AN ANALYSIS OF THE SITUATION OF CHILDREN & WOMEN IN CAMBODIA 2009
This situation analysis of children and women has been undertaken within a rights-based framework in order to review progress and to identify gaps in the realization of children’s rights in Cambodia. The purpose of this report is not to offer recommendations, but rather to provide a picture of the challenges that government, development partners, civil society and the private sector face in promoting, respecting and protecting children’s rights within the Cambodian context.

Childhood is meant to be a unique time for children to grow, learn and explore their surroundings in safety and in health. Early childhood care and development, founded on a healthy, wanted pregnancy, is an essential building block for positive adolescent development and transition into adulthood. Yet for many Cambodian children, such a childhood does not exist. Many structural barriers hinder mothers, fathers and/or guardians, and service providers in their ability to fulfil their roles in respect to children in their care.

It is, therefore, the duty of governments to provide the necessary infrastructure, conditions and supportive policy environment that will enable adults and children to claim and attain their rights. Progress has been made in Cambodia, but there is still much to be done.

The information presented in this report was compiled from secondary data in late 2008, completed in 2009 in light of the results of the General Population Census of Cambodia, and does not claim to be exhaustive. It is hoped that this Situation Analysis of Children and Women in Cambodia will provide policymakers, programmers and child rights advocates with consolidated reference material across several areas required for the survival, development, protection and participation of all children in Cambodia.

Opinions expressed in the report are those of the authors and do not necessarily reflect the views of UNICEF.

UNICEF Cambodia
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<td>Net Admission Rate</td>
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<tr>
<td>NCHADS</td>
<td>National Centre for HIV/AIDS and STIs</td>
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<td>NCHP</td>
<td>National Centre for Health Promotion</td>
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<td>NEC</td>
<td>National Election Committee</td>
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<td>NER</td>
<td>Net Enrolment Rate</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>NIR</td>
<td>Net Intake Rate</td>
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<tr>
<td>NNS</td>
<td>National Nutrition Strategy</td>
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<tr>
<td>NOVC-TF</td>
<td>National Orphans and Vulnerable Children Task Force</td>
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<tr>
<td>NPA</td>
<td>National Plan of Action</td>
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<tr>
<td>NSDP</td>
<td>National Strategic Development Plan</td>
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<tr>
<td>OD</td>
<td>Operational Districts</td>
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<td>OI</td>
<td>Opportunistic Infection</td>
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<td>ORS</td>
<td>Oral Rehydration Salts</td>
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<tr>
<td>ORT</td>
<td>Oral Rehydration Therapy</td>
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<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>PAP</td>
<td>Priority Action Programme</td>
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<tr>
<td>PB/B</td>
<td>Programme-Based Budget</td>
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<td>PDRD</td>
<td>Provincial Department of Rural Development</td>
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<tr>
<td>PFM</td>
<td>Public Financial Management</td>
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<td>PHAST</td>
<td>Participatory Hygiene and Sanitation Transformation</td>
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<td>PHD</td>
<td>Provincial Health Department</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
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<td>RGC</td>
<td>Royal Government of Cambodia</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>RTA</td>
<td>Road Traffic Accidents</td>
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<td>RWSS</td>
<td>Rural Water Supply and Sanitation</td>
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<td>Rural Water Supply, Sanitation and Hygiene</td>
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<td>SITAN</td>
<td>Situation Analysis</td>
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<td>SRP</td>
<td>Sam Rainsy Party</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TWG</td>
<td>Technical Working Group</td>
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<td>Abbreviation</td>
<td>Full Name</td>
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<tr>
<td>UNCT</td>
<td>United Nations Country Team</td>
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<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNTAC</td>
<td>United Nations Transitional Authority in Cambodia</td>
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<td>US</td>
<td>United States</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>UXO</td>
<td>Unexploded Ordnance</td>
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<tr>
<td>VCCT</td>
<td>Voluntary Confidential Counseling and Testing</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WSP</td>
<td>Water and Sanitation Project</td>
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<td>WTO</td>
<td>World Trade Organization</td>
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Executive Summary

Over the last two decades, Cambodia has been healing from a period of violent conflict and undergoing major transformations that are bringing about important economic and social change. These transformations have been aided by robust economic growth and the development of a legal and policy framework. The results can be seen in marked improvements in poverty, health and education, and in the overall standard of living of the population. Positive trends are evident in a number of areas, such as the progress towards gender equality in education, more affordable health care and more responsive state institutions. However, as of 2008, the country remains one of the poorest and least developed in Asia, with growing inequality becoming a major concern for policymakers. According to the Human Development Index that assesses health and educational outcomes, Cambodia ranks 131st out of 177 countries with a score of 0.598. Rises in living standards are mainly found in urban areas and primarily among the richest quintile. At the same time, rural development is lagging, with the majority of people living in rural areas unable to benefit from economic opportunities. It seems unlikely that Cambodia will meet most of its Millennium Development Goals (MDGs) by 2015.

This situation analysis (SITAN) focuses on the current conditions that affect children in Cambodia and their capacity to enjoy all their rights as recognized in the Convention on the Rights of the Child (CRC) and Cambodia’s 1993 Constitution, which has fully incorporated the treaty, as well as other international human rights instruments (i.e. the ILO Conventions on child labour). A human rights-based approach was applied in the preparation of this SITAN, which measures to what extent the rights of children are being respected, protected and fulfilled in Cambodia (see methodology). The SITAN is structured in six chapters that discuss the extent to which children’s rights to health; education; protection from violence, exploitation and abuse, and participation are being met. The first two chapters provide a brief country profile and background to provide an understanding of the human development context, which aids assessment of the progress achieved and the identification of the remaining obstacles for the realization of children’s rights. The causes that prevent the enjoyment of children’s rights, and the roles of the numerous duty-bearers responsible for fulfilling them, are important components of the SITAN.

Chapter I briefly addresses the country’s recent past and the political system that has brought peace and stability, as well as economic growth. It is widely known that in addition to claiming an estimated 1.7 million lives, the Khmer Rouge period had a profoundly negative impact on the country’s development, which resulted in the need to entirely reconstruct the Cambodian state, economy and infrastructure. This violent period saw the death of parents, children, siblings and grandparents, as well as the

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loss of trust between family members. The legacy of this period is still felt by most Cambodians. According to provisional 2008 census results, Cambodia has a population of 13.4 million. The population is very young with about 41 per cent under the age of 18.

Chapter I also describes the key governance institutions that play a leading role in fulfilling the rights of the child, given that, pursuant to international human rights law, the State is mainly responsible for implementing the CRC. The principal governance institutions and main duty-bearers are the executive, legislative and judiciary branches. However, civil society and NGOs, the media, the international donor community and the United Nations also have roles and responsibilities in respecting and protecting the rights of children. In recent years, Cambodia has been engaged in a decentralization and deconcentration process, and with the Government stressing the importance of equity and accountability in the decision-making process at the local level, it is believed that Commune Councils could be made more responsible and accountable for children’s rights. The presence of Commune Committees for Women and Children (CCWCs) is already contributing to a more enabling and protective environment for children.

Chapter II underscores the fact that economic deprivation and poor health are the two leading factors that characterize the situation of most Cambodians and that they are more prevalent in rural areas, where about 80 per cent of the population is concentrated. In addition to severe poverty and poor performance in terms of development indicators, there is a major problem of pervasive vulnerability. This is evident in the large percentage of the population that is “at risk of various idiosyncratic and covariant shocks” such as illnesses and natural disasters, which can push households into difficult economic circumstances or poverty. Many households faced with such challenges or “shocks” are forced to adopt extreme coping mechanisms in light of the absence of effective social protection mechanisms. Coping mechanisms include pulling children out of school to work in order to supplement the family income, involving children in begging, and temporarily placing them with guardians or, increasingly, in orphanages. Among the specific groups identified as particularly vulnerable to poverty are children and youths, particularly orphans, children living on the streets, and children engaged in work.

Chapter II points out that Cambodia has made important commitments by ratifying the major international human rights treaties that recognize and promote the rights of children and women. It also examines the progress being made due to greater awareness of women’s rights as a result of initiatives undertaken recently by the Government, media and civil society. However, gender inequalities are typically found with respect to girls’ lower level of education achievement and the triple burden faced by women in their homes and communities. Women contribute their incomes to their households, but have low levels of participation in positions of authority and in the decision-making process. Inequalities are further evident in women’s lack of access to income-generating opportunities, control of household assets and the high incidence of violence.

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6 Ibid.
7 World Food Programme, 2007, Integrated Food Security and Humanitarian Phase Classification (IPC) Pilot in Cambodia, p.28
8 Ministry of Women’s Affairs, 2008, A Fair Share for Women, Cambodia Gender Assessment, p. ii.
against women. One of the perceived constraints against achieving gender equality is the limited understanding of the meaning of gender among some stakeholders. As a result, many initiatives targeting women do not address the relationship between women and men and the responsibilities of both as parents in the raising of their children.

Chapter III addresses the child’s right to health and identifies both achievements and remaining challenges. Since 2000, Cambodia has made enormous progress in health. It has succeeded in reducing infant and under-five mortality from 96 to 60 and 124 to 83 deaths per 1,000 live births, respectively. This progress has been attributed to the strong performance of the national immunization programme, successful breastfeeding promotion and other factors, including the reduction of poverty levels, improved access to education and better roads. Access to improved water supplies has exceeded the 2015 CMDG target. The number of casualties from mines and unexploded ordnance (UXO) has decreased considerably and there is more government commitment towards improving the situation of children with disabilities through the adoption of new laws and policies. Furthermore, the cost of health care has fallen by a quarter and innovative financial schemes have been developed to protect the poor from the costs of public sector user fees.

One of the greatest health challenges is the urgent need to reduce the high maternal mortality ratio, which stands at 461 deaths per 100,000 live births and is among the highest in the region. Furthermore, every year approximately 10,000 newborns die in Cambodia; neonatal deaths constitute 42 per cent of infant and 34 per cent of under-five mortality. A similar number of stillbirths are also estimated to take place annually. While clear downward trends in infant and under-five mortality were seen over the past five years, the reduction of neonatal mortality is by comparison much slower. The high maternal and newborn mortality rates are attributed to a number of factors: only 44 per cent of women have access to a skilled birth attendant; 57 per cent of pregnant women have anaemia; emergency and newborn care is not accessible to many women; and detrimental family practices during pregnancy and childbirth such as the reliance on traditional birth attendants and unclean cord care continue to be prevalent.

Another challenge relates to child injuries, which are a leading cause of death and disability in children in Cambodia. Specifically, drowning has been recognized as the leading cause of death for children aged between one and 17. This is followed by road traffic accidents, which are the second largest cause of child injury-related death, and the largest cause of child injury morbidity.

Major progress has been achieved in combating the spread of HIV. Cambodia is one of the few developing countries that has experienced a continuous decline in the HIV epidemic in recent years. HIV prevalence in the general population fell from 3.0 per cent in 1997 to 1.2 per cent in 2003 and 0.9 per cent in 2006. Yet despite this downward trend, Cambodia still has the highest prevalence in Southeast Asia. Almost 1 per cent of people

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10 Ibid.
12 Cambodia Sharing Growth, op cit., 2007, p. 89.
13 Information provided by UNICEF Cambodia, 2008.
in Cambodia are living with HIV. There is also a higher HIV prevalence among women, with 43 per cent of new infections occurring among married women, most believed to have been infected by their husbands. One third of new infections are being transmitted from mothers to their children. In 2006, it was estimated there were approximately 67,200 adults and 3,800 children living with HIV in Cambodia. Most of these children acquired the virus through mother-to-child transmission.

Another challenge relates to children with disabilities. As in most developing countries, accurate statistics on the current number of disabled persons are not available, but it is estimated that Cambodia has one of the highest rates of people living with disabilities in the developing world. Until recently, the issue of disability was marginalized at the policy level and largely ignored by society in Cambodia. Important developments indicate that this is changing, with the Government taking some leadership in the disability sector, including the signing of the UN Convention on the Rights of Persons with Disabilities and initiating the process for a draft Law on the Protection and the Promotion of the Rights of Persons with Disabilities (2008).

Chapter IV addresses the right of the child to education and covers both the main achievements to date and the obstacles that must be overcome before all children in Cambodia are ensured access to quality education. The right of every child to be respected within the education environment is also emphasized. Several key factors have contributed to the overall progress achieved in education over the last decade, including the construction or upgrading of school buildings; rising standards of living, which means that more families can send their children to school; and the abolition of enrolment fees. The Government has placed greater emphasis on education, with substantial increases in both the absolute amount and percentage of total government budget directed to the education sector. Other important steps towards improving the education sector include the adoption of laws, policies, strategic plans and programmes. As a result, the number of schools, classes, students and teachers have grown considerably at both primary and lower secondary levels and the gender gap has significantly diminished. Moreover, the Child-Friendly School (CFS)
Programme is improving the quality of education, the effectiveness of teaching and learning, and the classroom environment.

A number of challenges remain in the area of education, such as low school enrolment among disadvantaged populations including ethnic minority groups, and poor and disabled children; high repetition rates at primary level, especially at lower grades; high dropout rates at upper primary and lower secondary levels; the lack of qualified teachers, which leads to poor education quality, especially in remote areas; the lack of classrooms and school buildings in urban and remote areas; and insufficient teacher salaries and difficulties in attracting and keeping qualified teachers. In addition, many vulnerable children continue to be excluded, including children of ethnic minorities, children with disabilities and children living on the streets.

The right of children to be respected and protected from all forms of violence, abuse and exploitation is the subject of Chapter V. There are clear signs of high-level commitment to establishing a more protective environment. Building national protection systems calls for the formulation and adoption of laws, policies, regulations and services that are necessary across all social sectors. In recent years, there has been greater activity to adopt the necessary laws, strategies and policies. Most importantly, in order to ensure their implementation, several mechanisms were created, such as the establishment of the ‘Leading Task Force on Human Trafficking, Human Smuggling, Exploitation and Sexual Exploitation’, headed by the Deputy Prime Minister, the Inter-Ministerial Child Justice Working Group, and the National Multi-Sectoral Taskforce on Orphans and Vulnerable Children.

Gradually, the capacity to address the wide range of protection issues is growing among key professionals who are in regular contact with vulnerable children in need of legal and social protection.

By 2008, important core laws had been adopted, including the Code of Civil Procedure, the Civil Code and the Code of Criminal Procedure. The Criminal Code is currently in draft form and under review by the Council of Ministers, and a Law on Organization of the Courts is also being developed. Giving the CRC constitutional status is an important step in creating a protective environment for children, since the treaty itself has become part of domestic law. In the areas of birth registration, family and alternative care, inter-country adoption, juvenile justice, and sexual exploitation and trafficking, there have been many positive developments with the formulation of new laws, strategies and policies that help to create a more protective environment for children. For example, Cambodia has been developing a legal framework for combating child labour by ratifying, in 1999, ILO Convention No. 138, which established the minimum working age, and ILO Convention No. 182 regarding the worst forms of child labour. New policies and regulations have been adopted regarding alternative care for orphaned children and those without a primary caregiver. The Policy on Alternative Care for Children (2006) recognizes that the primary role in protecting and caring for children belongs to the family and that institutional care should be the last resort and a temporary solution, in accordance with the standards of the CRC. In addition, Cambodia has made enormous progress recently in building a civil registration system.
Notwithstanding the efforts to strengthen a weak legal and policy framework, Cambodia still does not have an effective social protection system with social safety nets and welfare services to ensure a protective environment for children and vulnerable families. There is a dire need to establish social work as a profession within the country with qualified social workers who have the skills and competence to provide essential welfare services. The scarcity of skilled social workers and their sparse coverage (one district social worker per 25,000 people) is still a major shortcoming. The absence of an effective social protection system with social safety nets and welfare services to support vulnerable families leads many families to adopt negative coping strategies such as unsafe migration, child abandonment and the placement of children in institutional care. A large number of children are currently living in orphanages, with 225 registered orphanages accommodating 8,666 children in 2008.

The exploitation of children is another area of concern. Over 750,000 economically active children have been found to be below the absolute minimum working age of 15 years, and an additional 500,000 children aged between 12 and 14 are engaged in non-light economic activity, even though they are below the minimum age for this type of work. More than 250,000 children aged 15 to 17 were estimated to be working in seven of the 17 nationally identified hazardous sectors, or working 43 or more hours weekly. Available research on trafficking indicates that children are trafficked for sex work; begging and vending; labour exploitation; adoption and forced marriage. The absence of a systematic and comprehensive research programme is one of the main shortcomings in combating sexual exploitation of children.

With regard to justice issues, considerable progress has been made, with a new cadre of lawyers, judges and prosecutors emerging. Although they are few in number and many have limited professional capacity, they are gradually working to establish a new legal framework and justice system. Still, although progress is being made, the need to strive for a systemic approach to child protection is regarded as a major priority by child rights advocates. Many children that come into conflict with the law are not adequately protected by the justice system because of its limited human resources and capacity to respond in accordance with international standards and in the best interests of the child. Consequently, there has been an increase in the number of children in prison and there is limited capacity for their rehabilitation when they return to their communities.

Ensuring the right of children to participate and express their views, which are essential in order to empower them to claim their rights and corresponding entitlements, is the topic of the final chapter. It gathers the limited information available on the subject in order to assess children’s participation within the family, school, community, justice sector and human development context. Cambodian social norms and traditions clearly present challenges to promoting children’s participation. Nevertheless, in recent years, several key measures to promote children’s participation in the different spheres of life and environments have emerged and appear to be well received. One measure is the policy on Child-Friendly Schools that is being implemented nationwide. Another is the establishment of Commune Councils, which have a mandate for local development and which are envisaged as strategic entities for the promotion of children’s participation.
The child’s right to be heard is now recognized in the new Criminal Procedure Code. Finally, in collaboration with youth organizations, the UN has established a Youth Advisory Panel, which is highly active in organizing youth events, attending international conferences and contributing a youth perspective to development programmes and related activities.
Main objectives

**Generate knowledge, ideas and evidence-based analysis**

The overall purpose of the Situation Analysis (SITAN) undertaken by UNICEF is to generate knowledge, ideas and evidence-based policy analysis related to children and women at the country level.

**Contribute to national research, formulating policies, legislation and budgets**

The aim of the SITAN is to make a significant contribution to national research and to provide an important reference for policy-making, formulating legislation and budget allocation related to children.

**Contribute as a reference for developing national plans, programmes and other processes**

The SITAN is an essential reference for developing national plans and programmes for children and women and for other relevant national processes, such as the midterm review of the Government’s National Development Plan (2008), Country Common Assessment (CCA) preparation (2009) and UNICEF’s medium-term review process and development of its next country programme of cooperation for 2011-2015.

**Provide an assessment and analysis of the realization of the rights of children**

The SITAN is a broad-based assessment of the status of the realization of the rights of
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children in Cambodia and, to a much lesser extent, reflects on the progress achieved in the realization of women’s rights and development where they have an impact on children. The analysis is based on quantitative and qualitative data available from national statistics and analytical work by a wide range of national and international sources.

Identify the challenges concerning children using disaggregated data

The data presented in the SITAN is disaggregated, as far as possible, by geographic area, gender, age, ethnicity, rural and urban status, and other key characteristics. It identifies which problems exist, where they are occurring, who is most affected by them, how widespread the problems are and what mechanisms exist (or are lacking) to address them.

Apply a human rights-based approach to the analysis

This SITAN was prepared using a human rights-based approach, which calls for examining to what extent all children in Cambodia are able to enjoy all their civil, political, economic, social and cultural rights as established by the CRC and its two Optional Protocols, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and other key international standards, agreements and conventions. It was also guided by the standards set out in the Millennium Declaration, the MDGs, and the World Fit for Children document.

Identify emerging trends and assess how they will affect children

The SITAN identifies some of the emerging trends in Cambodia that are likely to affect children and future generations such as high food prices, landlessness, land concessions, and migration.

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A SITAN using a human rights-based approach requires a comprehensive analysis of the situation of all children up to the age of 18 who are residing in the country. Special attention is paid to the most marginalized and disadvantaged groups, such as children belonging to ethnic minorities and those who are living in remote rural areas. It examines in particular the situation of the most vulnerable children at risk of violence, exploitation and abuse and children whose rights are not being respected, protected and fulfilled. Special attention was paid to behaviour and values related to the Cambodian family, traditions and culture that impact on the realization of children’s rights. Conditions that are pervasive in a post-conflict environment, such as extensive damage to its physical, social and human capital, were addressed in order to assess how they currently affect the well-being of children and women.

A rights-based approach calls for the use of the CRC and its two Optional Protocols and CEDAW as essential references and the application of key human rights principles, which are universality, equality and non-discrimination, accountability and participation, to guide the preparation of the SITAN. It is based on the results of an analysis of the immediate, underlying and structural or root causes that prevent children’s enjoyment of their rights. This causality analysis is regarded as the core of any SITAN. Under this approach, it is necessary to identify the key actors or ‘duty-bearers’ that are responsible for
ensuring that children’s rights are respected, protected and fulfilled and to assess, as far as possible, to what extent they possess or lack the capacity to meet their obligations. To this end, the SITAN in Cambodia was based on a wide range of international and national sources and research, as well as consultations with Government and other development partners.

A SITAN using a rights-based approach concentrates primarily on the most disadvantaged and vulnerable, and on what remains to be done, and less on achievements made. The Government may consider the findings rather sensitive and possibly even too critical. However, the SITAN also focuses on the national response and identifies the main achievements to date in all areas.

The SITAN findings and analysis were based on the following:

- A thorough desk review of existing studies, reports, surveys, statistical data and other information materials on laws, policies and programmes produced by a wide range of international and national sources, including the Committee on the Rights of the Child and the CEDAW Committee.

- Available data and information that is reliable, including unpublished studies collected from national sources on the demographic, political, socio-economic and cultural situation of children, adolescents and women in Cambodia.

- The findings of a workshop held with UNICEF staff in preparation for the SITAN.

- Consultations with key development partners including representatives of national and local governments, UN agencies, research institutes, donor agencies, and international and national NGOs working with children and women.

- Informal discussions during field visits to rural areas organized by UNICEF.

**Conceptual framework: Using a rights-based approach in the situation analysis**

Developing the SITAN using a rights-based approach means asking a number of essential questions and considering specific points:

1. What is the situation of all children under the age of 18 in Cambodia?

2. Are children who are rights-holders regarded as active participants in their own development rather than mere objects of charity, thereby placing them at the centre of the development process?

3. In view of the principle of universality, which means all rights for all children, is there a special focus on the most disadvantaged and marginalized, including children of ethnic minorities?

4. What rights of children, the rights-holders, are not fulfilled and to what extent do they have the capacity to claim or enjoy them?

5. What are the immediate, underlying and root or structural causes that prevent or hinder the enjoyment of their rights?

6. What are the duties and obligations of those actors in society, the duty-bearers, against whom a claim can be made?

7. What are the capacities of the duty-bearers to fulfil their obligations?

8. To what extent are there accountability mechanisms at all levels to ensure compliance with the CRC and relevant national laws?
9. The fact that the twin principles of non-discrimination and equality are at the core of the human rights-based approach calls for a particular focus on gender equality and on the most disadvantaged population groups.

10. Applying the right-based approach to the SITAN means examining development challenges from a holistic point of view, guided by the principles and standards of the CRC (right to life, non-discrimination, best interests of the child, participation), and taking into account all children’s rights, namely civil, political, economic, social and cultural, which are recognized in the CRC and in the corresponding national laws of Cambodia.

11. To what extent do children in Cambodia participate within their families, schools and communities?

Analyzing the immediate, underlying and root causes

This SITAN analyzes as much as possible the mix of factors that prevent the realization of children’s rights. It identifies the development challenges and their immediate, underlying and structural or root causes that are interconnected and which together impact negatively on different societal groups. A causality analysis highlights the inter-related factors affecting the development challenge and helps an understanding of how their interaction affects communities, children and their families in order to identify possible solutions and the most effective interventions. It is important in preparing the SITAN to agree on the causes as much as possible. As a general rule:

- Immediate causes determine the current status of the problem (e.g. lack of access, lack of medical personnel, lack of teachers, a family’s economic constraints, lack of awareness/information).
- Underlying causes are often the consequence of bad or inadequate policies and laws, lack of resources and lack of capacity. They may reveal complex related issues that require interventions in the short-term (e.g. up to five years), as well as those that require more time to obtain results.
- Root/structural causes reveal conditions (e.g. poverty, persistent patterns of discrimination, corruption, lack of infrastructure, lack of social welfare or justice system) that require longer-term interventions, particularly in order to change societal attitudes and behaviour at different levels, including the family, community and higher decision-making levels.

Role of norms, institutions, legislative and policy frameworks and the enabling environment

A rights-based analysis reveals gaps in norms, institutions, legal and policy frameworks and the enabling environment. This requires enhancing the process of assessment and analysis through a better understanding of the country context and the factors that create and perpetuate inequality and social exclusion. This also includes understanding how laws, social norms, traditional practices and institutional responses positively or negatively affect the enjoyment of human rights. Most importantly, the analysis takes into account the implementation of international human
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rights treaties and the recommendations of relevant human rights monitoring mechanisms such as the Committee on the Rights of the Child. All these aspects were considered in developing the present SITAN in Cambodia.

Identifying the rights-holders and duty-bearers

A principal element of the rights-based approach is recognizing people as rights-holders and as key actors in their own development, rather than as passive recipients of development benefits. At the same time, it requires recognizing the corresponding obligations of the duty-bearers, which include both state and non-state actors, to respect, protect and fulfil their rights. Using the role and responsibilities analysis, the relationships between rights-holders and duty-bearers are also examined. This step calls for making a list of the rights-holders on the one hand and a list of the corresponding duty-bearers on the other, in relation to a specific right, and thereafter, to compare the relationships.

Identification of the roles and responsibilities of duty-bearers at all levels

The human rights-based approach requires identifying all duty-bearers at all levels. For example, in regard to girls in rural areas not having their right to education fully met, parents normally have the first line of responsibility to ensure that their children attend school and do not drop out. Beyond the family, the local community, including teachers and school administrative boards, is usually the place where schooling and wider social interaction takes place, implying some duties and responsibilities for actors within the community. Beyond the community, the commune, provincial and national government have the responsibility to create broad normative and institutional contexts for the enjoyment of the right to education and related rights such as the right to information.

To identify the roles and responsibilities of duty-bearers requires analysis of laws, policies and regulations, as well as local customs and traditions. This is important in
order to determine what level of intervention is most effective given the available resources and the capacity of those responsible to take action. Ideally, this analysis should contribute to the subsequent identification of priority actions in the planning stage of the Country Common Assessment (CCA).

While the State is the principal duty-bearer with respect to ensuring the rights of all children living within its jurisdiction, the international community also has a responsibility to promote their realization. Accordingly, monitoring and accountability procedures should also extend to international actors that include the donor community, intergovernmental organizations and international NGOs, as well as the private sector, whose actions may bear upon the enjoyment of children’s rights in the country.

Understanding relationships between rights-holders and duty-bearers

This step in the situation analysis is a means of understanding the complex web of relationships between rights-holders and duty-bearers. Duty-bearers are often unable to meet their obligations because some of their own rights are being violated. For example, rural parents without resources cannot be held accountable for not being able to pay school fees but they may be responsible for failing to register their daughters in school. The relationship between rights-holders and duty-bearers forms a pattern that links individuals and communities to each other and to higher levels of society. There are many relationships and roles that exist among various actors and institutions at the commune, provincial, or national level that affect the realization of children’s rights. For example, teachers in rural areas are duty-bearers with regard to their obligation to teach hygiene to children and, at the same time, they are rights-holders before their employers, to whom they can direct their claims for the provision of drinking water and latrine facilities. Thus, the duty-bearers may lack the capacity to meet their obligations and they may be rights-holders themselves whose rights have not been fulfilled.

Identifying the capacity gaps of rights-holders and duty-bearers

Once all the relevant actors have been identified, the next step is to assess their capacity needs. At this stage of the analysis it is important to ask:

1. What capacities are lacking that prevent the rights-holders from claiming their rights?
2. What capacities are lacking for institutions or individuals, which prevent them from carrying out their roles as duty-bearers?

Defining Capacity: A succinct and broadly agreed definition of capacity in this context is the ability to effectively perform functions for setting and achieving objectives, and identifying and solving problems. In development terms, capacity is the sum of all factors that enable individuals, communities, institutions, organizations or governments to adequately perform their respective roles and responsibilities. Elements of capacity may include: knowledge; skills; motivation, mandate and authority; material and organizational resources; and the availability of a network of supporting values, norms, and actors.

Under a rights-based approach, the following components are integral to capacity development:

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22 OHCHR, June 2006, Principles and Guidelines for a Human Rights Approach to Poverty Reduction Strategies, p. 17..
23 Definition provided by UN Staff College.
• **Responsibility/motivation/commitment/leadership** - This refers to the characteristics that duty-bearers should recognize in their roles in order to carry out their obligations. Information, education and communication (IEC) strategies help to promote a sense of responsibility for realizing children’s rights.

• **Authority** - This refers to the legitimacy of an action, when individuals or groups feel or know that they can take action. Laws, formal and informal norms and rules, tradition and culture largely determine what is or is not permissible. Accordingly, national laws and policies must be harmonized with international human rights treaty commitments, and must identify the specific duties of the duty-bearers.

• **Access to and control over resources** - Knowledge that something should and may be done is often not enough. Moreover, the poorest are seldom able to claim their rights as individuals, but need to be able to organize. “Capacity” must therefore also include the human resources (skills, knowledge, time, commitment, etc.), economic resources and organizational resources determining whether a rights-holder or duty-bearer can take action.

In conclusion, the aim of a SITAN using a human rights-based approach is to focus on the situation of children who are most disadvantaged and excluded, and to identify the major gaps and shortcomings that prevent them from enjoying their rights. Ideally, such an analysis should help to persuade policymakers, legislators and development practitioners to formulate the most effective and results-oriented policies, strategies and programmes, and to allocate the necessary budgets for attaining the stated goals and objectives. Pointing out the roles and capacity gaps of all the duty-bearers, should help to promote a higher degree of accountability and, ultimately, to raise their capacity to perform their duties at all levels.
Chapter 1

COUNTRY PROFILE OF THE KINGDOM OF CAMBODIA
Country profile of the Kingdom of Cambodia

Geography

Cambodia is located in Southeast Asia, bordering Thailand, Viet Nam and Laos, with the Gulf of Thailand to the south. It has a total land area of 181,035 sq. km, a coastline of 443 km and lies within the tropics. It consists of mostly low, flat plains, with mountains in the southwest and north of the country. It is dominated by the Mekong River, which traverses the country from north to south, and the Tonle Sap Lake. Cambodia has a tropical climate with two distinct monsoon seasons. The rainy season is from June to October and the dry season is from November to May.\(^{25}\)

Recent history

From the middle of the 20th century to the present, the country has gone through many regime changes with strikingly different political and social philosophies. Most Cambodians are Khmers, descendants of the Angkor Empire that extended over much of Southeast Asia and reached its peak between the 10th and 13th centuries. Cambodia became part of French Indochina in 1887, and following Japanese occupation in World War II, gained full independence from France in 1953. Prince Sihanouk was head of state until 1970 when he was replaced by General Lon Nol in a coup d’état. From April 1975 until 1979, the revolutionary organization known as the Khmer Rouge captured Phnom Penh and established a radical agrarian society.\(^{26}\)


Chandler writes that the Khmer Rouge set out to create a programme of social transformation that affected every aspect of Cambodian life. Money, markets and private property were abolished and schools, universities and Buddhist monasteries were closed. All institutions were abolished as the regime emptied the cities and forced the vast majority of the population to work in rural areas growing rice and other crops. The regime believed that “family life, individualism, and an ingrained fondness for what they called ‘feudal’ institutions, as well as the institutions themselves, stood in the way of the revolution.”

The regime therefore tore families apart by separating parents from their children and sending younger children to work in the fields. Countless children were found dead and abandoned in the turmoil, and many others were conscripted into the Khmer army. Overall, an estimated 1.7 million people died during a period of nearly four years. The Khmer Rouge is believed to have killed one in five Cambodians and many of the first to be killed were intellectuals, doctors, lawyers and teachers. During that period, the main causes of death were malnutrition, overwork and untreated illnesses. Most families in the country endured tragedies during the period of civil conflict, including death of parents, children, siblings and grandparents, as well as the loss of trust between family members.

The legacy of this traumatic period is still felt today by most Cambodians, yet the impact on children of survivors is not clearly documented. Violent civil conflict continued for 30 years up until 1998, with a profoundly negative impact on children and families, as well as the whole of society. In addition to loss of life, the period negatively impacted on the country’s development, necessitating the complete reconstruction of the State, economy and infrastructure.

In 1979, the Vietnamese Army ousted the Khmer Rouge and a new government was formed. A coalition of the remaining Khmer Rouge and non-communist resistance groups waged a guerrilla war against the new government for two decades. In 1991, several of the various Cambodian factions signed a UN-sponsored peace agreement and a UN-organized election took place in 1993, resulting in a coalition government. However, the Khmer Rouge did not agree to enter into peaceful negotiations at that time. General elections were held in 2003 and recently in 2008, with the Cambodian People’s Party (CPP) emerging again as the ruling party. For the most part, the general elections in Cambodia were recognized by national and international observers as free, fair, transparent and credible. Nevertheless, there were several reports in the media of political killings leading up to the elections.

Political system

Cambodia is characterized as a multiparty liberal democracy under a constitutional monarchy. A new government was formed in July 2004, and for the first time political parties were able to engage in dialogue relatively free from violence. A new constitution was adopted after the multi-party elections in 1993, which established the Royal Government of Cambodia (RGC) and fully incorporates the CRC. The CPP is the one ruling party, and there are two main opposition parties, the United Front for an Independent, Neutral, Peaceful, and Cooperative Cambodia (FUNCINPEC) and the
Sam Rainsy Party (SRP). The SRP is the main source of opposition. A decentralization process is currently underway and there has been recent progress in devolving power to local levels, which are expected to be more responsive to the needs of local populations, and especially to the rights of women and children.

Population and demographic trends

In 1962, Cambodia’s population was 5.7 million and the next population census, in 1998, recorded a population of almost 11.44 million and an annual growth rate of 2.5 per cent. The 2004 Inter-Censal Population Survey indicated that the annual growth rate had declined to 1.81 per cent in 2004, and recorded a total population of 13.09 million. An estimated 80 per cent of the population was found to live in rural areas and only 19.5 per cent in urban areas. The population density is 75 per sq. km, with more than 1 million people living in the capital, Phnom Penh.34 Some provincial growth rates showed a great deal of variation, between 0 and 11 per cent.35 Provisional 2008 census results reveal a current population of 13.4 million, and an annual population growth of 1.54, which is higher than the Southeast Asian region as a whole.36 The latest household survey estimates that about 35 per cent of the total population lives below the poverty line.37

Urbanization has grown over the last decade, increasing from 17.4 per cent in 1998 to 19.5 per cent in 2008. The average size of a household is 4.7. Between 2000 and 2005, CDHS indicators show a sharp decline in the fertility rate from four births per woman in 2000 to 3.4 in 2005, and there has also been a substantial decline in infant and child mortality. There is a trend for joint and extended families, which are gradually becoming nuclear families. This is due to a variety of factors, such as couples choosing to live separately from their parents after marriage.

In 1980, because of the numerous male casualties during the Khmer Rouge period, the gender ratio (the number of males per 100 females) was low, at 86, causing disproportion between the number of adults and young people. In recent years there has been a gradual improvement, with the ratio reaching 94.2 in 2008. There are also variations in the gender ratio between provinces, which are thought to be attributable to the internal movement of men and women for employment reasons.38

One notable achievement has been the adoption of a National Population Policy, launched by the Prime Minister in 2004, and designed to influence population and development dynamics. The policy recognizes the right of all couples and individuals to decide freely and responsibly

34 Cambodia Demographic and Health Survey, op cit, p.1.
36 Ibid.
37 Cambodia Halving Poverty by 2015?, op cit.
Cambodia: Demographic figures at a glance

Number of provinces: 24
Number of districts: 185
Number of communes: 1,621
Number of villages: 14,073
Population of Cambodia both sexes: 13,388,910
Male: 6,495,512
Female: 6,893,398
Percentage of urban population: 19.5
Annual population growth rate (per cent): 1.54
Density of population: 75 per sq. km
Gender ratio (males per 100 females): 94.2
Average size of household: 4.7
Life Expectancy*
Male: 59.96 (2008)
Female: 66.26 (2008)
Total fertility rate: 3.4
Crude birth rate: 25.6 (2005) **
Number of births (’000) 174 (2008)**
Number of under-five deaths (’000) 55 (2008)**

*First Revision Population Projections for Cambodia 1998-2020
** Cambodia Country Profile, UNICEF, November 2009

the number, spacing and timing of their children’s births, as well as the importance of ensuring that pertinent information is available to all its citizens. This policy was incorporated as a priority in the Government’s Rectangular Strategy.

The National Population Policy includes seven policy measures:

• Help couples and individuals to decide freely and responsibly on the number and spacing of their children, and to have access to information, education, and services.

• Reduce the infant, child, and maternal morbidity and mortality rates.

• Reduce the potentially negative impact of rural-urban migration.

• Promote gender equality and equity and enhance human resource development.

• Alleviate the impact of population pressure on the environment and natural resources.

• Further strengthen the reversal of the spread of HIV.

• Integrate population variables into social and economic policies, plans and programmes at all levels.39

Cambodia’s population is very young, with about 41 per cent under the age of 18,40
Khmer is the official language of Cambodia and is spoken by more than 95 per cent of the population. Vietnamese is also widely spoken in some areas. About 96 per cent of the population is Theravada Buddhist. The rest of the population is Muslim, animist and Christian. Buddhist beliefs are said to govern much of the culture, behaviour and attitudes of the Cambodian people. It has been noted that Cambodian culture, like that of other Southeast Asian countries, is shaped by values and norms that are collectivist and based on Buddhist teaching rather than individualist as in most Western countries. Theravada Buddhism’s main principles are peace, harmony, tolerance and acceptance of others.

Governance institutions in Cambodia – key duty-bearers for children’s rights

Under international human rights law, the State is mainly responsible for implementing the CRC, and governance institutions such as legislatures, executives and judiciaries have a duty to respect, protect, promote and fulfil the rights of children. The CRC is recognized in the national Constitution of Cambodia of 1993, meaning that the rights of the child have constitutional protection and must be safeguarded by the three branches of government. The Constitution established institutions of state, including an elected legislature with oversight over the executive, and an independent judiciary.

The Executive Branch

The State of Cambodia was recreated as a constitutional monarchy with an executive branch that comprises the King as the Head of State, the Prime Minister who is appointed,
eight deputy prime ministers, 14 senior ministers, 28 ministers and 135 secretaries of state.\textsuperscript{48} Prince Norodom Sihamoni is King. The monarch’s role is mainly ceremonial, whereas Prime Minister Hun Sen is the key political figure in Cambodia and one of the world’s longest serving prime ministers, having been in power since 1985 under various coalitions. The Prime Minister leads negotiations of international treaties and the ratification of these instruments is the responsibility of the National Assembly and promulgation is the responsibility of the King. The Council of Ministers is one branch of the RGC, and led by the Prime Minister. The RGC governs the State, which includes directing its armed forces and civil administration. It is also responsible for implementing national policies and programmes and is accountable to the National Assembly.\textsuperscript{49}

The sessions of the Council of Ministers are normally held about twice a month and are chaired by the Prime Minister, who, together with the ministers, has regulatory powers and executes the decisions adopted by the Council of Ministers.

**The Legislative Branch**

The bicameral legislature is composed of a 123-member elected National Assembly and a 61-member Senate. The National Assembly promulgated Cambodia’s sixth constitution in 1993 and added an amendment in March 1999, in order to establish the Senate as a new legislative body. The National Assembly has an ordinary session that is held twice per year and lasts for at least three months.

The National Assembly’s role is defined as the primary legislative power. The Senate’s main duty is to review draft laws that have been approved by the National Assembly. Since the formation of the coalition government in 1993, the National Assembly has been more active and has enacted several laws to improve governance, including the Financial Institutions Law and Audit Law. The Senate has also played a more active role by investigating complaints regarding illegal land confiscation and has made recommendations concerning the need to amend the Constitution in order to have sufficient time to review proposed laws.\textsuperscript{50}

However, it has been observed that in reality the National Assembly merely reviews and enacts the legislative bills drafted by the RGC and it is rarely given sufficient time to analyze their content. This is also due in part to its lack of requisite expertise to perform the task efficiently.\textsuperscript{51}

**The National Election Commission**

According to the Report of the Special Representative of the Secretary-General for Human Rights in Cambodia, the country has a record of regular National Assembly and commune elections, and most observers made positive reports of the 2007 commune elections, finding little related violence. The legislative framework for elections and the National Election Commission (NEC) are also well regarded. The NEC is relatively transparent and consults political parties as well as civil society. Considerable development of other legal and administrative institutions is reported.\textsuperscript{52}

Nevertheless, it is noted that opposition political parties have complained of irregularities in the administration of elections that have benefited the main governing party. Two major constraints that prevent the NEC from ensuring free and fair elections were identified: 1) its lack of independence and the fact that its members are appointed by

\textsuperscript{49} Ibid.
\textsuperscript{50} Ibid.
\textsuperscript{51} Ibid.
the National Assembly on the nomination of the Ministry of Interior without consulting the political parties; 2) many administrative functions essential for free and fair elections such as the issuance of identity cards and preparation of the voter registry are conducted by State officials mainly connected to the governing political party.53

The Judicial Branch

The 1993 Constitution of Cambodia, in article 109, establishes the powers of the judiciary as follows:

- The judicial power shall be an independent power.
- The judiciary shall guarantee and uphold impartiality and protect the rights and freedoms of the citizens.
- The judiciary shall cover all lawsuits including administrative ones.
- The authority of the judiciary shall be granted to the Supreme Court and to lower courts of all sectors and levels.

The judicial branch consists of four components, including the Constitutional Council formed in 1998, the Supreme Council of Magistracy, established in 1994, the lower courts and prosecutors. The Supreme Court and Appeals Court are located in the capital and the lower courts have also been established in each province and municipality. The Constitutional Council has a duty to safeguard the Constitution and decides cases regarding the election of members to the National Assembly and Senate. The Supreme Court has the role of ensuring the judiciary’s independence, which is guaranteed by the Constitution. It is also the body empowered to appoint judges and prosecutors and to engage in any disciplinary activities.

Over the last decade, Cambodia has made efforts to establish an independent judiciary in recognition of the fact that it is the foundation of the rule of law and essential for developing a market economy and for overall accountability. Unfortunately, there remain a number of shortcomings that prevent the judiciary from meeting acceptable international standards. Among these are judicial corruption, executive interference, the low education levels of judges and prosecutors, their low salaries, and the fact that only a small percentage of the government budget is normally allocated to the judiciary.54 In addition to the lack of capacity and resources, the legal system is affected by lengthy delays, a shortage of legal aid and difficulty in enforcing judgments.55 There is also an absence of legislation regulating the judiciary. Procedures for forwarding draft laws to the Council of Ministers are reportedly not applied with any consistency. Moreover, there is a general public perception that the judiciary is corrupt and unreliable. One public opinion poll concluded that Cambodians had little or no faith in the courts as institutions of justice.56

The lack of effective separation between the branches of government results in an absence of checks and balances and contributes to the perception of an absence of accountability in governance institutions. Human rights observers have noted that despite the many public pledges by the Government of its commitment to judicial and legal reform, there has not been any meaningful progress regarding the lack of independence of the courts from political and financial influence.57

53 Ibid.
56 Ibid., p. 170.
57 Technical Assistance and Capacity Building, op cit., p. 10.
The Extraordinary Chambers in the Courts of Cambodia

The Extraordinary Chambers in the Courts of Cambodia were established to prosecute former leaders of the Khmer Rouge for war crimes and other crimes against humanity committed between 1975 and 1979. It has been operating since early 2006 with UN assistance. Four arrests took place in late 2007, bringing to five the number of people that may be tried. This has been a major step forward in Cambodia’s efforts to counter public perception of prevailing impunity among the country’s leaders.

Source: UNICEF Cambodia

Decentralization and deconcentration

In recent years, Cambodia has been engaged in a decentralization and deconcentration process, which is an important element of the public-service reform component. This process has been viewed as essential for promoting democracy and a local voice in governance, and improving public service delivery to the rural population through the devolution of administrative and political powers to sub-national government. In 2002, nationwide elections established the Commune Councils, which constitute a mechanism for citizen participation in local governance, representing the first tier of sub-national governance. To date, the Commune Councils have observed their role mainly in terms of planning and budgeting infrastructure projects, but more needs to be done to expand the opportunity for citizens to influence and participate in local governance. Notions of popular participation, as well as the idea of downward accountability, are still limited.

For the past six years, Commune Councils have been preparing, financing and implementing local development plans and budgets, which are expected to increase with the implementation of the new Organic Law, adopted in April 2008. The law lays out the administrative and management structure of sub-national administration and stipulates that “the commune council shall be directly accountable to all citizens for making decisions on priorities and for ensuring democratic development within its jurisdiction.” This marks the second phase of reform and is expected to involve a significant devolution of power from the central level to the provincial and district levels to improve the delivery of services in health, education, roads, water and sanitation, etc. It also strengthens the State’s regulatory functions in land, forestry and fisheries. In order to implement the Organic Law, the Government is designing a National Decentralization and Deconcentration Programme.

With these sub-national structures, combined with the Government stressing the importance of equity and accountability in the decision-making process at the local level, it is believed that Commune Councils could be made responsible and accountable for children’s rights. The presence of Commune Committees for Women and Children further creates an enabling environment for promoting the following:

- Greater awareness among communes and local officials of children’s rights.
- Greater capacity among local government officials to take concrete action and to monitor progress towards the fulfilment of children’s rights.

59 Ibid.
61 Information provided by UNICEF Cambodia 2008.
62 Ibid.
Greater collaboration between local authorities and service providers, such as health centres and schools, to achieve results for children.

Greater range of social development priorities relating to health and education outcomes for children.

The Organic Law does not include the duties and responsibilities of sub-national and local authorities. This is expected to follow as part of the supporting guidelines and Prakas.

Map of Cambodia

Source: UNICEF Cambodia
Chapter 2

HUMAN DEVELOPMENT CONTEXT IN CAMBODIA
Introduction

Chapter II gives the reader a broader perspective for understanding the situation of children in the overall human development context. It highlights socio-economic trends, causes of poverty and sources of vulnerability, and key gender issues, as well as major national policies and strategies intended to improve the lives of children and Cambodia’s commitments under international human rights law pursuant to the CRC and CEDAW. Key recommendations of the international treaty bodies concerning the implementation of these treaties are also included. Attention is drawn to the important role of the various actors or duty-bearers responsible for the realization of the rights of the child. They include the State and its agents, and also the emerging civil society and NGOs, media, international donors and the UN. Some emerging issues such as the effects of climate change, statelessness, landlessness and changing patterns of migration that are likely to have an impact on the realization of child rights are highlighted.

This chapter is guided by the principles of the CRC, particularly articles 3 and 4, which apply to the implementation of the whole treaty. Article 3 stipulates that in all actions concerning children undertaken either by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. This principle has been incorporated in the legislation of many countries, including
constitutions, and is frequently applied when arriving at child-centred judicial decisions and in resolving conflicts between the international standards and different cultural norms. Article 4, known as the ‘implementation provision’, requires the State to undertake all appropriate legislative, administrative and other measures for the implementation of all the rights enshrined in the CRC. The 1993 Constitution of Cambodia incorporates fully the rights of children as stipulated in the CRC. Thus, in all actions concerning children these principles should be applied.

Socio-economic trends

Cambodia’s market economy has made significant progress, helped in part by its membership in the World Trade Organization, granted in 2003. In the capital there has been rapid growth in recent years and land prices in some parts of the capital tripled in 2007. At the same time, rural development is lagging, with the majority of people living in the rural areas unable to benefit from economic opportunities. The country remains one of the poorest and least developed in Asia and growing inequality is a major concern. This is evident in the rise in the Gini coefficient (a

The Convention on the Rights of the Child and 1993 Constitution of Cambodia recognize the following rights which are the most relevant to this chapter:

**The CRC**

Article 3: The best interests of the child

Article 4: Regarding all appropriate legislative, administrative and other measures of implementation of the rights recognized in the CRC

**The Constitution of the Kingdom of Cambodia**

Article 31

The Kingdom of Cambodia shall recognize and respect human rights as stipulated in the United Nations Charter, the Universal Declaration on Human Rights, the covenants and conventions related to human rights, women’s and children’s rights.

Article 45

All forms of discrimination against women shall be abolished.

Article 48

The State shall protect the rights of the children as stipulated in the Convention on Children, particularly the right to life, education, protection during wartime, and from economic or sexual exploitation.

The State shall protect children from acts that are injurious to their education opportunities, health and welfare.

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64 Information provided by UNICEF Cambodia.
commonly used summary measure of inequality, ranging from a value of zero which represents perfect equality to one which is perfect inequality). The Gini coefficient reportedly rose sharply from 0.35 to 0.40 in parts of Cambodia surveyed in 1994 and 2004, and it was even higher for the country as a whole (0.42) in the same year.\textsuperscript{65} According to the Human Development Index, which assesses health and educational outcomes, Cambodia is ranked 131st of 177 countries with a score of 0.598.\textsuperscript{66} It ranked 57th out of 87 medium human development countries in the Human Poverty Index, which indicates educational, health, and nutritional outcomes and access to safe water and health care services.

Economic deprivation and poor health are the two leading factors characterizing the situation of most Cambodians and which are more prevalent in rural areas, where about 80 per cent of the population is concentrated.\textsuperscript{67} In 2005, Cambodia recorded an estimated gross domestic product per capita of US$ 339. The country’s main economic activity is agriculture, including rice production. Small-scale subsistence agriculture, fisheries and forestry are also important activities. In recent years the garment industry, tourism and construction have become major components of the economy. In just over a decade Cambodia has achieved economic growth, which peaked in 2006 at more than 13 per cent, but measures an average of about 7 per cent per annum.\textsuperscript{68} During this period of rapid economic growth there were important investments in building roads and services and other infrastructure to increase international investment and trade.

While stability and economic growth have attracted foreign investors and have led to soaring land prices and unprecedented construction, measures to reduce inequities have lagged behind.\textsuperscript{69} In 2008, inflation, which was last recorded at 22 per cent year-on-year, was topping the economic agenda and regarded as the key economic challenge.\textsuperscript{70} Future revenue from the extraction of natural resources such as oil, gas, gold and bauxite is expected to contribute to long-term growth. It has been recommended that Cambodia broaden the drivers of its economic growth, which are currently mainly based on the garment, tourism and construction industries.\textsuperscript{71}

The rise in fuel and food prices in 2008 is having a strong impact on Cambodian families and affecting the poor most severely, particularly women and children. One recent study indicates that overall food prices rose by 36.8 per cent\textsuperscript{72} between 2007 and 2008. Prices of rice, which is the staple food, increased by 100 per cent over the same period. Meat prices also rose by between 50 and 70 per cent and fish and vegetables by between 20 and 30 per cent. Those most gravely affected are the poorest households, or 40 per cent of the population, who mainly reside in rural areas and spend about 70 per cent of their incomes on food, and the urban poor. The largest percentage of food insecure people was identified in the Tonle Sap, plain, and plateau areas. It was reported that about 50 per cent of households were cutting back on food as a way to cope with high food prices. This is of great concern given the high incidence of under-nutrition of women and

\textsuperscript{66} UNICEF, May 2008, Cambodia Country Profile.  
\textsuperscript{67} National Institute of Statistics, Ministry of Planning, National Population Policy, p. 3 and General Population Census for Cambodia 2008, Provisional Population Tables.  
\textsuperscript{69} World Bank, 2007, Cambodia Sharing Growth: Equity and Development in Cambodia, p. iii.  
\textsuperscript{70} National Institute of Statistics, 2008, Consumer Price Index.  
\textsuperscript{71} United Nations, 18 August 2008, Economic Briefing of the UN Resident Coordinator.  
children. Furthermore, school dropouts were found to be highest among food insecure households, with 13 per cent dropping out in January 2008 and 22 per cent dropping out in June 2008.\textsuperscript{73}

The private sector is primarily concentrated in the informal sector, which accounts for over 80 per cent of GDP and provides about 90 per cent of employment. A vast majority of informal sector activities are found in agriculture, where about 71 per cent of the rural poor are employed, mainly in subsistence agriculture. Most economically active children are in the agricultural sector, working on farms for their families.\textsuperscript{74} The formal private sector is comprised of about 7,000 registered private enterprises, which concentrate mainly on garment production and tourism. These two industries are primarily driven by direct foreign investment and are the main source of exports. Until recently, direct foreign investment was declining due to factors including weak governance, an ineffective legal framework, widespread corruption, high costs and lack of infrastructure services, and limited technical managerial skills.\textsuperscript{75} In response, the Government addressed some of these issues by, for example, reducing the costs related to imports and exports and by ratifying Cambodia’s accession to the WTO.\textsuperscript{76} In the period of 2006-2008, foreign direct investment dramatically increased.\textsuperscript{77}

Although the economic situation has been improving, Cambodia faces many challenges, including unemployment, which is a major issue, particularly among the large youth population. The garment industry is providing a source of income for many young women. It is estimated that Cambodia needs to create about 300,000 new jobs per year in order to employ the number of young people currently finishing school. The discovery of potentially large petroleum reserves in its territorial waters, which could produce an estimated US$2 billion to US$3 billion per year in revenue, and mineral deposits in parts of the country, may provide new opportunities for the diversification needed for further economic development and the creation of new jobs.\textsuperscript{78}

**Poverty assessment**

Poverty in Cambodia is described as “overwhelmingly rural, and is aggravated by very limited sources of growth, few linkages to the domestic economy, limited access to social services, landlessness, environmental degradation, and a lack of genuine participatory process.”\textsuperscript{79} According to the National Strategic Development Plan 2006-2010 (NSDP) the many causes of poverty include:

- Historic causes which left Cambodia at the root of low-level development; remoteness of location; low or no incomes.
- Low health and education status and low or no access to health and education facilities.
- Lack of physical and productive assets and/or lack of access to such.
- Societal marginalization and drug related issues.\textsuperscript{80}

The 2004 Cambodia Socio-Economic Survey estimates that 35 per cent of Cambodians live below the national poverty line. This compares to an estimated 47 per cent in

\textsuperscript{73} Ibid.


\textsuperscript{76} Ibid., p. 6.

\textsuperscript{77} Information provided by UNICEF Cambodia.

\textsuperscript{78} Cambodia- Sharing Growth, op cit, p.186.

\textsuperscript{79} UNFPA, 2005, Cambodia at a Glance.

