CHILD PROTECTION AND EDUCATION

NEEDS FOR THE CHILDREN AND ADOLESCENTS
OF PHNOM PENH'S
URBAN POOR COMMUNITIES

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MESSAGE FROM UNICEF REPRESENTATIVE

Phnom Penh, the capital of Cambodia, is the centre of the country's political, diplomatic, cultural, economic, and social life. It serves as a source of unlimited opportunities and is a hub of diversity, growth, and innovation. It is changing at an unprecedented pace and scale. This presents opportunities and new challenges for the country and its residents.

Phnom Penh is key to achieving the Sustainable Development Goal's 2030 agenda for Cambodia, particularly Goal 11 on making the city inclusive, resilient and sustainable. The capital is essential to realizing Cambodia's vision to become an upper middle-income country by 2030 and high-income country by 2050.

Rapid urbanization, coupled with the city's complex characteristics, brings with it challenges and risks. Rising demand in clean water and electricity consumption, waste management, housing, air quality, transportation, living environment, safety, and security are just some of the issues that need to be properly addressed and responsibly met. Addressing poverty and inequity in access to quality education, health, nutrition, water and sanitation, and protection among those living in urban poor communities and those in difficult circumstances are equally needed.

This study, "Child Protection and Education Needs for the Children and Adolescents of Phnom Penh's Urban Poor Communities," represents one of the joint efforts between the Capital Administration and UNICEF Cambodia to address the needs of the city's most vulnerable groups. The study analyzes risk factors in child protection and education, examines programmatic and policy relevance, and offers recommendations – all of which are useful to inform planning and appropriate interventions. I strongly hope that relevant government institutions, development partners, civil society organizations, and private sector alike will benefit from these findings.

UNICEF Cambodia expresses appreciation to the Capital Administration for the leadership and thank the consulting team for completing this study. Most importantly, I express sincere thanks to all respondents who have contributed to make this study possible.

Debora Comini
Representative, UNICEF Cambodia

Executive Summary

Background

Following the end of the Khmer Rouge regime in 1979, the Capital was slowly repopulated by former residents, refugees, internally displaced persons and rural migrants. Buildings were occupied on a 'first-come-first-to-occupy' basis, with latecomers and the poor creating the first urban poor settlements towards the late 1980s.[1] Between 1998 and 2008, Phnom Penh's population doubled, fueled by rapid economic growth that attracted many migrants to the capital. This led to an outward expansion of the city, including many urban poor areas.

The Capital now has 12 khans, or districts, and Phnom Penh's total population is estimated to be 1.6 million. About a quarter of inhabitants live below the poverty threshold of less than US$1.58 per day.[2] This section of the population resides across different pockets in Phnom Penh's inner and outer khans. Several surveys have sought to analyze these urban poor settlements: 'The State of Poor Settlements in Phnom Penh, Cambodia' conducted in 1997, 'The 8 Khan Survey' in 2009' (by Samakum Teang Tnaut), 'The Phnom Penh Urban Poor Assessment' (by Capital City of Phnom Penh, 2012), and 'The Phnom Penh Survey 2014: A Study on Urban Poor Settlements in Phnom Penh' (by Samakum Teang Tnaut). However, these surveys focused on capturing the socio-economic, educational, health and sanitation status of the urban poor population as a whole, leaving a gap in knowledge regarding the status of one of the most vulnerable segments—children and adolescents.

The Phnom Penh Capital Administration and UNICEF Cambodia have been working together to improve the well-being and living conditions of families and their children in Phnom Penh's urban poor communities. As part of the efforts to seek better understanding of situation of children and adolescents living in those settlements, UNICEF Cambodia, with support of Phnom Penh Capital, commissioned Ernst and Young LLP India to conduct this needs assessment. The study, conducted between February 2016 and April 2017, aimed to:

- Identify key child protection risks faced by preschool-age children and young adolescents;

- Identify specific bottlenecks and enabling factors linked to urban poverty affecting the ability of preschool-age children and young adolescents to participate in quality and inclusive preschool primary and lower secondary;

- Determine the interconnectivity between child protection risks and education in school;

- Map the existing services or gaps in services related to child protection and education needs in urban poor communities; and

- Identify areas for growth and skills development to enable the Government and CSOs to deliver core child protection services and interventions.

Intended audience

Findings of the needs assessment will inform strategies that protect the rights of children and adolescents living in urban poor communities and help identify opportunities to further strengthen education and child protection services for preschool-age children and young adolescents from urban poor settlements.

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[1] *Samakum Teang Tnaut. (2014). The Phnom Penh Survey: A Study on Urban Poor Settlements in Phnom Penh.*
[2] *Samakum Teang Tnaut. (2014). The Phnom Penh Survey: A Study on Urban Poor Settlements in Phnom Penh.*

Assessment methodology

To produce validated and substantiated findings, the needs assessment followed a mixed-methodology approach that combined qualitative and quantitative data. The assessment team used structured household questionnaires, semi-structured interviews and focus group discussions that were tailor-made for specific stakeholders. Household questionnaires were used as a quantitative tool administered to the key stakeholders: parents/caregivers of children (aged 3 to 5 years) and adolescents (aged 10 to 14 years). The responses received from this survey founded the data points that were substantiated and analyzed with the help of qualitative tools like focus group discussions with community members, parents/caregivers and adolescents aged 10 to 14 years, as well as semi-structured interviews with representatives from NGOs/civil society organizations (CSOs), teachers from schools in the urban poor communities and government officials from key ministries.

As per the design of the assessment, questionnaires were administered to a target sample of 1,140 respondents, namely 380 parents/caregivers of children aged 3 to 5 years and 380 parents/caregivers of adolescents aged 10 to 14 years, which included 190 adolescent girls and 190 adolescent boys in the 10 to 14 age group. A household listing was conducted beforehand to identify households and ensure that information gathered for children in the 3 to 5 age group and adolescents in the 10 to 14 age group was not from the same household.

Key findings

a) **Key child protection risks** identified within the community, and directly linked to poverty and the absence of adequate parental care, are substance abuse, participation in youth gangs and thereby conflict with the law, corporal punishment, domestic violence, trafficking, sexual abuse, child marriage and child labour. In addition to these risks, children and adolescents have limited access to healthcare and proper sanitation, often denied basic facilities such as toilets and safe drinking water. Children and adolescents with disabilities, who are typically excluded from the societal framework, and orphaned and abandoned children who are devoid of basic shelter are even more vulnerable.

b) **There is a strong interlink between poverty and the key risks** faced by children and adolescents in urban poor communities. Low family income correlates to the absence of adequate parental care as parents invest most of their time towards generating disposable income to meet the family's basic needs. Substance use among adolescent respondents was seen to be prevalent, with about 81.4 per cent (75.2 per cent girls and 88.2 per cent boys) of them reporting that they consume alcohol (largely beer). More importantly, 43.8 per cent (26.6 per cent girls and 61.0 per cent boys) of adolescents have consumed drugs (mostly marijuana, heroin and methamphetamines) at least once over the past year. Substance abuse is also interlinked with membership in youth gangs, which are typically characterized by violence and turf wars. Over half (52.4 per cent) of the adolescents living in Phnom Penh's urban poor communities have a friend or an acquaintance (of the same age group) who is a part of a gang. Instances of domestic violence are also common. About 65.9 per cent of boys and 65.3 per cent of girls reported that they have witnessed instances of domestic violence (over the last 12 months) at home or within the community. Child marriage is another key risk and 4.9 per cent of households reported that they married off an adolescent from the family before the age of 14. While data collected on child labour was lower than the national average,

this was a result of hesitation on the part of the respondents to answer the question as they are aware that child labour is illegal.

c) **Key barriers to accessing education and child protection within schools** include low preschool enrolment, poor attendance, high dropout at the secondary level, poor quality of teaching, the need to pay teachers informal fees, corporal punishment, bullying and the absence of facilities to meet the needs of children with disabilities. While educational aspirations among both children and parents is high, the level of preschool enrolment within urban poor communities is low, with only about 29 per cent of children aged 3 to 5 years enrolled in some form of schooling. While enrolment rates of children from urban poor communities improve at higher age groups, with about 85.0 per cent of adolescents aged 10 to 14 enrolled in formal schools, the dropout rate at the secondary level also rises. Of the adolescents who are currently out of school, 87.5 per cent stated that they had previously attended school. The lack of attention from teachers as well as the need to pay informal fees to teachers emerged as important barriers to enrolment and continuous participation in schools. Already living below the poverty line, parents cannot afford to pay an informal fee. Poor teaching quality emerges as a key barrier to education as teachers are not paid adequate salaries, and moreover, do not receive the training required to adopt effective methodologies. Additionally, the gap in training to interact with students with disabilities is a key challenge to the development of an inclusive school environment. Corporal punishment and bullying are also widespread in schools in urban poor communities: 25.7 per cent of students reported having faced bullying at school and about 30.5 per cent of school-going adolescents reported receiving some form of corporal punishment.

Recommendations

The recommendations focus on building capacity and strengthening key areas at the school, community and national levels.

- School curriculum-based interventions to address violence, bullying, sex education and substance use.
- Community-based behaviour change campaigns to address substance use, corporal punishment, teenage marriages, violence against children and trafficking.
- Establishment of community-based safety groups to promote safety and security in communities.
- Training for members of judicial enforcement agencies on handling of cases of children in conflict with the law.
- Demand-side and supply-side initiatives that improve access to safe drinking water.
- Open-defecation free status.
- Registration and regulation of 'orphanages', or residential care facilities.
- Social audits and regulatory compliance by civil society organizations.
- A cadre of child counselors and social workers.
- Career progression planning for teachers.
- Increased performance of school monitoring committees.
- Improved teacher training machinery.
- Training school leadership.
- A child rights monitoring framework for Phnom Penh Capital.

List of Abbreviations

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
CAFEMBA-PAECL	CAMFEBA Plan of Action on the Elimination of Child Labor (WF)
CCWC	Commune Committee for Women and Children
CDIDF	Cambodia Disability Inclusive Development Fund
CFSP	Child Friendly School Policy
CLFCLS	Cambodia Labour Force and Child Labour Survey
CMDG	Cambodian Millennium Development Goals
CNCC	Cambodia National Council for Children
CPCCL	Child Protection Code in Cambodian Law
CRC	United Nations Convention on the Rights of the Child
DRIC	Disability Rights Initiative
EFA	Education For All
ESP	Education Strategic Plan
ESSP	Education Sector Support Programme
EWSG	Education Working Sector Group
FTI	Fast Track Initiative
FTIRM	Fast Track Initiative Road Map for Reducing Maternal and Newborn Morality
HIV	Human Immunodeficiency Virus
MoEYS	Ministry of Education, Youth and Sports
MoI	Ministry of Interior
MoJ	Ministry of Justice
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NAPECD	National Action Plan on Early Childhood Care and Development
NEP	NGO Education Partnership
NGO	Non-Governmental Organization
NPACTP	National Plan of Action on Counter Trafficking in Persons

NPATPSE	National Plan of Action against Trafficking in Persons and Sexual Exploitation
NPA-WFCL	National Plan of Action on the Elimination of the Worst Forms of Child Labor
NPP	National Population Policy
NRHP	National Reproductive Health Programme
NSMAP	National Safe Motherhood Action Plan
PACC	Policy on Alternative Care for Children
PDVPV	Prevention of Domestic Violence and Protection of Victims
PEWFCL	Plan on the Elimination of the Worst Forms of Child Labor
RGC	Royal Government of Cambodia
SHSP	Second Health Strategic Plan
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Science and Cultural Organization
UNFPA	United Nations Population Fund
UNHABITAT	United Nations Human Settlements Programme
UNICEF	United Nations Children's Fund
VAC	Cambodia's Violence Against Children Survey
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

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Background

Phnom Penh: An overview

Phnom Penh, the capital city of Cambodia, is located in the country's south-central region. Established as the capital during the French colonization of Cambodia, Phnom Penh today operates as the central hub for economics, politics and culture. Not surprisingly, it is one of the most populous places among other provinces in the country.[3]

When the Khmer Rouge entered Phnom Penh in 1975, they systematically emptied the city. When the regime collapsed in 1979, former residents, refugees, internally displaced persons and rural migrants began slowly repopulating the once thriving city. Buildings were occupied on a 'first-come-first-to-occupy' basis, with latecomers and the poor creating the first urban poor settlements towards the late 1980s.[4] Rapid economic growth attracted a large number of migrants, thereby doubling Phnom Penh's population between 1998 and 2008 and leading to the outward expansion of the city. Phnom Penh now has 12 districts, or khans (Chamkar Mon, Doun Penh, Prampir Meakkakra, Tuol Kouk, Dangkao, Mean Chey, Russei Kaev, Sen Sok, Pou Senchey, Chrouy Changvar, Preaek Pnov and Chbar Ampov), located on the inner and outer limits of the city.

As per the 'Phnom Penh Survey 2014: A Study on Urban Poor Settlements in Phnom Penh', the total population across these khans is about 1.6 million. About a quarter of these inhabitants live below the poverty threshold of less than US$1.58 per day. [5] This section of the population resides across different pockets in Phnom Penh's inner and outer khans. However, the challenge emerges in defining what constitutes an 'urban poor household', as the absolute poverty threshold does not necessarily suffice.

Therefore, for the purpose of this study, the team at Ernst and Young LLP adopted the definition used by the Phnom Penh Capital: [6]

- Communities that are located on state public land (along railways, streets, canals, lakes, riverbanks, on the rooftop of old buildings, pagodas, shrines, tombs or graves), state private land, land of the communities, individuals' private land, places that the Government has resettled into new residences and private land that the communities or Government rent for resettlement.

- Communities that consist of at least 30 families or 30 houses up.

- In case of communities having fewer than 30 families or houses, local authorities can determine them as poor communities or part of poor communities on a case-by-case basis.

- Communities living in untidy housing conditions that include tents, thatch houses, houses that are very old.

- Communities in which the population work as factory workers, construction workers, motorbike taxi drivers, 'remorque' taxi driver, sellers in the communities, craftsmen, scavengers, service providers working in night clubs, massage places, maids, etc.

- Communities that lack adequate infrastructure including proper sewage, roads, electricity, clean water, toilets and other physical infrastructure.

This definition enabled the team to both clearly define the sampling universe and provided a relatively homogeneous group from which to collect data, However, it did mean that groups of homeless people or buildings not fitting this criteria were not included in the study.

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[3] *Phnom Penh Capita Administration.*
[4] *Samkum Teang Tnaut. (2014). The Phnom Penh Survey: A Study on Urban Poor Settlements in Phnom Penh.*
[5] *Samkum Teang Tnaut. (2014). The Phnom Penh Survey: A Study on Urban Poor Settlements in Phnom Penh*
[6] *Phnom Penh Capital: Definition of urban poor community used by the Capital's Office of Urban Poor.*

The challenge of urban poverty and the need for this study

Cities provide opportunities for social and economic development where poor people can actively participate in the process of socio-economic and political change.[7] However, despite the opportunities that urban areas offer for poverty reduction, uncapped migration has led to a situation where the number of poor people in cities is now increasing at a faster rate than in rural areas. The consequential increasing density of people brings with it a corresponding need for complex delivery systems to meet their resource and service needs (food, shelter, water, transport and waste).[8] In many cases, the administration is unable to provide these services due to resource constraints, the absence of implementing and monitoring mechanisms, and limited understanding of the barriers and challenges faced by urban poor communities.[9] In the case of Phnom Penh, many poor people are forced to live in overcrowded, under-serviced settlements, where threats to health due to limited access to basic public amenities and lack of access to education is a regular challenge. Societal relationships within urban areas differ from those in rural areas and are more susceptible to external influences. Therefore residents, specifically children and young adolescents, are more vulnerable to the risks of child labour, violence, abuse, trafficking and organized crime. Finally, land availability vis-à-vis the population growth means that tenure security is lacking, and this often leads to evictions and internal displacement that further perpetuate these challenges.

Given the unique challenges faced by residents of urban poor communities, to which children and adolescents are the most vulnerable, and the corresponding lack of information to inform strategy and policy development, there was a need to bridge the existing information gap with relevant data and insights. Commissioned by UNICEF Cambodia, and carried out by Ernst and Young LLP India between February 2016 and April 2017, this study focuses on providing insights into the risks, barriers and policy landscape in the child protection and education space.

Land tenure

Over the past few years, Phnom Penh has witnessed an overall decrease in the number of urban poor settlements, from 410 in 2009 to 340 in 2013, with a corresponding decrease in the number of urban poor families by 7,000.[10] However, this should not be misinterpreted as being indicative of the economic or social progress of this demographic. The majority of the urban poor settlements were established between 1979 and 2001, before the implementation of the Land Law in 2001.[11] A typical urban poor dwelling is built on either public land or private property that does not belong to the occupants. After the introduction of the law, houses constructed without appropriate permits or rented without formal contracts became susceptible to eviction.[12] Almost half of the noted decrease in 'official' urban poor settlements can be attributed to the resulting displacement or forced evictions of tenants, which would be a likely cause of the disappearance of these settlements. A secondary cause identified for this decline has been the up-gradation of land and changing geographical boundaries.,[13,14] Further, a number of the families evicted are now settled across the city, with

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7   *Meeting the challenge of poverty in urban areas: Department of International Development Strategy Paper (DfID)*
8   *Ibid*
9   *Ibid*
10 *Samakum Teang Tnaut: Phnom Penh Survey. (2014): A Study on Urban Poor Settlements in Phnom Penh*
11 *The Land Law, amended in August 2001, allowed certain persons fulfilling a set of criteria and in possession of their land prior to the passing of the law to apply for a land title.*
12 *People In Need and UNICEF. (2014): Phnom Penh Multiple Indicator Assessment Report.*
13 *Ibid.*
14 *Phnom Penh Capital Administration. (2012): The Phnom Penh Urban Poor Assessment.*

many living on the streets. As a result, while the number of urban poor settlements has decreased, the number of urban poor people in Phnom Penh has actually risen since 2001.

Child protection risks

With regard to child protection, Cambodia has long suffered from structural barriers, such as resource constraints, gaps in law enforcement capabilities and inconsistent policy implementation that prevent children from seeking the help they need. There are also certain cultural and social barriers, stemming from people's attitude towards abuse, that deter the effectiveness of child protection initiatives and reinforce barriers to rehabilitation and counselling. Cambodia's Violence Against Children Survey (2013) observed that 35-40 per cent of all respondents between the ages of 13 and 24 years believed spousal physical violence to be acceptable in certain circumstances and a significant proportion also condoned violence between intimate partners. Almost all females, particularly in the capital, believed it is better to tolerate domestic abuse than report cases of violence, which could lead to divorce and affect their child's well-being. Qualitative surveys have revealed that children/adolescents were occasionally discouraged from voicing their concerns regarding abuse in the name of family honour or out of fear of wrongful retribution.[15]

The survey also showed that physical violence was the most commonly reported type of violence. Over half of all respondents were subjected to physical violence at least once before the age of 18 years. The survey revealed that 45 per cent of respondents in the 18 to 24 age group and a little over half of respondents aged 13 to 18 reported a parent, caregiver or other adult relative as the first perpetrator of childhood physical violence. The most commonly

cited perpetrators were mothers, followed by fathers and stepfathers.[16] It is, however, important to note that the frequency of reporting is an aspect that is riddled with many complexities. Owing to the sensitivity associated with instances of sexual abuse, it is possible that such cases were underreported/unreported by survey respondents, implying that physical violence may not be the most prevalent form of abuse.

The average age for first incidence of sexual abuse for respondents aged 18 to 24 was found to be 15 for females and 10 for males. Among 13- to 17-year-olds, 6.4 per cent males and 5.2 per cent females reported at least one incident of sexual abuse. Consistent with the findings for physical violence, children in Cambodia were found to often know their sexual attackers. Among respondents aged 18 to 24, 28 per cent of females and 37 per cent of males who were victims of childhood sexual violence reported the most common perpetrator to be a neighbour. In the younger age group, friends were found to be the most common perpetrators among females and family members among the male respondents.[17] Within the urban poor communities of Phnom Penh, domestic violence was reported in 43 per cent of the communities, while drug abuse and sexual abuse were reported in 14 per cent and 4 per cent of the communities, respectively.[18]

In recent years, Cambodia has come to be identified as a major source, transit and destination country for human trafficking. The 2010 NGO Joint Statistics: Database on Sexual Trafficking, Sexual Exploitation and Rape in Cambodia identified 39 cases of sexual trafficking, of which 56.4 per cent of the victims were found to be younger than 18. In 2011, the number of reported cases almost doubled to 71, with 75 per cent of these cases involving

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15 *Ministry of Women's Affairs: Cambodia's Violence Against Children Survey 2013*
16 *Ministry of Women's Affairs:Cambodia's Violence Against Children Survey 2013*
17 *Ministry of Women's Affairs:Cambodia's Violence Against Children Survey 2013*
18 *The Phnom Penh Urban Poor assessment Report 2012*

children/adolescents.[19] In populous provinces such as Phnom Penh, these cases are the outcomes of certain geography-specific push factors such as rampant poverty, high unemployment, low literacy levels and limited income opportunities.[20] These factors make the sale of children/adolescents a viable income option for families and encourage the practice of child trafficking. The situation is further complicated by low levels of birth registration in Cambodia: in 2009, UNICEF estimated a birth registration rate of only 78 per cent, putting children who go missing at great risk.[21] While a streamlined birth registration process was first established in 2002, this only led to less than 3 per cent of the total population registering their births. The disappearance or deaths of children/adolescents run the risk of being unreported if the child/adolescent was not registered at birth. Therefore, being unregistered significantly increases vulnerability to abduction, trafficking, illegal adoption and exploitation.

Despite government policy, which states that family and community-based care are the best options for the alternative care of children, residential care in Cambodia has become increasingly common.[22] As per a mapping of residential care institutions by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY), with support from UNICEF, there are presently 267 such centres, commonly referred to as 'orphanages', of which 171 are located in Phnom Penh.[23] The total number of children living in residential care was estimated to be 9,223 in 2016.[24] The majority are from vulnerable households and have been brought to the centre by their parents. Several factors exacerbate the vulnerability faced by children in poverty-stricken families that already have limited access to social safety nets and community support services. These include changes in family circumstances such as the death of a parent, divorce and remarriage, as well as illness and migration. In certain circumstances, residential care facilities exploit the vulnerabilities due to poverty by actively 'recruiting' children from poor families by convincing, coercing or even paying parents to give their children away.[25] On the part of parents, most believe that their children would be better off in care where they would have access to basic health and education services, unaware of the risks involved for children placed in unregulated institutions in terms of abuse, sexual and labour exploitation, and even trafficking. Additional negative implications of residential care include harm to a child's social, physical, intellectual and emotional development due to the absence of a constant caregiver; the gradual erosion of traditional care structures within society; difficulty reintegrating into society; and in certain cases where residential facilities face funding problems, children suffer from a lack of food, education and poor living conditions.[26]

Child protection policy landscape

One of the first major steps for child protection undertaken by the Government of Cambodia was the ratification of the United Nations Convention on the Rights of the Child in 1992.[27] The articles from the Convention were thereafter integrated into the Constitution and now provide the basis for defining and enforcing laws against domestic violence/abuse, especially against children.[28] The Government has since also adopted several mechanisms to develop

20 An analysis of the situation of women and Children in Cambodia 2009, UNICEF
21 An analysis of the situation of women and Children in Cambodia 2009, UNICEF
22 Residential Care in Cambodia. UNICEF Cambodia. www.unicef.org/cambodia
23 Preliminary Data Compilation and Findings: Mapping of Residential Care Institutions in Phnom Penh: Cambodia 2016. Ministry of Social Affairs, Veterans and Youth Rehabilitation.
24 Factsheet Preliminary Data Compilation and Findings: Mapping of Residential Care Institutions in Phnom Penh, Siem Reap, Battambang, Kandal and Preah Sihanouk: Cambodia 2016. Ministry of Social Affairs, Veterans and Youth Rehabilitation.
25 Residential Care in Cambodia. UNICEF Cambodia. www.unicef.org/cambodia
26 Ibid
27 Child Protection – Policy Brief 2015, World Vision
28 Findings from Cambodia's Violence Against Children Survey 2013

a more comprehensive child protection system such as the Cambodia National Council for Children, commune committees for women and children and women and children consultative committees.[29] The Cambodia National Council for Children, established in 1995, acts as the stalwart institution for the coordination of activities related to children's issues in Cambodia. The commune committee for women and children, piloted in 2004, is a local-level committee responsible for monitoring and evaluating the situation of women and children within a commune and assisting the commune council in social service activities based on the beneficiaries' needs.[30] The women and children consultative committees were established in 2011 and function at district/Khan and capital/province levels to advise local-level administration on ways incorporate the needs of women, youth, children and vulnerable people into the five-year development plans and annual three-year rolling investment programmes of various administrative councils. The committees also encourage the formulation of law and policies for women and children and provide recommendations on strengthening coordination between various departments, service providers, volunteer groups and communities.

MOSVY is one of the government ministries governing human rights protection and regulation across Cambodia. It primarily targets four sectors – social affairs, labour, vocational training and youth rehabilitation. Other government ministries such as the Ministry of Interior, which oversees law enforcement, and the Ministry of Justice, which prescribes the country's judicial framework, work alongside MOSVY to improve Cambodia's legal framework and system and ensure the protection of child rights.

While there is no comprehensive or consolidated children's act or child protection code in Cambodian Law, provisions with relevance to children can be found in various individual codes and laws.[31] The law on Prevention of Domestic Violence and Protection of Victims (2005), for example, has provisions for protecting dependent children against domestic physical and mental abuse. Other laws targeting child rights and protection include the Plan on the Elimination of the Worst Forms of Child Labour (2008-2012), the Policy on Alternative Care for Children and the recently passed Juvenile Justice Law. However, there remain significant loopholes in the formulation of some of these laws, and others require effective implementation and enforcement mechanisms. The labour law, for example, does not cover the informal sector where a majority of child labourers are employed. Laws governing physical abuse also contain certain shortcomings. According to a report by the Global Initiative to End All Corporal Punishment of Children,[32] corporal punishment at home is considered lawful. The civil code's lack of definition regarding 'parental authority' makes corporal punishment legal under alternative care settings as well. The Juvenile Justice Law, which was recently passed in May 2016, makes provisions for the establishment of a juvenile justice system that focuses on restorative justice when dealing with children in conflict with the law.

The Cambodian Government has also implemented several action plans targeting child rights and protection, especially protection from trafficking and sexual exploitation. These include the National Plan of Action against Trafficking in Persons and Sexual Exploitation (2006-2010), which defines objectives and responsibilities of relevant ministries and assists ministries

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29 *Child protection – Policy Brief 2015, World Vision*
30 *The Functioning of Commune Committee For Women And Children, Royal Government of Cambodia*
31 *An analysis of the situation of women and Children in Cambodia 2009, UNICEF*
32 *Corporal Punishment of Children in Cambodia, Global Initiative to End All Corporal Punishment of Children, updated January 2016*

in enforcing the laws and provisions in place, and the National Plan of Action on Counter Trafficking in Persons (2014-2018) aimed at combating human trafficking, labour and sexual exploitation, particularly among women and children of Cambodia.[33]

In addition to these policies, MOSVY began implementing the Sub-Decree on the Management of Residential Care Institutions in 2015, which makes provisions to improve the quality of residential care management and protect children from exploitation and abuse who reside in residential care, including 'orphanages', transit centres, group homes, pagoda-based care and other religious buildings.[34] Provisions include the need for residential care centres operating prior to the sub-decree to obtain permission from MOSVY; guidelines for the admission of children into residential care, including a ban on the placement of children under 3 years of age; stipulations for the reintegration of discharged children, including the development of a case plan for every child and youth in the centre by 28 February 2016; a 48-hour window to respond to reports of irregularities in residential care centres; and the development of a rapid response team to respond to the such reports.[35]

Access to quality education

It is important to understand that child protection risks are heightened by limited access to quality education. As per a report by USAID,[36] Phnom Penh Capital has the highest dropout, promotion, survival and transition rates at the lower secondary level of Cambodia's 25 provinces. As of 2012, primary school enrolment within the capital stood at an encouraging level of 91

per cent.[37] However, the transition to lower secondary school experienced a drop, where only 72 per cent of families with adolescents aged 12 to14 were reported as sending their child to secondary school.[38]

Low-income levels prevalent in urban poor settlements often compel young adolescents to seek employment, either alongside their education or in lieu of it. The resulting increase in the opportunity cost of education, in turn, creates higher dropout rates and lower attendance and retention rates. According to the Cambodia Labour Force and Child Labour Survey 2012, 19 per cent of children/adolescents aged 5 to 17 were found to be economically active, of which 56.9 per cent were child labourers and 31.3 per cent were involved in hazardous labour. More than half the child labourers were estimated to have never attended school or to have dropped out of school.[39] Aside from its impact on education, child labour adds to the risk of child abuse and rights violations at the workplace. The survey showed that 0.2 per cent of girls and 0.1 per cent of boys experienced verbal abuse, though no respondents reported experiencing any physical abuse in the workplace.[40] While these figures are encouraging, there could be cases of abuse that remain unreported due to coercion or fear of losing employment.

