❑ **General Objectives of the CBCP Programme²**

- To develop and strengthen child protection in the villages;
- To improve the care of children at risk (CAR) and children in need of special protection by reinforcing human resource knowledge, skills and attitude and by developing intersectoral involvement; and
- To develop prevention and early intervention practices to address problems faced by CAR with the aim of limiting the number of CNSP.

❑ **Operational Objectives of the Programme³**

- To increase awareness and knowledge about CAR and CNSP in the community;
- To implement activities to appropriately address psychosocial problems of children in rural areas and disadvantaged urban area, such as squats. Activities include identification and diagnosis, early-intervention, action and referral mechanisms; and
- To improve protection activities at the village level through the participation of communities themselves.

Neither the general objectives nor the operational objectives of the CPN refer to children participating in the programme.

❑ **Selection of CPN actors**

Some of the actors involved in the working groups have no background in children's issues, particularly the department of agriculture, rural development and planning.

The inclusion of monks was a good initiative as many of the children spoke of respect for the monks and said that they listened to them at the pagoda and when they came to the villages.

The teachers have a fundamental role in child protection and it was in principle an excellent initiative to provide the teachers with child protection training. However, the reality of Cambodian schools, where the teachers often have up to 50 children in each class, makes it extremely difficult for them to know all the children and really identify those at risk or in need of special protection. The training may have been more appropriate if, instead of teaching the teachers how to identify CAR and CNSP, they were taught how to pass child protection and child rights messages onto the children so the children were better able to protect themselves and their peers.

² From: Training manual for working groups.

³ As above

No children or children's groups were selected as actors within the CBCP. This is an area that should be developed. It may include child-to-child activities linked to the schools and peer education that is focused on the specific problems children face in their communities, such as drug abuse in Phnom Penh and Poipet and child begging in Vietnam and in some areas of Svay Rieng. Children who had ended up in the streets of Phnom Penh or Thailand are in a much stronger position to advise other children on how to avoid falling into these situations.

□ **CBCP Training**

The training programme for all the actors introduced valid concepts such as children's resilience and child-friendly ways of working with children. But although the child was portrayed in the box below as an active resilient member of the village this was somehow lost in practise.

I am adaptable and resilient. I have the ability to conceptualise, understand, absorb information, act responsibly, initiate and follow through, and to think for myself. I can develop in various ways and at different rates within and among cultures. I am interested in learning about Child Rights and CNSP (Child to Child Method). I can participate and help other children. I need to know what is and what is not acceptable for a child and who (CSH, VDC members, schoolteacher) I can easily contact about any problems and how to get help if my parents cannot protect me. Who am I?

The concept of the child being a resilient person who knows his/her problems is not put into practice by the CBCP actors, who simply interview the children, categorize them into specific CAR or CNSP categories, discuss the child's problems at case conferences and decide on action required to support the child. This may be because it is such a new concept and the actors found it difficult to understand.

The English terms used to 'categorize' the children often reinforce negative images of children as victims, particularly disabled children, delinquent children, child victim of sexual abuse, victim of sexual exploitation, etc. This is counterproductive to the 'resilience'⁴ concept introduced to all the CNSP actors during the training they received.

The case studies used in the training would have been more reflective of the need to listen to children if they were presented in the first person, i.e., "My name is Moon, I live in Poipet and one day a man asked me to go to Thailand, etc." This would ensure that from the training onwards the actors would be listening to children's voices and not secondary information about children. It would have been good to annex children's drawings of their story and to let the trainees interpret them in preparation for the drawing component of the child interviews.

One training session observed by the evaluation team was the case analysis session, where the trainees were given some cases to study and come up with comments and solutions. The main focus was on finding a solution and not jointly finding solutions with the child. One case of a sexual abuse was clearly focused on finding a legal solution for the perpetrator while the child's

⁴ Definition: "Resilience is the capacity of a person to do well facing difficult conditions in life. Resilience as a human reality is probably as old as mankind. After all, that is the only way in which the poor and the oppressed have survived. They have had to be resilient in one way or another, even if they had no concept for describing it".