\textsuperscript{80} Royal Government of Cambodia, National Strategic Development Plan (NSDP) 2006-2010, p. 13.
1994, which indicates that the country has made significant progress towards achieving the first of the Cambodian Millennium Development Goals (CMDG); to halve, between 1990 and 2015, the proportion of people living below the national poverty line.\(^{81}\)

According to World Bank studies, while all segments of society have indeed benefited during this period of economic growth, the benefits have not been shared equally. For the most part, it is in the urban areas where one finds a rise in living standards and primarily among the richest quintile. Poverty is high in rural areas, particularly in remote regions where the majority of the poor are farmer-headed households. From 1994 to 2004 poverty decreased by 22 per cent in rural areas, whereas in Phnom Penh it fell by 60 per cent and by 44 per cent in other urban areas.\(^{82}\) At the same time, the extreme poor, who are identified as “the bottom 20 per cent who fall below the food poverty line,” have seen significantly slower growth. The NSDP points out that the key to poverty reduction is “enhancement of the agricultural sector”, which would also contribute significantly to real GDP and macro-economic growth.\(^{83}\)

With regard to children, the poorest province, Kampong Speu, has the worst health outcomes as demonstrated by child survival rates, female anaemia, and babies being born outside a health facility and without the assistance of a trained midwife. Elsewhere, in the third poorest province, Siem Reap, there is an unmet need for family planning and immunization and a high rate of child malnutrition.\(^{84}\) According to a World Bank study citing CDHS 2005, there have been some marked improvements in narrowing inequalities in health, with Mondulkiri and Ratanakiri recording 40 per cent and 39 per cent declines in infant and child mortality, respectively. Pursat, which had previously experienced the second highest rate of child mortality, is also showing a significant decrease in infant and under-five mortality of more than a third. Yet despite the progress in some areas, the narrowing of inequalities is not universal. In fact, inequalities in child survival between the rural and urban populations are widening at the same time that improvements are taking place.\(^{85}\)

The ILO concludes that poverty is both a cause and consequence of child labour in Cambodia\(^{86}\) (see Chapter V for more on child labour). It points out that child labour has permanent consequences for society because “an under-educated society cannot meet the demands for advanced skills and higher technological standards of a global economy and hence has a lower national capacity to fight poverty”.\(^{87}\) The main reason given for children not enrolling in school was poverty.\(^{88}\)

It is unlikely that Cambodia will meet most of its MDGs by 2015.\(^{89}\) In addition to severe poverty and poor performance in terms of development indicators, there is the major problem of pervasive vulnerability. This is evident in the large percentage of the population that is “at risk of various idiosyncratic and covariant shocks” such as illnesses and natural disasters that can push many households into difficult economic circumstances or poverty. Moreover, many households faced with such challenges or shocks are forced to adopt extreme coping mechanisms in light

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81 Cambodia Halving Poverty by 2015? op cit.
82 Ibid, p. ii.
83 NSDP, op cit, p. 18.
84 Cambodia Sharing Growth, op cit, p. 95.
85 Ibid, p. 93.
86 ILO, 2008, National Efforts to End the Worst Forms of Child Labour in Cambodia, A Call for Commitment and Support.
87 Ibid.
89 Managing Risk and Vulnerability in Cambodia, op cit, p.11.
of the absence of effective social protection mechanisms.\textsuperscript{90} Coping mechanisms include pulling children out of school to work to supplement the family income, engaging them in begging, and placing them with guardians temporarily or, increasingly, in orphanages.\textsuperscript{91}

Surveys conducted in villages concluded that a major reason for families becoming poor was illness; a situation regarded as more devastating than crop failure. The limited access to health services, particularly for people living in more remote areas, further exacerbates the risk of illness and families subsequently falling into poverty. Another major factor that may seriously threaten many families at risk of becoming poor is the loss or disease of a draft animal, which is often a household’s only valuable asset. Natural disasters also pose serious threats to households, such as extended periods of flooding and drought, which can lead to low crop and animal production. Similarly, the destruction of roads and bridges and the contamination of clean water sources can cause devastating damage to large numbers of people.\textsuperscript{92} Some specific groups have been identified as particularly vulnerable to poverty,\textsuperscript{93} including:

- Internally displaced persons and repatriated refugees.
- People with disabilities.
- Demobilized soldiers.
- Children and youths — particularly orphans, children living on the streets and children engaged in work.
- The elderly.
- Women — particularly female-headed households and garment workers.
- Ethnic minorities.
- The urban poor, particularly the homeless and squatter households.

### Sources of vulnerability in Cambodia

- Food insecurity is a dominant feature of poverty and vulnerability
- Lack of assets
- Landlessness
- Exposure to natural disasters
- Non-diversification of household economies exacerbates the vulnerability of rural households
- A large majority of the population works in the informal sector and only a small share is engaged in wage labour
- Decades of conflict have undermined social cohesion in society
- Access to formal justice remains unequal and ineffective
- Social exclusion particularly of minority groups in the more ethnically heterogeneous provinces


\textsuperscript{90} Ibid.
\textsuperscript{91} Ibid, p. 31; and World Food Programme, 2007, Integrated Food Security and Humanitarian Phase Classification (IPC) Pilot in Cambodia, p.28.
\textsuperscript{92} Managing Risk and Vulnerability in Cambodia: op cit, p.15-17.
\textsuperscript{93} Ibid, pp 19-24.
Key national laws, policies, plans and strategies

The 1993 Constitution of Cambodia: The Constitution incorporates the rights of children as stipulated in the CRC, recognizes human rights, women’s rights and provides protection against their exploitation (see articles 31 and 48). The Constitution also recognizes the right of citizens to social security and other social benefits (article 36), women’s rights to employment, medical care and the opportunity to send their children to school (article 46). The right to health is guaranteed by establishing the duty of the State to provide “poor citizens” medical consultation in public health facilities and to provide infirmaries and maternity wards in rural areas (article 46). The Constitution states that the “State shall give full consideration to children and mothers” by establishing nurseries, and helping to support women and children who have inadequate support (article 73).

Rectangular Strategy: The Rectangular Strategy is one of the leading tools, which sets out to achieve sustained socio-economic development and meet the CMDGs. The Strategy is a broad document that outlines the Government’s overall governance and economic policy agenda. The cornerstone of the Strategy is good governance focused on four reform areas: anti-corruption; legal and judicial reform; public administration reform including decentralization and deconcentration; and reform of the armed forces, especially demobilization.

Cambodian Millennium Development Goals: In 2003 Cambodia prepared its own set of nine CMDGs, based on the MDGs but including an additional goal relating to mine risk and victim assistance, which was deemed particularly important to the country. Their preparation involved an extensive consultation process among all stakeholders. The CMDGs are:

1. Eradicate extreme poverty
2. Achieve universal nine-year basic education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV, malaria and other diseases
7. Ensure environmental sustainability
8. Forge a global partnership for development (not a specific CMDG but an MDG)
9. De-mining, UXO and victim assistance

There has been some progress in achieving the CMDGs, although some of the targets remain difficult to reach. The target for universal primary education is expected to be reached, but meeting the targets for secondary education is unlikely. Although there has been some progress towards meeting the health-related goals, it is not likely that all the targets will be met. The CMDG target for reducing HIV prevalence by 2015 has already been met. To reach the CMDG target of halving poverty will require faster economic growth and an increase in pro-poor distribution; in other words, more equitable distribution of benefits. In 2006, Cambodia released a full report on progress towards achieving the CMDGs, which noted that significant improvements in the situation of women and children had been made with the exception of the maternal mortality ratio. Progress has been reported in the achievement of universal education, with primary net enrolment rates reaching over 90 per cent. Nevertheless,
challenges still remain in relation to student retention and completion rates. In 2007, new data became available for CMDG 6, showing that the revised HIV adult prevalence had fallen to 0.9 per cent. Positive trends were also observed in CMDG 9, with landmine/UXO casualties continuing to decline, (352 documented cases by November 2007, compared to 875 in 2005).98

*The National Strategic Development Plan 2006-2010*: The NSDP is an overarching document containing a broad framework for the Government’s goals and strategies aimed at rapidly reducing poverty and achieving the CMDGs, as well as other socio-economic development goals. It also underscores some of the measurable improvements in various social indicators such as the expansion of primary education, reduction in infant and under-five mortality rates, significant reduction in communicable diseases, particularly in HIV, and reduction in gender disparity, especially in primary education, adult literacy and wage employment in agriculture and industry. The NSDP recognizes that the achievement of the CMDGs strongly depends on the synergy created by a number of essential developments such as political and social stability, the rule of law, maintenance of public order, critical reforms in public administration and sectors, and steady, sustainable and equitable macro-economic growth.99 The NSDP particularly recognizes the importance of addressing rural development and improving the livelihoods of the rural poor.

Some specific pieces of legislation related to social security that provide support to children and families are included in subsequent chapters. Recommendations for law reform stress the need to establish a comprehensive system of social security for children and families that provides coverage for children living away from home, children’s education, children and families in crisis, and children with disabilities.100 A World Bank study points out that while the formulation of these laws is an important step, their implementation has not yet been fully realized. For example, “the quantity and quality of public hospitals, infirmaries, and maternity wards, remain far from adequate”.101

Cambodia also ratified and is bound by the following international human rights treaties (and has therefore ratified six of the major instruments for the protection of human rights including women and children): the International Covenant on Civil and Political Rights (26 May 1992); the International Covenant on Economic, Social and Cultural Rights (26 May 1992); the International Convention on the Elimination of All Forms of Racial Discrimination (4 November 1983); the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (22 September 1992).

Concluding Observations of the Committee on the Rights of the Child

The Committee on the Rights of the Child issued its first Concluding Observations to Cambodia in 2000 pointing out some of the positive aspects and principal areas of concern with regard to the implementation of the CRC. The Committee welcomed the State Party’s initial report of Cambodia (CRC/C/11/Add.16), which was submitted in December of 1997, and considered by the treaty body on 24 May 2000, due to its work overload. The treaty body noted a number of positive aspects including the inclusion of the protection of the rights enshrined in the CRC in the 1993 national Constitution (Article 43). It further welcomed specific measures taken by the State Party, namely

99 NSDP, op cit., p. 38.
100 Draft Study on Children’s Rights Code, op cit., p. 69.
Table 1: Cambodia’s commitments under international human rights law

<table>
<thead>
<tr>
<th>Key conventions signed and/or ratified and reports submitted to international monitoring bodies</th>
<th>Signed</th>
<th>Ratified</th>
<th>Last Report</th>
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<tr>
<td>Convention on the Rights of the Child</td>
<td>15/10/92</td>
<td>16/07/04</td>
<td>Submitted in 2009</td>
</tr>
<tr>
<td>Optional Protocol on Children in Armed Conflict</td>
<td>27/06/00</td>
<td>30/05/02</td>
<td>Submitted in 2009</td>
</tr>
<tr>
<td>Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography</td>
<td>27/06/00</td>
<td>30/01/04</td>
<td>Submitted in 2009</td>
</tr>
<tr>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
<td>14/11/92</td>
<td>30/01/04</td>
<td>Not required</td>
</tr>
<tr>
<td>Convention on the Worst Forms of Child Labour (ILO No. 182)</td>
<td>14/03/06</td>
<td>Not required</td>
<td></td>
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<tr>
<td>Convention on Minimum Age (ILO No. 138)</td>
<td>23/08/99</td>
<td>Not required</td>
<td></td>
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<tr>
<td>Convention Against Transnational Organized Crime</td>
<td>11/11/01</td>
<td>12/12/05</td>
<td>Not required</td>
</tr>
<tr>
<td>The Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children</td>
<td>11/11/01</td>
<td>Not required</td>
<td></td>
</tr>
<tr>
<td>Hague Convention on the Protection of Children and Cooperation in Respect of Inter-Country Adoption</td>
<td>Acceded to 2007</td>
<td>Not required</td>
<td></td>
</tr>
<tr>
<td>Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction</td>
<td>2006 (Accession) 1999</td>
<td>Not required</td>
<td></td>
</tr>
</tbody>
</table>

Source: Author’s own
combating child labour by ratifying the ILO Minimum Age Convention No. 138, including the participation of NGOs in the preparation of the State Party’s initial report, as well as in the implementation of the CRC.102 Several of the Committee’s concerns and recommendations related to the general measures of implementation. It underscored the need to give priority to ensure that the maximum available resources are allocated to health, education and social services for children.

**Budget allocation for realizing children’s rights**

Advocates for children’s rights are promoting an increase in budget allocations that benefit children in order to fulfil their rights to health, education and protection, among others. As a general rule, detailed knowledge of the national budget of any developing country is hard to obtain and information on the budget cycle, trends in revenues and expenditure are normally in the hands of a small number of specialists in the Government and research institutes. This is also true for Cambodia, where there is no single resource that provides complete information relating to the budget and the budgetary process.103 As a result, it is not possible to assess precisely to what extent resources are allocated specifically for the realization of children’s rights. The amount of financial resources that are allocated to social services such as health and education, for example, is an issue addressed in the subsequent chapters.

The budget preparation process involves five stages: preparation of strategic plans; preparation of the budget; adoption of the budget; implementation; and monitoring and control and auditing.104 The process begins with the preparation of the Strategic Plan (March through May), when the Ministry of Economy and Finance (MoEF) prepares a macroeconomic framework and the medium-term public financial policy, in line with the national policy framework. Once the draft budget is approved by the National Assembly it is sent to the Senate by the first week of December. If it is approved by the Senate, the draft budget law is sent to the King for promulgation.105

**Gender equality and women’s rights**

Significant progress is being made in gender equality and women’s rights due to greater awareness of women’s rights as a result of initiatives undertaken recently by the Government, media and civil society.106 The main gender inequalities typically involve girls’ comparatively lower level of achievement in education and are evident in women’s access to income-generating opportunities, control of household assets and the high incidence of gender-based violence against women.107 The triple workload (reproductive, community and productive roles) faced by women is compounded by a low level of female participation in positions of authority and in decision-making processes.108

One of the perceived constraints against achieving gender equality is the limited understanding of the meaning of gender among stakeholders. As a result, many initiatives targeting women do not address the relationship between women and men and the responsibilities of both as parents. This point is emphasized in the

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102 Committee on the Rights of the Child to Cambodia, June 28 2000, Concluding Observations of the Committee on the Rights of the Child to Cambodia, CRC/C/15/Add.128.
104 Analysis of the Implementation of the 2007 Budget Law, op cit., p. 11.
105 Ibid, p. 11.
106 Ministry of Women’s Affairs, 2008, A Fair Share for Women, Cambodia Gender Assessment, p. ii.
107 Ibid.
108 Cambodia Sharing Growth, op cit., p. 141.
CRC (article 18), which provides that the State shall recognize the principle that both parents have common responsibilities for the upbringing and development of the child. The limited understanding of gender mainstreaming is demonstrated in the budgeting process at the district level, where ‘gender budgeting’ is taken to mean having a separate category to fulfil women’s rights rather than for mainstreaming gender.109

The *Chbap Srey* and the *Chbap Pros*, the respective traditional codes of conduct for women and men, address attitudes and behaviour and remain highly influential in Cambodian society. These codes give men higher status and authority and consequently hinder the achievement of gender equality in all aspects of life.110 The expected behaviour of Cambodian women under this code is strict.

**Women’s right to health**

According to the Cambodia Gender Assessment 2008, conducted by the Ministry of Women’s Affairs (MoWA), considerable progress has been achieved with regard to women’s health, education, employment and other pertinent areas. Nevertheless, a number of gender disparities are reported. In the area of health, overall life expectancy has increased over the last decade and women continue to have a longer life expectancy than men. The high maternal mortality ratio (461 per 100,000 live births) remains an issue of major concern with no improvements reported since 2000. Another disturbing issue is the increase in the percentage of women having more than one abortion, from 5 per cent to 8 per cent in recent years, which implies a failure to ensure access to reproductive health information and to family planning services.111

Excellent progress is reported with regard to HIV, with adult prevalence rates decreasing from 2 per cent in 1998 to 0.9 per cent in 2006. Among pregnant women attending antenatal clinics, prevalence over the same period has also decreased significantly, from 2.1 per cent to 1.1 per cent and a further decrease to 0.8 per cent in 2008.112 Decreases are also reported among female sex workers. At the same time, females represent an increasing proportion of people living with HIV, from 38 per cent in 1997 to 52 per cent in 2006. Presently, the principal modes of HIV transmission are from husbands to wives (42 per cent) and perinatal transmission to newborns (35 per cent).113 Concerns are emerging about the erosion of reproductive rights in the field of prevention of mother to child transmission of HIV. However, this needs to be monitored carefully before a full assessment can be made.

**Women’s right to education**

In the area of education there is evidence of significant progress, with higher enrolment rates and increased gender parity at primary school and higher education levels. It is also reported that there is near gender equity in literacy rates and the mean level of education among people under the age of 20. Nevertheless, at all levels of education, there are still fewer girls than boys and most of the improvements achieved at the higher levels are primarily among the wealthier population. Moreover, the overall mean levels of education are still lower for women than men. The result is that 40 per cent of women between 25 and 44 are illiterate compared to 22 per cent of men, and 23 per cent of women aged 15 to 24 are illiterate compared to 16 per cent of young men.

109 Information provided by UNICEF Cambodia.
110 A Fair Share for Women, op cit., 2008.
111 Ibid, p. iii.
113 Ibid, p.110.
Women’s right to work

Gender disparities in the area of employment remain significant and are caused to some extent by traditional attitudes that determine which occupations are appropriate for men and women. The situation is exacerbated by low educational achievement by many women. In recent years, however, economic growth has produced thousands of new jobs for both women and men, mainly in the garment and construction industries. The garment industry primarily employs women (between 80 and 90 per cent). These jobs were recently estimated at about 350,000, representing 3.4 per cent of total employment and 5.5 per cent of female employment.114 In the informal sector the work between men and women is more or less similar, with the great majority involved in agricultural self-employment and the rest working in services.

Violence against women

Domestic violence in Cambodia remains widely prevalent and is rising. A recent achievement was the strengthening of the legal framework by adopting the Law on the Prevention of Domestic Violence and Protection of Victims; the Law on Suppression of Trafficking in Humans and Sexual Exploitation, in keeping with the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children; and the National Plan to Combat Violence Against Women (in draft).115

Women’s right to participation

Cambodia has ratified CEDAW, which requires the State to eliminate discrimination in all spheres of women’s lives by removing barriers and promoting equality through positive action. Progress has been reported on women’s participation in the political sphere and in public decision-making, and in the representation of women in directly elected bodies. The percentage of women elected to the National Assembly increased from 5 per cent in 1993 to 11 per cent in 1998 and to 19 per cent in 2003. In the Senate, the percentage increased from 13 per cent to 21 per cent between 1999 and 2004. However, since the change in 2006 that brought about indirect election of the Senate members by Commune Councillors, the percentage of women in the Senate has decreased to 15 per cent. Women are underrepresented, in particular in the executive branch of government at the national, provincial and district administration levels, as well as in the judiciary. Overall the percentage of women in senior level positions with decision-making power is low and there are few women judges, prosecutors and lawyers.116

On a positive note, at commune and village level, Commune Focal Points for Women and Children are now appointed to represent women and children’s issues.117

Concluding Comments of the CEDAW Committee

After considering Cambodia’s second and third periodic report in 2006, the CEDAW Committee issued its concluding comments to Cambodia.118 The Committee commended Cambodia for ratifying the CEDAW without reservation and noted with appreciation the significant efforts towards achieving gender equality and eliminating discrimination against women. It welcomed in particular the establishment of MoWA, the Cambodian National Council for Women, and the adoption of the national Neary Rattanak plan, which focuses on building women’s capacity and the integration of gender

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114 Cambodia Sharing Growth, op cit., p. 140.
115 A Fair Share for Women, op cit., p. iii.
perspectives in the National Poverty Reduction Strategy 2003-2005. The Committee also welcomed the efforts to increase the participation of women in commune councils and commended the State for its legal reform, particularly the enactment of the Law on the Prevention of Domestic Violence and Protection of Victims in 2005.\textsuperscript{119}

The Committee recommended a number of actions with regard to CEDAW’s overall implementation, including the need for: legislation to ensure that CEDAW becomes fully applicable in the domestic legal system; scaling up programmes for women; undertaking a comprehensive assessment of the traditional code of conduct and traditional attitudes that discriminate against women; removing obstacles to obstetrics services to reduce maternal mortality; placing higher priority on the reduction of women’s illiteracy, particularly those belonging to ethnic minorities; ensuring equal participation of women in the labour market; and increasing the number of women elected and appointed to the judiciary.\textsuperscript{120}

The role of civil society and NGOs

After the Khmer Rouge destroyed Cambodia’s social institutions, civil society had to be recreated, which was an arduous and challenging task in a country depleted of social capital. It is reported that for many survivors of the Khmer Rouge period, notions of establishing groups and the promotion of solidarity, and even collective action, which is inherent in Asian culture, initially provoked negative responses and strong resistance. Despite the many challenges, a civil society has been evolving through the growth of predominately internationally funded NGOs that have emerged over the last decade, and which constitute the framework for an organized Cambodian civil society.\textsuperscript{121}

Research conducted for the ‘Moving Out of Poverty Study’ indicates that many villagers cited NGO projects more frequently than government service providers as having provided them with assistance. This has demonstrated NGOs’ valuable role in delivering basic goods and services, and in promoting knowledge of pertinent issues such as health practices, human rights, domestic violence and child labour issues. They also provide health services for HIV- and AIDS-affected families and individuals and cover many areas such as de-mining, disaster management and emergency food aid. Most importantly, they play a critical role in keeping both government and the donor community aware of economic and social changes in the country, and help to focus attention on the poorest and most marginalized population groups.\textsuperscript{122} A number of NGOs have been established that focus on promoting human rights, and carry out a watchdog function.

The number of NGOs operating in the country varies according to the source. Reports in 2006 estimated between 200 and 308 international and between 642 and 800 national NGOs.\textsuperscript{123} It was reported that in 2004, NGOs spent just under US $124 million. Grassroots organizations have also been emerging recently such as unions created in light of the growing garment industry, the national federations of farmers, and pagoda associations at the village level. An NGO forum has been created, as well as a coordination structure named the Cooperation Committee for Cambodia (CCC).

\textsuperscript{119} Ibid.
\textsuperscript{120} Ibid, p. 2.
\textsuperscript{121} Cambodia Halving Poverty by 2015?, op cit., p. 148.
\textsuperscript{122} Ibid, p. 148.
\textsuperscript{123} Ibid, p. 150.
This body seeks to facilitate information exchange, coordination, and collective representation on particular issues and in collaboration with the NGO Forum.124

The role of the media

The media can play a fundamental role in promoting the rights of children provided that it assumes its duties and responsibilities in this regard. In Cambodia, the role of media varies. In relation to social issues, the media is perceived for the most part as independent, whereas the role of the media is highly sensitive with regard to political issues, with reported incidences of journalists being killed during election periods.125 The highest profile killing was of Khim Sambo in July 2008, a journalist for the pro-opposition Moneaksekar Khmer newspaper.

There are currently seven television stations in operation. One is state-owned and six are privately owned. There are more than 20 radio stations, with 10 operating in the provinces. At least two radio stations broadcast the Voice of America and are regarded as neutral and independent. There are three main newspapers, namely Rasmey Kampuchea, Kohsantepheap and Kampuchea Thmey. All three are pro-government and have a wide distribution. In addition, there are one or two newspapers that are associated with pro-opposition parties.126 It is widely acknowledged that most media sources in Cambodia are politically dominated. For example, all seven TV stations are, either directly or indirectly, politically and/or financially controlled by the ruling party. Cambodia television is popular in terms of providing entertainment but its news content is strictly controlled.

Ownership of televisions and radios is estimated at 40 per cent and 60 per cent of the population, respectively. Access to televisions has increased in rural areas. Nowadays, more people watch television than listen to radio. One recent study of media consumption shows that radio use has decreased considerably, whereas using television only as a source of entertainment and information has doubled.127 The purchase of newspapers is fairly low in both cities and provincial towns. Internet services are available mainly in the city, with very few websites in Khmer, which limits its use. Although still limited, the Internet has a growing influence and recent technological improvements should see further increase in its use. There are currently some 45,000 to 50,000 users and most use cyber cafes for reasons of cost. Blogging is becoming increasingly popular among students. More people are also purchasing mobile phones, which has improved communications in Cambodia.128

Media interest in issues concerning women and children is relatively low. However, journalists do participate in training activities on issues such as HIV and Avian Influenza when offered by UNICEF and other agencies. In recent years there has been an increase in awareness of children’s rights due to an increase in newspaper articles focusing on this issue. The mass media has also responded to certain topics promoted by UNICEF and its partners, such as exclusive breastfeeding, baby-friendly hospitals, iodized salt and the training of volunteer health workers.

An example of the important role that media can play in protecting and promoting rights is an initiative of the BBC World

124 Ibid.
125 Information provided by UNICEF Cambodia 2008.
126 Ibid.
127 BBC World Service Trust, Cambodia Online Results, September 2006.
128 Information provided by UNICEF Cambodia 2008.
Service Trust. In partnership with the Government, Cambodian broadcasters and a number of international and local organizations, it produced a mass media campaign aimed at preventing the further spread of HIV, improving the care and support for people living with HIV and the health of mothers and children. The campaign included a television soap opera, three radio phone-in programmes, television and radio public service announcements and a print magazine. The programmes were broadcast in Khmer and also focused on improving sexual health, increasing the use of condoms and changing attitudes towards people living with HIV or AIDS. It also promoted good health for young children by: encouraging breastfeeding; raising awareness of acute respiratory infection; highlighting the need for hand-washing to prevent illness; and reminding pregnant women to have antenatal check-ups and to take iron tablets to prevent anaemia.129

The role of international donors

Cambodia is one of the pilot countries selected for monitoring the implementation of the Paris Declaration on Aid Effectiveness. Over the last decade, the country has received significant support in the form of aid from the international donor community. While there have been improvements in areas such as poverty reduction, more effective service delivery and overall development, recent evaluations point out that the aid received has not been as effectively managed and coordinated as it could have been. Accordingly, there has been increasing recognition by the Government and its international partners that there is a need for better harmonization and alignment of overseas development aid.130 Several permanent bodies have a mandate for strategic planning and the integration of development assistance into national policies and plans. They include the Ministry of Planning, the Ministry of Economy and Finance, the Ministry of Foreign Affairs and the Council for the Development of Cambodia. In recent years, the World Bank has assessed the overall performance by aid-receiving countries, including Cambodia, has been based on set criteria. The World Bank reviews the performance of countries on aid effectiveness using a number of indicators pursuant to the Paris Declaration.

According to the Paris Declaration, aid is most effective when it supports a country-owned approach to development and less effective when it is donor-driven. In the first round of monitoring, Cambodia received a C rating, which indicates that some progress was achieved but that more was required. The declaration also provides that for aid to be effective, it must be aligned with national development strategies and plans. The World Bank points out that in Cambodia, aligning the national budget, the Public Investment Programme and the Medium-Term Expenditure Framework to medium-term strategic priorities is still a major implementation challenge, although some progress is reported.131

It has been established that if countries can create reliable systems for public financial management, donors will be encouraged to use them for the delivery and management of aid. The Paris Declaration calls for an assessment of the extent to which countries have reliable public financial management systems that are in keeping with acceptable standards of good practice, or how far they have initiated the necessary reforms to

129 Website of BBC World Service Trust: http://www.bbc.co.uk/world-service/trust/whatweodo/where/asia/cambodia/2008/03/080225_cambodia_hiv aids_mch_project_overview.shtml
establish such systems. In this category, Cambodia received a rating of 2.5 for its public financial management systems, which was below the average score of 3.2 among all International Development Association countries.

Another important indicator measures capacity and donor technical cooperation. The Paris Declaration indicates that weak capacity is a significant barrier preventing countries from utilizing aid more effectively. Thus, donors are expected to provide technical assistance in a way that is coordinated with the country programmes and to strengthen national capacity. According to one survey on Cambodia’s performance in 2006, 36 per cent of donor technical cooperation was coordinated, but a 2008 survey showed a drop to 35 per cent. Both surveys were analyzed by the Government and its development partners and the decline is believed to be the result of the recent development of stricter guidelines for technical cooperation. The overall conclusion is that more needs to be done for Cambodia to meet its 2010 target for the provision of coordinated technical cooperation.

The UNDAF was prepared through extensive consultation with the Government, civil society, the private sector and donors, and represents the response of the UN to the national priorities set by the Government in its Rectangular Strategy. Progress will be measured using CMDG indicators and other pertinent governance and human rights indicators. This means that Cambodia’s actions to implement human rights treaties such as the CRC and CEDAW, through the adoption of specific legislative, administrative and other measures will be included in the overall assessment. To this end, the UN Country Team (UNCT) will support efforts to increase Cambodia’s compliance with the human rights treaties.

It should be noted that “all programmes of development cooperation, policies and technical assistance should further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments.” Accordingly, in the area of good governance and the promotion of human rights, the UN, in partnership with the Government, will be working towards:

- Effective participation of citizens in the conduct of public activities and decisions that affect their lives.
- Accountability and integrity of government in public decision making and policy implementation.
- Effective and responsive state institutions working in a transparent fashion.

With regard to the priority designated to capacity building and human resource development for the social sectors to improve health, nutrition, education status.

The role of the United Nations

The United Nations Development Assistance Framework (UNDAF) 2006-2010 outlines the major priorities as follows:

- Good governance and the promotion and protection of human rights.
- Agriculture and rural poverty.
- Capacity building and human resources development in the social sectors.
- Development of the national strategic development plan.

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132 Ibid.
133 Ibid.
134 Ibid.
and gender equity with emphasis on the rural poor and vulnerable groups, the UNDAF seeks to obtain the following results:

- Increased equitable access to and utilization of quality social services.
- Increased awareness and empowerment of the population, particularly women, children and youth, to claim their rights to social services.
- Significant reduction in all forms of violence against and trafficking of women and children.

In keeping with the UN’s role of supporting the development of the NSDP, the UNCT will provide technical assistance to the Government to build its capacity to own and lead the process and help to ensure that donors’ contributions are coordinated effectively and in harmony with the country’s priorities. In addition, the UNCT will support the NSDP to ensure it is aligned to achieve the CMDGs and to fulfil Cambodia’s commitments to international human rights treaties.

It is within this broad context that UNICEF plays a leading role in promoting the realization of all rights for all children in Cambodia in accordance with the CRC and corresponding national laws, policies and programmes.

**Emerging issues**

Several emerging issues have important implications for the overall human development context and affect the well-being of children in Cambodia.

**Climate change:** In many countries climate change has become a real challenge. The Government has recognized that, as a least-developed agrarian country, it is highly vulnerable to climate change and has a low capacity to adapt to changing climate conditions. In recent years, Cambodia has witnessed more frequent and severe floods and droughts, resulting in a significant number of fatalities and considerable economic losses. The Government has also recognized the adverse impact of climate change on social and economic development, particularly for poor rural communities. In light of this, the Ministry of Environment formulated the Cambodian National Adaptation Programme of Action to Climate Change (NAPA), which is in line with the development objectives outlined in the Rectangular Strategy, the CMDGs and the NSDP for 2006-2010.

**The Mekong River basin:** Two dams are under construction on the Mekong river where it runs through China, and a third dam has recently been completed. A limited consequence analysis for countries downstream was undertaken before the construction of these dams. The potential ecological and environmental impact of the three dams – projected to be finalized in 2012 – on Cambodia is potentially significant, and threatens the annual retrograde flooding of the Tonle Bassac river into the Tonle Sap lake.

**Statelessness:** International law stipulates that every person has a right to a nationality. Article 8 of the CRC provides that State Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference. Citizenship is essential for ensuring access to a wide range of social services and for exercising fundamental rights and protections. Consequently,
without citizenship/nationality a person is not guaranteed access to health care, education and employment, and does not have recourse to the legal system, among other things. In Cambodia, there is evidence of groups of people including children who are vulnerable to statelessness. Potentially, hundreds of thousands of people living in Cambodia are either stateless, or citizens who are denied access to rights and protection, or in danger of losing their citizenship status in the future. This situation is caused by many factors and to some extent by the numerous transitions in the diverse political systems, which have produced a wide range of contradictory policies, methods of classification, identity documents and legal requirements.

Landlessness and unequal distribution: In a primarily agrarian society like Cambodia, in which a large segment of the population earns a living as small farmers and depends on its land for food production and income, land ownership is a critical issue. Thus, land is the primary asset of the rural poor. As a result of the significant economic growth and investment taking place in the country in recent years, the price of land has risen considerably along with growing competition to acquire landholdings. Although land was distributed in 1989 with virtually no inequality, current studies show that many companies and powerful rich individuals are becoming major landowners and causing a high degree of inequality. In fact, unequal land distribution in Cambodia ranks among the highest in Asia. Moreover, in recent years there has been an increase in distress land sales, land grabbing and valuable land purchases by urban residents at low prices, all of which have contributed to the landlessness of the rural poor. The issue of land ownership is complex, and there is considerable debate taking place in the country on the best policy choices for a more equitable distribution of land that is also more efficient for economic growth. In 2004, it was estimated that as many as 80 per cent of rural households owned land without legal land titles. It is believed that securing property rights would eliminate the uncertainty of those who are working the land without legal title, reduce conflicts and improve overall production.

Economic land concessions: Since 1996, several Special Representatives of the UN Secretary-General for Human Rights have expressed concern about the negative impact on rural communities of economic land concessions, which are being granted to private companies for the development of agro-industrial plantations. One issue is the poor enforcement of and compliance with the Land Law, the Sub-Decree on Economic Land Concessions and Forestry Law. Although a number of breaches of law by companies have been reported, the judicial system has apparently failed to hold them accountable and to protect the rights of those communities that have been affected. Among other things, there is concern that, rather than promote rural development and reduction of poverty, “economic land concessions have compromised the rights and livelihoods of rural communities in Cambodia” which depend on the land and its resources for their survival.

Changing patterns of migration: Internal migrants constitute 35 per cent of Cambodia’s population. In recent years there has been an increasing awareness of international

140 Information provided by OHCHR in Cambodia, 2008.
141 Cambodia Sharing Growth, op cit., p. 54.
142 Cambodia Halving Poverty by 2015?, op cit., p. 85.
143 Ibid, p. 88.
144 Cambodia Sharing Growth, op cit., p. 53.
migration that is also taking place, primarily along the border with Thailand. The causes of this migration include poverty, landlessness, unemployment, lack of access to markets, debt and natural disasters. It is believed that most of the jobs migrants find do not help to improve their overall standard of living and are “dirty, dangerous and disliked.”  

According to UNFPA, the rapid increase of the urban population caused by rural-to-urban migration is likely to exacerbate the problem of the expansion of slums and squatter settlements. The lack of basic infrastructure such as water supply, sewage and roads, and growing informal settlements are likely to contribute to the spread of disease and an increase in violence. One major concern is that many children suffer the negative impact of seasonal migration. This is because one of its consequences is the separation of families, with some children being left behind. Migration also reduces access to social services for many families that migrate in search of a better livelihood.

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Source: Jessica Mak

148 Information provided by UNICEF Cambodia 2008.
Chapter 3
THE CHILD’S RIGHT TO LIFE AND HEALTH
The child’s right to life and health

Introduction

This chapter is guided by the right to life, a universal human rights principle enshrined in all international human rights instruments, including the CRC. Article 6 recognizes that every child has the right to life, survival and development. This provision has been interpreted to mean that measures taken by the State should be “of a positive nature and thus designed to protect life, including life expectancy, diminish infant and child mortality, combating diseases and rehabilitating health, providing adequate nutritious foods and clean drinking water”. Most importantly, the State should refrain from any action that may intentionally take life away, take steps to safeguard life and ensure “to the maximum extent possible” the survival of the child.\(^{149}\)

International law has established that health is a fundamental human right and indispensable to the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health, which is essential for living a life in dignity.\(^{150}\) The right of the child to health is interrelated and dependent upon the realization of other rights, including the rights to life, non-discrimination and equality, food, education, privacy, access to information, clean drinking water and hygiene. This chapter analyzes the right to health and access to health services as established in Article 24 of the CRC, which builds upon the rights to life, survival and development. The State must recognize the right of all children without discrimination to “the highest attainable standard of health” by taking into


account its available resources, and strive to ensure “that no child is deprived of his or her right of access to such health care services.” This means that all children should have access to health care facilities whether they are living in urban, rural or remote areas, and particular attention should be directed to the most disadvantaged children, such as those from ethnic minorities, street children and children with disabilities.

Related to the right to health is the child’s right to birth registration, as recognized in Article 7 of the CRC. Birth registration immediately after birth is essential for the protection of the child’s right to life and health. The significance of birth registration in relation to an individual’s identity and being able to claim economic and social rights is therefore emphasized in this chapter from the start.

A situation analysis using a rights-based approach concentrates mainly on existing gaps and disparities, the principal areas that need improvement and remaining obstacles to overcome before the right to the enjoyment of the highest attainable standard of health is guaranteed to all children in Cambodia. Central to this analysis is the identification of all the responsible actors and duty-bearers at all levels that play a key role in ensuring a child’s rights to life and health.

The Convention on the Rights of the Child and 1993 Constitution of Cambodia recognize the following rights, which are the most relevant to this chapter:

**The CRC**

Article 2: The right to non-discrimination  
Article 6: The right of the child to life  
Article 7: The right of the child to be registered immediately after birth  
Article 18: The common responsibilities of both parents in upbringing and development of the child  
Article 24: The right of the child to the highest attainable standard of health

**The 1993 Constitution of Cambodia**

Article 48 guarantees:

The State shall protect the rights of the children as stipulated in the Convention on Children, in particular, the right to life, education, protection during wartime, and from economic or sexual exploitation. The State shall protect children from acts that are injurious to their education opportunities, health and welfare.

Article 46 states:

A woman shall not lose her job because of pregnancy. Women shall have the right to take maternity leave with full pay and with no loss of seniority or other social benefits.
Overview of the situation

Since 2000, Cambodia has made enormous progress in a number of social areas, including health. It has succeeded in reducing infant and under-five mortality from 95 to 66\(^{151}\) and from 124 to 83 deaths per 1,000 live births, respectively.\(^{152}\) This progress has been attributed to the strong performance of the national immunization programme, successful exclusive breastfeeding promotion, the reduction of poverty levels, improved access to education and better roads. The proportion of children age 12 to 23 months fully immunized against six preventable diseases increased from 40 per cent in 2000 to 66 per cent in 2005. Feeding practices have improved with an increase in babies being breastfed early and exclusively, from 11 per cent to 35 per cent and from 11 per cent to 66 per cent, respectively. Cambodia has also succeeded in halting and reversing the growth of the HIV epidemic, and has a declining prevalence that currently stands at 0.9 per cent.\(^{153}\) Access to improved water supplies has exceeded its 2015 CMDG target. The number of casualties from mines and UXO has decreased considerably and there is more government commitment towards improving the situation of children with disabilities through the adoption of new laws and policies. Furthermore, innovative financial schemes have been developed to protect the poor from the costs of public sector user fees.\(^{154}\)

Notwithstanding the progress to date, the health sector still faces major and persistent challenges that must be overcome before all children and women, particularly those belonging to the most vulnerable and disadvantaged sectors of the population, can enjoy their right to health. These challenges include the urgent need to reduce the high maternal mortality ratio, which stands at 461 deaths per 100,000 live births and is among the highest in the region. Although there has been a decline in neonatal mortality, it has been slower than the decline in post-neonatal mortality. The high maternal and newborn mortality rates are attributed to a number of factors:\(^{155}\)

- Only 52 per cent of women have access to a skilled birth attendant, according to the Health Information System statistics for 2008.
- 57 per cent of pregnant women have anaemia.
- Emergency obstetrics and newborn care is not accessible to many women (the Caesarean section rate is below 1 per cent, under the WHO recommended minimum of 5 per cent).
- Inadequate family practices during pregnancy and childbirth such as the reliance on traditional birth attendants and unclean cord care.

In the first half of the decade, significant improvements in child nutrition indicators were reported by the 2005 CDHS. Between 2000 and 2005, wasting decreased from 16.8 per cent to 8.4 per cent, the number of underweight children decreased from 38.4 per cent to 28.2 per cent, and stunting decreased from 49.7 per cent to 43.2 per cent. In the last three years, however, the nutritional status of children has seen little progress and, in some cases, the situation has worsened.

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151 And further reduced to 60 in the 2008 Census.
152 Cambodia Demographic and Health Survey 2005.
155 Information provided by UNICEF Cambodia, 2008.
Chronic malnutrition, as measured by stunting (shortness), slightly declined from 43.2 per cent in 2005 to 39.5 per cent in 2008 due to considerable improvement in children younger than 1 year old (from 21.9 per cent in 2005 to 14.5 per cent in 2008). The number of underweight children stagnated at the same level: 28.8 per cent in 2008 compared to 28.2 per cent in 2005. Wasting (thinness), or acute malnutrition, showed no improvement: 8.9 per cent in 2008 compared to 8.4 per cent in 2005. Some population groups and areas have recorded significant increases in acute malnutrition. Wasting among poor urban children increased from 9.6 per cent in 2005 to 15.9 per cent in 2008, exceeding the threshold of the 15 per cent wasting rate for humanitarian emergency and calling for emergency response in urban areas. It is likely that this particular group was primarily affected by soaring food prices during 2008.

Poverty is an important risk factor in malnutrition and there is variation in the percentage of thin, underweight and short children by household wealth, but even the richest wealth quintiles see elevated rates of all three indicators of undernutrition. When compared to expected levels in a healthy population, the richest wealth quintile of Cambodia has over 12 times more short children (28.6 per cent), over eight times more underweight children (19.3 per cent), and four times more thin children (8.9 per cent). This shows that money, or the ability to buy food, is not the only important factor in nutrition. The way children are fed and cared for appears to be just as important as poverty for malnutrition in the country.

There are many new challenges, with drowning identified as the main cause of death among children between 1 and 17 years of age. After diarrhoea, it is the second most significant cause of death among children aged 1 to 4 years. Significant inequities persist between rural and urban areas, across provinces and among people with different educational levels and economic status. Considerable financial barriers prevent the use of services, with out-of-pocket expenditures representing about 70 per cent of total per capita health spending. Access to a skilled birth attendant is singled out as an example of the greatest social inequity, with the wealthiest women being 10 times more likely to give birth in a health facility than the poorest (67.4 per cent of the richest quintile, compared to 6.5 per cent of the poorest quintile). Similarly, only 10 per cent of women with low education levels or no schooling at all are likely to give birth in health facilities or benefit from antenatal care, compared to 90 per cent of women with a secondary or higher education.

With regard to combating HIV, there is increasing concern about people who practice high-risk behaviours, including sex workers, men having sex with men and an alarming 24.4 per cent of injecting drug users (IDUs). A significant proportion of these at-risk groups are adolescents and young people. Another worrying trend is the increase of illicit drug use among street children aged between 12 and 18. There has been a growing feminization of the HIV epidemic in recent years that has obvious consequences on children due to the loss or chronic illness of their mothers. There are a number of persistent challenges related to preventing mother-to-child transmission of HIV that are linked to systemic barriers to addressing maternal health, such as the shortage of midwives,

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157 Information provided by UNICEF Cambodia, 2008.
158 Ibid.
low levels of antenatal care and lack of knowledge of its benefits, and low level of childbirth in health facilities due to geographic distance and lack of transport.

A number of challenges are related to health sector financing and service delivery. Although public spending on health doubled between 2003 and 2007, foreign aid continues to exceed government spending and out-of-pocket expenses have grown by 18 per cent during the same period. Per capita spending on health (US$39) and health share of GDP is now at 8 per cent, which is higher than in some neighbouring countries such as Viet Nam. Nevertheless, the health outcomes in Cambodia remain worse by comparison.\(^{159}\)

In conclusion, the current health situation, while improving, requires an intensive focus on maternal and newborn health; an expansion of nutrition-related actions; a targeted effort to address unequal access to essential health services; and an emphasis on addressing some of the health sector’s bottlenecks associated with inadequate financial and human resources and the provision of health services. In addition, there is a dire need to improve access to water and the provision of sanitation facilities, which are essential to the enjoyment of the right to health.

**National response to the child’s right to life and health**

A value-based commitment of the Ministry of Health (MoH) is *Equity* and the *Right to Health* for all Cambodians.\(^{160}\) Below are the key national plans and strategies that provide the policy framework in relation to the child’s right to life and health.

1. **National response to maternal and child health**

The *NSDP 2006-2010* and the *Rectangular Strategy* aim to promote maternal and child health care to reduce maternal and infant mortality, but they are much broader in scope in addressing the health sector. The *Rectangular Strategy* aims to improve health services through capacity building and human resource development. Priority will be given to the construction of referral hospitals

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159 Options for Developing an Effective, Equitable and Sustainable Health System, Cambodia draft Health Note, undated.

Concluding Observations of the Committee on the Rights of the Child, 2000

In its Concluding Observations, issued to Cambodia in June 2000, the Committee made some recommendations with regard to the right to survival and development that remain valid today. The Committee expressed concern about Cambodia’s infant mortality and under-five child mortality rates, as well as maternal mortality rates, which remain among the highest in the region. It recommended that the State address these issues by taking a multi-sectoral approach that recognizes the critical role played by illiteracy, the lack of clean water supplies, and food insecurity on childhood illnesses. It recommended in particular recognizing the needs of isolated communities and putting in place an efficient primary health care sector in light of the limited access to health services. It further noted the shortage of medical and public health personnel and the insufficient number of primary health centres, especially in rural areas. The high cost of health care and medicines, leading families into debt and pushing many of them into poverty, was also raised as an issue of concern.\[161\]

The Health Strategic Plan (HSP) 2008-2015 aims to achieve three main goals: reduce newborn, child and maternal morbidity and mortality with increased reproductive health; reduce morbidity and mortality due to AIDS, malaria, tuberculosis, and other communicable diseases; and reduce the burden of non-communicable diseases and other health problems.\[162\] The plan identifies equity as a core value and proposes a set of policy principles. It also recognizes the need for more detailed and decentralized planning and budgeting through greater empowerment and capacity building for national and sub-national structures and institutions. Greater importance is being placed on proactive performance management of sub-national departments and providers, the central ministry’s roles of regulation and enforcement, quality assurance, monitoring and contracting for performance.\[163\]

The Cambodia Child Survival Strategy (CCSS) 2006-2015 was adopted in order to reduce child mortality and achieve CMDG 4, which aims to reduce the under-five mortality rate to 65 per 1,000 live births by 2015.\[164\] The key targets of the child survival CMDGs include the reduction of:

- Under-five mortality rate to 65 per 1,000 live births by 2015.
- Infant mortality rate (IMR) to 50 per 1,000 live births by 2015.
- The proportion of underweight and stunted children under five from 45 per cent to 22 per cent by 2015.

The CCSS aims to achieve universal coverage of a limited package of essential evidence-based, cost-effective interventions and health centres, which can provide local health services in an efficient, equitable and sustainable manner to all citizens, especially poor and vulnerable groups. Health Equity Funds designed to help the poor access quality health care services will be further strengthened and expanded.

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162 Ibid., p. i.
163 Information provided by UNICEF Cambodia 2008.
that impact on child mortality. It recognizes that many factors determine whether a child survives. General socio-economic living conditions in households and communities where children grow up, maternal health and education, birth spacing, access to safe water and sanitation, and food security are all known to be determinants of early childhood mortality rates. Thus, for child survival to increase, improvements must be made in these areas.

The CCSS outlines the main directions for all actors in the health sector in order for them to contribute to their full potential to the common goal of decreasing child mortality. The CCSS strategy builds on other existing national policies and strategies such as the HSP 2003–2007 and those addressing maternal health and nutrition.

The National Nutrition Strategy 2009-2015 (NNS) is the first to be developed by the National Nutrition Programme using a participatory process involving the key stakeholders. The purpose of the nutrition strategy is to provide a clear focus and long-term direction to address maternal and child under-nutrition. Nutrition is addressed in relation to HIV, emergencies and non-communicable diseases. The strategy is intended to contribute towards the achievement of the CMDGs related to poverty, maternal and child health, and HIV.

The goal of the Nutrition Strategy is to reduce maternal and child morbidity and mortality by improving the nutritional status of women and children. It focuses specifically on what the MoH can do to address maternal and young child under-nutrition and is therefore limited in scope in addressing the full spectrum of causes of under-nutrition. The three key results to be achieved are: a reduction in malnutrition and micronutrient deficiencies in young children; a reduction in maternal anaemia and chronic energy deficiency; and increased leadership and technical nutrition capacity of government health staff.

The National Policy on Infant and Young Child Feeding Practices was developed in 2002 by the Government, and articulates the benefits of exclusive breastfeeding up to six months and appropriate complementary feeding in order to prevent disease and death, as well as to improve a child’s overall health and well-being. The National Nutrition Programme under the MoH has the primary responsibility for coordinating implementation of the policy by government institutions and NGOs.

The National Baby-Friendly Hospital Initiative (BFHI) aims to promote early and exclusive breastfeeding in the maternity ward. The BFHI implementation package has been revised to include HIV and a code for marketing breast milk substitutes. It also aims to strengthen links between hospitals, health centres and community breastfeeding support groups. Currently, Cambodia has seven baby-friendly hospitals.

Health Equity Funds are a demand-side financing mechanism set up in order to improve access to health care services for the poorest segments of the population, and operate in about 49 Operational Districts and at six National Hospitals. The funds pay the health service providers on behalf of the poor patients and thereby serve as a safety net for the most vulnerable groups, including orphans and their caregivers. The MoH envisions scaling up the coverage of
the Health Equity Funds to the entire country (77 Operational Districts) with support from health partners and NGOs. The Ministry of Planning (MoP) has developed national guidelines for pre-identification of the poor with active participation from the village communities and commune councils. This process has started in some provinces.

2. National response to HIV and AIDS

To date, Cambodia has made remarkable progress in the prevention and treatment of HIV and AIDS. It is one of the few countries in the world to meet national ‘three by five treatment targets’ and is also expected to meet the MDGs for HIV and AIDS. In response to the epidemic, Cambodia has established a legal and policy framework as well as institutional structures, guidelines and operating procedures.165

Key legislation and policies:

- National Strategy for Reproductive and Sexual Health in Cambodia, 2006-2010.
- National Indicators for Monitoring and Evaluation of PMTCT.
- Minimum Package of Activities for Health Centres.

The National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010 builds on the first National Strategic Plan, which provided a multisectoral response based on human rights. It includes an operational plan with broad activities of all stakeholders, government, the private sector and civil society, and has the following overall goals:

- Reduce new HIV infections.
- Provide care and support to people living with and affected by HIV and AIDS.
- Alleviate the socio-economic and human impact of AIDS on the individual, family, community and society.

The plan also states that based on the lessons learned in recent years, the following opportunities have been identified for an enhanced multisectoral response:166

1. Incorporate HIV/AIDS in national development planning.
2. Enforce the National AIDS Law.
3. Scale up prevention services for the at-risk and general populations.

4. Scale up care and support services.
5. Scale up impact mitigation efforts.
6. Improve national coordination.
7. Engage more ministries and sectors.
8. Decentralize the response to provinces, operational districts and communes.
9. Increase resources and improve absorptive capacity.
10. Generate information for decision-makers and programme planners.
11. Monitor and evaluate the national response.

The National PMTCT Programme began in 2000 with the formation of a Technical Working Group and the PMTCT Secretariat. A pilot project was established in 2001 at the National Child Health Centre in Phnom Penh, which offered opt-in HIV counseling and testing for pregnant women and their partners and a single dose of Nevirapine to HIV-positive mothers during labour and to their infants after delivery. In 2003, the pilot project was scaled up to eight sites and also to include training activities and clinic sites. In August 2007, 112 health facilities and 42 operational districts were providing PMTCT services, including two national hospitals, 36 referral hospitals and 74 health centres. The programme also benefits from support from a number of partners, including UN agencies, the US Government and international and national NGOs. The PMTCT policy provides that services should be based on the recommended UN four-pronged strategy:

1. Primary prevention of HIV among women and their partners.
3. PMTCT through maternal and child health (MCH)/reproductive health/Integrated Management of Childhood Illnesses (IMCI)/sexually transmitted infections (STI) services, including antiretroviral prophylaxis, safe delivery practice and safe infant feeding practice.
4. Access to HIV and AIDS care and support for HIV-infected women, their infants and families.

In addition, there are the National Strategic Framework and Operational Plan for Men who have Sex with Men 2008-2011, the National Strategic Framework and Operational Plan for Sex Workers 2008-2011, and the National Strategic Plan on Drug Use related to HIV 2008-2011. It should be noted that these plans do not address the needs of children under 18 who are involved in sex work, drug use or boys who have sex with men.

3. National response to children with disabilities

The Government is taking some leadership in the disability sector by measures including the signing of the UN Convention on the Rights of Persons with Disabilities and initiating the process for a draft Law on the Protection and the Promotion of the Rights of Persons with Disabilities (2008). The purpose of this law is to protect and promote the rights of persons with disabilities within Cambodia. It stipulates that it will also protect the rights and freedoms of persons with disabilities; protect their interests; prevent, reduce and eliminate discrimination against them; and provide professional, physical and mental rehabilitation to ensure they are able to engage fully and equally in activities within society. It defines persons with disabilities as any persons who lack, lose or suffer impairment of their physical or mental being resulting in disturbance to their daily life or activities such as physical disabilities (loss of limbs and quadriplegia), visual, audio and mental impairments, consciousness...
disorders and other forms of disabilities resulting in an abnormal state. The draft law also establishes the Disability Action Council, which will carry out the following duties:

- Provide expertise on the issues of disability and rehabilitation.
- Assist ministries, institutions and concerned entities in preparing policies, national plans and strategies related to disability and rehabilitation.
- Promote the implementation of policies, laws and regulations related to issues of disability and rehabilitation.
- Suggest rectification, additional completion or amendment of policies, laws or regulations related to the issue of disability.
- Monitor and assess the implementation of policies, national plans, laws and regulations related to the issue of disability.
- Communicate with national and international communities in order to exchange experiences and gather both internal and external resources.

In addition, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and Ministry of Education, Youth and Sport (MoEYS) have developed an Inclusive Education Policy for Children with Disabilities (see Chapter on the Child’s Right to Education).

4. National response to demining

Beginning in 1993, Mine Risk Education (MRE) activities have focused on providing knowledge about mines and UXO. They first targeted internally displaced people who were returning home to heavily mined areas after the end of the armed conflict. This was usually conducted through educational teams that gave presentations in villages explaining the dangers involved and disseminated information on how to reduce the risk of accidents. MRE is one of five components of mine action, which also includes demining, victim assistance, advocacy to prevent the use of landmines and support of a total ban on anti-personnel landmines and stockpile destruction. MRE aims to reduce the risk of injury and death and create a safe living environment. This is achieved through raising awareness of the dangers of mines/UXO, promoting positive behavioural change and building the capacities of local communities to interact with mine action initiatives.\(^{167}\)

National Mine Awareness Day is organized each February, providing an opportunity for the Government to reaffirm the importance of MRE activities, to demonstrate its support to the Ban Landmine Campaign and to sensitize donor countries on the needs of the mine action sector, as well as to comply with the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction.

5. National response to water, sanitation and hygiene

The Government’s Rectangular Strategy has stated aims to: (1) provide all citizens with clean and safe water; (2) protect all citizens from water-related diseases; (3) provide adequate water supply to ensure food security, economic activities and appropriate living standards; and (4) ensure water resources and an environment free from toxic elements.

\(^{167}\) Cambodian Mine Action and Victim Assistance Authority, 2007, Annual Activity Report - National Mine/UXO Risk Education and Risk Reduction Coordination in Cambodia, UNICEF.
The 2003 National Water Supply and Sanitation Policy: Part III Rural Water Supply and Sanitation contains explicit provisions regarding sanitation and hygiene improvement. A guiding principle states: “The full economic and health impact of improved rural water supply and sanitation (RWSS) is often not achieved because insufficient attention is given to improving community hygiene behaviour. Approaches in the past have often focused on the construction of RWSS facilities, which is not in itself a sufficient incentive to changing water and sanitation-related behaviour. Therefore, RWSS projects should not only focus on improving access to safe water supply and sanitation facilities, but also on bringing about desired changes in community hygiene behaviour.” The policy further states, “Higher priority for RWSS projects should be given to poor, underserved communities and/or areas where there is a high prevalence of water and sanitation-related disease.” The national policy advocates for a dramatic increase in rural sanitation coverage between 2015 and 2025, from the 30 per cent target in the 2015 CMDG up to 100 per cent rural sanitation coverage only 10 years later.