Although education is a fundamental right in Cambodia (and public education is provided free of cost), the low salaries of teachers working in public schools sometimes result in them supplementing their income by charging students 'informal fees' in the name of extra classes. These informal classes are held after

[33] *Analysis of the situation of Women and Children in Cambodia 2009, UNICEF. National Action Plan of The National Committee for Counter Trafficking 2014 - 2018*

[34] *Commitment of the Implementation of Sub-decree on the Management of Residential Care Institutions. Ministry of Social Affairs, Veterans and Youth Rehabilitation. December 2015*

[35] *Ibid*

[36] *School dropout prevention pilot programme, Dropout trend analysis: Cambodia, August 2011,*

[37] *Ibid*

[38] *Ibid*

[39] *Cambodia Labor Force and Child Labor Survey 2012 : Child Labor Report, ILO*

[40] *Cambodia Labor Force and Child Labor Survey 2012 : Child Labor Report, ILO*

the regular lessons are conducted. In order to create demand, teachers may underperform in regular classes, thereby creating a need for children/adolescents to attend the informal, paid classes. Informal fees, combined with the additional costs of food, books and uniforms can force urban poor families to pull their children out of school. A large number of teachers also hold additional jobs and engage in private tutoring which, in several instances, is reported to earn them a higher wage. The decline in quality of teaching in public schools, in turn, creates a market for private tutors encouraging even more teachers to follow these practices, hence becoming a self-perpetuating cycle.[41]

For isolated settlements within Phnom Penh, the physical distance to school also acts as a major deterrent to educational access. With inadequate transportation, schools become inaccessible during adverse weather conditions. Moreover, safety becomes a compelling concern for parents when this distance is coupled with the high incidence of child-related crimes.[42] This forces parents to keep their children at home or opt for private tutoring, if they can afford it. Private tutoring however, by virtue of being chargeable, remains out of reach for many of the urban poor residents. Safety in schools is another major child rights concern that also has an impact on Cambodia's educational indicators. A study conducted by the International Center for Research on Women and Plan International[43] revealed that 73 per cent of students reported experiencing at least one form of violence (physical, emotional and sexual) in school.

Policy landscape

Education policies adopted in the country are in-line with the principles of the UNESCO Education for All (EFA) movement of 1990. The primary government ministry driving education development in Cambodia is the Ministry of Education, Youth and Sports (MOEYS). It operates with the vision of developing human resources of the highest quality and ethics, with a long-term focus on equitable access and inclusiveness of development. Two main support organizations assist the ministry in achieving its mission: the Education Sector Working Group and the NGO Education Partnership (NEP). The key members of the working group include UNESCO, UNICEF, UNFPA and the Asian Development Bank, while the NEP is a membership group of over 100 NGOs working in education sector in Cambodia.[44]

The MOEYS's main policy development process began in 2001, with the implementation of the first Education Strategic Plan (ESP) and the Education Sector Support Programme (ESSP). Implemented as five-year plans, both the ESP and the ESSP outline the systems, programmes and resources that would be put in place to contribute to the achievement of Cambodia's EFA goal of universal primary school by 2015. Currently in its fourth tenure, the ESP 2014-2018 focuses on the expansion of early childhood education and access to quality secondary and post-secondary education and non-formal, technical and vocational education. In conjunction with EFA, ESP and ESSP, the EFA Fast Track Initiative was launched in Cambodia in 2002, which comprised of a catalytic fund of US$ 57.4 million for three years.[45] Financial inputs were aimed at supporting a set of policy priorities defined by the ESP and ESSP, while complementing the long-term EFA objective.

To regulate the education sector and target policies, Cambodia enforced the landmark Education Law in December 2007, which states, "Every school-age child (ages 6 and above) should unconditionally have access

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41 *Supplementary Education in Cambodia, Dawson, W. (2011)*
42 *Supplementary Education in Cambodia, Dawson, W. (2011)*
43 *Are schools Safe and Gender Equal Spaces, International Center for Research on Women, Plan International, 2014*
44 *UNESCO National Education Support Strategy – Cambodia 2010-2013*
45 *UNESCO National Education Support Strategy – Cambodia 2010-2013*

to the primary education system."[46] This law acts as the Government's key legislative instrument to govern educational institutions and activities in both the private and public spheres. Additional policies undertaken by the Government include the Child-Friendly Schools Policy and the National Action Plan on Early Childhood Care and Development. In order to address the issue of corporal punishment in schools, MOEYS in collaboration with UNICEF, introduced a new training programme for teachers on positive discipline. This programme focuses on increasing awareness in schools about the causes and consequences of different types of violence and the responsibilities that school directors, teachers, students and parents share in prevention of violence against children.[47]

Healthcare and water, sanitation and health (WASH) are additional areas of concern for children in urban poor communities. According to UNICEF's 2013 Annual Report, national health outcomes between 2005 and 2010 were impressive, with sharply reduced mortality, strong increases in immunization coverage and increased exclusive breastfeeding. However, neonatal mortality remained unchanged, which is a cause of concern as the primary causes are pneumonia and diarrhoea, both of which are a result of low WASH investments. The unmet need for contraception among married women has also declined from 25 per cent in 2005 to 17 per cent in 2010, which is a positive trend. However, this progress is not consistent across all population groups and gaps exist in universal access to sexual and reproductive health services, especially among women from lower socio-economic backgrounds, thereby necessitating the need for strengthening and streamlining the health equity mechanism.

Key sources of health financing in Cambodia are: a) government health budget; b) donors and health partners and; c) out-of-pocket expenditure of the population. Policies introduced to strengthen the health sector have included the Second Health Strategic Plan (2008-2015), National Reproductive Health Programme (1994-1995), Birth Spacing Policy (1995), National Safe Motherhood Action Plan (2001-2005, updated in 2009), National Population Policy (2003) and the Cambodian Millennium Development Goals (2000-2015). The Fast Track Initiative Road Map for Reducing Maternal and Newborn Morality (2010-2015) identifies priority areas including emergency obstetric and newborn care, skilled birth attendants, family planning, behaviour change communication and maternal death surveillance. The Cambodian Government has also recognized the need to prevent the spread of HIV by adopting the Law on Prevention and Control of HIV/AIDS and the Second National Strategic Plan for Comprehensive and Multi-Sector Responses to HIV/AIDS (2006-2010), which recommends increased coverage of effective prevention interventions.

A deeper analysis of the total health expenditure in the country reveals that 62 per cent of health expenditure is borne by the people as they opt for private healthcare providers. This preference is, in turn, the result of inadequate implementation of the aforementioned laws and policies. The correlation between gap in implementation and the high private expenditure on healthcare is the primary cause of inequity in universal access to health services in Cambodia, specifically across urban-rural and socio-economic demographics.

As mentioned earlier, poor WASH investment is the primary cause of diseases, especially pneumonia and diarrhoea which, in turn, result in high neonatal mortality rates and negatively impact the health of children/adolescents in Cambodia. Limited access to adequate sanitation is one of the biggest issues affecting the health of children and adolescents in

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[46] *Royal Government of Cambodia, Education Law 2007*
[47] *Ending Violence in Schools—Teacher Training on Positive Discipline. www.unicef.org*

Phnom Penh; many have limited access to safe drinking water, lack access to toilets and are not aware of the importance of washing hands with soap. It is estimated that approximately 10,000 deaths annually are a result of poor sanitation and hygiene practices.[48]

In conclusion, the protection of children and their holistic development and advancement is the mandate of the State, and thus, of the duty-bearers at all levels. This involves not just effective protection strategies but also analysis of child protection and education needs that are going unaddressed. The identification and removal of structural and institutional barriers would be essential for ensuring the apt implementation of existing laws and policies. Further, there is a need to identify challenges that need to be subsequently addressed through policy reforms/measures.

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[48] *Water, Sanitation and Hygiene: UNICEF Cambodia. www.unicef.org*

Approach and Methodology

Purpose and objectives of the needs assessment

UNICEF commissioned Ernst and Young LLP India to conduct this needs assessment study to:

- Identify key child protection risks faced by preschool-age children and adolescents;
- Identify specific bottlenecks and enabling factors linked to urban poverty affecting the ability of preschool- age children and adolescents to participate in quality and inclusive preschool, primary, and lower secondary education.
- Determine the interconnectivity between child protection risks and education in school;
- Map the existing services or gaps in services responding to child protection and education needs in urban poor communities; and
- Identify areas for growth and skills development to enable the Government and CSOs to deliver core child protection services and interventions.

The results of the needs assessment will provide UNICEF, the Phnom Penh Capital Administration, and other stakeholders with the insight required to develop strategies that strengthen child protection services and ensure that children and adolescents from urban poor communities have access to education.

Geographic and stakeholder coverage of the study

The study focuses on urban poor communities in Phnom Penh Capital, particularly in five khans (Dangkao, Pur Senchey, Sen Sok, Mean Chey and Russey Keo). There are 194 urban poor communities across these khans, for a total population of 89,326. Settlement areas are usually located along infrastructural lifelines (highways and train lines) into and out of the city. Dangkao and Pur Senchey are located along a main road and Mean Chey and Russey Keo are along water channels and the Mekong River, respectively.

The research focused on developing relevant insights through structured questionnaires and focus group discussions with children aged 3 to 5 years, adolescents aged 10 to 14 years and the childrens' primary caregivers.

Approach and methodology

The approach and methodology used to carry out this needs assessment was developed in accordance with and adhering to the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis. Further, the team integrated human rights and gender equality perspectives while carrying out the required field-based research.

Ethical Considerations, Human Rights and Gender Equality

Code of ethics: The team developed a code of ethics based upon the UNICEF Procedure for Ethical Standards, which researchers were expected to follow while carrying out field-based data collection. In adherence to the code of ethics, they were constantly monitored by senior resources and experts from Ernst and Young LLP India. Aspects such as consent, confidentiality, sensitivity of questions, comfort of the respondents and equity were kept in mind while developing research tools and were strengthened on the basis of the pilot test results.

Training of researchers: The code of ethics was explained to researchers through a dedicated session nested under a researcher training workshop. This ensured that the profile, competencies and skills of the researchers were of a standard that prevented harm to respondents, both through acts of commission or omission.

Consultation with government stakeholders and UNICEF Cambodia: The approach and methodology used to carry out the research study, the key research questions, the data/information collection instruments, profiles of the researchers and consent forms were all finalized in consultation with UNICEF and the Phnom Penh Capital Administration. Further, data was collected after informing the community leadership, caregivers/parents and adolescents about the study objectives. Most importantly, training of field researchers took place at the UNICEF office in Phnom Penh, allowing UNICEF staff to actively participate in the process.

Human rights and gender equality: The research team was developed to be gender-balanced and female researchers were entrusted with the responsibility of interacting with female respondents. Questionnaires used to conduct key informative interviews at the household level to collect quantitative data/information allowed for gender-disaggregated analysis. The sample sizes finalized for collecting responses from each target group were developed while ensuring that half of the respondents were women/girls.

Consent form: Most importantly, questionnaires were administered after receiving formal consent from respondents. The team drafted a consent form that required researchers to explain the study objectives and nature of questions to the respondents. Researchers were required to explain to respondents that they could choose not to respond to a question that made them uncomfortable and could refuse to continue to participate at any point. This ensured the autonomy of respondents and recognized their capability for self-legislation, ability to make judgments, and freedom to state opinions and make choices.

A mixed-methodology approach was used to carry out the research study, which was structured around the research objectives specified above and divided into interlinked phases. Quantitative methods included the use of household questionnaires while qualitative methodologies included the use of semi-structured interviews and focus group discussion checklists. The first phase focused on conducting a desk review; the second phase involved the development of an assessment framework and corresponding data/information collection tools; the third phase focused on data collection; and the final phase consisted of analysis of data collected and report writing. The steps involved in each phases are elaborated below and form the backbone of the methodology used to carry out the assessment.

Desk review

During this phase, the team reviewed secondary literature pertaining to the child protection risks and education issues that children/ adolescents face. Literature was collected and reviewed pertaining to three interlinked levels: international literature, national literature and literature specific to urban poor in Phnom Penh Capital. In this regard, the team also approached UNICEF officials for relevant literature and received several documents from their end. The literature review helped the team develop a basic understanding to structure the research framework, develop data collection tools and planning the broad contours of the final report. The team summarized its efforts through a literature review log that lists the documents reviewed and insights derived.

Development of assessment framework and tools

Based on the literature review, the team developed a research framework that detailed research objectives, as given in the Terms of Reference and listed earlier, into sets of research sub-questions and mapped the same against key indicators on which data had to be collected. This enabled the development and structuring of relevant research insights. Further, the framework mapped the research indicators against the stakeholders who could provide the required data/information and the tools that could be used to collect the same. As the needs of children aged 3 to 5 were expected to differ from the needs of adolescents aged 10 to 14, separate assessment frameworks were made for the two groups. These research frameworks provided the foundation on which the team developed the data/information collection tools.

Household questionnaires: Separate household questionnaires were developed for children and for adolescents and their respective caregivers to allow for data triangulation during the analysis process. In households with children aged 3 to 5, both the children's questionnaire and the caregiver's questionnaire were administered to the primary caregiver. In households which had adolescents (boys or girls), separate questionnaires were administered to the adolescents and their primary caregivers. The focus of these tools was to collect the data required to understand children and adolescents' participation in education, their child protection needs, parents' involvement in children's education and upbringing and the child protection and health risks faced by children and adolescents. To minimize errors, the questionnaires were administered as codebooks with corresponding response sheets. The sample size for each stakeholder group is given below:

Household Questionnaires			
380	**380**	**190**	**190**
Parents of children aged 3 to 5 (50% women)	Parents of adolescents aged 10 to 14 (50% women)	Adolescent boys aged 10 to 14	Adolescent girls aged 10 to 14

Focus group discussion checklists: Focus group discussion checklists were developed to carry out in-depth qualitative interactions with adolescents and community members (including community leaders, parents and community elders). Discussions with adolescents were conducted in a workshop mode and separate interactions were held with boys and girls. They focused on collecting in-depth information on community, household and individual practices, centred on the needs of children and adolescents. Discussions ventured beyond household-level indicators/issues and concentrated on developing a holistic understanding of the challenges faced at the community- or collective level.

Focus group discussions		
4(48)	**4(48)**	**4(48)**
Community members (12 participants per group; 50% women/girls)	Adolescent boys (12 participants per group)	Adolescent girls (12 participants per group)

Semi-structured interview questionnaires: Semi-structured questionnaires were developed to carry out interactions with government officials, NGOs/CSOs, community leaders and school representatives. The objective was to understand the policies, programmes, mechanisms and initiatives that the various stakeholders had put in place to help children and adolescents access education or safeguard their rights. The questionnaires also gathered respondents' perspectives on the challenges faced by children and adolescents and, thereby, provided insights to validate findings developed on the basis of the data collected through the household questionnaires. Further, these interactions helped the research team understand the challenges that various institutions/entities face in responding to the needs and requirements of children and adolescents.

	Semi-structured interviews		
	9	**4**	**6**
	NGOs/CSOs	Teachers (50% women/girls)	Government officials (12 participants per group)
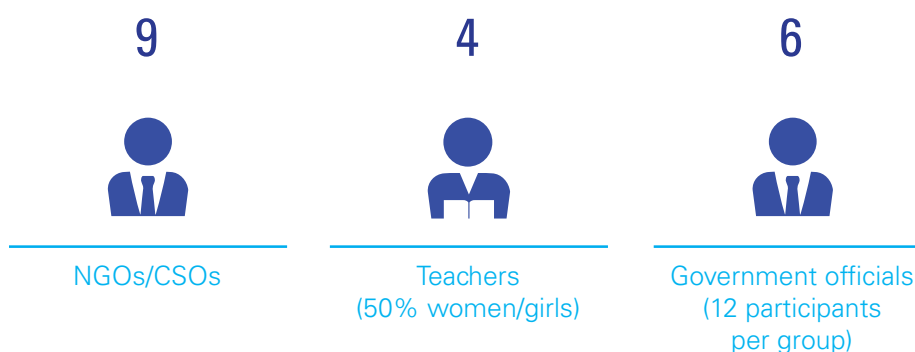
Key informant interviews

During this phase, in-person interactions were held at the household level with 1,140 respondents (50 per cent women/girls) from 13 urban poor settlements across the five target khans in Phnom Penh. A two-stage sampling process was used: first, 13 urban poor communities (5 per cent of the total 260 in the relevant urban poor communities) were selected under a 'probability proportionate to size' approach. The communities selected are listed below:

Khan	**Dangkao**	**Pur Senchey**	**Sen Sok**	**Mean Chey**	**Russey Keo**
Community	• Tuol Sambo	• Thmor Kol 1 • Pongro Senchey • Tropang Anhchanh	• Sen Soursdey • Choeun Leun	• Russey • Preah Toh • Preah Takong 1	• Psar Touch • Santipheap • Mithpheap • Kambot

Subsequently, the team conducted a household inventory in each of the 13 communities, listing the names and age of all children and adolescents in each house. This list was used to randomly select households for the children's, adolescents' and primary caregiver's question-naires. More importantly, households were selected so that each household was covered using either the children's questionnaire or the adolescent's questionnaire. *During the household listing, some households were not willing to participate and, additionally, smaller communities did not have sufficient number of households. As a result, the researchers were required to cover larger communities or combine smaller communities to reach the targets.*

Subsequently, the team visited the households covered under the listing exercise to administer relevant quantitative questionnaires. In addition, semi-structured questionnaires were admini-stered to government Officials, NGOs/CSOs, community leaders and teachers; Focus group discussions were conducted with community members including parents, community leaders, important persons and elders.

Data analysis and report writing

In order to ensure that the final report addressed the various needs assessment questions, the assessment framework was used to guide analysis of stakeholder responses. The data gathered through the household questionnaires was analyzed to generate graphs and charts that were shared with UNICEF through a PowerPoint presentation. This was done to ensure that critical analysis was not missing.

Further, the team developed a draft table of contents for the final report for UNICEF review. This report has been drafted on the basis of this table of contents and on insights developed through triangulation of the data collected through quantitative questionnaires, focus group discussions and semi-structured interviews.

Limitations to the needs assessment

Limitations	Solutions
Due to the changing urban landscape of Phnom Penh Capital, it was not possible to use past surveys to identify urban poor communities as such surveys would not have used the most recent data.	A national consultant assisted in identifying urban poor communities as did consultations with NGOs/CSOs working with the urban poor population.
The changing urban landscape meant that the size of each community could only be established after site visits.	In certain cases, during the household listing stage, smaller communities within close proximity to each other were combined and treated as one larger community. In other cases, the team exceeded the number of households to be listed as the settlement was larger than what was suggested by government records.
There were language constraints during the training of the research team and data collection process.	A national consultant and a team member with proficiency in Khmer assisted in the training. All tools were translated into Khmer with the help of a professional translator. The training was held at the UNICEF Country Office to ensure that UNICEF staff could verify the credentials of field researchers and the quality of the training being provided to them.

Limitations	Solutions
The validity of the data collected was affected by the hesitation of respondents to provide accurate answers to sensitive issues, including child labour.	Triangulation of quantitative and qualitative data provided deeper insights on the issue of child labour.
The policy landscape is constantly evolving, which may not be completely reflected in the report.	The study time period overlapped parliamentary discussion on certain key legislation. To the extent possible, the team followed up on these legislative developments as the report was being finalized and tried to keep the study's policy discourse as up-to-date as possible.
The sample size for children with disability and adolescents was limited.	Analysis of children and adolescents with disability was limited in statistical significance due to a limited sample size. Analysis presented should only be considered as representative.

Child Protection Risks in the Phnom Penh's Urban Poor Communities

Introduction

Children aged 3 to 5 and adolescents aged 10 to 14 who reside within the urban poor communities in Phnom Penh and live below the poverty line face certain key child protection risks. These include a lack of adequate parental care, substance abuse, participation in youth gangs and thereby conflict with the law, corporal punishment, domestic violence, trafficking, sexual abuse and child labour. Limited access to healthcare and proper sanitation means that this segment of society is often denied basic facilities such as toilets and safe drinking water. More vulnerable are children and adolescents with disabilities, who are often excluded from the societal framework, and orphaned and abandoned children who are devoid of basic shelter.

Poverty and child protection risks

Children and youth from urban poor communities are considered one of the most vulnerable groups in society. As children, they lack the ability to fend for themselves and need constant care and support from their family/community. However, being from socio-economically weak backgrounds, their parents are often not able to provide them with the required care and attention.

The low daily incomes, coupled with the fact that, on average, every household has four dependents for every earning member of the family, demonstrates the need for parents to invest most of their time towards generating disposable income to meet the family's basic expenditure. Most of them are daily wage earners and considerable time is invested in looking for employment opportunities. This leaves parents' with little time to look after their children. Discussions with the community reveal that the average per head income for most households is not sufficient to meet daily subsistence needs. This has a direct bearing on the family's ability to send their children/ adolescents to school (in terms of bearing the private cost[49] of education), provide them with a nutritious diet, access sanitation facilities, etc. At the same time, focus group discussions with community leaders and elders suggest that families tend to use a relatively larger share of their household income to meet the expenditure needs of children and adolescents. During one discussion, one participant said, *"We often spend money on items of daily use to our children, this generally includes food of their choice and clothes."* Often, this is done at the cost of foregoing the subsistence needs of the elders (especially the parents themselves) in the family. When probed for choices based on gender, it was reported that girls are given equal treatment. One respondent said, *"For us both boys and girls are equal, whatever we can afford with our meager income, is for both boys and girls, decided not by gender but need."* At this point, it is important to note that there was no evidence to suggest that the community holds any gender-based preferences when it comes to spending on their children.

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49 *Herein, private cost of education refers to costs other than the school fee (which is subsidized by the government) and includes cost of uniforms, textbooks, stationery, etc.*

Figure 1: **Parents level of involvement in children's upbringing as reported by adolescents**

47.9%

52.1%

⬚ Report regular interaction with parents

▪ Report limited interaction with parents
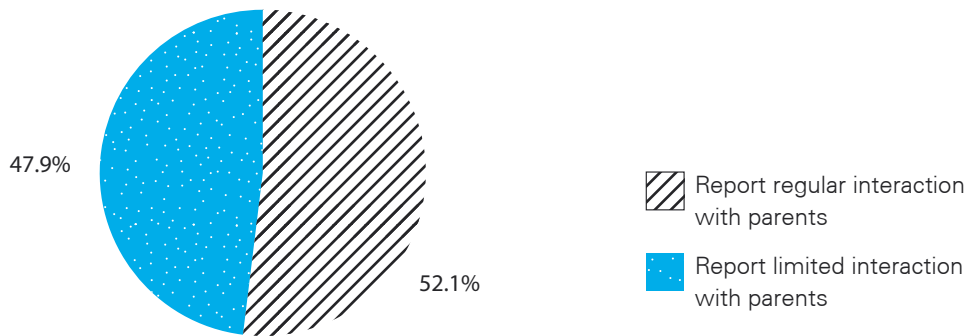
 ## Substance abuse

As per national studies, substance abuse is a key challenge facing Cambodian youth. Within urban poor communities, the absence of adequate parental supervision increases the probability of adolescents picking up this social vice. Substance use among adolescent respondents was seen to be a prevalent practice, with about 81.4 per cent (75.2 per cent girls and 88.2 per cent boys) reporting that they consume alcohol (largely beer). More importantly, 43.8 per cent (26.6 per cent girls and 61.0 per cent boys) of adolescents living in urban poor areas of Phnom Penh have consumed drugs (mostly marijuana, heroin and methamphetamines) at least once over the past year. In contrast, it is important to note that in most cases parents were unaware of their children's substance use, saying things like, *"I am confident that my children are not into substance abuse however I cannot be sure about their friends."* During the focus group discussions, most respondents reported that their children were not addicted to drugs. The discussions also revealed parents' perception that boys are more likely to engage in substance usage; one parent said, *"It is usually boys who tend to engage more in substance abuse due to their relatively better access to markets."*

Figure 2: **Percentage of adolescents consuming alcohol or drugs**

Consuption of Drugs   43.80%   56.20%

Consuption of Alcohol   81.40%   18.60%

0   10   20   30   40   50   60   70   80   90   100

▪ Yes   ⬚ No
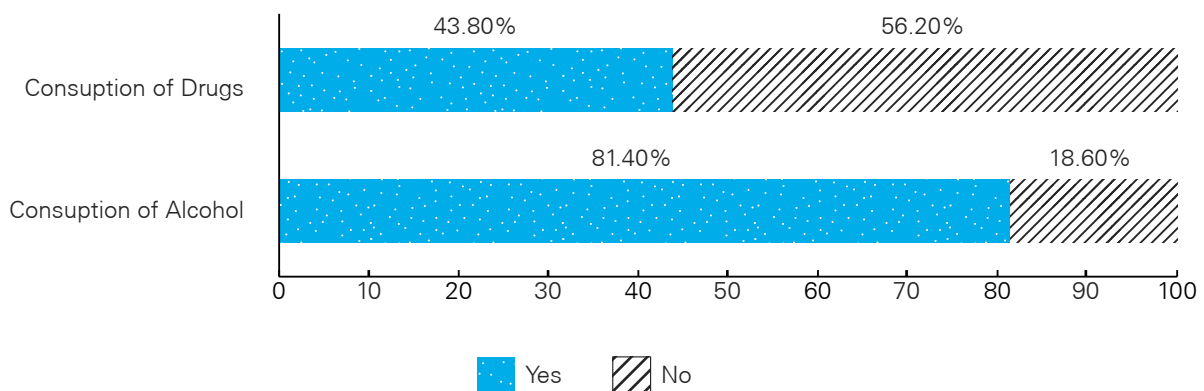
Some of these social behaviours result from parents themselves consuming various substances. About 65.4 per cent of adolescents reported that their parents consume alcohol. Adolescents could be influenced by this, leading to a normalization of the idea of substance consumption. This is further evidenced by focus group discussions with adolescents that revealed that parents are open to them consuming alcohol and/or easily adjusted to this reality. Most of the adolescents felt that it was acceptable to consume liquor and that there is fair social acceptability for this practice in their community. One of the adolescent boys reported, *"My father consumes liquor and would not mind if I also do it."* Another participant echoed this opinion, adding, *"My father and my friend's father drink alcohol and would see it fine if I also consume it; in our area drinking alcohol is considered normal however people of my age do not consume it openly."* Focus group discussions with community members second this opinion. While parents do not encourage their children to consume alcohol, not many emphatically dissuade them from doing so either. The situation is further worsened by the fact that there is no legal minimum age for drinking in Cambodia and, as a result, an adolescent can legally purchase and consume alcohol.

On the other hand, only 10.5 per cent of adolescents reported that family members consume alcohol. However, focus group discussions with community elders revealed that many of the children's parents used to consume alcohol and other drugs when they were in their adolescence. With age, maturity and family responsibilities to shoulder, they discontinued the use, *"With rising expenses and meager income, people seldom consume liquor, they do it only on occasions and tend to spend the money to fulfill family's needs,"* one participant said. Semi-structured interviews with CSOs brought to light cases wherein parents who consume alcohol have forced their children who are under 13 years of age to purchase it for them. As the age of legal responsibility in the country is 14, children caught procuring alcohol cannot be arrested. However, by using their children to access drugs, they invariably expose their children to a myriad of risks and hazards.

As per discussions with a few parents who reported that they had consumed drugs in their youth, all community members understand the negatives of consuming drugs and discourage adolescents from doing the same. Yet, easy availability of drugs, coupled with factors such as peer pressure, has led to a situation where drug use has become more rampant. Community members are often aware of consumers and dealers, but limited police action and protection (for the informant) deters them from reporting cases. They also fear that the drugs available to adolescents are far more dangerous and harmful than the ones available to them when they were adolescents. As per CSO representatives working in urban poor communities of Phnom Penh, the current level of access to de-addiction/detoxification centres and rehabilitation centres is nearly non-existent. As a result, it becomes very difficult for adolescents and youth to treat addiction.