If a child has developed problems, for example, because his/her father is an alcoholic, does that imply that all children of alcoholic fathers develop problems? Logically it does not, since some children of alcoholic fathers do well. Why do some children at risk of certain problems not develop the problem they are exposed to? What can we learn from such 'resilient' children for prevention or for intervention with other, less fortunate, children? Can we detect in so-called 'problem children' some areas of possible strength on which they can build or rebuild their lives? (CBCP training manuals)

needs were not even mentioned, nor were the rights of the child in deciding whether or not to testify in court.

The training advocates for child's participation in decision-making: "The social worker will need to get the child's point of view and allow him/her to participate in the decision-making process."⁵ This is not always the case in practise. We found that decisions regarding the child are often made in his/her absence.

❑ **Community Awareness**

The community awareness sessions for introducing the CBCP and the CSH to the villagers focused on adults and not children.

Very few children interviewed had knowledge of children's rights; some had heard of children's rights but could not explain what it meant in reality. This was found in all provinces.

❑ **Child Interviews**

The actual concept of a relatively unskilled CSH going to interview children raises some issues:

- Is parental consent needed for the interviews?
- The interviews raise expectations of the children and their families that they will receive some type of assistance, which in the majority of cases in reality is no more than a visit and minimal material support.
- There could also be some legal issues surrounding this practise. What legal authority does the CSH have to interview children?
- Child protection: the CBCP has no child protection policy or guidelines on appropriate behaviour whilst working with children, such as always having another adult present during interviews. This is to protect both the child and the person working with the child against any allegations of abuse. It is not enough to assume actors will act in a sensitive manner with children in vulnerable situations just because someone works with a ministry or is recommended by the village chief to be a CSH.
- The evaluation team was surprised at how open the CSH and other actors were to introduce us to the children they work with. They also discussed the children's situation openly in front of the children as if the children were neither present or could not understand what was being discussed. There is a need to incorporate confidentiality when working with children, particularly CAR and CNSP and to respect the child by not treating them as if they were invisible when the child is present.

The following issues should have been taken into account during the child identification:

- *Inclusion:* Selection of the participating children and of the processes and methods should serve to correct, not reinforce patterns of exclusion. This was not the case for the children who migrate to Vietnam, children who use drugs, or from families with domestic violence, alcohol abuse and gambling.
- *Setting realistic expectations:* Invitations to participation must not raise unwarranted expectations. Most of the children thought the interviews would lead to some form of assistance or material support.

❑ **Prevention and early intervention**

Children in Thmo Koul, Battambang were well informed about the risks of trafficking. They informed the evaluation team that they had learned about it in school. This demonstrates the

⁵ A Handbook for Child Protection Working Groups "Triple-A" Method.

children's ability not only to retain, but also to pass on child protection messages when they are specifically targeted at children.

In order to develop and disseminate child protection messages for children, children should be involved in all aspects of designing the protection messages and should be seen as advisors for the best ways of disseminating these messages.

From a rights-based perspective children must firstly be aware of their rights, laws affecting them and to whom they can turn to protect themselves from situations of abuse. The evaluation team found that even if the children knew the words Seth Koma – child rights – they did not know what these rights actually were.

❑ **Case conferences and solutions**

Children did not participate in any form in the case conferences.

During the case conferences, children's cases were discussed and solutions identified without consulting the children involved.

Some children were encouraged to go to services they did not want to go to. There was one particular case of a sexually-abused 11-year-old girl in Malay where four adult men from the CBCP network (including the national trainer and the CBCP coordinator) went to visit the girl to convince her to go to Sisophon (two hours away from her home) to the CWCC centre for training and support. When the child refused the CBCP coordinator told us he could not understand why. Subsequently both the girl and her mother moved to Thailand and no one involved in the CBCP seemed to understand why? Article 12 of the CRC states that “the child should therefore not suffer any pressure, constraint or influence that might prevent a free expression of opinions or lead to the manipulation of his/her feelings”. Furthermore, if sexual abuse cases go to court the CBCP must ensure that the child freely chooses to testify at the judicial hearings. The evaluation team was unable to assess if this was the case.

❑ **Monitoring and evaluation**

As children were not involved in the design of the project and there was no situation analysis or baseline data regarding children, it is difficult to monitor and evaluate the real impact of the CBCP.