The Water and Sanitation Law of the Kingdom of Cambodia adopted in 2008 is intended to “cover all the management activities related to water supply and sanitation within the whole territory of the Kingdom of Cambodia”. Article 3 of the draft law defines sanitation service as “the exploitation of collection and transmission of sewerage discharged from domestic houses, public and private establishments to the treatment plant”. This definition appears to exclude the on-site sanitation systems found in much of rural and peri-urban Cambodia. Article 5 of the draft law gives the Ministry of Industry, Mines and Energy (MIME) the responsibility “for setting and administrating the government policies, strategies and planning in water supply and sanitation sector”.

A Technical Working Group (TWG) for Rural Water Supply, Sanitation and Hygiene was established in 2007 with the approval of the Prime Minister. This will help ensure inter-ministerial and donor support for the development of a national rural water supply and sanitation strategy in 2008 and allow for strengthened monitoring and periodic reporting to the Government Donors Coordination Committee (GDCC).

Efforts to promote awareness and commitment towards rural sanitation and hygiene have been ongoing since 2005 as shown by the following milestones:

- 2005-2006: a series of studies of the rural water and sanitation sector conducted with the support of development partners (particularly DFID, WSP-World Bank), which led to a UK Department for International Development (DFID) pledge to support acceleration of rural sanitation and hygiene improvement.
- 2006: the launch of Community-Led Total Sanitation (CLTS), an innovative methodology for mobilizing communities to completely eliminate open defecation. This approach has since been adopted by many NGO partners in Cambodia.
- 2007: a joint monitoring indicator (JMI) showing increased use of improved sanitation, hygiene and drinking water supply, especially in rural areas, was established, enabling the sector to report for the first time on status and progress made to the GDCC.
- 2007: The Prime Minister endorsed the establishment of a new Technical Working Group for RWSSH.
2007: The First Rural Sanitation Forum was presided over by the Prime Minister, who declared 13 November as National Sanitation Day.

2008: The national launch of the International Year of Sanitation by HE Yim Chhay Li, Secretary of State, Ministry for Rural Development (MRD) and Chairperson of TWG – RWSSH.

Initial steps have been taken by the National Centre for Health Promotion (NCHP) to promote behaviour change communication. National guidelines have been developed and the training of key staff has been conducted. MRD has adopted a more participatory approach to hygiene promotion through the use of simplified Participatory Hygiene and Sanitation Transformation (PHAST) tools. MRD has initiated collaboration with MoEYS to strengthen sanitation and hygiene education through school WASH activities. A national strategy for RWSSH will be developed in 2009 with support from ADB and UNICEF.

In 2002, the Government established an Inter-Ministerial Sub-Committee on Arsenic comprising the five related ministries with a secretariat based at MRD. To date, MRD has been coordinating all the arsenic mitigation activities in Cambodia, which includes a national testing programme on arsenic contamination, management of the national arsenic database, Information, Education and Communication (IEC) activities and the provision of alternative water supply facilities. The MoH, with support from WHO, has led the efforts to address the health impacts of arsenic exposure, including the conduct of a cross-sectional survey in one province in 2003, the verification of suspected arsenicosis cases identified in 2006 and training of health personnel in case detection and management.

A five-year Strategic Action Plan for arsenic mitigation was developed in 2006 by the Government and is expected to be officially endorsed by the MRD and the MoH in 2009. The plan provides a clear vision for the future and outlines strategies, objectives and activities so that all stakeholders can strategically work towards a successful outcome. The document is well developed and provides the overall arsenic mitigation programme with a solid framework through which the proposed implementation activities can be initiated and monitored.

1. Maternal health and nutrition

1.1 Maternal mortality

Despite some notable achievements in Cambodia over the last decade, the rights of women and children to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and services, as recognized by both the CRC and CEDAW, remain far from being fulfilled in Cambodia. It has been emphasized in many studies and reports that the maternal mortality ratio, at 461 per 100,000 live births reported\(^\text{168}\) and 540 per 100,000 live births adjusted\(^\text{169}\), remains among the highest in the Southeast Asian region. Moreover, since 2000, there has been no recorded reduction in maternal deaths.

![Figure 2: Maternal mortality in Southeast Asia](image)

Source: The State of the World’s Children 2009, Unicef

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The main reasons for the high and stagnant maternal mortalities are inadequate availability and accessibility of essential evidence-based and cost-effective interventions, namely, skilled attendance at birth, emergency obstetric care, family planning, birth preparedness and early referral to an appropriate health facility with a supportive and professional environment, as well as timely provision of postpartum care.

A large percentage of maternal and neonatal deaths take place during the first 48 hours after childbirth. Post-natal care is not available to many women in Cambodia. Data shows that urban women are more likely to receive postnatal care than rural women during the first two days after childbirth (74 per cent and 62 per cent, respectively). Similarly, educated women with secondary and higher education are more likely to receive post-natal care than women with only primary education or no schooling.

One of the major causes of maternal death in Cambodia is post-partum haemorrhage, a condition that can be prevented to a large extent through active management of the third stage of labour. However, this is not universally applied due to the high number of home-based deliveries and the limited knowledge and skills of midwives, coupled with a shortage of drugs (i.e. Oxytocin). Another shortcoming is the scope and timing of post-partum care not being clearly defined and comprehensive care not being provided to most mothers and their newborns.

In 2005, Cambodia failed to meet its target for maternal mortality (MDG 5), set at 343 maternal deaths/100,000 live births. It is also not on track to meet its 2010 target, set at 243 deaths/100,000 live births. The main medical causes of maternal deaths include haemorrhage, eclampsia (high blood pressure associated with pregnancy), obstructed labour and sepsis (generalized infection), most of which can be prevented or treated.

According to the CDHS 2005, only 22 per cent of births in Cambodia take place in a health facility, an increase from 10 per cent in 2000. Children who are born in urban areas (50 per cent) are more likely to be delivered in a health facility compared with children who are born in rural areas (17 per cent). Figures also show that only 44 per cent of deliveries in Cambodia take place with a trained attendant present, whereas 55 per cent of women give birth with a traditional birth attendant. Women in urban areas are more likely to be assisted by a trained health professional than women who live in rural areas: 70 per cent compared to only 39 per cent respectively. This figure is highest in Phnom Penh at 86 per cent and lowest in Preah Vihear/Steung Treng at 13 per cent.

171 JICA, 2006, Maternal and Child Health Study.
173 Ibid. p. 146.
cooperation with the health sector has not been clearly defined and it contributes to the poor referral rate from communities to health facilities. More importantly, there is evidence that the practices of traditional birth attendants pose serious risks to mothers and newborns, including tetanus infection. The causes of infection are mainly poor hygiene, due to the lack of hand washing, and traditional cord care. This is the practice of cutting the cord with a bamboo stick on charcoal, the use of unclean ties for cord legation and putting various substances on the cord (ash, wasp nets, pepper).175

Another traditional practice that prevents women from accessing health centres is known as ‘ang pleun’ or so-called ‘mother roasting’ after delivery. This very common post-partum practice is based on a Khmer belief in the need to balance the body between hot and cold after a traumatic experience such as giving birth. Women are required to lie down on a bed that is essentially a mat placed over coals for a period of three to seven days. During this period, mothers and their newborn babies are not allowed to leave their bed and are therefore not able to access health services or receive post-partum care at a facility as normally required. It has been noted that this practice focuses on keeping the mother warm by dressing her in many layers of clothing, and that there is less attention to the thermal control of the newborn, which is essential during the post-partum period.176

Anecdotal evidence suggests that health staff are recommending replacing the roasting practice with ‘hot injections’ of calcium, vitamin C, vitamin complex and antibiotics.177 Many midwives in particular, especially those in private practice, give injections to women during the post-partum period that have no medical indication. However, it may be an effort to provide a more modern response that meets a cultural need and women’s expectations in order to eliminate a harmful traditional practice. Nevertheless, the injections of ampicilline, or other antibiotics, vitamins, glucose, calcium, etc. are not necessary and may be harmful to the mother. It should be noted that Article 24 (paragraph 3) of the CRC requires ratifying States to “take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.”178

Concluding Comments of the Committee on the Elimination of Discrimination against Women

In response to the first, second and third periodic reports on the implementation of CEDAW submitted by Cambodia, the CEDAW Committee issued a number of comments and recommendations on 25 January 2006. With regard to maternal mortality, it expressed concern at the high rate that had been attributed to a lack of access to obstetric emergency services. It also expressed concern that only 10 per cent of births were taking place in a health facility. The Committee therefore recommended that the obstacles to accessing obstetric services be monitored and removed and that: (a) a strategic plan to reduce maternal mortality and morbidity be established through which quality prenatal, post-natal and emergency obstetric services are progressively distributed in all provinces; (b) a proactive referral service be established to facilitate access to obstetric services; (c) benchmarks be set for the reduction of maternal mortality; and (d) the necessary funding be specifically mobilized from all sources.

175 Briefing Note Maternal and Neonatal Health in Cambodia and UNICEF Support, op cit.
176 Ibid.
177 Ibid.
1.2 Antenatal care

Antenatal care visits are essential for ensuring a mother’s health and a newborn’s survival. Antenatal care provides an opportunity to immunize pregnant women against tetanus toxoid, to ensure they receive iron folic acid supplementation and micronutrient supplements, and to counsel them on maternal and infant care. Since 2000, antenatal care by a health professional in Cambodia has increased from 38 per cent to 69 per cent. WHO recommends that at least four visits are necessary to ensure effective interventions are taking place. Coverage of four visits in Cambodia is much lower and not recorded on a routine basis. Antenatal coverage is more common in urban areas (at 79 per cent) than in rural areas (at 68 per cent). The vast majority of women (90 per cent) with secondary and higher education receive antenatal care compared to 50 per cent of women without any education.

Although coverage of at least one visit has improved in Cambodia, antenatal care services are of limited quality and do not always integrate maternal and newborn services adequately. The quality of antenatal coverage is assessed according to the type of provider, the number of antenatal visits, the stage of pregnancy during the first and last visits, and the services and information provided at the time of the visits. Data further indicate that of those women that do receive antenatal care, it begins at a relatively late stage of pregnancy. The CDHS 2005 found that 54 per cent of mothers were receiving two or more tetanus toxoid injections, in order to prevent deaths from neonatal tetanus that frequently results from failure to use sterile procedures when cutting the umbilical cord after delivery. This represented a marked increase from the mere 30 per cent found in 2000. There are some limitations to the way antenatal care services are currently performed: urine testing for protein is seldom done; there is no measurement of hemoglobin; and HIV and syphilis screening is unavailable at most health centres.

According to CDHS 2005, only 60 per cent of women who received antenatal care reported having been informed of the signs of pregnancy complications. Only two-thirds of women that had given birth in the five-year period before the survey were immunized for neonatal tetanus. Presently, interventions such as PMTCT for HIV are not included as part of antenatal and post-natal care. There is also a need to increase effectiveness in identifying and referring complications during antenatal care visits.

Significant inequalities exist in Cambodia in terms of access to essential maternal health interventions. As shown in figure 3, the coverage of maternal health interventions differs significantly according to the socio-economic status of the population group. Important disparities are evident in the reception of certain essential interventions between the poorest families in rural areas and remote provinces (where mothers have either a low level of education or no schooling) and families categorized as average and richest. In this context, there is a need to remove financial barriers to health services for the poor and to strengthen the implementation of strategies leading to increased utilization of essential maternal health services.

1.3 Reproductive health and family planning

In 2000, international sources estimated Cambodia’s fertility rate was at a high of five (that is, an average of five children born to a woman over her lifetime). Since then, there

178 Ibid. p. xxiii.
179 Ibid., p. 139.
180 Ibid., p.4.
181 Ibid. p.4.
182 Information provided by UNICEF Cambodia, 2008.
has been a decline in fertility in both rural and urban areas, in all provinces, at all levels of education, and for all wealth quintiles. In 2005, the fertility indicators were recorded as follows:

- Total fertility rate was 3.1\(^{183}\).
- The total fertility rate in urban areas was 2.1 per woman and higher, at 3.3, in rural areas.
- The fertility rate varies across provinces, from a lower rate of 2.5 in Phnom Penh to a higher rate of 5.2 in Mondulkiri/Ratanakiri.\(^{184}\)
- Women with no schooling tend to have more children, at a rate of 4.3.
- Women with secondary and higher education have a total fertility rate of 2.6.
- Women of the poorest quintile have more children (at a rate of 4.9) than women of the wealthiest quintile (2.4).\(^{185}\)

The CDHS shows that, according to age-specific fertility rates, there is evidence of a substantial decline in fertility at all ages between 2000 and 2005. Women in age groups 25 to 29, 30 to 34 and 35 to 39 show the largest decline in fertility. Fertility has also declined in all provinces, including Mondulkiri/Ratanakiri, from a previous rate of 6.3 to 5.2, which means it has fallen by one child per woman. Some of the underlying causes of high fertility rates that persist in some areas include high child mortality rates, cultural beliefs, women’s low level of education and limited employment opportunities, as well as a lack of essential health services and counseling.\(^{186}\)

Family planning, including the prevention of unwanted pregnancies is key to improving women’s health and nutrition and to reducing maternal mortality in Cambodia. Most women are familiar with at least some methods of contraception. According to the CDHS, 40 per cent of women are using either modern or traditional forms of birth control, and the use of modern methods has increased from 19 per cent to 27 per cent since 2000. The same study also shows that an estimated 40 per cent of the total need for family planning is being met and about one third of married women reported one or more unplanned pregnancies.

Cambodia has a number of policies and strategies related to reproductive health such as the safe motherhood policy and action plan, a birth spacing policy and a law that has made abortion legal since 1997. According to the law, abortions may be carried out only by medical doctors, medical practitioners or midwives authorized by the MoH. They may only be performed in a hospital, health centre, health clinic or maternity ward. Abortions can only be performed before the twelfth week of pregnancy, although there are specific conditions that permit later abortions.\(^{187}\) There are indications that unsafe abortions contribute to the high mortality rate but there is limited data available on the number of abortions performed and morbidity and mortality related to abortions.\(^{188}\)

\(^{183}\) Census 2008.  
\(^{184}\) Ibid, p. 63    This is CDHS 2005.  
\(^{185}\) Ibid.  
\(^{186}\) Cambodia Halving Poverty by 2015?, op. cit., p.116.  
\(^{187}\) CDHS 2005, op. cit., p.73.  
Although it is believed that abortion statistics underestimate its actual level of occurrence, there are some revealing figures available. For example, 8 per cent of women aged between 15 and 49 reported having had one or more abortions during their lifetime. Urban women were found more likely to have an abortion than rural women, at 11 per cent and 7 per cent, respectively. This figure varies across provinces, with as many as 16 per cent of women in Kampong Cham reporting having had an abortion, compared with only 2 per cent and 3 per cent in Mondulkiri and Ratanakiri, respectively. It was further found that women with three or four living children were more likely to have had an abortion than other women.

1.4 Maternal under-nutrition and micronutrient deficiencies

Good quality nutrition directly affects the health of mothers and their children, particularly during pregnancy and the breastfeeding period. Cambodia Ad-hoc Anthropometrics Survey (CAS) 2008 found that 6.3 per cent of mothers are short. Nearly 10 per cent of mothers aged 15 to 19 years are short. Fortunately, teenage pregnancy does not appear to be common nationally; only 2.4 per cent of the sample is in this age group. The percentage of short mothers in the most remote provinces—Mondulkiri and Ratanakiri—is nearly three times higher (16.1 per cent) than the national average. Preah Vihear and Stung Treng also have an elevated percentage of short mothers (11.4 per cent). As measured by body mass index, 16.1 per cent of mothers are thin, with 3.7 per cent either moderately or severely thin. The percentage of thin mothers has decreased by three percentage points from 2005. The youngest mothers are more likely to be thin (21.3 per cent) and there is a higher percentage of thin mothers in rural areas (17.1 per cent) when compared to urban areas (11.4 per cent). The same survey reports 5.1 per cent of mothers with night blindness, down from 8 per cent in 2005.

Positive trends in stunting and maternal night blindness between 2005 and 2008 suggest a possible improvement in the
long-term nutritional status of mothers. Both of these indicators do not measure short-term change. If real, the main cause for the improvement in stunting is probably decreased stunting during childhood. Vitamin A supplementation and improved fertility practices may have contributed to decreased deficiency. Body mass index is the only indicator of the nutritional status of mothers included in this survey that can be indicative of short-term change. The improvement seen from 2005 to 2008 is likely the result of decreased parity, having fewer children. This was not measured by CAS 2008, but the CDHS 2005 did report a downward trend in the number of children per mother.

The prevalence of anaemia among women between the ages of 15 and 49 is an important health problem in Cambodia, with 47 per cent proving anaemic and 35 per cent proving mildly anaemic. The CDHS 2005 found higher prevalence of anaemia among women who have had many pregnancies or deliveries, those with no or low levels of education, those who are pregnant and those living in poorer households. The lowest prevalence of anaemia (29 per cent) was found among women living in the capital. The National Nutrition Strategy 2009-2015 recognizes that the poor nutritional status of Cambodian women and children is reflected in the high maternal and under-five mortality rates.

Women and children greatly benefit from having an adequate intake of micronutrients, including vitamin A and iron folate during pregnancy and post-partum. The CAS 2008 shows that 39.5 per cent of women took 90 or more iron folate tablets during their last pregnancy and 31.4 per cent received deworming medication; 43.7 per cent of mothers received vitamin A supplementation within six weeks of giving birth and 33.2 per cent received post-partum iron folate supplementation. Compared to the CDHS 2005, there is improvement in all maternal health services. Adequate iron folate supplementation (+90) has increased by nearly 22 percentage points, deworming by 21 percentage points, vitamin A supplementation by 16 percentage points.

Figure 5: Prevalence of anaemia in pregnant women age 15-49, 2000 and 2005

Source: CDHS 2000 and CDHS 2005

190 Ibid., p.187
and post-partum iron folate supplementation by 22 percentage points. These impressive improvements in the coverage of maternal health services can be attributed to government and NGO programmes to increase antenatal and post-natal care.

In order to maintain these positive trends and to achieve further improvements in maternal health care, it is necessary to strengthen the health care system by addressing the following challenges:191

- Strengthening human resources planning and development, particularly of the midwifery network.
- Removing financial barriers to essential health services, and in particular to Emergency Obstetrics and Neonatal Care, for the most vulnerable, including the poor.
- Strengthening programmes that stimulate demand for antenatal, delivery and post-natal care and scaling-up community-based service delivery mechanisms in order to increase coverage of key maternal health interventions.
- Increasing community involvement and cooperation with traditional birth attendants in order to reduce the first and the second delays in seeking and accessing health care.

2. Young child health and nutrition

2.1 Child survival

According to the CDHS 2005, between 2000 to 2005 there was a significant decline in child mortality: from 95 infant deaths and 124 under-five deaths for every 1,000 live births to 66 infant deaths, (and this further reduced to 60 in 2008), and 83 under-five deaths for every 1,000 live births. While this constitutes a decrease of over 30 per cent, nevertheless, one in every 12 Cambodian children dies before reaching their fifth birthday and four-fifths of these deaths take place during a child’s first year.192 These figures vary throughout the country, with higher infant and child mortality rates in rural than in urban areas (an estimated 92 and 65 deaths per 1,000 live births, respectively).193 The disparities between urban and rural are notably higher with regard to child mortality rates. For example, in Mondulkiri/Ratanakiri and Phnom Penh, under-five mortality was estimated at 165, and 52, respectively. A number of factors are strongly related to childhood deaths, including the wealth and educational levels of mothers, the sex of the child, the mother’s age at birth, birth order and birth spacing.

The socio-economic status of mothers is an important factor that influences infant and child mortality in Cambodia. Children born to mothers in the poorest quintile are three times more likely to die than those whose mothers are in the wealthiest quintile.194 Children born to mothers without any education show the highest mortality, and these rates drop considerably as the level of the mother’s education increases. According to the Cambodia Child Survival Strategy 2006-2015, there are clear disparities with regard to child survival, with under-five mortality almost three times as high in the poorest than the richest socio-economic groups (127 versus 43 per 1,000 live births). Infant mortality in the poorest quintile is 101 per 1,000 live births compared to 34 per 1,000 live births in the richest group.195 Childhood mortality is also higher among male children than female children and is

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194 Ibid.
more pronounced in the first month of life, with a neonatal mortality for boys of 42 per 1,000 live births compared to 30 per 1,000 live births among girls. The CDHS notes that higher mortality among males is recorded throughout the world and believed to be due to “a higher biological risk of death during the first months of life”.\(^{196}\)

A number of risk factors raise the probability of child mortality. Birth spacing is important, as children born fewer than two years apart are more at risk of infant and childhood death than a sibling born after a longer birth interval.\(^{197}\) In 2000, 21 per cent of second or subsequent births occurred less than 24 months after the preceding birth and 7 per cent less than 18 months after the preceding birth. Some improvement was seen in 2005 data, with 18 per cent of such births occurring less than 24 months after the preceding birth, and 52 per cent of women giving birth at least 36 months after the previous birth.

Birth weight is yet another important determining factor for child survival as babies weighing less than 2.5 kilograms are at higher risk of death. According to CDHS 2005, birth weight is not always known for many babies in Cambodia, but there was an increase in the number of babies weighed at birth, from only 17 per cent in 2000 to 40 per cent in 2005. The percentage of children born with low birth weight varies across provinces.\(^{198}\)

CDHS 2005 also assessed the causes of death among infants and young children reported by mothers and health workers. Most causes were reported as: baby was premature,  

\(^{196}\) CDHS 2005, op cit., p.127.  
\(^{197}\) Ibid., p.67.  
\(^{198}\) Ibid., p.151.
fever, illness of the respiratory system, dengue haemorrhagic fever, accidents and tetanus-type convulsions.\textsuperscript{199} It also found that 25 per cent of neonatal deaths were among low birthweight infants, and 25 per cent were reported by the mother as caused by difficulties encountered during childbirth. There was also evidence of neonatal tetanus being a cause of death in about 7 per cent of the cases.\textsuperscript{200}

\subsection*{2.2 Neonatal deaths}

According to UNICEF, every year approximately 10,000 newborns die in Cambodia and neonatal deaths constitute 42 per cent of infant and 34 per cent of under-five mortality. While clear downward trends in infant and under-five mortality have been seen over the past five years, the reduction of neonatal mortality is by comparison much slower. Whereas post-neonatal and under-five mortality decreased by 36 per cent and 33 per cent respectively, neonatal mortality only declined by 24 per cent from 36 to 28 per 1,000 live births. As in many countries around the world, most neonatal deaths in Cambodia are directly due to immediate medical causes, namely infections, asphyxia and prematurity.

Although Cambodia is on track to meet its target for infant and under-five mortality, this will depend to a large extent on achieving further reductions in neonatal deaths. Available data indicates that many aspects considered “essential for newborn care” are excluded from national policies and guidelines and training programmes for health workers and volunteers with the exception of breastfeeding and immunization. They are also not included in the Minimum Package of Activities as part of the basic health care services. Essential newborn care includes: immediate drying and warming of the baby; skin-to-skin care; cleanliness during childbirth; hygienic cord, eye and skin care; early, exclusive breastfeeding within one hour after birth; extra care of preterm and low birthweight babies; recognition of newborn

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\textbf{Maternal and neonatal health in Cambodia}

“The decline in child mortality in Cambodia largely reflects success in decreasing deaths after the neonatal period caused by pneumonia, diarrhoea and vaccine-preventable conditions. It also reveals that programmatic focus has been on the post-neonatal period. Globally, and Cambodia is not an exception, the newborn has ‘fallen through the cracks’ of both safe motherhood and child health programmes. Part of the reason for this ‘gap’ lies in the notion that the sick newborn, being very vulnerable, needs access to expensive tertiary care, which is out of reach to the majority of people in the developing world. It is known however, that simple, effective, low-cost interventions, such as immediate drying, warming, early breastfeeding, extra care for low birth weight babies and early identification and treatment of newborn sepsis, can substantially reduce mortality and morbidity (The Lancet Newborn Survival Series 2005). The majority of these simple interventions can be provided in first referral facilities (health centres) and at home. Unfortunately, many of these interventions are either not available or accessible to Cambodian families.”

Source: UNICEF Cambodia - Briefing note on maternal and neonatal health in Cambodia and UNICEF support, September 2007
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\textsuperscript{199} Ibid., p.132.
\textsuperscript{200} Ibid., p.134.
danger signs and immediate referral/care-seeking.\textsuperscript{201}

The most critical intervention for child survival and safe motherhood is to ensure that a skilled birth attendant is present at every delivery. Thus, the absence of a skilled attendant (a doctor, nurse, midwife or auxiliary midwife) is a major constraint at the time of delivery and during post-natal care, both of which are critical interventions for infants’ and mothers’ survival. In most cases, this means that transport must be available to reach a health care facility for obstetric care, particularly in case of an emergency. An important factor that contributes to neonatal death is limited availability and accessibility to emergency health care.

2.3 Childhood illnesses

According to the Cambodia Child Survival Strategy 2006-2015, child health has improved considerably in Cambodia, which was declared polio free in 2000, with the decline of the prevalence of measles being another factor. In 2000, when surveillance of measles began, there were 12,327 reported cases. Since then, reported cases have declined dramatically to 653 in 2003 and 267 in 2005. In addition, the case fatality rates for malaria and dengue fever have fallen and HIV prevalence is declining in the general population. Currently, most Cambodian children are dying from a few preventable and treatable conditions (see figure 8), which include neonatal causes (30 per cent); acute respiratory infections (pneumonia 21 per cent); diarrhoeal diseases (17 per cent); AIDS-related illnesses (2 per cent); measles (2 per cent); injuries (2 per cent); and malaria (1 per cent).

\textsuperscript{202} CDHS 2005, op cit., p.155.

\textsuperscript{201} UNICEF and Save the Children, 2006, Strategic Guidance Note on Newborn.
to receive treatment for ARI symptoms than those belonging to mothers with no education or only primary education.\textsuperscript{203}

\textbf{Diarrhoea}: Severe diarrhoea that leads to dehydration is another major cause of morbidity and mortality among young children. In Cambodia, its occurrence varies according to the age of the child, with younger children aged 6 to 23 months being more likely to suffer from diarrhoea than older children. There is also a slight difference between urban and rural children (16 per cent and 20 per cent, respectively), and some variations were also found across provinces. Although the condition can be treated with oral rehydration therapy (ORT), this practice varies according to certain background characteristics that are similar to the ones for ARI. CDHS 2005 found that 37 per cent of children with diarrhoea were taken to a health provider for treatment, which is an increase from 22 per cent in 2000. An estimated 44 per cent of children belonging to mothers with some secondary schooling or higher education were taken to a health provider, compared to 35 per cent of children with mothers without any schooling. Moreover, 58 per cent of the children suffering from diarrhoea received some type of ORT.\textsuperscript{204}

According to CDHS 2005, 91 per cent of women surveyed who had given birth in the preceding five years had knowledge of ORT, including the use of oral rehydration salts (ORS). This was a major increase compared to 2000, when only 50 per cent were aware of ORS packets.\textsuperscript{205} Again, the educational level of the mother contributed to the knowledge of the benefits of ORS, with mothers with no education less likely to know about ORS packets than those with primary or secondary or higher education (85 per cent, 92 per cent, and 98 per cent, respectively).\textsuperscript{206}

\textbf{Malaria}: In Cambodia, malaria remains a serious public health problem with over 60,000 cases recorded in 2005. Malaria is less prominent among children under five than ARI and diarrhoea, but it remains the third leading cause of outpatient visits and the fourth leading cause of inpatient visits for this age group.\textsuperscript{207} Some areas of the country are virtually malaria-free, ‘low-risk’ zones, and others are malaria-endemic, ‘high-risk’ zones. The use of insecticide-treated nets (ITNs) to prevent malaria infection is a major element of the malaria prevention strategy and widely promoted, with long-lasting insecticide treated nets (LLINs) being distributed in remote rural areas free of charge and in urban areas through social marketing. Consequently, coverage of mosquito nets is high and nationwide: 96 per cent of households possess a minimum of one net and two thirds own more than one.\textsuperscript{208} Young children under five and pregnant women are especially vulnerable to malaria. The CDHS found that 88 per cent of children surveyed slept under a net, with little variation existing between males and females.

\textbf{2.4 Immunization}

Child immunization is one of the most cost-effective interventions in decreasing child mortality and it plays a key role in efforts to reach the MDG goal of reducing under-five child mortality by two thirds by 2015. A ‘World Fit For Children’ goal is to ensure a full immunization rate for children under one year of age of 90 per cent nationally, with at least 80 per cent coverage in every district or equivalent administrative unit. According

\begin{itemize}
\item \textsuperscript{203} Ibid., p.157.
\item \textsuperscript{204} Ibid. p.159.
\item \textsuperscript{205} Ibid. p.163.
\item \textsuperscript{206} Ibid.
\item \textsuperscript{207} Ibid. p.185.
\item \textsuperscript{208} Ibid. p.191.
\end{itemize}
to WHO guidelines, a child is considered fully vaccinated after having received a vaccination against tuberculosis (BCG), three doses of each of the DPT (diphtheria, pertussis and tetanus) polio vaccines and a measles vaccination by the age of 12 months.209

CDHS 2005 shows some improvement in immunization coverage, with 60 per cent of children aged 12 to 23 months fully vaccinated by 12 months of age. Previously, the 2004 Cambodian Socio-economic Survey (CSES) had reported full immunization coverage of 40 per cent among the same age group by the age of one.210 By 2005, however, 91 per cent of this age group had received the BCG vaccination and 70 per cent had been vaccinated against measles. Ninety per cent of children had also received the first doses of DPT and polio, and three quarters had received the third dose. There were no significant differences between the coverage of males and females or between rural and urban areas. However, there were major disparities in coverage noted among provinces with the lowest percentage of children fully vaccinated, such as Mondulkiri/Ratanakiri (35 per cent), Kampot/Kep (41 per cent), and Siem Reap (43 per cent). The provinces with the highest vaccine coverage were Battambang/Pailin and Phnom Penh at 81 per cent, and Kampong Speu at 82 per cent.211 The coastal regions, which have a low status of health service usage, apparently have less immunization coverage.212

The educational level of mothers is a major determinant as to whether children are fully vaccinated, with children of mothers with secondary or higher education being more likely to be fully vaccinated (83 per cent). Although overall disparities have decreased for immunization over the past five years, some still exist due to socio-economic factors such as family wealth. Coverage among

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210 Cambodia Halving Poverty by 2015?, op cit., p.117.
212 Cambodia Halving Poverty by 2015?, op cit., p.118.
children belonging to wealthier households was 76 per cent, compared to 56 per cent of those from the poorest households. According to CDHS 2005, only 70 per cent of children aged under one year from the poorest population were covered by measles immunization, compared with 82 per cent of the wealthier population.

In sum, despite progress, immunization coverage remains low, particularly since some of the vaccination coverage is only partial. MoH reports that 85 per cent of children under one year of age had received DPT3 vaccine in 2004, compared to 64 per cent in 2002. While this is encouraging to note, those children belonging to the poorest households are still twice as likely to never receive vaccination.\(^{213}\)

**2.5 Child nutrition**

A critical element for a child’s health and development, particularly during the first two years of life, is adequate nutrition. This includes early initiation of breastfeeding and exclusive breastfeeding during the first six months, continued breastfeeding for two years, timely introduction of complementary feeding beginning at six months, the frequency of feeding solid and semi-solid foods, as well as the consumption of diverse food groups from 6 to 23 months. Cambodia continues to record a very high rate of malnutrition, which is among the highest in Southeast Asia. In 2005, Cambodian children showed evidence of chronic under-nutrition with 36 per cent underweight (39.5 per cent by the new WHO growth standards), and 37 per cent stunted (43.7 per cent by the new WHO growth standards). At the same time, there was a decrease in wasting at 7 per cent compared to 15 per cent in 2000 and 13 per cent in 1996.\(^{214}\)

In Cambodia, anaemia is regarded as a critical public health issue with about 62 per cent of children aged 6 to 59 months found to be anaemic, 29 per cent mildly anaemic, 32 per cent moderately anaemic, while 1 per cent are considered severely anaemic. Children between 9 and 11 months have the highest incidence. Again, the wealth of the household and the education level of mothers are factors that determine the incidence of anaemia. The unprecedented rise in food commodity prices during 2007 and 2008 is likely to adversely affect the nutritional status of many children in Cambodia, especially among the urban poor and low-income families. There is concern that poor Cambodian children are at a higher risk of being deprived of more nourishing foods, especially in terms of vitamins and minerals.

**2.6 Breastfeeding and complementary feeding**

Breastfeeding is almost universal in Cambodia, with 97 per cent of children having been breastfed for a period of time, although this varies from a low 92 per cent in Phnom Penh to a higher 98 per cent in Kampong Thom, Pursat and Svay Rieng.\(^{215}\)

Early breastfeeding is common, with 35 per cent of children breastfed within one hour of birth and 68 per cent within one day of delivery. Giving newborns prelacteal feed (something other than breast milk) during the first three days after birth is common practice. It is reported that as many as 56 per cent of children have received liquids including plain water, sugar or glucose water, infant formula, milk other than breast milk, sugar and salt water, fruit juice and tea during the first three days. However, very

\(^{213}\) Ibid.


\(^{215}\) CDHS 2005, op. cit., p.171.
few children are given infant formula or any other kinds of milk (6 per cent and 3 per cent, respectively).\textsuperscript{216}

The rate of exclusive breastfeeding has increased dramatically from 11 per cent in 2000 to 65.9 per cent in 2008\textsuperscript{217}. Exclusive breastfeeding decreases rapidly from birth until an infant is six to seven months, but more than 50 per cent of children continue to be breastfed until two years of age. Children in rural areas are breastfed for a slightly longer period than urban children. Mothers with higher education and from wealthier households breastfeed their children for less time than those with little or no education.\textsuperscript{218}

According to WHO and UNICEF, solid foods for infants should be introduced when the child is about six months old, when exclusive breastfeeding is not sufficient for a child’s optimal growth and development. In Cambodia, 80 per cent of children begin to eat complementary foods at six months. Data indicates that at least 5 per cent of infants aged two to three months are already being fed food made from grains and 3 per cent are eating food made from meat, fish, poultry and eggs. The consumption of food made from grains is highest among children aged 6 to 23 months (between 92 per cent and 97 per cent) whether or not they are breastfed.

2.7 Micronutrient deficiency

There are several causes of malnutrition, ranging from food insecurity and inadequate care practices, to a lack of access to essential health services.\textsuperscript{219} One major cause of malnutrition in children under five is the low intake of energy and nutrient-rich complementary food.\textsuperscript{220} A common cause of anaemia among children is an insufficient intake of iron, folate, vitamin B12 or other nutrients. Micronutrient deficiency is a serious contributor to childhood morbidity and mortality as vitamin A, iron, iodine and zinc are essential for growth, overall

Figure 9: Trends in stunting, wasting and underweight among children under five (new WHO growth standards)

![Figure 9: Trends in stunting, wasting and underweight among children under five (new WHO growth standards)](image)

Source: CDHS 2000 and 2005

\textsuperscript{216} Ibid.
\textsuperscript{218} Ibid, p.173.
\textsuperscript{219} Cambodia Halving Poverty by 2015?, op cit., p.115.
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health and development. A healthy diet normally provides children with the micronutrients that are needed, but in many cases they can receive them from food fortification and direct supplementation. Vitamin A deficiency is related to the lack of vitamin-rich food, poor breastfeeding practices and the high prevalence of childhood diseases such as ARI, diarrhoea and measles. According to the National Nutrition Strategy for 2008-2015, the national prevalence of vitamin A deficiency among children is unknown. Nevertheless, the strategy concludes that vitamin A deficiency can be assumed to be a public health problem in Cambodia given that infant and under-five mortality rates are high.

In Cambodia, significantly higher malnutrition rates are reported among the poor. However, children of wealthier households are also found to suffer from malnutrition. According to the CDHS, no gender differences were found in children’s consumption of foods rich in vitamin A, but urban children were nearly twice as likely to be fed foods rich in vitamin A than rural children, and there were variations in consumption across some provinces. The same survey reported that as many as 84 per cent of children consume iron-rich foods and that only 1 in 3 children aged 6 to 59 months received vitamin A supplementation during the six months prior to the survey. It further pointed out that the differences in consumption of vitamin A supplements were found to be only mildly influenced by gender, location of residence, mother’s age and economic status.

In all areas concerning the importance of adequate nutrition, indicators showed a link with mothers’ education level. One of the reasons that malnutrition is not always reported in Cambodia may be the lack of information and knowledge of the impact of malnutrition on children. Educating Cambodian women is likely to be a critical factor in the reduction of malnutrition.

2.8 Iodine deficiency and iodized salt

According to the National Nutrition Strategy 2008-2015, current estimates for the prevalence of iodine deficiency are not available. Iodine is an important micronutrient and its deficiency in a young child’s diet is related to a number of health risks. The most effective way to ensure iodine consumption is through universal salt iodization. CDHS 2000 and CAS 2008 indicate that the consumption of iodized salt increased significantly from 12.2 per cent to 71.5 per cent. This was achieved primarily through the adoption of Sub-Decree No. 69 on The Management and Exploitation of Iodized Salt, signed by the Prime Minister on 20 October 2003, which provided the Government with the legal mandate to bind salt producers to ensure that all salt is iodized. Another important development was the formation of the Community of Salt Producers of Kampot and Kep (CSPKK) in June 2004, which organized small-scale salt producers. Consequently, technical assistance was provided to the salt industry.

A UNICEF study conducted in 2004 concluded that salt is now available in essentially every market or retail location in Cambodia, and the number of markets selling non-iodized salt is decreasing rapidly; and that all salt labeled as iodized is in fact iodized, indicating that salt producers (in particular

221 Cambodia Halving Poverty by 20157, op cit., p.114.
223 Cambodia Halving Poverty by 20157 op cit., p.114.
iodine deficiency disorders are now not as common in Cambodia, although they have not totally disappeared. In the 2008 CAS, the percentage of households that consume iodized salt varied between provinces. For example, consumption of iodized salt was low in Svay Rieng, Kampot/Kep and Prey Veng (22.5 per cent, 46.8 per cent, and 65.4 per cent, respectively). Thus, it is believed that iodine deficiency disorders are likely to occur in these provinces and that they also exist to some extent in provinces with higher coverage. The 2008 CAS indicates that while 71.5 per cent of households were using iodized salt, consumption was more widespread among urban than rural households (86.2 per cent and 68.6 per cent, respectively).

3. Child injuries

Child injuries are a leading cause of death and disability in children in many countries, including Cambodia. Specifically, drowning has been recognized as the leading cause of death among children aged between 1 and 17 years. This is followed by road traffic accidents, which are the second largest cause of child injury-related death, and the largest cause of child injury morbidity. According to the 2007 community-based survey on child mortality and morbidity, the largest ever conducted in Cambodia, about 4,000 children died from all causes of injury during the year preceding the survey. Other causes of child morbidity and mortality from injury included electrocution, suicide, medical accidents, landmines/UXO, injuries from animals, burns, falls, suffocation, poison, cuts and sharp objects, violence, falling objects and blunt objects (see figure 11). Most animal bites were caused by dogs and affected all age groups. Overall, in the 12 months preceding the survey, it was estimated that about 250,000 children had received a medically significant injury (child injury morbidity is about 60 times more frequent than mortality).

For most families, injuries mean high economic and social costs, particularly given the need for hospitalization and medicines, and they can often result in permanent disability. The leading cause of permanent disability in children from an injury is road traffic accidents, and the second is falls. It was estimated that about 7,100 children, or almost 20 daily, were permanently handicapped.

Article 24 of the CRC

With regard to nutrition and the right to health, article 24 of the CRC obligates ratifying States to implement the child’s right to health by taking all appropriate measures “to combat disease and malnutrition, including within the framework of primary health care, through, inter alia the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water...” It also requires States to ensure that parents in particular are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene, among others.

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231 Ibid., p.5.
disabled from injury in the 12 months prior to the survey. There are different patterns of disease and injury among children depending on their age. Children aged 15 to 17 were found to have the highest rate of permanent disability at 178.8 per 100,000.\textsuperscript{232}

The survey found that more males died from drowning than females and were killed more often in road traffic accidents and several other injury categories. Deaths from drowning were more prevalent in rural than urban areas (29.9 per 100,000 and 27.7 per 100,000, respectively). Injury deaths caused by explosives injuries, burns and falls were more common in rural areas.\textsuperscript{233}

Most child injuries occur during the day. Fall injuries were found to be the leading cause of injury morbidity among infants, followed by burns. However, road traffic accidents are the leading cause of injury morbidity among the one to four age group, followed by falls and animal injury. Boys experienced greater morbidity rates in all age groups in connection with every specific injury type.

### 3.1 Drowning – a leading cause of child deaths

Most deaths by drowning are of toddlers, with a median age for drownings of five years. The main cause of death was their inability to swim and their exposure to risk areas such as open wells, rivers and ponds. Fewer than one third of all children in Cambodia ever learn to swim and the percentage that can swim is particularly low among children aged 5 to 9 and younger, who are at highest risk of drowning. Drowning occurs in both urban and rural areas. Over half of all drowning deaths happen within an estimated 100 metres of a child’s home, when playing, washing clothes or fetching water.

In all age groups surveyed, very few children who drowned were with their mother or

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure10.png}
\caption{Causes of fatal injury in children by age group}
\end{figure}


\textsuperscript{232} Ibid., p.22.
\textsuperscript{233} Ibid., p.16.
father at the time, and many drownings took place when the child was alone. In most cases, the mother was either engaged in domestic chores or was busy working outside the home. Many mothers are overburdened with household responsibilities and are unable to properly supervise infants and toddlers that are crawling and walking, and they also may be unaware of the best ways to prevent drowning. Apart from an inability to swim, causes of drowning include lack of adequate supervision and a lack of fences and other safety measures to prevent children from falling into natural bodies of water or other water hazards.

Child drowning as the leading cause of death after infancy is not yet recognized in Cambodia. According to the same survey, the health information system had not ranked drowning as a leading cause of child death at the time of its publication. As a result, child drownings are underreported and not fully taken into account by policymakers as an important issue.

3.2 Child deaths caused by road traffic accidents

CDHS 2005 reported that the number of people being injured or killed in an accident during the 12 months prior to the survey doubled from 0.9 per cent to 1.9 per cent between 2000 and 2005. The role of traffic accidents in these injuries increased from 33 per cent to 46 per cent. Road traffic accidents (RTAs) are the second-leading cause of injury death and the fifth leading cause of death overall among children. Data reveal that:

- Fatal injuries caused by RTAs mainly involve children of preschool age and adolescents, with the former killed as pedestrians and the latter as a result of accidents as drivers or passengers of mainly motorbikes or bicycles.
- Nearly half of all RTA child deaths among children aged 0 to 17 occur when the child is a pedestrian. The next highest proportion of deaths is among children using a motorbike.
- More males aged 0 to 17 died from RTAs than females.
- Children from urban areas died from RTAs at a higher rate than children from rural areas.

Injuries and deaths caused by RTAs have been recognized as an important health issue due to the availability of data from public health facilities, private clinics and traffic police. It has been recommended that interventions should focus on increasing safety for children as pedestrians and reducing the number of motorbike accidents. This would entail greater enforcement capacity to address such issues as proper licensing, driver training, helmet use and alcohol use.

In urban areas, there appears to be weak enforcement of traffic laws and regulations with regard to adolescents and youths on motorbikes. The lack of enforcement of helmet use is a major issue that needs to be properly addressed, particularly among children and adolescents. One analysis has estimated the economic cost of traffic accidents in 2005 was US$110 million, or 3 per cent of GDP. The health system is not adequately prepared to respond to the growing number

234 Ibid., p. 28.
235 CDHS 2005, op cit., p.28.
237 Ibid. p. 41.
of victims of traffic accidents. It takes more than two hours for 30 per cent of RTA victims to reach a hospital, particularly for those located in remote areas, and a mere 26 per cent have access to an ambulance to reach a health facility. In most cases the district hospitals are not equipped and lack the competence to respond, and victims must then travel to a referral hospital.\textsuperscript{239} The costs of RTAs in terms of medical care and lost earnings merits further study.

**3.3 Injuries caused by falls and animal bites**

Injuries caused by falls were found to be highest among children aged one to four, and more prevalent among males than females. Most non-fatal falls occurred in the home. For children aged 10 to 14, many falls also occurred at school. Falls in the street were common across all age groups. The lack of adult supervision was noted as one of the causes of child injuries from falls. Primary prevention of falls requires close supervision of small children and removing hazards from their home and school environments. Homes in particular are found to have many potential hazards, including stairs and roofs. A safe home checklist has been recommended as a way to reduce risks through education of parents and children alike. A safe school curriculum is another way to promote a safer environment and provide key first aid knowledge and skills.\textsuperscript{240}

The second leading cause of injury morbidity in Cambodia is animal injury, which affects every child age group including infants. Boys generally were found to have higher rates of animal injury. Most animal injuries in children aged under 10 take place in urban areas, with the majority ranging from moderate to severe, with a small percentage requiring at least one day of hospitalization. The sole cause of non-fatal injury in infants was dogs, most of which had not been vaccinated against rabies. Other non-fatal child injuries in urban areas were caused by oxen, cows, buffalo and snakes. In rural areas, oxen, cows, buffalo and dogs were the main cause of non-fatal infant injuries. Overall, the majority of injuries caused by animal attacks were from bites except in rural areas where many infants’ injuries were due to children being stepped on by the animal.\textsuperscript{241}

The recommendations for child injury prevention include the need for a national prevention programme to comprehensively address the problem. While interventions should target all age groups of children, they should also focus on specific age groups and take into account the roles and responsibilities of different actors regarding child safety in their particular environments.\textsuperscript{242} This would include the children themselves, parents, teachers and school authorities, and village leaders. It has been pointed out that child safety is a cross-sectoral issue and interventions need to consider health, education, public security and communication aspects to be most effective.

**3.4 Child injuries from landmines and unexploded ordnance**

After three decades of civil war, Cambodia ranks as one of the most mine/UXO-affected countries in the world in terms of the number of deaths and the land lost due to contamination. Between 1979 and 2007, 63,005 mine/UXO mine victims were reported by the Cambodian Mine/UXO Victim Information System (CMVIS). The decrease in military activities in 1998 followed by increased clearance and mine education activities contributed to fewer mine accidents, with 467 casualties recorded in 2000 and 138 in 2007. However, there

\textsuperscript{239} Ibid.
\textsuperscript{240} Child Injury in Cambodia, op cit., p.48.
\textsuperscript{241} Ibid. p.65.
\textsuperscript{242} Ibid. p.91.
are now more Explosive Remnants of War (ERW) victims than mine victims reported, which has been attributed to the value of scrap metal, which encouraged many people to handle ERW to extract metal for sale. In 2007 alone, data shows 352 victims, a decrease from 875 in 2005. The number of UXO victims (214) remained higher than mine victims (138). Moreover, in 2007, a total of 65 people (18.47 per cent) were killed by UXO.244

A study to determine the extent to which mine action interventions such as clearance and law enforcement contributed to the decrease in victims concluded that while these interventions helped to reduce casualties, the sudden drop found in 2006 was caused by favourable seasonal conditions and good agricultural production on farms. Another study concurs with this view, and notes that in the months of March and April, which is the end of the dry season, there is a rise in mine/UXO accidents caused by an increase in income-generating activities such as forest product and scrap metal collection and charcoal production.245

Males were the most affected population group, with 85.79 per cent of victims “handling the mine/UXO” at the time of an accident. About half of female victims of UXO were not engaged in any specific activity and were considered ‘indirect’ victims. Many victims were simply traveling, cutting wood or farming at the time of the accident.246

In 2007, children under 18 constituted 39.77 per cent of all victims. Children were primarily victims of ERW accidents, which accounted for 77 per cent of the casualties. Figure 12 shows the reduction of deaths and injuries due to ERW and mines between 1979 and 2007, from the period of conflict to immediate post-conflict, to reconstruction.

Most of the accidents took place in the northwest of the country along the Cambodian-Thai border, with the most affected provinces being Battambang, Banteay Meanchey, Oddar Meanchey,

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246 Ibid. p.23.
Pailin and Preah Vihear, accounting for 91 per cent of the total number of landmine casualties in 2007. Pailin has the highest casualty rate, at 65 per 100,000 inhabitants.\(^\text{247}\)

There is a need to improve the marking of mine-contaminated areas. In 2006, mine victims indicated the absence of warning signs in the vicinity of mine accidents. Other victims were aware of the presence of mine/UXO but claimed they went to the site out of economic necessity in order to sell the device to the scrap metal trade. Interestingly, as many as 86.67 per cent of victims were found to have received some mine/UXO risk education, through posters, radio and television, before their accident. Although there have been notable efforts in mine risk education, victim data collection and improvement of emergency assistance, there is still a need to develop more effective warning signs and better programme responses to reduce the number of mine/UXO accidents, particularly those involving children. Key studies have made recommendations including:\(^\text{248}\)

- Strategies to involve the local authorities, the national police and community representatives actively in mine action initiatives and local law enforcement should be rationalized across affected provinces.
- Scrap metal dealers and brokers should be systematically targeted with education and yard surveillance and village-level scrap dealers should be integrated into the mine risk education process and Explosive Ordnance Disposal (EOD) reporting mechanisms.
- Mine risk education operators should continue to target high-risk and marginalized groups.

In its Concluding Observations to Cambodia in 2000, the Committee on the Rights of the Child recommended that the State increase budget allocations for demining in post-conflict areas and that awareness-raising campaigns should be conducted.\(^\text{249}\) It should be noted that Cambodia has ratified the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction. The treaty is the most comprehensive international instrument for ridding the world of antipersonnel mines, dealing with everything from mine use, production and trade, to victim assistance, mine clearance and stockpile destruction.

It is also important to note that the CMDG 9 target of 0 landmine/UXO casualties by 2015 is on track (target of 200 in 2010).\(^\text{250}\)

### 4. Sexual and reproductive health of adolescents and youths

Cambodia’s population is very young, with 44 per cent under the age of 18. The rapid social and economic changes taking place, greater access to local and international media and a rise in disposable income, which is reflected particularly in urban areas, are all regarded as key factors contributing to the emergence of a youth culture. This culture is further influenced by changing gender roles and exposure to greater sexual freedom. Nevertheless, when it comes to discussing sexual and reproductive health in relation to adolescents and youth, there are social and cultural barriers as well as a lack of sensitization to these issues on the part of parents, teachers and decision-makers.\(^\text{251}\)

According to UNFPA, the current situation of reproductive health in Cambodia

\(^\text{247}\) Ibid, p.23.  
\(^\text{248}\) Ibid, p.13.  
\(^\text{249}\) Committee on the Rights of the Child, 28 June 2000, Concluding observations of the Committee on the Rights of the Child, CRC/C/15/Add.128, p11.  
\(^\text{250}\) NSDP, p.101.  
\(^\text{251}\) Cambodia at a Glance, op cit., p.29.
is characterized by limited access to comprehensive reproductive health services, particularly for young people and the poor, and limited public resources for reproductive health services. In 2008, less than 1 per cent of the government budget was allocated to reproductive health, making it the lowest funded programme in the total health portfolio.252

A small percentage (8 per cent) of young women aged 15 to 19 have begun childbearing. It was estimated that 6 per cent of urban and 8 per cent of rural girls have become pregnant in their teens. Teenage fertility rates are strongly associated with girls’ level of education. Teenage pregnancy is higher among girls with no schooling compared to those with a primary school education and much lower among those with a secondary or higher education. It should be noted, however, that overall the percentage of girls aged 15 to 19 with no schooling is only 8 per cent.253

According to CDHS 2005, the median age of women at first intercourse is 20.4 years and the median age at first marriage is slightly younger at 20.1. The percentage of women aged 25 to 49 never having intercourse is 9 per cent. These figures reveal that young women rarely engage in sexual activity before marriage. CDHS further found that the majority of men aged 15 to 25 normally do not engage in sexual activity before marriage, with the percentage of men aged 25 to 29 that had never had intercourse a mere 3 per cent. The median age among men at first intercourse was 21.5 and the median age at first marriage was at 22.1. There was little variation in these figures according to region, education and wealth among both men and women.254

Figure 12 shows that more than half of girls and women of reproductive age (not pregnant) suffer from anaemia in Cambodia. Girls and women with mild anaemia are predisposed to more severe levels of anaemia if they become pregnant.

UNFPA concludes that there is a high un-met need for sexual and reproductive health information and services for adolescents and youth.255 For the most part, reproductive health interventions are considered as maternal health issues, with the majority of clients in the public health system being married women. Consequently,

252 Ibid., p.19.
the wider population, which includes sexually active young people, remains largely unreached with the exception of limited NGO-supported services. This is illustrated by the fact that adolescent sexual and reproductive health issues have not yet been included in the basic service delivery package. The capacity of public providers to offer youth-friendly services and counseling is also limited.\textsuperscript{256}

Moreover, access to reproductive health and services for STIs and HIV is limited for young people under the age of 18. Many services are not youth friendly and service providers have negative attitudes towards providing services to young unmarried women and men.

5. HIV, AIDS and children

5.1 General status of HIV and AIDS

Cambodia is one of the few developing countries that has experienced a continuous decline in the HIV epidemic in recent years, with the HIV prevalence in the general population falling from 3.0 per cent in 1997 to 1.2 per cent in 2003 and 0.9 per cent in 2006.\textsuperscript{258} Despite this downward trend, Cambodia still has the highest prevalence in Southeast Asia.\textsuperscript{259} The current level among the 15 to 49 age group of 0.9 per cent means that almost 1 in 100 people in Cambodia is living with HIV.\textsuperscript{260} The decline has been attributed to the country investing in and scaling up effective HIV prevention programmes and the fact that a large number of people died during the early years of the epidemic, when treatment and care were not available.

Cambodia has become a country with a concentrated epidemic. Besides sex workers and other entertainment workers, among whom HIV infection is the highest in years (14.7 per cent, according to 2006 HIV Sentinel Surveillance), aggregated data from three sites show an HIV prevalence of 5.1 per cent among men having sex with men (MSM), and preliminary national data shows an alarming prevalence of 24.4 per cent among injecting drug users (IDUs). A significant proportion of these sub-population groups are adolescents and young people.\textsuperscript{261}

In 2006, it was estimated there were approximately 67,200 adults and 3,800 children living with HIV in Cambodia.\textsuperscript{262} Most of these children became infected through mother-to-child transmission. The most recent estimates indicate that since 2003, 8,000 people are becoming infected each year (about 0.06 per cent of the population), of which half are married women and one third are children. In 2006, it was estimated that 1 per cent of pregnant women were infected with HIV, although this figure is thought to mask some persistent variations and higher prevalence existing in the urban areas.\textsuperscript{263} The HIV prevalence among people aged 15 to 49 living in urban areas remains higher than among those living in rural areas.