Gang culture and juvenile crimes

Youth gangs are known to be widespread in Phnom Penh. Semi-structured interviews with CSOs and community leadership suggest that these gangs are usually violent and engage in turf wars. Poor levels of association with their parents (resulting from limited interaction with them), low income status and/or being out of school motivate children to be inculcated into gangs and seek alternate income sources, which often result in crime. Over half (52.4 per cent) of adolescents living in urban poor communities of Phnom Penh have a friend or acquaintance (of the same age group) who is a part of a gang. These gangs commonly engage in theft of property or pets, vandalize private or public property and often get into armed conflict (mostly using knives, but cases include use of guns) with members of other gangs. Out-of-school children tend to show a higher tendency of getting involved with gangs. Further,

abandoned street children/adolescents are more likely to join gangs to fend for themselves. They tend to start viewing the gang as their family and are observed to be more violent and destructive. One CSO representative stated, *"Children who do not go to school are vulnerable to becoming part of gangs, there is a peer pressure and children continue to do so as they get benefits in return."*

Focus group discussions with parents of adolescents in urban poor communities in Phnom Penh revealed that they are constantly worried about their children developing associations with these gangs and engaging in criminal activities. There are also cases where members of gangs have left after near fatal armed attacks. They do not expect any police protection, especially given their own criminal record.

Figure 3: **Percentage of adolescents having friends/acquaintances who are members of a gang**

47.6%

52.4%

Have a friend/aquaintance who is a part of a gang

Do not have a friend/aquaintance who is a part of gang
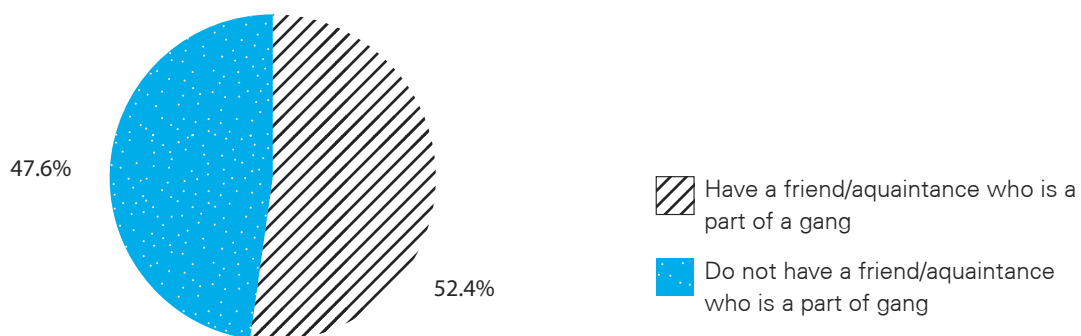
About 17.6 per cent of adolescents in urban poor communities of Phnom Penh are aware of a case where an individual from the same age group has recently come into conflict with the law. CSO representatives working with children and adolescents in Phnom Penh pointed out that the Cambodian legal system suffers from capacity constraints, meaning that children who come into conflict with the law (as perpetrators or as victims) receive minimal or no legal support/representation from the State. There are cases where the community has assumed the position of the judiciary and doled out punishment(s) to the perpetrator.

While Article 38 of the Criminal Code sets the minimum age for criminal responsibility at 18, the code allows for the prosecution of minors aged 14 and over if warranted by special circumstances and the nature of crime committed. Until the introduction of the Juvenile Justice Law in May 2016, children in detention often faced adult sentences. They were placed in adult prisons with limited or no access to educational or rehabilitation resources. While in prison, these children were vulnerable to physical, emotional and sexual abuse. The Government has now begun work on translating the law into ground-level changes.

The Juvenile Justice Law provides the legal framework for the establishment of juvenile courts and separate juvenile detention systems to provide diversion and restorative justice to young offenders.

Figure 4: **Percentage of adolescents aware of cases of adolescents in conflict with the law**

17.6%

82.4%

Aware of instances of adolescents in conflict wtih law

Not aware of cases of adolescents in conflict with law
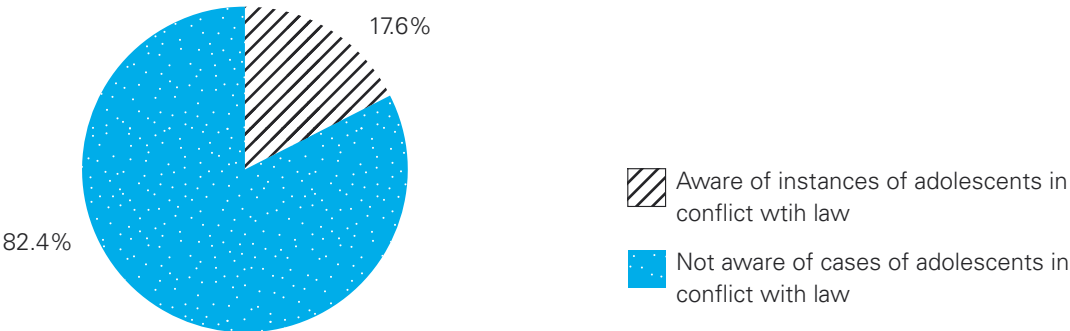
Violence against children

Article 1044 of the Civil Code states, "A person who has parental authority may discipline his/her child by himself/herself within necessary scope." Corporal punishment at home is, hence, not considered unlawful in Cambodia. The Law on Prevention of Domestic Violence and Protection of Victims (2005) does not prohibit corporal punishment at home while other legal provisions prohibiting violence in the constitution also do not consider corporal punishment in childrearing as illegal. It is, consequently, possible that physical violence against children may take place under the pretense of discipline. The Civil Code's lack of definition regarding 'parental authority' may also make corporal punishment legal under

alternative care settings such as residential care institutions and under day-care supervision. It is not surprising, therefore, that almost 60 per cent of parents of children/adolescents living in urban poor communities of Phnom Penh reported that they use physical force (corporal punishment) to discipline their children. Discussions with adolescents across communities illustrate how common physical abuse or corporal punishment is in a domestic setting. Most participants have experienced physical abuse at home and are usually beaten when they make a mistake or do something wrong.

Figure 5: **Percentage of parents reporting use of corporal punishment for disciplining their child**

60.0%

40.0%

Use corporal punishment to discipline their child

Do not use corporal punishment to discipline their child
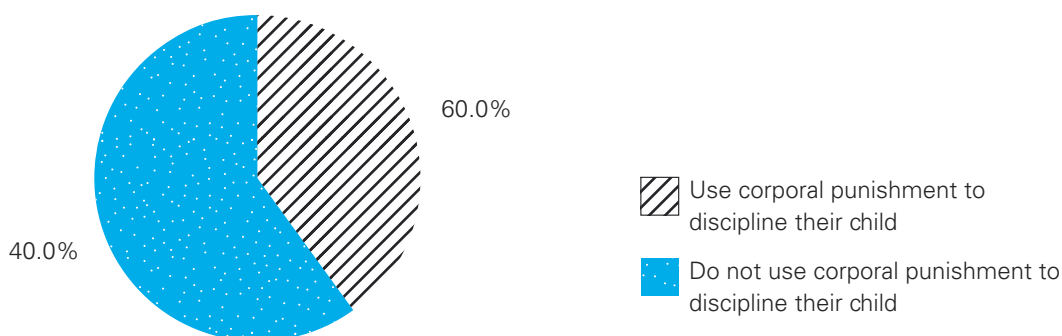
Focus group discussions with adolescents suggested that most believe it be okay for their parents to use physical means to discipline them; one participant said, *"I do not like being beaten, but feel that my parents beat me only when it is essential."* On the other hand, there are cases where children have run away from home because they were frequently beaten by their parents.

Data collected through structured question-naires with female and male adolescents revealed that instances of domestic violence are fairly common. About 65.9 per cent of boys and 65.3 per cent of girls reported that they have witnessed instances of domestic violence (over the last 12 months) at home or within the community. These figures are significantly higher than those reported in the National Violence Against Children Survey 2013, where 38.3 per cent of females and 43.7 per cent of males reported witnessing domestic violence at home or within the community. Discussions with community members confirmed the high instances of domestic violence and revealed that most are directed at women and children and take place when the perpetrator is under the influence of intoxicants. However, they also added that there are cases where domestic violence involves mothers physically beating their children or altercations between mothers-in-law and daughters-in-law. Further, they discussed a premise that often a person's violent behaviour is a result of him/her being a victim of domestic violence when he/she was a child. They even substantiated this argument with examples from the community.

Figure 6: Percentage of adolescents reporting witnessing instances of domestic violence

34.3%

65.7%

Withnessed instances of domestic violence

Have not withnessed instances of domestic violence
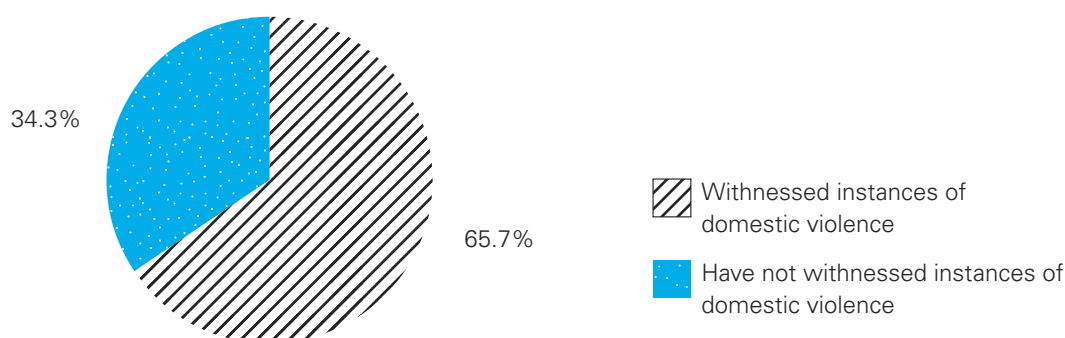
Domestic violence is not only prevalent but cases of this nature also often go unreported. About 59.2 per cent of community members who reported witnessing an incident of domestic violence said that they did not report the case to the village leadership/authority or to the police. Focus group discussions with the community suggest that this can be interpreted as a general level of acceptance or tolerance of domestic violence perpetrated by the male member of the household. Most agree that domestic violence can adversely affect the child (directly in terms of his/her physical well-being or indirectly in terms of his/her mental well-being) and yet, women feel that a broken marriage would have greater ramifications for their children. A further reason is that generally male members of the household have a higher income and access to this income is essential for the children's upbringing. One of the women said, "If we complain against men beating us, the chances of them leaving us are high, this will cause problem as major contribution to household income comes from them."

Discussions with CSOs revealed that there are very few services for victims of domestic violence that would enable them to gain economic independence from their husbands. Victims have limited access to psychosocial support, which further reduces the chances of their coming out to lodge official complaints against the perpetrator(s). One CSO representative stated, "There are very few options where men and women can be provided counselling, they often end up coming to terms with reality on their own and leave the situation to time to get normal." Certain community members cited instances where perpetrators had been arrested and taken to the police station. However, the cases remained formally unregistered so as to maintain family honour and societal standing. In fact, in most cases, the victim (usually the perpetrator's wife) herself comes forward to free the perpetrator from the police station by cancelling her complaint. The community also reported cases where children had run away from a disjointed family. Most of them did return after some time or were found by their parents, but some never returned home.

Figure 7: **Percentage of families reporting inaction upon observing a case of domestic violence**

40.8%

59.2%

Did not report instances of domestic violence

Reported instances of domestic violence
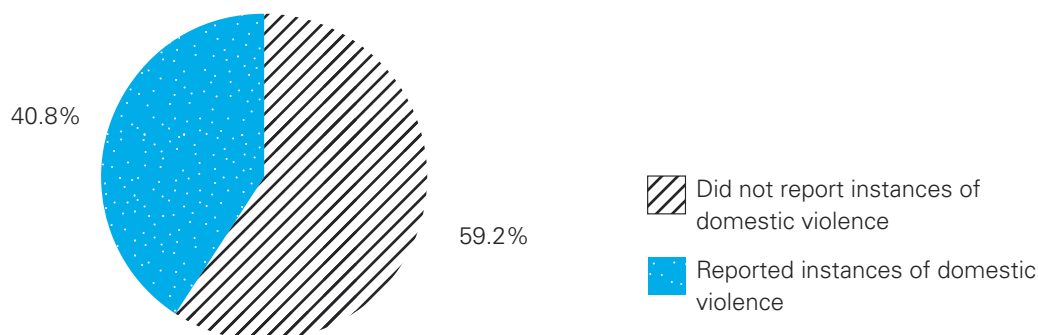
Members of urban poor communities were able to establish that violence can take three forms: physical, emotional/psychological and sexual. The community shows a poor understanding of emotional/psychological violence and a general acceptance for physical violence. However, the community takes a very strong stance against sexual violence. In this regard, it seems that most domestic cases of violence largely remain personal and are considered a family's personal affair. Cases of sexual violence outside the confines of a household are dealt with severely by the community and in case a child or woman comes to the community leadership/elders with a case of domestic sexual abuse/violence, the same is reported to the police. Almost every community visited reported cases of sexual abuse, rape or eve-teasing. There were also reports where both the victim and the perpetrator were adolescents. Further, there are cases where the victim was a child.

Figure 8: **Percentage of families reporting being aware of cases of sexual abuse/violence**

22.2%

77.8%

Not aware of any cases

Aware of cases
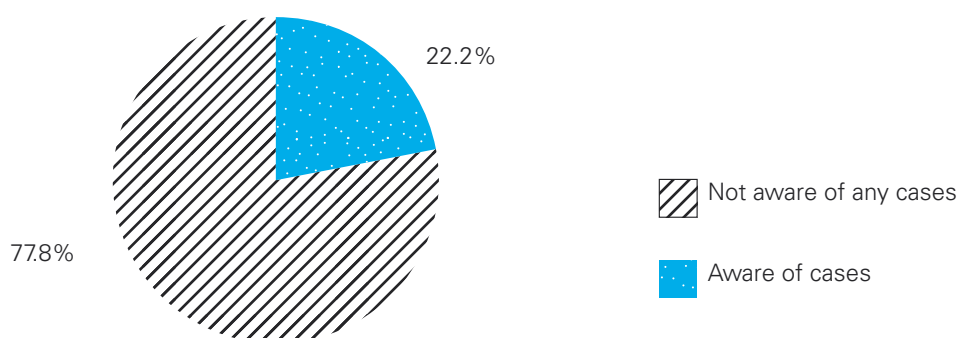
It is encouraging to note that in at least 81.4 per cent of cases reported by community members, the perpetrators were caught by the police and judicial action was taken. However, as mentioned earlier, the nature of action taken against juveniles may not have been appropriate for their reform and would have most probably not facilitated their reintegration into society. However, focus group discussions and semi-structured interviews with community leaders and CSO representatives seconded the opinion that the stigma of being a victim of sexual violence, coupled with the fact that many of the cases take place within the confines of the household (where the perpetrator is a family member), lead to severe underreporting of cases of sexual violence.

Additionally, in a number of cases where the victim and the perpetrator are both adolescents, they are noted to be involved in a romantic relationship. Instances of teen dating violence are common. While such violence tends to take a physical form, it can also be sexual or emotional in nature. Community members reported having to intervene in cases where a girl from the community was being stalked or harassed by a boy. They said that they do their best to support girls in these situations but usually cannot help them overcome the trauma of such incidents. At the same time, some community members revealed that not everyone is supportive and many tend to socially ostracize the victim and begin to question her behaviour.

Child trafficking

Communities covered under the study reported a number of cases where children and adolescents had gone missing from home. There are cases where adolescents had chosen to run away; some were tracked down by the family, some returned home on their own and some never came back. However, this is mostly true in the case of adolescents who run away from home to escape poverty, domestic violence, corporal punishment, etc. In the case of children, most community members believe they were kidnapped as they were too young to venture out on their own.

About 12.2 per cent of families residing in urban poor communities of Phnom Penh reported that they are aware of a case where a child from the community is missing. One respondent said, *"I heard about a child gone missing few years back, I think the case was reported but I feel that it was not dealt with properly."* A further 17.8 per cent of families reported that they were aware of a case where an adolescent from the community was missing from home.

Figure 9: **Percentage of families reporting being aware of cases of missing children**

Legend:
- Not aware of a case where a child/adolescents is missing
- Aware of a case where a child/adolescents is missing

ADOLESCENTS: 87.80% / 12.20%
CHILDREN: 82.20% / 17.80%
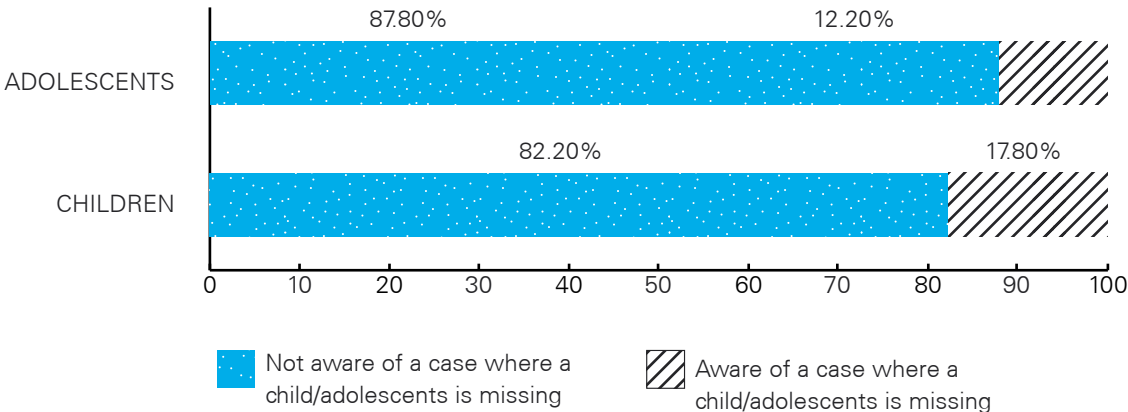
Not many in the community understand that the missing children and adolescents may have been trafficked or may be at the risk of being trafficked. Further, many felt that missing children are more likely to be trafficked than adolescents. There is the perception that adolescents who are missing from home have better ability to make decisions for themselves or protect themselves than younger children. About 42.2 per cent of families reported that missing children may be at risk of being trafficked. In comparison, about 30.5 per cent of families reported that missing adolescents may be at risk of being trafficked.

Those who understand that missing children/adolescents could have been trafficked demonstrate a good understanding of why children/adolescents are susceptible to this risk. They reported that trafficking occurs for the purpose of forced begging, labour exploitation (i.e., bonded labour and even slavery), sex work and forced marriages. Girls tend to be more susceptible to being trafficked for forced marriage and sex work. At the same time, the community also reported that some cases of trafficking might be for adoption of children (without meeting legal compliance).

Figure 10: **Percentage of families reporting that missing children/adolescents may be at risk of trafficking**
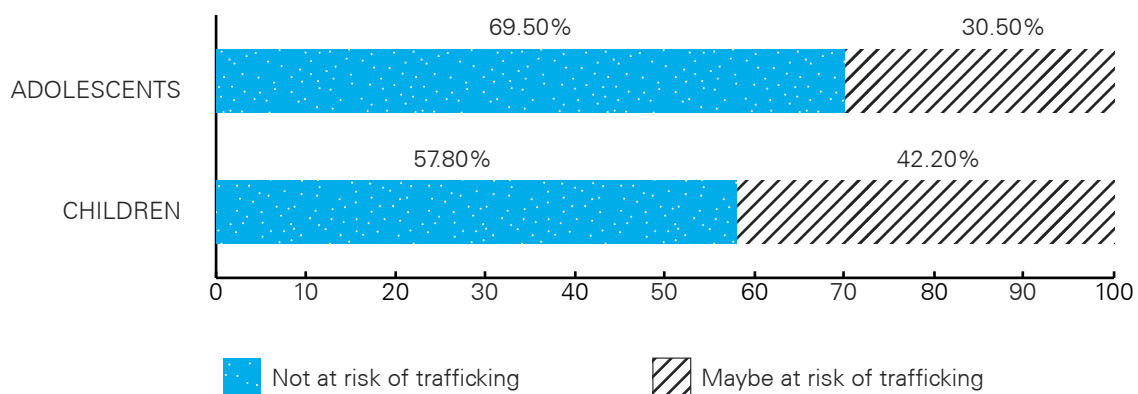
Moreover, 78.0 per cent of families feel that girls aged 3 to 5 are more susceptible to going missing than boys. The corresponding statistic for girls aged 10 to 14 stood at 46.8 per cent. These estimates are in line with the

community's opinion that, in most cases, adolescents tend to voluntarily run away from home. On the other hand, children are more likely to be kidnapped (and trafficked).

Child protection risks faced by orphans and/ or abandoned children

Focus group discussions with CSOs revealed that the majority of children/adolescents who are abandoned by their parents endure this fate because they suffer from some form of

disability or chronic illness. Financial constraints resulting from low-income levels force urban poor families to surrender children/adolescents to alternate care facilities like 'orphanages' or

resort to abandoning them. In turn, the lack of additional support services leaves a number of these children with no choice but to live on the streets and increases high-risk behaviours including drug abuse and gang violence. About 15.0 per cent of families living in urban poor communities reported being aware of abandoned children/adolescents who now live on the streets around their settlement(s). Further, in almost 50.0 per cent of the cases, the child under consideration lives on the street and does not have access to any permanent shelter. This suggests that protection and reintegration measures for these children are lacking.

It is important to note that about 16.6 per cent of families living in urban poor communities are taking care of an orphan or otherwise abandoned child. During discussions with community elders, it surfaced that families are often not able to cater to the learning and development needs of these orphaned/ abandoned children or adolescents. Limited financial resources and limited availability of time restricts the caregiver's ability to look after the foster child. The child usually has to settle for a position inferior to the parents' biological children.

Figure 11: **Percentage of families taking care of orphans or abandoned children**

16.6%

83.4%

Yes

No
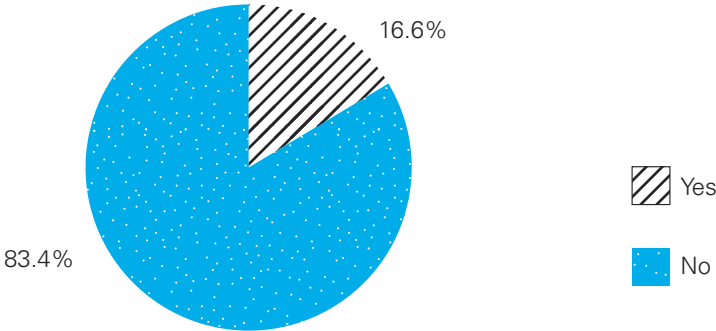
Poor levels of care, general neglect, a relatively inferior position within family/community and limited access to healthcare and education tends to push these adolescents towards alcohol use, drugs and/or gangs. Moreover, these children/ adolescents have an increased vulnerability to physical, sexual and psychological abuse. They are also more susceptible to trafficking. Abandoned or orphaned girls are more likely to get married as adolescents or become pregnant.

Focus group discussions with communities suggest that often, households taking care of orphans or abandoned children treat them badly, exploiting them as child labourers. The community is aware of cases where these children are subjected to physical or psychological (and, in some rare cases, sexual) violence.

Figure 12: **Percentage of families reporting that abandoned children are abused by community members**

43.5%

56.5%

Yes

No
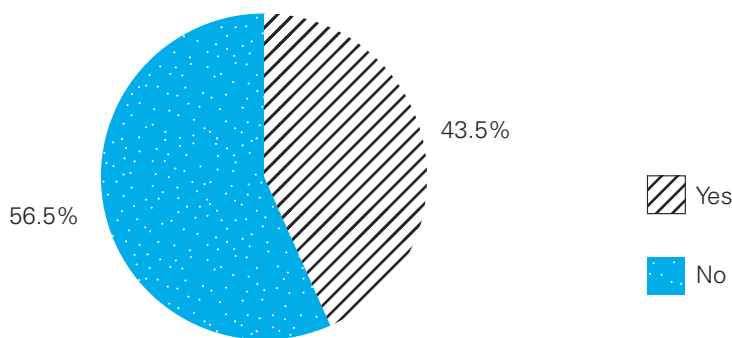
As per information gathered from CSOs working with youth living on the streets in Phnom Penh, "The Government has been trying to improve the lives of these children by undertaking efforts to reintegrate them into society." However, these efforts need to be supported with better monitoring so as to ensure that these children are not sent to an equally unsecure environment or a family that does not care for them. Further, in Cambodia, there is a culture of informal kinship-based adoption of orphans. Families do not necessarily formally adopt them and as a result, the child's well-being cannot be tracked by the State. The absence of such supervision makes these children susceptible to neglect and exploitation.

In this regard, one of the major constraints/challenges faced by the State is that many children/adolescents do not have birth certificates and, as such, do not exist in government records. Many Cambodians still consider registration at birth unnecessary and tend to complete the paperwork at a later stage when the registration certificate is mandatory for gaining access to state benefits/subsidies. About 23.2 per cent of children and 15.5 per cent of adolescents living in urban poor communities do not have a birth certificate.

Figure 13: **Percentage of children/adolescents with a birth certificate**

84.5%   15.5%

Adolescents

76.8%   23.2%

Children

0   10   20   30   40   50   60   70   80   90   100

Child/adolescent has a birth certificate   Child/adolescent does not have a birth certificate
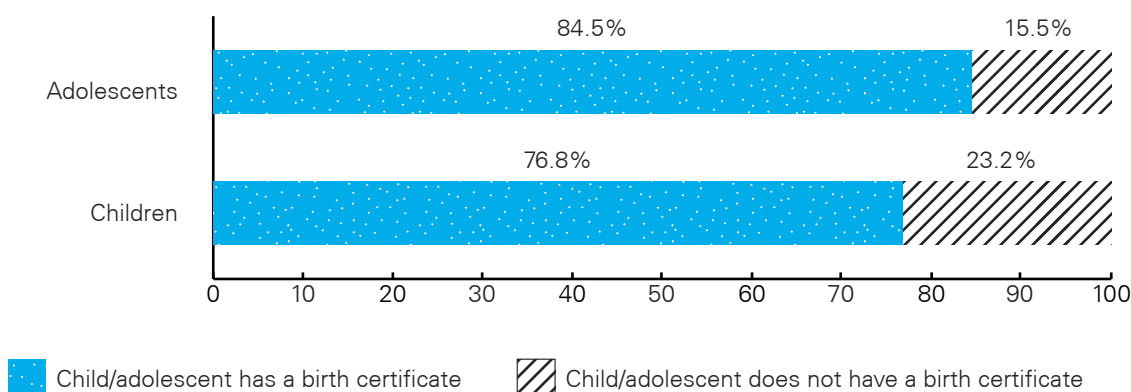
Disability and social exclusion

Children/adolescents with a disability living in urban poor communities are one of the most vulnerable groups in society. They usually lack access to education and are constrained by the unavailability of required healthcare services. Further, they are discriminated against by others in the community. CSO representatives said that in most cases they are passively discriminated against at home or actively discriminated against in public spaces such as schools. As per discussions with CSO representatives, the marginalization and discrimination faced by children with disabilities inhibits them from attaining their full potential which, in turn, inhibits their overall progress. Limited access to education curtails their integration into society, making it difficult for them to gain economic independence through gainful employment. Therefore, it is evident that catering to the child protection and education needs of children and teenagers with disability should be one of the lenses used while formulating relevant child protection policies or developing educational initiatives/programmes. Approximately 5.4 per cent of urban poor children aged 3 to 5 and 5.4 per cent of urban poor adolescents aged 10 to 14 have some form of disability.

Figure 14: **Percentage of children and adolescents with some form of disability**
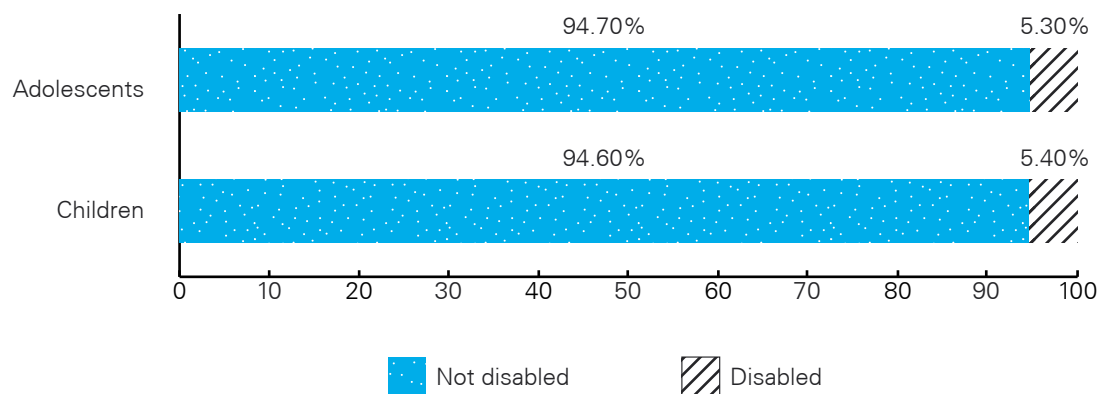
An analysis of children aged 3 to 5 and adolescents aged 10 to 14 reveals that there has been a change in the type(s) of disability faced by urban poor communities in Phnom Penh.