The monitoring system for the CBCP is based on quantitative analysis of the number of cases identified, discussed at case conferences and solved. There are no qualitative participatory monitoring activities done with the children living in the villages covered by the CBCP.

If the CBCP is to respond to the children's real needs the monitoring activities of the CBCP must involve children in a more participatory fashion using different child participation tools.

❑ **CBCP - CNSP future directions**

CNSP's CBCP programme should move from a service/welfare-based approach to a rights-based approach⁶.

A situation analysis should be done in all areas where future CBCP programmes will work. The assessment should aim to identify the participation gaps:

⁶ For details see: UNICEF, *Programme Policy and Procedure Manual*, 2003, p. 168ff.

- *Identifying unfulfilled rights:* participation in establishing the existence and magnitude of a problem and analysing its causes; participation in research,
- *Claiming of rights:* demanding the attention of decision makers; advocating; petitioning,
- *Identifying solutions and duties:* negotiating; making or improving plans,
- *Participating in implementing the solution:* fulfilling a role; becoming an actor.

□ **Technical expertise**

Expertise in child-focused and child participation approaches needs to be strengthened at all levels if true child participation is to be incorporated into the CBCP or other child protection initiatives.

Participatory monitoring and evaluation skills need to be strengthened.

There is a need for gender awareness training and gender analysis. Awareness is not simply disaggregating data by gender, even though this is a strong first step towards mainstreaming gender issues across programmes.

Participatory action research involving children on specific topics is required if sustainable child-focused and inclusive protection programmes are to be developed.

□ **Qualitative and quantitative baseline data**

There is a need to have baseline information on the situation of children in the areas to be covered by the CBCP or other child protection initiatives in order to facilitate monitoring of the activities.

Children should be involved in this baseline data exercise. They could be involved in a series of activities to analyse the children's situations in their villages, such as a village mapping, a child problem ranking, Venn diagram of the people and actors important to children life's, who they would turn to if they had problems, what the children like or dislike to do, children's fears and hopes for the future, etc.

□ **Prevention and early intervention - peer education**

A CNSP communication strategy needs to be developed. Children's awareness of child protection issues, services available to them and child rights should be strengthened through child-focused awareness campaigns and through schools using different mediums depending on the context, i.e. if there is access to television and radio.

Some attention should be given to parenting skills. Local actors such as the TBAs could be active in this area.

Child-to-child activities should be developed in schools and non-formal education.

The legal aid provided for children by the CPN should be strengthened and laws and legal procedures related to the rights of children and women should be publicly disseminated in a form that is easily understood by children.

Training for teachers, police, monks and health staff should entail strengthening specific skills in child participation and on how to pass on child protection messages to children in a way that is easy for the children to understand as well as to pass onto their peers and family members.

□ **Local Government /Commune Councils.**

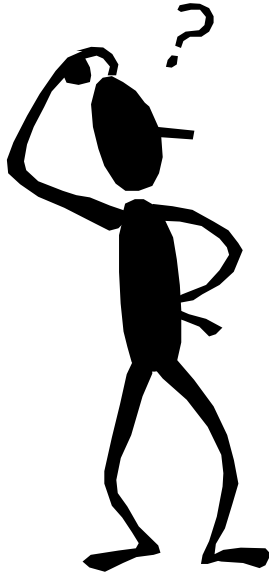
The commune councils should be supported and encouraged to formulate plans with children for the direct benefit of children living in their communes.

□ **Government Ministries, notably MOSALVY**

UNICEF could help to provide an enabling policy and social service environment that encourages interaction between the government and children, by:

- Encouraging the development of social sector policies that emphasize the accountabilities of service providers to the people they serve;
- Encouraging the publication, in widely understandable form, of national policies, programmes, plans and budgets;
- Asking service providers to publish their organisational structures and clients' rights;
- Asking national or local authorities and service providers to set up and publicise complaint and redress procedures that are fully accessible to children and young people;
- Strengthening information systems that collect and report on the views of their young clients; and
- Helping to establish direct channels of communication (e.g. hotlines for children).