There is also higher HIV prevalence among women, with 43 per cent of new infections occurring among married women, most of whom are believed to have been infected by their husbands. One third of new infections are being transmitted from mothers to their children.\textsuperscript{264} Thus, the face of the epidemic has clearly become more female, with the proportion of HIV-infected women increasing

\textsuperscript{256} Ibid. p. 30.
\textsuperscript{257} Concluding Observations of the Committee, op cit., p.10.
\textsuperscript{259} National AIDS Authority, 2005, National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010, p. 9.
\textsuperscript{260} National AIDS Authority, Cambodia Country Profile on AIDS 2006-2007, p.12.
\textsuperscript{261} Information provided by UNICEF Cambodia 2008.
\textsuperscript{262} Cambodia Country Profile on AIDS 2006-2007, op cit., p. 15.
\textsuperscript{264} Cambodia Country Profile on AIDS 2006-2007, op cit.
from 35 per cent in 1998 to 46.7 per cent in 2003. This has serious consequences on children, from a higher risk of infection through vertical transmission and an increased impact on their lives due to the loss or chronic illness of mothers. In 2006, 402,000 women gave birth, including 4,420 who were HIV-positive.265

Access to anti-retroviral therapy (ART) for people living with HIV has transformed the perception of it as an incurable disease to a manageable chronic illness. Through the leadership of the National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Infections (NCHADS), by June 2008, 39,356 patients (including 2,805 children) were receiving anti-retroviral therapy (ART) from 50 health facilities offering treatment for opportunistic infections (OI) and ART in 20 provinces. These facilities are supported by the Government and partners. Of the 50 facilities, 26 also provide paediatric care. Females account for 51.3 per cent of adults receiving ART. Although the treatment is officially provided free of charge, patients are likely to incur other costs such as transportation and/or expenses related to food. In many cases NGOs and community or faith-based groups cover these costs.266

5.2 Awareness and testing

CDHS 2005 shows that the overall level of awareness of HIV remains high. While the survey actually refers to having “knowledge” of HIV and AIDS, from its content it seems the more appropriate word would be “awareness”. It found that 99 per cent of men and women aged 15 to 49 were aware of HIV and AIDS, although many lacked accurate information on how HIV is transmitted. For example, only 69 per cent of women and 60 per cent of men knew that a person who appears to be healthy can be HIV-positive. The level of awareness varies in some provinces, with only 73 per cent of women in Mondulkiri/Ratanakiri and 88 per cent of men in Pursat knowing about AIDS. However, CDHS concludes that AIDS-awareness is more than 95 per cent among women and men in all age groups, educational and wealth levels, in urban and rural areas.267

It is further noted that “young people may believe there are many barriers to accessing

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and using many health services and facilities, particularly for sensitive concerns relating to sexual health, such as sexually transmitted infections like HIV.”

There is a clear tendency for testing rates to be higher among urban youths, youths with a secondary education, youths in the highest wealth quintile and youths living in Phnom Penh or Kandal.

As of June 2008, there were 206 Voluntary and Confidential Counseling and Testing (VCCT) sites in Cambodia, a marked increase from 74 sites in 2004. The Government directly supports 187 sites and 19 are supported by NGOs. By December 2006, all public hospitals offered VCCT. In the first half of 2007, there was a 21 per cent increase in the number of HIV tests conducted. Overall, it was found that among the population aged 15 to 49, 10 per cent of women and 15 per cent of men had been tested. An estimated 274,025 people were tested for HIV at the VCCT sites and 20,678 had tested positive. Knowledge of AIDS directly influences the way many people treat those living with HIV or AIDS. CDHS found that 70 per cent of women and 83 per cent of men were willing to care for a family member with the HIV virus in their home; 79 per cent of women and 81 per cent of men stated that an HIV-positive teacher should be allowed to continue teaching. At the same time, a smaller percentage of men and women would be willing to purchase fresh food from an HIV-positive shopkeeper. Increasing levels of education among both men and women were associated with the degree of acceptance towards people living with HIV. The National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010 includes human rights as one of the guiding principles for national response to HIV and AIDS, stating:

“Dealing with HIV/AIDS often requires dealing with stigmatized segments of the population, with behaviours that are illegal and/or frowned upon, and this often results in abusive and discriminatory reactions. To counteract this, respect for individual and collective rights need to underpin all responses.”

Although the available literature for this situation analysis occasionally refers to the existence of social stigma and discrimination towards people with HIV or AIDS, there was no report or survey available that addressed this issue, which merits further study.

5.3 Prevention among adolescents and young people

A significant proportion of sub-population groups most at risk of infection are comprised of adolescents and young people. For instance, 69 per cent of sex workers are under age 25. There is a worrying trend in the increase of illicit drug use among children living and working on the streets aged 12 to 18; several studies have indicated that high-risk behaviour among young people is fuelled by alcohol abuse, harmful gender norms and easy access to illicit drugs. A 2008 study revealed that overall HIV prevalence among IDUs was 24.4 per cent and overall HIV prevalence among non-IDUs was 1.1 per cent. It is notable that the mean age of IDUs is 24 and the mean age for drug users is 21.

CDHS 2005 found a low HIV prevalence among young women and men aged 15 to 24 (since this is a household survey it does not capture the most-at-risk populations). Young women had an HIV prevalence of 0.3 per cent and young men had a rate of 0.1 per cent. The

268 Ibid., p.237.
269 Ibid.
270 Quarterly VCCT Data, National Centre for HIV/AIDS, MoH Dermatology and STD, April to June 2008.
272 Source WHO as provided by UNICEF Cambodia, 2008.
Prevalence rates were found to be slightly higher among young men and women who had engaged in sexual intercourse (an estimated 0.6 per cent for women and 0.3 per cent for men). Data also shows that HIV prevalence levels increase with age and are highest among women in their late 20s and men in their 30s. The prevalence rate among young people aged 15 to 19 was 0 per cent and 0.4 per cent among those aged 20 to 24.

The same survey studied HIV testing data among women and men aged 15 to 24 that had engaged in sexual intercourse in the preceding 12 months and had undergone and received the results of an HIV test during the same period. In this category, 8 per cent of the women and 10 per cent of the men were likely to have been ever tested for HIV. The testing rates demonstrated a clear tendency to be higher among urban youths, youths with a secondary or higher education, young people belonging to the wealthiest quintile and those living in Phnom Penh and Kandal province.

Currently in Cambodia, the primary mode of transmission is through heterosexual sex. Men belonging to the higher socio-economic level who frequently visit brothels and entertainment establishments such as karaoke bars, where they meet sex workers, are at greatest risk of HIV infection. ‘Sweetheart’ relationships, which are particular to Cambodia, are defined as non-marital, non- or semi-commercial, sexual relationships that are based on a certain level of affection and trust with one partner. Sweetheart relationships that are commonly developed in such entertainment places are believed to be contributing to the HIV epidemic. Research shows that the use of condoms among ‘sweethearts’ is low. Karaoke women aged between 18 and 30 with ‘sweethearts’ reported having more than nine sexual partners within one year. Risk factors, particularly drug and alcohol use, are most common and contribute to HIV transmission. For these reasons, it has been recommended that increasing the use of condoms among ‘sweethearts’ is an important element of HIV prevention efforts. Peer education and inter-personal communication are two recommended ways of reaching this particular target group.

Since the Law on Suppression of Human Trafficking and Sexual Exploitation (2008) was adopted, actions by some police officers have had negative consequences by hampering targeted HIV-prevention interventions. This illustrates a need to link different approaches for lasting prevention of HIV infection.

Although HIV transmission is primarily through heterosexual sex, reports reveal that male-to-male sex, often for money, although considered relatively new in the country, is nonetheless becoming a major health concern. Many young Cambodian men are engaged in unsafe sex with other men. The prevalence of STIs among MSM is 9.7 per cent in Phnom Penh and 7.4 per cent in the provinces. Behaviour data shows that consistent condom use is low and that many MSM have multiple sexual partners, including females. Studies suggest that due to stigma and discrimination, many MSM are unable or unwilling to access health services, including VCCT and prevention services. This is particularly true for young MSM. A study conducted in Phnom Penh, Battambang and Siem Reap found that among this group, condom use was low and inconsistent, and

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276 Ibid, p.245.
279 Information provided by UNICEF Cambodia, 2008.
the knowledge of safe sex practice and HIV was uneven. This puts not only many young men at risk of HIV infection, but also the young women who engage in sex with MSM. The same study recommends ensuring the widespread availability of condoms, the early promotion of sexual health education and information campaigns targeting MSM.281

5.4 Prevention of mother-to-child transmission of HIV

The shift in gender distribution of the HIV epidemic requires an effective PMTCT programme to minimize the number of children infected by their mothers. This involves first educating people about how HIV can be transmitted from mother-to-child, and how taking antiretroviral drugs can reduce the risk of transmission. CDHS 2005 estimated that 87 per cent of women and 84 per cent of men in Cambodia know that HIV can be transmitted by breastfeeding. Only one third of women and about one quarter of men were aware that the risk of mother-to-child transmission can be reduced through the use of specific drugs during pregnancy. Comprehensive knowledge of mother-to-child transmission was highest among men and women living in urban areas. Nevertheless, there is a fairly low level of knowledge among pregnant women, with only 30 per cent aware that HIV can be transmitted during breastfeeding and that the risk of mother-to-child transmission can be reduced through the use of certain drugs during pregnancy. This important finding clearly indicates that there is incomplete coverage of counseling on HIV and AIDS during prenatal care visits.282

Cambodia’s PMTCT programme began in 2001 as a pilot project that used an ‘opt in’ testing method and offered a single dose of

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Nevirapine at a few sites. Since then, it has been scaling up across the country. In 2006, the PMTCT guidelines were revised to be in line with WHO recommendations and in view of new scientific evidence that calls for a more effective combination of ARV prophylaxis for women not needing ART for their own health, and ART for women with HIV at a more advanced stage. In 2006, MoH introduced Health Provider-Initiated Testing and Counseling in PMTCT services. Despite the remarkable progress and expansion of PMTCT services to 112 health facilities, the percentage of women that benefit from the services remains low. This is apparently due to a number of specific management obstacles contributing to low coverage, including: slow disbursement of funds, particularly those provided through Global Fund grants; insufficient coordination of joint programme activities at national and sub-national levels; the lack of a national work plan and clearly defined population-based targets; inadequate strategies and activities to reach the number of pregnant women in need; neglect of lower-level facilities with poor infrastructure and capacity; a lack of well-defined terms of reference for PMTCT coordinators at provincial and operational district levels, which results in a lack of understanding of roles and responsibilities; and confusing and ineffective management and ordering of ARV drugs and supplies.

The following strategies are recommended in order to scale up PMTCT services:

1. Expand current criteria for selecting new sites to include a larger pool of service points.
2. Strengthen operational links between PMTCT and OI/ART management and service provision.
3. Establish avenues for improving access to ANC and institutional deliveries.

Notwithstanding the increasing number of sites offering PMTCT services, a number of obstacles have been identified regarding the provision of services. They include:

- A great majority of health facilities do not provide any form of PMTCT.
- The serious midwife shortage hinders access to ANC services.
- Many HIV-positive women deliver at home and cannot receive ARV drugs per guidelines.
- The unknown HIV status of a vast majority of the women that give birth at health facilities.
- Provincial PMTCT coordinators and counsellors are not routinely integrated into the Continuum of Care and there is a lack of coordination between PMTCT service points.
- Most OI/ART clinicians and counsellors have not been trained for family planning services or for management of pregnant HIV-positive women, and the OI/ART training curriculum does not reflect the current national PMTCT guidelines on ARVs.
- At many sites there is a lack of coordinated post-partum care and infant follow-up.

There is a major dilemma with regard to the benefits of breastfeeding on the one hand and the risks of morbidity and mortality from HIV transmission through breastfeeding on the other. While ARVs can reduce transmission during delivery, whether an HIV-positive woman should breastfeed has become a complex question. The National Policy on Prevention of Mother-to-Child Transmission (2005) affirms the importance of “optimal

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284 PMTCT Program Cambodia Joint Review Report, op cit., p.17.
infant feeding” and recommends that HIV-positive women should be given all the facts regarding the benefits of breastfeeding and alternative infant-feeding practices so they can make an informed decision. The policy essentially recommends supporting mothers who decide to breastfeed and indicates that formula-feeding should be used only when it adheres to international standards: acceptable, feasible, affordable, sustainable and safe. A number of obstacles have been identified regarding HIV and infant feeding. They include:

- Weak implementation of the infant feeding components of the national PMTCT policy.
- Inadequate understanding by PMTCT service providers of the importance of optimal infant feeding as an essential intervention for reducing post-natal transmission of HIV.
- Inadequate support to HIV-positive mothers at key points when decisions on infant feeding are likely to be made.
- Lack of systematic follow-up of children born to HIV-positive mothers to monitor their infant feeding practices and nutritional status.

Testing of pregnant women is of great importance to PMTCT. Nevertheless, by one estimate conducted in 2007, only 29,677 (6.4 per cent) of the total number of pregnant women had been tested for HIV. According to UNICEF, challenges include:

- HIV testing is still not reaching the vast majority of ANC clients due to lack of testing within health centres.
- It is not realistic to expect that the CMDG for PMTCT can be met without rapid testing being available at the health centre level.

- The availability of rapid HIV tests in all health centres and their integration into ANC and family planning services would also improve primary prevention.
- Currently, midwives are not conducting tests themselves, but must refer the blood sample, which is a significant barrier that must be addressed at the policy level.

Some of the factors that have been identified in connection with the low level of testing for HIV among pregnant women include a lack of trust in counsellors and the potential stigma and discrimination feared from partners, family members and society. It is also believed that frequently, the long distance to health centres that offer ANC services, including PMTCT, may also influence a pregnant woman’s decision to be tested.

5.5 Paediatric AIDS care

Based on 2006 estimates, about 3,800 children under 15 are believed to be living with HIV, although the actual number is likely to be higher. The 2007 national Consensus Building Workshop on Cambodia’s HIV estimated that 1,547 infants are born with HIV annually. This figure is based on the 1.1 per cent of pregnant women living with HIV and the fact that they will most likely deliver without receiving PMTCT interventions. The number of HIV-positive children receiving ART has increased four-fold, from about 700 at the end of 2005 to about 2,805 by mid-2008. Thus, approximately, three quarters of children in need are currently receiving ART treatment. In addition, as of June 2008, 1,584 children were receiving treatment or prophylaxis for OI, as they were not eligible for ART. Only about half of the 50 health facilities offering ART for adults
also offer the treatment for children. As a result, families with children living with HIV have to travel long distances for monthly medical check-ups and to receive ARV drugs.

The link between malnutrition and HIV is well documented. While malnutrition accelerates the progression towards AIDS-related illness, the illness exacerbates malnutrition through increased metabolism and decreased food ingestion and absorption of nutrients. Nutritional support including the clinical management of severely malnourished children needs to be strengthened, as a substantial proportion of these children is also living with HIV. Data from the National Paediatric Hospital, for example, show that about two thirds of children in its malnutrition ward are also living with HIV. Studies further indicate that children living in households affected by HIV have lower food security than those in non-HIV-affected households and children who have lost their mothers are more likely to suffer chronic malnutrition.288

Skills for providing psychological care and support and counseling for children living with HIV are scarce. This component of the response is still lagging far behind the other more biological aspects. Also, the issue of disclosure of HIV status to children is currently left unaddressed.289

5.6 Protection, care and support for children affected by HIV and AIDS

A devastating result of the HIV epidemic is the increasing number of children that become orphaned when one or both of their parents die from the disease. CDHS 2005 data show that 9 per cent of children under 18 had lost either their father and/or mother (1 per cent had lost both parents, 7 per cent had lost their father, and 3 per cent had lost their mother).290 It is recommended, therefore, that any strategy that aims to protect children must aim to strengthen the capacities of families in order to provide effective care.

It has been noted that although the death of a parent is difficult for children, the illness of a parent also has an impact on health and development indicators. According to the National Plan of Action (NPA) for Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia, 2008-2010, children with chronically ill parents are significantly less likely to possess basic materials, such as shoes and two or more sets of clothes. In 2005, 6 per cent of children had one or both parents who had been very sick for three or more months the previous year. Consequently, one out of seven (14.4 per cent) children aged 0 to 17 were either orphans or vulnerable due to the chronic illness of a parent.

The NPA provides the following summary of the situation of children affected by HIV and AIDS:291

- Children and adolescents in HIV-affected households are more likely to eat fewer meals and experience hunger more often than those in non-HIV-affected households.
- Not having enough food to eat every day is significantly correlated with depression, anxiety and stress among children affected by HIV.
- In general, girls have lower rates of school enrolment than boys, and this is more pronounced for girls affected by HIV.
- Discrimination and hunger are the two biggest signs of psychological distress among children affected by HIV.

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288 Information provided by UNICEF Cambodia, 2008.
289 Ibid.
• Children who have lost their mothers are less likely to have their births registered and to possess a birth certificate than other children.

• HIV- and AIDS-affected households have significantly lower income than non-affected households.

• HIV-affected households spend much more on health care and much less on non-health expenditures compared to non-HIV-affected households.

• Chronic illness among parents in both urban and rural areas is significantly linked to lower wealth status, and rural households fare worse.

In light of these factors it is essential to strengthen the capacity of families to enable them to care for and support orphans and children affected by HIV and AIDS. Fifty-two per cent of women and men reported being primary caregivers to children under 18, regardless of whether they were their own. Interestingly, women and men with a higher level of education were less likely to be caregivers than those with no schooling. Seventy-four per cent of the caregivers had made arrangements for the care of their children in the event of their own death or illness.

6. Children with disabilities

Throughout many parts of the world, people with disabilities are among the most vulnerable and poorest groups, and excluded from community development with limited access to basic social services, education and vocational training. The Asia and Pacific region is home to two thirds of the disabled population, and one third of these are children. Two thirds of these children have disabilities that could have been prevented. Article 23 of the CRC recognizes that a mentally or physically disabled child should enjoy a full and decent life, in conditions that ensure dignity, promote self-reliance and facilitate the child’s active participation in the community.

Until recently, the issue of disability was marginalized at the policy level and largely ignored by society in Cambodia. Important developments indicate that this is changing with the Government taking some leadership in the disability sector, including by signing the UN Convention on the Rights of Persons with Disabilities and initiating the process for a draft Law on the Protection and the Promotion of the Rights of Persons with Disabilities (2008). It is reported that MoSVY has made significant efforts to promote the draft law, which is expected to be adopted during the new Government mandate. MoSVY, the Disability Action Council and the Special Education department of MoEYS, together with UNICEF, have recently formulated an Inclusive Education Policy and Master Plan for Children with Disabilities, and are now in the process of producing a Training Manual for Inclusive Education that will be used to support the Child-Friendly Schools programme.

As in most developing countries, accurate statistics on the current number of people with disabilities are not available, and those that are available vary. It is estimated that Cambodia has one of the highest rates of disability in the developing world. There is evidence that the number of people with disabilities is growing daily. According to the Socio-Economic Survey 2003, there were 170,000 adults with disabilities, and

293 Ibid.
294 Ibid.
295 Information provided by UNICEF Cambodia, 2008.
296 Ibid.
297 Disability Knowledge and Research, April 2005, Poverty Reduction and Development in Cambodia: Enabling Disabled People to Play a Role, p. 5.
according to estimates provided by MoSVY, there were 32,000 children with disabilities.\footnote{Ibid.} There are many causes of disability among children in Cambodia, but they primarily include illnesses and disease followed by congenital causes and road traffic accidents, although a small percentage of disabilities are also caused by mine accidents.\footnote{Ibid.} Some impairments could have been prevented before or during birth if mothers had been ensured of access to health care services for antenatal care, childbirth, post-natal care and appropriate information.

There is some evidence suggesting that disability and poverty in Cambodia are closely interrelated. Cambodian people normally lack access to basic health care and consequently simple infections, illnesses and injuries often develop into permanent disability because they go untreated. It was noted, for example, that untreated common childhood ear infections are a major cause of permanent hearing loss in children. Furthermore, poor people tend to use less safe means of transportation and engage in higher-risk activities to earn their livelihood, which makes them more vulnerable to becoming disabled.\footnote{Poverty Reduction and Development in Cambodia: Enabling Disabled People to Play a Role, op cit., p.6.} For example, more poor people tend to be the victims of mine and UXO accidents. This is because they are frequently living close to the mine-affected areas and enter them to collect firewood or scrap metal for sale. Other causes of disability are attributed to poor nutrition. This is supported by the fact that a high percentage of all children are stunted. Malnutrition can lead to developmental delay and long-term intellectual disability.\footnote{Ibid.} Vitamin A deficiency is a major cause of childhood blindness. Overall, the most vulnerable and excluded persons with disabilities are those with severe impairments, deaf and blind people, people with mental health problems and disabled women and children.\footnote{Poverty Reduction and Development in Cambodia: Enabling Disabled People to Play a Role, op cit., p.7.}

Currently, government support for disability is extremely limited and mainly concentrates on providing office space for the Disability Action Council, a small contribution of 1,000 riels per day to patients in some rehabilitation centres, and the veterans and civil servants pension scheme. There are many NGOs working in the disability sector. However, almost all of them receive financial support from abroad and their activities focus mostly on physical rehabilitation.\footnote{UNICEF, July 2007, National Community Based Rehabilitation Coordination, Final Pilot Project Report.} NGOs have tried to raise awareness on different issues such as early prevention, early identification, early intervention, events related to promoting the rights of people with disabilities (i.e. International Day of Persons with Disabilities), and health education.

UNICEF and AusAID supported an external evaluation of all physical rehabilitation centres in 2006 that provides an analysis of the clients of physical rehabilitation services; describes the current physical rehabilitation services; discusses the development plans of individual actors and the overall management structures; and explores alternative institutional structures for delivering services in the physical rehabilitation sector as follows: status quo, amalgamated management, Government-led, private sector-led and contracting out. The evaluation details the relative merits and problems associated with each option, measured against the criteria of equity, access, client protection, finance and linkages.

Following several consultation meetings, MoSVY agreed to sign a Memorandum of Understanding (MoU) with five international NGOs that are currently providing...
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prostheses and other mobility devices to people with disabilities across the whole country. This MoU clearly identifies the roles and responsibilities of MoSVY and the partner organizations in implementing the physical rehabilitation project for the three-year period 2008-2010, with the objective of handing over responsibility for the 11 physical rehabilitation centres and component factory to MoSVY by 2011.304

NGOs provide virtually all services for people with disabilities. However, despite the large number of organizations working in the sector, the services available have been deemed inadequate and lacking in remote and rural areas, and therefore are not accessible for many people. To date, both the Government and NGOs have done very little in terms of early prevention and detection since they have been focusing primarily on intervention. The International Day of Persons with Disabilities is normally organized by NGOs with the participation of the Government. MoSVY has recently issued a *Prakas* (law) in order to encourage its provincial staff to organize this event at the provincial level as well.

**Recommendations of the Committee on the Rights of the Child regarding children with disabilities**

In its Concluding Observations issued in 2000, the Committee expressed deep concern that as a result of the prolonged armed conflict, Cambodia has one of the highest levels of disability in the world. It noted that most services for children with disabilities are provided by NGOs, which need substantial resources to maintain the current high standards of care and rehabilitation services. The Committee recommended that the State work in close collaboration with and support the activities of NGOs to develop early identification programmes to prevent disabilities; implement alternative measures to the institutionalization of children with disabilities; plan and carry out awareness-raising campaigns to reduce discrimination; establish special education programmes and centres, and encourage the inclusion of children with disabilities in the educational system and in society; and establish adequate monitoring of private institutions for children with disabilities. It further recommended that Cambodia should seek technical cooperation for the training of professional staff working with and for children with intellectual disabilities, and social counseling.305

7. Water, sanitation and hygiene

Access to a regular supply of safe water is recognized as a basic human right and is established in the CRC (Article 24, 2(c)) as one of the prerequisites for the enjoyment of the highest attainable standard of health. The United Nations Committee on Economic, Social and Cultural Rights has pointed out the intrinsic value of the right to water by stating that “the right to water clearly falls within the category of guarantees essential for securing an adequate standard of living, particularly since it is one of the most fundamental conditions for survival”306. The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goals call for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third. The CMDGs include the specific target of “increasing the proportion of rural population with access to improved sanitation from 8.6 per cent in 1996 to 30 per cent in 2015”. This goal has been further reinforced by the Rural

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304 Ministry of Social Affairs, Veteran and Youth Rehabilitation, 2007, Memorandum of Understanding, 3 year physical rehabilitation working project 2008-2010.

305 Committee on the Rights of the Child, June 2000, Concluding Observations of the Committee on the Rights of the Child, CRC/C/15/Add.128.

Water Supply and Sanitation Sector Vision (contained in the National Policy for Water Supply and Sanitation) that every person in rural communities shall have access to safe water supply and sanitation services by 2025.

WHO estimates that 80 per cent of all illnesses worldwide can be traced to unsafe water and sanitation, and that diarrhoea alone is responsible for more than 2 million child deaths annually. The main health consequences attributed to drinking unsafe water and poor personal hygiene and sanitation practices are diarrhoea, typhoid, cholera and hepatitis A, parasite infections, malnutrition, anaemia, respiratory diseases (avian influenza, SARS), eye infections (trachoma, red eye), skin diseases and gynaecological diseases.

The current situation of rural water supply and sanitation in Cambodia has been described as in crisis. As many as 4.9 million people living in rural areas do not have an adequate safe water supply and 8.3 million people defecate indiscriminately because they do not have a safe way to dispose of their excreta (these two figures are based on CDHS coverage of water supply in rural areas [53.7 per cent] and sanitation in rural areas [15.7 per cent] and population figures in rural areas [85 per cent of 13.338 million]). At the same time, many of these people are not aware of the health risks of their unhygienic practices, particularly to young infants and children.

7.1 Water supply

Cambodia’s National Water Supply and Sanitation Policy, acknowledged by the Council of Ministers in 2003, describes Cambodia as a country rich in surface and ground water resources, which include the Mekong River, Tonle Sap and Bassac river basins, the Great Tonle Sap Lake and many smaller lakes and rivers. It also states that despite the rich endowment of water resources and the fact that the provision of water supply and sanitation facilities in towns, cities and rural areas can be achieved, many people lack them. This is true in both rural and urban areas and especially for the poor and other vulnerable groups.

A child’s health status is largely influenced by the type of improved water and sanitation facilities that are available to the household and the way they are used and maintained. Proper hygienic and sanitation practices also reduce the risks of leading childhood diseases such as diarrhoea. Good access to an improved water supply is therefore essential to the enjoyment of the right to health. In the CDHS 2005, water sources were classified as either ‘improved’ or ‘non-improved’ as per the recommendations of WHO, UNICEF and the Joint Monitoring Programme for Water Supply and Sanitation. Improved water sources include those that are considered of “suitable quality” and non-improved sources are regarded as “unsuitable”.

Improved Sources:
- Piped water into dwelling/yard/plot.
- Public tap/standpipe.
- Tube well or borehole.
- Protected dug well.
- Protected spring.
- Rainwater.

Non-Improved Sources:
- Unprotected dug well.
- Unprotected spring.

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308 CDHS 2005, op cit., p.17.
According to CDHS 2005, the improved water supply has reached the CMDG target of 50 per cent (53.7 per cent in rural areas and 63.7 per cent in urban areas in the dry season). The same data shows that for three quarters of urban households and more than 60 per cent of rural households, the sources of drinking water were the same during the dry and rainy seasons. During the dry season, an estimated 43 per cent of households consume drinking water from a non-improved source. During the rainy season, more households use rainwater for drinking, which is classified as an improved source, and is the primary source for one third of households. It is also the most common source of drinking water for both rural and urban households that do not have water piped into their homes. However, during the dry season there is also an increased reliance on surface water, which is a non-improved source.

Overall, it is common for the source of water to be located on the household premises even when it is not piped directly into the home. The percentage of households that can count on a source of drinking water on the premises declines during the dry season in both urban and rural areas. The majority of households that do not have a source on the premises or have water delivered spend as long as 30 minutes fetching drinking water. However, the amount of time retrieving water increases for some households during the dry season. Generally, it is an adult male or female that has the responsibility of fetching water.

It is estimated that 60 per cent of rural households and three quarters of urban households boil their water before drinking. At the same time, 30 per cent of rural and 20 per cent of urban households report not treating water prior to its consumption, and 12 per cent indicate they allow the water to stand and settle before drinking.

Cambodia’s National Water Supply and Sanitation Policy indicates that the water supply services in urban areas throughout the country are “intermittent and unreliable” and also of poor quality. Some water plants distribute raw water directly without any treatment and are not able to provide a supply of water daily for an entire 24-hour period. Consequently, many people in provincial towns do not rely totally on these facilities and frequently use other water sources. There is an increasing demand for domestic and other types of water, including industrial water, which is greater than the supply available. In addition, Cambodia’s water resources are degrading progressively due to the lack of treatment and recycling of wastewater.

7.2 Sanitation facilities

Access to hygienic facilities varies greatly between rural and urban households. In rural areas, the majority of dwellings do not have any toilet/latrine facility and as many as three quarters of households report using fields and bush areas. In urban areas, one half of households use a flush or pour toilet that is piped to a sewer or septic tank. A 2007 study on rural hygiene and sanitation points out that the situation is considered in crisis due to the persistently low coverage.
rate for rural sanitation, which was estimated to average a mere 10 per cent nationally, but was as low as 2 per cent in some provinces. This constitutes the lowest rural sanitation coverage in the region. As per the Water Supply and Sanitation Sector Investment Plan, there were 21,200 latrines built by rural sanitation interventions between 1998 and 2004 and more are being built each year. However, they amounted to merely 3,500 latrines per year. While national surveys show that private provision of latrines amount to 15,000 per year, nevertheless, the total sum does not meet the needs of the increasing number of households, which is estimated to be growing at between 25,000 and 50,000 per year.\(^{313}\) The data clearly indicates that Cambodia has a number of challenges ahead in order to reach sanitation targets. It has been pointed out that “at current rates, it will take about 30 years to reach the 2015 target, and another 150 years to reach universal rural sanitation coverage.”\(^{314}\) The same study on hygiene and sanitation also identified the following challenges facing the rural sanitation and hygiene sub-sector:\(^{315}\)

- Very low rural sanitation coverage (coverage varies depending on source, from the 13 per cent recorded above, CDHS at 15.7 per cent, and the Cambodia Intercensal Population Survey at 16.4 per cent).
- Low priority given to the sub-sector (resulting in little activity).
- Limited sanitation and hygiene experience or capacity.
- Little consensus on approach or policy.
- Ineffective hygiene promotion.
- No assessment of health impact or cost-effectiveness.
- No strategic planning and little coordination of interventions.

At the same time there are a number of constraints that must be considered in facing the above challenges, including:\(^{316}\)

- No national champion for sanitation.
- No credible national vision, strategy or plan.
- No political commitment to sanitation.
- Low financial allocations to sanitation.
- Confusing and conflicting programme approaches (e.g. inconsistent subsidy policy).
- Lack of information or coordination.
- Supply-side constraints (e.g. few low-cost latrine products available).
- Challenging physical environment (annual flooding, high groundwater table, expansive clay soils).

### 7.3 Hygiene behaviour change

Hygiene is a major unmet need for a large majority of the population, particularly in rural areas. Studies indicate a reasonably high level of awareness of the importance of hygiene but practice remains low. CDHS 2005 shows that only 20 per cent of mothers of children under five reported washing hands with soap before preparing food and after using a toilet. The practice of proper disposal of children’s faeces, which is extremely important in preventing diarrhoea, is not widely practiced. Fifty-eight per cent of children’s stools are disposed of hygienically:

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315 Ibid.
42 per cent are buried in the yard and 10 per cent are disposed of in a toilet or latrine. Only 6 per cent of children under five use a toilet or latrine. Hygiene improvement is difficult in communities with low sanitation coverage, due to environmental pollution, faecal contamination and bad hygiene habits associated with widespread open defecation. Practicing household water treatment and safe storage of drinking water is also low. CDHS 2005 shows that 76 per cent of households boil water for drinking but field observations and discussions with community groups reveal that they do not do this consistently. Almost 20 per cent do not practice any type of treatment.

There have been many approaches and materials used, and apparently much duplication, as well as limited documentation or shared learning. Results of focus group discussions with communities reveal “laziness, being too used to practicing the old behaviour, wanting to save money from having to buy soap, having easy access to the field and forests for defecation” as inhibiting factors. Collaboration among responsible agencies in hygiene promotion, particularly MoH and MRD, both at the national and sub-national levels, has remained limited. In addition, there is little follow-up or monitoring of hygiene behaviour, and almost no impact assessment.

7.4 Water and sanitation in schools

Although there have been programmes to improve sanitation conditions in schools, few of them have the reliable water supply needed to flush toilets and wash hands. An insufficient number of toilets are available to accommodate boys and girls. For the most part, school toilets are found dirty, abandoned, and often even locked in order to prevent them from being used. In many cases where children are able to use latrines in schools, they must return to open defecation at home due to the lack of latrines. Open defecation is practiced by 78 per cent of rural households.

The 2007/2008 MoEYS school database indicates that about 24 per cent of schools throughout the country were without toilet facilities and 36 per cent without water supply. Field observations of school sanitation facilities made by the Centre for Development carried out in 2004 in 78 schools in four provinces (as part of a World Bank study) pointed out the following:

- A significant percentage of schools (nearly 18 per cent) had no sanitation facilities.
- Where school latrines exist, only 22 per cent were properly functioning or accessible.
- Faeces were observed on the school grounds at nearly 50 per cent of the schools visited.

Although hygiene is taught as part of the school curriculum, progress is seriously hindered by the lack of sanitation facilities at schools and homes. There is little evidence that the formal education on hygiene has been effective in changing children’s or communities’ behaviour, nor is the effort reaching all school-aged children. One study in Siem Reap points out that many of the poorest children (between 10 per cent and 25 per cent) were not attending primary school. Consequently, a significant number of children were not receiving the hygiene promotion messages provided at school. For many girls, the lack of facilities serves as

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a barrier to school attendance, particularly those of secondary school age. One 2005 study found that 11 out of 36 primary schools in two districts did not have toilets.

The Centre for Development study provides reasons for non-functioning school latrines, including:

- Flush toilet design when there is no water supply or the water point is too far away for easy access, or the well goes dry seasonally.
- Emptying of pits has not been done at many (or perhaps any) school latrines to date.
- There is usually very little or no participation by school management, students or communities in the design, construction or management of school latrines.
- There has been insufficient attention paid to building capacity at the schools to maintain and manage sanitation facilities.
- There is usually little follow-up from projects or local authorities after the facilities are built.

### 7.5 Arsenic contamination

In Cambodia, there has as yet been no comprehensive survey focusing on arsenic. UNICEF indicates that it is difficult to assess accurately the number of people who are at risk of contamination. Geological mapping and testing of tube well water for arsenic has identified a risk of arsenic contamination in an estimated 1,607 villages located in 49 districts of seven provinces (Kandal, Prey Veng, Kampong Cham, Kampong Chhnang, Kratie, Kampong Thom and peri-urban Phnom Penh). The total population of the seven provinces is approximately 2.25 million, of which about 25 per cent use or previously used tube well water as a source of drinking and cooking water. About 35 per cent of tube wells within this area were found to be contaminated with arsenic (above the current Cambodian National Standard of 50ppb), and approximately 136,000 people were drinking water from these contaminated wells. CDHS 2005 found that 45 per cent of the rural population utilizes unimproved sources of drinking water and about 36 per cent do not practice any type of treatment for drinking water. Combining the arsenic and bacteriologically exposed population, it is estimated that approximately 610,000 people living within arsenic-affected areas are regularly consuming unsafe, bacterially contaminated surface water.

MRD conducted a Knowledge, Attitudes and Practice (KAP) survey in 2006 in the seven ‘arsenic high-risk’ provinces of Kandal, Kampong Cham, Prey Veng, Kampong Chhnang, Kratie, Kampong Thom and peri-urban Phnom Penh to assess their level of awareness and knowledge of arsenic contamination. The survey found that:

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### Table 2: Sanitation sector targets

<table>
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<tr>
<th></th>
<th>2006 Status</th>
<th>2015 CMDG</th>
<th>2025 Vision</th>
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<tbody>
<tr>
<td>Rural population</td>
<td>11.2 million</td>
<td>12.6 million</td>
<td>15.0 million</td>
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<tr>
<td>Rural households (nr.)</td>
<td>2.23 million</td>
<td>2.50 million</td>
<td>3.00 million</td>
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<tr>
<td>Rural coverage/target</td>
<td>13%</td>
<td>30%</td>
<td>100%</td>
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<td>Rural latrines (nr.)</td>
<td>290,000</td>
<td>750,000</td>
<td>3,000,000</td>
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<tr>
<td>Required rural latrines</td>
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<td>460,000</td>
<td>2,710,000</td>
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<tr>
<td>Annual latrine provision</td>
<td>-</td>
<td>51,000</td>
<td>143,000</td>
</tr>
</tbody>
</table>

Source: 2006 SEILA Commune Database; 2005 RWSS-SIP (italics indicate projections)

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319 Ibid.

320 Ministry of Rural Development, 2006, KAP Survey Report
• Only 12 per cent of the 4,448 respondents (52.5 per cent female) were aware of arsenic.

• Kandal shows the highest level of arsenic awareness (16 per cent). Kandal is the province with the most extensive arsenic problems (almost 50 per cent testing so far shows an arsenic content above 50 ppb).

• Kampong Cham and Kampong Chhnang are the next most arsenic-aware provinces (almost 13 per cent).

• Phnom Penh (peri-urban) shows the lowest awareness level (practically 0 per cent).

• The survey results confirm that so far information dissemination has been limited. This is due to the fact that the scope of testing was still too limited and the Government has tried to be cautious so as not to create panic among communities.

The discovery of the first arsenicosis cases in 2006 has prompted a series of intensive information and education activities at community and national levels. UNICEF’s efforts to provide arsenic information and education among schools in the high-risk areas have been highlighted as commendable by the recent Evaluation Team of Arsenic Mitigation in Four Countries of the Greater Mekong Region (August 2008). It is expected that the next KAP survey on arsenic (scheduled for 2009) will show significantly higher levels of awareness compared to 2006.

Detection and management of arsenicosis

The Government has continued to try to address this issue including through:

• Development of Interim National Drinking Water Standard of 50 parts per billion arsenic in drinking water.

• Formation of the Arsenic Inter-ministerial Sub-Committee (AISC) to coordinate its response.

• Mass screening of wells in arsenic-affected areas by MRD, PDRD and NGOs coordinated by the AISC.

• Establishment and management of a national arsenic database.

• IEC campaigns by MRD/PDRD, MoEYS and NGOs to inform the population about arsenic contamination, alternative water sources etc.

• Provision of various alternative safe water sources.

• Identification of arsenicosis patients.


In 2003, MoH undertook a cross-sectional survey in Kien Svay (Kandal Province). A total of 1,470 randomly selected households from 12 villages were surveyed and a total of 7,817 people examined for skin lesions. However, no clinical manifestation was observed, although about 29 per cent of the tested tube wells were contaminated with arsenic greater than 50 parts per billion. In 2006, the MRD KAP survey coincidentally identified a number of people with suspected arsenicosis in Kandal province. Thereafter, the Prey Veng PDRD reported findings of similar cases during the testing and education programme. A total of 311 people in nine villages in Kandal and Prey Veng presented suspected arsenicosis symptoms, of which 135 were women and 56 were children. The cases in Kandal have subsequently been verified (Report on Detection, Confirmation and Management of Arsenicosis in Cambodia of 2006), but not those in Prey Veng. The common symptoms
identified with most of the patients were leukomelanosis (rain-drop pigmentation on skin) and nodular keratosis. These findings indicate an increased disease burden in the future and that a majority of the identified patients were at the initial stage of disease manifestation. Consequently, the immediate provision of safe drinking water for patients and the exposed population would reduce further exposure to the disease.

8. Key challenges for the health sector

Over the last decade, Cambodia has made enormous progress in improving the health status of its population and in the provision of health care services. Nevertheless, the health sector still faces major and persistent challenges, including those to health financing and service delivery, before it can overcome the inequities that keep some vulnerable groups from enjoying their right to health. Another challenge relates to governance and accountability, which calls for the MoH to become a policy, regulatory and oversight institution rather than functioning as a hierarchical administrator of health services. Measures are needed to reduce the inequities that exist specifically in access to and utilization of services between rural and urban areas and between the poorest and richest segments of the population.

8.1 Health financing

Although public spending in the health sector has doubled and aid funding grew by 50 per cent between 2003 and 2007, donor spending continues to exceed that of the Government, and out-of-pocket expenses still account for 65 per cent of total health expenditure. This means that many households must face excessive health care costs. Total per capita spending on health is US$39 and the health share of GDP is 8 per cent. While this is considered high in comparison to neighbouring countries such as Viet Nam, there are fewer achievements in health outcomes in Cambodia due to the inefficiency of the sector. Among these inefficiencies are fragmentation of donor support; skewed allocation towards HIV, TB and malaria; delayed execution of the government budget, resulting in low public sector service quality and reliance on user fees that impede access for the poor; low allocation to salaries and a low budget share reaching primary health centres at the sub-national level; and the very low availability of health professionals.

A major distinguishing feature of the health sector is the fact that health care is essentially unaffordable for a large percentage of the population, especially the poorest sectors. While the poor are more likely to fall ill due to their overall vulnerability, they are less able to afford the costs of medical treatment and quality services. There are direct and indirect costs associated with obtaining access to services. In other words, unofficial user fees are charged in public health facilities, which is a great disadvantage to the poor. Both public and private health services are expensive and paid for mainly by the patient. Both the CSES and CDHS national sample surveys carried out in 2004 and 2005 measured out-of-pocket spending on health. CSES estimated that this amounted to US$15.48 per capita per annum, and the CDHS estimate was higher at US$24.9. Health care is not affordable because of the low level of public financing of health services, which has been described as notably not pro-poor. Consequently, there

321 World Bank, undated draft, Options for Developing Effective, Equitable and Sustainable Health System, Cambodia Health Note, p.11

322 Ibid.

323 Ibid.

324 Cambodia Sharing Growth: Equity and Development in Cambodia, op cit., p. 102.
is a clear gap between the richer households, which spend more on health care compared to poorer households. Moreover, both poor and wealthy households seek the services of the private sector and end up paying considerable sums for health care.

More recently, MoH, with partner support, has supported innovative schemes to protect the poor from the costs of public sector user fees, such as health equity funds. Community-based health insurance is also being considered for scaling up, and the legal framework has been created to set up two schemes of compulsory social health insurance for the formal private sector and for civil servants. However, it has been noted that in order for these schemes to be sustainable, additional public health expenditure is required.

Illness and poverty are closely linked in Cambodia. This is because in many cases when a family member is facing a severe illness or requires expensive treatment, out-of-pocket expenses can cause families to sell an asset or borrow at high interest rates. Consequently, such ‘health shocks’ are the immediate cause of poor families falling deeper into poverty, and can push even middle-income households to the poverty level. However, it is reported that there is evidence of a significant decrease in household vulnerability against health shocks.\(^\text{325}\) According to the CDHS, between 2000 and 2005 the share of the population selling assets decreased significantly with an increasing percentage of the population paying for services from their wages. It is believed that this reflects an overall improved socio-economic situation and reduction of poverty, as well as the possible impact of health equity funds.

**8.2 Health service delivery**

The MoH has made important progress by implementing a health service coverage plan that consists of a nationwide network of public primary care health centres and posts. There is also a network of district, provincial/municipal and regional secondary care hospitals. However, weaknesses in the governance of the health system and issues associated with institutional capacity directly prevent the right to health being enjoyed by all children. One of the major impediments is the lack of human resources, particularly for achieving maternal and child health care goals. Meeting these goals will require increased staffing and better distribution of posts. After the Khmer Rouge period, Cambodia reportedly had fewer than 60 physicians. Since then, the Government has been rebuilding its health workforce so that currently there is one doctor, nurse or midwife per 1,000 population. This is considered insufficient in light of the 2.5/1,000 ratio recommended by WHO’s Joint Learning Initiative in order to achieve goals for skilled attendance of childbirth. Moreover, the poor distribution of health service providers, particularly midwives, is one of the underlying causes of the continuing high incidences of infant and maternal mortality.\(^\text{326}\) Another specific constraint is motivating health care staff to provide 24-hour services and to work in remote locations that are underserved.

The health sector does not have adequate capacity to provide much-needed health services to poor or lower income groups. This often results in people self-medicating instead of seeking treatment from a professional or trained health care provider and resorting to pharmacies, drug sellers and traditional healers. UNFPA points

\(^{325}\) Options for Developing Effective, Equitable and Sustainable Health System, op cit., p.49.

\(^{326}\) Ibid, p.84.
out that many people are being provided medication by individuals who are not sufficiently familiar with “reproductive health problems, correct drug usage and correct clinical protocols”. It concludes that these practices cause “high out-of-pocket health expenditures, continuing ill-health, debt and increased poverty.”

Concern over the lack of skilled staff or drugs is expressed by population groups at all economic levels. Cambodia has faced having to rebuild a network of health facilities to provide access to a population that is primarily rural. Currently, not all children in Cambodia have access to health services and those born to poorer households clearly receive less preventive care before they are born and after their birth. The distance of the household to the health centre is an immediate and important impediment to their effective utilization, with many households not located conveniently near to a town or village centre. Moreover, many basic health services are simply out of reach due to the difficulty in accessing transportation to health centres and hospitals. Again, it is the poor who are the most vulnerable and excluded, particularly those in remote locations. A related issue is the lack of road infrastructure and public transport systems. Continued improvements in these areas will have important implications for placing health facilities and health personnel in the more remote areas to ‘reach the unreached’ segments of the population.

8.3 Governance and accountability

MoH is facing a number of new challenges, including the Government’s move to decentralize the responsibility of health services and to increase the autonomy of health care providers, and the growing involvement of the private and NGO sectors.
sector. These developments call for new approaches, institutions and systems, as well as new skills in MoH, such as the provision of strategic leadership and guidance. Consequently, certain functions need to be systematically strengthened, such as regulation and enforcement, quality assurance mechanisms for accreditation and licensing, and monitoring and contracting.331

It is reported that the Ministry plans to move from an integrated model of service delivery management and financing to an approach whereby it assumes responsibility for policy development and strategy formulation, guides high-level resource allocation, strengthens its regulatory and enforcement roles, develops ways of exercising leadership and is engaged with lower levels of government on national health priorities.332

9. Causality analysis – children’s right to life and health

This section identifies a mix of factors that may be considered immediate, underlying and root causes preventing the right to life and health from being realized by all children in Cambodia. They include the immediate medical causes of infant and child deaths; the economic, institutional and capacity constraints associated with the health sector; and behavioural and background factors preventing disadvantaged children and women from exercising their right to health, particularly the low level of education and economic status of mothers. The root causes are mainly attributed to poverty, harmful traditions and persistent patterns of gender inequality.

**Medical causes of infant and child deaths:**
The immediate medical causes of neonatal deaths are infection; asphyxia; prematurity; congenital abnormalities; low birthweight; ARI; and diarrhoea and under-nutrition. Injuries and accidents are also leading causes of death, for example, from drowning and road traffic accidents, falls and mine/UXO accidents.

**Health service delivery constraints:**
Underlying causes of infant and child mortality include the limited availability, accessibility and quality of maternal, newborn and child health services. This

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331 Options for Developing Effective, Equitable and Sustainable Health System, op cit., p.12.
332 Information provided by UNICEF Cambodia, 2008.
is due to shortages of staff, particularly midwives, inadequate equipment, drugs and supplies, and inadequate infrastructure.

**Economic constraints:** Health care costs prevent many families from seeking health care services. Cambodian households continue to experience excessive health care costs from out-of-pocket spending for health care that are a great burden for the poor. In order to cover their health care costs, many people with serious illness have had to rely on the sale of assets or borrowing at high interest rates, which subsequently pushes many families into poverty. Basic health services are simply out of reach to many families because of the distance to health centres and the difficulty of paying for transportation to health care providers. In this context, a major barrier is the lack of road infrastructure and transport systems.

**Institutional constraints:** A major underlying impediment to health care is the lack of human resources necessary to achieve maternal and child health care goals. This includes insufficient skilled human resources, particularly personnel with obstetrics skills to prevent maternal and child deaths; poor and uneven distribution of health personnel and resources, which are mainly concentrated in cities; low productivity and motivation of staff in most of the public sector; the lack of public services at village level; and the poor (although improving) connectivity to many rural villages. The lack of doctors, nurses and midwives is exacerbated by extremely low remuneration in the public sector. Remuneration of government health staff is regarded as low in relation to the poverty level and as a share of the health budget. The low salaries are believed to directly influence the low level of capacity and motivation of health staff and the user fee income that they rely on to supplement their meagre incomes. Another underlying cause that hinders the enjoyment of the right to health is the low quality of health care provision, which is also reflected by the poor attitudes and practices of health staff and the low utilization of public health facilities. Related to this is the inequity between rural and urban areas and inequities in the distribution and utilization of services between the poorest and richest segments of the population.

Institutional constraints may be caused by a lack of political will, which in turn may be one of the underlying causes that prevent further progress in a particular health area. For example, with regard to ensuring water and sanitation, although the Government has committed to meeting the CMDGs, there appears to be little political will to make it happen, and the RWSS Sector does not have the institutional capacity nor the financial resources to achieve the set targets. It has been pointed out that in the Rectangular Strategy, neither water supply nor sanitation are regarded as top priorities, with domestic water supply listed after water for agriculture.

**Low educational level and economic status of mothers:** Given that women’s education is a major determinant of child and maternal health outcomes, the low level of education of a large percentage of women is one of the root causes of the high infant and maternal mortality rates. This is further exacerbated by the overall low levels of women’s participation and aspects of gender inequity within society. Data shows that children born to mothers with no education have an almost three times higher risk of dying before the age of six than those born to mothers with secondary or higher education. This factor

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333 Options for Developing Effective, Equitable and Sustainable Health System, op cit., p.47.
334 Ibid, p.68.
335 Ibid, p. 88.
is also associated with malnutrition and the utilization of key health services, with only 50 per cent of women with no education receiving antenatal care compared to almost 95 per cent of women with secondary and higher education. Children born to mothers in the poorest quintile are three times more likely to die than those whose mothers belong to the wealthiest quintile.

Poverty: Poor families have less access to health care services and are not able to incur the costs of health care, including medicines and transportation. The poor are clearly the most vulnerable and disadvantaged because they account for a large percentage of the population that lacks access to water and sanitation. It has been estimated that as many as 4.3 million people living in rural areas do not have an adequate safe water supply and another 7.7 million people defecate indiscriminately because they do not have a safe way to dispose of their excreta. The poor are not ensured access to fundamental information that may help families with adolescents or children with disabilities to access family planning services, for example. Child injuries can be expensive, given the need for hospitalization and medicines, and can often result in permanent disability for injured children from poor families that are unable to meet the expense involved.

Harmful traditional practices and behaviour change: Other root causes that prevent the right to health from being fulfilled include harmful traditional practices during childbirth, such as using unclean scissors and a bamboo stick to cut the umbilical cord, and food taboos that are detrimental to maternal and child health. The use of latrines is one of the key indicators of safe hygiene practices and it is very low in Cambodia.

Therefore, a strategy for sanitation and hygiene behaviour change is needed.

10. Duty-bearers’ roles, responsibilities and capacity gaps

The State, through its agents, is the principal duty-bearer responsible for fulfilling the child’s right to life and health. This includes all the pertinent authorities representing the commune, district, provincial and central government, such as members of the National Assembly and line ministries, who have the responsibility for creating the broad normative and institutional contexts for the enjoyment of the right to health as recognized in the CRC and national laws. Beyond this, parents, midwives, nurses, doctors and all other health care providers also have duties and responsibilities with regard to ensuring the well-being of children.

In carrying out this part of the analysis, it is important to recognize that some of the duty-bearers are also rights-holders, whose own rights may remain unfulfilled, which can prevent them from fulfilling their duties to the child. For example, the limited salary health care workers receive may be an impediment to performing their professional duties competently and efficiently.

The next step of the analysis is to assess, as far as possible, the nature of the existing capacity gaps that prevent many duty-bearers from fulfilling their duties and obligations. An in-depth assessment of the capacities of all the pertinent duty-bearers, individuals and institutions to adequately perform their respective roles and functions is beyond the scope of this situation analysis. The intention, therefore, is simply
to highlight some of the key capacity gaps in general terms based on a review of existing literature and interviews with a wide range of government representatives, UN partners and other professionals working in the health area.

Assessing capacity requires examining the following elements (and others) that are considered essential for adequately performing duties and functions, including setting and achieving goals and objectives and solving problems:

1. Authority to act and knowledge of mandate, stated duties and responsibilities.
2. Professional and other necessary capacities (e.g. good parenting, communication, coordination skills).
3. Knowledge of rights and duties and motivation to perform duties accordingly.
4. Access to facilities to perform duties and access and control over available financial and human resources.

**Authority to act and knowledge of mandate, stated duties and responsibilities**

This issue is important when it comes to addressing accountability. The first duty-bearer responsible for providing nearly all public sector health services is the MoH. It is organized as a national network under the direct vertical management of the Ministry at central level, the 24 provincial health departments (PHDs), municipal health departments (MHDs) and 77 operational districts (ODs). There are numerous departments with responsibilities related to child survival and health. In addition to the MoH, there are other key duty-bearers at the state, central and local level that have roles and responsibilities that affect the health sector, which call for an understanding of their functions in order to address accountability and to identify capacity needs and gaps. They include MRD, which has primary responsibility for rural water supply and sanitation; MoEYS; the Council of Ministers, with responsibility for developing policies and laws; the Ministry of Economics and Finance (MoEF); and governors and commune councils. NGOs have also become major actors in health service delivery.

The MoH has the mandate and authority to play a leading role in the management of the public health care system. At the central level, staff are aware of their duties and responsibilities regarding the numerous policies, laws and strategies that have been established over the last decade. However, the fact that Cambodia has a diverse health sector comprising government, not-for-profit NGOs and the private sector, poses additional challenges not only to planning, training, recruitment and deployment of staff, but also in relation to overall accountability. For example, currently there is concern regarding the small amount of regulation and control over private health service providers.

Notwithstanding the number of actors with roles and responsibilities, the key-duty bearer is the State, which must take appropriate measures to fulfil its obligations and to ensure that all pertinent duty-bearers carry out their stated mandate in accordance with norms and standards as per international and national laws. In this regard, it has been observed that many of the staff at the provincial level, for example, are less clear about their authority, duties and responsibilities, which often leads to a lack of accountability on their part. This may be attributed to the lack of sufficient communication and coordination within

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338 Options for Developing Effective, Equitable and Sustainable Health System, op cit., p. 68.

the health sector and a shortage of staff. A recent positive development is that communication between the Commune Councils and health centres are improving due to their monthly meetings. It has been noted that the overarching challenge for the MoH at the central level is to become a policy, regulatory and oversight institution rather than a hierarchical administration of health services.340

Professional and other necessary capacities

One of the major constraints in the delivery of health services is limited human resources and an inadequate capacity of health care professionals to carry out their roles and responsibilities. Human resource constraints are possibly the most serious impediments to the achievement of CMDGs that aim for the reduction of infant and maternal mortality, especially in rural and remote areas.341 It is reported that there is limited capacity within the health sector for planning, budgeting and monitoring. However, the single most important human resource issue relates to the dire need for more skilled midwives in rural areas. Until 2002, there was a six-year gap in the training of midwives, and currently there is an estimated shortage of almost 1,300 midwives. According to UNICEF, recent progress has been made in improving the status and remuneration of midwives, with 85 new civil service Secondary Midwife positions created and a new pre-service curriculum for Secondary Midwives established.