Figure 15: **Types of disability**
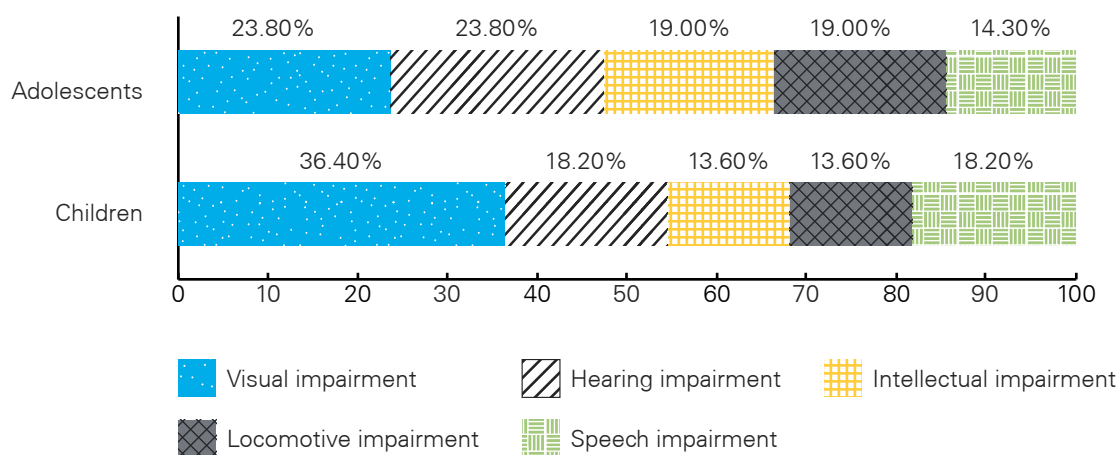
Semi-structured interviews with CSOs working in and around the urban poor communities revealed that the community's behaviour towards children/adolescents with disabilities is a cause of concern. One representatives said, *"They remain largely excluded from the society's at large and parents tend to prefer investing in the education, health and nutrition of children/adolescents who do not have any disabilities."* Their decision is largely driven by the fact that they do not expect any economic return from investing in an individual with disability. They continue to view these children as a lifelong liability and believe that there are no employment opportunities for persons with disability. During focus group discussions with the community, parents confirmed this notion and openly stated that they do not expect children/adolescents with disability to find any gainful employment in the future. One community member said, *"Children who cannot look after themselves cannot do any good to family, they are to be fed and taken care for all their life. For people like us who are poor it becomes extremely difficult to invest all money of fulfilling their special needs."*

According to representatives of some of the leading CSOs working with children/adolescents with disabilities in Phnom Penh, in a number of cases, parents tend to abandon children/adolescents with disabilities. This is especially true in the case of children/adolescents with intellectual impairments and youth with severe locomotive impairments. In most cases, parents are forced to abandon their children as they do not have the financial ability required to meet their needs. Further, the community has a very poor understanding of intellectual impairments such as dyslexia and autism and tends to stigmatize children/adolescents with such disabilities. Superstitious beliefs often lead parents to believe that their child's disability is a consequence of a curse on their family. Further, families with children/adolescents with disability do not have much knowledge with regard to dealing with and caring for such children. The unavailability of channels for the early identification of children with disabilities leads to a situation where the State's or CSO's response to such cases often comes too late. The negative impact of a number of disabilities can be limited and some cases reversed through early identification and intervention.

Child marriage

Child marriage is considered one of the key risks faced by adolescents in Cambodia. While the community largely considers that 10 to 14 years is too early for marriage, at least 4.9 per cent of households reported that an adolescent from the family was married when he/she was younger than 14. It is important to note that about 20.5 per cent of the families living in urban poor communities of Phnom Penh are not aware of the fact that the Government has stipulated a minimum age for marriage for men (20 years) and women (18 years). Conversely, it is possible that a number of families that are aware of the existence of the law deliberately do not disclose cases of child marriage. Therefore, this estimate should be considered an understatement.

Figure 16: **Percentage of households reporting cases of child marriages**

4.9%

95.1%

Did not report any cases of teenage marriage

Report cases of teenage marriage
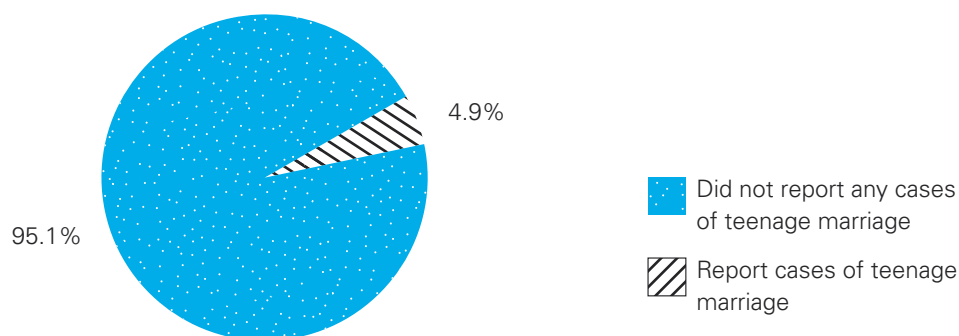
About 42.9 per cent of families that reported child marriages claim that they got the adolescent married because of societal pressure and in order to align with the family's traditions/beliefs. Another 35.7 per cent claimed that the marriage took place because of the couple's desire to get married and 21.4 per cent got their children married before the age of 18 because the girl had gotten pregnant. Discussions with CSOs working in urban poor communities reveal that many in the community know that early marriage has negative repercussions on the couple's health and well-being and yet go ahead with child marriage. They largely do this to push the couple to become independent and fend for themselves, thereby reducing the consumption burden on their household(s). One CSO representative said, *"While it is good to know that people are aware of the harmful effects of child marriage, sometimes they still go for it as they see it as a means to lessen the responsibilities for fending for family."*

Figure 17:   **Reasons for marrying children before they attain the legal age for marriage**

21.4%

35.7%

42.9%

- Socio-cultural norms
- Couple's desire/wish
- Teenage pregnancy
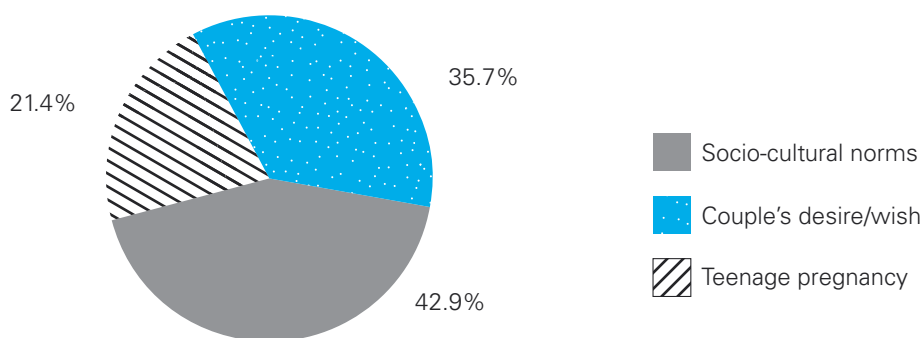
Child labour

Poverty is the primary driver behind child labour. Low levels of income in the capital's urban poor communities often force children to acquire jobs in order to contribute to household income. In most cases, the families wish to educate their children but benefits from education are perceived to be accessible in the future, whereas child labour provides monetary gains in the present, thereby helping to ensure subsistence and addressing the pressing need of income generation. Integration of these children into regular schooling becomes challenging as they get used to being financially independent. Children are mostly employed in the informal sector, which largely remains outside the purview of government regulation. There is, hence, limited scope for monitoring the working hours, conditions and safety measures undertaken by employers which undermines the protection for children engaged in child labour. As a result, children engaged in labour are also more vulnerable to abuse at the workplace. Most of the families are aware that child labour is illegal and yet 5.3 per cent of households reported that adolescents from their family are currently working to supplement family income.

The aforementioned statistic is definitely an understatement of the actual number of families with children in the workforce. The community is aware that child labour is illegal and, therefore, refrains from reporting instances of child labour. The same was confirmed by the community leaders at the 13 urban poor settlements covered by the study. Community leadership pegs the estimate of child labour in their community closer to four in every 10 households, with there being many cases of children attending school during the day followed by participating in the labour force after-school.

Figure 18: Percentage of households reporting children's participation in the workforce

	5.30%	94.70%
Reported by households		

	Upto 40.00%	60.00%
Reported by community leadership		

▨ Households with children in the workforce   ⣿ Households without children in the workforce
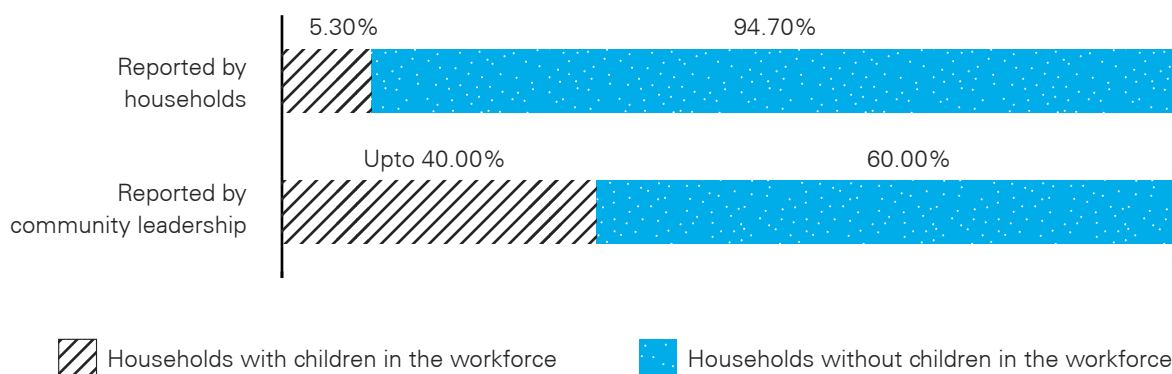
About 79.2 per cent of cases reported involve boys from the family. However, it is important to understand that girls tend to come under disguised employment, in the sense that they drop out of school to take care of siblings or carry out household chores. This support enables their mothers' to work as daily wage earners. Most of the community members agreed that child labour restricts the adolescent's ability to realize his/her full economic potential and disrupts the process of growth and development among peers.

However, at times, it is the only option left for families struggling to meet subsistence needs. Most of the children engaged in child labour were noted to be working at brick kilns, construction sites, production factories and landfill sites. Many others are working as domestic help and/ or porters. It is clear that most child labourers are working in hazardous conditions and are engaged in strenuous physical labour, which can be expected to severely impact their health and wellbeing.

Sanitation and hygiene at home

Infrastructural inadequacies and behavioural gaps in the space of health and hygiene tend to have a more magnified impact on children's well-being, growth and development. Inadequate sanitation facilities, poor drainage, poor hygiene practices and limited access to safe drinking water have a strong correlation with an individual's (especially child's) health. Discussions with the households living in urban poor communities of Phnom Penh revealed that about 32.5 per cent of households do not have access to a toilet at home. There is

a strong degree of correlation between the non-availability of a toilet at home and the household's economic status. Most households without a toilet belong to the lowest quintile(s) of average monthly income per family member. Their houses are semi-permanent structures and largely disconnected from the city's drainage/ sewerage network. Even in households that have a toilet connected to a drainage system, it was noted that construction had been undertaken under subsidy from a CSO working in the area. Further, in most cases the drainage

setup is insufficient to meet the sanitation needs of the fast increasing population in urban poor communities. Unable to handle the volume of waste, the drainage system has opened up, with sludge accumulating in low-lying areas within or close to habitation. Only 51.0 per cent of households with a functional toilet reported that these toilets are connected to a proper drainage system. The state of sanitation infrastructure and access to proper drainage is undoubtedly worsened by rapid urbanization. Many of the urban poor settlements have only recently come up and comprise households that were a part of an earlier settlement that was removed for the construction of a township, office complex, market complex, etc. Some of these households had a toilet before they were internally displaced.

It is also important to note that given that the average number of members in a household is approximately six, a single toilet is often insufficient to meet the household's needs. In such cases, some members of the family are forced to continue to defecate/urinate in the open.

The coverage and state of sanitation infrastructure in urban poor communities, when coupled with the heavy rainfall that the city witnesses during parts of the year, leaves the community susceptible to waterborne diseases. Children are noted to be more at risk of contracting these diseases as they have lower levels of immunity and are slightly negligent towards preventive hygiene practices. In communities where majority of households have a toilet at home, about 40 per cent of households reported that waterborne diseases are a concern. The corresponding estimate for communities with poor sanitation coverage was almost 75 per cent.

Discussions with the community members revealed that while many understand the importance of building and using a toilet at home, there is very little technical understanding of how to construct a well-lit, ventilated and properly functional toilet. Many of the community members are not using existing toilets at home because they actually feel that they are more unhygienic than defecating in the open. This is further evidenced by the fact that, in a number of cases, the toilets drain into a low-lying area within/adjacent to habitation.

Figure 19:   **Percentage of households reporting availability of a toilet at home**

32.5%

67.5%

▨ Toilet available at home

■ Toilet not available at home

Child protection and education needs for the children and adolescents of Phnom Penh's urban poor communities
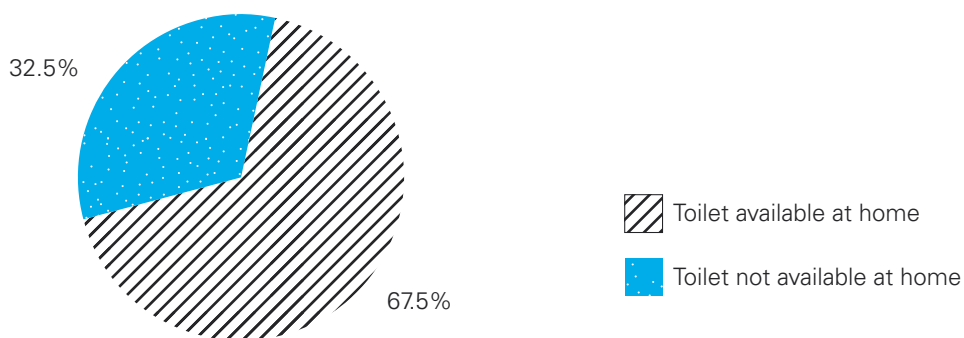
About 81.9 per cent of families reported that the adults in the household regularly wash hands (with soap) after using the toilet and the same reflects in the habits picked up by their children. While 82.7 per cent of parents reported that children in their household regularly wash their hands with soap after using the toilet, the corresponding estimate for adolescents stood marginally lower at 77.3 per cent. Discussions with community members revealed that this marginal decrease is more so a function of being complacent. Almost all members of the community understand that it is important to wash hands after using the toilet. Those who do not are simply not according this critical behaviour the importance that it deserves. One adolescent said, *"People are aware of why, when and how hands should be washed, and while most of them do, some do not as they are lazy to do so."*

Figure 20: **Percentage of children and adolescents washing hands (with soap) after using the toilet**

	Wash hands	Do not wash hands
Adolescents	77.30%	22.70%
Children	82.70%	17.30%
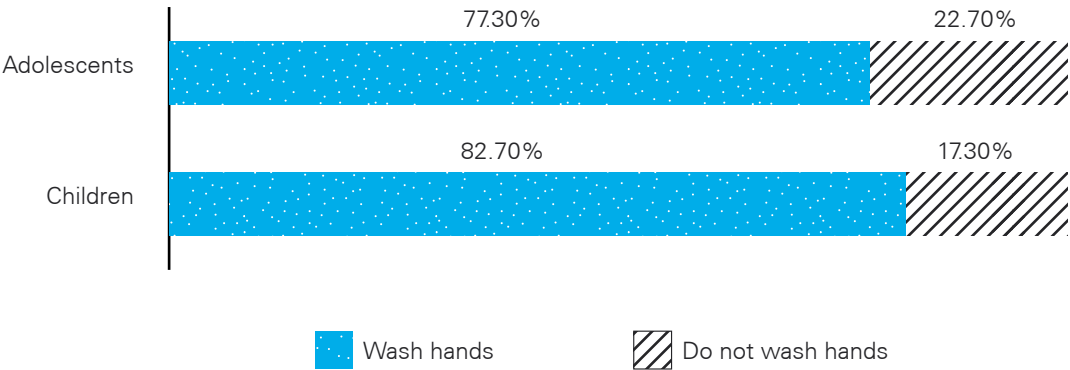
There is also a definite need to improve upon children and adolescents' oral hygiene status. About 49 per cent of children and 27.7 per cent of adolescents were noted to be irregular with brushing their teeth. Focus group discussions with parents revealed that most of the children/adolescents who do brush their teeth only do so once during the day (mostly in the morning).

Figure 21: **Percentage of children and adolescents regularly[50] brushing their teeth**

	Regularly brush their teeth	Do not regularly brush their teeth
Adolescents	72.30%	27.70%
Children	51.00%	49.00%
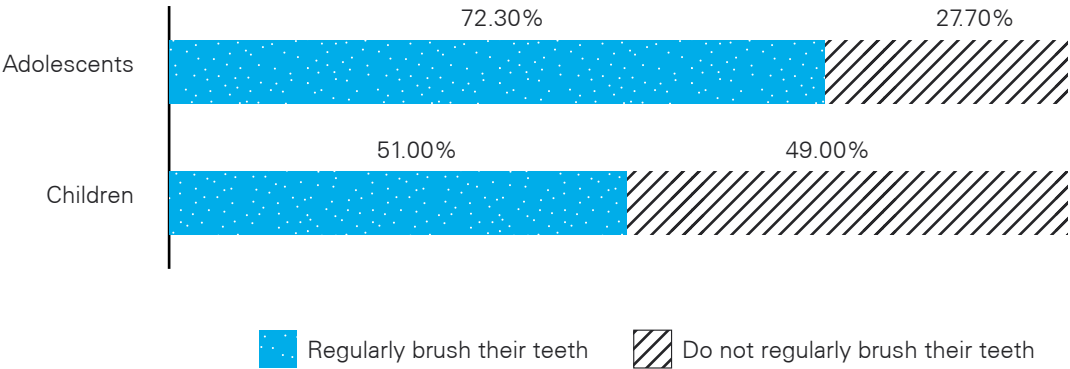
Safe drinking water at home

Another medium through which children can contract preventable communicable diseases is the water that they use for drinking purposes. Absence of access to safe drinking water exposes children to waterborne diseases/ailments such as diarrhoea. About 51.5 per cent of households receive drinking water from government sources; another 32.4 per cent of households procure water from private sources (which tend to be fairly costly); 12 per cent of households obtain water from a river, lake or well; finally, 4.1 per cent of households obtain water from multiple/mixed sources.

Figure 22: **Source of drinking water**

- 12.0%
- 4.1%
- 32.4%
- 51.5%

- From government source
- From private source
- From well or river
- From mixed source
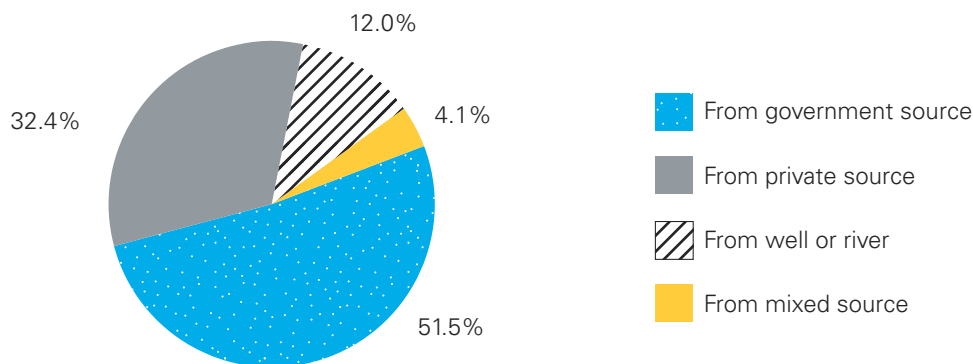
During the focus group discussions, most community members reported that they boil and store the water meant for drinking purposes. However, a sizeable number reported drinking water without boiling or treating it. Further, awareness building work done by local CSOs has resulted in the realization that unsafe drinking water can be detrimental to the health and development of children. As a result, about 66.3 per cent of households with children aged 3 to 5 reported having a water filtration system. On the other hand, only 35.7 per cent of households with adolescents reported having a water filtration system. A number of community members also reported that they realized the importance of safe drinking water when packaged drinking water started making its way to local shops. Their curiosity led to interactions and enquiries with the suppliers which helped them understand how packaged water is different from the water that they consume at home. There is a need to improve the coverage of water filtration systems and the challenge seems to be that many in the community are unaware that recently the price of water filtration systems has declined drastically, that maintenance costs have reduced significantly and that these systems operate without electricity.

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[50] *For the purpose of this study, regularly refers to the standard practice of brushing one's teeth twice a day.*

Figure 23: **Availability of water filtration system at home**

35.7%   64.3%
Adolescents

66.3%   33.7%
Children

Have a water filtrahon system at home   Do not have a water filtrahon system at home
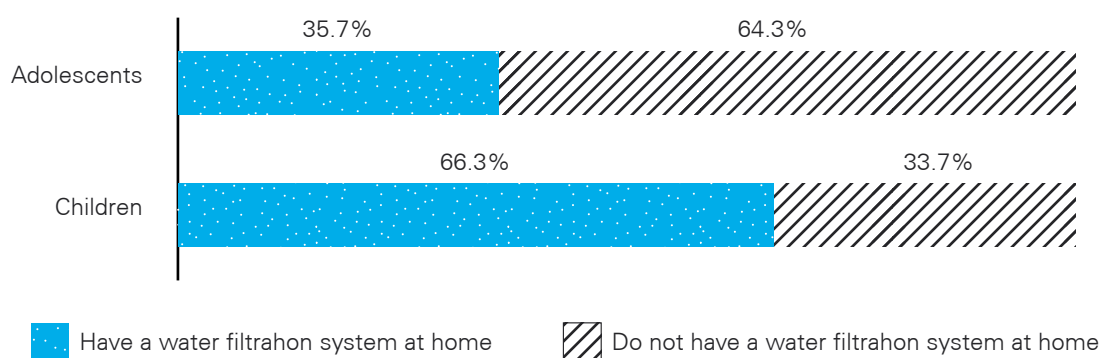
Sexual and reproductive health

About 1.3 per cent of adolescents aged 10 to 14 are sexually active.[51] Disaggregating this by gender, there is no significant difference: 1.4 per cent of girls and 1.1 per cent of boys are sexually active. Semi-structured interviews with CSOs and discussions with community members suggest that the percentage of sexually active adolescents goes up significantly between ages 14 and 18. One CSO representative said,

"As they reach puberty they are curious to know about the other sex and sexuality, in order to do so sometimes they experiment with it, there may be cases where they have only indulged in it since they were curious about it." Therefore, a number of adolescents are about to enter into an age group where the probability of them being sexually active significantly increases.

Figure 24: **Percentage of adolescents who are sexually active**

1.3%

98.7%

Sexually active

Not sexually active
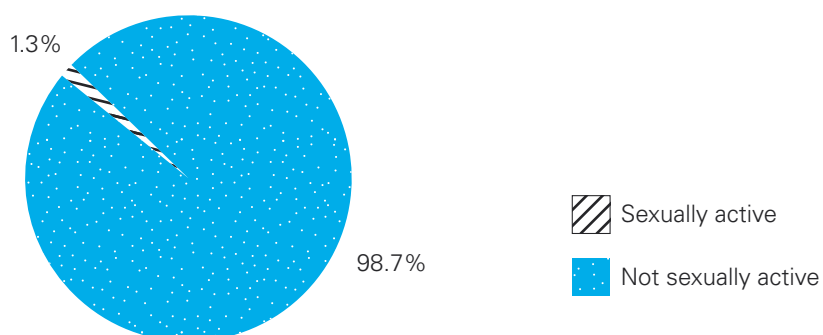
[51] *Have had sexual intercourse at least once in last one year.*

Discussion with adolescents revealed that while they perceive their community to be fairly open to an individual's sexual choices/preferences, cases of unwanted teenage pregnancies are socially awkward for the girl. One participant said, *"While our society is open, it is also bound by strong social values. If a girl becomes pregnant outside marriage, it is not considered good and people raise questions on her upbringing; in most of the cases even when the partner is known to them it is the girl who faces stigma."* Some tend to treat it as an issue of family honour and begin to question the girl's morality. Others start to interact with the girl with a sense of forced sensitivity and pity. They feel that the girl will now have to raise a child alone and consider her not to be mature enough to handle this responsibility. Not many adolescents are aware of what an abortion is, let alone where a girl can access medical services required for aborting an unwanted child. About 87.9 per cent stated that they are unaware of the location of abortion centres within and near their communities. The community's opinion on the topic of abortion is somewhat split. Some view it to be acceptable as they consider it to be a means of restoring order in the life of the teenager. Others view abortion as the ending of a new life and are staunchly anti-abortion. Further, discussions with a few teenagers revealed that in a scenario where a teenager did approach an abortion centre to end an unwanted pregnancy, she would usually approach a private clinic. This is largely due to fear that the staff at government setups is rather judgmental and, at times, insensitive. More importantly, they feel that government hospitals would not do a fair job in keeping their identity and records confidential.

Figure 25: **Percentage of cases of teenage pregnancies that involved medical complications**

44.4%

55.6%

Reported medical complications

Did not reported medical complications
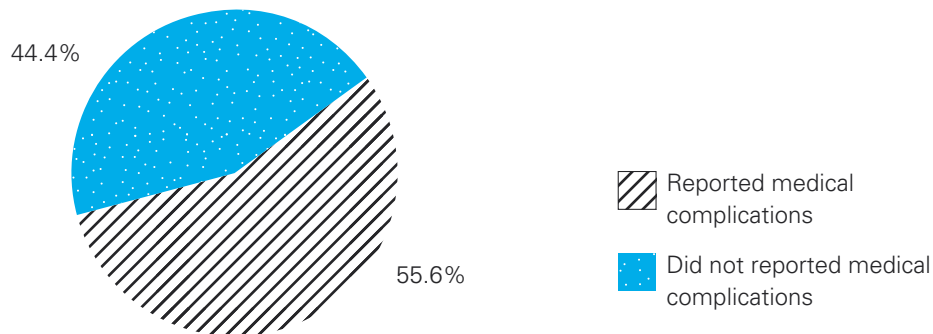
Child Protection Risks in Schools

Enrolment and participation

Access to formal education provides children with the opportunity to participate in structured teaching-learning activities in peer groups, which enables them to develop their social/emotional and intellectual skills, leading to a more active role in society. Therefore, limited exposure to formal classroom-based education restricts access to opportunities in the future. Focus group discussions with adolescents revealed that the community has a sound understating of the intrinsic and economic benefits of continuing studies through higher levels. One adolescent in the discussion said, *"We want to get educated so that we can work in big offices and can earn good money. Education adds a high status to life."* This statement is corroborated by the numbers, where about 81.5 per cent of adolescents want to at least complete formal schooling by graduating from Grade 12 and as many as 29.8 per cent want to obtain a graduate degree from university.