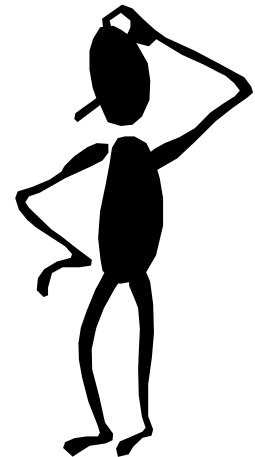
- **The triple A approach** to Assessment, Analysis, and Action is portrayed on the following page in a more child friendly and participatory fashion.



<- Assessment

Community social Helper, VDC focal point, and other key person have to be aware about Child at Risk and Child in Need of Special Protection to identify them in their village. Observation, listening and interview will be used for this first step of **identification**.

We need to be informed of our rights and child protection issues in order for us to be able to identify our friends and peers who need help from adults. We need to know who to tell if we or our friends have problems.



Analyse ->

Using all information collected, the CSH establishes the child portrait. Like a medical doctor, he considers information and symptom to have a better understanding of different factors that lead to the present situation. It is the second step: **diagnosis**.

Child focused analysis

Children analyse their own problems like a holistic medicine practitioner where they take all aspects of the child's situation into account.



Action: We can divide action into three categories

- **Prevention**, to avoid a child at risk needing special protection or to prevent child abuse
- **Early intervention**, to reduce the impact of the identified “problem” on the child’s development
- **Referral**, to facilitate child access to specific services when needed
- **Prevention:** *We need information on how to protect ourselves from abuse and who to tell when we have problems.*
- **Early intervention:** *We need to be able to confide in people who will help us when needed and be able to help our friends when they need it.*
- **Referral:** *We need to have a say in what services we will be referred to and be able to say no if we do not want to go there.*

CPN GENDER ANALYSIS

Project Preparation and Design

- ❑ **Are the beneficiaries clearly identified (sub-groups, age, socio-economic status, etc. ‘poor women’ OR ‘children’ are not homogenous groups, so are more details needed)?**

The beneficiaries of the CBCP are clearly identified and the data is gender disaggregated on all forms and reports.

- ❑ **Have the groups been consulted?**

The children were not substantially included in the design phase of the CBCP nor were their mothers, fathers or other carers.

Girls and boys were not consulted regarding their specific needs and problems they face.

- ❑ **Have their needs, resources and constraints to access project services been identified?**

There was no in-depth analysis of the children’s situations done before the CBCP started.

- ❑ **Have solutions been sought?**

Solutions have been sought *for* the children identified as CAR and CNSP but *not with* the children.

Solutions for difficult cases such as migration to Vietnam have not been sought.

- ❑ **How well does the project take into account gender roles in reproduction and raising children, work and community management?**

The project gives little consideration to the triple gender role. This poses a problem for those volunteers in the CBCP network (i.e. the Community Social Helpers) who are women. They have to combine this community role alongside their reproductive and practical gender roles. This oversight has resulted in making more work for the women involved with no compensation for their efforts. It has also reinforced the gender stereotyping of women as volunteer social actors who have free time.

Working children in Phnom Penh did not have access to the CBCP and were not interviewed by the CSH as they CSH did not take into account the working hours of these children when they went to interview children in the villages.

- ❑ **How well does it address gender-related needs that are (i) practical: access to food, water, shelter; social services; paid work? (ii) Strategic: reducing inequalities in work, domestic and child care tasks, politics, rights to land and property, credit, education; preventing male abuse of power and violence?**

Practical Gender Needs

The CBCP primarily addresses the children's practical gender needs by providing them with some material support in the form of rice, clothing and some school materials. The CBCP also facilitates children's access to social services.

Strategic Gender Needs

Some strategic gender needs are addressed as the CBCP supports the reintegration of children into both formal and non-formal education.

Some specific services such as the EPSSEG program in Prey Veng aim to address gender bias in education accessibility by supporting girls' access to education not only for the pure purpose of education but also to provide the girls with the knowledge and skills necessary for them to protect themselves and their peers from specific gendered risk for girls such as trafficking and sexual exploitation.

The EPSSEG program also tries to address the issue of girls' participation in local governance by their involvement in the formulation of village action plans.