Nevertheless, these measures alone are insufficient to increase the number of midwives, considering that 60 of the 85 newly created positions remain unfilled and only 23 students are in training. There are two major barriers to increasing the number of midwives – training costs (direct and indirect), and the fact that very few rural women meet the Secondary Midwife course requirement of a Grade 12 education. In 2005, only 3.7 per cent of women aged 20 to 4 had a Grade 12 qualification.342

All recruitment and deployment of government health staff is carried out by the MoH. The Human Resource Department oversees training, which is ‘in-service’ training. It has been pointed out that training facilities are equipped to teach theory, but insufficient to teach practical skills. A positive development is the recent investment of significant resources for in-service training to improve the competencies and skills of existing staff.343

Another important issue is the poor distribution of available health professionals. For example, there is a high concentration of skilled professionals in Phnom Penh, which has 9.5 per cent of the population but 52 per cent of MoH doctors.344 Similarly in the provinces, staff are mainly concentrated in the provincial capitals, with many unfilled posts in ODs and health centres. In addition, there are unresolved issues associated with the competencies and capacities of health care staff, such as staff motivation, which affects the quality of performance. It has been noted that low wages have served as a major barrier to improving human resource management and performance in the public sector.345 A 2004 survey indicates that almost 80 per cent of public sector doctors have at least one source of private income.346

Parents are also duty-bearers and should be considered in their dual role as rights-holders who may lack capacity to claim their rights, as well as those of their children. Parents are expected to possess good parenting skills as duty-bearers with a responsibility to ensure their children’s right to life and health. Their...
responsibilities begin with the duty to ensure that a child is registered immediately after birth, that he/she is immunized, provided with good nutrition, protected from injuries and hazards, protected through good hygiene practices, and more. The evidence shows that many parents in Cambodia are unable to fulfil their parenting duties due to their own shortcomings, often caused by their level of poverty, vulnerability and exclusion. For example, the low level of education of mothers plays a significant role in children’s chances of survival and overall well-being. According to the CRC, the State shall render appropriate assistance to parents in the performance of their child-rearing responsibilities (Article 18).

Knowledge of rights and duties and motivation to perform duties

From the existing literature and interviews conducted with key informants for the preparation of this situation analysis, it is evident that most duty-bearers do not understand their rights and duties with regard to the realization of the child’s right to health. Within the health sector, beyond a general obligation assumed at the professional level by doctors and nurses, there is low awareness of the CRC and of the notion of children having rights. There is a common perception, however, that health staff often lack the motivation to assume their duties, which is believed to be largely due to their low salaries, lack of competencies and being unaware of their responsibilities. Likewise, there is no evidence that demonstrates any awareness by parents of their duties beyond a moral obligation to care for their children.

Another example that illustrates how some duty-bearers are either unaware of their important role in protecting children or lack motivation to act, relates to prevention of mine/UXO accidents. Reasons for failing to protect children may include new teachers who do not possess sufficient experience and skills in MRE; experienced teachers who may be new to the teaching materials; and teaching materials not always being handed over when there is a change of teaching staff.

The Health Strategic Plan 2008-2015 aims to reinforce health legislation, professional ethics and codes of conduct, and to strengthen regulatory mechanisms with a view to protecting consumers’ rights and health. It also states that it will promote quality of life and healthy lifestyles among the population by raising health awareness and creating supportive environments, through measures including strengthening institutional structures, financial and human resources, and IEC materials for health promotion, behaviour change communication and appropriate health-seeking practices.

Access to facilities to perform duties and access and control over available financial and human resources

A major constraint for duty-bearers is the lack of facilities to carry out their responsibilities, which is directly related to limited financial and human resources to support the social services. At the same time, the poor cannot afford health expenditure and have limited recourse in claiming their entitlement to health. Significant improvements in road infrastructure have provided easier access to health centres and referral services. A number of new health centres and health posts have been added and some upgraded. Yet despite some important progress, public health service utilization continues to be lower than that required to achieve good health outcomes. There are also regional imbalances in health service utilization and
between urban and rural areas. The end result is low coverage and quality of services and low demand for what is described as dysfunctional health services. Many health centres lack electricity, have problems with water supply, lack hygiene and lack adequate space for deliveries.

Health financing in Cambodia depends on a high level of out-of-pocket expenditure per capita per year. These payments are principally made to private providers and only one third is spent on public health services. Indirect costs represent a large share of out-of-pocket expenditure. The Health Strategic Plan 2008-2015 states that a large proportion of Cambodia’s health expenditure comes from private households. In 2000, Health Equity Funds were introduced as a financing mechanism to improve financial access for the poor and serve as a form of health care subsidy. Their principal aim is to “promote the use of priority public health services among the poorest by lowering the financial barriers to access.” According to the Health Strategic Plan, in comparison with the budget of 2003, the government recurrent budget increased by 67 per cent in 2007. The increase was driven by increases in public spending as a whole. It further states that allocations are mostly based on need, with poorer provinces receiving higher per capita allocations. Nevertheless, it also points out that a “relatively low share actually reaches the facilities, partly because of management constraints”. It further suggests that “trends in the direction of devolved budget control and management and increased allocation of resources to provinces would strengthen the pro-poor direction of health financing”. Finally, the changing aid environment, and decentralization and deconcentration are expected to have an important and positive effect on the health sector’s management of available resources.

Source: Ridya

349 Ibid.
Chapter 4

THE CHILD’S RIGHT TO EDUCATION
The child’s right to education

Introduction

This chapter is guided by Article 28 of the CRC, which recognizes education as a fundamental right and stresses that its achievement is to be ensured progressively and on the basis of equal opportunity. The CRC recognizes that education is costly and not all states are able to immediately fulfil their obligations by guaranteeing all education needs. Thus, this right is expected to be realized in a progressive manner. The progressive realization of the right to education has been recognized in Article 68 of Cambodia’s 1993 Constitution, which guarantees that the “State shall provide primary and secondary education to all citizens in public schools” and in the Law on Education, Article 31, which stipulates: “The Ministry in charge of Education shall gradually prepare policies and strategic plans to ensure that all citizens obtain quality education.”351 The State is obligated to provide the core minimum to be in compliance with the CRC standard, namely free, compulsory primary education for all, and different forms of education and vocational guidance “available and accessible” to all. In addition, higher education must be accessible “on the basis of capacity”. In other words, the State must take measures to provide these services in a progressive manner in order to ensure the fulfilment of the right to education.

Article 28 of the CRC further recognizes the obligation of the State to take measures to reduce school dropout rates and to ensure that school discipline is administered in a manner that respects the dignity and rights of children. Moreover, the

351 Royal Government of Cambodia, 2007, Law on Education enacted by the National Assembly on 19 October 2007, unofficial translation.
critical role of international cooperation is essential to the fulfilment of this right.

While education is both a human right in itself and an indispensable means of realizing other human rights, it also depends upon the realization of other rights including the right to health, information, clean water and privacy. This means that schools must have adequate latrine and clean water facilities and some level of privacy that is acceptable to girls, particularly in light of local traditions. Article 29 of the CRC provides an important guiding reference for this situation analysis by stipulating that the fundamental purpose of education should be directed to developing children’s full potential, thereby preparing them for a responsible life in a free society, and to promoting values that are based on respect for all others and for the natural environment. A close link is therefore established between the child’s enjoyment of human rights and a healthy environment. These values are to be reflected in the content of education and in teaching methods. Article 29 emphasizes the importance of a child-centred approach to education that aims to contribute to the development of children’s abilities to their fullest potential. The concept of child-friendly schools is based on this approach and was inspired by the CRC.

In examining to what extent all children in Cambodia are able to enjoy their right to education fully, it is necessary to assess the progress achieved and the remaining obstacles for its fulfilment. In guaranteeing this right to all children within their jurisdiction, governments in developing countries must also combat poverty, discrimination and the exclusion of some sectors of the population that serve as persistent barriers to ensuring access to education on the basis of equal opportunity. In light of these barriers and with a view to achieving universal education, States have been advised to abolish school fees to make primary education free; provide grants and scholarships for excluded children; offer better opportunities for children with disabilities; provide incentives and community-based programmes to free children from child labour; and expand and develop early childhood programmes.

This chapter applies a conceptual framework for the rights-based approach to education, developed by UNESCO and UNICEF, which focuses on three interrelated and interdependent principles that are the basis of this human right:\textsuperscript{352}

\textit{The right of access to education} – the right of every child to education on the basis of equality of opportunity and without discrimination on any grounds. To achieve this goal, education must be available for, accessible to and inclusive of all children.

\textit{The right to good quality education} – the right of all children to good quality education enables them to fulfil their potential, realize opportunities for employment and develop life skills. To achieve this goal, education needs to be child-centred, relevant and embrace a broad curriculum, and be appropriately resourced and monitored.

\textit{The right to respect within the learning environment} – the right of all children to respect for their inherent dignity and to have their universal human rights respected within the education system. To achieve this goal, education must be provided in a way that is consistent with human rights, including equal respect for every child, opportunities for meaningful participation, freedom from all forms of violence, and respect for language, culture and religion.

\textsuperscript{352} UNESCO and UNICEF, 2007, A Human Rights-Based Approach to Education for All, p.4.
The Convention on the Rights of the Child and 1993 Constitution of the Kingdom of Cambodia recognize the following rights, which are the most relevant to this chapter:

**The CRC**

Article 2: The child’s right to non-discrimination

Article 12: The child’s right to express views freely and to be given the opportunity to be heard

Article 13: The child’s right to freedom of expression and to receive information

Article 23: The rights of the child with disabilities

Article 28: The child’s right to education

Article 29: The purpose of education

Article 30: The right to enjoy own culture, religion and language

**The Constitution of the Kingdom of Cambodia**

Article 65
The State shall protect and upgrade citizens’ rights to quality education at all levels and shall take necessary steps for quality education to reach all citizens. The State shall respect physical education and sports for the welfare of all Khmer citizens.

Article 66
The State shall establish a comprehensive and standardized education system throughout the country that shall guarantee the principles of educational freedom and equality to ensure that all citizens have equal opportunity to earn a living.

Article 67
The State shall adopt an educational program according to the principle of modern pedagogy including technology and foreign languages. The State shall control public and private schools and classrooms at all levels.

Article 68
The State shall provide primary and secondary education to all citizens in public schools. The State shall disseminate and develop the Pali schools and the Buddhist Institutes.
Overview and national response to the right to education

Major achievements in education

The education sector in Cambodia has been described as having among the lowest educational attainment indicators in the world. A World Bank study compared education indicators in the region and only Lao PDR had higher rates of illiteracy and only China had a larger share of uneducated adult population. Over the last 15 years, there have been significant steps towards improving the education sector in Cambodia through the adoption of laws, policies, strategic plans and programmes. A number of achievements in education outcomes have been noted and are highlighted below, which is evidence that more children are now enjoying their right to education.

The legal framework that recognizes the right to education is provided in the 1993 Constitution and the Law on Education promulgated in 2007. The Constitution provides that the State has an obligation to provide primary and secondary schooling. The constitutional guarantee is only granted “to all citizens”, meaning that children without Cambodian citizenship are not treated equally by this supreme law. Similarly, the Law on Education stipulates that “every citizen has the right to access quality education of at least nine years in public schools free of charge”. The law aims to provide the legislative and regulatory framework on delivery and quality assurance of education services at all levels.

An important step taken by the Government is its focus on improving the quality of education by making it the third pillar of the Rectangular Strategy and a key component for socio-economic development. The second CMDG seeks to achieve universal nine-year basic education with three targets: 1) ensuring all children complete primary schooling by 2010 and basic schooling by 2015; 2) eliminating gender inequality in nine-year basic education by 2010; and, 3) significantly reducing gender inequality and disparity between urban and rural areas in upper secondary education and tertiary education. Progress is underway towards the achievement of universal primary education. However, challenges still remain in the area of student retention and completion rates. Gender inequality in education is also diminishing at all levels.

The NSDP views the education sector as one of the success stories in Cambodia’s socio-economic progress and an essential area for Cambodia’s development. The Government adopted the Education for All National Plan for 2003-2015 (EFA Plan), which aims to ensure that all children and youths have equal access to formal and informal education, independent of economic status, gender, geography, physical disability and ethnicity. The EFA Plan also incorporates the CMDGs and strives to ensure all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities will have access to free and compulsory education of good quality. The Education Strategic Plan 2006-2010 (ESP) has been adopted and introduces a number of important revisions in the performance monitoring framework to include indicators of access to informal training, quality and efficiency of re-entry programmes, teacher merit deployment, student learning performance and institutional development.
emphasize achieving universal access to nine years of high quality basic education by 2015 and promoting equity in educational opportunities as a means to foster income generation and job creation. In addition, the Gender Mainstreaming Strategy Plan in Education for 2006-2010 addresses the issue of building national capacity to promote gender mainstreaming and gender equality in girls’ education.

The MoEYS issued its first ‘Policy on Early Childhood Education’ in 2000, which constitutes the first step towards a national Early Childhood Care and Education Programme (ECCE). A National Inter-Ministerial ECCD Policy was drafted in 2008 that focuses on the periods from conception to the age of primary school entry, which is technically age six. The ESP also supports early childhood development. The target is to have 50 per cent of children attending pre-school before entering primary education by 2010. Since late 2004, some 261 communes, with the support of the MoEYS, MoWA and MoI, have initiated the Early Childhood Development services. In addition, the MoEYS has adopted a rolling Education Sector Support Program 2006-2010 (ESSP), which identifies specific areas for action. The ESSP is set within the framework of Cambodia’s National Poverty Reduction Strategy and the NSDP.358

The MoEYS’s Child-Friendly School Policy and Master Plan (2007) has established a policy for developing a broad Child-Friendly School (CFS) Programme in basic education for all Cambodian schools. Its aims are:359

- Implementing the rights of the child, which are universally recognized.
- Strengthening the quality and effectiveness of basic education.
- Applying successfully a decentralization system.
- Achieving the MDGs, the targets of the National Plan for Education for All and the ESP.
- The ESP indicates that MoEYS aims to expand the coverage of CFS to 70 per cent of primary schools in the country by 2010.

The Policy on Education for Children with Disabilities was issued in 2008 by MoEYS and is aligned with the six dimensions of the CFS framework. One of the aims of the policy is to provide quality education, life skills or vocational training to children and youths with disabilities equitably and effectively. In response to the need to collect accurate data on children with disabilities, MoEYS has started to maintain statistics through the Education Management Information System (EMIS).

MoEYS has also set the goal of achieving Education for All (EFA) by adopting the concept of ‘inclusive education’ as a central tenet of its approach in the ESP. Inclusive education is more than inclusive schooling; it is a strategy for the child’s overall development. The priority is to ensure that poor and other vulnerable and under-served groups fall within the framework of inclusive schooling and training. It is reported that MoEYS has taken steps by setting the goal of reaching out to disadvantaged groups including children with disabilities. MoEYS is also addressing inclusive education through the CFS Programme.

In addition to formulating policies and strategic plans, there have been notable

Chapter IV. The Child’s Right to Education

Key policies, plans, programmes and regulations issued for the education sector

- The Law on Education promulgated in 2007
- Education For All National Plan for 2003-2015
- Education Strategic Plan 2006-2010
- Education Sector Support Programme 2006-2010
- Child-Friendly School Policy issued in 2008
- National Inter-Ministerial Early Childhood Care and Development Policy drafted in 2008
- Life Skills Education Policy issued in 2006
- Policy for Curriculum Development 2005-2009 issued in 2004
- New Basic Education Curriculum (Grades 1-9) issued in 2006
- Curriculum Standards for Grades 3, 6 and 9 issued in 2006
- The Gender Mainstreaming Strategic Plan in Education issued in 2006
- Sub-Decree on the Teacher Professional Code issued in 2008
- Teacher Standards for Basic Education drafted in 2006
- Early Learning Development Standards (ELDS) adopted and incorporated into the curriculum for the age of 5 years in 2007 and ELDS drafted for the ages of 3-4 years in 2008

achievements in the area of education towards attaining the EFA goal:360

- The number of schools, classes, students and teachers increased significantly at both primary and lower secondary levels.
- The introduction of the Priority Action Programme (PAP) increased admission rates, enrolment rates, and transition rates from primary to lower secondary school.
- The School Readiness Programme was found effective in reducing repetition and drop out rates and increasing promotion rates and school attendance in Grade one.
- The CFS programme improved the quality of education, effectiveness of teaching and classroom environment.
- The breakfast programme improved enrolment and attendance.
- The Inclusive Education Programme increased attendance of children with disabilities.
- The multi-grade teaching and accelerated learning programme improved the promotion rate to Grade six in remote areas.
- The bilingual education programme helped increase enrolment of ethnic minority children.

It should be emphasized that more children and girls from the poorest households have been completing primary schooling and gender gaps in literacy have been sharply decreasing. Most importantly, there have been significant improvements in the education infrastructure as highlighted in table 3.361

360 Education for All Mid-Decade Assessment 2005, op cit., p. 104.
Chapter IV. The Child’s Right to Education

Table 3: Improvements in education infrastructure

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Districts w/out Lower</td>
<td>32</td>
<td>2</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary School</td>
<td>17%</td>
<td>1%</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Districts w/out Upper</td>
<td>81</td>
<td>24</td>
</tr>
<tr>
<td>Secondary School</td>
<td>44%</td>
<td>13%</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Facilities: schools with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinkable water</td>
<td>30%</td>
<td>61%</td>
</tr>
<tr>
<td>Latrine</td>
<td>31%</td>
<td>72%</td>
</tr>
<tr>
<td>c. Teachers’ perceptions of change in school conditions over the last 5 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary</td>
<td>Secondary</td>
</tr>
<tr>
<td></td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td>Improved</td>
<td>72%</td>
<td>65%</td>
</tr>
<tr>
<td>Stayed the Same</td>
<td>18%</td>
<td>26%</td>
</tr>
<tr>
<td>Deteriorated</td>
<td>10%</td>
<td>9%</td>
</tr>
</tbody>
</table>


Reports reveal that a focus on primary education has improved primary school enrolment rates and there are signs of diminishing gender disparity. In the school year 2007/2008, the overall net primary enrolment rate was 93.3 per cent (93.2 per cent boys and 93.3 girls). Thus, the gender gap in primary education has narrowed from 7.7 per cent in 1999/2000 to -0.1 per cent in 2007/2008.\(^\text{362}\) The graph below shows the improvement in the gender gap among children aged 6-14 years between 2000 and 2005.\(^\text{363}\)

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\(^{362}\) UNICEF, 2008, Cambodia Country Profile.

According to one study, several key factors have contributed to the progress achieved in education over the last decade, including the construction or upgrading of school buildings; rising standards of living, meaning that more families can send their children to school; and the abolition of enrolment fees during the period 2000/2001. The rise in public expenditure has produced more schools and more trained primary teachers (an increase of 12 per cent—from 42,000 to 47,000—between 1999/2000 and 2002/2003), and has decreased the direct costs for families. Achievements in recent years can be largely attributed to the development and implementation of a strategic framework combined with a significant increase in public expenditure.

Investment in education

The Government has placed greater emphasis on the education sector with significant increases in both the absolute amount and percentage share of the total government budget directed to education. Government spending, measured by the percentage of GDP, doubled from 0.9 per cent in 1999 to 2.1 per cent in 2004. In 2007, public expenditure on education was lower, at 1.6 per cent of GDP and public expenditure per student at primary level through the PAP was US $147 in 2004. Government spending is still lower in comparison to other countries in the region. For example, in 2006 Indonesia allocated 3.6 per cent to the education sector and Thailand 4.3 per cent of its GDP (17.2 per cent of public expenditure in Indonesia and 25 per cent in Thailand). In 2008, the Cambodian Government recurrent expenditure share in education had risen to 18.1 per cent, from 15.7 per cent in 2001. Another positive development is that while donor assistance remains a major part of total public education spending, it does not exceed Government education spending as it did before in 1999.

Overall, the trends in public expenditure on education have been described as “pro-poor in nature.” According to a World Bank study, in the 1990s the proportion of government budget allocated to education was very low by international standards at between only 8.4 per cent and 9.6 per cent of total government spending. However, an increase of the government share in total expenditure from 21 per cent in 1997 to 50 per cent in 2002 was evidence of “greater public commitment to education.” The study indicates that during this period the parental burden of the costs, while still high, decreased from 37 per cent to 34 per cent and that the share of external funding also fell significantly from 41 per cent to 16 per cent. There was also a favourable change in recurrent spending vis-à-vis capital expenditures from 58 per cent to 84 per cent. In addition, basic education received between 80 per cent and 84 per cent of the Government’s recurrent expenditure annually in education.

As shown in table 4, the PAP and Programme-based Budget (PAP/PB) expenditure level against the planned budget improved more than fourfold between 2003 and 2006, indicating the increased financial capacity of MoEYS. While delays in the disbursement of the PAP budget continue to be an issue, with significant amounts carried over to the following fiscal year, the PAP expenditure rate has shown a
Table 4: Government of Cambodia investment in education, 2001-2008

<table>
<thead>
<tr>
<th>Fiscal Year (FY)</th>
<th>Education Sector Recurrent Budget* (Billion Riels)</th>
<th>Education Share of Total Government Recurrent Budget (%)</th>
<th>PAP/PB Approved Budget (Billion Riels)</th>
<th>PAP/PB Share of Education Recurrent Budget (%)</th>
<th>PAP/PB Expenditure Rate, at the End of Fiscal Year (%)</th>
<th>PAP/PB Expenditure Rate, of Planned Budget** (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>223.5</td>
<td>15.7</td>
<td>28.3</td>
<td>12.7</td>
<td>60.8</td>
<td>n/a</td>
</tr>
<tr>
<td>2002</td>
<td>286.2</td>
<td>18.2</td>
<td>75.1</td>
<td>26.2</td>
<td>30.5</td>
<td>87.9</td>
</tr>
<tr>
<td>2003</td>
<td>323.0</td>
<td>18.3</td>
<td>77.0</td>
<td>23.8</td>
<td>16.8</td>
<td>93.9</td>
</tr>
<tr>
<td>2004</td>
<td>368.7</td>
<td>19.5</td>
<td>87.7</td>
<td>23.8</td>
<td>15.2</td>
<td>83.9</td>
</tr>
<tr>
<td>2005</td>
<td>366.8</td>
<td>18.5</td>
<td>86.7</td>
<td>23.7</td>
<td>59.4</td>
<td>86.7</td>
</tr>
<tr>
<td>2006</td>
<td>442.0</td>
<td>18.3</td>
<td>116.5</td>
<td>26.4</td>
<td>72.8</td>
<td>91.0</td>
</tr>
<tr>
<td>2007</td>
<td>546.0</td>
<td>19.2</td>
<td>125.9</td>
<td>23.1</td>
<td>22.6</td>
<td>62.1</td>
</tr>
<tr>
<td>2008</td>
<td>622.0</td>
<td>18.1</td>
<td>126.3</td>
<td>20.3</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Source: MoEYS

* Recurrent Budget includes PAP/PB (Priority Programmes supported by Government and development partners) and Non-PAP/PB (salaries and wages, administration costs and small repairs, social and cultural intervention budget)

** Allowing for budget to be carried forward into the next fiscal year

significant improvement from 17 per cent in 2003 to 73 per cent in 2006. In 2007, a new budget procedure, Programme-Based Budgeting (PB or PBB), started as part of Public Financial Management reform, replacing PAP. Due to the substantial preparatory work required for PB implementation in both the MoEF and MoEYS, the actual cash release was delayed in 2007. The substantial changes in PB reporting and liquidation requirements also impeded timely expenditure of funds at all levels. Under the PB procedure, unlike the former PAP scheme, unspent balances of recurrent funds cannot be carried over to the following fiscal year. MoEF, however, extended the deadline for 2007 PB expenditure until the end of January 2008. As a result, the 2007 PB expenditure rate was 62 per cent, representing a 10 per cent drop from that of PAP in 2006. Government and multi-development partners efforts – at all levels and across ministries – are in place, to clarify and simplify PB procedures for improved effectiveness in budget utilization. The PAP/PB share of the education recurrent budget decreased in 2007 and 2008 mainly due to significant increases (16 per cent to 17 per cent per annum) in the wage bill component of the budget.371

**Key challenges in education**

The Government identified the following key areas as the main challenges to achieving EFA:372

- School enrolment still low among disadvantaged population groups.
- High repetition rate at primary level, especially at lower grades.
- High dropout rate at upper primary and lower secondary levels.
- Lack of qualified teachers leads to poor quality of education, especially in remote areas.

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372 Education for All Mid-Decade Assessment 2005, op cit.
373 Committee on the Rights of the Child to Cambodia, 28 June 2000, Concluding Observations of the Committee on the Rights of the Child to Cambodia, CRC/C/15/Add.128.
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- Lack of classrooms and school buildings in urban and remote areas.
- School Readiness programme implementation yet to be expanded to all schools in the country.
- CFS concepts not fully understood among stakeholders.
- Breakfast programme can be implemented only in some places, especially in disadvantaged areas.
- Community participation in education not so active in some areas.
- Teacher salaries are too low and it is difficult to attract and keep qualified teachers.

In light of these recommendations, a review of progress to date shows there have been some notable achievements, as well as room for improvement. First, enrolment rates have clearly increased but primary education is still not compulsory as per the new Education Law. Second, although there have been significant improvements in access, there remain some gender disparities in rural areas and there are regional disparities between urban and rural areas. One major improvement is in regard to the percentage of government expenditure allocated to the education sector, which has increased but is still not sufficient to meet all the remaining challenges. Teacher training has also been carried out but much more is necessary. The school curriculum was revised in regard to grades one through nine and now includes a life skills programme that can also be adapted at the local level in order to ensure its relevance. An important development for evaluating the system is the establishment and implementation of standards for grades three, six and nine.

Important challenges remain before all children can enjoy their right to education.

Committee on the Rights of the Child: Education

In its concluding observations issued to Cambodia in 2000, the Committee on the Rights of the Child welcomed the State’s efforts to improve the educational system, but expressed concern that primary education was not compulsory. It noted that although enrolment rates are relatively high, equal access to quality education is not ensured due to the lack of sufficient schools in rural and remote areas. It pointed out the gender disparities in school attendance, the high repetition rates and drop-out rates, and that a majority of children belonging to minority groups do not have access to any form of education. The Committee therefore recommended that the State continue undertaking effective measures to:

- Make primary education free and compulsory for all children.
- Increase access to schools, particularly for poor children, girls, children belonging to minority groups and children living in remote areas.
- Continue to increase budget allocations to the education sector.
- Provide training to upgrade teachers’ skills.
- Make the school curricula more relevant to children’s needs.
- Expand opportunities for vocational training and informal education, including at preschool and secondary levels.
- Establish an evaluation system to measure the effectiveness of the education system.
They include the persistently high dropout rate. For example, according to EMIS data only 53 per cent of students enrolled in grade one in the 2006/2007 school year are expected to reach the final year of primary school (grade six) if the current levels of dropout rates and repetition rates persist. A World Bank study concludes that if the Cambodian economy is to sustain economic growth and attract domestic and foreign investment, it will require a substantial increase in the number of educated workers that can perform in value-added economic activities. It suggests that “if the Cambodian economy is to gradually move towards the production of goods and services requiring higher skill content, immediate actions are needed to improve the availability and quality of education”.374

Presently, the indirect and direct costs of education are serving as a major barrier to access for the poor. Reasons frequently given for not attending school are the “need to contribute to household income and need to help with household chores”. Apparently the bottleneck is mainly in the upper years of primary education when costs become barriers to the continued attendance of children from poor families. Many children of the rural poor do not receive an education because the family’s economic status forces them to go to work. Other reasons cited, although they are deemed less critical than before, are the absence of a suitable school, and the distance to schools being too great.375

According to a rapid assessment of food prices and school attendance carried out by UNICEF Cambodia in six provinces, rises in food prices did not have any visible effect on primary school attendance between January and April 2008. This conclusion was based on quantitative data from official records and from qualitative data taken from interviews with children, parents and teachers. Nevertheless, many parents acknowledged that the high food prices were adding pressure on their households and that they were concerned that their children would have to drop out of school if the high prices continued to the end of the year.376

Another barrier to poor children accessing education is the problem of underpaid schoolteachers, who teach few hours and need to supplement their incomes through private tutoring. This requires a comprehensive response to address the problem of low public-sector pay, and must be considered within the context of civil service reform.377 Moreover, with regard to formal training, a recent study concludes that the average level of teachers’ formal education is low. According to EMIS data from 2007/2008, the majority (68 per cent) of primary school teachers had only achieved a lower secondary degree, equivalent to a ninth grade education.378

UNICEF underscores the need to reach the most disadvantaged children in order to achieve universal coverage in basic education.379 Based on an analysis of education data from CDHS 2000 and 2005, the following groups of children are singled out as in need of more attention to ensure their right to education is fulfilled:

- Children in Mondulkiri and Ratanakiri.
- Children in the poorest families, with the lowest levels of parental education.
- Children whose families have migrated from rural areas.

374 Education for All Mid-Decade Assessment 2005, op cit., p.38.
375 Cambodia Halving Poverty by 20157, op cit., p.106.
376 UNICEF Cambodia, 2008, Rapid Assessment of Food Prices and School Attendance.
377 Cambodia Halving Poverty by 20157, op cit., p.110.
379 An Analysis of Out of School Children in Cambodia, op cit., p.3.
• Orphans or children whose household head is not their parent.
• Children who have entered school at a late age.

This important survey did not list children with disabilities due to insufficient data, but they should be included among the most disadvantaged groups. A recent World Bank study reports that children and youths with a disability are substantially less likely to be in school. The enrolment rate gap between primary age children with a disability and those without a disability was as large as 29 per cent in 2000.380

1. Early childcare and development

Early childcare and development provides children with organized learning opportunities before entering primary school. Preschool experiences develop cognitive abilities that will later contribute to students’ progress in school. Participation in early childcare and education programmes helps to shape children’s attitudes towards learning and to develop social skills that are important in their overall development. It is widely known that such programmes are a key determinant of health, well-being, and learning skills that affect people throughout their lives.381 Numerous studies have shown that low investment in children’s early years leads to reduced capacity to work, lower intellectual development, and limited motor and social skills.382 One of the goals of A World Fit for Children is that “children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.” This goal was established in view of children’s rapid brain development during the first three to four years of life and the importance of engaging younger children in activities that are geared to stimulate their full development. These include being involved in reading books with adults, telling stories, singing songs, playing with other children outdoors, counting, drawing and dancing.

Education specialists maintain that achievement of the EFA in Cambodia depends largely on sound implementation of the principles of ECCE Programmes and ECCD. ECCE adopts a holistic approach to children that supports their survival, growth, development and learning, which includes health, nutrition and hygiene, as well as cognitive, social, physical and emotional development. It begins from birth followed by entry into primary school in both formal and informal settings.383 The goals and principles of ECCE in Cambodia are:384

1. Enhance the survival, growth and development status of all children.
2. All children from birth to school entry to benefit from improved care so that they may achieve optimal physical and psychosocial development both at home and through participation in integrated and inclusive community-based health, hygiene, nutrition, development and early education programmes of good quality.
3. Enhance readiness of all children to begin school at age 6 (as per the National Plan, 2003).

1.1 The right of access to preschool education

community preschools, private preschools and home-based programmes. Currently, state preschools are normally attached to the primary schools, while others are established by private providers. The total enrolment of children in all forms of preschool is calculated as the Gross Enrolment Rate (GER), which is a percentage of the population of the three to five-year-old age group for an academic year. The GER for ECCE is currently very low, which demonstrates that only an extremely small portion of the age group actually has access to preschool. However, it is noted that the GER is rising steadily, which shows an increasing awareness among parents of the importance of the preschool experience. In recent years, enrolment appears to be rising more rapidly in non-state preschools than in state preschools. In light of this, it has been suggested that MoEYS should make enrolment a higher priority in order to meet the EFA goals.\(^{385}\)

In the school year 2000/2001, about 6 per cent of three to five-year olds (out of an estimated population group of 957,193) were participating in organized preschool services. By 2005/2006, the enrolment rate in ECCE was 11.97 per cent, which included all preschool services.\(^{386}\)

Two of the most remarkable findings are that enrolment is consistently higher in rural areas than in urban or remote areas, and that the enrolment rate of males and females in state preschools was found to be very close to equal. It is also interesting that rural primary schools were found to be more active in providing preschool education than schools in the cities.\(^{387}\) In all, the distribution of enrolment in these preschools shows a fairly consistent upward trend between 2001/2002 and 2005/2006. Some disparities exist among provinces, which follow population density fairly closely. Thus, high population areas of Kandal, Takeo, Kampong Cham, Prey Veng and Battambang have enrolments that are up to 10 times those of less populated provinces in the northeast and north.\(^{388}\)

According to the latest MoEYS data, the Net Enrolment Rate (NER) for preschool children aged three to five was 15.6 per cent for the school year 2007/2008.\(^{389}\)

The progress achieved with regard to early childhood education has been reported by the State of Cambodia to the Committee on the Rights of the Child. According to the draft State Party Periodic Report to the Committee on the Rights of the Child to be submitted in early 2009, \(^{390}\) “In the school year 2005/2006, there were a total of 2,435 preschools consisting of 1,429 (ESI, 2005/2006) public, 94 private and 912 community preschools. Through mobilization by preschool teachers and the participation of the parents and community, 75,669 children aged three to five registered in state preschool classes, including 37,787 girls. From the school year 2000/2001 to 2005/2006, the number of children who attended preschool increased from 55,798 to 75,669. There was 2,882 preschool staff, of which 2,827 were female in the school year 2005/2006.”

The invisibility of human rights is clearly apparent in the relationship between education and health. Children’s right to education is directly related to their health status and consequently depends on the right to health being fulfilled. Thus, improvements in education and learning depend on improvements in health and nutrition. As was pointed out in Chapter III on the Child’s Right to Health, Cambodian children have some of the worst health indicators in the region, including stunting

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385 Education for All Mid-Decade Assessment 2005, op cit., p.81.
387 Ibid, p.82.
388 Ibid, p. 84.
389 Cambodia Country Profile, op cit.
and severe malnutrition. The Government has recognized the interrelationship between education and health and the need for a holistic approach to ECCD, which is reflected in the following statement:

“New approaches and financing strategies are needed if ECCD programming is to flow from care of mothers before, during and after birth, to quality care of infants and young children, to integrated, community-based and family focused programmes that address health, nutrition, nurturing and education within ECCD.”

Although the Government has accepted responsibility for financing primary school education by making it free for all, it has indicated that most of the funding for preschools is expected to be raised locally.

1.2 The right to quality preschool education

According to various assessments, it is clear that ECCE is a low priority, as shown by the low funding allocated for this service. Studies conclude that if the benefits of early childhood education are going to be realized, and EFA goals reached, a much greater allocation of resources must be made to this area. Therefore, it is essential to strengthen ECCE with increased resources and support in order to begin overcoming the tendency for over-age enrolment in primary school. This is particularly important in the poorer rural and remote areas where over-age admission and enrolment are most prevalent. However, it has been pointed out that the Government does not have the resources to expand state preschool provision. It has also been noted that programmes for children between birth and three years are “scanty and undefined”. One recent positive development is that the Education Sector Support Scale Up Action Programme (ESSUAP), financed by the Education for All Fast Track Initiative (FTI) Catalytic Fund, includes a substantial component on the expansion of preschool provision including state preschools, community preschools and home-based programmes.

State preschools are normally located at primary schools and they provide a three-hour programme, five days a week during the 38 week school year. The teachers have typically completed a two-year full-time professional preparation course undertaken after grade 12. In community preschool programmes, children aged three to five are taught by a member of the village who has received 10 days of initial training and who participates in refresher training for three to six days a year. These programmes operate for two hours a day, five days a week, for 24 to 36 weeks of the year. The home-based programmes provide educational resources and opportunities for mothers. They are essentially weekly mothers’ groups that are led by a trained ‘core’ mother. These teachers instruct mothers on how to promote children’s development and well being. Mothers’ groups and their children typically meet for one hour a week for 24 weeks a year.

Among the key findings of an evaluation of early childhood care and education programmes in Cambodia were three inter-related factors that made a difference to children’s developmental functioning: maternal education; where the child lives; and whether the child is enrolled in an early childhood programme. The evaluation concluded that children with uneducated mothers living in remote areas and not attending any early childhood programme had the lowest levels of developmental functioning.
It has been noted that primary schools with preschools attached to them have consistently lower dropout and repetition rates. The availability of such facilities reduces the dropout rate by 0.7 per cent per grade and 4.2 per cent over the full primary cycle. Ensuring greater access to preschool improves children’s intellectual readiness for school and this is further enhanced when it is part of an ECD programme that combines early education with child health and nutrition.396

Recommendations for ECD that would contribute towards improving both the access and quality of preschool education include:397

- Share experiences and disseminate the importance of early childhood education.
- Monitor teaching and learning in remote areas by improving communication and cooperation with national and international organizations, institutions, involved departments, and local authorities and organizations.
- Expand dissemination of early childhood education on TV and radio.
- Expand care of children aged five to about 59 per cent and children aged 3 to 5 to about 30 per cent, especially ethnic children and children with disabilities.
- Strengthen monitoring and evaluation of the results of early childhood education.
- Establish stronger links between different ECD services to include all forms of preschools (parenting programmes, baby-friendly communities, Community-IMCI for delivering holistic ECD services).
- Identify the best strategies for serving the most disadvantaged groups, including orphans and vulnerable children, children with disabilities, and ethnic minority children for the expansion of ECD to all children.
- Develop ECD services for children aged 0 to 3 years.
- Expand inclusive education to preschools.

1.3 The right to respect within the learning environment in preschool

Article 30 of the CRC stipulates that in those states in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, children belonging to such a minority shall not be denied the right to enjoy their culture, profess and practice their religion, or use their own language. Accordingly, the principle of the right to respect within the learning environment of ECD calls for respecting diversity and identity, the opportunity to enjoy one’s culture and practice one’s own language, and active and meaningful participation. One of the remaining challenges in ECD relates to the many children of ethnic minorities who are less likely to have access, in part because of language barriers. In view of this need, UNICEF has been supporting ECD programmes in Mondulkiri, Ratanakiri and Stung Treng provinces that use the mother tongue to include all children.

Another factor relates to participatory teaching and learning in ECD programmes. A child-centred pedagogy was recently introduced to preschool programmes through the development of Early Learning Development Standards (ELDS), which reflect a holistic and child-centred approach to ECD. In 2008, the preschool curriculum for five-year-olds was revised based on the ELDS. Home-based and community
preschool models were also developed taking into account a child-centred approach, as well as the need to develop teaching training materials for these programmes. According to UNICEF observations from field visits to both state and community preschools, current teaching practice needs to be strengthened so that teachers intentionally:

1. Allow children’s exploration and creativity.
2. Facilitate critical thinking in children.
3. Respond to individual differences according to children’s developmental stage and individual unique needs.
4. Use local materials.

It has been recommended that these elements should be addressed during preschool teacher training.

2. Primary and secondary school education

2.1 The right of access to primary school education

The CDHS 2005 concludes that although the majority of Cambodians have not completed primary school, there have been significant achievements in education in recent years. Results of the nationwide survey indicate that half of the population, both male and female, has attended some years of primary school, while higher percentages of males and females in urban areas have attended secondary school.398

In the CDHS 2005, school attendance is measured by net attendance ratios (NARs) and gross attendance ratios (GARs) by school level, gender, residence and province. The NAR estimates participation in primary school for children ages 6 to 12 and in secondary school for those aged 13 to 18. Although the minimum age for schooling is six, underage children are also enrolled, while others enter late and are over-age. The GAR indicates participation in school of the population group aged 6 to 24. It therefore includes people who are both over-age and underage for a given level of schooling, which may occur when children start school earlier or later, or repeat grades, drop out and then return. According to the CDHS, in 2005, 77 per cent of children of primary education age were attending school, which is a marked improvement over 2000, when it was estimated at 68 per cent. The secondary education NAR had also improved, with 28 per cent of secondary age children attending school compared to only 16 per cent in 2000.399

For both primary and secondary education there was little difference in the NAR between males and females. It was estimated that there was near gender parity at the primary school level in both urban and rural areas, with a 0.96 Gender Parity Index (GPI). The NAR has increased since 2000 among females of secondary school age, from 12 per cent to 27 per cent, but eliminating gender inequality in nine-year basic education by 2010 as stated in the CMDGs remains a challenge. Smaller proportions of girls were attending secondary schools compared to boys (a 0.77 GPI).400 Repetition rates for grade one are nearly equal for boys and girls, although boys were found to have a slightly higher repetition rate in the years following primary school. Repetition rates were also found to be higher in rural than in urban areas. The 2005 CDHS indicated that primary school dropout rates had decreased and most children were likely to complete six years of education with the exception of certain areas such as Mondulkiri and Ratanakiri.

399 Ibid, p. 15.
400 Ibid.
where 14 per cent of children dropped out of school after the fifth grade. However, the EMIS data for 2007/2008 shows a very different trend, with persistently high dropout rates nationwide and thus low survival rates.

According to the Mid-Decade Assessment on Education for All 2005, there have been marked improvements in ensuring universal access to primary education. The NER shows that enrolment in primary education is clearly on an upward trend. The NER measures the total enrolment of pupils aged 6 to 11 in the primary grades (grades one through six) as a percentage of the age group population of the correct age for primary education. The NER for Cambodian provinces show an increase in enrolment as a result of reforms in 2001/2002. As shown in Table 5, in 2007/2008, the NER had reached 93.3 per cent nationwide, 92.7 per cent in urban areas, 93.6 per cent in rural areas and 88.4 per cent in remote areas. According to a World Bank study, “net enrolment rates are significantly lower in data from household surveys than in EMIS, although both data sources document a significant increase in primary school enrolment in recent times.”

There are, nevertheless, persistent disparities in remote areas like Ratanakiri and Mondulkiri, which have ethnic minorities, and Koh Kong. Barriers to ensuring children are of the correct age have access to primary school give rise to the problem of over-age children in these provinces. For example, Ratanakiri was found to have a high GAR of 148.3 per cent for 2007/2008, meaning that large numbers of over-age children were entering primary school, whereas its NAR was low, at 63.0 per cent. According to EMIS data, in 2007/2008, over half the children admitted to first grade in remote areas were

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401 Ibid, p. 17.
402 Cambodia, Quality Basic Education For All, Human Development Sector Reports East Asia and the Pacific Region, op cit., p. 12.
403 The Gross Admission Rate in Primary Education is the total number of entrants to first grade, of any age, expressed as a percentage of the total potential entrants of the correct (official) entry age (6) in the population. It measures access to first grade, including over-aged and under-aged entrants as well as correctly aged entrants, so the GAR is typically larger than 100%.
404 The Net Admission Rate is the total number of entrants to first grade of official correct entry age (6) expressed as a percentage of the total potential entrants of the correct entry age in the population. The NAR is considered a better gauge of access to primary education than the GAR, as it measures the extent of access of the (official) school-entrance age population.
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over-age (50.3 per cent). In urban areas one third of the children admitted to first grade were over-age (33.5 per cent), and in rural areas the rate was just over one third (36.4 per cent). The national average rate was 36.7 per cent. Therefore, it has been recommended that “continued careful, culturally sensitive interventions are needed, particularly in the remote border provinces to maintain momentum towards the EFA goal of universal access to basic education”.

According to a UNICEF study based on CDHS data, between the years 2000 and 2005, inequalities between rural and urban were diminishing with the former achieving larger enrolment gains than the latter (see Figure 19).

Table 5: NER in primary schools

<table>
<thead>
<tr>
<th>NER Primary</th>
<th>Cambodia</th>
<th>Urban</th>
<th>Rural</th>
<th>Remote</th>
<th>Female</th>
<th>Male</th>
<th>GPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2002</td>
<td>87.0</td>
<td>87.8</td>
<td>87.5</td>
<td>70.6</td>
<td>84.2</td>
<td>89.8</td>
<td>0.94</td>
</tr>
<tr>
<td>2002-2003</td>
<td>88.9</td>
<td>85.3</td>
<td>90.3</td>
<td>75.6</td>
<td>86.8</td>
<td>91.0</td>
<td>0.95</td>
</tr>
<tr>
<td>2003-2004</td>
<td>90.1</td>
<td>88.5</td>
<td>90.8</td>
<td>78.6</td>
<td>88.6</td>
<td>91.5</td>
<td>0.97</td>
</tr>
<tr>
<td>2004-2005</td>
<td>91.9</td>
<td>91.6</td>
<td>92.4</td>
<td>82.5</td>
<td>90.7</td>
<td>93.1</td>
<td>0.97</td>
</tr>
<tr>
<td>2005-2006</td>
<td>91.3</td>
<td>91.2</td>
<td>91.7</td>
<td>83.7</td>
<td>89.7</td>
<td>93.0</td>
<td>0.96</td>
</tr>
<tr>
<td>2006-2007</td>
<td>92.1</td>
<td>93.2</td>
<td>92.2</td>
<td>86.0</td>
<td>91.0</td>
<td>93.2</td>
<td>0.98</td>
</tr>
<tr>
<td>2007-2008</td>
<td>93.3</td>
<td>92.7</td>
<td>93.6</td>
<td>88.4</td>
<td>93.3</td>
<td>93.2</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Source: Cambodia MoEYS, Education Management Information System.

Figure 19: Current (2000 and 2005) school enrolment by location

Source: CDHS 2005

405 Education for All Mid-Decade Assessment 2005, op. cit., p. 107.
406 Ibid., p. 328.
Distance to school prevents many children from going to school in rural and remote areas. Parental concern about security is high in remote areas where children are forced to travel long distances along desolate roads to get to school. One of the positive developments since 2000/2001 is the number of schools that have been built nationwide. It was estimated that by 2007/2008, 1,008 primary schools and 639 lower secondary schools had been built, an increase of 18 per cent and 174 per cent, respectively. Despite this progress, many of the country’s primary schools remain incomplete, which means that if the educational facility does not have all six primary grades, students are not likely to complete primary education and not able to make the transition to lower secondary school. The nationwide rate of 21 per cent incomplete primary schools indicates that 1 in 5 primary schools are incomplete. Incomplete primary schools are primarily found in remote areas, which means that children living there are still not being reached by progress.407

Another key factor preventing children from attending school is the level of household wealth. There are remarkable differences in access to basic education according to level of wealth. A study focusing on out-of-school children shows that in 2000 almost half of all children aged 6 to 14 from the poorest quintile of households had never attended school. Despite the significant progress achieved between 2000 and 2005, a large gap remained (23.3 per cent compared to 6.2 per cent) between the poorest and wealthiest quintiles as shown in Figure 20. A persistent constraint that affects access to education is the out-of-pocket expenses associated with school such as materials, uniforms, exam charges and enrolment fees.408 This is one of the immediate causes that prevents poor families from sending their children to school.

In regard to children with disabilities being ensured access to education, Article 23 of the CRC stipulates that “a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community”. In view of the special needs of disabled children, states are required to ensure that they have effective access to and receive an education, training and rehabilitation services, among other things. Cambodia’s draft State Party Periodic Report to the Committee on the Rights of the Child (2008) recognizes the vulnerability of people with disabilities as follows:409

“People with disabilities are among the most vulnerable groups in Cambodia. They are often perceived, from cultural and religious point of view, as persons repaying a sin in their previous life. For this reason, they are often marginalized and have limited access to basic social services, education, vocational training, employment and income generation opportunities. Discrimination is a major factor that restricts the full participation and equality of people with disabilities in the society.”

According to the External Evaluation of Education for Children with Disabilities Support Programme in Cambodia (1990-2005), until very recently Cambodian children with disabilities have had limited access to public schools. In 1999, although no data was available on children with disabilities in regular schools, it was estimated from national disability statistics that of the total population aged between 5 and 24, 31 per cent had never attended school and only

407 Ibid.
408 An Analysis of Out of School Children in Cambodia, op cit., p.5.
409 Cambodia’s Combined Second and Third Periodic Reports of State Party due in 1999 and 2004, respectively, to the Committee on the Rights of the Child, draft 2008, p. 33.
15 per cent of children with disabilities had reached fifth grade. There were four special schools: one school for students who have visual impairments and another for students who have hearing impairments, both run by the NGO Krousar Thmey; Lavalla school for children with physical disabilities; and the Nutrition Centre of MoSVY established one class for children with multiple or severe intellectual impairments, later called the Rabbit School. These facilities provided services for 250 children with disabilities in the country.

By 2008, in addition to those above, Krousar Thmey ran three more schools for students with visual and hearing impairments, and Deaf for Development, another NGO, provided informal education for over-age children. Handicap International – France supported inclusive and integrated classroom teaching.

Preliminary research by the Disability Action Council (DAC), the government-mandated national coordinating and advisory body on disability and rehabilitation in Cambodia, suggests that although many children with disabilities are at school, their special needs are not being adequately met. Findings of a recent World Bank study shows that 67 per cent of children aged 6 to 11 without a disability were in school in the year 2000/2001, compared to only 38 per cent of children with a physical disability. Another remaining challenge is the absence of inclusive education preschools, although MoEYS and DAC have expressed interest in developing them in the near future.

2.2 The right to primary education of good quality

EFA Goal 6 aims to improve all aspects of the quality of education, and to ensure excellence so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills. Thus, the Government has assumed the obligation to define and ensure minimum quality standards throughout the country. A number of policies and regulations were drafted and/or issued for this purpose between 2004 and 2008, including:

411 Filmer, Deon, December 2005, Disability, Poverty and Schooling in Developing Countries: Results from 11 Household Surveys, World Bank, p. 10.
412 Information provided by UNICEF, 2008.
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• Quality standards and indicators developed for Basic Education, Life Skills and Literacy in 2004-2006.
• School Self-Assessment instruments drafted in 2006.
• CFS Policy issued in 2008.
• National Inter-Ministerial ECCD Policy drafted in 2008.
• Early Learning Development Standards adopted for the age of five years in 2007 and drafted for the ages of three to four years in 2008.
• New Basic Education Curriculum (grade one to nine) issued in 2006.
• Curriculum Standards for grade three, six and nine issued in 2006.
• Teacher Standards for Basic Education drafted in 2006.

Important quality of education factors relate to the number of qualified teachers; the pupil-to-teacher ratio; teaching proficiencies and effective learning; the school curriculum; correct age of primary school intake; and repetition and drop-out rates. This section addresses these issues.

A significant step taken to improve the quality of education is the adoption of the CFS Policy, which is based on the following six dimensions:

1. All children have access to schooling (schools are inclusive).
2. Effective teaching and learning.
3. Health, safety and protection of children.
4. Gender responsiveness.
5. The participation of children, families and communities in the running of their local school.
6. The national education system supports and encourages schools to become more child-friendly.

Dimension 2 of the CFS Policy is to develop teacher proficiencies that have been found to be lacking. The aim is for teachers to have theoretical and practical knowledge with a specific focus on learning/teaching activities and materials that promote active, creative and child-centred approaches to learning in a joyful classroom environment. It is also intended to nurture teacher attitudes, behaviour and moral values that will lead to learning together in a harmonious way. One of the key objectives of CFS is to promote participatory learning in the classroom, which is one of the major shortcomings of the current approach to teaching in Cambodia.

Late entry into school and grade repetition are immediate causes of children being over-age for their grade. They are also important factors that affect the quality of the education. One study concludes that “over-age enrolment is pervasive in basic education and is primarily caused by late school entry. Late school entry is not a temporary phenomenon; it is strongly related to ongoing structural factors.”

It has been suggested that in order to provide correct age and homogeneous age classes, the actual demographic and cultural demand for primary education by over-age children must be taken into account. This would require appropriate modifications of classrooms and pedagogy to reach this significant population group effectively, including training primary school teachers with specific skills for classrooms with over-age children.

413 Cambodia, Quality Basic Education For All, Human Development Sector Reports East Asia and the Pacific Region, op cit., p. 12.
414 Education for All Mid-Decade Assessment 2005, op cit., p.329.
same study further concludes that most of the recent gains in primary NERs are due to a net gain in the proportion of children entering school that are mostly over-age. Specific common practices that hinder assessing the precise number of over-age children are the lack of official birth certificates, assigning an age to children without proof and revising birth dates on existing documentation for various purposes.415

A comparison of the net intake rate (NIR) between 2007/2008 and 2000/2001 shows a trend towards improved correct age primary school intake. The NIR increased from 76.4 per cent to 89.5 per cent over these years. This trend has been attributed to nationwide efforts by MoEYS and its partners to improve local awareness of the importance of correct-age primary school intake in order to reach EFA goals.416

With regard to the high repetition rate for first graders (19.5 per cent in 2006/2007), one of the underlying causes is the lack of school readiness programmes and preschool experience, which is reflected in the low gross enrolment rate for preschools, as already mentioned. Repetition rates for first graders are particularly high (26.3 per cent in 2006/2007) in remote areas. This may be caused by the lack of bilingual or indigenous language materials for children of ethnic minority families, as for many of these children Khmer is their second language. Another general contributing factor to the high repetition rates is believed to be the grading policy implemented by teachers, by which a certain percentage of students must receive failing marks in their performance evaluation. It has been recommended that MoEYS should examine and possibly revise the policy and local implementation of rules on assigning failing marks and using the grading curve. In addition, patterns in school absence due to illness, lack of transport and other factors contribute to children’s failure and also cause high repetition rates.417 High repetition rates reveal problems in the efficiency and quality of the education system. It is believed that the high repetition rates in grade one through five may indicate poor quality of instruction, which is also associated with the low salaries of primary school teachers.418

Another remaining challenge is the high drop-out rates, with most occurring in upper primary school before children have completed the full cycle.419 There are discrepancies in drop-out rates between EMIS and CDHS data, which are likely to be attributed to “the differences in population under study and the way that dropouts are measured”.420 Nevertheless, there are many causes that have been identified for dropping out, including late enrolment, frequent repetition and incomplete schools (mainly in rural areas).421 Schools in remote areas have higher incidence of dropout.422

One of the major challenges in the provision of quality education is having a sufficient number of qualified teachers. The percentage of teachers with professional skills reflects the general quality of the education provided. A teacher’s academic qualifications and teacher training are strongly related to students’ performance. There was much progress reported over the period 2000-2006 in raising the academic standard of teachers in primary education. While the proportion of primary school teachers with only primary or lower secondary school qualifications decreased in urban, rural and remote areas, the proportion with upper secondary school qualifications increased.423 It is reported that

418 Ibid, p.2.
419 Quality Basic Education for All, op cit., p.8.
421 Ibid, p.25.
422 Quality Basic Education for All, op cit., p.37.
423 Education for All Mid-Decade Assessment 2005, op cit., p. 279
MoEYS has succeeded in ensuring that 90 per cent or more of primary school teachers have at least lower secondary school academic qualifications, and a quarter of primary teachers have upper secondary or higher qualifications. It should be noted that after the Khmer Rouge period, many teachers were recruited with only primary school qualifications due to the urgent need to staff primary schools. These teachers, who are now of retirement age, are steadily being replaced by teachers with higher qualifications.\textsuperscript{424}

In Cambodia teaching certification is achieved on successful completion of teacher training. In recent years, a high percentage of teachers are reported to have the pedagogical skills to teach. The national rate for primary teachers with pedagogy training was estimated at 96.2 per cent in 2000/2001 and increased to 98.6 per cent by 2007/2008. Around 1.5 per cent of teaching staff in primary schools in remote areas were reported as not having received teacher training (compared to 0.8 per cent in urban and rural areas).\textsuperscript{425}

Another important indicator measuring education quality is the pupil-to-teacher ratio. According to the draft State Party Periodic Report to the Committee on the Rights of the Child to be submitted in early 2009, in the 2007/2008 school year, the pupil-to-teacher ratio in primary education was 49.3 (35.4 urban, 52.8 rural and 57.3 in remote areas), slightly lower than the target of 50. The report indicates that the disparities are due to the disproportionate distribution of teachers, as well as the insufficient number of teachers.