Figure 26: **Educational aspirations as reported by adolescents currently enrolled in schools**

| 8.2% | 5.0% | 45.3% | 29.8% | 6.4% | 5.3% |
| Through grade 8 | Through grade 10 | Through grade 12 | Vocation Education | Graduation and Above | Don't Know |
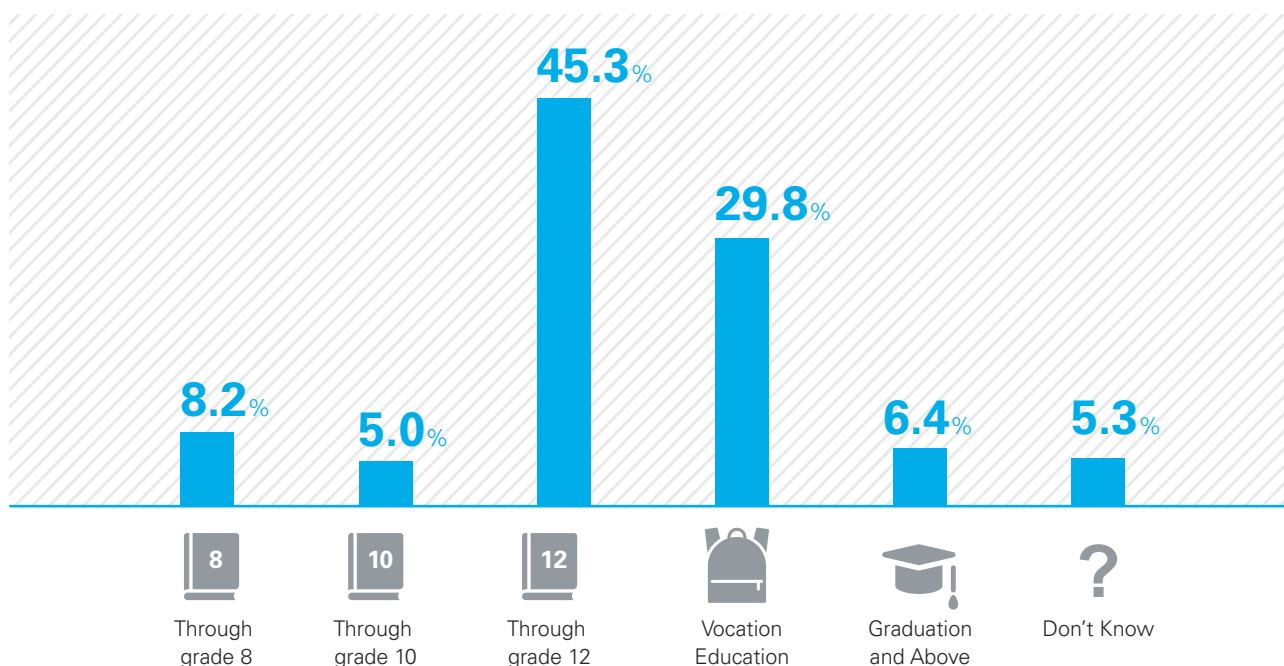
Cambodia has made rapid strides toward improving primary school enrolment rates by providing universal access to free education. However, the country still performs poorly on enrolment estimates at the lower and upper secondary levels. Discussions with parents/caregivers revealed that the current rates of enrolment in pre-primary education within urban poor communities of Phnom Penh are quite poor. This is supported by data collected for the purpose of study, where only about 29 per cent of children aged 3 to 5 were enrolled in some form of schooling. It is important to note that enrolment for girls is higher than for boys. Of children enrolled in formal schooling, 56.8 per cent study in state- or community-run preschools, another 31.5 per cent attend NGO-run preschools and 11.7 per cent study in private preschools. Parents tend to prefer sending their children to NGO preschools as they feel that their children get the best care and attention at these centres. One parent in the focus group discussion said, *"The education in NGO-operated schools is free and considered*

to be better in quality than state- or community-run preschools". The high percentage of enrolment in state- or community-run preschools is largely a function of limited number of seats at NGO-run preschools.

Figure 27: **Enrolment statistics for children aged 3 to 5**

	Enrolled	Not enrolled
	28.9%	71.1%
	25.5%	74.5%
	32.3%	67.7%
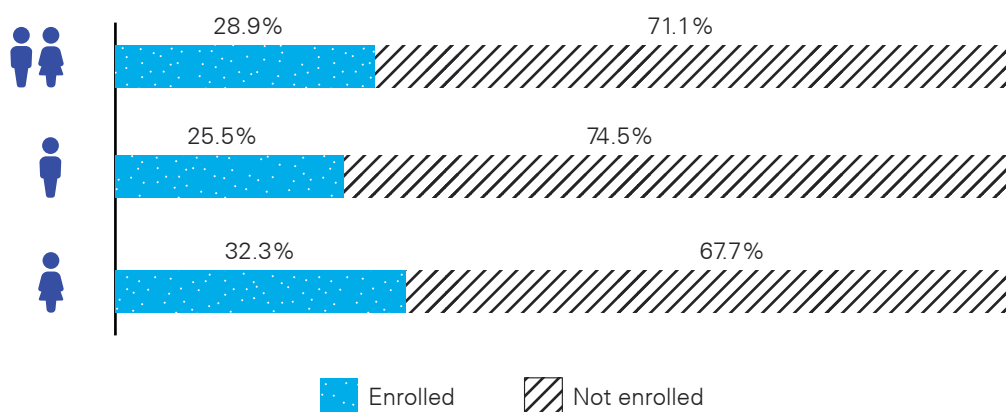
It is encouraging to note that enrolment improves with age, with about 85 per cent of adolescents aged 10 to 14 enrolled in formal schools. Here as well, enrolment rates for girls are observed to be higher than those for boys.

Further, 95.2 per cent of adolescents currently attending school are enrolled in government schools, with the remaining enrolled at private schools.

Figure 28: **Enrolment statistics for adolescents aged 10 to 14**

	Enrolled	Not enrolled
	85.0%	15.0%
	82.7%	17.3%
	87.0%	13.0%
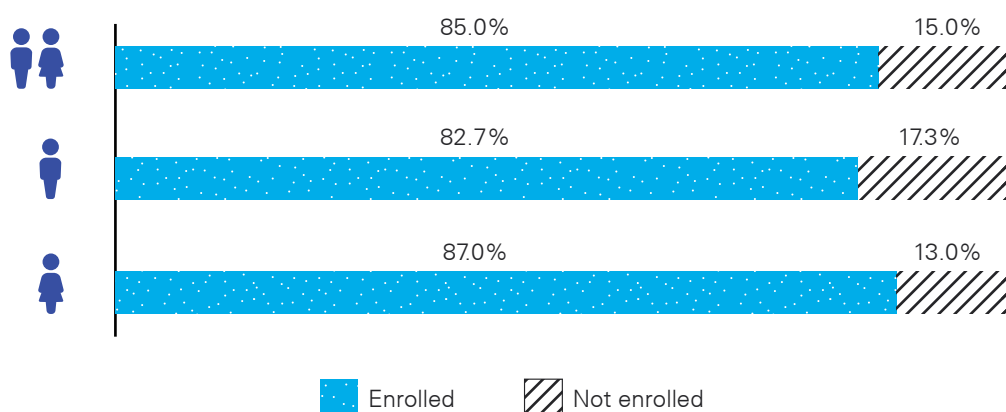
An analysis of reasons for non-enrolment in school reveals that 30.3 per cent of parents who are not sending their children to preschool do not feel that it is important for their child to participate. Another 25.2 per cent of parents cannot bear the private cost of schooling. About 24.1 per cent of parents reported that their children do not keep in good health and have, therefore, not been enrolled in school. Finally, 20.4 per cent of parents reported that they want to send their children to a preschool but do not have physical access to one.

Figure 29: **Reasons for non-enrolment of children aged 3 to 5**

30.3%	25.2%	24.1%	20.4%
Limited perceived value	Financial constraints	Poor health	Limited access
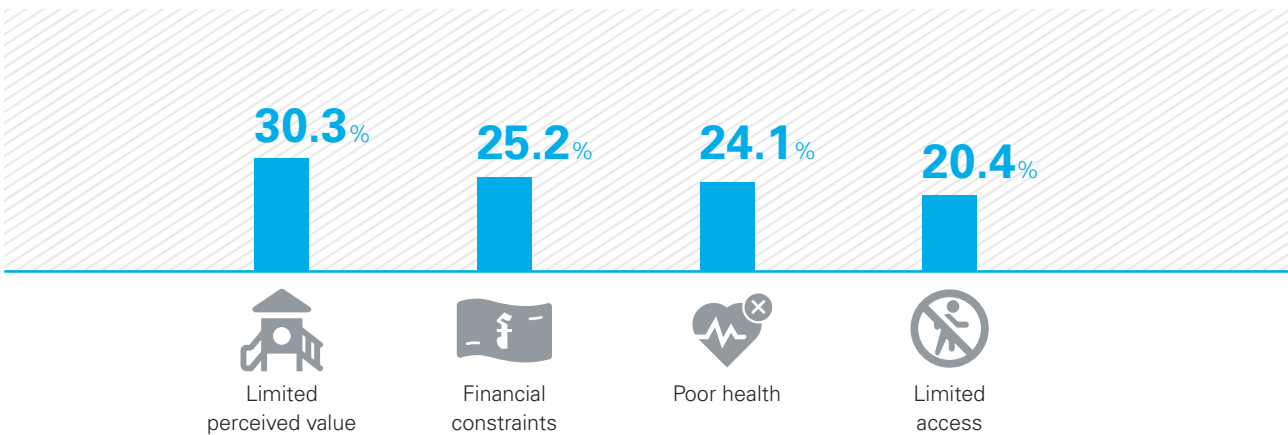
Further, about 54.6 per cent of parents of adolescents who are currently not attending school reported that they wish to do so but their decision is constrained by financial limitations. Some of them do not have the financial resources for private education and others have pushed their children to work and add to the family income. Another 10.9 per cent of parents reported that their children are not well and cannot attend school. About 7.3 per cent of parents are not enrolling their children in school as the family migrates frequently, which makes it difficult to keep the child in school. Finally, about 5.5 per cent of parents reported that their children do not have physical access to a school.

Figure 30: **Reasons for non-enrolment of adolescents aged 10 to 14**

54.6%	21.7%	10.9%	7.3%	5.5%
Financial constraints	Household responsibilities	Child's health	Migration	Limited access
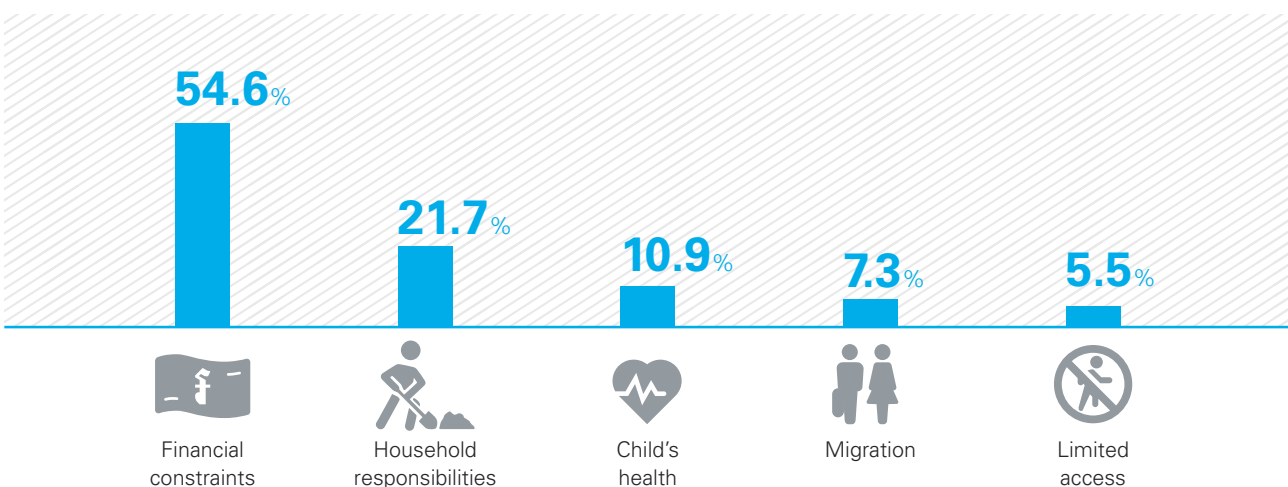
Of the adolescents currently out of school, 87.5 per cent stated that they had previously attended school. The lack of attention from teachers as well as the need to pay informal fees to teachers emerged as important barriers to enrolment and continuous participation in schools. Already living below the poverty line, parents cannot afford to pay an informal fee. Discussions with community members revealed that teachers often only tend to pay attention to students during extra classes for which they charge this fee. Unable to obtain this money (often up to the value of 10,000 Cambodian riels (US$2.50) a month), adolescents from poor families tend to start lagging on the academic front and subsequently drop out of school. More than 53 per cent of adolescents enrolled in schools reported paying an informal fee to their teachers. This should be a major cause of concern for government authorities. On the other hand, it is important to note that teachers justify charging an informal fee on the grounds that their regular salaries are not sufficient for their family's subsistence.

Figure 31: **School dropouts as a percentage of out-of-school adolescents**
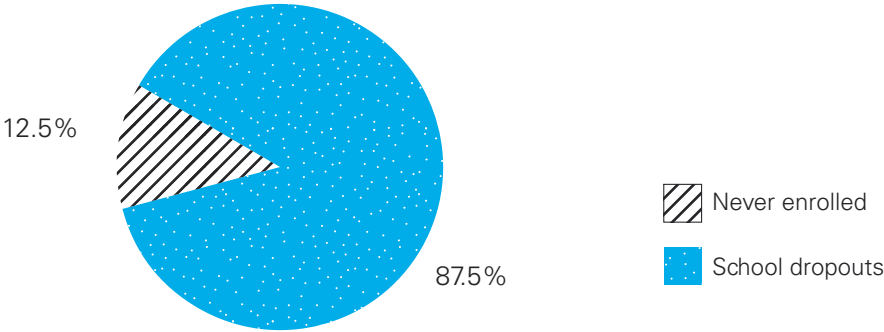
An analysis of the grades in which students of various ages are enrolled highlights that most adolescents enrolled in formal schooling are in a grade below their age-appropriate one. This can be interpreted as an indication that most are lagging academically and this, coupled with financial constraints and a general lack of motivation from studying with peers who are much younger, can lead to these children dropping out of school. The predominant pattern of overage enrolment can be explained by two factors: late school entry and slow progress through school. Discussions with adolescents shed light on the fact that teachers focus on the more academically advanced students while neglecting those who struggle academically. This lack of attention, in conjunction with the absence of remedial classes, often leads to students falling behind academically and repeating the respective grade. Late entry into school affects the ability of children to cope as they lack the required academic foundation. Additionally, the absence of a system of reintegration often leads to the enrolment of children who had previously dropped out into classes that are not appropriate to their learning abilities.

Table 1: **Distribution of adolescents' age and corresponding grade of enrolment**

Age	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9
10 Years	17%	26%	31%	20%	7%				
11 Years	2%	15%	34%	26%	20%	3%			
12 Years	4%	9%	15%	29%	16%	22%	4%		
13 Years		3%	10%	22%	17%	33%	12%	3%	
14 Years			14%	14%	20%	20%	17%	11%	3%

A true measure of students' participation in formal schooling goes beyond enrolment and includes an assessment of the frequency with which they attend classes. About 11.6 per cent of the adolescents irregularly attend school; about 41.7 per cent of this group reported that there are days when they miss school to participate in the workforce with the objective of contributing to the family income. Another 30.6 per cent of adolescents are facing health concerns and hence are irregular at school. There are also cases where adolescents (approximately 17 per cent) living at a distance from their school tend to be irregular as there are days when they do not wish to make the daily commute to school. Finally, 11.1 per cent of adolescents reported that they try to avoid going to school because they are bullied by their peers or repeatedly singled out by their teacher(s).

Figure 32: **Reasons for non-enrolment of adonlescents aged 10 to 14 years**

41.7%	30.6%	16.6%	11.1%
Financial constraints	Health concerns	Constrained access to school	Bullying & corporal punishment
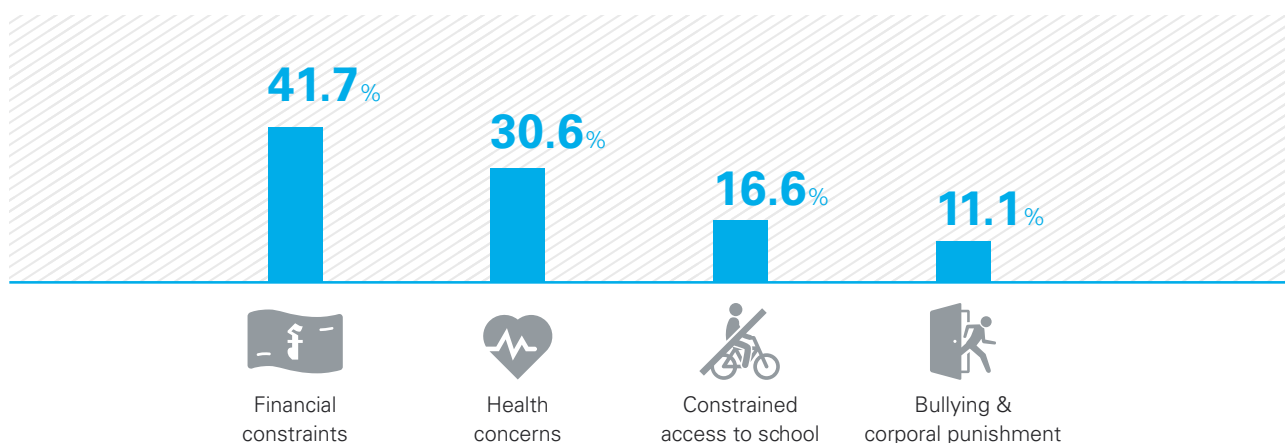
Disability and access to inclusive education

Schools can play an important role in supporting the inclusion of children with disabilities. They can provide children or adolescents with disabilities an environment where they can engage and interact with other children/adolescents and receive equitable opportunities to attain higher levels of learning; this in turn improves their chances of gaining access to livelihood opportunities and, therefore, a financially independent life. Of the total children and adolescents included in the sample of this study, 5.3 per cent and 5.4 per cent, respectively, were disabled. Of this, about 59.1 per cent of children with disability are currently not enrolled in any form of school. The corresponding figure for adolescents stands at 28.6 per cent. Semi-structured interviews with teachers and focus group discussions with members of the community reveal that most of the cases where children remain out of school even after reaching adolescence are cases with severe locomotive or intellectual impairments.

Figure 33: **Enrolment rates for children and adolescents with disability**
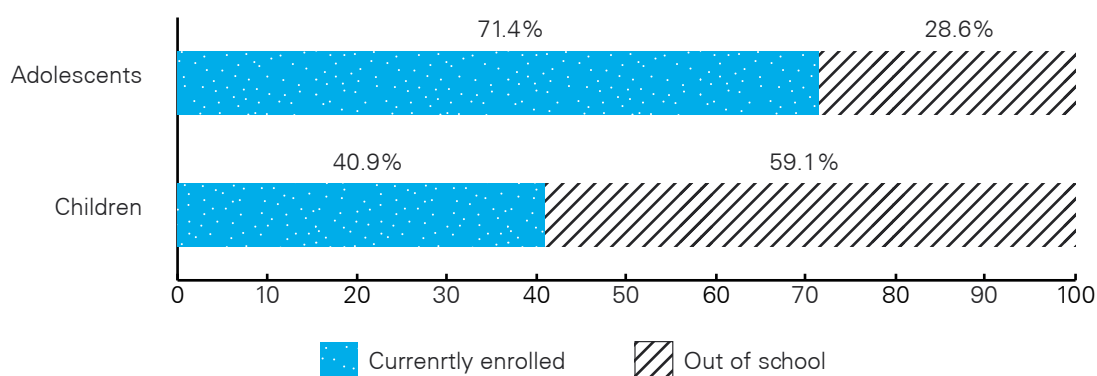
Further, 36.4 per cent of adolescents with disabilities who are currently out of school were never enrolled in one and, in high likelihood, lack basic literacy and numeracy skills. The other 63.6 per cent of adolescents with disabilities who are currently out of school had dropped out after enrolling.

Figure 34: **Past enrolment status of adolescents with disability who are currently out of school**
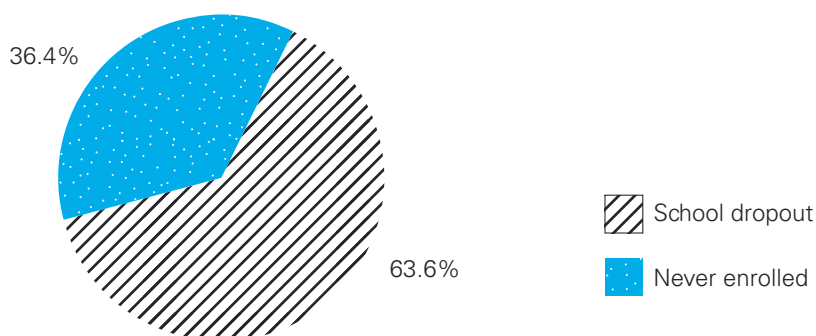
Semi-structured interviews with school teachers revealed that most students with disabilities enrolled in schools are not in age-appropriate grades. This clearly highlights the fact that parents tend to delay the process of enrolling children with disability. Focus group discussions with the community confirmed this observation. Parents reported that they tend to delay their child's enrolment because they want to wait to the point the child can independently manage himself/herself around school. Their concern is largely due to the fact that schools in and around urban poor communities in Phnom Penh lack the infrastructure and facilities required to support the needs of students with locomotive, visual and intellectual impairments. In terms of students with visual impairments, focus group discussions with community members revealed that most of the schools do not have Braille books and large print books. However, there are exceptions and discussions with adolescents revealed that at least in Sen Sok, children with visual impairment had access to a school with Braille books and teachers who knew how to teach using the same.

Figure 35: **Parents' opinion on adequacy of school infrastructure/facilities for student with disabilities**
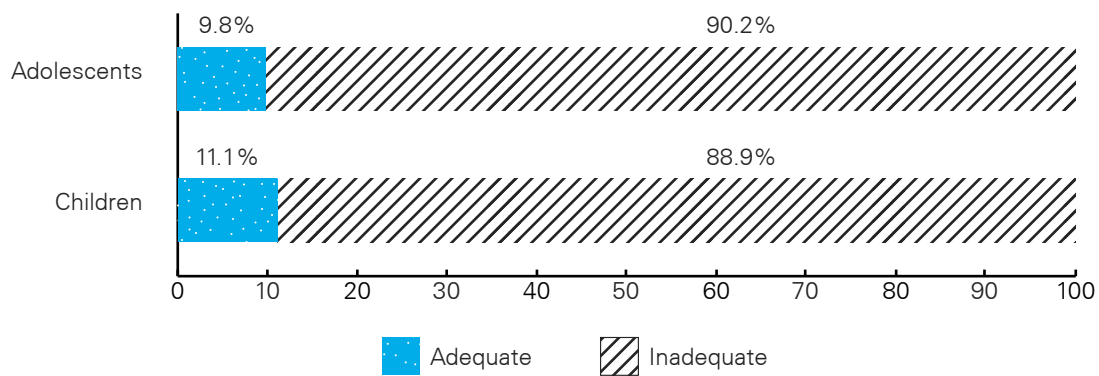
Quality of education

Discussions with parents of adolescents revealed that they are mostly content with the level of infrastructure available at their child's school. Government schools have adequate seating for students, have drinking water facilities and sanitation infrastructure. About 81.4 per cent of parents feel that the school environment is safe and secure for their child and he/she is being well looked after by their teachers. This was despite the fact that bullying remains one of the primary causes of school dropouts. This also underlines the gap in knowledge of parents/caregivers of its implications and role the school environment and teachers can play in the prevention of cases of bullying. Further, 79.3 per cent of parents feel that their child's teachers are well qualified to meet his/her educational needs. However, during focus group discussions with community members it surfaced that appropriate qualification should not be interpreted as quality teaching in the classrooms. As mentioned earlier, most of the teachers tend to be lax in the classrooms and use their skills to effectively teach students through extra classes for which they charge an informal fee. Therefore, the quality of education being imparted through regular classrooms remains poor. This observation was confirmed through semi-structured interviews with representatives of CSOs working in urban poor communities of Phnom Penh.

Figure 36: **Parents' level of satisfaction with school infrastructure, safety and teacher qualification**

Teacher qualification: 79.3% Yes, 20.7% No
Safety/Security: 81.4% Yes, 18.6% No
Infrastructure: 89.2% Yes, 10.8% No

Yes / No
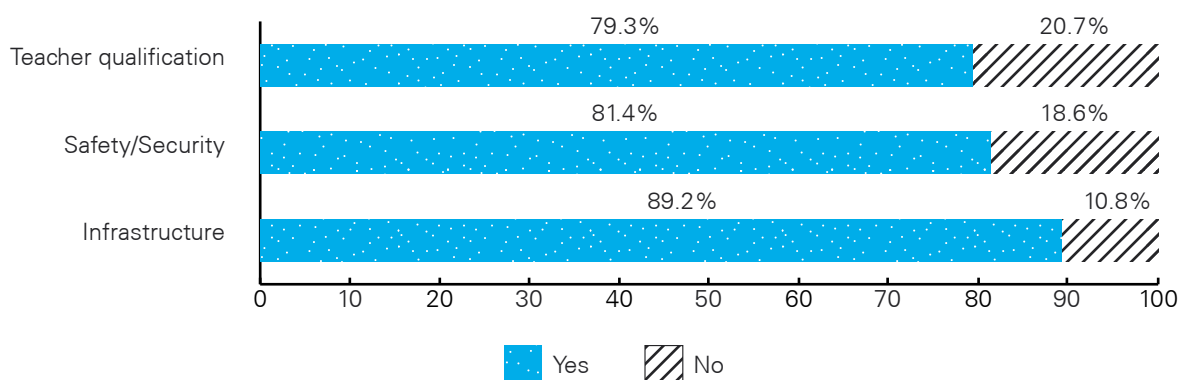
While the absence of appropriate infrastructure acts as a physical barrier to accessing schooling, the absence of teachers who are trained to work with children with disabilities is, perhaps, the biggest impediment to their inclusion into formal schooling/education. Semi-structured interviews with teachers teaching in public schools in and around urban poor communities in Phnom Penh revealed that they have received very little or no training on working with students with disabilities. Their classrooms lack the basic teaching aids and appliances required to work with such children. Teachers' ability to work with students with disability is summarized by the fact that 77.8 per cent of parents of children with disability and 81.9 per cent of parents of adolescents with disability carry an opinion that their child's teacher does not have skills required to meet his/her educational needs.

Figure 37: **Parents' opinion on teachers' ability to meet the educational needs of students with disabilities**

Adolescents: 18.1% Appropriately skilled/trained, 81.9% Not appropriately skilled/trained
Children: 22.2% Appropriately skilled/trained, 77.8% Not appropriately skilled/trained

Appropriately skilled/trained / Not appropriately skilled/trained
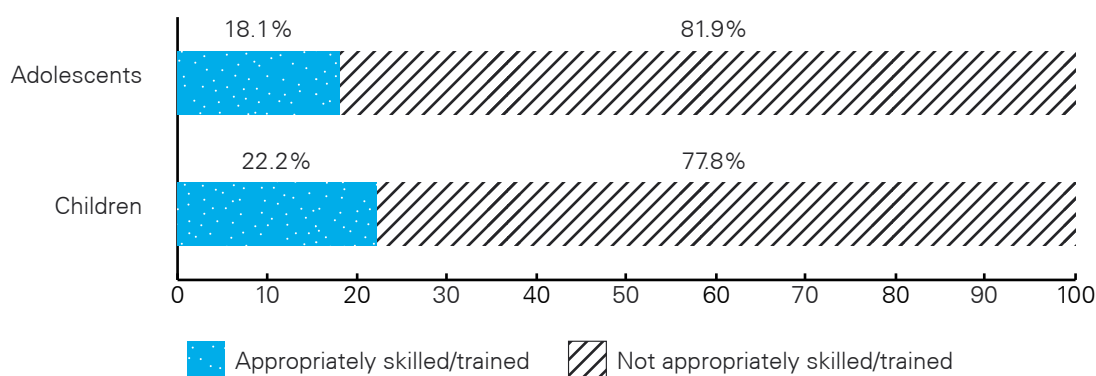
Inclusive education entails increasing participation of all students in education, including children belonging to ethnic minorities, girls and children with disabilities. Inclusiveness requires restructuring systems, methodologies and practices, while embracing the diversity among students, so as to encourage children from various backgrounds to pursue education. In the case of students with disability, the first step in this restructuring process involves building capacity and infrastructure. However, semi-structured interviews with the management and teachers at government schools revealed a fairly poor understanding of 'inclusive education'. They carry different opinions with respect to the model of schooling that should be followed to meet the educational needs of children with disability. Some feel that they should be taught in separate schools, others felt that they should be taught in separate classrooms within a regular school premises and yet others felt that it would be best if they are taught within the same classrooms as other children. This clearly highlights the need to first establish and clearly communicate the model of education that the State is going to pursue to meet the needs of children with disability. This clarity is paramount for future planning, teacher trainings and infrastructure creation.

Parental involvement in education

A student's educational performance is a function of school-based and household-centric factors. Parents' involvement in their child's education helps ensure that he/she has the required support from home to pursue higher academic qualifications. This is especially true in the case of low-income households where utilization of limited financial resources has to be carefully planned. They tend to commit resources to their child's education if they see him/her performing well and progressing at an appropriate pace. They can also play an active role in ensuring the child's regular participation at school and in ensuring that children devote supplementary time to academic revision (at home). In this regard, regular parent-teacher interactions play an important role in engaging parents in their child's educational performance. However, only 47.5 per cent of government-run preschools and 50.0 per cent of government-run schools organize any forums for structured parent-teacher interactions.

It is heartening to note that in the case and scenario where a child's school organizes such interactions, 90.6 per cent of parents of children and 89.6 per cent of parents of adolescents reported attending the parent-teacher meetings. Further, they said that these meetings were mostly useful and provided them with clarity on their child's academic progress. This high level of participation clearly highlights that families living in urban poor communities have high aspiration with respect to their children's academic participation/performance. Their own academic achievements have no role to play in their decision to send their children to school. However, as mentioned earlier, economic compulsions tend to force them to pull their children out of school.