The legal procedures for sexual abuse cases can be a form of preventing male abuse of power and violence as the perpetrators are charged through the CBCP with the crime of sexual abuse and have to go to court. In practise many of these men escape and only a small percentage actually end up behind bars. Svay Rieng has started a promising system of not only bringing the perpetrator to court but of providing the child with legal aid. At the same time the case is publicised in the local newspapers as a deterrent against other men committing such crimes (the evaluation team understands that the confidentiality of the child's identity is respected).

The CBCP has not made any visible effort to ensure the land/property rights of orphans (such as child-headed households).

Relevance

- ❑ **Does the project respond to the real needs formulated by the beneficiary group?**

It is difficult to evaluate as neither the children nor their families were consulted in the design of the CPN.

- ❑ **Have the appropriate modes for services to reach all beneficiary sub-groups been identified and implemented?**

Methods for identifying children as CAR and CNSP have been designed, but they are not appropriate as many children fall through the system and there are many ethical questions arising from the concept of the child interviews, support offered and follow-up given to the children.

The services required for the majority of CAR and CNSP are not available.

Psychosocial support to sexual abuse cases is inappropriate, often involving men visiting an abused girl.

□ Have changes (by the project) to workload been considered?

No, both the CSH and the children complained that the interview process took a long time. Some children and CSH felt this was a waste of time in many instances as over 50% of all children interviewed were identified as not having any problems.

The CSH also commented that the follow-up visits took a lot of their time, as they had to accompany the working group members on the visit to the child. Some CSH suggested these visits were a waste of time as no solutions were found for the children.

□ Who has access/control of project inputs (Village fund)?

The village fund is managed by a committee that is made up of 5 to 7 villagers. These people often form the driving force of the village development and are involved in other development issues of the villagers. Women and men are usually found in the management committees.

□ Is training provided to the right groups, given the projects objectives?

Partially, some actors who received training – the working group members in particular – have no mandate in social service delivery. The evaluation team feels that a stakeholder analysis, which assesses the added value provided by each actor, would have been beneficial for the programme design.

Children were not involved in any aspect of the training.

□ Do women and children participate in the different phases of project implementation?

Women's participation in the CBCP is primarily as mothers, grandmothers and volunteer CSH. They were involved in the evaluation of the CBCP.

Child participation is a weak aspect of the CBCP. Children participated in the evaluation of the CBCP.

❑ **Are monitoring and information gathering gender-differentiated?**

Yes, all data collected on the children is gender-differentiated.

Sustainability

❑ **Are gender aspects in the project mainstreamed or are there specific services for girls?**

Some services, particularly the EPSSEG programme in Prey Veng, is specifically for girls.

There are some specific services available for sexually-abused and exploited girls. These NGOs provide training and support to girls who have been sexually abused.

Pagodas provide temporary and long-term shelter for some children. These services are for boys only.

❑ **How can the access of women and children to services and resources be ensured?**

This cannot be ensured at present as it depends on the availability of services in each province and the capacity of service providers to take on additional cases.

There is a need for more focused community awareness sessions for children on child rights, child protection messages, the CBCP and the CSH.

There is also a need for a community-based assessment of problems and issues to provide a basis for relevant approaches and solutions.

❑ **Who has access/control of the benefits?**

Boys and girls are the primary targets for the CBCP, but they have very limited control over the benefits.

Some decisions regarding benefits are made at the village level, where the management committee of the VSF makes decisions over benefits.

Many decisions are made at the case conferences and by the working groups. The working groups are in most cases composed of a majority of men.

❑ **Have there been capacity-building efforts to make local institutions aware of gender issues, capable to carry out gender analysis in a gender-sensitive fashion?**

There has been no gender awareness training given to the actors in the CBCP nor has it been incorporated into the existing training modules.

- ❑ **Will sociocultural and gender aspects endanger the sustainability of the project during implementation or especially after donor assistance? Will opportunities for men, women and children to benefit equally from the project continue after its implementation?**

The CSH are volunteers who have requested payment for their work. Many of them informed the evaluation team that they would not continue as volunteers if they did not receive more incentives. All the other actors in the CBCP receive per-diems for their involvement in CBCP activities.

- ❑ **Gender balance of network**

Most of the working groups are dominated by men. At the village level a certain balance has been achieved.