An adequate assessment of education quality has been constrained by a lack of appropriate output indicators and data. In 2006 and 2007, standardized achievement tests were conducted on Khmer language and mathematics under the World Bank-supported Cambodian Education Sector Support Project (CESSP). The tests have provided extensive information on education quality, including student learning achievement and teaching and learning environments in schools. They were conducted for grade three students in 2006 and for grade six students in 2007 in nationally sampled primary schools. At the grade three level, the overall correct response rate was 40.4 per cent for Khmer language and 37.5 per cent for mathematics. Student performance at grade six level was much higher, approaching the target level of 70 per cent (average percentages of correct answers were 68 per cent for Khmer and 53 per cent for mathematics). A possible reason for the large difference in student achievements between grades three and six is that the students who managed to reach grade six were more likely to be those who perform well academically. In other words, it is considered that many low achievers drop out of school before reaching grade six, in many cases after repeating early grades several times.\textsuperscript{426}

A sizable sample of UNICEF-supported CFS was included in the learning achievement assessments for both grades three and six. In terms of the quantitative aspects of student learning (i.e. performance on the standardized test), statistical differences between CFS and non-CFS schools are inconclusive. However, appreciable qualitative differences have been observed: the same study found that there are significant differences between CFS and non-CFS teaching and learning environments. For instance, CFS students report significantly more frequent

\textsuperscript{424} Information provided by UNICEF Cambodia 2008.

\textsuperscript{425} Cambodia’s Combined Second and Third Periodic Reports of State Party, op cit., p. 44.

\textsuperscript{426} Marshall, Jeffery et al., May 2008, Student Achievement and Education Policy in a Period of Rapid Expansion: Assessment Data Evidence from Cambodia, RAND Corporation.
homework assignments (in grade six), more participation in class discussions and more trips to the blackboard to solve problems. CFS teachers report significantly more frequent in-service training outside of class time, including technical group meetings and demonstration classes. These are positive findings as they suggest more active and participatory teaching and learning processes, a more dynamic teacher management regime, and a more supportive work environment for teachers, each of which are CFS objectives.427

Progress has been achieved with HIV education being integrated into the national curriculum in key subjects at primary and secondary levels. HIV education has been introduced in 50 per cent of the districts in 15 selected provinces (62 districts) in primary grades five and six, lower secondary grade 9 and secondary grade 12. The number of primary schools implementing life skills-based HIV education increased from 63 to 1,130 (out of 6,365) between 2005 and 2007. Some capacity to train all pre-service teachers on HIV has been established in Provincial Teacher Training colleges and at secondary level through Regional Teacher Training colleges. A review of the overall MoEYS HIV programme conducted in 2007 showed positive changes in attitude towards people living with HIV among children exposed to life skills-based HIV education, and also highlighted critical shortcomings in reaching out-of-school young people, in particular most at-risk adolescents. The review also highlighted that awareness of HIV is high, while comprehensive knowledge remains limited.428

The issue of education quality affects children with disabilities in particular. In most countries, children with disabilities are among the most underserved students when it comes to quality education in mainstream schools. In Cambodia, the situation is perhaps even more critical since it has one of the highest rates of disability in the world. However, there are no accurate statistics on the number of children with disabilities in and out of school. Many children with mild and moderate disabilities are attending their local schools and, according to a MoEYS survey of 21 provinces, a total of 63,072 children with disabilities were attending school in the academic year 2001/2002.429 A small number of children (about 500) also attend special schools or classes run by NGOs. The special schools aim to integrate children with disabilities into the mainstream educational system as appropriate. Apparently, these special schools only have informal links with MoEYS, and NGOs are reportedly providing only limited support to individual children with disabilities to attend school. NGO support has been viewed as lacking coordination and rather limited since its focus is almost exclusively on children with physical disabilities or children who are deaf or blind.430

2.3 The right of access to lower and upper secondary school

According to the EMIS, the NER for lower secondary school nationwide was estimated at 34.8 per cent in 2007/2008. Several factors have been identified that characterize lower secondary schools. First, between 2000/2001 and 2007/2008, there was an upward trend in enrolment, which is believed to be the result of MoEYS efforts to provide a basic education to all children. As part of this

427 Marshall, Jeffery, November 2007, Child Friendly Schools: Comparisons From the CESSP Student Achievement Surveys, UNICEF.
429 Disability Knowledge and Research, Inclusive Education E Newsletter, op cit.
430 Ibid.
effort, there has been an expansion of lower secondary schools through a massive building programme. The second factor is the significant increase in enrolment in lower secondary schools in urban areas, which is higher than in rural and remote areas, showing disparities according to the location of the facility. It also appears that the lower secondary school system does not have the capacity to serve the number of potential correct age and overage students. Moreover, there is a need for a well-developed alternative vocational education system. Due to the insufficient number of secondary schools, there is concern that the increasing numbers of children currently completing primary school may be unable to access lower secondary school to complete their basic education in accordance with the EFA goal.431

As shown in Table 6, in 2007/2008 the NER for lower secondary school for the whole country was 34.8 per cent, 55.9 per cent in urban areas, 31.5 per cent in rural areas and 11.1 per cent in remote areas.

In terms of gender disparity, until recently the enrolment of boys predominated in lower secondary school. However, a distinct trend of improvement in the NER of girls was recorded in the EMIS for the school year 2007/2008. Recent data shows that the NER for girls is currently higher than that of boys. In the 2007/2008 academic year, only a third of eligible age children were enrolled in lower secondary school (33.7 per cent boys and 35.9 per cent girls). It was observed that the increase in girls’ enrolment could be attributed in part to the impact of the scholarship programmes that have mainly targeted females and the extensive awareness-raising campaigns that began in 2003/2004.432

As with primary schools, there has been a similarly large increase in the construction of lower secondary schools. Again, a significant proportion of these new schools also remain incomplete. The total number of lower secondary schools increased by 174 per cent between 2000/09 and 2007/08, but one third of them remained incomplete in 2007/2008. More than 20 per cent of primary and lower secondary schools are incomplete in 12 of the 24 Cambodian provinces in Cambodia.433 The basic dilemma is that children in incomplete schools cannot continue to the next grade if it is not offered at the school. Consequently, it is more likely that the child will either drop out completely or be forced to repeat the highest grade in order to stay in school.

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431 Education for All Mid-Decade Assessment 2005, op cit., p. 123.
432 Cambodia Country Profile, op cit.
433 Education for All Mid-Decade Assessment 2005, op cit.
According to transition rates at the national level, access to upper secondary school has shown an upward trend between 2000/2001 and 2007/2008. In urban areas, students are making the transition from 9th to 10th grades at a rate of 94.6 per cent whereas the figures in rural and remote areas lag behind at 66.2 per cent and 39.3 per cent, respectively. Disparities in transition rates also exist between provinces. For example, Svay Rieng currently has the lowest transition rate to upper secondary school level in the country, at only 61.2 per cent. Data indicates that higher education is mainly within the reach of urban residents and that students from rural and remote areas are less likely to have an opportunity to further their education. It is thought that this will exacerbate “the growing urban-rural division of opportunity, wealth and poverty in the country”.

2.4 The right to a secondary education of good quality

A number of factors deeply affect the quality of secondary education. First, the quality of teachers is strongly associated with lower dropout rates in secondary school education. Studies show that the higher the education level of teachers, the lower the drop-out rate and that schools with more experienced teachers attract children earlier to attend school. Second, teachers tend to be unevenly distributed throughout the country and more qualified teachers are likely to be placed in wealthier areas. Third, the limited opportunities for professional development and in-service teacher training efforts are reported to be “sporadic, unstructured and concentrated at the primary level”. Fourth, current teacher education programmes have limited relevance to classroom practice and teacher trainers are inadequately prepared. However, it is reported that money recently invested in teacher training and development had the highest payoff in terms of student learning, as measured by numeracy and literacy test scores. As a result significant progress is being achieved in increasing the number of qualified teachers.

The issue of low teacher salaries is a critical factor associated with the low quality of basic education. It is commonly known that working teachers’ conditions are poor and that their pay is low and often unreliable. Consequently, many teachers must supplement their incomes by working outside school. The Government reports that the living standard of teachers is poor, leading to lack of motivation and forcing them to resort to selling teaching materials and collecting fees from their students. Although some pay

434 Information provided by UNICEF Cambodia, 2008.
435 Education for All Mid-Decade Assessment 2005, op cit., p.183.
436 Cambodia Quality Basic Education for All, op cit., p. 36.
437 Ibid.
438 Ibid.
439 Ibid.
440 Cambodia’s Combined Second and Third Periodic Reports of State Party, op cit., p. 47.
rises have been provided for the Cambodian civil service, they are not sufficient to cause a real change in “the pattern of a shadow system of teacher remuneration.” Moreover, the issue of teachers’ salaries is especially difficult because teachers, along with education officials, make up the largest group in the civil service. The question of teachers’ pay is thus necessarily linked to the larger issue of civil service reform.441

As noted earlier, disparities in the distribution of teachers remain. It has been suggested that MoEYS should assure a more equitable distribution of human resources, which may require incentives to attract the teachers with high academic qualifications to spend part of their careers in more remote and disadvantaged areas. At the same time, a steady increase has been noted over the last five years in the percentage of trained teachers serving in remote areas. This is attributed to a consistent MoEYS policy to improve the rate of trained teachers nationwide and to deploy human resources equitably.442

According to the draft State Party Periodic Report to the Committee on the Rights of the Child (2008), with regard to secondary education, the pupil-to-teacher ratio was estimated at 27.5 in lower secondary education, and 38.5 in upper secondary education.443 These figures are much lower than those for primary schools, as a diversified and specialized secondary school curriculum requires a larger number of teachers for a student cohort. However, the pupil-class ratio is still high, at 47.9 in lower secondary schools and 52.5 in upper secondary schools, which indicates that secondary school classrooms are much more crowded than primary school classrooms.444

Youth literacy rate

The youth literacy rate is the indicator that measures the percentage of the population aged between 15 and 24 who can read and write a short simple statement, and demonstrates the overall effectiveness of the primary and secondary education systems. The national youth literacy rate shows an upward trend from 76.3 per cent in 1998 to 83.4 per cent in 2004.445 Phnom Penh, provincial capitals and several municipalities show much higher rates of literacy than the national average. This reflects the comparatively higher rates of admission and enrolment to primary and lower secondary education in urban areas. The youth literacy rate for rural areas also improved from 79.6 per cent in 1999 to 81.3 per cent in 2004. The youth literacy rate is lower among females than males, which also reflects the higher enrolment rates of boys in primary and lower secondary schools during the 10 years prior to 2004. However, studies conclude that the gap is narrowing. In 1998 the Gender Parity Index for youth literacy was .87, and by 2004 it had reached .90.446

Percentage of schools with improved water supply and sanitation facilities

An important positive development is the upward trend in providing water to schools. The percentage of Cambodian schools lacking water in 2007/2008 was nearly half that in 2000/2001. However, strong disparities persist, as schools in remote areas fall quite far behind the urban and rural schools. In 2007/2008, the rate of schools lacking water in urban areas was 20 per cent lower than in the remote areas.447

An upward trend has also been noted in the availability of improved sanitation facilities, with the rates for schools lacking

442 Education for All Mid-Decade Assessment 2005, op cit., p.328.
443 Cambodia’s Combined Second and Third Periodic Reports of State Party, op cit., p. 44.
444 Teaching in Cambodia, op cit., p. 48.
445 Education for All Mid-Decade Assessment 2005, op cit., p. 176.
446 Ibid, p. 177.
447 Education for All Mid-Decade Assessment 2005, op cit., p. 319.
latrines reduced by half between 2000/2001 and 2007/2008 in urban and rural areas. ‘Improved’ sanitation facilities include flush or pour flush, piped sewer or septic tank or pit latrine, ventilation-improved latrine, pit latrine with slab, and composting toilet. Nevertheless, nationwide, nearly more than a quarter of schools still lack improved sanitation and remote areas show a slower decline in improvement. One of the challenges is that in rural and remote areas many children are unfamiliar with the use of flush latrines and either do not use them, preferring to use the bush, or do not maintain them in a clean condition.

2.5 The right to respect within the learning environment in primary and secondary education

As with early childhood education, the lack of bilingual or indigenous language materials for children of ethnic minority families may be a contributing factor to these children not receiving a primary education. The lack of a relevant curriculum for children of ethnic minorities that reflects respect for diversity is yet another hindering factor. However, more information is needed to assess to what extent these factors prevent families from sending their children to school. These shortcomings are also the result of limited resources available to MoEYS to meet specific educational needs of children of ethnic minorities, who are among the most disadvantaged groups.

A situation analysis that focused on indigenous villages in the Kone Morm District of Ratanakiri provides some insights into the needs of marginalized groups in relation to education. The key findings highlighted below show the numerous disadvantages that exist in more than half a dozen villages that were examined and reflect a lack of access to education, a lack of quality and lack of respect within the learning environment:

- Indigenous children are not provided with a culturally relevant curriculum. All schools provide the basic academic subjects from the Basic Education Curriculum Standards for Primary Schools as endorsed by MoEYS.
- Consistent teacher absence, lack of materials and lack of in-service training for teachers are widespread.
- Educational facilities are inadequate or incomplete in seven of the villages with minimal infrastructure, and many lack water and toilets. Children in the majority of the villages do not have access to the higher grades of primary school.
- Schools lack teaching materials, sufficient desks and other basic equipment.
- Teachers provide instruction exclusively in Khmer.
- Community members had the overall perception that boys and girls have equal access to education in the early years of primary school. By contrast, the perception regarding girls’ access indicated that females have fewer educational opportunities. This was due to the emphasis on girls’ contribution to domestic chores and the livelihoods of their families, as well as early marriage.
- Teachers have a low level of gender awareness.
- Indigenous communities have a low health status, particularly among women and children, who experience high mortality and morbidity rates. High levels of poverty and food insecurity are also apparent.

448 CARE USA, 2008, Highland Community Education Program: Bending Bamboo, Situational Analysis.
A positive development is the Government’s implementation of a bilingual education programme in ethnic minority areas. In 2008, bilingual education materials for training of primary school teachers were developed, including teacher’s guides, textbooks and learning materials. Textbooks and training materials for students were developed in two local languages (Phnorng and Tampuan). The materials have also been translated into Kawait for their implementation in Stung Treng province. While the bilingual education programme has been implemented mainly through community schools, in 2008, for the first time, the programme was expanded to six state primary schools in Ratanakiri province. Another positive prospect is the Government’s promotion of CFS nationwide that are designed for the inclusion of all children – including children of poor families, girls, orphans, child victims of domestic violence, children with disabilities, ethnic minority children, children affected by drugs, and children affected by HIV and AIDS.

One of the issues associated with the right to respect within the learning environment relates to school discipline. Human rights instruments such as the International Covenant on Civil and Political Rights recognize that “no one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment”. This prohibition relates not only to physical pain but also to acts that cause mental suffering. The Committee on the Rights of the Child has interpreted the CRC to prohibit corporal punishment as an educative or disciplinary measure.449

While there is limited information on school discipline in Cambodia, there are important recent developments that indicate there is a tendency to end the practice of corporal punishment. From interviews conducted for this situation analysis and research it is evident that corporal punishment in schools is commonplace. The Formative Research on Promoting Health and Social Change noted:450

“According to 65.2% of respondents, teachers in school practice violence as a form of punishment. As reported by these respondents, the most common situations in which teachers practiced verbal or physical violence were when the children were noisy or unruly at 80%, when children did not do well in school at 53.3%, and when children did not obey teachers at 48.9%. Six in 10

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respondents found verbal and physical forms of punishment in school were acceptable, but over seven in 10 found these forms of punishment in general/outside of school unacceptable.”

Important steps have been taken to change this through the legal prohibition of mental and physical punishment and the formulation of policies. The Law on Education 2007 establishes in Article 35 the right of students “to be free from any form of torture or from physical and mental punishment”. Article 37, which establishes the rights and obligations of educational personnel, provides that they are “to respect the professional code of ethics”. In 2005, MoEYS issued guidelines on corporal punishment making it an unacceptable practice. Furthermore in 2008, MoEYS issued a Sub-Decree on the Teacher Professional Code, which stipulates in Article 12 that “teacher shall not physically and spiritually torment the learners.” Corporal punishment in schools is against the basic spirit and principles of the CFS, which is being promoted and implemented nationwide pursuant to a Government policy (see also Chapter VI on children’s participation within the school).

3. Causality analysis – children’s right to education

Article 28 of the CRC establishes children’s right to education and stresses that the right must be achieved “on the basis of equal opportunity”. To be in compliance with the CRC, states are expected to ensure the core minimum, which is free and compulsory primary education for all children. To this end, the State has the duty to take measures to ensure the enrolment of all children and to reduce drop-out rates in order for children to complete primary school education. As in many countries, vast numbers of children in Cambodia are, de facto, discriminated against by not having access to quality education, particularly children in remote rural areas, children of ethnic minorities, children with disabilities, children living on the streets and working children.

As revealed in this chapter, despite the significant progress achieved in recent years, a mix of factors prevents many children from having access to a quality education. An immediate cause is that primary education is still not “free and compulsory for all children”, with economic constraints given as the primary reason both by the Government and parents. Other causes include regional disparities, gender inequality (although it is diminishing, it remains in some areas), and the fact that there are an insufficient number of schools and many of them are incomplete and ill equipped. With regard to children with disabilities, the lack of data on their situation and the discriminatory societal attitudes are key impediments to access to an inclusive education. One of the key underlying causes preventing the realization of children’s right to education is the low quality of education, which is characterized by the scarcity of teachers and their low level of education, high repetition and drop-out rates and other factors.

Economic constraints – Limited resources is often cited by the Government to explain the inability to build the necessary number of school facilities, to overcome the teacher shortage in some remote areas, and the fact that a large number of schools remain ill-equipped and with insufficient teaching materials. Many schools lack a water supply and sanitation facilities. It has been singled out in particular that the Government does not have the resources to expand state preschool provision.

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451 Information provided by UNICEF Cambodia 2008.
453 Combined Second and Third Periodic Reports of State Party, op cit.
Economic constraints constitute an immediate cause of parents’ inability to send their children to school, since many families count on their children’s contribution to the family household and agricultural chores or to generating income. The indirect and direct costs of education serve as a major barrier to the poor. Children living in poor areas with an underdeveloped school infrastructure face greater challenges to gaining access to and completing school. In sum, the evidence shows that greater attention must be paid to economic disparities before all children in Cambodia can be ensured a primary education.

Regional disparities – According to most studies and indicators, certain regions of the country are consistently at a disadvantage in terms of ensuring access to education, especially in two mountainous ethnic minority provinces, Ratanakiri and Mondulkiri, which have the most unfavorable conditions. It has been recommended that culturally sensitive interventions are needed, particularly in the remote border provinces, to maintain momentum towards the EFA goal of universal access to basic education. This includes modifying the school curriculum in order to make it relevant to certain sectors of the population, for example indigenous children. It is believed that the extremely high repetition rates for first graders in remote areas may be caused by the lack of bilingual or indigenous language materials for children of ethnic minority families. Consistent teacher absence, a lack of materials and a lack of in-service training for teachers are widespread in some remote areas.

Gender inequality among remote rural population and ethnic minorities — Although current data show that there is near gender parity at the primary school level in both urban and rural areas, there is evidence of gender inequality among remote rural populations, particularly in those areas where there are ethnic minorities. According to one study, “geographical remoteness aggravates girls’ disadvantages in schooling because it is there where there is a deficit of schools, classrooms, teachers and teaching materials on top of the poverty that afflicts most households in remote areas”. The mix of factors preventing a vast number of girls from going to school are:

- Families’ economic and financial constraints.
- Girls’ necessity to work to help their family.
- Parents’ and girls’ perception that education lacks value.
- Poor quality of teaching and learning in schools.
- Inadequate school facilities.

Schools are insufficient in number and ill-equipped — Distance to schools has been noted as one of the immediate factors keeping many children from accessing education. Some 27.4 per cent of primary schools nationwide are incomplete. Incomplete primary schools are primarily found in remote areas.

Poor quality of education — Poor quality of education remains a major challenge, along with school completion rates. It is one of the underlying causes hindering the right to education from being enjoyed by all children. The scarcity of qualified teachers

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454 Cambodia Halving Poverty by 2015?, op cit., p.106.
455 Cambodia Quality Basic Education for All, op cit., p.72.
456 Education for All Mid-Decade Assessment 2005, op cit.
458 Highland Community Education Program: Bending Bamboo, op cit.
460 Education for All Mid-Decade Assessment 2005, op cit.
is one of the main factors contributing to the poor quality of education, especially in remote areas. Although improving, for the most part teachers’ levels of education are low.\(^{461}\) This situation is related to the low level of teacher salaries, which deters qualified teachers and is directly linked to the practice of informal fees charged by teachers in order to make a living. This practice is another obstacle to the poor gaining access to education.\(^{462}\) The high repetition rate at primary school level, especially in the lower grades, is caused in part by the low quality of education. This situation is also characterized by other factors, including the drop-out rate, the deterioration of school buildings and scarcity of teaching materials.\(^{463}\)

Lack of accurate data — The lack of accurate data is one of the underlying causes contributing to some disadvantaged children, such as children living on the streets, migrant children and children living in remote rural areas, missing out on their right to education. A good example relates to children with disabilities; the lack of accurate data on the number and type of disabilities makes it difficult for policymakers to respond to their special needs. The limited motivation among district education staff in improving performance and taking responsibility for local schools is reported to contribute to the poor quality of data collection.\(^{464}\)

Discriminatory attitudes towards children with disabilities – The lack of respect for diversity within the educational environment is another underlying cause preventing some vulnerable and disadvantaged children from enjoying their right to education. One specific factor is erroneous societal attitudes that lead to the exclusion of children with disabilities from education. As in many countries, there is a wide range of discriminatory attitudes about disability in Cambodia that hinder children’s access to school. Increased awareness of their situation, and particularly of their rights, is necessary among parents, teachers and local decision-makers such as village chiefs and members of the Commune Councils.\(^{465}\)

4. Duty-bearers’ roles, responsibilities and capacity gaps

According to international law on human rights, the State is the principal duty-bearer responsible for fulfilling the child’s right to education. It is also widely recognized by human rights treaty bodies and human development specialists that other key actors in society have duties and responsibilities to ensure that all children attend school. They include parents, teachers, representatives of the school administration and parents’ associations, and local authorities such as village chiefs and members of the Commune Councils.

As in other areas, certain duty-bearers, such as parents and teachers, are at the same time rights-holders, whose own rights may remain unfulfilled, which can hinder them from performing their duties to children. For example, the limited salary teachers receive may be an impediment to them providing a quality education. Economic hardship may prevent parents from paying the direct and indirect costs required to send their children to school. Schools in remote areas may not have adequate funds to provide the necessary materials for teachers and students.

Assessing capacity requires examining the elements that are essential to adequate performance of duties and functions, including setting and achieving goals and

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\(^{461}\) Teaching in Cambodia, op cit., p. ix.

\(^{462}\) Ibid.


\(^{464}\) Combined Second and Third Periodic Reports of State Party, op cit, p.47.

\(^{465}\) Disability KAR Knowledge and Research, op cit. p. 27.
objectives, and solving problems. These are highlighted as follows.

**Authority to act and knowledge of mandate, stated duties and responsibilities**

To perform their duties, duty-bearers must have the authority to act and have knowledge of their mandate, duties and responsibilities. Recent laws and policies related to the education sector specify the duties and responsibilities of the various duty-bearers. For example, the Education Law (2007), aims to provide a legislative and regulatory framework for delivery and quality assurance. According to the law, the State’s principal duty-bearer in the education sector is the National Supreme Council of Education, which is yet to be established. Thus, it is MoEYS that has the authority and mandate over the education sector. Article 7 of the law provides that the hierarchy of administration and management of education consists of four levels: the national or central level; the provincial or municipal level; the district or Khan level; and the educational institutional level. Article 15 of the law also stipulates that MoEYS will be responsible for issuing regulation in the education system.

The key state duty-bearers responsible for children with disabilities are MoEYS, the Ministry of Health and Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY). The Disabilities Action Council (DAC), under MoSVY, is the government-mandated national coordinating and advisory body on disability and rehabilitation. According to the draft Law on the Protection and the Promotion of the Rights of Persons with Disabilities (draft 2008), the DAC has a number of duties, including providing assistance in preparing national plans and strategies related to the issue of disability and rehabilitation, promoting their implementation and monitoring and evaluation. The draft law recognizes the rights of children with disabilities and stipulates the corresponding duties and responsibilities of MoEYS in a number of provisions. For example, the law:

- Recognizes that all students with disabilities are entitled to education in public and private educational facilities, and have the right to receive scholarships (Article 27).
- Requires the State to establish policies and national strategies promoting inclusive education for children with disabilities and providing special classes to respond to their needs (Article 28).
- Requires MoEYS to develop programmes and to provide facilities for children with disabilities including buildings, classrooms and study places, sign language and Braille, educational techniques, and pedagogy corresponding to types of disabilities and more (Article 29).
- Provides that children with disabilities living in poor families or disabled soldiers shall be entitled to “free education at public educational establishments at all levels and access to study books and materials” (Article 30).

The Policy on Education for Children with Disabilities (2008) also supports MoEYS in achieving EFA goals and stipulates the roles and responsibilities of all stakeholders. MoEYS has developed the policy “to ensure the equal rights of all children with disabilities to an education”, which provides strategies and guidelines for implementation that are specific to the various stakeholders involved.

It can be concluded that MoEYS recognizes its duties and responsibilities, which are clearly outlined in a number of laws and policies already mentioned. According to
the recent draft State Party Periodic Report of Cambodia to the Committee on the Rights of the Child, MoEYS maintains that limited resources restrict its capacity to respond more effectively. The shortage of schools, teachers and textbooks can also be attributed to the limited human and material resources available to the State’s key duty-bearer.

Although the State and its agents are the main authorities for education at the central level that control financial and human resources, other duty-bearers include teachers, school directors and school support committees. They all play important roles in ensuring that the right of the child to education is fulfilled. The roles and responsibilities of teachers are stipulated in a number of laws and specific policies and guidelines such as the Teacher Standards for Basic Education drafted in 2006 and the Sub-Decree on the Teachers Professional Code issued in 2008.

The Sub-Decree on Teachers Professional Code establishes standards of professional service and serves as an ethical guideline to the behaviour of education personnel in all types of institutions. The fundamental principles that a teacher is expected to uphold include the prohibition of discrimination. Accordingly, teachers shall work without discrimination based on “race, complexion, sex, gender, language, religion, political or other views or national, ethnic, or social origin, property, disability, birth or status” (Article 7). The sub-decree recognizes that teachers have the right to conduct private teaching out of official working hours (Article 25). At the same time, an important provision stipulates that teachers should not use their position as teachers to force learners into private teaching (Article 27). Some of the capacity gaps for teachers and the other duty-bearers are outlined below.

Professional and other necessary capacities (e.g. good parenting, communication and coordination skills)

The major reasons for key duty-bearers not fulfilling their roles include poor professional skills and other capacity gaps. As shown in this chapter, the lack of qualified teachers has been a major constraint to providing quality education and preventing school dropout. There has been significant improvement in recent years with MoEYS providing teacher training and with an increasing number of teachers gaining the required teacher’s qualifications. Nevertheless, there is room for improvement. It has been reported that only 24 per cent of teachers in primary schools in rural areas and 12 per cent in remote areas have completed upper secondary education.

A report on the Gender Mainstreaming Strategic Plan in Education for 2006-2010 addresses the issue of building national capacity to promote gender mainstreaming and gender equality in girls’ education as one of the major achievements that must take place in schools, communes and districts. It notes that although knowledge and skills have been raised and built at the central offices of the MoEYS, they must also spread to all the communes and schools in the country’s 24 provinces. The study concludes that this implies having more women among school principals, district and provincial offices and in top positions in the MoEYS in order to create an “enabling environment for gender mainstreaming in the education system”.

Other capacities required for the fulfilment of duties and obligations relate to...
coordination or management skills. In many education areas it is evident that there is a need for a holistic approach that includes components of health, nutrition and care. This approach cannot be achieved by one ministry alone and requires inter-ministerial collaboration that strives to build capacities for designing coordination and implementation strategies. In addition to MoEYS, this may involve the Ministries of Planning; Rural Development; Social Affairs, Veterans and Youth Rehabilitation; Labor and Vocational Training; Health, and Women’s Affairs. In recognition of the need for such an approach, an Integrated Childhood Development Sub-committee of the Cambodian National Council for Children was formed to facilitate, monitor and coordinate the actions of all ministries responsible for implementing child health, growth and development activities. The extent to which this body has been successful is worthy of further study.

Knowledge of rights and duties and motivation to perform duties accordingly

For duty-bearers to carry out their duties and be motivated to take necessary action, they must have knowledge of children’s rights as recognized by the CRC and pertinent national laws. It is also fundamental for children as right-holders to have knowledge of their rights in order to claim their entitlements. In recent years, the Government, as a principal duty-bearer, has demonstrated increasing understanding and knowledge of children’s rights and of the State’s corresponding duties, and has been motivated to take appropriate action. In addition to ratification of the CRC, the fact that the 1993 Constitution of Cambodia has fully incorporated the treaty represents a clear and unequivocal acceptance of its standards and principles at the highest level. Moreover, some government efforts clearly show there is a growing appreciation for children’s rights, such as the formulation of laws and policies aimed at achieving gender equality, combating exclusion of children of ethnic minorities, children with disabilities and others, as well as in reducing the disparities that hinder the realization of the right to education. The Government’s enactment of the Law on Education, the adoption of inclusive education as a central tenet of its approach in the ESP, and the CFS Policy are also good examples of government action. In addition, it is reported that MoEYS has been demonstrating increasing ownership and leadership in policy development and the implementation of the education reform process.\footnote{Report of the Mid-Term Review of the Country Programme 2006-2010, op cit.}

Knowledge of children’s rights and of the corresponding duties of teachers and school directors has also been increasing in recent years, in light of the laws and policies adopted. The CFS Policy, which is being implemented nationwide, stipulates in particular that CFS schools encourage the realization of children’s rights. To this end it works with all “commitment-holders” or duty-bearers, including teachers, parents and guardians of students. One of the policy’s objectives (Dimension 4), which aims for gender responsiveness, is “to promote awareness in schools, families and communities of their roles and responsibilities for providing equal and equitable education and educational opportunity for both girls and boys so that they can participate equally in all activities in school, family and society”.

Knowledge of children’s rights and of the corresponding duties of all responsible actors such as parents and village chiefs is more complex to assess. There is very limited information relating to the extent to which Cambodian society is aware of all children having civil, political, economic,
social and cultural rights as enshrined in the CRC. In light of the vigorous Government efforts to increase school enrolment and the CFS programme, it is fair to conclude that there is a general awareness among parents, teachers and children themselves of the importance of ensuring children access to quality education. Parents in remote areas or facing economic hardship may still consider education more as a luxury or an option for children of wealthier families, rather than a child’s right and an obligation for them to meet. This point is also particularly relevant in relation to girls and other vulnerable children, specifically children with disabilities being excluded from secondary school education. Consequently, there is a need to raise awareness among teachers, parents and children in conjunction with the development and implementation of the Ministry’s policy for inclusive education.

The overall perception is that the notion of children’s rights is a new concept for the vast majority of the population, which has undergone several critical political, economic and societal transformations over previous decades. Clearly, there is not yet a culture of human rights embedded in the country that would naturally welcome children’s rights and embrace the principles of universality, non-discrimination and equality, accountability, and participation that are recognized in the CRC.

Access to facilities to perform duties, and access and control over available financial and human resources

In order for duty-bearers to fulfil their duties, they must be able to ensure access to services and facilities, which implies having control over available financial and human resources. The Government is well aware that the lack of facilities and materials is a major barrier to the realization of the right to education for all children. The recent draft State Party Periodic Report to the Committee on the Rights of the Child states that the objective of the ESP is to ensure that each village has a primary school offering grades one to six, located close to communities in order to reduce the number of incomplete primary schools not providing a full complement of grades. The plan also aims to add classrooms and provide learning spaces for secondary education in areas where such facilities are insufficient, or in overpopulated schools. The same report states that MoEYS provides textbooks to each primary school student for free, and in secondary schools, one textbook is provided to every two students. Children in more vulnerable and remote areas are each receiving one textbook. The report further states that overall “schools at all levels are still facing problems related to the lack of teaching materials, and the management of text books remains poor”.

Overall control of financial and human resources in the education sector is at the central level. The introduction of the PAP in education in 2000/2001, which provides for schools’ overall operational budgets, has represented a major change in terms of resource allocation and education sector strategy. Under the PAP scheme (now transformed into the Programme Budget [PB] scheme), schools receive an operating budget that is determined by the number of students and size of the school, which is managed by school support committees whose members are elected by village residents. This means that schools are now able to control and prioritize how these funds are being spent. Resources are reported to be reaching schools, which was one of the major objectives of PAP reform. However, they are not all receiving the resources in a timely or predictable manner and there are problems of erratic disbursement, all of which “have implications on operational efficiency.”

Chapter 5

THE CHILD’S RIGHT TO BE RESPECTED AND PROTECTED
ពេញលេញ ព្រៃមួយ ស្រែច្រើន ស្រែច្រើន ឬយ៉ាងណាម្មណ៍ បានដោយក្នុងច្រាំងមួយទៀត។
The child’s right to be respected and protected

Introduction

The CRC and its two Optional Protocols and other key international human rights instruments establish that all children have a right to be protected from violence, abuse, exploitation and other forms of harm. In addition to the principles and standards of the CRC, this chapter is guided by UNICEF’s Child Protection Strategy, which calls for creating a protective environment “where girls and boys are free from violence, exploitation and unnecessary separation from family; and where laws, services, behaviours and practices minimize children’s vulnerability, address known risk factors, and strengthen children’s own resilience”.\(^{472}\) This strategy is based on a human rights-based approach to child protection that emphasizes prevention as well as the accountability of government. It also emphasises the important role of children as the subject of rights and as active participants in their own development in a protective environment.\(^{473}\)

The Child Protection Strategy is based on two basic pillars for building a protective environment: the need to strengthen national protection systems and the need to support social change. Securing a protective environment, among other things, also requires reducing disparities in access to information, advice and services.

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473 Ibid, p. 4a
Chapter V. The Child’s Right to be Respected and Protected

The child protection strategy – elements for a protective environment

1. Governmental commitment to fulfilling protection rights: includes social welfare policies, adequate budgets, public acknowledgement and ratification of international instruments.

2. Legislation and enforcement: includes an adequate legislative framework, its consistent implementation, accountability and a lack of impunity.

3. Attitudes, traditions and customs: includes social norms and traditions that condemn injurious practices and support those that are protective.

4. Open discussion, including the engagement of media and civil society: acknowledges silence as a major impediment to securing government commitment, supporting positive practices, and ensuring the involvement of children and families.

5. Children’s life skills, knowledge and participation: includes both girls and boys as actors in their own protection through using their knowledge of their protection rights and ways of avoiding and responding to risks.

6. Capacities of those in contact with children: includes the knowledge, motivation and support needed by families and community members, teachers, health and social workers, and police, in order to protect children.

7. Basic and targeted services: includes the basic social services, health and education to which children have the right, without discrimination, and also specific services that help to prevent violence and exploitation, and provide care, support and reintegration assistance in situations of violence, abuse and separation.

8. Monitoring and oversight: includes effective systems of monitoring such as data collection and oversight of trends and responses.

The strategy’s first pillar, building national protection systems, calls for the formulation and adoption of laws, policies, regulations and services that are necessary across all social sectors, but particularly social welfare, education, health, security and justice. It also requires paying attention to policy reform, institutional capacity development, planning, budgeting, monitoring and information systems. To strengthen national protection systems the strategy calls for a number of actions that aim to:

- Incorporate child protection into national and decentralized planning processes, including social protection strategies.

- Promote justice for children within the Rule of Law agenda – based on Recommendation 9 of the UN Secretary-General’s Study on Violence against Children, which stresses the need to improve justice and security sector systems to protect children who come into contact with the law as victims, witnesses and offenders, and to end impunity for crimes against children.

- Strengthen coordination among child protection system actors.

- Strengthen the social welfare sector in regard to policy development, management and oversight capacity, as
well as the quality and quantity of human resources, and better monitoring and information systems.

- Support birth registration, placing special emphasis on vulnerable and excluded groups.

The strategy’s second pillar calls for support for social change in light of the fact that some forms of violence and harmful practices can be deeply rooted within societies and often go hand in hand with discriminatory attitudes and behaviour. This can be achieved through strategic action to support social change by promoting norms and values within civil society that can influence greater government accountability. Strategic action to support social change may include:

- Increase knowledge and data collection.
- Strengthen the protective role of families.
- Strengthen the protective role of communities.
- Promote meaningful child participation and empowerment.
- Support public education and social dialogue.

As in previous chapters, applying a human rights-based approach to the situation analysis requires identifying the rights of the child that are not being fulfilled, as established in the CRC and other pertinent international and national laws recognized in Cambodia, and analyzing the mix of factors that prevent their enjoyment. It also calls for identifying the responsible actors, or ‘duty-bearers’, that have an obligation to ensure the rights of the child are realized and thereafter assessing, as far as possible, their roles and capacities to fulfil their duties. Thus, the principal aim of an analysis using this methodology is to focus on the situation of children who are most disadvantaged and excluded and to identify the existing major gaps and shortcomings that prevent them from enjoying all of their rights.

This chapter focuses on the many developments that have taken place in recent years in order to build a protective environment for children in Cambodia. One of the challenges has been to identify and select the most reliable and current data on a wide range of issues that fall under the area of child protection. Although information on the numerous child protection issues has improved in recent years, much of it is still based on small-scale studies and surveys and is dispersed across numerous documents. Great effort was made to bring together data from a wide range of sources in order to present an accurate assessment and analysis of the situation regarding child protection.

Source: Vanyda
The Convention on the Rights of the Child and the 1993 Constitution of Cambodia recognize the following rights which are the most relevant to this chapter

The CRC
Article 2 – The child’s right to non-discrimination
Article 3 – The best interests of the child
Article 19 – The right of the child to protection from all forms of physical or mental violence, abuse or neglect, or exploitation
Article 32 – The right of the child to protection from economic exploitation
Article 33 – The right of the child to protection from illicit use of narcotic drugs
Article 34 – The right of the child to protection from all forms of sexual exploitation and sexual abuse
Article 35 – The right of the child to protection from the abduction, sale and traffic in children
Article 36 – The right of the child to protection from all other forms of exploitation
Article 37 – The right of the child to protection from torture, cruel or inhuman treatment, capital punishment, and in lawful deprivation of liberty
Article 39 – The right of the child to physical and psychological recovery and social integration
Article 40 – The rights of the child accused of infringing the penal law and measures for dealing with such children outside of judicial proceedings


Constitution of the Kingdom of Cambodia
Article 31 - The Kingdom of Cambodia shall recognize and respect human rights as stipulated in the United Nations Charter, the Universal Declaration of Human Rights, the covenants and conventions related to human rights, women’s and children’s rights. Every Khmer citizen shall be equal before the law, enjoying the same rights, freedom and fulfilling the same obligations regardless of race, colour, sex, language, religious belief, political tendency, birth origin, social status, wealth or other status. The exercise of personal rights and freedom by any individual shall not adversely affect the rights and freedom of others. The exercise of such rights and freedom shall be in accordance with law.
Article 48 - The State shall protect the rights of the children as stipulated in the Convention on Children, in particular, the right to life, education, protection during wartime, and from economic or sexual exploitation.
The State shall protect children from acts that are injurious to their education opportunities, health and welfare.
Overview of child protection in Cambodia

This overview highlights the main elements that characterize the overall situation of child protection in Cambodia. It underscores the fundamental achievements that have resulted in creating a more protective environment for children in line with the CRC and other relevant international standards. It also points out the principal challenges that must be addressed in order to ensure that all children are respected and protected and able to enjoy all their rights.

In recent years, important steps have been taken to develop core laws, policies, specific strategies and regulatory frameworks in child protection. New structures have been put in place to implement the recently enacted laws and policies and existing ones have been strengthened. There is clear evidence of increased high-level commitment to address child protection issues in a more comprehensive manner. Good examples are the establishment of the Leading Task Force on Human Trafficking, Human Smuggling, Exploitation and Sexual Exploitation headed by the Deputy Prime Minister, the Inter-Ministerial Child Justice Working Group and the National Multi-Sectoral Taskforce on Orphans and Vulnerable Children (OVC). Gradually, the capacity to address the wide range of protection issues is growing among key professionals who are in regular contact with vulnerable children in need of social protection.

Recent developments reveal that key duty-bearers, beginning with MoSVY and the Ministry of Justice (MoJ), are more aware of the challenges ahead and the need to strive for a systemic approach to child protection. The process of building and strengthening the child protection system over the next few years is likely to continue with special concentration on capacity building of the key duty-bearers at all levels, particularly in light of the decentralization and deconcentration process. This will mean mainstreaming child protection strategies in this process and focusing on local government structures such as Commune Councils. The passage of the Organic Law envisions significant restructuring of government on the sub-national level, with the establishment of provincial and district councils as additional levels of government to the Commune Councils, which were established in 2002. Thus, local authorities will be playing a critical role in determining local priorities, providing services and in allocating resources. The Commune Committees for Women and Children (CCWCs) and the Commune Focal Points for Women and Children (CFPWCs) are already playing an important role in ensuring that vulnerable families and children have access to adequate social welfare services and support.

The past three years have seen an increased focus on the situation of OVC and greater interest shown by donors, embassies and NGOs in working with MoSVY to strengthen services for OVC and build a national child welfare system. To complement this, Cambodia has ratified the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption and formulated a draft Inter-Country Adoption Law. These actions have increased attention on how orphans and abandoned children are cared for and to what degree family, community or other domestic solutions are sought and found for Cambodian children without primary caregivers. Moreover, these
positive developments and new partnerships have created momentum for strengthening MoSVY’s institutional capacity to meet its social and child welfare mandate.

The legal system, which had to be totally rebuilt in Cambodia after years of civil conflict, plays a critical role in child protection. Consequently, in the mid-1990s there was a dearth of trained judges, prosecutors and lawyers in the country. Since then, considerable progress has been achieved with a new cadre of judges, lawyers and prosecutors emerging, and although they are few in numbers and many have limited professional capacity, they are gradually working to establish a new legal framework and justice system. Although steadily improving, progress remains slow and challenging. To date, many children that come into conflict with the law are not adequately protected by the justice system because of its limited human resources and limited capacity to respond in accordance with international standards and in children’s best interests. In light of this, a number of important initiatives have been undertaken to build the capacity of justice officials, lawyers and police officers on child rights and juvenile justice. Course modules have been mainstreamed into the Lawyer Training Centre and the Royal Academy of Judicial Profession.474

There is also a dire need to establish social work as a profession within the country with the skills and competence to provide much needed welfare services to support vulnerable families. The scarcity of skilled social workers and their sparse coverage (one district social worker per 25,000) is still a major shortcoming.476 The situation is further exacerbated by the distance between villages and limited resources for social workers to travel to meet their clients. These limitations make it difficult for district social workers to ensure quality case management. In response, activities have been carried out to strengthen collaboration between police and district social workers that have resulted in improved service delivery to victims of violence, exploitation and abuse.476

While there continues to be extremely limited data on most child protection issues, a number of studies have been carried out by both international and local organizations on issues including child trafficking, sexual exploitation and abuse, child labour, and children in conflict with the law. However, there is not yet a central and systematic approach to research the wide range of child protection issues that are also interrelated problems. To date, the Government has not played a leading role in developing the studies, but it has facilitated some of the research.

Despite significant progress to date, the remaining challenges are numerous and complex to address. Poverty and economic instability leave many children and their families more vulnerable and at higher risk of violence, abuse and exploitation. As stated earlier in the situation analysis, 35 per cent of the population lives below the national poverty line.477 Although living standards have improved for all segments of society, including the poor, inequality has also increased. The absence of an effective social protection system with social safety nets and welfare services to support vulnerable families leads many of them to adopt negative coping strategies such as unsafe migration, child abandonment and the placement of children in institutional care.478 Some parents...
are forced to take their children out of school to send them to work in hazardous labour.\textsuperscript{479}

There are many child protection issues that are manifest in the number of children at risk and in need of special protection. Violence, abuse and exploitation take place in all the different environments that a child inhabits such as the home, school, workplace, streets, prisons and alternative care institutions. An increasing number of children live in orphanages. As of 2008, there were 225 orphanages identified by MoSVY, with 8,666 children living in them.\textsuperscript{480}

Studies conducted by the International Organization for Migration (IOM) in 2007 on child domestic workers and child sex workers revealed that children with “disintegrated family and networks” were at higher risk of exploitation and trafficking. According to IOM, although the actual numbers are not known, there is strong evidence that many such children are already at risk of becoming victims of domestic trafficking. As far as cross-border trafficking and migration are concerned, recent studies also show that many children end up crossing the border to neighbouring countries in search of work. It is estimated that 2,000 children cross the border every day into Thailand, where they engage in manual labour or begging. A study conducted by Friends International on child beggars in Bangkok found that the large majority are not trafficked or controlled by gangs, but are often small children migrating with their parents or other relatives.\textsuperscript{481}

Another significant concern relates to child sex workers. In addition to being vulnerable to exploitation, the precarious circumstances of child sex workers greatly contribute to their risk of contracting sexually transmitted infections including HIV, as well as becoming victims of drug abuse. Related to this is the problem of sexual abuse and rape of children, which appears to be on the rise with a growing incidence of rape and gang rapes perpetrated by young people.\textsuperscript{482} More generally, juvenile delinquency is a major problem that has been on the increase in recent years, with many children and youths coming into conflict with the law, primarily for petty offences. Consequently, the number of children and youths in prison has increased over the last decade.\textsuperscript{483}

Child labour is widespread and there is evidence that more and more children are working outside the family environment. The labour laws have not yet been extended to cover informal sector enterprises where most child labour is concentrated. There is also concern at the lack of enforcement of child labour laws since the Government does not have the capacity for effective enforcement and monitoring. According to ILO figures, over 750,000 economically active children were found to be below the absolute minimum working age of 12 years.\textsuperscript{484}

A particular challenge for international organizations promoting social change for child protection is cultural, customary and traditional practices that may hinder or be prejudicial to protecting the rights of children. Understanding the cultural context means respecting traditions that may be different from other societies, but that may be appropriate and acceptable forms of behaviour to certain groups or populations. The principle of the best interests of the child (Article 3 of the CRC) should be a primary consideration in making such assessments. In this context it should be noted that moral development in the country


\textsuperscript{480} Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2008, Alternative Care Database.


\textsuperscript{482} Ministry of Education Youth and Sports, Department of Pedagogical Research, 2004, Cambodia National Youth Risk Behaviour Survey.

\textsuperscript{483} Information provided by UNICEF Cambodia, 2008.

\textsuperscript{484} Children’s Work in Cambodia, op cit.
is undeniably rooted in Buddhism. Buddhist beliefs govern most of the culture, behaviour and attitudes of the Cambodian people.\textsuperscript{485}

Creating a protective environment for children means ensuring that their rights are respected and protected and that harmful and/or illegal behaviour is confronted appropriately and effectively by the authorities and all responsible actors in society, not only by policymakers, judges, lawyers and police officers, for example, but also teachers, doctors, parents and other caregivers. As in most countries, it is the parents and grandparents who teach children values. According to one study on child-rearing practices in Cambodia, parents are expected to be role models just like teachers in school. Parents and grandparents, siblings of parents, and household helpers also do the disciplining, which begins at an early age, and they are also considered by children to be persons of authority.\textsuperscript{486} Thus, they may be key duty-bearers who provide the first line of protection of children against violence, abuse and exploitation. A number of domestic laws establish parental responsibility. By all accounts, however, families appear to be in need of greater support from the State in order to be able to fulfil their obligations in rearing and protecting their children.

Finally, creating a protective environment for children calls for empowering children through their own knowledge of their rights, and taking into account their voices and opinions by encouraging their participation in the decisions that affect their lives, particularly within the family, school and community (see chapter VI).

Concluding Observations of the Committee on the Rights of the Child

After reviewing Cambodia’s initial report on the implementation of the CRC submitted in 1997, the Committee on the Rights of the Child issued its concluding observations in June 2000.\textsuperscript{487} Many of its observations and recommendations with regard to child protection remain valid today. In response to the Committee’s recommendation that existing laws be reviewed and harmonized with the CRC, specifically in the areas of birth registration, family and alternative care, juvenile justice, sexual exploitation, and trafficking, there have been many positive developments, with the enactment of new laws and policies that help to create a more protective environment for children. For example, in addition to a new law to combat human trafficking and sexual exploitation, law enforcement has been strengthened in this area. The Committee had also expressed concern about children deprived of their family environment, including the prevalence of illegal adoptions. In response, there have been a number of policies and regulations adopted in relation to alternative care. Cambodia also acceded to the Hague Convention on Protection of Children and Cooperation in Respect of Inter-Country Adoption and a draft law on inter-country adoption is soon to be adopted.

The Committee recommended strengthening the role of the Cambodian National Council for Children with more substantial human and financial resources. This body remains in charge of coordinating the implementation of the CRC, but it is not intended to be a monitoring body. There is still no ombuds office or human rights institution as recommended, although the Government has

\textsuperscript{485} North, Peter, 2005, Culture Shock! A Survival Guide to Customs and Etiquette in Cambodia, p.54.
\textsuperscript{487} Committee on the Rights of the Child, 28 June 2000, Concluding Observations of the Committee on the Rights of the Child, CRC/C15/Add.128.
been consulting NGOs about the possibility of creating a new entity to address human rights. That said, the view of some human rights actors is that it may be premature to establish an independent human rights monitoring mechanism in a country that has yet to create an official institution that is truly independent of external influence and control. Regarding the need to train professionals on the CRC, there have been numerous activities taking place, including with UNICEF technical support, targeting judges, lawyers, social workers and others.

1. National response: Legal and policy framework for child protection

Cambodia’s legal system has been developed under the influence of diverse legal traditions, which has resulted in what is defined as ‘legal pluralism’. The legal system is primarily based on civil law as a result of French colonial influence. There is a complex legal system for fostering child-friendly courts and harmonizing laws and procedures with the international standards that have been recognized by the State through the ratification of human rights instruments including the CRC. This legal diversity also poses challenges to the creation of the necessary institutions and policies to support treaty implementation and to create a protective environment for children.

This section underscores the key laws, policies and programmes that have been adopted for child protection in recent years. The 1993 Cambodian Constitution as the supreme law of the land carries enormous weight because it is the basis for measuring other domestic laws. The Constitution recognizes the rights of the child by incorporating the CRC in its totality in Articles 31 and 48, and therefore provides the highest level of guarantees to all Cambodian children. Giving the CRC constitutional status is an important progressive step in creating a protective environment for children since the treaty itself becomes part of domestic law. However, one of the Constitution’s main shortcomings is its references to “Khmer citizenship”. By including this phrase it indicates that children who are not Cambodian citizens are not ensured the same constitutional guarantees. In addition, while Article 31 of the Constitution recognizes the principle of non-discrimination, it also excludes discrimination based on nationality by its reference to “every Khmer citizen”; meaning that not all children have constitutional protection against discrimination. Thus, the Cambodian Constitution, as it presently reads, fails to meet the human rights principle of universality since it does not protect all children in the country. Other constitutional provisions, such as Article 48, which are not predicated on Khmer citizenship, could be interpreted as providing protection to children who are not Cambodian citizens.

As in many countries, the legislative reform process regarding children’s rights in Cambodia has been mainly ad hoc. Under international law, states that have ratified an international human rights treaty are required to harmonize their legislation in accordance with its principles and standards. Legal reform is a daunting and lengthy endeavour in any country, but even more challenging in one that has had to develop core legal frameworks. As of 2008, important developments include the adoption of the Code of Civil Procedure, the Civil Code and

the Code of Criminal Procedure. The Civil Code, however, is not yet enforceable. The Criminal Code remains in draft form and is being reviewed by the Council of Ministers, and the Law on Organization of the Courts is still being developed.\footnote{UNICEF, March 2008, Assessment Child Justice Project, p.11.} It is therefore understandable that to date, a consolidated Children’s Rights Code, Child Protection Code or other comprehensive statute has not been formulated and adopted, which would be a most effective way of protecting children’s rights and helping to ensure their fulfilment. Presently, the possibility of formulating a Children’s Rights Code is under consideration by the National Assembly.\footnote{Draft Study on Children’s Rights Code, op cit.}

According to Cambodia’s draft State Party Periodic Report to the Committee on the Rights of the Child, expected to be submitted in update to 2010, some of the key duty-bearers responsible for ensuring child protection have been involved in establishing a legal and policy framework. MoSVY and MoWA have been engaged in strengthening the existing legal framework and reviewing all forms of legislation. MoSVY has led the process to enhance existing legal frameworks concerning social protection of children such as a Policy on Alternative Care for Children, Prakas on Minimum Standards on Residential Care for Children, a draft Law on Inter-country Adoption and regulations governing the accreditation, functioning and establishment of inter-country adoption agencies.\footnote{Cambodia’s Combined Second and Third State Party Report due in 1999 and 2004 Respectively to the Committee on the Rights of the Child, draft 2008.}

The following sections address legislative reform in the area of both civil and criminal law and highlight those laws that are specifically intended to protect children’s rights. It should be noted that while the legislative and policy developments are most significant, it is their implementation as part of a broader social welfare system that is now critically needed in Cambodia. For example, the system for birth registration has improved considerably, but in practice remains patchy and inconsistent.

Civil laws, regulations and policies that protect children’s rights

Core laws:
In recent years, important pieces of legislation have been developed in the area of civil law, including the Civil Code and Code of Civil Procedure. Until recently, the law did not provide a precise legal definition of a child. The Committee on the Rights of the Child in its Concluding Observations issued in 2000, expressed concern with regard to the lack of a clear legal definition of the child under Cambodian law, although several laws suggest that the age of majority is 18.\footnote{Concluding Observations of the Committee on the Rights of the Child, op cit.} Article 17 of the new Civil Code states that children are those aged below 18, as does the 1989 Law on Marriage and Family (Article 97).\footnote{Cambodia’s Combined Second and Third State Party Report, op cit., draft 2008, p.16.} In order to enter into contracts, join the military, vote and change nationality, an individual must be 18.\footnote{Draft Study on Children’s Rights Code, op cit., p. 11.} The legal minimum age for consent to sexual activity is defined in Article 2231-1 of the new draft Criminal Code and in Articles 42 and 43 of the new Law on Suppression of Human Trafficking and Sexual Exploitation, as 15. Article 5 of the Law on Marriage and Family allows a man aged 20 and a woman of 18 to marry. This policy has been changed under the new Civil Code, which pegs the minimum age of marriage for both men and women at 18 years. If one of the parties has reached the age of 18 and the other party is at least 16 and less than 18 years of age, the parties may marry with the consent of the parents or guardian of the minor. The Civil Code allows for the emancipation of a child upon marriage.
Birth registration:
Cambodia has taken significant steps by adopting important legal measures that provide protection to children with regard to birth registration. Under the Sub-decree on Civil Status, parents are obligated to register their child’s birth within 30 days. It also establishes that birth registration and the provision of the original birth certificate is free within these 30 days (Article 59) and provides penalties for false reports, forgeries and overcharging of civil registration documents.\(^{498}\) The Civil Code (Article 985) similarly requires the father or mother of a child to register the birth not later than 30 days from the day of birth in the commune or sangkat office. An adult relative cohabiting with the child’s father or mother is also authorized to register the birth. In 2007, a new Instruction on Sustainable Civil Registration was issued by the MoI, which sets out the duties of the various levels of local authorities with respect to birth registration, as well as the procedures on civil registration.\(^{499}\) The Committee on the Rights of the Child has recommended that children who are not Khmer citizens should always be registered at birth, even if they are not entitled to Cambodian nationality.\(^{500}\)

Parental responsibility:
There are several legal provisions that address the role of the family and parental responsibility. Both Cambodia’s Constitution and Law on Marriage and Family 1989 stipulate the duties of parents to their children. Article 47 of the Constitution provides that parents shall have the duty to take care of and educate their children to become good citizens. It recognizes that children shall have the duty to take care of their elderly parents according to Khmer tradition. The Constitution establishes the duty of the State to provide support to vulnerable families.