Bullying in schools

Data collected through structured questionnaires with adolescents from urban poor communities revealed that one in four students has faced bullying in school. The adolescents also revealed that they usually tend to remain silent on the issue and face the bullying with a brave face. However, if the situation starts to worsen, they either directly approach their teacher(s) or inform their parents who, in turn, speak to their teachers. Discussions with teachers revealed that schools tend to have a varied response to such incidents. In cases where they view the bullying to be a one-off incident of mild/minor nature, they choose not to intervene. This decision was justified using the logic that such incidents are a part and parcel of a child's journey to adolescence and beyond. However, most of the teachers reported that they view this as a serious concern and intervene by calling the victim and the perpetrator to the school head teacher's office. Both students are asked to narrate their version of the incident(s) and based on his/her analysis, the school head

teacher directly deals with the perpetrator. However, if it is felt that the perpetrator is not responding to this preliminary action, the school authorities tend to call his/her parents to school for a face-to-face interaction. Discussions with teachers revealed that involving parents is usually sufficient to defuse the situation. In case the situation does not improve or the perpetrator's actions are escalated, the school management usually asks the victim's parents to approach the police.

The teachers do not provide the victim with counselling support as they are not trained to do so. Further, they do not have access to any material/modules that they can use to engage with students on this subject. They feel that the problem partially stems from the fact that the students coming to their school are mostly from the vicinity and belong to the same community. As a result, bullying at school can often be a spillover from incidents of bullying at home or in the community.

Figure 38: **Percentage of adolescents reporting incidents of being bullied at school**

25.7%

74.3%

Faced bullying at school

Have not faced bullying at school
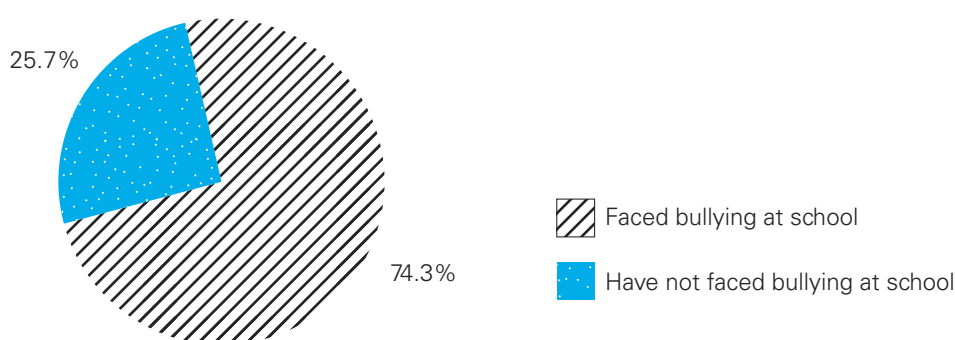
According to 41.8 per cent of school-going adolescents, victims of incidents of bullying within the school environment are usually children with physical or learning disabilities. Another 25.3 per cent of students felt that such incidents usually relate to the victims'

socio-economic background; 17.7 per cent of students cited ethnic discrimination; and 15.2 per cent perceived bullying as largely a result of gender discrimination or skewed gender power relations between boys and girls.

- 15.2%
- 17.7%
- 25.3%
- 41.8%

Legend:
- Physical or learning disability
- Socio-economic background
- Ethnic discrimination
- Gender discrimination
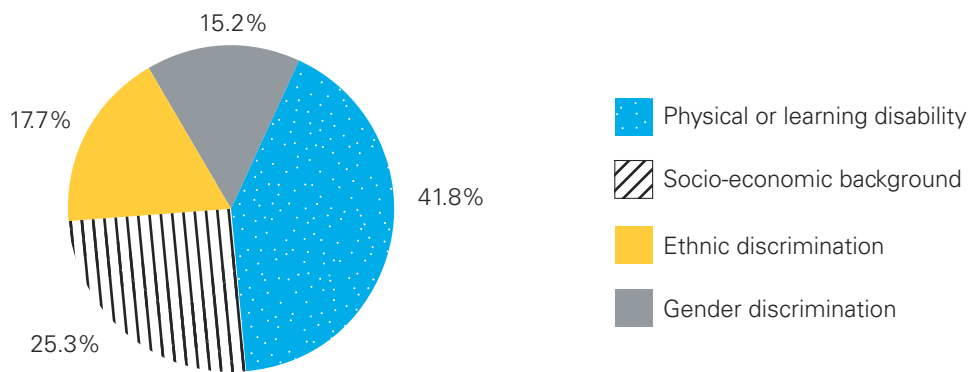
Focus group discussions with parents revealed that they usually interpret bullying to be 'physical' in nature. They are quick to disapprove of such incidents. Further, they do not view incidents of sexual advances and/or eve-teasing as bullying. They consider such incidents to be heinous enough to warrant police action. However, just as in the case of school management and teachers, parents also tend to have a limited understanding of the ways that bullying can take the form of psychological abuse. They consider incidents such as name-calling, behaviour imitation or social ostracization as trivial.

At the same time, about 40 per cent of adolescents with disability reported that they are regularly bullied at school. Focus group discussions with some of these children reveal that other students at their schools regularly engage in name-calling and imitation of the child's disability/actions. There are also cases where these children have been picked upon by their classmates and even physically roughed up. They feel that this is primarily because of their limited ability to respond or fight back. School management and teachers play an important role in checking such instances. Semi-structured interviews with teachers revealed that they are aware of such occurrences and many reported investing efforts towards checking their students. However, they feel that the problem can only be resolved through a comprehensive strategy towards sensitizing students on the issue.

Figure 40: **Instances of bullying at school as reported by adolescents with disability**

- 40.0%
- 60.0%

Legend:
- Reported being bullied by peers
- Did not report any instance of being bullied
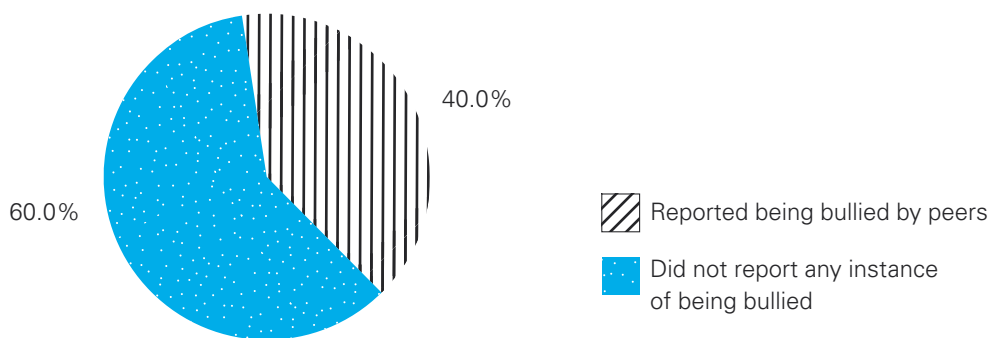
Corporal punishment in schools

Under the Education Law (2007), corporal punishment is prohibited in public and private schools. However, its use as a means to discipline children continues to be rampant and, in many cases, is accepted and encouraged by parents and community members. About 30.5 per cent of school-going adolescents reported receiving some form of corporal punishment during the past year. Semi-structured interviews with teachers revealed that they are all aware of the fact that the law prohibits them from meting out any form of corporal punishment. They claim that the practice has long been discontinued. However, the responses provided by school-going adolescents make it clear that this awareness is not necessarily translating into practice/action. Further, discussions with adolescents revealed that teachers are not just using corporal punishment as a disciplinary measure but are also using it to force students to improve academic performance. It seems that some of the teachers still carry an opinion that poor academic performance can be corrected/improved by meting out physical punishments (including physically beating the child). An analysis of this data point disaggregated by type of school being attended by the respondent reveals that the prevalence of corporal punishment is much lesser in private schools. This can largely be attributed to the fact that the management at private schools tends to be more vigilant towards complying with stipulated laws and guidelines.

Figure 41: **Percentage of school-going adolescents reporting receiving corporal punishment**

30.5%

69.5%

Report receiving corporal punishment

Did not report any incidents of corporal punishment
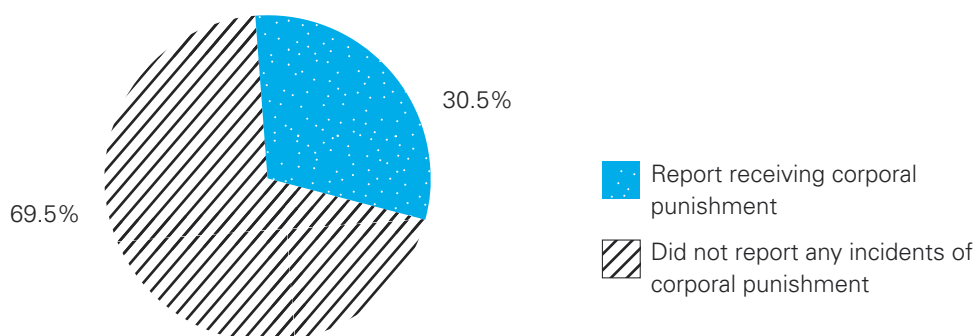
Further, about 19.7 per cent of children and 22.0 per cent of parents of adolescents approve of teachers' using corporal punishment as a means for disciplining their child. Parents' acceptance of corporal punishment at school is one of the major barriers towards reforming teachers' attitude towards using physical violence as a means of disciplining their students.

Figure 42:   **Parents' perception of use of corporal punishment in schools**
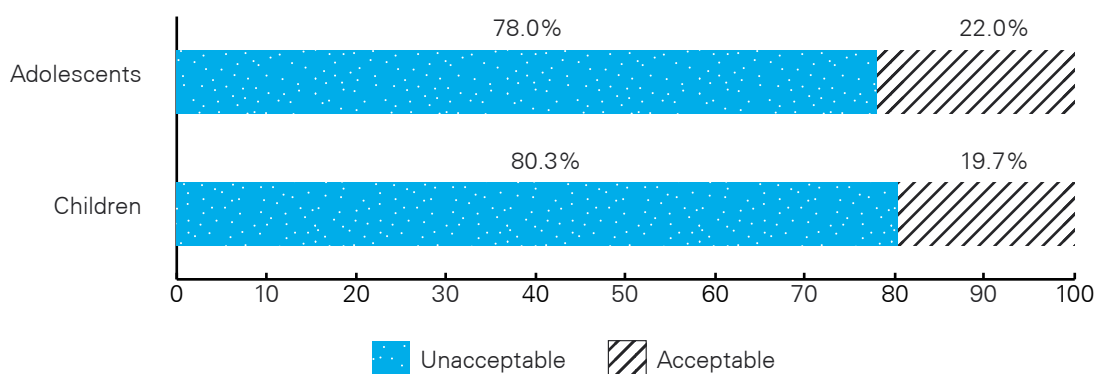
Among parents who find corporal punishment to be an unacceptable means of disciplining a child, 60.9 per cent reported that they would take up such cases with the school management. Another 8.7 per cent reported that they consider corporal punishment to be a 'crime' and would report such incidences to government authorities. However, it is a cause for concern that 30.4 per cent of parents reported that they would not take any formal action and hope that the case is not repeated in the future. The corresponding figures for parents of adolescents stood at 57.1 per cent, 11.4 per cent and 31.5 per cent, respectively. Among the parents who reported that they would not take any further action, the common opinion was that their family belongs to an ethnic minority or is economically weaker as compared with the socio-economic standing of their child's teacher, hence they hesitate to approach the teachers/school management.

Figure 43:   **Parents' response to incidents of corporal punishment at school**
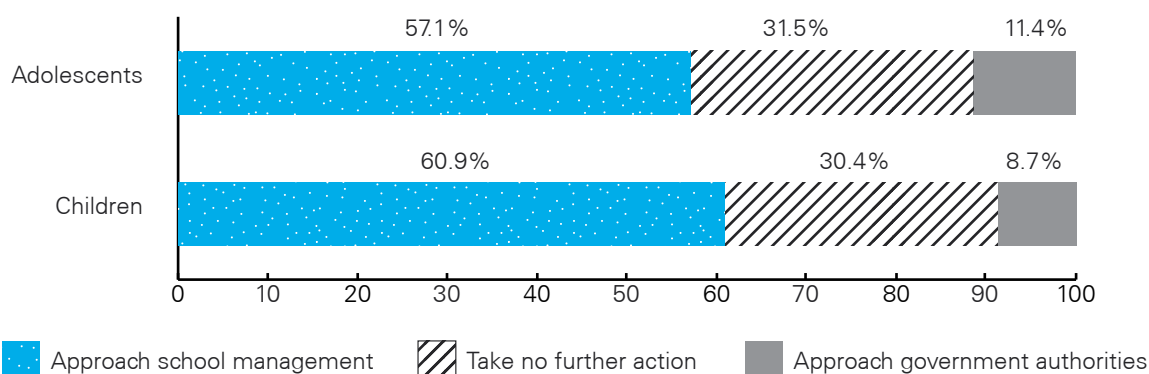
The connect between health and education

As mentioned earlier, adolescents living in urban poor communities of Phnom Penh have limited knowledge on issues related to health and hygiene and sexual and reproductive health. Semi-structured interviews with CSOs, specifically Friends-International and the Cambodian Children's Fund, stressed that this is largely because they have limited access to relevant information. Schools are centres of learning that can play an important role in providing adolescents with access to such information. By venturing beyond purely academic transactions they can contribute towards a more holistic and healthy upbringing and development of children/adolescents.

Currently, 77.2 per cent of adolescents enrolled in schools have attended health- and hygiene-related awareness sessions organized by the school administration. Focus group discussions with adolescents revealed that these sessions mostly focus on hygiene-related aspects and there is very little focus on checking an adolescent's health status or giving him/her information on diet/nutrition-related aspects. Further, it was noted that not all adolescents had received all important hygiene practice-related information. While some had only attended health awareness sessions discussing oral hygiene, others had only attended sessions on hand-washing and proper sanitation practices.

Figure 44: **Percentage of adolescents covered under school-based health and hygiene awareness sessions**

22.8%

77.2%

Received information pertaining to health & hygiene

Not received information pertaining to health & hygiene
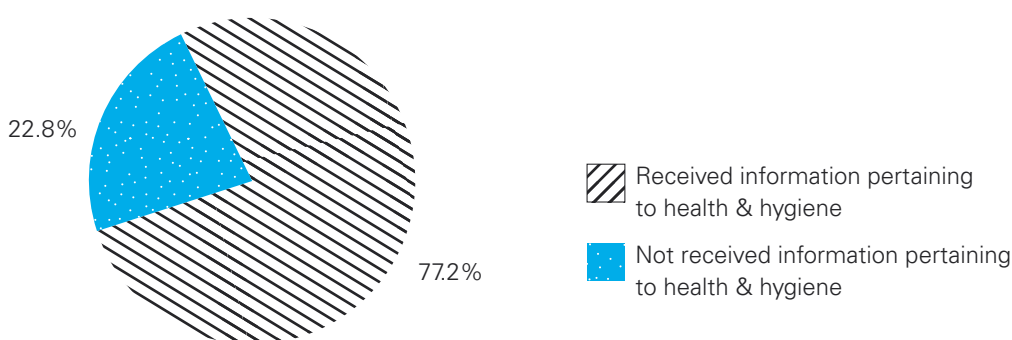
A recent study[52] concluded that a number of individuals in Cambodia have their first sexual intercourse during adolescence. This, coupled with the fact that the Government has not defined a legal age of consent for sexual intercourse, highlights the need to educate adolescents on sexual and reproductive health. About 40.9 per cent of adolescents attending

school reported attending sessions related to sexual and reproductive health. However, it is important to note that very few could remember any key messages communicated to them during these sessions. As a result, it can be concluded that most of these sessions were held as a mere formality and were a one-time initiative.

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[52] *Samakum Teang Tnaut. (2014). The Phnom Penh Survey: A Study on Urban Poor Settlements in Phnom Penh.*

40.9%

59.1%

Received information pertaining to Sexual reproductive health

Have not received information pertaining to Sexual reproductive health

Education and child labour

Education is considered to be the element that helps society groom its children towards becoming intellectual capital and responsible citizens that can contribute towards building a nation with a more inclusive and progressive future. Limited access to education not only constrains this progress, but can push society backwards. Children with limited or no access to education can be pushed towards activities that might be anti-social or regressive for their overall growth and development. Almost all the adolescents engaged in child labour are out-of-school children. Further, about 20.0 per cent of out-of-school children from urban poor

communities in Phnom Penh are currently engaged in some form of child labour. Semi-structured interviews with CSOs working with these communities revealed that the actual percentage should be expected to be much higher. There is general underreporting as many of the families and adolescents are aware that child labour is illegal and, therefore, they must work without the authorities learning about their situation. Further, many of the adolescents working in a family business or are disguised employed within their family's daily productive activities.

Figure 46: **Percentage of out-of-school adolescents working as child labourers**

20.0%

80.0%

Engaged in Child Labor

Not Engaged in Child Labor
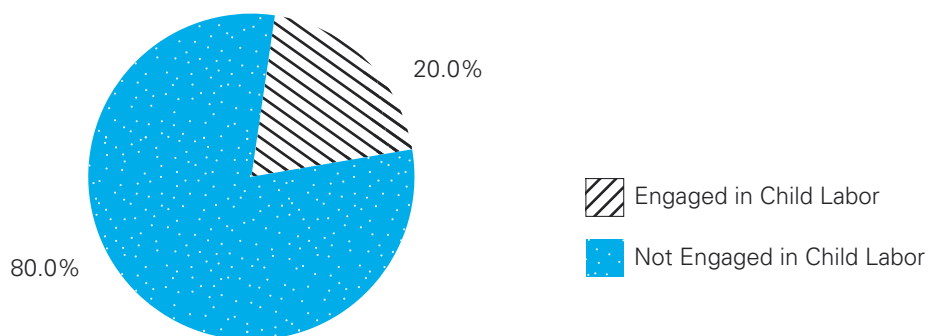
Focus group discussions with community leaders and elders revealed that most of the adolescents who are members of local gangs are likely to be out of school. Their families belong to relatively poor economic backgrounds and, as a result, their parents do not have the time required to supervise their upbringing. Being unsupervised at home and not being engaged in productive activities at a school, these adolescents are most susceptible to joining gangs or picking up other social vices such as gambling, alcohol consumption or smoking. The community has never really made an attempt to work with schools and take collective action to reform these children as their choices are largely considered a personal or family affair. However, the community does look down upon these adolescents and other families try to keep their children away from them. Members of the community are of the opinion that developing bad habits is easy but rejecting them or reforming one's behaviour is difficult. At the same time, very few community members link this understanding to the fact that these adolescents may be in need of counselling support and/or other forms of psychosocial support.

The qualitative findings of the study indicate a linkage between health and ability to attend the schools. As discussed above, in most cases children with special needs tend to either not join the mainstream education or are not in age-appropriate classes. Further discussion also highlight that cases of illnesses lead to prolonged absence from school which sometimes result in children being out of school. However, examples of such cases were very few.

Current Policy and Programme Landscape

Child protection risks in the community

Child Protection Risk: Corporal punishment and domestic violence

Present landscape: Almost 60 per cent of parents of children/adolescents living in urban poor communities of Phnom Penh reported that they use physical force (corporal punishment) to discipline their children. These findings were supplemented by discussions with adolescents across the communities, which revealed the high prevalence of physical abuse or corporal punishment in a domestic setting. About 65.7 per cent respondents stated that they have witnessed instances of domestic violence at home or within the community. Community members also confirmed this observation and reported that most incidents are directed to-wards women and children and take place when the perpetrator is under the influence of intoxicants.

Community behaviour/response: Most adolescents believe that is justified that their parents use physical violence as a means of discipline. It was seen that the use of violence has been normalized in certain communities given its common occurrence. Moreover, parents/caretakers tend to consider physical discipline the most adequate response towards correcting their child's behaviour.

Cases of domestic violence often go unreported. About 59.2 per cent of community members who reported witnessing an incident of domestic violence said that they did not report the case to authorities. Women generally tend to ignore instances of violence due to the fear of divorce and the resulting social stigma. Moreover, their financial dependence on their male counterparts increases the opportunity cost of reporting such cases as the man's income is essential for their child's upbringing.

Behaviour change need(s): Awareness raising and social mobilization campaigns on the harmful effects of physical discipline and domestic violence are required to break the traditional mold of behaviour and introduce alternative forms of discipline and conflict resolution. In this regard, the community leadership has to be targeted through a dedicated sensitization campaign and encouraged to make themselves and the community accountable for ending all forms of violence against children (and women).

There is also the need for institutions and service providers that enable adolescents to report cases, access medical aid and psychosocial support, and benefit from legal aid. This would require the establishment of special cells at local police stations where children and women can report cases of domestic violence, centres where victims can receive medical and psychosocial support, and legal support centres. The establishment of these institutions would require the training of counselors, female police officers, medical workers, lawyers, and child protection officers.

Policy/Regulatory provision(s): Article 1045 of the civil code states, *"A person who has parental authority may discipline his/her child by himself/herself within necessary scope."* Corporal punishment at home is hence not considered unlawful in Cambodia. The Law on Prevention of Domestic Violence and Protection of Victims (2005) does not prohibit corporal punishment at home and other legal provisions prohibiting violence in the constitution also do not consider corporal punishment in childrearing as illegal.

Implementation challenges and capacity-building support: Article 8 of the Law on the Prevention of Domestic Violence and Protection of Victims (2005) as well as Article 1045 of the Civil Code provide a legal framework within which the traditional acceptance of physical violence as a form of discipline is legitimized. There is a need to strengthen these laws by including corporal punishment as an illegal, punishable offense not only within schools but also within the home and institutions of residential care. The revision of laws needs to go hand in hand with a stringent monitoring mechanism to ensure enforcement of the legal provisions and accountability of violators.

The Government needs support to develop training packages for engaging with the police force, medical staff, lawyers, etc. It also needs support in developing a structured intervention to create a cadre of social workers who can work at the grassroots level along with child counselors to provide the necessary psychosocial support. The Government has limited access to staff with a sound technical understanding of how to monitor and evaluate government policies and programmes. It needs support in developing an overarching monitoring framework to track progress of service delivery to victims. This would need to include a training component to help relevant government officials.

CSO programmes/initiatives: In 2011, a collaborative effort between UNICEF, Friends-International and MOSVY, aimed at the protection of children was launched. The Partnership Programme for the Protection of Children, better known as 3PC, focuses on developing the child protection system in Cambodia. Under this strategy, the ChildSafe movement was established, which brings together CSOs and community members (who become ChildSafe agents) to enhance the reporting of and response to child abuse. Other CSOs have established child protection units that provide free legal aid and medical support in instances of violence.

Implementation challenges and capacity-building support: The scope and coverage of 3PC is largely limited by the need for funds to expand the programme at scale and deliver the necessary depth of prevention and rescue services. NGOs need support to develop fundraising strategies. This support could be in the form of structured trainings or a toolkit. As mentioned earlier, there is a lack of trained/qualified child counselors who can provide victims with required psychosocial support. Investments are needed to establish trainings at institutions of learning that will enable individuals to develop the required skill set. Meanwhile, CSOs also need support to train the existing cadre of social workers in the provision of basic psychosocial support. CSOs want to play an active role in developing the policy and programme landscape in this space. However, their ability to make active contributions is often curtailed by the lack of structure to their assessment of grass-roots-level response/services from various government departments/service providers. In this regard, CSOs need access to a social accountability tool that they can use to assess the landscape and provide constructive feedback to the Government.

Child Protection Risk: Child labour

Present landscape: Low levels of income in Phnom Penh's urban poor areas often force adolescents to engage in labour to contribute to the household income. About 5.3 per cent of households reported that adolescents from their families are currently working to aid in the subsistence of the family. Most in the community are aware that child labour is illegal and therefore do not report cases. Community leadership confirmed this underreporting and claimed that up to 40 per cent of adolescents from urban poor communities work as child labourers (with many working post-school hours).

Community behaviour/response: While parents understand the long-term benefits of education with respect to the overall development of their children, poverty and the need to supplement household income leads them to prioritize immediate monetary gains. Additionally, once engaged in labour children reach a certain level of financial independence that makes reintegration into schooling a challenge.

Behaviour change need(s): While parents do recognize the importance of education in a generic way, they need to understand the economic and other benefits if children complete at least senior secondary level of schooling. Given that vocational education directly links to gainful employment, the message needs to be further reinforced.

Policy/regulatory provision(s): The National Plan of Action on the Elimination of the Worst Forms of Child Labour (2008-2012) was implemented with the aim of reducing the incidence of child labour to 8 per cent by 2015. It adopts an integrated, cross-sectoral approach to child labour reduction, while actively involving all relevant stakeholders. The Cambodian Federation of Employers and Business Associations Plan of Action on the Elimination of Child Labour In Cambodia (2012-2016) was also implemented along the same lines. There are also various regulations with respect to child labour prevention in specific industries like agriculture, tobacco plantation, freshwater fisheries, etc.

Implementation challenges and capacity-building support: The existing policies restrict worst forms of child labour and work in some industries. Unless there is a ban on all forms of child labour, enforcement becomes challenging and several loopholes can be found. Even in areas where child labour is banned, it is difficult to monitor since most child labourers work in the informal sector. It is very challenging to monitor and regulate working hours and the conditions and safety measures undertaken by employers. As a result, the Government needs support in planning and deploying a programme for sensitization and capacity building of relevant government officials/functionaries. They are not aware of any state- or CSO-run services which they can refer the child to for protection, rehabilitation or reintegration. These aspects need to be internalized when training government officials/functionaries.

The problem is further deepened by the fact that labour law enforcing agencies do not have the manpower required to effectively monitor and regulate businesses (especially within the formal sector). The Government needs support to overcome this challenge by developing a monitoring modality that includes other state or non-state actors such as lawyers, teachers and CSOs.

CSOs programmes/Initiatives: CSOs working in and around urban poor communities in

Phnom Penh have been running awareness campaigns (door to door, community events, local media) to sensitize families on the negatives of sending their children to work. They conduct evening classes to provide child labourers with alternative, informal education and bridge education classes to help school dropouts re-enrol in formal education. More importantly, they are also running vocational education programmes (coupled with informal education) to help children work towards gainful employment after completing nine years of required education.

Implementation challenges and capacity-building support: CSOs working to prevent child labour in urban poor communities have a sound understanding of what is required to prevent this situation. However, they do not have the funds required to work at scale. Their expertise should be leveraged for support to formal government interventions. They can support local schools by running bridge education classes and developing vocational education tracks. Further, they can mobilize the community to reject child labour and/or support labour department regulators in auditing local formal and informal businesses by submitting social audit reports to relevant government departments. CSOs can also play a role in developing advocacy and communication programmes focused on cultivating an awareness of the benefits of education and positive parenting. Therefore, while CSOs do not have a particular capacity-building need, it is evident that their role can be enhanced if they are knitted into a formal partnership with the Government. Most of the CSOs feel that this kind of partnership can only be facilitated by an international agency closely coordinates with the Government.

Child Protection Risk: Missing children at risk of trafficking

Present landscape: About 12.2 per cent of families residing in urban poor communities of Phnom Penh reported that they are aware of a case where a child from the community is missing. Further 17.8 per cent of the families reported that they are aware of a case where an adolescent from the community was missing from home. Missing children are often at risk of trafficking, as seen by the fact that within Phnom Penh's urban poor communities about 42.2 per cent of families reported that they believe that missing children are susceptible to trafficking and 30.5 per cent believe that missing adolescents are at risk.

Community behaviour/response: A marked difference was noted in the way families perceive cases of missing children and cases of missing adolescents. In the case of children, most community members believe that they were kidnapped as they are too young to venture out on their own. However, the same perception does not extend to adolescents. Members of the community feel that missing children are more likely to being trafficked than adolescents. They feel that there is greater likelihood that missing adolescents run away as opposed to being trafficked, and as such, have a better ability to make decisions and protect themselves. Community members showed

knowledge of the consequences of trafficking. They reported that trafficking occurs for the purpose of forced begging, labour exploitation (i.e., bonded labour and even slavery), sex work and forced marriages. Girls tend to be more susceptible to being trafficked for forced marriage and sex work. At the same time, the community also reported that some cases of trafficking might be for adoption of children (without meeting legal compliances).

Behaviour change need(s): While there is an understanding of the risk of trafficking when a child is missing, there is an absence of mechanisms to deal with cases of missing children. This also applies to cases where adolescents have voluntarily run away from home. Community mechanisms for monitoring and safeguarding children and adolescents are fairly weak. Their response to a case of a missing child/adolescent involves approaching the community leadership and not the police. They feel that the police are largely insensitive and unresponsive to such cases (especially to missing adolescents). The need is to strengthen community vigilance and response mechanisms to better connect families to community leadership to the police/judiciary.