- ❑ **How could better results have been achieved? How could beneficiary participation between women, men and children be improved?**

Gender awareness: There is a need for gender awareness to be integrated into future training programmes for all actors within a child protection programme.

Gender analysis at the design phase of the project: This should have been incorporated into the identification phase of the project alongside the participation of children, who are the primary beneficiaries of the CPN.

- ❑ **Future directions**

Working with the village chiefs and the commune councils: Village chiefs are nearly always men and commune councils are composed mainly of men. This needs to be taken into serious consideration when designing future child protection programmes at the village and commune levels. The women and children focal point of the commune council needs support. However, it needs to be assured that this person has a say in strategic decisions that are made by the commune councils, particularly those that will directly affect women and children.

Support to CAR and CNSP: Some cases such as sexual abuse need specific gender-sensitive responses and follow-up. A female sexual abuse focal point should be identified and given the appropriate training at the provincial level to properly support these girls, and a man should be trained in a similar fashion to support boys who are sexually abused.

Remarks on the focus group discussions: These discussions were held either at the commune level during case conferences or in villages with selected Community Social Helpers (CSH) and, where they existed, with VDC focal points. In a few cases, village authorities were also present. The discussions had lasted a maximum of 1 or 2 hours. Therefore the following lists should not be seen as a finalised priority ranking. They also represent the views of particular stakeholders, with specific interests in the programme. Notably the views of children are missing in these lists. Nevertheless, it is interesting to see the different problems that were mentioned in the different zones covered by the CPN.

The contents and topics of the discussions varied to some extent due to local conditions, time available, etc.

Focus Group Discussion with the Community Social Helpers conducted in the **Neakavorn pagoda, Phnom Penh** on 07/08/2003

Problems	Ranking		Reasons	Solutions
	Girls	Boys		
Poverty	1	1	Joblessness, gambling, alcoholism, homelessness, widows with many children	Referred children to school (non-formal/ formal education), provided skills training, assisted in looking for job
Domestic violence	2	2	Gambling or husband married with new wife	Conciliated and asked competent authorities for help
Trafficking	2	4	Got deceived, forced to do	Encouraged parents to take care of them
Drug addiction	3	2	Followed adults or friends	Counselled, educated
HIV/AIDS	4	5	Lack of knowledge about HIV/AIDS	Encouraged parents to go to the hospital
School dropout	4	3	Lack of school materials, poverty, moved house, domestic violence	Encouraged, assisted and looked for support from NGOs
Child in conflict with the law	5	5	Poverty, drug use	Asked relevant NGOs for help
Orphaned children	6	6	Parents died of HIV/AIDS (majority)	Referred children to the NGO centres
Street children	7	7	Lack of education from parents, drug use	Referred them to live with NGO Friends
Abandoned children	8	8	Domestic violence or second marriage	Encouraged children to live in NGO centre
Volunteer sex workers	11	0	Poverty, lack of understanding about law	Unable to help, only educated on how to prevent HIV/AIDS
Disabled children	12	12	Diseases/congenital diseases	Made contact with the NGOs working for disabled people

Focus Group Discussion with the Community Social Helpers in **Dannak Thom village, Phnom Penh** on 02/09/2003

Problems	Ranking		Solutions	Prevention
	Girls	Boys		
Delinquency	rare	4	Reported to police and local authorities, referred to Chom Chao Rehabilitation Centre	Cannot interview them
Glue sniffing and drug use by street children	rare	4	Referred to PSE Difficult to refer	Education/campaign
Extreme poverty	1	1	Helped 10% Supported by NGOs	
Children orphaned by HIV/AIDS	1	1	Reported to NGO “WOMAN” for support	Community Awareness
Poor children cannot go to school	2	2	Assisted and referred them to public school, to NGOs or to PSE	
Gambling	2	3	Tried to give advice. They promised to stop but started again in a few days	
Domestic violence	3	rare	Provided advice, informed local authorities and shortly confined.	Moral education
Sexual abuse	5	never	Reported to police to arrest the perpetrators. Can’t do anything other than reporting.	Community Awareness

Focus Group Discussion with the Community Social Helpers conducted in **Poipet, Banteay Meanchey** on 20/08/2003