In Article 73, the Constitution establishes that the State shall give full consideration to children and mothers by providing nurseries and helping women and children who have inadequate support.

The Civil Code (Articles 1043-1045) provides that parents have responsibility for the education, residence and discipline of children. It stipulates in Article 1066 that parents also have parental responsibility over the child.\(^{501}\)

The stated purpose of the Law on Marriage and Family is to regulate and protect marriage, ensure equality of the spouses in marriage and the family, strengthen the responsibility of parents in raising and taking care of their children, and promote the moral and educational development of children to become good citizens imbued with a sense of responsibility for the nation and society, and the love of work. The Law implies that the family in Cambodia is recognized as husband and wife and children and does not take into account the extended members.\(^{502}\) Under this law, members of the extended family or parents that are in a de facto relationship and not legally married are not recognized, and other family members such as grandparents are restricted from claiming any parental responsibility (the new Civil Code has new provisions in this regard). In an effort to further strengthen the legal framework with regard to family, Cambodian law recognizes women’s right to maternity leave in the Labour Code 1997, which establishes that women shall be entitled to maternity leave of 90 days.\(^{503}\)

Under the Law on Marriage and Family, parents can lose custody of their children by order of the court in cases where parents fail to educate their child; misuse their parental responsibilities; mistreat or ignore their children; neglect the health needs of their children, and fail to access medical care for their children.\(^{504}\) The Law on Marriage and Family also provides for the temporary and permanent suspension of parental authority in cases where parents fail to ensure the care of their children and where there is a serious risk to the welfare of the child.\(^{505}\)

\(^{498}\) Ibid, p. 18.
\(^{499}\) Information provided by UNICEF Cambodia, 2008.
\(^{500}\) Committee on the Rights of the Child, CRC/C/15/Add.128, op cit.
\(^{502}\) Ibid, p. 30.
\(^{503}\) Ibid, p. 34.
authority by forcing a child to commit a crime or an action against society; mistreat their child; or behave against moral standards that are a bad influence on the child (Article 116). The law is not precise on what is considered mistreatment of a child. However, under the new Civil Code, parental authority may be suspended or divested if a parent abuses or neglects a child.504

Domestic violence:
MoWA has been leading efforts to implement the Law on the Prevention of Domestic Violence and Protection of the Victims that entered into force in 2005, which provides the legal mechanisms for prevention and protection. The law protects husbands, wives, dependent children and persons living under the same roof and who are dependents of the household.505 It defines domestic violence as including:

- Acts affecting life.
- Acts affecting physical integrity.
- Torture or cruel acts.
- Harassment causing mental/ psychological, emotional and intellectual harm.
- Mental/psychological and physical harm exceeding morality and the boundaries of the law.
- Threats aiming at frightening, shocking.
- Acts affecting individuality and property.

Inter-country adoption:
Other important legal developments include the Draft Law on Inter-Country Adoption, which was prepared by MoSVY with technical support from UNICEF. The purpose of the law is to ensure every child grows up in a family environment and that inter-country adoption is only permitted after all possibilities of the child remaining with his or her birth family, or within Cambodia, have been considered. Among other things, the draft law prohibits engaging in inter-country adoption as a profit-making business.506 The draft law has not yet been submitted to the Council of Ministers Inter-Ministerial meeting, but it is expected to be sent to the National Assembly in 2009.

Child labour:
Cambodia has been developing a legal framework for combating child labour. It ratified ILO Convention No. 138, which established the minimum age of employment in 1999, and ILO Convention No. 182 regarding the worst forms of child labour in 2005. The national Labour Law sets the age for employment at 15 years, though children aged 12 to 14 are allowed to engage in light work that is not hazardous and does not affect regular school attendance and participation in other vocational training programmes. Another provision (in Article 177) of the Law sets 18 as the minimum age for any kind of employment or work that could be hazardous to health, safety or morality.507 Minors under 18 are also not allowed to work in underground mines, quarries and in night work. In addition, the National Assembly adopted and approved for implementation the ASEAN Inter-Parliamentary Organization (AIPO) resolution to prevent and eradicate the worst forms of child labour. The resolution, which was adopted in 2004 by the AIPO, calls for immediate, comprehensive, and concerted action to remove children from hazardous and sexually exploitative work, and to provide for the safety, rehabilitation, and social integration of affected children.508

While these are significant developments that provide protection against child labour, there are gaps in the legislation that are of

504 Ibid, p. 42.
507 Children’s Work in Cambodia: op cit., p.45.
508 Ibid.
Concern. For example, the Labour Law has not been extended to cover the informal sector where the vast majority of child labourers are found. As a result, family-based agriculture and domestic service are not included in the legislation. The Law also fails to define exactly what is considered child labour such as type of work, conditions of work and work hazards.\(^{509}\)

**Alternative care for children:**

The Policy on Alternative Care for Children (2006) addresses situations in which orphaned and other vulnerable children are not being cared for by their biological parents. The most significant aspect of this policy is that it recognizes that the primary role in protecting and caring for children rests with the family and that institutional care should be the last resort and a temporary solution, in accordance with the standards of the CRC. The policy recognizes two main forms of alternative care, namely institutional or residential care and family/community-based care. Examples of family/community-based care include foster care, kinship care, adoption, child-headed households, pagoda care and group-home based care.\(^{510}\)

In addition, there is a Prakas on Minimum Standards on Residential Care for Children (2008), which addresses management, monitoring and reporting guidelines for centres, and a Prakas on Conditions and Procedures for Admission of Abandoned Babies and Orphans into Orphanages (2002) that also regulates the process.\(^{511}\) In 2008, MoSVY and partners developed Minimum Standards of Community/Family-Based Care to promote quality of care in pagodas, group homes, kinship care and foster care.\(^{512}\)

**Criminal laws and regulations that protect children’s rights**

**Core laws:**

The legislative framework in Cambodia includes new, significant pieces of legislation in the area of criminal law intended to protect children. Child protection under the law begins with the Constitution, which contains a number of important rights and guarantees in relation to the criminal process. For example, Article 38 provides that “the law does not allow physical abuse against any individual” and that “coercion, physical ill-treatment or any other mistreatment that imposes additional punishment on a detainee or prisoner is prohibited”. There is also a new Criminal Procedure Code and a draft Criminal Code, which recognize the impact of abandonment on children and their families, as well as the care needed for such children, and the circumstances that place children in dangerous situations. The draft Criminal Code establishes the age for criminal responsibility at 14.

**Child trafficking and sexual exploitation:**

Article 34 of the CRC obligates states to protect children from all forms of sexual exploitation and sexual abuse. The Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography, ratified by Cambodia, establishes that offences shall be punishable “by appropriate penalties that take into account their grave nature”. It requires states to take all feasible measures with the aim of ensuring all appropriate assistance to victims of sexual exploitation, including their full social reintegration and their physical and psychological recovery. The UN Trafficking Protocol to the UN Convention against

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509 Ibid, p. 45.
512 Orphans, Children Affected by HIV, and Other Vulnerable Children in Cambodia, op cit.
Transnational Organized Crime has also been ratified by Cambodia. The recently enacted Law on Suppression of Human Trafficking and Sexual Exploitation (2008) is intended to prevent trafficking in human beings and sexual exploitation in accordance with the UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, and other international instruments or agreements in this regard that Cambodia has ratified or signed.

The new law broadly criminalizes several types of sexual behaviour, covers almost all financial transactions related to sex workers and applies to both males and females. The Law is more comprehensive than the 1996 Law on the Suppression of Kidnapping, Trafficking and Exploitation of Human Beings and contains definitions of a minor as an individual under the age of 18, child prostitution, human trafficking (taken from the UN Protocol on Trafficking), sexual intercourse with minors under 15, procurement and inducement of child prostitution, and child pornography. It includes greater penalties for those convicted of trafficking for sexual purposes. One gap in the law is the absence of reporting provisions, but it does require concealing the identity of the victim to the media.513 Another recent important development is the drafting of a new Law on Juvenile Justice that addresses children in conflict with the law and provides the rules for designating specialists to work in this area; the mandate for the role of social workers in the criminal justice system; child-friendly procedures; the minimum age of criminal responsibility, mitigated liability; alternatives to detention and imprisonment; diversion at various stages; and revocation of criminal records. The draft law is consistent with the new Criminal Procedure Code and draft Criminal Code that is being finalized by MoJ.

The CRC states in Article 40 that every child deprived of his/her liberty shall have the right to prompt access to legal and appropriate assistance. There are domestic laws in Cambodia that provide the right of a child to access legal representation. These are:

- UNTAC Law, Article 10, which recognizes that the right to assistance of an attorney or counsel is assured for any accused person.

513 UNICEF, 2007, Sound the Alarm: Reporting Violence Against Children in Cambodia, p. 20

514 Egger, Dr. Sandra, 2006, Key Findings and Recommendations on the Assessment on Children in Conflict with the Law in Cambodia, Introduction to National Workshop p. 3.
• Law on Criminal Procedure 1993, Article 76, recognizes that a lawyer must be automatically appointed by the presiding judge if the accused person is “a minor without defence”.

Physical assault (battery) and sexual assault are prohibited by the UNTAC Law and the Law on Aggravating Circumstances of Felonies. Rape and attempted rape are both considered criminal acts. However, lack of consent is not included in the definition of rape and is a major gap in the law.\textsuperscript{515} An important development was the decision by the Constitutional Council on 10 July 2007 stating that the Law on Aggravating Circumstances of Felonies was not intended to extinguish the protection provided to juveniles and that judges may use mitigating circumstances and suspended sentences when deciding juvenile cases in accordance with the CRC and other international laws.\textsuperscript{516}

MoJ has issued a number of guidelines and instructions to further protect children in conflict with the law and as victims of crimes:

• Guidelines on the Implementation of Principles in National and International Laws in Force relating to the Protection of Victims of Crimes, which incorporate many pertinent CRC provisions with regard to the protection of victims who are children. For example, it incorporates Article 16 of the CRC, which stipulates: “No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation.” It further recognizes that “the child has the right to the protection of the law against such interference or attacks”.

• Instruction on the Implementation of National and International Laws in Force relating to Juvenile Justice, which provides fairly comprehensive guidance to the police regarding best practices in dealing with children in conflict with the law.\textsuperscript{517}

• Inter-Ministerial Prakas on Cooperation and Coordination in Child Justice Process, which was finalized recently and is awaiting approval by the ministries concerned.

• Prakas on the Use of Court Screen and Courtroom TV-Linked Testimony from Child/Vulnerable Victims or Witnesses.

National plans of action that protect children’s rights

Two national plans have recently been adopted that provide protection to vulnerable children.

• The Orphan and Vulnerable Children (OVC) National Plan of Action (NPA) 2008-2010 was adopted in June 2008.\textsuperscript{518} The NPA aims to put in place a coordinated strategy to reach orphans, children affected by HIV and other vulnerable children with a minimum package of services to guarantee their physical, emotional and developmental well-being and address the underlying causes of their vulnerability. The NPA is intended to reach 50 per cent of all households by 2010 with services that include food security, psychological and emotional support, education opportunities, economic and income-generating support, as well as access to health care. It also aims to have services available in every commune and will ensure that support is provided

\textsuperscript{515} Ministry of Women’s Affairs, 2008, A Fair Share for Women, Cambodia Gender Assessment and Policy Briefs, Violence Against Women and Sexual Exploitation.

\textsuperscript{516} UNICEF, 2008, Assessment of Child Justice Project, p.49.

\textsuperscript{517} European Commission and UNICEF, 2007, Recommendations on Strengthening Cooperation and Coordination Among Juvenile Justice Stakeholders, p. 31.

\textsuperscript{518} Save the Children Australia, 2007, Report of the Functional Task Analysis of the Orphans and Vulnerable Children Functions of the Ministry of Social Affairs, Veterans and Youth Rehabilitation.
Chapter V. The Child’s Right to be Respected and Protected

The National Plan of Action against Trafficking in Persons and Sexual Exploitation for the period 2006-2010, which replaced the former NPA that expired in 2004, is considered an improved version. It defines objectives, assigns specific responsibilities to relevant ministries and includes mechanisms for monitoring and follow up. The main purpose of the draft NPA is to provide greater assistance to ministries in order to make concrete plans for action. It was developed by the Cambodian National Council for Children with UNICEF technical support and in consultation with NGOs, and was recently placed under the leading Task Force on Trafficking for review.

A review of the literature demonstrates that some of the overall shortcomings of the existing legal and policy framework are due to the laws being fragmented, dispersed and often vague, as well as lacking precise and clear definitions. Since law reform has been piecemeal and ad hoc, certain aspects of the CRC are still not fully addressed, such as citizenship rights. As a result, the existing laws do not yet adequately constitute a comprehensive legal framework since there remain some significant shortcomings and gaps that need to be rectified before all children are fully protected. However, many positive developments have taken place recently that are intended to strengthen the legal and policy framework, which reflect a political will to support legislative reform in keeping with the CRC should remain as one of the top priorities.

2. Structure for the implementation of laws, policies, plans and programmes

This section addresses the existing structures and mechanisms for implementing the laws, policies, plans and programmes described above, which are needed for securing a protective environment for children. It looks at the current status of the social welfare system, courts, law enforcement, coordinating mechanisms and the role of other social sectors such as health and education, as well as the important contributions of NGOs. The principal duty-bearer responsible for child protection is MoSVY, whose mandate is provided by the Government. Its functions include:

- To design policy, head and manage all state social affairs services to help the vulnerable and poor, including people with disabilities, orphans, children living on the streets, female prostitutes and people affected by HIV and AIDS.
- To design normative rules and administer activities relating to domestic and overseas adoption.
- To provide social services in order to take care of, protect and educate orphans, child victims of trafficking, HIV-or AIDS-affected children, children living with disabilities, and abandoned babies.
- To take legal measures in preventing prostitution, trafficking in people, child sexual abuse and combating HIV and AIDS (in collaboration with relevant institutions).
- To implement children’s rights in

519 Information provided by UNICEF Cambodia, 2008.
520 ECR and COSECAM, 2007, Situation Analysis of the Sexual Exploitation of Children, p.3.
collaboration with relevant institutions and NGOs.

2.1 Social welfare system

In addition to a weak legal and policy framework, Cambodia does not have an effective social protection system with social safety nets and welfare services to ensure a protective environment for children and vulnerable families. Child protection services lack sufficient funds and human resources and they are affected by a critical shortage of social workers. It is estimated that there is only one state social worker per district, who is responsible for about 25,000 people. There is not yet a social work degree program and social workers are mainly MoSVY staff that can be characterized more as para-professionals. An important recent development is that a School for Social Work is being established through collaboration between the University of Washington and the Royal University of Phnom Penh.

Besides the lack of social workers at district level, their presence at the commune and village level is virtually non-existent. Consequently, limited welfare services are not able to support all children in need, particularly since social workers lack both the resources and the skills to provide quality case management, referral and regular follow-up with families. They face the problems of long distances to villages and the limited resources available for travel to meet their clients. Building the capacity of social workers has been singled out as a major priority for creating a protective environment for children. NGOs are trying to reach child victims of violence in areas where the State’s social services are unable to respond, but they are nonetheless providing only a patchwork of limited services. The demand for professional social workers goes far beyond the availability of adequately trained staff.523

According to a MoSVY report, social workers are recruited at the local level by provincial offices and there are no reported processes or criteria for their employment. This means there are differences in the approaches used and skills and experiences sought. The report states that social workers “generally have few educational qualifications, but are instead recruited on life experience and standing in the community”.524 Social workers have identified the need to further strengthen the case management approach and to promote a client-centred approach to social work. It was also noted that there is little supervision of social work activities carried out at the provincial and district level, although it is provided at the regional level.525

UNICEF has established a Social Work Training Programme to increase the knowledge and strengthen the skills of MoSVY staff through Basic Social Services Training and Professional Social Services Training. The programme is managed by a Social Work Training Committee. The two programmes are apparently meeting the needs of MoSVY social workers, although the need for some improvements was also noted.526

NGOs are also social welfare providers across Cambodia and serve as advocates for vulnerable members of the community. Save the Children Australia conducted a mapping exercise in 2007 that identified more than 400 agencies providing protection, care and support to OVCs. Services include residential/institutional care (orphanages), shelters for children living on the street,

522 Strengthening the Justice System for Children, op cit.
523 Information provided by UNICEF Cambodia, 2008.
525 Ibid.
526 Ibid., p. 30.
recovery centres for child victims of abuse, and counseling centres. They operate in a largely unregulated environment with limited oversight by the Government, despite the fact that many have signed memoranda of understanding with relevant ministries including MoSVY. NGOs are encouraged but not required to register with the relevant line ministry and this further limits government capacity to provide any form of effective oversight.

It is reported that monitoring systems are being developed by the Government, based on the Minimum Standards for Alternative Care for Children. There is concern, however, that since sanctions are not currently available in the event that NGOs fail to meet the minimum standards, many organizations and faith-based groups that receive funding from abroad are free to carry out their work with few controls imposed. This is most evident in the provision of residential care facilities for children, which have grown by 47 per cent, from 153 in 2005 to 225 in 2008. MoSVY’s Alternative Care Database indicates that while the number of such facilities has grown, registration has dropped. Moreover, it has been noted that the increase in the number of residential institutional services is mainly occurring in the NGO sector. The number of orphanages provided by the Government has not increased, although there has been a small increase recorded in the number of children cared for in public orphanages. At the same time, NGO service provision has increased by 62 per cent the number of children cared for between 2005 and 2007.

2.2 The courts

The MoJ is responsible for administration of the courts. There are 22 courts of first instance: one in each of 21 provinces and one in the capital Phnom Penh. The courts are staffed by judges, prosecutors and court clerks. The Appeal Court is located in the capital of Phnom Penh and it hears cases on appeal previously decided in the provincial or municipal courts. The Supreme Court is the highest court, based in the capital city, and decides appeals against decisions of the Appeal Court.

The courts play a fundamental protective role in ensuring respect for children’s rights. In recent years Cambodia has been developing its judiciary, including its court system, and building the capacity of its body of judges and lawyers and other legal personnel. The Plan of Action (April 2005) for implementing the Legal and Judicial Reform Strategy (June 2003) has been implemented based on the objectives and strategies in the National Strategic Development Plan. The MoJ has been taking the lead in this major effort to rebuild a legal system essentially from scratch. Donor support has been directed to reforming the justice sector in order to improve the functioning of the courts and corrections systems. Workshops with legal specialists have been held in recent years in order to identify the areas that need to be strengthened to protect children and adolescents that come into conflict with the law and to promote the notion of child-friendly courts.

In Cambodia there are no juvenile courts as part of a juvenile justice system. However, it is believed that a juvenile court is not yet foreseeable in light of the lack of human and financial resources. The need to build the capacity of judges, prosecutors and defence lawyers with special training on children’s rights has been acknowledged by the Government. A number of training activities has been carried out in recent years,
including on children in conflict with the law and juvenile justice. The Royal Academy for the Judicial Profession carries out capacity-building activities for judges, prosecutors and court clerks. Recently, children's rights and juvenile justice were integrated into the academy’s regular training courses and in those of the Lawyer Training Centre. The number of judicial professionals continues to grow and there has been an increased understanding of the role of various criminal justice actors, including social workers, who are in contact with children in conflict with the law, and of inter-disciplinary child-friendly procedures.\(^{531}\)

The MoJ has been working extensively in recent years to develop child-friendly courts. Some courts are now using child-friendly equipment including court testimonial screens, video conferencing and appropriate furniture for child victims/witnesses.\(^{532}\)

An issue that is directly related to the courts and overall judicial system is the problem of enforcement of existing laws and ensuring compliance with the standards that prohibit, for example, discrimination, domestic violence and exploitative child labour. A chief concern is that implementation of laws and policies regarding social protection as recognized in the Constitution have not been realized.\(^{533}\) Nevertheless, since 2000, greater application of some laws has been observed, particularly with regard to the protection of children from sexual exploitation, trafficking and hazardous child labour, possibly as a result of the increased priority the donor community has given to these issues.\(^{534}\) Joint initiatives between NGOs and key government departments have also assisted in the progress achieved. An important development that will contribute to improve enforcement and compliance is the establishment of a child justice data collection and monitoring system by MoJ, which is aimed at collecting data on all cases of child victims, children in conflict with the law, sex crimes, and trafficking of children and adults.\(^{535}\)

2.3 Law enforcement

The organization of the police within Cambodia is rather complicated since it contains three separate systems: the National Police, the Gendarmerie and the Military Police. One of the units within the National Police, the Judicial Police, has the primary responsibility for the investigation of crime and the apprehension and charging of suspects. The National Police force resides within the administrative sphere of the Mol.\(^{536}\)

A positive recent development is the establishment of the Anti-Human Trafficking and Juvenile Protection Unit under MoI, which focuses on investigating offences of illegal trafficking of people for sexual purposes or slavery, and investigating offences that involve sexual exploitation of children.

2.4 Prison and youth rehabilitation

There are 22 provincial prisons and three national prisons in Phnom Penh (CC1, CC2 and CC3). Each provincial prison is under the control of a Chief Prison Officer, who is accountable to both Mol and the second Deputy Governor of the Province. The Department of Prisons was created as a separate entity in 2000 and is a separate department within Mol.\(^{537}\) In Phnom Penh

\(^{532}\) Recommendations on Strengthening Cooperation and Coordination Among Juvenile Justice Stakeholders, op cit., p. 20.  
\(^{534}\) Situation Analysis of the Sexual Exploitation of Children, op cit.  
\(^{535}\) Assessment of Child Justice Project, op cit.  
\(^{536}\) The Research Institute for Asia and the Pacific, University of Sidney, UNICEF, 2005, An Assessment of the Situation of Children in Conflict with the Law in the Kingdom of Cambodia.  
\(^{537}\) UNICEF, 2008, Strengthening the Justice System for Children, internal note.
there is a separate correctional centre for male children and women. In the rest of the provinces children stay in separate cells but are kept in the same prison as adults.\footnote{Information provided by UNICEF Cambodia, 2008.} It should be emphasized that there are currently no rehabilitation programmes in place for children in their communities, only a small-scale pilot project in four provinces that provides informal education and vocational training. MoSVY has begun to provide case management, informal education and reintegration services to children in prisons and in the Youth Rehabilitation Centre through its Youth Rehabilitation Department. The Department has also begun to lead coordination of NGOs providing services to children in prison at national level and in four provinces.\footnote{Ibid.}

### 2.5 Coordinating bodies for child protection

Under international human rights law, one of the principal obligations of the State after ratifying the CRC is to establish an independent monitoring mechanism at the national level to focus on the implementation of the treaty. The existence of such a body is particularly important for creating a more protective environment for all children. The Cambodian National Council for Children (CNCC) was created in 1995 as a coordinating body that is comprised of four inter-ministerial subcommittees, which was responsible for developing the Cambodia Fit for Children Policy and the National Plan of Action Against Trafficking and Sexual Exploitation of Children 2000-2004. The CRC Committee recommended that the CNCC should be strengthened by increasing resources in order to function more effectively. Cambodia’s draft Periodic Report to the CRC Committee acknowledges that the CNCC still faces many challenges since it lacks staff and sufficient funds. The report indicates that the CNCC’s budget is part of the governmental budget given to MoSVY, which is enough for expenses for events, such as International Children’s Day, the cost of water, electricity, a telephone line and staff salaries.

### 2.6 The National Orphans and Vulnerable Children Task Force/Serectariat

The National Orphans and Vulnerable Children Task Force/Secretariat (NOVC-TF) was established in mid-2006, with MoSVY facilitating cooperation among key stakeholders that work with OVC in the planning and monitoring of activities, and to provide advocacy and technical support. As part of its mandate, MoSVY is responsible for social affairs, including those relating to OVC. With the development of the Orphan and Vulnerable Children National Action Plan 2008-2010, MoSVY’s role is gradually being defined and clarified.\footnote{UNICEF, March 2008, Assessment Child Justice Project, p.3.} The Task Force includes representation from multilateral and bilateral agencies and international NGOs.

### 2.7 The Leading Task Force on Human Trafficking, Human Smuggling, Exploitation and Sexual Exploitation

In 2007, the Government established a Leading Task Force on Human Trafficking, Human Smuggling, Exploitation and Sexual Exploitation, headed by the Deputy Prime Minister and consisting of representatives from 14 ministries and bodies. With active participation from MoWA, MoSVY, Mol and MoJ, this body has been instrumental in ensuring improved coordination and collaboration across sections, and has made important progress in terms of consolidating protection standards, mobilizing provincial authorities and strengthening data collection.
2.8 Inter-Ministerial Child Justice Working Group

In 2006 a Prakas was developed by the MoJ on the Establishment of a Child Justice Working Group (CJWG), and a body was established composed of officials from four ministries: MoJ; the Legislation Group of MoI; the Prison Department of MoI; the Anti-Human Trafficking and Juvenile Protection Department of MoI; MoSVY; and MoEYS. Its duties include developing relevant guidelines and protocols for inter-ministerial cooperation and for the child-friendly handling of cases. It is also authorized to review the draft law on juvenile justice and related policies. The CJWG has been actively involved in the organization and facilitation of various workshops in the area of child justice and in developing an Inter-Ministerial Prakas on Cooperation and Coordination in the Child Justice Process, which contains the responsibilities of courts, prosecution departments, and key line ministries in relation to children in conflict with the law and child victims. It has also begun reviewing a number of new initiatives including a diversion strategy, procedures and guidelines on a child-friendly and inter-disciplinary approach in handling cases of children in conflict with the law and child victims.541

2.9 The health and education sectors’ role in child protection

The absence of a systemic approach is another major shortcoming that needs to be addressed in order to build a protective environment for children. There is a dire need to foster stronger collaboration among key ministries in order to respond to child protection issues in a more holistic and multidisciplinary manner. International experience shows that violence against children and women interferes with their rights to health and education and may even threaten their survival. Health care personnel can play an important role in monitoring and reporting child abuse, rape and other forms of violence against children. Health expenses are often cited in Cambodia as the principal reason a family falls into poverty and is forced to resort to negative coping mechanisms including exposing their children to abuse and exploitation.542 Teachers can play an essential role as well, but may need to be trained to identify those children at risk or vulnerable to violence and abuse. Child protection issues are directly related to the enjoyment of other rights, such as to health and education, and it therefore requires the attention of other social sectors in addressing the existing shortcomings and deficiencies of the current system. Thus, one particular priority is the need to strengthen the existing protection services with the involvement of all pertinent social sectors.

3. Violence, abuse and exploitation

3.1 Birth registration is a child’s right

Birth registration is the first official acknowledgment by the State of a child’s existence and establishes the child’s status under the law. It has been observed that when children are not registered, they are less visible and this implies their non-recognition as citizens by policymakers. Moreover, if the birth is not registered, there can be no guarantee that their disappearance or death will be recorded. This is particularly important in relation to the many children that are born in remote rural areas. Registering children clearly reduces the risk of abduction, the sale or trafficking of children, illegal adoption and exploitative child labour.

541 Ibid, p.16.
Until the birth registration process started in 2002, only 300,000 people were registered (or less than 3 per cent of the total population). According to the CDHS 2005, birth registration and possession of a birth certificate varies according to age, wealth status of the household and whether the parents of the child are living. The survey found that only 55 per cent of children under the age of two years had been registered, compared to 74 per cent of children aged two to four, which indicated that the rate of registration increased with children’s age. The survey also found that orphans under five years of age who had lost their mothers, and those who had lost both parents, were less likely to have their births registered (see Figure 21).

A Nationwide Mobile Civil Registration Campaign was launched in 2004 by the MoI, which resulted in almost 90 per cent birth registration throughout the country. By the end of the campaign in 2006, 11 million people had had their births registered, which is a sharp increase from the 70 per cent registration rate (8.6 million people) in 2005, and a mere 5 per cent at the beginning of the campaign. Currently, there is an estimated 78 per cent birth registration rate. While this initiative was highly successful, it must be sustained, since a number of challenges remain regarding birth registration services such as data collection and reporting by commune registrars. There is national consensus that further enhancement of the country’s birth registration system is needed, particularly:

1. The need for a comprehensive analysis of the present legal instruments in light of Cambodian needs and international standards in order to fill existing gaps in legislation and harmonize birth registration provisions with related laws on citizenship, marriage and family, and immigration.

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544 Information provided by UNICEF Cambodia based on the Children’s Legal Protection Project, 2008.
2. The need for a more effective public information campaign on a massive scale to sustain birth registration, by using traditional and advanced means of communication.

3. The need to enhance training and capacity building of concerned officials at the central, provincial, district and commune levels in order to enhance the integrity of civil registration documents.

Cambodia has made enormous progress in the building of a civil registration system in recent years. The Commune Councils reportedly understand the procedures and the importance of civil registration. The remaining challenge is to ensure its sustainability.

3.2 Violence against children and women

One of the most serious human rights violations in Cambodia relates to violence against children and women. One study on domestic violence attributes its existence to a large extent to the long years of suffering that Cambodians endured under the Khmer Rouge regime and other political groups, which cultivated a culture of violence in the country. It is believed that the impact of this violence continues to affect many people, particularly women and children, in the form of domestic violence and rape.545

Violence takes place in each of the different environments children inhabit, including the home, school, workplace, streets, alternative care institutions where many poor children are placed by their families, and prisons. Violence against children is closely linked to violence against women. As in other countries, domestic violence occurs in all socio-economic groups but has a disproportionate impact on the poor.546

According to the CDHS 2005, the incidence of domestic violence is much greater among women with lower levels of education.547 According to the Report of the Independent Expert for the United Nations Study on Violence Against Children 2006, research shows that children whose mothers are abused are more likely to face violence in the home. The study points out that “the exposure of children to violence in their homes on a frequent basis, usually through fights between parents or between a mother and her partner, can severely affect a child’s well-being, personal development and social interaction in childhood and adulthood”.548 The CDHS 2005 states that women and children are the ones who experience the most violence in the home. The same data shows that 22 per cent of married women had at some point experienced violence from their husbands starting at the age of 15.549

The Cambodia National Youth Risk Behaviour Survey 2004 concluded that 51 per cent of boys and 36 per cent of girls reported having been beaten by their parents. Another study indicates that violence against children appears to be primarily associated with physical violence, and shows that about 83 per cent of those surveyed had experienced violence as a form of discipline by parents.550

The Law on the Prevention of Domestic Violence and the Protection of Victims (2005) does not expressly prohibit corporal punishment in the home. The Independent Expert states in his report that “violence against children in the family may frequently take place in the context of discipline and takes the form of physical, cruel or humiliating punishment”.551

551 Ibid., p. 13.
From the research it is evident that reporting any form of domestic violence, particularly against children, has its limitations because some societal norms consider such physical punishment acceptable. It has been observed that adults refer to ‘wai tek’, which means ‘small hits’, and ‘wai klang’, which means ‘big hits’, when disciplining children. Although wai tek is not considered real violence, discussions held with children indicate that the vast majority of them receive wai klang from both parents and teachers. These so-called ‘big hits’ are defined as hits across the back that leave a mark and cause them to cry. The reasons given for the big hits by parents were laziness, not doing chores, not going to school, and asking for money. The reasons given for big hits by teachers were for not doing homework and not paying attention in class.\(^5\)

3.3 Human trafficking and unsafe migration

During the past decade there has been a considerable amount of research that has addressed the phenomenon of human trafficking from and to Cambodia. Cambodia has been clearly identified for some time as a source, transit and destination country for victims of trafficking. Media reports about “children for sale” or stating that “Cambodia is becoming the first sex slavery state” tend to distort the facts and sensationalize the subject, which has given the country the image of “a destination for child trafficking and sex tourism”.\(^5\) Service providers, policymakers and donor organizations have begun to question whether the information derived from the studies is biased, incomplete or unsubstantiated, and whether many of the programmes and interventions are being developed with a “limited understanding of the dynamics and complexity of the problems”.\(^5\)

The absence of systematic and transparent data collection on the subject further contributes to this growing perception. There is concern that many estimates of the number of people trafficked for prostitution printed in publications by NGOs and international organizations cannot be fully relied upon. Some conclusions reached about “the links between trafficking and poverty, vulnerability, migration or organized crime are often repeated without checking whether the collected data actually support the claims”.\(^5\)

This phenomenon has been addressed from various perspectives in relation to some exploitative and irregular forms of migration, which have become associated with trafficking. Some reports conclude that it is often difficult to distinguish “between people who voluntarily cross borders or move from one province to another searching for work and those who are actually victims of trafficking.”\(^5\)

Available research on trafficking indicates that it occurs for the following purposes: sex work; begging and vending; labour exploitation; adoption; and forced marriage. Sex work is reported to be taking place in different forms and establishments and sometimes in response to government and municipal policies that were intended to suppress associated “vices and crimes”, such as trafficking. It is believed that in light of recent government action, the activities that lead to trafficked and sexually exploited children have gone completely underground.\(^5\) There is concern that even with the enactment of the new Law on Human Trafficking and Sexual Exploitation, the country’s endemic corruption combined with the lucrative nature of the sex industry,

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\(^5\) Review of a Decade of Research of Trafficking in Persons in Cambodia, op cit., p.3.

\(^5\) Ibid.

\(^5\) Ibid, p. 9.

\(^5\) Ibid, p. 17.

\(^5\) Ibid, p. 20.
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means that perpetrators of these crimes are likely to escape punishment by using bribes. It is suggested that there is a clear need for the Government to address impunity and to prosecute the perpetrators including those who might be public officials. 558

Researchers have found it difficult to distinguish between beggars who were actually trafficked and those who beg because they were attracted by the money that can be earned, or those whose family is involved in begging and include their children in the practice. A major finding from another study conducted by Friends International on the issue of child begging in Bangkok is that an estimated 80 per cent of Cambodian child beggars are not trafficked or working in gangs. They are going to Thailand to work with their parents and other relatives or friends. 559 It was also noted that many migrant beggars have relative control over their lives in the streets in terms of transportation and housing, etc. Another important finding concerned the level of child beggars’ earnings, with over 22 per cent of the children surveyed stating they received 251 to 300 baht per day, which is more than the minimum daily wage of 184 baht. More than 18 per cent earned between 751-1,000 baht. 560 Most child beggars are normally picked up by Thai police and either deported or placed within the social welfare authorities in Thailand.

In addition to prostitution and begging, trafficking is also reported to occur in the areas of construction, fishing, logging, factory work and agriculture. There is scarce information on trafficking in relation to labour exploitation, particularly since it also tends to involve youth migrants who often have illegal status and are unable to file complaints against employers. It is believed that abuses do take place, such as failing to pay salaries, forcing workers to function under dangerous or hazardous conditions, and obliging them to work long hours, including through the use of drugs.

Although there is also scarce information regarding trafficking of domestic workers, available reports conclude that only a small percentage of trafficked people become domestic workers in Thailand. According to one study, a relative new trend is the trafficking of Cham girls (Muslims) to Malaysia as domestic servants. It is also believed that many of them end up in brothels, or often detained as illegal immigrants and brutalized while in police custody. 561 It is noted that “actual exploitation or child servitude can easily escape from public scrutiny in light of the general acceptance of child domestic work among parents and employers”. 562

IOM conducted a study in 2007 that researched patterns of trafficking within Cambodia in three key provinces – Siem Reap, Koh Kong and Kampong Som. The study targeted child domestic workers and commercially sexually exploited women and girls. The majority of the domestic workers (76 per cent) were found to be above the minimum age of 15 years, with an average of 15.5 years. An estimated 24 per cent were underage at the time of the study, with an average age of 14.5. A strong link was identified between domestic work and commercial sexual exploitation. It was found that 51 per cent of the girls engaged in commercial sexual exploitation had previously worked as domestic workers. This particular group was believed to also represent domestic workers that had suffered extreme patterns of exploitation that include working excessive hours, suffering

560 Ibid.
562 Review of a Decade of Research of Trafficking in Persons in Cambodia, op cit., p. 28.
physical and sexual abuse, and low social status within the employer’s household.\textsuperscript{563} The study concluded that the social vulnerability of domestic workers “later makes them easily recruited into commercial sexual exploitation, either through ‘voluntary’ or trafficking-related practices”.\textsuperscript{564}

The IOM study also identified several social groups within the broad category of ‘child domestic workers’ that were also linked to child labour, exploitation and abuse. They include: children put into debt bondage (often by their own parents); children from disintegrated families who could no longer rely on their social support networks; children who had become ‘nomadic’ found working in various low skilled labour sectors and disconnected from their families; and underage children.

Another study by IOM points out that cultural norms such as gender-based norms have an important influence in sustaining trafficking practices. The demand for virgins is a good example, and norms that stigmatize and blame girls for immoral behaviour while at the same time excusing sexual promiscuity in men. These attitudes and behaviour are believed to contribute to the patterns of violence against women that are pivotal to trafficking”. The study also notes that shame and social stigma were found to be strong tools used by traffickers or recruiters from source communities.\textsuperscript{565}

One of the serious problems identified with the issue of trafficking is the lack of effective law enforcement, although some improvements related to anti-trafficking efforts are reported. With the establishment of the Anti-Human Trafficking and Juvenile Protection Unit, the number of arrests of perpetrators of child sex crimes has increased substantially. The number of sexual abuse, sexual exploitation and trafficking offenders arrested in 2007 was 582 and 670 in 2006.\textsuperscript{566} Nevertheless, few traffickers have been apprehended and subsequently prosecuted and convicted. This situation is caused by a mix of problems including the lack of understanding of the laws concerning trafficking, the lack of resources to investigate and prosecute cases of trafficking, and the general lack of commitment to see perpetrators brought to justice. NGOs are the most active in finding cases and conducting the majority of the investigations.\textsuperscript{567}

The scope of the problem of trafficking in and from Cambodia remains unclear due to the lack of reliable data to support any firm conclusions. Thus, it is difficult to ascertain the size of the problem and whether it is increasing or decreasing. Studies are often small-scale and official government data can only capture the cases that emerge from police, NGOs and repatriation.\textsuperscript{568} It seems evident that issues of human trafficking and migration are closely related. The lack of economic opportunity in rural Cambodia and the prospect of high earnings drive many children to town and border cities in search of a livelihood.\textsuperscript{569}

Table 7 shows the trends in referral by police to social welfare services as recorded by the MoH Anti-Human Trafficking and Juvenile Protection Department.

\textsuperscript{563} IOM, 2007, Out of Sight Out of Mind? Child Domestic Workers and Patterns of Trafficking in Cambodia, p. 8.
\textsuperscript{564} Ibid.
\textsuperscript{565} IOM and US Department of State, 2007, The Ties that Bind, Migration and Trafficking of Women and Girls for Sexual Exploitation in Cambodia.,
\textsuperscript{566} UNICEF, 2008, Cambodia Country Profile.
\textsuperscript{567} Situation Analysis of the Commercial Sexual Exploitation of Children, op cit., p.8.
\textsuperscript{568} Information provided by UNICEF Cambodia, 2008.
\textsuperscript{569} The Nature and Scope of the Foreign Beggar Child Issue, op cit., p.3.
### Table 7: Number of Victims of Trafficking, Sex Crimes and Domestic Violence Assisted by Police and Referred to Social Welfare Services

<table>
<thead>
<tr>
<th>Number of victims of trafficking, sex crimes and domestic violence assisted/rescued by Police</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>- below 15</td>
<td>202</td>
<td>241</td>
<td>198</td>
</tr>
<tr>
<td>- 15 to 17</td>
<td>101</td>
<td>213</td>
<td>74</td>
</tr>
<tr>
<td>- 18 and above</td>
<td>312</td>
<td>330</td>
<td>497</td>
</tr>
<tr>
<td>TOTAL</td>
<td>615</td>
<td>784</td>
<td>769</td>
</tr>
</tbody>
</table>

**Number of victims of trafficking, sex crimes and domestic violence referred by Police to MoSVY**

<table>
<thead>
<tr>
<th>(Percentage of referral to MoSVY over total number of victims assisted)</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>91</td>
<td>119</td>
<td>130</td>
<td></td>
</tr>
<tr>
<td>15%</td>
<td>16%</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Ministry of Interior’s Anti Human Trafficking and Juvenile Protection Department

### Table 8: Number of Reports, Investigations and Arrests in connection with Trafficking, Sex Crimes and Domestic Violence

<table>
<thead>
<tr>
<th>No. of relevant cases reported to police</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>665</td>
<td>967</td>
<td>576</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of cases investigated and cleared for prosecution</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>398</td>
<td>614</td>
<td>529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of offenders arrested</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>431</td>
<td>670</td>
<td>582</td>
</tr>
</tbody>
</table>

Source: Ministry of Interior’s Anti Human Trafficking and Juvenile Protection Department

#### 3.4 Sexual exploitation of children

There are currently no reliable figures on the actual number of under-aged sex workers in Cambodia. One comprehensive review of the existing literature provides the following conclusions:

- Although men and boys are involved, sex work is predominantly performed by women.
- The reported ages of sex workers vary between 13 and 44. The majority of sex workers are above 18; few of them are above 27. The reported percentages of child prostitutes below 16 vary from 1 per cent to almost 26 per cent.
- The majority of sex workers are Khmer; the second major group is Vietnamese, who tend to be concentrated in certain areas. So far, only anecdotal information exists on women from other ethnicities and nationalities (Eastern European, Chinese, Thai).
- Cambodian sex workers come from all over the country, but provinces with high populations and those located closer to urban/tourist areas (Kampong Cham, Battambang, Kandal, Phnom Penh, Prey Veng) tend to appear higher on the lists of provinces of origin.
- Sex workers are very mobile, moving frequently among brothels; this high turnover rate is related to the temporary nature of the work, as demonstrated by the average length of time women stay in sex work.

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570 Review of a Decade of Research of Trafficking in Persons in Cambodia, op cit., p.23.
There is also some evidence that a significant number of Cambodian males patronize brothels and other sex establishments where young girls are forced to offer sexual services.\textsuperscript{571}

An IOM study found that the sexual exploitation of women and girls often occurs in brothels, where a form of parental relationship develops between the brothel owner and the girls. Many of these young girls have fled from home due to extreme patterns of sexual and physical abuse and are vulnerable to manipulation, and are consequently recruited as sex workers.

In other locations where there is commercial sexual exploitation, including karaoke establishments, it was found there was a “high variety of means of control and force used to manipulate women and girls into providing sexual services”. Moreover, deceptive practices were involved in the recruitment of the so called “virginity trade”.\textsuperscript{572}

In 2008, research was conducted for the first time in Cambodia on sexual abuse and exploitation of boys. The study was based primarily on qualitative data gathered from interviews with boys and young men about their experiences of sexual abuse and exploitation.\textsuperscript{573} The study found that boys and young men are also victims of sexual abuse and concluded that the perpetrators were not only foreigners, but also Cambodian men who were often “family members, neighbours and other adults known and in a position of trust”. The same study also found that while girl victims of sexual violence suffered the loss of virginity and honour, abuse was not considered the same for boys, so their claims of sexual assault were not taken as seriously, although boys indicated that they also suffer from feelings of great shame and loss of honour. The study indicates a need for training to build the capacity of individuals and organizations to address the issue of sexually abused boys and young men.

There are many reasons for children’s involvement in sex work. One report stated that “for the Khmer majority population there are numerous ‘push factors’ (such as widespread poverty, high unemployment, low levels of literacy, and few income earning opportunities for women) that make sale of children for labour and prostitution serious considerations for many families.”\textsuperscript{574} It has been noted recently that the notion that poverty is the “root cause” of trafficking and sexual exploitation of children is not supported by facts. It is clear, however, that a combination of factors result in children becoming victims of trafficking or the sex industry. Underlying causes include poverty, low education levels among girls and their families, the opportunity for families to make money to sustain themselves, and the low status of women in society.\textsuperscript{575}

A major study supports the view that the absence of a systematic and comprehensive research program is one of the main barriers to combating the sexual exploitation of children. The Asia Foundation study involved an extensive review of studies and research reports from the last 10 years. There is little information available about the living conditions of child sex workers or about the facilitators and exploiters involved. To date, many reports have been based on empirical evidence including victims’ stories. The lack of systematic and scientific research

\textsuperscript{571} Situation Analysis of the Commercial Sexual Exploitation of Children, op cit.

\textsuperscript{572} The Ties that Bind, Migration and Trafficking of Women and Girls for Sexual Exploitation in Cambodia, op cit., p.9.

\textsuperscript{573} Hagar and World Vision, 2008, Report Sexual abuse and exploitation of boys.

\textsuperscript{574} Ibid, p.13.

\textsuperscript{575} Ibid, p.14.
3.5 Rape and gang rape

Assessing the extent of rape cases is difficult, again because of the lack of accurate data and the fact that not all sexual violence is reported. Nevertheless, rape was found to constitute 75 per cent of the violent offences against women and children reported to the police. The Cambodia National Youth Risk Behaviour Survey estimated that 64 per cent of children aged 12 to 15 stated that they knew other children who had been raped. As in many developing countries, it is likely that one of the underlying causes of the growing incidence of rape is the fact that most victims have little or no means to legal or social redress.

A phenomenon of great concern is gang rape, which is called ‘bauk’ in Khmer. From the research available it appears that gang rape is perceived by some young males as a way to bond and it is sometimes caused by peer group pressure. One 2003 study on gang behaviour found that bauk was viewed as a form of “sport” by the young men involved, many of whom were high school or university students. Sixty per cent of university students, 49 per cent of those not in school and 34 per cent of high school males stated they knew others who had engaged in gang rape. Bauk was seen as a way of saving money that would have otherwise been spent on commercial sexual services, bonding and having fun with other young men. Studies also indicate that perpetrators of gang rape show no empathy for the victims, who are frequently sex workers or women perceived to be ‘srey kalip’ or so-called modern women.

Rape is another form of violence against women that is believed to be widely accepted and tolerated in Cambodian society. A Fair Share for Women, Cambodia Gender Assessment states:

“High levels of tolerance and acceptance of violence against women are evident in contemporary Cambodian society, and reflect high levels of violence and a culture of impunity, women’s unequal status together with male dominance and privilege, and strong social prohibitions against open expression of female sexuality.”

While violence against women may be largely tolerated, according to the same report, the majority of Cambodian society consider rape as less acceptable than domestic violence, and view it as a crime deserving imprisonment. Nevertheless, as in many countries “rape, sexual exploitation and sexual harassment are supported by traditional attitudes that blame the victim”. Moreover, girls who are raped experience significant shame and stigma and find it more difficult to marry, as they are considered ‘damaged goods’. Consequently, many victims of rape do not report the crime due to shame and fear of embarrassment and retribution. Pornography was identified as being linked to an increased incidence of rape among young and adult men. A study notes that convicted offenders have stated that pornography may be a factor in their sexually abusive acts, and recent evidence shows a relationship between adolescents’ exposure to pornography and later action, such as sexual assault and rape.

577 A Fair Share for Women, op cit., p.133.
578 Ibid.
579 Ibid, p.132.
580 Ibid, p. 132.
581 Ibid, p.133.
582 World Vision Cambodia, 2006, As If They Were Watching My Body, Pornography and the Development of Attitudes Towards Sex and Sexual Behaviour among Cambodian Youth, p.51.
3.6 Child labour

International norms, including Article 32 of the CRC, plus those discussed in the section on National Response, protect children from economic exploitation. A distinction is made between child work and child labour. Child work per se is not always regarded as a violation of the child’s rights, but must be regulated. Child labour and the worst forms of child labour are deemed violations of children’s rights since they refer to activities that are injurious or lead to adverse effects on the child’s safety, health and moral development. There is concern however, at the lack of enforcement of child labour laws, since the Government does not have the capacity for effective enforcement and monitoring.

Important national strategies in response to combating child labour include: The CMDGs and the NPRS, both of which contain specific child labour reduction targets. The CMDG has set a target to reduce the proportion of working children aged 5 to 17 from 16.5 per cent in 1999, to 13 per cent in 2005, 10.6 per cent in 2010 and 8 per cent in 2015. The NPRS sets a target of reducing child labour among children aged 10 to 14 from 8.3 per cent in 1999 to 5.3 per cent in 2005. Nevertheless, stronger political commitment will be needed in order to make significant progress towards meeting these targets, as well as the support of society at large, especially in affected communities.

Child involvement in economic activities is widespread and represents major challenges to achieving the goal of universal primary education set by the CMDGs. Many girls and boys leave school in order to help their families make ends meet by engaging in a wide range of income-generating activities. However, most working children also attend school. In 2001, it was estimated that:

- 52 per cent of children aged 7 to 14 (or 1.4 million children) were involved in economic activities; a figure considered relatively high in comparison with countries with similar income levels.
- Over 750,000 economically active children were found to be below the absolute minimum working age of 12 and an additional 500,000 (aged 12 to 14) engaged in non-light economic activity were below the minimum age for this type of work.
- Over 250,000 children aged 15 to 17 were estimated working in seven of the 17 nationally identified hazardous sectors, or working 43 or more hours weekly.
- Nearly 1.5 million children aged 7 to 17, or 40 per cent of this age group, were engaged in child labour, and this does not include some of the identified hazardous sectors.
- There are 16 nationally identified hazardous sectors including fisheries, brick-building, salt production and domestic service.

Although there is evidence that child labour has decreased since 2001 and that school enrolment has increased, there is limited reliable data for a comparative analysis of trends. It is known that children begin working at a young age and that the number increases as they get older. It is one of the immediate causes of children entering school late, as well as early drop out. It was found that 16 per cent of children were already working at the age of six and over half of all children by the age of 10.

Children are found working in various areas, but primarily in the informal sector. In 2003, the MoI National Institute of...
Statistics estimated there were 24,000 domestic workers in Phnom Penh between 7 and 17. The majority of the children are concentrated in the agriculture sector on farms and work for their families. They are also involved in working in commerce, manufacturing and services. About 90 per cent of children working for their families are unpaid. The remaining children work as casual day labourers and less than 2 per cent as paid employees in the formal sector, which is the only area that is currently subject to the regulations on child labour under the Cambodia Labour Law.\textsuperscript{589} There are few children who earn in-kind or cash wages and on average they earn about US $1 per day. Children aged 7 to 14 were estimated to work an average of nearly 22 hours each week. It is reported that a high percentage of working children are exposed to hazards and dangers that make them vulnerable to injury and illness. There is concern that many children are less protected in their work environment than adults. For example, only half of child workers use safety equipment. The incidence of work-related illness was found to be particularly high among child workers.\textsuperscript{590}

A number of factors contribute to the existence of child labour. In a vast majority of cases, an immediate cause is poverty, with the need to supplement family earnings. ILO states that “poverty is both a cause and consequence of child labour in Cambodia”.\textsuperscript{591} Research findings point out other contributing factors that influence families to send their child to work or engage in some form of child labour. These are: household income; the presence of other preschool age children in need of care may keep girls home; limited access to school and low school quality. Factors influencing school attendance are exposure to early childhood education; the presence of parents’ associations; parents’ level of education, particularly mothers'; and possession of productive assets in agriculture. It was further concluded that children of male-headed households are less likely to be sent to work as opposed to children of female-headed households who were more likely working than at school. Non-Khmer children were also found to be more likely to work.\textsuperscript{592} Children living in urban areas were more likely to be attending school than working compared to rural children who were more likely to be working.\textsuperscript{593}

4. Children without primary caregivers

4.1 Orphans and abandoned children

There are many factors that cause children to be without primary caregivers, or to become orphans, abandoned, or living on the streets. First, the life expectancy of Cambodians is very low – 59.96 years for males and 66.26 years for females – which is attributed to poverty, lack of access to health care, poor nutrition, water and sanitation factors, exposure to illness and disease such as HIV and AIDS, and injury. Poverty forces many children to work to supplement their family’s earnings and also leads to their migration in search for better opportunities. The cost of public education also prevents poor families from sending their children to school and many end up unsupervised on the streets. The prevalence of domestic violence has driven many children to leave home to escape abuse. As a result, there are a large number of children that are highly vulnerable to becoming orphaned and abandoned. CDHS 2005 estimated that there were 570,000 orphans in Cambodia, including children who have lost one or both parents.

\textsuperscript{589} Ibid.
\textsuperscript{590} Ibid, p.iii.
\textsuperscript{591} ILO Cambodia, 2008, National Efforts to End the Worst Forms of Child Labour in Cambodia.
\textsuperscript{592} Children’s Work in Cambodia, op cit.
\textsuperscript{593} Ibid, p. 10.
During the five-year period studied, the percentage of all children aged up to 14 who were single or double orphans did not decrease significantly; 7.6 per cent in 2000 and 7.4 per cent in 2005. More were ‘paternal orphans’ who had lost their fathers (6.1 per cent in 2000 and 5.9 per cent in 2005). A small number of children were listed as double orphans, having lost both parents.\(^{594}\)

The prevalence of orphans varies across the provinces, with the highest percentage in Kep (19.5 per cent) and 12.2 per cent in Siem Reap and Kampong Thom. The prevalence of orphans is also found to be virtually the same in both urban and rural areas and it is almost equal in terms of gender. A small change was noted in the place of residence among orphans aged up to 14, increasing in urban areas, as shown in Figure 22.\(^{595}\)

### Definitions

- **Paternal orphan** – a child whose father has died
- **Maternal orphan** – a child whose mother has died
- **Double orphan** – a child whose mother and father have both died
- **Orphan** – a child whose parent or parents have died

While the differences between rural and urban areas are not large, rural areas apparently carry a greater burden because there are more rural children. As Table 9 shows, 8.8 per cent of all children were found to be orphans in 2005. Most had lost their fathers (7.0 per cent), 2.6 per cent had lost their mothers and 0.8 per cent had lost both parents. The total number of orphans living in households was estimated at 553,000 and there were 6,121 orphans residing in orphanages, of which 60 had lost one or both parents to AIDS-related illnesses.\(^{596}\)

A large number of children live in orphanages. As of 2008, there were 225 orphanages registered with 8,666 children living in them. Among those children, 71 per cent were orphans and of those, 33 per cent were double orphans. In addition, many poor parents and relatives send their children to live in orphanages, as they are unable to care for them and consider it the best solution to their difficult situation.\(^{597}\)

#### 4.2 Children living on the streets

Children living on the streets are regarded as the most vulnerable. However, there is limited information about their situation nationwide. Between 10,000 and 20,000 children have been estimated to be living or working on the streets of Phnom Penh. Some NGOs are working with these children in major tourist areas such as Phnom Penh, Siem Reap and Sihanoukville in order to provide protection and support for their reintegration into their families, schools and communities.\(^{598}\) One major study conducted in Phnom Penh divided street-living children into different groups for an easier analysis of their situation, which provides some understanding of their circumstances:\(^{599}\)

1. **Street-living children** who live alone on the streets and have cut ties with their families (estimated at 1,200-1,500 in Phnom Penh on a daily basis).
2. **Street-working children** who spend most of their time working on the streets, but return to their families or a caregiver’s home (estimated at 10,000 to 20,000 in Phnom Penh).
3. **Children who are living with their families on the streets** (estimated at 500 to 1,500 in Phnom Penh and numbers vary according to season).

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\(^{594}\) Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia, op cit., p.15.

\(^{595}\) Ibid., p. 16.

\(^{596}\) Ibid.

\(^{597}\) Ibid., p. 28.