Policy/regulatory provision(s): Law on the Suppression of Human Trafficking and Sexual Exploitation prevents acts of human trafficking and sexual exploitation in order to protect the rights and dignity of human beings. In Cambodia, a milestone has been the establishment of an inter-ministerial body in 2008, which includes 14 ministries and civil society representatives. This national committee aims to address trafficking under the Ministry of Interior and the deputy prime minister and is not just looking at addressing sex trafficking, but also addresses labour exploitation and human smuggling and has the power to call on other ministries to act. In 2009, Cambodia became the first Southeast Asian country to pass a victim protection guideline and policy that includes training for officials on the use of these standards.

Implementation challenges and capacity-building support: Key implementation challenges to this law include weak judicial processes that do not ensure prosecution of those accountable for crimes, and the need to strengthen mechanisms to deal with cases of missing children. In cases where trafficked children seek legal action, the mechanisms to ensure the safety of the victim are not adequate. Further, work towards the sensitization and capacity building of the police department has not taken place with the desired pace and/or delivered the required change. There are gaps in the manuals being used for such training, lack of sufficient trainers and insufficient funds to cover all officials. Laws and legislations in this space are further constrained by the fact that they do not position community leadership as a core part of the prevention, redressal and rehabilitation strategies.

The Government needs support to improve the existing training packages for the police force. There is a need to expand the content to include lawyers and members of the judiciary. The Government also needs help in developing and deploying a model for training and engaging community members (especially the leadership) as a core part of prevention, redressal and rehabilitation strategies. It needs support in developing a centralized system for tracking cases of missing children and follow up on the delivery of justice to the victims. Tracking the victims' safety, security and rehabilitation need to be core components of this tracking system. A child tracking system at the school level to track children through their school life would help in early identification of children who are dropping out of school. Therefore, the link between child labour and education needs to be strengthened to address this issue.

CSOs programmes/Initiatives: 3PC, the collaboration between UNICEF, Friends-International and MOSVY, aims to protect children by focusing on the child protection system in Cambodia. Within the framework of this intervention, individuals in hotels and bus companies are trained to be ChildSafe agents, thus expanding the reporting mechanism of the CSOs involved in 3PC. Programming aims to enhance the reporting of and response to child abuse/trafficking. Other programmes include the Asia Foundation's Counter-Trafficking in Persons Programme in Cambodia.

Implementation challenges and capacity-building support: It is important to improve the support systems for victims at the community level. A lack of skills and resources poses problems in improving the systems within communities. At a structural level, the Government and CSOs have been working together to train the police and social workers how to respond to cases and ensure victims' safety. However, this has not translated into a consolidated response. Involvement of community leadership is essential. Further, work in the space of prevention has been a bit limited. The capacity of the community has to be built towards maintaining a level of vigil that reduces children's vulnerability. The CSOs believe that their operations will greatly benefit from a more planned and coordinated approach on the Government's end. The same would clearly highlight their role at the prevention, redressal and rehabilitation stages. Most of the CSOs are focusing on prevention-related work and wish to expand in the space of redressal and rehabilitation, for which they also need to work closely with the Government.

Child Protection Risk: Sexual abuse

Present landscape: About 22.2 per cent of families living in urban poor communities reported that they are aware of cases of sexual abuse/violence. Almost every community visited reported cases of sexual abuse, rape or eve-teasing. There were reports where the victim and the perpetrator were adolescents and cases where the victim was a child.

Community behaviour/Response: It is encouraging to note that in at least 81.4 per cent of the cases reported by community members, the perpetrators were caught by the police and judicial action was taken. However, semi-structured discussions with community leaders and CSO representatives seconded the opinion that the stigma of being a victim of sexual violence coupled with the fact that many cases take place within the home (where the perpetrator is a family member) lead to severe underreporting of sexual violence. At the household level, cases of sexual abuse and violence still remain private/family affairs. However, cases of sexual violence outside the home are dealt with severely by the community and are reported to the police.

Behaviour change need(s): There is still a need to develop awareness at the community level of what constitutes sexual abuse and violence as well as the mechanisms through which grievances can be addressed. Further, there is a need to mobilize the community to reject the notion that sexual violence within the home should be considered a family's personal affair. Families are a subset of the community

and the community members (especially the leadership) have to be sensitized on the need to intervene in such cases. Moreover, it is the children who are subjected to violence and often do not understand that they are being abused; they need to be made aware of what constitutes inappropriate touching and that they should raise their voice against violence.

Policy/Regulatory provision(s): Law on the Suppression of Human Trafficking and Sexual Exploitation prohibits the sexual exploitation and sexual abuse of children and young people.

Implementation challenges and capacity-building support: While at the community level cases of sexual abuse and violence are reported to the police, there is an inconsistency of action by the latter. Many do not report cases as the law is not supported by suitable and sensitive implementation that ensures confidentiality with respect to the victim's identity, provides separate facilities and human resources to deal with such cases, and offers medical, psychological and socio-economic support to victims.

Just as in the case of domestic violence and physical abuse, the Government needs external support to develop training packages that sensitize relevant government staff/function-aries/officials and to develop a structured intervention that creates a cadre of social workers who work at the grassroots level and child counselors who provide psychosocial support.

CSOs programmes/Initiatives: Here as well, 3PC is the primary programme/initiative working on preventing sexual abuse/violence against children. Save the Children has developed some good IEC material to create awareness about sexual violence that should be used more widely. Hagar International, M'lop Tapang, Action pour les enfants, Friends-International and First Step Cambodia are some of the organizations working to rehabilitate male victims of sexual abuse. The NGO End Child Prostitution, Abuse and Trafficking in Cambodia also aims to provide relief to victims of sexual abuse and prevent the same.

Implementation challenges and capacity-building support: Semi-structured interviews with NGOs/CSOs working in child protection revealed that weak coordination between NGOs and other stakeholders such as the Government and Cambodia National Council for Children hinders the successful implementation of interventions in the rescue and rehabilitation of victims of sexual abuse. Social norms like patriarchal notions of gender, stigma and social exclusion are major challenges in combatting cases of sexual abuse against women and men. Current programmes have a somewhat limited focus on prevention, which needs to be addressed through school education and dedicated community mobilization and community leadership sensitization work.

Child Protection Risk: Absence of care for abandoned/ orphaned children

Present landscape: Financial constraints force urban poor families to surrender children to alternate care facilities like 'orphanages' or resort to abandoning them. In the majority of these cases, the children suffer from some sort of disability or chronic illness. A lack of additional support services forces these children to live on the street and therefore heighten their risk to alcohol/drug abuse, gang culture, juvenile crimes, trafficking and abuse. Abandoned or orphaned girls are more susceptible to trafficking, getting married a s children or of becoming pregnant while a teenager.

Community behaviour/Response: About 16.6 per cent of families living in urban poor communities are taking care of an orphan or otherwise abandoned child. This fact points towards a voluntary response at the community level. While some families are taking care of orphans, focus group discussions with community elders showed that financial constraints act as a major barrier to catering to the learning and development needs of these orphaned children. These children are more likely to be pushed into child labour and do not receive any parental supervision/care. This hinders their growth and development and can often negatively impact their confidence and/or image of themselves. In terms of abandoned street children, 43.5 per cent families reported that they are abused by community members and their development needs largely remain ignored.

Behaviour change need(s): It is encouraging to note that families in Cambodia believe it to be their moral responsibility to take in orphans from the immediate or extended family. However, many are doing so without the means

to support the child's learning and development. There is a need to sensitize community members on the need to plan for a child's future before adopting him/her. Further, there is a need to mobilize the community to maintain a collective watch to ensure that the child's interests are being safeguarded by his/her foster parents and that they adopt the child after informing relevant government authorities/agencies. The agencies must also ascertain the capacity of the family adopting the child to take care of his/her basic rights.

In the case of abandoned street children, the community needs to be sensitized towards a collective understanding that these children are their responsibility. This would lead the community and therefore the community leadership to ensure that the abandoned street children are connected to appropriate institutions working on this issue and that the children are offered the care and protection they require.

Policy/Regulatory provision(s): The Government has been trying to improve the lives of orphaned and abandoned children by undertaking efforts to reintegrate them into society. There exists a Policy on Alternative Care for Children, the Minimum Standard on Alternative Care for Children as well as the Sub-decree on the Management of Residential Care, which together offer guidance and a regulatory framework for forms of alternative care. UNICEF is facilitating the re-integration of children back to families and communities in five provinces/Capital - Phnom Penh, Sihanouk-ville, Kandal, Siem Reap and Battambang. Sub-degree 119 by MOSVY and the ministry's written commitment guide this implementation.

Implementation challenges and capacity-building support: Key challenges include the effective enforcement of the law pertaining to adoption and the poor regulation of 'orphanages'. Despite legal provisions and mechanisms for regulation, there is a gap that leads to a lack of accountability of such institutions and exposes children to insecure environments. Adoptions are largely informal and it is assumed that children adopted by members of the family do not need state supervision. In fact, there is no formal system in place to monitor the growth and development of adopted children. Families should be required to formally adopt them so as to ensure that the Government can formally track a child's well-being. The absence of supervision is what makes these children susceptible to neglect and exploitation.

The Government would also benefit from support in developing a system to track the growth and development of children post formal/legal adoption.

CSOs programmes/Initiatives: Reintegration of children without care into family structures/ foster homes/institutional care is another aspect that the 3PC focuses on.

Implementation challenges and capacity-building support: Discussions with CSOs highlighted the need to regularly monitor 'orphanages'. Additionally, processes for the development of foster caregivers equipped to assist in the reintegration process of the children are not entirely effective. As a result, CSOs are not able to provide the best possible response to cases of orphans or abandoned street children. Most importantly, even when unregulated, the current set of 'orphanages' and alternative care institutions do not have the coverage and capacity to cater to the entire population of orphans and abandoned street children. In this regard, CSOs need external support to identify fundraising strategies for managing orphanages. They also need to develop closer linkages with the Government, so that they can play an active role in monitoring the growth and development of orphans (at 'orphanages' and post adoption). The overall landscape would also benefit greatly from a model to train social workers as foster caregivers. This is essential for improving the performance of existing and planned 'orphanages'.

Child Protection Risk: Substance abuse, gang culture and juvenile crimes

Present landscape: Substance abuse among Cambodia's youth is rampant, with about 81.4 per cent of respondents reporting that they consume alcohol (occasionally). Of adolescents living in urban poor areas of Phnom Penh, 43.8 per cent have consumed drugs at least once over the past year. Focus group discussions with community members revealed that boys are more likely to engage in consumption of alcohol (or drugs) than girls.

Youth gangs are known to be widespread in Phnom Penh. Over half (52.4 per cent) of adolescents living in urban poor communities of Phnom Penh have a friend or acquaintance of the same age group who is a part of a gang. These gangs commonly engage in theft of property, vandalize private or public property, and often get into armed conflict with members of other gangs.

Community behaviour/Response: Adolescents often imitate the practices of their parents; about 65.4 per cent reported that their parents also consume alcohol. Focus group discussions with adolescents revealed that parents are open to them consuming alcohol. This suggests that the act has been normalized within communities and while parents do not encourage their children to consume alcohol, not many emphatically dissuade the behaviour either. On the other hand, 10.5 per cent reported that members of their families consume drugs. Discussions revealed that community members understood the negative consequences of using drugs, however, easy availability and various push factors lead them to engage in the act.

Behaviour change need(s): Awareness-raising campaigns and social mobilization against substance abuse is required to develop a community-wide behavioural change towards the consumption of drugs and alcohol.

In the case of gang culture, there is a need to address the behaviour behind the primary driving factors. This would include developing mechanisms at the school level that enable adolescents to stay engaged at school and motivating parents to have deeper involvement in their children's education, development and upbringing. It is important to ensure, through supervision, that the child does not begin engaging in alcohol or drug abuse and does not become a part of a gang.

Policy/Regulatory provision(s): There is the absence of a law stipulating a minimum drinking age in Cambodia. Cambodia recently introduced a Juvenile Justice Law that makes provisions for the establishment of a separate system to deal with juvenile crimes such as those committed by adolescents engaged in gangs. There is also a Law on Control of Drugs that focuses on the prevention of drug use.

While Article 38 of the Criminal Code sets the minimum age for criminal responsibility at 18 years, the code allows for the prosecution of minors aged 14 and over if warranted by special circumstances and the nature of the crime committed.

Implementation challenges and capacity-building support: Gaps in implementation include a lack of mechanisms to enforce the Law on Control of Drugs as well as the absence of a widespread system of rehabilitation centres to reintegrate those suffering from drug and alcohol addictions.

In the past, the Cambodian legal system suffered from capacity constraints and children who come into conflict with the law (as perpetrators

or as victims) did not receive adequate care and protection. They were mostly confined to the company of adults, which further exposed them to a number of risks/vulnerabilities and reduced the possibility of reforming their behaviour. While in prison, these children often became increasingly vulnerable to physical, emotional and sexual abuse.

While in confinement, they also had limited or no access to formal/informal education or vocational education. They were unable to develop the skills required to lead an economically productive life after being released from prison. As a result, they are likely to return to a life of crime to sustain themselves.

While the introduction of the Juvenile Justice Law will lead to the establishment of a juvenile system to deal with cases of children who are in conflict with the law, there is the need to ensure its effective implementation. In this regard, the Government needs support in developing training packages for judges, lawyers and police officials. While it sets up the physical infrastructure to support the new juvenile justice system, the Government would need support in detailing on-the-ground strategies that provide juveniles with access to formal education and/or vocational training, reintegration into society, counselling and psychosocial care, etc.

CSO programmes/Initiatives: CSOs such as ActionAid, Cambodian Children's Fund, Friends-International and People in Need provide immediate support to children and families struggling with substance abuse.

This includes needle and syringe exchange programmes to reduce the risk of HIV. To more directly combat drug addictions, CSOs assess the concerned individuals, place them into detox centres and provide rehabilitation services including psychological counselling and vocational training, rehabilitation into society, and aftercare to prevent a lapse. CSOs also work with law enforcers to identify adolescents engaged in gangs also suffering from addictions.

Implementation challenges and capacity-building support: Lack of sufficient finances means that CSOs are working on a somewhat informal basis without having the infrastructure and human resources required to work at scale. There is a general lack of availability of trained manpower to work as counselors and the role is played by unqualified individuals who are otherwise committed to the cause. With the recent change in legislation pertaining to the juvenile justice system in the country, CSOs can play a prominent role in providing care to juveniles. They can play a significant role in the learning, development and reintegration of these children. However, this is only possible if they are knitted into the process of translating the new law into on-the-ground reforms/changes. CSOs believe that an international agency can play a pivotal role in coordinating the efforts of government agencies and CSOs. Further, they believe that they do not have the trained manpower and infrastructure required to provide support at scale. They can overcome these limitations if they are provided support in developing fundraising strategies and with the training of social workers and child counselors.

Child Protection Risk: Access to sexual and reproductive health

Present landscape: Teenage/Early marriage is considered one of the key risks faced by adolescents in Cambodia. The community considers the 10 to 14 age group as too early for marriage. However, at least 4.9 per cent of households report that they married an adolescent from the family while he/she was still less than 14 years of age.

Limited access to accurate information about sexual and reproductive health results in unplanned teenage pregnancies and also heightens the vulnerability of young people to sexually transmitted infections and HIV.

Teenage pregnancies pose a health risk to young girls who often do not have access to antenatal care; nearly 56 per cent of parents who stated that they had married their daughters prior to the age of 18 said that the girl had faced medical complications during pregnancy. Community behaviour/Response: About 42.9 per cent of the families that reported teenage marriages claim that they got the adolescent married because of societal pressure or in order to align with the family's traditions/beliefs. It is important to note that about 20.5 per cent of families living in urban poor communities of Phnom Penh are not aware of the fact that the Government has stipulated a minimum age for marriage for men (20 years) and women (18 years).

Adolescents have very little exposure to formal sex education, with about 60 per cent reporting that the subject has never been touched upon in school. As a result, they have a poor understanding of the negatives of unsafe sex, the need to use contraceptives and about how unsafe sex exposes them to the risk of contracting STIs or HIV. Therefore, here the problem is rooted in a general lack of awareness among adolescents and their parents. It is

further perpetuated by a certain level of discomfort that parents have in talking to their children about sexual and reproductive health-related issues.

Behaviour change need(s): At the very outset, there is a need to sensitize the community on the negatives of child marriage and how teenage pregnancy carries a threat to the mother and child's health. Innovative behaviour change campaigns need to be developed to somewhat dissolve the social taboos surrounding discussion on sexuality in the community. These campaigns need to be centred on the role that the community leadership and community elders can play in challenging existing cultural norms and in checking instances/cases.

Further, adolescents need to be made aware of issues related to sexual and reproductive health through school-based education modules.

Policy/Regulatory provision(s): The Law on the Suppression of Human Trafficking and Sexual Exploitation, Article 36, says the penalty for anyone convicted of sex with a minor (less than 15 years of age) is between five to 10 years imprisonment. Between the age of 16 and18, children can get married if their parents agree, and if they are over 18, they can marry freely. Further, children below the age of 16 can be lawfully wedded if a boy gets a girl pregnant and they both agree to get married.

The second National Strategy for Reproductive and Sexual Health (2013-2016) has three objectives: increase reproductive and sexual health services; improve reproductive and sexual services through strengthened delivery and governance processes; and improve reproductive and sexual health information management as part of a strengthened health

information system. In 2013, MOEYS adopted a comprehensive curriculum for youth at primary and secondary education levels as well as those outside the formal schooling system. The curriculum focuses on information on reproductive and sexual health, including HIV. The Ministry of Women's Affairs has also introduced a programme to improve the connection between mothers and daughters in terms of gender awareness and reproductive and sexual health. The problem of child marriage is worsened by the fact that not many couples come forth to formally register their marriage. This leads to further issues related to child custody in case of separation, lack of financial support to the girl in case she is abandoned by her husband and in-laws, etc.

Implementation challenges and capacity-building support: There is a need to carry out a comprehensive review of existing laws, policies and strategies pertaining to sexual and reproductive health, child marriage, etc. However, preliminary discussions with government officials and CSOs suggest that apart from revisiting the stipulations under various laws, it is important to assess the implementation channels being used. Schools have yet to truly integrate sex education into regular classroom curriculum under pressure from community members not to do so. The landscape also seems to be challenged by gaps in coordination between various line ministries. Further, there is no particular entity clearly identified as the lead authority responsible for dealing with cases related to child marriage. There is a need to identify this agency and support its work through a network of institutions that have grassroots presence. Preferably, this grassroots presence should come from community leaderships/administration.

In this regard, the Government could use external help to develop and roll out a comprehensive module on sex education at school. Teacher training forms an integral part of the support sought by the Government. Action towards checking incidents of child marriage should be decentralized to the community leadership level. The community mobilization/sensitization toolkit on violence against children, human trafficking and/or sexual abuse should have components on child marriage, with the community being pushed towards the development of a community-level action plan. These modules should not be misunderstood as community awareness/mobilization efforts. They should also support the translation of improved knowledge into concrete action, which is regularly monitored by community leadership.

CSO programmes/Initiatives: CSOs have been partnering with the Government to provide quality and accessible sexual and reproductive healthcare to young adolescents.

Implementation challenges and capacity-building support: The aforementioned partnerships have not been structured into city- or province-wide initiatives. Further, they are not being sustained over a period of time. CSO interactions suggest that very little work is being done in the space of ending child marriage.

Child Protection Risk: Lack of access to adequate sanitation

Present landscape: Data collected through structured questionnaires with the households living in urban poor communities of Phnom Penh have shown that about 32.5 per cent of households do not have access to a toilet at home. A number of families had constructed a toilet at home but have since been displaced and their new home does not have a toilet. Frequent movement/eviction or insecurity in tenure inhibits families to invest in toilets, which results in open defecation. Hence, solid and liquid waste management becomes a paramount issue in urban poor communities to address.

Community behaviour/Response: Most of the community members and their children regularly wash their hands after meals or after using the toilet. They regularly brush their teeth and understand the importance of having a toilet. However, in most cases this positive perception is not translating into action solely due to inadequacies in civic infrastructure or because they are too poor to afford the construction of a toilet.

Behaviour change need(s): There is a need to work with adolescents who, despite understanding the importance of regularly washing their hands or brushing their teeth, are not translating the same into practice purely because of their casual attitude. This issue can be best dealt with through life-skills training and health awareness camps in schools where positive peer pressure can be leveraged upon to reform behaviour.

Policy/Regulatory provision(s): The Ministry of Public Works and Transport has assumed responsibility for fecal sludge management in Phnom Penh. The approach of the Government is to separate wastewater from storm water and the ministry assumes wastewater treatment as one of its responsibilities. The Ministry of Land Management, Urban Planning and Construction is meant to ensure that development in urban areas is compliant with environmental law and cognizant of providing adequate water supply and sanitation facilities. The Ministry of Interior, Secretariat of the National Committee for Democratic Development, is responsible for the provision of access to basic services such as sanitation and the improvement of living conditions in coordination with other line ministries. As a result, it is clear that there are a number of line ministries working in this domain. Lack of effective coordination is a key issue impeding the delivery of sanitation solutions to the urban poor; this was one of the focus areas under the National Water Supply and Sanitation Policy (2004).

However, the Government has yet to put in place a comprehensive plan for sanitation and liquid waste management nationally, let alone in the city of Phnom Penh. Under the Water and Sanitation Sector Financing Strategy for Cambodia (2010), efforts have been made to develop costed investment scenarios for the water supply and sanitation subsectors for the whole country (including urban poor communities). However, this needs to be piloted, finalized and implemented at scale.

The Government needs external support in piloting and finalizing various civic strategies for providing sanitation facilities to people living in urban poor communities. The same would need to be supported with a second round of 'costing' work and a holistic plan for delivery of sanitation facilities for the urban poor.

Implementation challenges and capacity-building support: The coordination of the relevant agencies to ensure a streamlined and efficient approach has been a challenge for the authorities. Increased funding by international donors

would also be required to further upscale the activities of these agencies. However, it is most important that before anything else, the Government identifies and recognizes urban poor communities in the city. Many settlements are still not recognized, making discussions pertaining to the provision of sanitation facilities futile as these populations do not even exist on government planning records.

CSO p rogrammes/Initiatives: The municipality of Phnom Penh does not maintain an active, updated list of CSOs involved in sanitation work in the capital. No formal assessments have been undertaken to identify non-state actors operating in the city. The information is usually based on the knowledge of city officials. This is also observed in lower levels of administrative divisions such as the khans and sangkats.

Implementation challenges and capacity-building support: Work in the space of sanitation requires significant capital investments and local CSOs have very limited finances to work with. Moreover, very few of them have civil engineers on their team and therefore their solutions are often not technically sound. Therefore, enhancing the effectiveness of their operations needs access to supplementary finances and technical manpower.

CSOs feel that their efforts are best invested towards community mobilization to reject open defecation, with the Government focusing on the setting up of required infrastructure. Some of them believe that their work in the space of community mobilization can benefit from external support and assistance towards developing community mobilization models. Further, there are agencies that have already developed mobilization material and CSOs feel that gaining access to this material would help ensure that there is no replication of efforts and investments.

Child Protection Risk: Lack of access to safe drinking water

Present landscape: The provision of safe drinking water can be an effective defense against the spread of communicable diseases. Absence of access to safe drinking water exposes children to waterborne diseases/ ailments such as diarrhoea.

Community behaviour/Response: Many households in urban poor settlements do not have a water filtration system. Most of the households without a water filtration system cited the lack of finances as the core reason for not having a water filtration system at home.

Behaviour change need(s): Work in the direction of making the community aware of the need to boil/treat water before consuming it has resulted in a change in grassroots-level practices. However, there is a need to shift focus to supplementary issues such as cleanliness and maintenance of water filtration systems, storage of boiled water in clean and covered utensils, etc.

Policy/Regulatory provision(s): The Phnom Penh Autonomous Water Authority is respon-sible for the provision of water across the city. However, a large number of urban poor com-munities remain unidentified and therefore are not connected to the water grid. As a result, these communities are supplied through private contractors.

Implementation challenges and capacity-building support: Private contractors tend to charge exploitative rates and are largely unregulated. Most importantly, there is a need to identify and recognize urban poor settlements so that they can be connected to the grid and supplied water by the Phnom Penh Autonomous Water Authority. As the urban landscape of the city has changed, this requires that past surveys be updated to identify the urban poor settlements and assess how many are connected to the grid.

In this regard, the Government would benefit from external assistance in developing a revised city level water use and distribution plan along with low-cost models for the provision of piped water to households in urban poor settlements. CSOs programmes/Initiatives: Awareness-generation work undertaken by CSOs has returned positive results and clearly highlighted the role that these not-for-profit institutions can play in ensuring that every household in the community consumes safe drinking water.

Implementation challenges and capacity-building support: There is a need for a detailed study to identify areas of risk that remain and develop a communication campaign around these areas. CSOs are well equipped to develop a communication campaign, however most of the CSOs feel that it would be more cost efficient if such a study and the corresponding communication material were created at a centralized level and shared with all CSOs working in this space.

Child Protection Risks in Schools

Child Protection Risk: Low levels of enrolment in pre-primary education

Present landscape: Access to pre-primary education provides a child with an academic and logical foundation that enables him/her to assimilate and progress more quickly during subsequent years of schooling. Preschool provides important life skills that children may otherwise not pick up, especially because their parents may not be able to devote sufficient time and attention to their developmental needs. Further, being left at home with minimal or no supervision exposes children to other child protection risks related to safety and security at home. Less than 30 per cent of children aged 3 to 5 are currently enrolled in pre-primary education. With their parents engaged in daily wage-based employment to meet the family's subsistence needs, these children largely remain unsupervised at home. With no formal education at a preschool and/or minimal informal learning at home, their learning curve remains rather limited in the formative years of schooling.

Community behaviour/Response: Not many in the community realize the importance of enrolling their children in pre-primary schooling. They have a poor understanding of how pre-primary education prepares a child for subsequent years of schooling. This limited understanding is primarily a function of the fact that pre-primary schools were rare during the time period when the children's parents were growing up. At the same time, it is important to note that parents are very open to the idea of enrolling their children into pre-primary schooling as it would enable them to go to work without worrying about their child's safety and security.

Behaviour change need(s): While the provision of universal access to pre-primary education should be expected to translate into an immediate increase in enrolment of children aged 3 to 5, it is important to ensure that the community also understands its educational importance.

Policy/Regulatory provision(s): The Government set up the National Policy on Early Childhood Care and Development to increase enrolment and enhance protection for children aged 0 to 6. Early childhood education is also a key focus area of the Government's recent Education Strategic Plan. To realize its vision, the Government has set up state-funded preschools and managed formal preschools. It has also empowered the community councils to setup community preschools to respond to the early childhood education needs of children living in areas with limited exposure to formal preschool opportunities.

Implementation challenges and capacity-building support: Limited availability of formally trained teachers, poor compensation for teachers (especially preschool educators) and limited funds for infrastructure have led to a situation where children have limited access to state-funded/-run formal preschools. The quality of education and more importantly the facilities, safety and infrastructure at these schools is evidenced by the fact that where available, parents prefer to enroll their children in CSO-run preschools.

The Government needs support with teacher training, development of appropriate peda-

gogies, design of appropriate teaching learning material packages, and development of a system for monitoring classroom teaching-learning transactions.

CSO programmes/Initiatives: More than 30 per cent of the children participating in pre-primary education are enrolled in CSO-run set-ups. Discussions with community members revealed that parents prefer these arrangements to state-run setups. The former are set up in a smaller space than what is available to the latter but have better pedagogy and curriculum. More importantly, they are considered safer, provide the children with nutritious food and focus on the children's overall grooming. These aspects are noted to be relatively poor in the case of state-managed schools.

Implementation challenges and capacity-building support: CSOs ability to expand the number of pre-primary education set-ups in Phnom Penh's urban poor communities is limited by a lack of sufficient finances. At the same time, they are already running novel initiatives where they have set up basic transportation facilities between the school and communities in the vicinity. Most importantly, CSOs working in this pace are certain that even if they were to gain access to the required funds, it would take time for them to expand the number of schools under their purview. This is primarily because expansion would create issues related to quality of instruction and safety/security of the overall school environment. These issues would need to be addressed at each new school before subsequent ones were opened.

So while CSOs do not have any specific capacity-building needs for setting up and operating preschools, they can play a pivotal role in developing government-managed preschools.