Problems	Ranking		Solutions	Prevention
	Girls	Boys		
Labour exploitation	1	1	Difficult to solve as the NGO provides meal only for children	Law not effective if parents' living condition still poor
Children orphaned by HIV/AIDS	2	2	Looked for foster care, Referred to the NGOs	Refer to NGO, if it receives children from 0 year old
Street children	4	4	Asked for support from local authorities	The local authorities can prevent
Glue-sniffing children	4	4	Difficult to solve	Depend on the local authorities
School dropout due to poverty	4	3	Difficult to find the solution	If the living condition of the family gets better
Abandoned children	5	5	Looked for NGOs for support	Cooperate with local authorities and other relevant services for support
Trafficking children	5	5	Cooperated with relevant NGOs	Preventable if we know the guides
Extremely poor children	6	6	Difficult to find solutions	VSF has limited amount of money to support
Sexually abused children	7	7	Cooperated with the local authorities for immediate intervention	If there is good cooperation between the local authorities
Disabled children	8	8		

Focus Group Discussion with the Community Social Helpers conducted in **Chantrey, Svay Rieng** on 28/08/2003

Problems	Ranking		Solutions	Village social fund
	Girls	Boys		
Extreme poverty	1	1	Money, rice, clothes, school materials, building of a house.	✓
Children orphaned by HIV/AIDS	2	2	Provided rice, money, books and clothes	✓
Second marriage	3	3	Provided money, clothes and school materials	✓
Went with parents to work in Phnom Penh	4	4	No solution	✓
Abandoned children	5	5	Provided money, school materials, scarf, and house repairing	✓
No access to school	6	6	Provided clothes and school materials	✓

Focus Group Discussion with the Community Social Helpers conducted in **Malay, Banteay Meanchey** on 19/08/2003

Problems	Ranking		Solutions	Prevention
	Girls	Boys		
Children had malaria	1	1	Referred to health centre for treatment	Prevention: use of mosquito net
Children had dengue and typhoid fever	1	1	Referred to health centre/hospital for treatment	
Extremely poor children	2	2	Provided rice and some money	
Orphans	3	3	Looked for foster care, provided money, referred to the pagoda	
Drug use	3	3+	Advised and educated	Campaign/education
Child labour	4	4	Difficult to help	Campaign/education
Disabled children and amputated by landmine	4	4+	Referred to the hospital, provided education about danger of landmines	Community awareness about the danger of landmines
Sexually abused children	5		Referred to health centre/hospital, referred offender to court	Education about law
Children affected by HIV/AIDS	6	6	Referred to the hospital	Community awareness
Trafficking	6	6	Informed the local authorities	Public campaign/education
Bad roads to school	7	7	No solution	

Focus Group Discussion with the Community Social Helpers conducted in **O Char, Battambang** on 13/08/2003

Problems	Ranking		Solutions	Prevention
	Girls	Boys		
Drug use		3	Difficult to solve	
Children affected by HIV/AIDS	1	1	Provided rice, Health centre visited children occasionally	Community Awareness
Orphans	2	2	Referred NGOs	
Street children	4	4	Collected them and referred to NGOs for support	
Domestic violence	5	5	Tried to give advice in cooperation with the local authorities	Moral education
Trafficking children	6		Reported to the local authorities, police	Awareness/campaign
School dropout	7	7	Provided school materials	Encourage parents to bring children to school
Poverty	8	8	Provided rice (could help only for short time)	

Time line as experienced by CSH in **Thmo Koul district, Battambang** on 15/08/2003

Time	Event
	The community social helpers were selected one month prior to the training
Oct 1999	Attended training for 10 days about child protection network
Jan 2000	CBCP was started
	After the CBCP started, the meeting for the village and commune councils, working groups and pagoda elders was held.
	Conducted the introduction meeting from village to village to introduce the CBCP and CSHs to the people. It was conducted only one time.
Feb 2000	Started interviewing the children. <i>Identification: children living in extremely poor families, orphans, disabled children, school dropouts and sexually abused (rare)</i>
Feb 2000	Established the child village social fund
	Attended the case conference every month
	Conducted the follow-up for children every month
Mar 2003	UNICEF stopped supporting the CBCP
	At present the CBCP is still functioning but is not as good as when it was supported by UNICEF.
	The province and district levels came to visit irregularly