Child Protection Risk: Quality of education

Present landscape: Schools catering to students from urban poor communities in Phnom Penh have sufficient infrastructure to provide an environment conducive to good education. The major gap between ensuring access to schools and quality education is the current level of commitment of schoolteachers. Teachers tend to be somewhat lax during regular classrooms hours to encourage children to attend extra/remedial classes for which they can get extra money. These after-hours classes are considered an informal fee that many families cannot afford, leaving many children lagging behind on the academic front. Poor academic performance coupled with the family's immediate subsistence needs are the primary reasons behind children dropping out of school. Most teachers reported that their regular salary is too small to meet their own family's needs, forcing them to earn extra money through after-hours classes.

On the other hand, teachers report that they lack appropriate materials needed to enhance the quality of their techniques/methods in the classroom. There is an absence of new pedagogical approaches that promote activity-based learning, computer-aided learning, etc.

Community Behaviour/Response: It is quite evident that families living in urban poor communities understand the intrinsic and economic value of education. Their own level of education has no bearing upon their level of aspirations for their child's education. Some of them draw from their limited financial resources to pay teachers' informal fee for extra/remedial classes. However, as mentioned earlier, some families are pulling their children out of school as they do not feel that their child is benefiting from the quality of education being imparted in schools.

Behaviour change need(s): Most parents' feel that they do not have the socio-economic position to monitor and reprimand teachers not performing to expectations. They consider the teachers to be government employees and as such a more powerful entity. Discussions with CSOs working on education for urban poor revealed a need to form community-level collectives (including community leadership representatives) to carry out regular social audits of school infrastructure and teacher performance.

Policy/Regulatory provision(s): The Government has set up a 'teacher policy' that identifies strategies for developing teachers with increased capacities and accountability, in line with a professional code of conduct. It seeks to provide the necessary enabling working environment for effective and efficient classroom performance. The Child-Friendly Schools policy establishes guidelines that help schools develop an environment that recognizes and nurtures the achievement of children's basic rights through working with key stakeholders, including parents. It identifies six dimensions as targets for the creation of a safe learning environment: increased access and the creation of schools that are socially inclusive; effective learning; health and safety of children; gender responsiveness; participation and involvement of all stakeholders in the academic development of the child; and a national education system that supports schools to be more child friendly.

Implementation challenges and capacity-building support: The school education system comes across as constrained by the lack of a systematic career progression path for teachers, lack of appropriate teacher training facilities (including trainers), pedagogical limitations and poor academic and administrative monitoring. Government officials second this analysis and believe that there is a need for external financial and technical support for systems strengthening. Further, there is a need for technical guidance to revisit existing policies and systems for further refinement.

The Government needs external assistance in assessing and strengthening its teacher training machinery. It could use global expertise in developing a teacher career progression plan (or a financial incentives plan that recognizes teachers on the basis of their students' academic performance). The Government also needs external support in assessing and strengthening the current administrative and academic monitoring of teachers.

CSO programmes/Initiatives: NEP was formed to address these challenges. It currently has 127 member organizations, 80 local and 47 international, and regularly engages with MOEYS. It focuses on the creation of dialogue between government authorities and civil society on issues related to education. At a grassroots level, CSOs are primarily focusing on encouraging the community to send their children to school and in providing children (including dropouts) with access to remedial classes and bridge education to help maintain a basic academic performance. There are also cases where CSOs are supporting schools with learning materials for teachers and pedagogical innovations. However, these partnerships are not running at scale.

Implementation challenges and capacity-building support: Discussion with CSOs suggest that the NEP's positioning requires strengthening, which would be achieved through better coordination among CSOs and between CSOs and the Government. The former is required to ensure that there is no replication of efforts and the latter to ensure the expansion of quality interventions. This shift would need to be backed by robust assessment of partnerships to ensure that relevant programmes/projects are selected for expansion. This process of coordination would need to be led by an international agency that has been working in close coordination with the Government and should result in a clear role for the CSOs to play in strengthening education outcomes for children (and specifically, children from urban poor communities).

Child Protection Risk: Corporal punishment and bullying at schools

Present landscape: The Education Law (2007) banned corporal punishment in public or private schools. Yet 30.5 per cent of adolescents attending school reported having received corporal punishment during the past one year. Corporal punishment is not only being used as a disciplinary measure; adolescents stated it was also used as a tool to encourage better academic performance. Further, one in four adolescents reported instances of bullying in classrooms. None of the schools visited under the study reported the existence of a formal system/structure in place to check/investigate instances of corporal punishment or bullying. Community behaviour/Response: The problem of corporal punishment and bullying in school stems from the fact that many parents and students consider corporal punishment to be acceptable and bullying to be a normal part of adolescents' growth and development. They feel that such incidents make their child better able to face the world as an adult.

Behaviour change need(s): There is a need to mobilize the community to understand the physical and psychosocial implications of bullying and corporal punishment. The community has to be sensitized to the need of completely rejecting corporal punishment from the home and school environment and bullying from the school, family or community environment.

Policy/Regulatory provision(s): Under Article 35 of the Education Law (2007), corporal punishment is prohibited in public and private schools. However, Article 8 of the Law on the Prevention of Domestic Violence and Protection of Victims 2005 states that the discipline of children by parents is not considered as violence or domestic violence. Article 38 guarantees the right to life of all individuals and prohibits physical abuse of any individual. Article 48 provides that the State shall protect the rights of children as set out in the Convention in the Rights of the Child. Sub-Decree No. 127 on Teachers Professional Code (2008) states, *"Teachers cannot physically and spiritually torment learners."* Prakas No. 922, Problems Relating to Imposing Penalties on Pupils (2006), lists a series of punishments that are banned from being administered in school. As a result, the overall policy landscape send out conflicting messages where on one hand it deems corporal punishment to be illegal in schools and on the other remains ambiguous on corporal punishment at home.

Implementation challenges and capacity-building support: There are gaps in the implementation of laws and guidelines that prohibit corporal punishment in schools. Most teachers are aware that it is illegal but continue to dole out such punishment as they feel that it is essential for disciplining children. Teachers need to be sensitized on this issue, reporting and redressal mechanisms need to be strengthened, and the school administration needs to be made accountable for regulating and monitoring classrooms for instances of corporal punishment.

There are no particular guidelines set by the Government to curb instances of bullying at school. This is another area of concern for which school management needs to have a structured response, with teachers responsible for ensuring that schools are free of bullying. School- and community-wide campaigns are required to ensure that students, teachers and parents understand that bullying is unacceptable and has an adverse impact on the victim.

The situation could benefit with the development and deployment of a school-based intervention on ending violence against children. The intervention should focus on corporal punishment at school, bullying and domestic violence. However, the Government would need external support in developing, piloting, finalizing and implementing such a campaign (preferably integrated with the curriculum).

CSOs programmes/Initiatives: The Government is working in conjunction with key CSOs to draft a policy to protect schoolchildren from abuse at the hand of educators and fellow students. This includes bullying, corporal punishment as well as sexual abuse. MOEYS has also made commitments towards ensuring disciplinary action for crimes and professional misconduct by teachers in schools, especially sexual violence and corporal punishment, and promoting the use of non-violent teaching methods to prevent physical punishments.

Implementation challenges and capacity-building support: The current focus is on preparing appropriate guidelines and directives. The same needs to be backed with relevant management and monitoring structures where different entities/individuals are assigned specific responsibilities. The policy being developed needs an accompanying monitoring and evaluation framework to help assess policy performance, thereby paving the way for subsequent reforms and the evolution of monitoring and management structures. In this regard, CSOs believe that an agency such as UNICEF could lead the way by creating a social audit tool that CSOs can use to assess child safety in schools while reporting findings to the Government.

Child Protection Risk: Disability and Access to Inclusive Education

Present landscape: About 59.1 per cent of children with disability and 36.4 per cent of adolescents with disability are currently not enrolled in school. Schools face challenges in providing the required infrastructure and resources to support these children/adolescents, including trained teachers who specialize in working with children with special needs. Basic teaching aids and specialized learning material are also limited.

Community behaviour/Response: Parents of children with disability are keen to send their children to school and provide them with an environment where they can interact with other children of their age. However, in most cases they either choose not to send the child to school or pull him/her out of school as they feel that the child is not being provided a safe and conducive environment. Parents feel that schools are not equipped to cater to their children's learning needs. Moreover, their children are more at risk of being bullied by their classmates, without the protection of teachers to intervene in such cases. Not being in school, coupled with the family's subsistence needs, often leads to a situation where the parents are mostly out of the house in search of work and the child is left unattended to. These children are more at risk of being subjected to violence by a member of the family or community because in a number of cases they cannot reply back or cannot report such incidents.

Behaviour change need(s): There is a need for a 360-degree campaign to sensitize the community, schoolteachers, school leadership/management, healthcare officials, social workers and children/adolescents to the need for sensitivity towards children with disability. In this regard, the community leadership, children/ado-lescents and school leadership/management are of utmost importance.

Policy/Regulatory provision(s): The Policy on Education for Children with Disabilities aims to increase awareness and acceptance of disabilities among communities, relevant institutions and stakeholders; provide early identification and intervention through rehabilitation services; provide quality education, life skills or vocational training to children/adolescents with disabilities; and increase enrolment, promotion and survival rates in schools. Education for children with disabilities is also included in the Child-Friendly Schools policy framework, and additionally an inclusive education project has been implemented across 15 provinces. The Government also ratified the Convention on the Rights of Persons with Disabilities in 2012.

Implementation challenges and capacity-building support: Government policies and directives are in line with what is needed to improve upon the identification, enrolment and education of children with disabilities. However, work against these policies and guidelines are limited by the unavailability of skilled/technical manpower within public health systems, teacher training institutions, school management, etc. Further, the Government does not have the finances required to create suitable infrastructure in schools that is friendly to children with disabilities, train teachers, provide appropriate teaching learning aids, and so on.

The Government needs external support to develop low-cost strategies for infrastructure that would enable children/adolescents with disability to regularly access school. Further, the Government would need support to train public schoolteachers to cater to the educational needs of children/adolescents with disability.

CSO programmes/Initiatives: Discussions with CSOs highlighted the collaboration between WHO, UNDP, UNICEF and the Government of Australia, specifically the Department of Foreign Affairs and Trade, to establish the Disability Rights Initiative Cambodia, which is being implemented from 2014-2018 and focuses on four major components for support: the Government, disabled people's organizations, rehabilitation systems and inclusive governance and community development.

Additionally, UNICEF and the Australian Government have also introduced the Cambodia Disability Inclusive Development Fund, an NGO grant scheme under the Australian Government's Development for All 2015-2020 strategy. Areas of focus include assisting children with mental health, neurological intellectual and psychosocial disabilities; strengthening early identification and screening of young children; increasing access to higher education and providing community-based care.

Implementation challenges and capacity-building support: Here as well the problem centres on delivering change at scale. A lot of innovative work is being supported under the Cambodia Disability Inclusive Development Fund, however upscale to national interventions requires widespread funding. Further, there are very few strategies in place to support the learning needs of children with severe disabilities. Further depth is required in community mobilization and sensitization work as community and school campaigns are coming across as fragmented and sporadic. A general lack of coordination means that CSOs are often duplicating work in terms of creating communication material. It would be useful to map the existing communication material and offer it to organizations working or keen to work on this issue.

Capacity-building needs of government ministries/departments and CSOs

This section is an institution-wide summary of the capacity-building needs presented under the 'Implementation challenges and capacity-building support' write-ups in the preceding section on policy/programme analysis.

Ministry of Education, Youth and Sports

MOEYS has put in place legal and policy provisions to facilitate access to quality education. This includes the Education Strategic Plan, the National Policy on Early Childhood Care, the Teacher Policy, the Child-Friendly Policy, the Education Law, the Policy on the Education for Children with Disabilities and the Teachers Professional Code. These policies collectively facilitate enrolment at the preschool, primary and secondary levels; provide for teacher training/development; establishe guidelines for school management and development; prohibit the use of corporal punishment within schools; and provide for the protection of child rights at school.

However, there remain gaps in the capacity needs of the ministry and the schools it manages. At the school level, key challenges include the limited availability of formally trained teachers, poor compensation for teachers and limited availability of funds for infrastructure development, poor academic and administrative monitoring, and the absence of reporting and redressal mechanisms to deal with instances of bullying and corporal punishment. Additionally, there is a paucity of qualified and experienced teacher training professionals.

There are broad parameters across which the capacity-building efforts need to be focused, specifically infrastructure, quality of teaching, corporal punishment and bullying in schools, and the ability of schools to cater to the needs of children with disabilities. There is a need for external assistance to strengthen the existing teacher training machinery, develop appropriate and innovative classroom teaching pedagogies, design appropriate teaching learning material packages, and develop a system for monitoring classroom teaching-learning transactions with the objective of monitoring and enhancing quality of school education. Government officials second this analysis and believe that there is a need for external financial and technical support for systems streng-thening. Further, there is a need for technical guidance for revisiting existing policies and systems for further refinement, including corresponding monitoring modalities/mechanisms.

Another area where capacity-building needs to be directed is the development of guidelines and campaigns to curb instances of bullying and corporal punishment at school. This is another area of concern for which school management needs to have a structured response,

with teachers being made responsible for ensuring that schools are free of bullying and corporal punishment. School and community-wide campaigns are required to ensure that students, teachers and parents understand that bullying and the use of physical discipline are unacceptable and have an adverse impact on the victim. However, the Government would need external support in developing, piloting, finalizing and implementing such a campaign. To build the capacity of schools to address to needs of children with disabilities, the Government needs external support for developing low-cost strategies for the provision of essential infrastructure. Further, the Government would need support for the training of public school teachers to respond to and address the educational needs of children/adolescents with disability.

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Ministry of Social Affairs, Veterans and Youth Rehabilitation

Legal and policy provisions introduced by MOSVY in the space of child protection include the Law on the Prevention of Domestic Violence and Protection of Victims, the National Action Plan on the Elimination of the Worst Forms of Child Labour, the Law on the Suppression of Human Trafficking and Sexual Exploitation, the Policy on Alternative Care, the Minimum Standard on Alternative Care for Children, the Sub-decree on the Management of Residential Care, the National Strategy for Reproductive and Sexual Health 2013-2016, and the recently introduced Juvenile Justice Law.

Gaps in these legislations and policies, coupled with the limited capacity of enforcement, medical and legal agencies to respond to victims and violators, is the major challenge before the Government. There is a need to evaluate and refine certain laws, specifically the Law on the Prevention of Domestic Violence and Protection of Victims 2005 as well as Article 1045 of the Civil Code (to include corporal punishment as an illegal, punishable offense not only within schools but also within the home and institutions of residential care). The revision of these laws needs to be accompanied with a stringent monitoring mechanism to ensure enforcement of the legal provisions and accountability of violators. The Government needs external support to evaluate the existing laws/policies and revise/refine monitoring laws/policies.

The capacity of the police force, medical staff, lawyers and the broader judiciary needs to be strengthened to ensure effective implementation of laws and policies related to child labour, trafficking, sexual and physical abuse, domestic violence, sexual and reproductive health, and residential care and adoptions. Strategies include support to the Government in

developing training packages to engage with the police force, medical staff, lawyers, etc., to better inform them of what constitutes violation of laws and policies related to child protection and rights; structured interventions to create a cadre of social workers who can work at the grassroots level; child counselors who can provide psychosocial support to victims; and social audit tools to check and assess the functioning of orphanages.

Further, the Government has limited access to staff with sound technical understanding of monitoring and evaluation of government policies and programmes. It needs support in developing an overarching monitoring framework to track progress of service delivery to victims. Insufficient manpower is another capacity gap faced by the Government, which this can be filled through collaboration and partnerships with NGOs/CSOs.

NGOs/CSOs

Key NGOs/CSOs working in the child protection and education space include Friends-International; Hagar International; M'lop Tapang; Action pour les Enfants; the Asia Foundation; End Child Prostitution, Abuse and Trafficking in Cambodia; and First Step Cambodia. In 2011, a collaborative effort between UNICEF, Friends-International and MOSVY aimed at the protection of children was launched: '3PC' focuses on developing the child protection system in Cambodia and has established the ChildSafe Movement, which brings together CSOs and community members (who become ChildSafe Agents), to enhance the 'reporting of' and 'response to' child abuse and child trafficking. This collaboration also focuses on the reintegration of orphaned/abandoned children and stopping corporal punishment in schools. Other CSOs in this space have established child protection units that provide free legal aid and medical support in instances of violence, run awareness campaigns (door to door, community events, local media) to sensitize families on the negatives of sending their children to work, run evening classes to provide child labourers with alternative, informal education; and have established bridge education classes to help school dropouts re-enrol in formal education.

Key capacity challenges before NGO/CSOs working with urban poor communities of Phnom Penh include a paucity of funding, a lack of skilled manpower/resources and limited interface with key government stakeholders at the national, district and community levels. The scope and coverage of 3PC in responding to child abuse and trafficking is largely limited by the lack of funds required to expand necessary services and

deliver depth of prevention and rescue services. NGOs, therefore, need support in developing fundraising strategies. This support could be in the form of structured trainings or a tool kit.

Another area where capacity needs to be developed is the availability of trained and qualified staff, which includes child counselors who can provide victims with required psychosocial support and a well-trained social workforce. There is, therefore, the need for investments to establish institutions of learning that will enable individuals to develop the required skill sets. CSOs need support in developing a tool kit accompanied by a community response model that they can use to mobilize the community to reject violence against children and protect the rights of children and adolescents. Subsequently, they would also need support in developing an assessment tool that the community can use to assess its performance in the child protection space. Most of the CSOs focus on prevention-related work and wish to expand in the area of redressal and rehabilitation. However, their ability to do so is constrained by limited technical understanding and experience. They seek structured training support on developing and deploying programmes in these spaces, coupled with handholding support to manage these programmes to the point where they have the expertise to manage them on their own.

Conclusion

Rapid population growth has put considerable pressure on Phnom Penh, specifically within its urban poor communities. Children and adolescents constitute one of the most vulnerable segments of the population residing within these communities. The results of this study suggest that they face risks including domestic violence, sexual abuse, child trafficking, early marriage, child labour and substance abuse. Socio-economic and structural barriers have left children and adolescents exposed to a number of health- and sanitation-related risks. Adolescents residing in urban poor communities are also noted to be at risk of coming into conflict with the law. Statistics gathered through this study highlight that some of the child protection risks are more acutely felt within urban poor communities.

Children have poor access to preschools and the quality of education being imparted to adolescents is questionable. Even when at school, adolescents are exposed to risks such as corporal punishment, bullying and a general neglect from their teachers. The interplay of economic barriers, socio-cultural norms and risks at school position children and adolescents from urban poor communities as a group in need of immediate government care and support.

Further, sub-groups such as orphans, abandoned street children and children with disability are observed to be most at risk due to their physical position or the fact that they do not have any immediate elderly care and supervision.

Over 50 per cent of families in urban poor communities live on less than a dollar a day, and this extreme poverty is interlinked with most of the key protection risks faced by children and adolescents. The family's subsistence needs often force parents to devote the majority of their time towards identifying and engaging in employment opportunities, leaving them with very little time to care for and supervise their children. This leaves adolescents suscep-

tible to joining gangs, substance use, alcohol consumption and coming into conflict with the law.

High prevalence of cases of domestic violence against women and children was reported by respondents interviewed for the purpose of study. A number of families reported that they feel that it is appropriate to use corporal punishment to discipline a child.

Lack of care and attention from parents coupled with instances of domestic violence has often led to adolescents running away from home. There are cases where children have been reported as missing from home and the community understands that these children and adolescents may have been trafficked.

Poor sanitation practices and facilities leave a number of children vulnerable to waterborne diseases. Many households are also not consuming safe drinking water, which can impact the growth and development of children.

A number of households reported teenage marriages and most of these cases were accompanied by reports of teenage pregnancies involving medical complications. Many teenagers in the communities are sexually active but limited exposure to sex education means that they are not engaging in safe sex, leaving themselves exposed to HIV and sexually transmitted infections. On the other hand, the schools in Phnom Penh have played an important role in protecting children's and adolescents' rights by imparting sex education, holding health awareness camps, and providing opportunities to develop towards an economically brighter future. Community members consider teachers to be knowledgeable individuals and attach high value to their advice and opinions.

However, as of today the school environment is not being leveraged for these benefits. On the contrary, it is characterized by an additional

set of child protection risks related to corporal punishment in school and bullying.

The relationship between child protection risks in school and at home is best highlighted by the fact that out-of-school children are noted to be most at risk of engaging in child labour, gang culture, substance use, etc.

The quality of education in schools is also constrained by the current level of effort being invested by teachers (not their qualifications/expertise); the absence of innovative pedagogies for teaching; limited avenues for teachers to receive formal training; and limited availability of appropriate teaching learning material, computer aided learning, etc. Gaps in the quality of education, private cost of education and the 'informal fee' most have to pay to enroll their children in extra classes often leads to a scenario where parents feel that it is economically more important to pull their children out of school. Subsequently, these children are pushed towards child labour or required to take care of domestic chores and responsibilities (so that their mothers can go out to work).

Poor educational qualifications tend to limit the employment opportunities available to these children. As a result, they tend to get caught in a vicious circle of poverty and deprivation, factors that have been identified as intrinsic to most of the child protection risks faced by children and adolescents from urban poor communities in Phnom Penh.

Addressing these child protection risks requires mechanisms to ensure more effective implementation of existing laws and policies, revision of certain laws and policies, legislative safeguards to protect the rights of children, and innovative grassroots-level programmes and behaviour change campaigns to reform the community's perceptions, opinion, beliefs and practices. It is fairly evident that in most cases a comprehensive response would require active participation (and often leadership) on the part of schoolteachers, school management and community leadership. Therefore, it is important to treat schools as centres in need of reform/solutions as well as part of the reform/solution.

Recommendations

School curriculum-based interventions on violence, bullying, sex education and substance use:

Schools are identified as a platform for educating adolescents on key life skills and social skills. While the regular curriculum does typically send messages related to issues such as violence and bullying, it is clear that these issues need to be dealt with in a focused and structured manner. UNICEF Cambodia is currently supporting MOEYS to implement and monitor a 'positive discipline' programme in a number of schools. This programme focuses on increasing awareness in schools about the causes and consequences of different types of violence and the responsibilities that school directors, teachers, students and parents share in preventing violence against children. However, the programme has yet to be implemented in schools catering to students from urban poor communities; the Government may seek further support from UNICEF to expand the programme to include this population. Further, given the findings of this study, the Government may want to revisit the existing module being used under the programme, strengthening it to be more in line with the needs of children and adolescents from urban poor communities. UNICEF or other like-minded agencies could support this initiative.

Community-based behaviour change campaigns on substance use, corporal punishment, teenage marriages, violence against children and trafficking:

The community has an understanding of the negative repercussions of corporal punishment, substance use, violence against children, etc. However, this awareness is not necessarily translating into reformed behaviour. There is a need for targeted behaviour change campaigns that support information dissemination with practical action plans that the community can implement. Government, while working closely with NGOs/CSOs working in urban poor communities, should explore the idea of developing these modules through relevant pilots and expanding them after establishing positive impact. Engaging members of the community as training recipients and as the pioneers of the corresponding practical work (community action planning) would be crucial for the success of these behaviour change modules. Similar interventions have been successfully tested in the neighbouring countries of Lao PDR and Viet Nam. In fact, UN Women Cambodia has also developed and tested similar interventions in the space of ending violence against women through community action.

Community-based safety groups:

Interlinked with these community behaviour change modules would be the establishment of a vigilance group to monitor the community and safeguard the rights of children and adolescents. This group would link with the community leadership, intervening in cases of violence against children, corporal punishment and teenage marriage. It would be a collective that would liaise with the police in case a matter needs to be escalated or in cases where children/adolescents are reported to be missing from home. The group would also constantly monitor the community for any suspicious elements that could be of threat to children/adolescents. As discussed below, some of the members of this group should also be a part of school monitoring committees.

Training for members of judicial enforcement agencies:

The Government is already working on setting up a separate system to respond to cases of children in conflict with the law. However, its success will rest on the abilities of the officials who manage and implement it. Training these officials to be sensitive to children/adolescents will be essential for success; it is recommended that Government takes on the task of this training. While Government may lead the process, technical expertise may be sought from agencies like UNICEF, which has a comparative advantage in working on child rights issues. Here as well, the idea should be to pilot and finalize a robust, impactful module that can be expanded in the future. The module needs to be developed in a way that it effectively works with police officials, judges and lawyers. Furthermore, the establishment of a specialized (and trained) children's unit or children's desk within police stations will help provide a more appropriate response to crimes against children and to children in conflict with the law.

Improved access to safe drinking water through demand-side and supply-side initiatives:

Many members of the community do not understand the difference between clean water and safe drinking water. Others take precautions to the extent that they boil water before consuming but do not store this water in clean containers kept in a hygienic space. The situation requires a comprehensive response that considers both demand and supply side reforms. Government may want to initiate a behaviour change campaign to sensitize urban poor households on the need to properly treat water meant for consumption and to store it in clean and hygienic containers. On the other hand, UNICEF may want to work with the Government to develop a comprehensive service delivery strategy to ascertain the means and mechanisms through which water will be transported to and distributed to households in urban poor settlements.

Open-free defecation in urban poor communities:

Most members of the community understand that open defecation can lead to the spread of preventable, communicable diseases. The problem is that many households do not have the space or the finances to build a toilet. In other cases, the family size is too large to be supported by one toilet. Frequent move due to eviction or relocation also dissuades people from building toilets. Such limitations are leading to a scenario where liquid waste from toilets in these communities is gathering in a low-lying area within or adjacent to the community. Given the existence of demand and supply side constraints, there is a need to explore the idea of building community sanitation facilities that can be utilized on the payment of a nominal fee (sufficient to ensure maintenance and upkeep). The community's ability to pay for such facilities is summarized by the fact that in many cases, community members are procuring drinking water from private suppliers. Community sanitation facilities would be easier to manage from a liquid waste management perspective and provide access to all within the community. This model has been successfully tested and implemented in countries such as Thailand, Nigeria and Ghana.

Registration and regulation of 'orphanages':

Discussions with CSO representatives and government officials reveal that orphanages in Cambodia are not necessarily registered with the Government and their operations are not closely monitored by authorities. This scenario needs to change to prevent the violation of children's rights. If left unchecked, 'orphanages' can become centres of human trafficking, sexual exploitation, bullying, violence against children and the like. The Government should follow up the legislation pertaining to the mandatory formal registration of orphanages by deploying a system for their concurrent monitoring through the establishment of enforcement units within khans or sangkats. Alternatively, CSOs can be considered to monitor these institutions. To ensure that the audit process is transparent and complete, guidelines need to be established for the inception and operation of child-friendly and safe orphanages.

CSO engagement for social audits and ensuring regulatory compliance:

One of the major impediments to effective implementation of laws, policies and regulations is the paucity of manpower available to government ministries and departments. Inability to monitor compliance with regulations has led to a scenario where liquor shops are selling alcohol to underage adolescents and factories are continuing to employ children. Government may seek help from agencies in developing standardized social audit templates/frameworks and engaging CSOs to use them to ensure regulatory compliance, report compliance failure to relevant authorities, and follow up to ensure action. Social audit and monitoring frameworks may also be developed to concurrently assess other child protection systems such as those meant to support children in conflict with the law, children who are victims of domestic violence, children using drugs, etc.

Improved school monitoring committees:

It is encouraging to note that families associate high value to their child's academic performance and educational progress. At the same time, they have very little interface with teachers and do not feel that they have the right to audit or comment upon the performance of local schools. While many schools already have school supporting committees, it is necessary to ensure the participation of parents and members of community leadership. One of the core responsibilities of these committees should be to organize regular parent-teacher interactions while ensuring that they mobilize the community to participate. An improved parent-teacher interface could help improve student attendance and performance.

Improved teacher training machinery:

As per MOEYS officials, there is a need to further strengthen the country's teacher training machinery to ensure that it identifies the needs of public school teachers and provides apt training modules (need-based training). This is largely because the system is grappling with infrastructural and human resource limitations. Interactions with respondents suggest that the Government has limited access to qualified trainers and the existing training packages come across as outdated/limited. There are very few references to innovative pedagogies such as Activity-Based Learning and Computer-Aided Learning. The provision of teaching learning material and computers at all government schools would require considerable financial outlay. However, the same can be looked into after the existing teacher workforce is trained. Government may consider the option of developing such training modules and training master trainers who can subsequently work with teachers. A system of Continuous Professional Development for in-service training, currently under development by MoEYs, will be key to address such needs.

Training for school leadership:

There is abundant literature demonstrating that the success of an inclusive system of education where schools are safe and secure environments for all children is largely spearheaded by leadership at schools. There is a need to establish a school leadership training programme that seeks to work with school heads (principals) on aspects such as inclusive education, bullying, corporal punishment.

Developing a child-rights monitoring framework for Phnom Penh:

While this report provides baseline data on a number of child protection risks and educational indicators, city government, in collaboration with an agency like UNICEF, could transform the data into a monitoring framework to track the success of policy reforms and programmes over the baseline.