\(^{598}\) Mapping the Response, op cit., p.30.

\(^{599}\) Mith Samlanh and Friends-International 2006, Street Children Profile, p. 8.
4. **Young migrants** who leave their families in one province in order to find work in Phnom Penh.

Children are found living on the streets across the country, but there is a higher concentration in major urban areas. Despite limited data, a conservative estimate points to about 24,700 children living on the streets in the following places:

- 17,000 in Phnom Penh.
- 1,200 in Pailin.
- 1,500 in Siem Reap.
- 1,300 in Banteay Meanchey.
- 3,700 in Sihanoukville.

Large numbers of children have also been seen living on the streets in Battambang Town and other towns, specifically Poipet, along the border with Thailand.

The study on children living on the streets in Phnom Penh provides some of the reasons that the children surveyed gave for leaving their homes, becoming abandoned, neglected, or living on the streets. The major causes were: domestic violence (32 per cent); conflict with a caregiver (26 per cent); poverty (19 per cent); and orphanhood (13 per cent). Other reasons included drug use and theft.

4.3 Alternative care

Alternative care, as defined by the Policy on Alternative Care of Children, is the care provided to OVC who are not under the care of their biological families. There are two main categories of alternative care: institutional or residential, and non-institutional or non-residential i.e. family/community-based care. Examples of non-residential care include foster care, kinship-care, adoption, children-

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600 Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia, op cit., p.22.

601 Street Children Profile, op cit., p. 17.
headed households and group-home based care.\textsuperscript{602} The Policy on Alternative Care provides that three principles should guide decisions regarding long-term alternative care for children, as long as the need for such an option has been demonstrated: \textsuperscript{603}

1. Family-based measures are generally preferable to institutional placement.
2. Permanent solutions are generally preferable to temporary ones.
3. National (domestic) solutions are generally preferable to those involving another country.

The number of children currently living in all forms of alternative care is not known and data is only available on the number of children in orphanages. It has been a tradition in Cambodia to place such children with relatives or neighbours, or in pagodas. Nowadays, for many poor parents, placing children in an orphanage is a solution to their difficult situation.

The graph below shows a steady growth in the number of children in orphanages in Cambodia, particularly those run by NGOs. This is a worrying trend that runs contrary to the Government’s own policy on alternative care, which favours family and community-based care as first choices. Anecdotal evidence also points to increased levels of abandonment or children left behind by their parents due to economic distress or migration for employment. Such cases of abandonment are generally not formalized and in many instances the parent(s) do not intend for them to be permanent. Without available care and placement support services, as part of a broader set of child and family welfare services, there is a growing risk that children are inappropriately placed in orphanages, or even made available for inter-country adoption.

Some NGOs are actively encouraging poor families to place their children in orphanages in contravention of one of the key principles of the CRC.\textsuperscript{604} The treaty establishes that the child should grow up in a family environment and that the family should be afforded the necessary protection and assistance from the State so that it can fully assume its responsibilities. In addition, a child temporarily or permanently deprived of his or her family shall be entitled to special protection and assistance by the State. It is also recognized that the placement of a child in a “suitable institution for the care of children” should only occur when it is in the

\begin{table}
\centering
\caption{Orphan status by age group among children 0 to 17 years, 2005}
\begin{tabular}{|c|c|c|c|}
\hline
Age Group & \% Maternal Orphans & \% Paternal Orphans & \% Double Orphans & \% Orphans (One or Both Parents Dead) \\
\hline
0 - 4 & 0.7\% (55) & 2.1\% (176) & 0.2\% (13) & 2.6\% (218) \\
5 - 9 & 2.0\% (183) & 5.3\% (483) & 0.6\% (57) & 6.7\% (609) \\
10 - 14 & 3.6\% (389) & 9.4\% (1012) & 1.1\% (121) & 11.8\% (1280) \\
15 - 17 & 4.7\% (252) & 12.8\% (684) & 1.4\% (75) & 16.1\% (861) \\
All Children 0 - 17 & 2.6\% (879) & 7.0\% (2355) & 0.8\% (266) & 8.8\% (2968) \\
\hline
\end{tabular}
\end{table}

Source: Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia, A Situation and Response Assessment, MoSVY 2007

\textsuperscript{602} Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia, op cit., p.37.
\textsuperscript{603} Cambodia, Inter-Country Adoption Assessment and Action Plan, op cit., p. 8.
\textsuperscript{604} Information from interviews for this Situation Analysis, 2008.
best interests of the child and when the child cannot be placed within a family environment such as foster care (see Articles 9 and 20).

Figure 23 shows that there are more males than females living in orphanages in Cambodia.

![Figure 23: National gender breakdown of number of residents/children in orphanages](image)


As defined by the MoSVY Policy on Alternative Care for Children, non-residential institutional care includes foster care, small group homes and pagoda-based care, where monks provide boys with food, shelter and education. A study conducted in 2004 in Kandal Province suggested that children in pagodas are not adequately cared for, do not receive positive attention and are not well regarded by the majority of the temple population.605 This may be partially due to the fact that monks do not choose to become caregivers after entering the temple for their religious commitments, and end up caring for children by default. At the same time, children in pagodas are more likely to have their basic needs met and have more opportunities for education than their peers living in the same communities. Pagodas do not fall within the scope of any existing support or monitoring mechanism, thus, the monks are not included in any form of training or capacity building activities provided by MoSVY. However, they are being trained by NGOs. Although not all pagodas provide care to children, most do have children living on the premises. In 2004, there were 167 children living in 22 temples surveyed in Kandal Province (5.7 per cent of the pagodas in the province).606 In all, this constitutes a significant number of the child population about which very little information is currently available.

![Figure 24: Total number of children under-18 in institutional care (totals by types of orphanage)](image)

Source: Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia, A Situation and Response Assessment, MoSVY 2007

606 Ibid.
4.4 Inter-country adoption

In 1987 Cambodia became a popular source country for adoptions for parents from Western Europe, North America and Australia. However, a number of subsequent reports noted significant abuses occurring as a result of weaknesses in the adoption process. To date, no law has governed inter-country adoption and only government regulations exist. Thus, the absence of laws and a functioning regulatory system have been seen as the immediate causes of abuses relating to inter-country adoption. More recently the Government has come to regard the regulation of inter-country adoption as a matter of priority, demonstrated by the draft Law on Inter-Country Adoption and the accession in 2006 of the Hague Convention on the Protection of Children and Cooperation in Respect of Inter-Country Adoption. These represent important steps to protect children.

In 2005 it was estimated there were at least 7,246 children being cared for in orphanages, and that about 173 of these children were placed for adoption abroad (it should be noted that the number of children living in institutions varies in documents since MoSVY only began gathering data in 2005). A number of key concerns regarding child care and placement practice have already been identified. As framed in the Hague Convention, it is important to address the subject within the broader alternative care and child welfare system in order to ensure that inter-country adoption is the last resort after all domestic options have been considered. One of the shortcomings of the current system is the absence of an effective mechanism to ensure that children placed in orphanages are regularly followed-up on to ascertain their well-being and to assess the possibility of reintegration with their families, or for foster care or domestic adoption.

A number of other issues have been raised by receiving country embassies, NGOs and selected inter-country adoption service providers. These include the absence of: a case management system in orphanages; a clear system for termination of parental rights; and guidelines on adoption procedures/documentation. In this context, the roles and responsibilities of the various service providers within MoSVY, child caring agencies and other stakeholders also need to be identified and delineated. Another concern is that the current practice of inter-country adoption is focused on meeting the needs of the prospective adoptive parents, rather than the needs and best interests of the child as the primary consideration. Many of these concerns should be resolved with the adoption of the draft law and subsequent enabling rules and regulations for its implementation. The draft law is expected to protect and promote the well-being of children since it ensures that placement is considered only when it is suitable for specific children, and provided the adoptive families are qualified and can meet the needs of the child.

The Hague Permanent Bureau on Private International Law, UNICEF and other donors are currently providing technical support to MoSVY in order to develop the regulations and mechanisms to operationalize the draft Law and to set up a child care, placement and review system for children. An Inter-Country Adoption Central Authority is being set up within MoSVY as the organizational and management structure for inter-country adoption. A draft Prakas on the Composition, Roles and Responsibilities of the Central Authority to implement its obligations.


608 Ibid.
under the Hague Convention has also been developed. These important measures will ensure that children proposed for inter-country adoption will undergo a rigorous process of assessment to determine their eligibility and need.609

As recognized in the CRC, the best environment for children’s development is within their own families. However, many families need support and assistance in order to fulfill their child-rearing roles and responsibilities. In those cases where a family neglects, abuses or exploits its children, it may be necessary to consider alternative care choices that are either permanent or temporary, but only as a measure of last resort. Adoption, both national and international, is viewed as an option for children without primary caregivers, provided that it is conducted in accordance with the pertinent laws and regulations and within an effective child welfare and protection system (see Articles 20 and 21).

5. Drug use among children and youth

A 2007 survey of 2,089 children and youth living on the streets reported that 49.8 per cent of respondents recently used at least one illicit drug.610 This was a 5 per cent increase compared to 2006. According to the Cambodia National Youth Risk Behaviour Study 2004, 1 per cent of young people stated they had used drugs such as glue or spray, amphetamines, marijuana and heroin. More than 2 per cent of young people in urban areas are using drugs, whereas in rural and remote areas it is less than 0.5 per cent. Drug availability was noted to be higher in urban areas. Most of the drug users indicated they began by the age of 12. Thirty per cent of young people using drugs have siblings that also use them. The majority of the youth surveyed did not know why people use drugs but 26 per cent believe most of their peers were merely following their friends. In terms of receiving education about drugs, only those attending school have benefited (38 per cent), whereas more than 60 per cent of young people in rural and remote areas had not received any education in this regard.611

According to a study commissioned by The Asia Foundation, the prevalence of drug/substance abuse has been identified as an important problem affecting victims of trafficking and sexual exploitation who are living in shelters for women and children living on the streets. Although the prevalence of drug abuse among the residents of shelters varies from 0 per cent to more than 50 per cent, it was highest among residents of shelters in Phnom Penh. Youths that had lived alone on the street were found to be at greater risk of drug abuse, and women who had been trafficked to work in brothels had the highest prevalence of yama and other drug abuse. By contrast those women and youths that had been trafficked as labourers demonstrated a low prevalence of substance abuse. For the most part, drug abusers indicated they were introduced to drugs by friends and used them voluntarily. In some cases it was found that street gang leaders had forced children living on the streets to use glue or yama. There were also several cases of brothel owners forcing trafficked women to use yama in order for them to endure the long working hours and this was backed up by young women who had worked in brothels. Street youths living in shelters had the highest prevalence of drug abuse, with 52 per cent listed as drug dependent, 49 per cent as yama users, 31 per cent as yama users, 31 per cent as

609 Information provided by UNICEF Cambodia, 2008.
glue users, and 7 per cent as heroin users.\textsuperscript{612}

As shown in Figure 25, yama and glue are the primary choice for drug users, and many children living on the streets become dependent on them. Although the use of heroin and other injection drug abuse was less prevalent, there is concern that it could increase due to their exposure among children living on the streets. Table 10 compares children and women that are considered at higher risk of substance abuse.\textsuperscript{613}

6. Juvenile justice

Given the complexity of the issue of juvenile justice, this section can only provide a snapshot of some of the key issues that concern children and youths who come into conflict with the law. The available research points out that the vast majority of children in conflict with the law have suffered a history of rights abuse, including violence at home and school, sexual exploitation, drug addiction, or social exclusion due to poverty. Advocates of children’s rights recommend that, above all, such children need care and support services rather than punishment in a harsh criminal justice system designed for adults.

The Government has developed a draft juvenile justice law and has issued an Instruction on Implementing Principles of International and National Laws in Force relating to Juvenile Justice. It is also conducting training activities on juvenile justice for legal and judicial officers. However, until recently, it was civil society that primarily assumed the responsibility to provide health, educational and rehabilitation services for children in prisons, and legal aid services for children in conflict with the law.\textsuperscript{614} In 2006, MoSVY started to provide case management support and rehabilitation and reintegration services for children in and released from prisons in four provinces.

Domestic laws applicable to children in conflict with the law do not meet the standards imposed by international instruments. Currently, there are only a few special laws that apply to children in conflict with the law, in the areas of criminal procedure and sentencing. Specialized juvenile courts and a separate system of juvenile detention have not been established due to limited financial and human resources. The draft Criminal Code and draft Juvenile Justice Law establish the minimum age of criminal responsibility at 14 years.\textsuperscript{615}

Generally, children detained or arrested are placed in adult prisons and, although they stay in separate cells from adults, they often share common areas and facilities with adults, in contradiction of international standards. Article 37 (c) of the CRC stipulates that “every child deprived of liberty shall be separated from adults unless it is considered in the child’s best interest not to do so.” According to an assessment of the situation of children in conflict with the law in 2005 and until recently, their rights were being routinely violated throughout the criminal justice process,\textsuperscript{616} the majority were not aware of their rights and few had access to legal counsel.\textsuperscript{617} Recent positive developments include more child-sensitive handling by legal and judicial professionals and improved access to legal counsel. The Centre for Social Development 2008 Court Watch Bulletin found that among 105 juvenile defendants monitored, 81 per cent had access to defense counsel during

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{612} Asia Foundation and USAID, 2006, Nature and Scope of Substance Use among Survivors of Exploitation in Cambodia: An Assessment, p.8.
\item \textsuperscript{613} Ibid., p. 32.
\item \textsuperscript{614} Research Institute for Asia and the Pacific, University of Sidney, UNICEF, 2005, An Assessment of the Situation of Children in Conflict with the Law in the Kingdom of Cambodia.
\item \textsuperscript{615} Ibid, p. 3.
\item \textsuperscript{616} Ibid.
\item \textsuperscript{617} UNICEF, 2007, Report of National Workshop on Cooperation and Coordination Among Juvenile Justice Stakeholders.
\end{itemize}
\end{footnotesize}
their trial. However, many of the juvenile defendants only meet their lawyers for the first time in court, with little opportunity to prepare well for their defense.

The available evidence shows that children are victims of crime as well as perpetrators. There are concerns about the extent of victimization caused by youth gangs and the phenomenon of gang rapes. According to a national survey of children and adolescents aged 11 to 18, fighting is a major problem among young out-of-school people and 8 per cent said they had carried a gun, knife, stick, club or other weapon in the 30 days prior to the inquiry. There is also concern with

### Table 10: Drug abuse risk profiles

<table>
<thead>
<tr>
<th>High risk of substance abuse</th>
<th>Low risk of substance abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Children living and working on the street, particularly those without family</td>
<td>• Female rape victims</td>
</tr>
<tr>
<td>• Women trafficked to work in brothels</td>
<td>• Women “at risk” of rape, domestic violence or trafficking</td>
</tr>
<tr>
<td>• Residents of shelters in the Phnom Penh area</td>
<td>• Persons trafficked to do labor other than sex work (e.g. those trafficked to Thailand to beg or do construction)</td>
</tr>
<tr>
<td></td>
<td>• Residents of Battambang and Sisophon shelters</td>
</tr>
</tbody>
</table>

Source: Nature and Scope of Substance Use among Survivors of Exploitation in Cambodia: An Assessment, Asia Foundation and USAID, 2006

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618 The Centre for Social Development, July 2008, Court Watch Bulletin, Year 5, No. 21, p. 10.
619 From interviews conducted by UNICEF with DoSVY social workers in 2008.
regard to the use of illegal drugs, particularly by children living on the streets. One of the underlying causes of children becoming involved in violent and abusive activities is attributed to their own past experience as victims of domestic violence. Moreover, one of the legacies of the decades of armed conflict is a culture of violence in Cambodian society.

Recent data shows that there has been a steady increase in the number of children in prison. According to MoI, there was an increase in the number of children convicted and a decrease in those held in pre-trial detention between 2005 and 2007. The vast majority of children in conflict with the law and in pretrial detention are boys. According to the MoJ, in 2007, of the 663 children in prison, only 12 were girls. The increase in the overall number of children in prison is as follows:

- Overall number of inmates in prisons: 10,263 in 2006 and 10,902 in 2007.

Article 37 (c) of the CRC stipulates that, “every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. The same article under subsection (b) recognizes that “the arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time.” A key finding of a 2006 study on children in prisons was a large increase in the prison population, causing overcrowding. While there have been considerable improvements since the study was conducted, some of the issues exposed remain valid such as the cramped living conditions, a lack of access to sunlight and exercise, insufficient cell ventilation, increased tension and violence, poor sanitation and hygiene, and an increase in the transmission of communicable diseases.

According to other sources, there are also key concerns regarding the high level of physical abuse in police custody (45.8 per cent) and the fact that many children in custody have other disadvantages such as illiteracy and orphanhood. Despite the legal guarantees, many children in detention still do not have adequate legal representation, although some positive developments in this regard are noteworthy. Increasingly, children have more access to lawyers and a lawyers’ interviewing room has been created at the correctional centre for children in the capital. A number of recommendations have been issued to MoJ and the Bar Association in order for these key duty-bearers to provide a higher level of service, including in collaboration with NGOs. For example, they must ensure that children in conflict with the law need to know their rights including the right to prompt access to legal assistance.

It is well known that placing children in prisons has numerous disadvantages because it takes them away from their families and their studies, and exposes them to a negative environment in which they are subjected to many bad influences. Article 40 of the CRC calls for treating a child who is accused of infringing the law in a manner consistent with the promotion of the child’s sense of dignity and worth.

621 UNICEF internal draft MTR memorandum, 2008.
622 Prison statistics represent a “snapshot” of the situation at the end of December each year as opposed to a cumulative total for the year.
623 Key Findings and Recommendations on the Assessment on Children in Conflict with the Law in Cambodia, op cit.
624 Recommendations on Strengthening Cooperation and Coordination Among Juvenile Justice Stakeholders, op cit., p.29.
625 Ibid., p. 31.
626 Ibid., p. 34.
It further recognizes the importance of promoting the child’s reintegration in society.

While prison should be a measure of last resort for children who are convicted, in Cambodia there are limited community-based alternatives to custodial sentences. It should be emphasized that communities in Cambodia are not equipped to reintegrate children coming from prisons, who face considerable social stigma. There is also a very limited capacity among the few available social workers to deal with the special needs of these children.627

7. Causality analysis — children’s right to be respected and protected

This chapter demonstrates that a mixture of causes contributes to the situation of the most vulnerable children in Cambodia, whose rights are not being respected and protected. These causes can be grouped into five categories:

1. Lack of a comprehensive legal, regulatory and policy framework and poor enforcement.

2. Weak and inadequate social welfare services.


5. Persistent patterns of gender inequality reflected in societal attitudes and behaviour.

**Lack of comprehensive legal, regulatory and policy framework and poor enforcement** - Although improving of late, the absence of a comprehensive legal, regulatory and policy framework is one of the immediate causes that prevent children from being effectively protected from all forms of violence, abuse and exploitation. Building a national protection system calls for the formulation and adoption of laws, policies, regulations and services across all social sectors but particularly social welfare, education, health, security and justice. While there have been important recent developments in formulating laws, policies, strategies and programmes that are most noteworthy, more needs to be done to build a comprehensive legal and policy framework and a systemic approach to child protection.

<table>
<thead>
<tr>
<th>Year (end)</th>
<th>Total # of CICL in Prison in 24 provinces/ municipalities</th>
<th>Total # of CICL on Pre-trial Detention in 24 provinces/municipalities</th>
<th>Proportion of total # of children in prison</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boy Girl Total</td>
<td>Boy Girl Total</td>
<td>Boy Girl Total</td>
</tr>
<tr>
<td>2005 (end)</td>
<td>569 16 585</td>
<td>206 7 213</td>
<td>36%</td>
</tr>
<tr>
<td>2006 (end)</td>
<td>575 13 588</td>
<td>132 2 134</td>
<td>23%</td>
</tr>
<tr>
<td>2007 (end)</td>
<td>651 12 663</td>
<td>170 4 174</td>
<td>26%</td>
</tr>
</tbody>
</table>

Source: Ministry of Interior’s Prison Department as cited in relevant conference materials and research.

627 Information provided by UNICEF Cambodia, 2008.
Case study 1

“I am from Siem Reap. I was 12 years old when I was charged with theft. I was with three others and I was a scavenger. The others picked electrical wires but the police arrested me. At the police station, I was threatened and they slapped my face. I was taken to prison.

At prison you are let out at 7 a.m. to draw water. Then at 9 a.m. you are locked back in. You get lunch at 11 a.m. and then at noon you sleep. At 1 p.m., you draw water. At 5 p.m. you are locked in for the night. I had one mat but no pillow. I remained in prison for 27 days.

I got two meals each day but had to pay 5000 riel for my family to visit and to provide extra food. The guards took away the fish that my dad brought.

In my cell I was with adults, including a Big Brother. There were 40 people in the room. I was made to study. If I didn’t follow instructions they beat me. If I was slow they beat me. I had to bribe the guard. Since I have left the prison I have continued my studies”.


For example, it has been observed that some of the provisions of the draft Criminal Code may need to be revised since they are not in the best interests of the child. A lack of enforcement of the existing laws and regulations is one of the key challenges and another immediate cause of an ineffective child protection system.

Weak and inadequate social welfare services - The weak child protection system is also characterized by inadequate social welfare services, which is another immediate cause preventing the effective protection of vulnerable children. Consequently, many needy families adopt negative coping strategies such as unsafe migration, child abandonment and placement of children in institutional care. There are few social workers at the district level (one per 25,000) and their presence at the commune and village level is virtually non-existent. Consequently, the limited welfare services are not able to support all children in need, particularly since social workers lack both the resources and the skills to provide quality case management, referral and regular follow-up that families need.

Lack of awareness of children’s rights among society, duty-bearers, families and children - The lack of awareness of children’s rights among duty-bearers within society, family and children themselves, is an underlying cause that prevents them from being respected and protected. Related to this is the need to increase knowledge and data collection on child protection issues and to promote meaningful child participation in all spheres of life in order to empower children to claim their rights.

Social and economic factors - Social and economic constraints that are manifested in high levels of poverty and growing inequities in society are some of the root causes contributing to the problem of violence, exploitation and abuse of children. Poverty and economic instability lead many parents to take their children out of school to work in hazardous labour. Frequently, children
crossing the border in search of work easily become victims of exploitative labour, sexual exploitation or trafficking. Studies show that in a vast majority of cases, one of the immediate causes of children’s engagement in child labour is the need to supplement the family earnings.

Persistent patterns of gender inequality reflected in societal attitudes and behaviour - Persistent patterns of gender inequality are reflected in negative societal attitudes and behaviours that place girls and women in an inferior status within the Cambodian society, which is a root cause of their human rights not being respected and protected. Despite some notable progress to overcome this, there remain significant gender inequities that are manifest in girls becoming involved in child labour, such as domestic service and sex work. Gender inequality is particularly evident in the high incidence of domestic violence against girls, and the rise in rape and gang rape.

8. Duty-bearers’ roles, responsibilities and capacity gaps

The State, through its agents, is the principal duty-bearer responsible for respecting, protecting and fulfilling the child’s rights to protection from violence, abuse and exploitation. This includes all the pertinent authorities representing village, commune, district, provincial and central government. It also includes members of the National Assembly and line Ministries, who have responsibility for creating the broad normative and policy framework, as well as the institutional structures necessary for a protective environment in accordance with the principles and standards of the CRC and other pertinent international and national laws. Beyond this, parents, teachers, the police, prosecutors, lawyers and judges, prison personnel and those working in institutions and places of detention for children, social workers and other representatives of the social welfare system, and NGOs have duties and responsibilities with regard to protecting the well-being of children and safeguarding their rights.

Authority to act, knowledge of mandate, stated duties and responsibilities

To perform their duties duty-bearers must have knowledge and the authority to act on their mandates, duties and responsibilities. The care and protection of children is the main responsibility of MoSVY. Its current mandate is established by the Government, and its organization and functions are stated in Sub-decree (Anukret) No. 55, which was signed by the Prime Minister on 8 April 2005. It is responsible for policy, planning and programming for child welfare, alternative care and child protection at the central level. The Directorate of Technical Affairs includes the Departments of Child Welfare, Youth Rehabilitation, Social Welfare, and Rehabilitation, all of which have direct responsibilities related to major areas of concern such as OVC. The Department of Child Welfare has responsibility for 20 state orphanages in 17 provinces and for the monitoring and oversight of all NGO-run alternative care services.

MoSVY has made significant progress in some important areas. For example, it developed a regulatory framework for alternative care for children without primary caregivers, including OVC. It adopted the Policy on Alternative Care for Children and the Minimum Standards of Care for Children in Residential Care in 2006. Monitoring guidelines and a national database on
alternative care have been developed. In 2008, MoSVY and partners developed Minimum Standards of Community/Family-Based Care to promote quality of care in pagodas, group homes, kinship care and foster care. It is clear that MoSVY has the authority to act, and knowledge of its mandate, duties and responsibilities. In addition, some of the new laws and policies clearly delineate the roles and responsibilities of key government authorities/duty-bearers.

The other key, relevant central-level duty-bearers are MoJ and Mol, both of which have been playing important roles in developing the legal framework and improving the enforcement of laws, particularly with regard to juvenile justice and actions to combat trafficking and sexual exploitation. MoJ has initiated a number of training programmes targeted at the judiciary and legal profession. Consequently, other duty-bearers such as judges, lawyers, and prosecutors, have an increasing understanding of their roles and responsibilities in regard to child protection.

MoWA, MoH and MoEYS are the other line ministries that address child protection issues and carry out functions that are particularly related to the criminal justice system. MoWA has been engaged in the development of domestic violence laws and initiatives related to trafficking in people. MoH is responsible for providing health services to the community, including within prisons.

According to a UNICEF assessment of the roles and responsibilities of authorities at the local level, with the passage of the Organic Law, local government structures in Cambodia will play an increasingly strategic role in determining local priorities, service provision and resource allocation. CCWCs and the CFPWCs are already playing an active role in ensuring that families and children in need have access to adequate social services. It is reported that CCWCs and CFPWCs perceive child protection as part of their mandate. Accordingly, commune structures could well become the ‘eyes and ears’ of the district social worker – monitoring vulnerable families, identifying cases in need of assistance, and conducting simple referral. In some cases, such as the diversion of child offenders, commune authorities may play a key role in facilitating and supporting the diversion plan of a particular child in their community.

Other key duty-bearers are NGOs, which play a significant role in a number of areas. In the justice sector, NGOs provide human rights monitoring and advocacy, training for criminal justice personnel and lawyers, the provision of health care, nutrition and education within prisons, public education, and legal representation. With regard to victim protection, NGOs play a critical role in terms of service provision for victims of violence, exploitation and abuse, providing shelters and after care for thousands of women and children each year. In the disability sector, NGOs are key partners of the Government, providing community-based rehabilitation and support to families with disabled members. In the area of alternative care, NGOs run programmes for family preservation, foster care and residential care. While the Government has a clear policy and minimum standards for different forms of care, systematic monitoring, oversight and regulation of NGO residential care providers are not yet in place. The result of this is a proliferation of orphanages, many of which

629 Ministry of Social Affairs, Veterans and Youth Rehabilitation/ National AIDS Authority, 2007, Orphans, Children Affected by HIV, and Other Vulnerable Children in Cambodia – A Situation and Response Assessment.

630 Ibid.

are unregistered, or do not conform to governmental policies and standards.

Professional and other necessary capacities (e.g. parenting, communication, coordination skills)

The main capacity gaps are most apparent among some professional staff in direct contact with vulnerable children in need of special protection, such as social workers, police and prison officials. Building the capacity of social workers has been singled out as a major priority for creating a protective environment. Social workers lack both the resources and the skills to provide quality case management, to make referrals and to follow up regularly with families. They require specialized training related to children, particularly focusing on child psychology, and also on children’s rights. It has been pointed out that the Government does not commit adequate funds to train staff to improve child protection. However, the majority of MoSVY social workers have now finished Professional Social Services Training, which has improved their views and approach to children in conflict with the law and to deal with children in a more child-friendly manner.632

Specific capacity gaps were identified in relation to child justice, including at the policy level. For example, several members of the Child Justice Working Group were found to be unfamiliar with child justice and their technical and analytical skills in need of strengthening. As a result, training was conducted that included a number of activities such as building the capacity of judges and lawyers and court personnel.633 Child rights and juvenile justice have been integrated into regular training courses at the Lawyer Training Centre and Royal Academy for Judicial Professions.

There are other considerable capacity gaps apparent in the judicial system and law enforcement sector. The labour laws have not yet been extended to cover informal sector enterprises, where child labour is concentrated. Consequently, there is also concern at the lack of enforcement of child labour laws since the Government does not have the capacity to enforce and monitor them. At the same time, good progress has been made recently in building the capacity of the Cambodian National Police to receive reports and investigate, track and make arrests in cases of trafficking, sexual exploitation and the sexual abuse of children. Significant improvements in law enforcement against trafficking and sexual exploitation have also been reported.634

Knowledge of rights and duties and motivation to perform duties accordingly

There is limited information regarding to what extent the duty-bearers in the relevant ministries with responsibilities to protect children are aware of the CRC and children’s rights. UNICEF and its partners report carrying out a number of training activities on children’s rights in recent years targeting government staff and a wide range of key duty-bearers. It can be surmised that in view of these activities, the significant legislative reform and enactment of pertinent new policies, that these key actors now have a better understanding of children’s rights and of their corresponding duties. Training needs on children’s rights have also been identified for prison officials, social workers and NGOs active in this sector.635 The need to train police on children’s rights at the district and commune level, where many children

632 Information provided by UNICEF Cambodia, 2008.
633 Assessment Child Justice Project, op cit., p.16.
634 Strengthening the Justice System for Children, op cit.
635 Ibid.
come in contact with law enforcement officers, has been emphasized.\textsuperscript{636} Without knowledge of children’s rights and the corresponding responsibilities, key-duty bearers frequently lack the motivation to perform their duties. Most importantly, more needs to be done to ensure that children themselves have knowledge of their rights. For example, it has been pointed out that children in conflict with the law must be informed of their rights, and be given explanation concerning representation by lawyers, and the fact that questioning should not begin without the presence of a lawyer.

**Lack of facilities to perform duties and obtain access and control over available financial and human resources**

One report indicates that MoSVY, the department with most responsibility for the protection of children, is weak and poorly funded.\textsuperscript{637} Both MoSVY and MoJ lack human and financial resources and to a large extent depend on funds from donors to operate. This lack of resources results in a number of shortcomings in terms of the provision of services; the limited number of social workers; limited legal assistance/aid for children; prison facilities not meeting minimum standards; and the lack of rehabilitation programmes for juveniles leaving prisons and correctional facilities. The police are reported to be receiving funding from donors in order to cover their investigation expenses because the small proportion of government budget rarely reaches them.\textsuperscript{638} In sum, the overall lack of resources is a major obstacle to building a systemic child protection system and a major barrier to key duty-bearers performing their duties and meeting their responsibilities.

\textsuperscript{636} Ibid.


\textsuperscript{638} Information provided by UNICEF Cambodia, 2008.
Chapter 6
THE CHILD’S RIGHT TO PARTICIPATION
The child’s right to participation

Introduction

A human rights-based approach to the situation of children views the child first and foremost as a subject of rights and an active participant in his/her development. This is one of the fundamental principles of the CRC. It recognizes children as individuals with the capacity to express views in all matters affecting them, and having them heard and be given due weight when decisions are being made. Under the CRC, children have the right to participate in the decision-making process and to influence those decisions in accordance with their age and maturity.639 As per Article 5, children’s maturity is to be assessed with regard to their “evolving capacities”. CRC Articles 12 to 17 specifically recognize the child’s right to participation in all spheres of life. The CRC underscores that in order for the child to participate, the right to access information must be ensured. Parents and members of the extended family or other legal guardians as provided for by local custom have a duty to provide appropriate direction and guidance in the exercise of this right.

The CRC recognizes that the right of the child to express views and to participate applies in relation to family matters. This is the immediate environment in which children develop their personalities and gain confidence, have the opportunity to formulate opinions and learn fundamental values, including with regard to the dignity and worth of people. It applies in school life when the child’s views and right to express them should be encouraged as a way to promote critical thinking and creativity and


Source: Lim Sok Hui
to build skills for making well-balanced decisions, and to resolve conflicts in a non-violent manner. It also applies when an important decision is under consideration, such as expulsion from school. The views of the child should be given due weight in the formulation of the curriculum in order to ensure that textbooks and learning materials are appropriate and relevant to all children, and also that they respect diversity.

The child’s right to participate is applicable to relevant events at the community level, and children’s views should be given due weight in court proceedings, particularly in order to ascertain what is in their best interests (for example, in cases of adoption when the child has sufficient capacity to understand its implications, in custody cases and in the context of court proceedings involving children in conflict with the law). The intention is to ensure that children’s views are taken into account and respected in all decisions affecting them. This implies consulting children and being mindful of their evolving capacities.640

The notion of children having the right to participate and express their views in the decision-making process is a modern concept and new to many societies, including Cambodia. It is based on a fundamental principle of human rights and ideals that are proclaimed in the Charter of the United Nations to promote peace, dignity, tolerance, freedom, equality and solidarity, in the CRC and other international human rights instruments.641 The virtually universal ratification of the CRC has influenced the development of laws, policies and programmes, the allocation of budgets, and the formulation of school curricula worldwide. Its universal acceptance has promoted respect for children’s rights and also a growing trend to ensure the child’s active and meaningful participation in a wide range of activities at international, national and local levels. State Party reports to the Committee on the Rights of the Child highlight numerous activities relating to children’s participation. The draft State Party Periodic Report that Cambodia will be submitting to the Committee in early 2009 includes a list of such activities (see national response section). The concept of Child-Friendly schools, for example, is based on the aforementioned principles and standards.

Ultimately, ensuring the right of the child to participate and express views is essential in empowering children to claim their rights and corresponding entitlements, for example, to health and education. Although the CRC does not expressly state that children have specific duties and responsibilities, under a human rights-based approach the child is also regarded as a duty-bearer. This implies that the child has a duty to respect parents and the family, attend school and refrain from infringing upon the rights of others, among other things.

Roger Hart defines eight degrees of participation in his well-known “ladder of young people’s participation”, which is a useful way to measure when participation is genuine and meaningful (see Figure 26).
Currently, there are no available surveys, studies, reports or other informative materials that examine child participation in the Cambodian context. There has been initial research on the relationship between culture, values, experience and development practice that looks at community development and culture in Cambodia, which provides some understanding of how participation is viewed. There is a serious lack of research on the necessity and possible extent of children’s participation, although it appears to be increasingly addressed in public debate.\(^{642}\) Thus, the content of this chapter is an attempt to gather the limited information available, to reach some understanding on the subject and to emphasize that it merits further study. Considering the country is undergoing major transformations and changes, including the development of a civil society and youth culture, as well as the fact that new initiatives are taking place that promote participation, diligence is required in documenting and identifying lessons learned.

\(^{642}\) Information provided in interviews with UNICEF staff.
The Convention on the Rights of the Child recognizes the following rights, which are the most relevant to this chapter:

Article 2 – Non-discrimination

Article 3 – The best interests of the child

Article 5 – The right of the child to participation in accordance with evolving capacities

Article 9 (2) – The rights of the child in proceedings regarding separation from parents

Article 12 (1) – The right of the child to express views and have these views heard

Article 13 (1) – The right of the child to freedom of expression, etc.

Article 14 – (1) The right of the child to freedom of thought, conscience, and religion; (2) The rights and duties of the parents, etc., to provide direction to the child in the exercise of his or her rights consistent with the evolving capacities of the child

Article 15 (1) – The right of the child to freedom of association and assembly

Article 16 – (1) The right of the child to privacy and freedom from unlawful attacks on honour; (2) The right of the child to protection by law against such interference with privacy or attacks

Article 17 – The role of the media and access to information

Article 23 (1) – The rights of the child with disability to active participation

Article 29 (1. a-e) – The right of the child to education (preparation of the child for a responsible life in a free society, etc.)

Country context

Cambodia’s recent tragic history, tradition and social norms do not encourage participation, and socio-economic factors can serve as obstacles. To date, initiatives led by NGOs and international organizations vary in content and comprehensiveness, from children’s participation in physical activities, to their expression of views and choice in matters that affect their lives or their communities. Most activities that have been carried out involving children have been mainly public events in which there is a limited but genuine level of participation by young people (see section on national response).

During the Khmer Rouge period, most Cambodian institutions were destroyed or overturned, while the urban population was forcibly put to work as agricultural labourers. The regime abolished money, markets, formal schooling, Buddhist practices and private property. It also purposefully destroyed the family. The regime believed that “family life, individualism and an ingrained fondness for what they called ‘feudal’ institutions, as well as the institutions themselves, stood in the way of the revolution.” 643 It was a time of great hardship for most Cambodians and by 1979 the country was suffering from widespread famine.

Children and young people were victims of the Khmer Rouge, who used them as perpetrators of violence to gain power and control over the rest of the population. Many poor rural youths between the ages of 15 and 20 were enlisted as child soldiers, given weapons and forced to engage in fighting. These young people later became known as “the revolution’s cutting edge” and their involvement shocked most Cambodians. The Khmer Rouge believed that these young people would lead the way in transforming Cambodia into a socialist state and in moving the people towards “independence, mastery and self-reliance”. The regime forced children to turn against their parents, brothers and sisters. Thus, the bond of trust and family unity was broken in a society where, for a majority of the population, several generations commonly share the same roof. The Khmer Rouge ripped apart all that Cambodian people hold dear: “their families, their food, their fields and their faith”. The legacy of that violent period remains today in the trauma caused by the separation of families and the number of adults that were left orphaned. Slowly, many Cambodian societal institutions, including the family, are being rebuilt. Human development specialists explain that one of the challenges for many adults that survived the Khmer Rouge period as children, and who now have their own families, is their weak parenting skills, since they were unable to learn these skills from their own parents. One study states that “after three decades of war, violence is an accepted end to a conflict and that due to this troubled history, current parents did not experience having caring parents themselves”. It goes on to point out that “as a result, a whole generation is missing parenting skills and models for peaceful resolutions of conflicts”. The majority of Cambodia’s Buddhist monks were executed by the Khmer Rouge. Since then, Buddhism has once again become the state religion and is widespread. Most homes contain a small shrine for prayer, for luck and to fend off evil spirits. Other faiths are also practiced in the country including Islam, animism and Christianity, although in a far more limited way. Cambodian social norms and traditions also present specific challenges to promoting children’s participation, beginning with the traditional way of family life. For most Cambodians, life is focused on “family, faith and food.” The traditional family includes grandparents and extended family members such as aunts, uncles and cousins, who are all united by blood. Generally, families are close and are known to solve problems in a collective manner, count on the wisdom of the elders and even pool their economic resources. As in most countries, the extended family normally gathers for celebrations and festivals, and for funerals and at other difficult times. For the most part, families are highly hierarchical and patriarchal, with the younger members expected to respect their elders. Consequently, important decisions,

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644 Ibid, p.211.
645 Ibid.
646 Ibid.
647 Ray, Nick, 2005, Cambodia, Lonely Planet, p.34.
650 Cambodia, op cit., p.43.
such as arranged marriages, are typically made by parents after consulting with the older members of the family, including grandparents, or in their absence, uncles and aunts.\textsuperscript{652}

Modern life and the need to earn a livelihood or supplement income have brought dramatic changes to many families, with a large number of young people leaving their homes to live in cities, where both single and married women find employment in garment factories and single males in construction work. For a traditional family in which sons and daughters are expected to remain living with their own parents until marriage, these new life choices are highly controversial within society. Young men and women working in construction and garment factories are increasingly becoming the main breadwinners in the family. As a result of their growing economic independence and in view of the changing values, parental authority over these young people is believed to be diminishing.\textsuperscript{653}

Economic hardship causes many poor rural families to separate. There are many cases in which mothers and heads of households are driven to migrate to cities and neighbouring countries such as Thailand, where their children end up begging as a livelihood.\textsuperscript{654} An unknown number of poor children end up on the street in major cities, where they engage in a wide range of activities to earn money for their survival. Most of these children do not attend school, and without an education they are likely to become marginalized within society and excluded from opportunities to participate as responsible citizens.\textsuperscript{655}

Genuine participation relies upon having access to information in order to make informed decisions. In remote rural and mountainous areas, information may be limited, including information for parents and caregivers, which further hinders any meaningful participation. This situation may be further exacerbated by the low educational level of many parents that can serve as a major barrier for children who are not likely to be encouraged to participate within the family environment, although this presumption merits further study. Moreover, the notion of children’s participation may be contrary to social norms and child-rearing practices. For many parents and teachers, children’s participation may be misinterpreted as disobedience and a lack of respect for their elders. A recent assessment on the understanding of children’s rights in Cambodia, which involved a small-scale survey of parents and children in both urban and rural areas, reveals that most respondents had little general awareness of children’s rights and the majority had not heard about children’s right to participation.\textsuperscript{656}

In recent years, several key opportunities to promote children’s participation in different spheres of life and environments have emerged in Cambodia and appear to have been well received. One such opportunity is provided by the policy on Child-Friendly Schools that is being implemented by MoEYS nationwide. Another important opportunity is provided by the establishment of Commune Councils, which have the mandate for local development and are envisaged as strategic entities for promoting children’s rights.

The child’s right to be heard is recognized in the new Criminal Procedure Code. In

\textsuperscript{652} Ponchaud, François, 2001, Cambodge Annee Zero, p. 272.
\textsuperscript{655} Mith Samlanh, Friends International, 2006, Street Children Profile.
\textsuperscript{656} Assessment conducted by NGO Committee on the Rights of the Child, January-August 2008.
The Concluding Observations of the Committee on the Rights of the Child

In its Concluding Observations issued to Cambodia in 2000, the Committee on the Rights of the Child expressed concern at the insufficiency of the measures undertaken by the State to promote the participation of children in the family, the community, schools and other social institutions, as well as to ensure the effective enjoyment of their fundamental freedoms, including freedom of opinion, expression and association. In light of this, the Committee recommended that further measures be taken, including legislation reform in order to promote the participation of children in all spheres of their lives. It further recommended that public awareness of the participatory rights of children should be increased in relation to families, communities, institutions and schools.

National response to child participation

The Government states that it has made some efforts to involve the participation of children in a number of activities, which indicates acknowledgment of the child’s right to participation. According to the draft State Party Periodic Report to the Committee on the Rights of the Child to be submitted in 2009, there have been several national and international forums and consultations in which children participated.

- A national forum on the Promotion of Actions against Trafficking in Cambodia, which involved child victims of trafficking and sexual exploitation and children’s rights activists aged between 12 and 18. Children facilitated and discussed the issues among themselves and made recommendations to the Government and civil society, which were incorporated into the Five-Year National Action Plan against Trafficking and Commercial Sexual Exploitation of Children (2005-2009). They also participated in selecting five representatives to participate in the Child Forum for the Mekong Region held in Bangkok in October 2004.
- In March 2005, a national consultation on violence against children was organized, in which a total of 225 children participated. Some 30 child representatives participated in consultation and two representatives (a boy and a girl) were selected to participate in another regional consultation on violence against children held in Bangkok in June 2005. The CNCC also organized an adult forum on violence against children with UNICEF in 2005, in which 30 children participated.
- The Coalition to Address Sexual Exploitation of Children in Cambodia organized a number of workshops on children, with the participation of 30 child victims of sexual exploitation and 10 child representatives from children’s and youth clubs. They discussed

657 Committee on the Rights of the Child to Cambodia, 28 June 2000, Concluding Observations of the Committee on the Rights of the Child to Cambodia, CRC/C/15/Add.128, p.6.
the means to eliminate trafficking of children and reviewed the conclusions adopted at a provincial workshop. Their recommendations were incorporated in the National Five Year Action Plan against Trafficking and Commercial Sexual Exploitation of Children.

• The Ministry of Tourism established a Child Safety Committee in Tourism Sector with Child Aid Movement and Participation, an organization created by children. Children from the organization participated in activities related to campaigns against sex tourism, trafficking and commercial sexual exploitation of children. They also participated in the development of projects and training of ministerial staff.

• The rights of young people to participate and have their voices heard were promoted through the Youth TV Bureau project, supported by UNICEF. As part of the project, 27 young people received journalistic training to produce regular television news magazine programmes. Youth Today, a new, 15-minute magazine programme, and hundreds of programmes covering the topics of working children, trafficking, HIV and AIDS, health, nutrition and disparity have been produced by young people and aired weekly on national television.

The draft State Party Periodic Report further points out that Article 42 of the national Constitution provides the right to freedom of association. It adds that there are organizations created by children, such as Child Aid Movement and Participation, whose purpose is to participate in and carry out campaigns against sex tourism, trafficking and the commercial sexual exploitation of children.

1. The child’s participation within the family

The traditional Khmer family is typically patriarchal, with elders holding authority. It is also highly hierarchical and its younger members are always expected to respect their elders. Any form of disrespect is regarded as a serious offence. One of the few studies available on the relationship between culture, values, experience and development practice in Cambodia describes the social order of society as follows:659

“The social order of Cambodian society, reinforced by some Cambodian understandings of Buddhism, depends upon everyone respecting the social hierarchy and keeping her or his place in it. From childhood, people are taught to obey and respect those with authority. Challenging, questioning and holding views are discouraged, conflict is seen as bad and loss of face is to be avoided at all costs.”

The same study further explains that the strong influence that a traditional family has on the child’s education is firmly entrenched. From survey interviews it is noted that:660

“Children are taught to listen and they have to follow what their parents tell them to do. This means children are unable to generate their own initiatives and to ask questions, think and analyze for themselves. Children are taught not to challenge their parents, the authorities or their teachers. They are told to be polite and respect elders. Language reinforces this automatically.”

In Cambodia, it is customary for each generation to remember their ancestors by putting their pictures on their walls and paying tribute to the dead on a special day in September. During the holiday for New

660 Ibid, p. 60.
Year, most Cambodians go back to their villages to visit the elders and the custom is to offer them gifts. One of the worst offences that can be committed within a family is for a child to be regarded as ungrateful (a’kataniou) for having forgotten his or her parents. Family ties are strong and, as a rule, it is not acceptable to refuse another relative who is in need.661

Most children live with their parents until they are able to afford their own home and very few young people actually live alone. It is also the custom for children to take care of their parents as they get older and a majority of households include several generations living under one roof. Those who live abroad are expected to regularly send their families money.662

Cambodian society is more traditional than Thailand and Viet Nam Yet, for many young Cambodians that have been brought up in a post-conflict and post-communist period with more freedom than ever before, there are many rapid changes taking place. The general perception is that the current generation of young people, especially in urban areas, is experiencing a highly different lifestyle than the one of their own parents, which may include a new form of dress, dating and going out at night to karaoke bars and clubs that cater to them. Increasing numbers of young people are migrating to the cities in search for work and many are consequently transformed by the city lifestyle and become highly independent, particularly when they are the major breadwinners.663 However, for most children and young people living in rural areas, it is likely that their lifestyle has changed very little and they generally conform to traditional ways.

In rural areas, although children aged 10 to 15 are not likely to be consulted in decisions made by elders, they do participate in daily family life by carrying out important household chores such as cleaning the house, cooking and collecting firewood. They can also be found working in the fields, fetching water, taking care of the cattle and performing other tasks, including homework.664 During harvest season all boys and girls aged 10 and older are expected to help their families and school attendance may be interrupted for this purpose.665

Early and arranged marriage is still common in Cambodia despite the fact that it violates domestic laws and several international human rights instruments. Although the legal age of marriage for girls is 18, there are marriages in rural areas involving girls younger than 16. According to the Law on Marriage and Family, a minor can be married with the consent of her parents if she is pregnant. One study estimated that in 2000, 0.3 per cent of women between the ages of 13 and 14 were married, and 44.5 per cent between the ages of 15 and 19.666 Parents often arrange such marriages in accordance with tradition. It is believed that, although many girls may not want to get married, society pressures them to accept their parents’ decision. Although the marriage of a minor is against the law, under Cambodian culture parents have the authority to decide for their daughters.667

The CDHS 2005 concludes that few women choose their own husband and many young women only meet their future husbands on the day of their wedding. It also provides that:668

661 Parler le Cambodgien, Comprendre le Cambodge, op cit, p. 315.
665 Interview with representatives of ILD in Cambodia, Nov. 2008.
667 Ibid.
668 CDHS 2005, p. 266.
"Only 19 per cent of ever married women chose their husband (chose alone or the respondent and her husband chose each other jointly). In addition, 29 per cent of women chose their husband jointly with someone else. The remaining majority of women (52 per cent) did not participate at all in the choice of their husband. For 11 per cent of all ever-married women, the husband was chosen by his own family only. Urban women (19 per cent) are more likely than rural women (10 per cent) to have chosen their own husband."

Conflicting values between parents favouring a “traditional” worldview and children influenced by a distinctly different set of “modern” concepts and values imbued by the CRC are leading to inter-generational tensions, particularly around parental honour, hierarchy and patriarchal practices.669

The draft State Party Periodic Report to the Committee on the Rights of the Child to be submitted by Cambodia in early 2009 points out that freedom of expression is stipulated in Article 41 of the constitution. However, it also states that Article 63 of the Provisions Relating to the Judiciary and Criminal Law and Procedure Applicable in Cambodia during the Transitional Period make defamation a crime with the possibility of a penal sanction from eight days to one year imprisonment. The draft report further states that a prakas was adopted by the Ministry of Justice instructing the courts not to apply penal sanction for the act of defamation. The report provides the following insights regarding the perceived role of parents:

“Cambodian citizens always make all effort to become good parents and assume responsibility for raising, caring, providing education, advice and direction to, and preparing for the future of their children. According to the Cambodian tradition, the grandparents, uncles, aunts or other relatives also contribute significantly to taking care of and advising children with compassion and affection. However, due to long periods of war, understanding of many parents is limited and they may not be able to provide adequate guidance to their children.”

Promoting the child’s right to participate within the family clearly poses several challenges in the Cambodian context. First, it is clear that this notion may be in conflict with traditions and social norms and could be regarded as a form of disobedience or lack of respect for elders. Second, the notion of encouraging children to express their views may even be considered threatening for a society that is still healing from the Khmer Rouge period, which destroyed families and turned many children against their own parents. Third, the low level or absence of parents’ education may hinder their understanding and acceptance of participation, which may well be regarded as a ‘foreign’ or ‘Western’ concept. Thus, promoting children’s participation within the family and community has to be carried out in light of these factors with a high degree of sensitivity and respect for the cultural environment.

2. The child’s participation within the school

Standards have been developed that can be used as a guiding reference to the child’s right to participation in the educational context. Above all, children’s participation should be voluntary and conducted in a safe, welcoming and enabling environment.

Methods of involving children should be developed in partnership with children. Adults are to play a supportive role and where necessary share information, as well as build skills and the capacity of children for quality participation. The issues addressed should be relevant to children and draw upon their knowledge, skills and abilities. Efforts to ensure children’s participation in the educational context should strive to achieve the following:

- Systems for student participation at all levels of schools.
- Involvement of children in the development of school policies on issues relating to, for example, non-discrimination and disciplinary codes.
- Evidence of institutionalized consultation between children, community and minority groups and ministries of education and other bodies responsible for realizing the right to education.

In Cambodia, increasing numbers of children are being enrolled in school, gender parity has been significantly improved and inequality in grade attainment has decreased. Nevertheless, promoting the participation of children within the classroom and school environment remains a major challenge. Children are not generally taught to express their views within the family; this is also true within the school environment. In recent years, pursuant to the Child-Friendly School Policy adopted by MoEYS in 2008 and supported by UNICEF and other partners (and in the process of being applied nationwide), student councils have been created that are aimed at enabling student participation in school management. It is reported that these councils now have more status and more influence on children since they have become “self-confident participants in school affairs”.

The functions of the student council include teaching students how to queue and keep the grounds clean, mobilizing attendance, managing the classroom in a teacher’s absence and monitoring slow learners. Members of student councils interviewed indicated that the change in their status and responsibility was both relevant to their own development and valuable to the school. Many students confirmed that “their sense of self-confidence in their positions as contributors to the school, most notably girls, was evident and important”.

Although student councils have been created in most UNICEF-supported schools, it has been reported that the actual participation of students in substantive school decision-making is still limited. There is a tendency for schools to regard the student councils as “cleaning teams rather than viewing the members as respected contributors to school development”. Gradually, it is being recognized by some stakeholders that it is important to create concrete situations in which the student councils are empowered to participate in decision-making processes. Opportunities for this include the School-Led Total Sanitation approach, School WASH and child protection networks. Under these options, students can play an important role in increasing child and youth participation in the community and thereby demonstrate that they represent a significant voice for promoting quality education.

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673 Ibid.
674 UNICEF Expanded Basic Education Programme, January-September 2008, Mid-Term Review Report to the Government of Sweden on the Joint Ministry of Education, Youth and Sports, p. 31
675 Ibid.
Good teaching practices are essential in the learning process and teachers play a fundamental role in the children’s educational experience. Teachers in Cambodia face numerous challenges including poor infrastructure, lack of teaching aids, crowded classrooms and long working hours. Qualitative studies characterize the classroom pedagogy as primarily focused on frontal teaching and rote learning. A recent study on teaching in Cambodia notes that in lower secondary class “students are mostly passive recipients of instruction” and there is little time devoted to problem-solving activities. Moreover, there is evidence that about one quarter of students are simply not engaged in the individual work assigned, and there is “less than a dynamic learning environment within the classroom.” It is also noted that less than half of teachers ask questions that require students to use reasoning skills. An earlier study also provides the following observation of the education system:

“The Cambodian education system has been based on students learning by heart what the teacher taught them, with very little attention being paid to understanding and analysis. Students are given little if any opportunity to think independently, to question or use their own initiative. Beliefs about education (and the teaching methods adopted by society) are formative in the development of learning processes, and of attitudes towards learning and knowledge.”

The principles of the Child-Friendly School (CFS) call for an environment that is both protective of children and focused on building the children’s capacity to understand and learn through participation. It is also geared towards participatory teaching methodologies, which can make a major difference in students’ learning by promoting critical thinking, creativity and the use of reasoning skills and encouraging them to take the initiative in solving problems. A quantitative study statistically examining observable differences between UNICEF-supported CFS and non-supported schools found that CFS students report more participation in class discussions and more trips to the blackboard to solve problems. These results are consistent with the emphasis of the CFS programme, which aims to make teaching more active and participative, with more of an emphasis on students and less on teachers.

Currently, the Government is reported to be more focused on the quality of education, on upgrading teachers’ skills and raising their pay. Teacher standards have been developed that are expected to shape teacher placements, capacity development and their overall performance. Nevertheless, there remain many challenges to promoting participatory teaching methodologies in the classroom. The CFS policy offers the opportunity to further promote the participation of children in the classroom by encouraging the implementation of improved teaching methodologies. The Law on Education 2007 stipulates (Articles 3 and 10) that the purpose of the law, among other things, is to promote respect for human rights, promote gender equity and eliminate all forms of discrimination in education and educational services. This implies promoting the principles of human rights, which include the right to participation. These new progressive measures would indicate that there are good prospects for encouraging children’s right to participation within the school environment.
3. The child’s participation within the community

To date, the participation of children within the community has been virtually non-existent in Cambodia. However, in light of the new decentralization and deconcentration process that is being implemented pursuant to the recently adopted Organic Law, there are now opportunities for promoting children’s participation and encouraging that their voices are heard in matters that affect their lives. The elections in 2002 established Commune Councils and gave them a mandate for local development. The Commune Councils are located in rural areas where 80 per cent of the poor live and they represent the governmental authority that is closest to the people. UNICEF indicates that the presence of CCWCs has already resulted in greater awareness among local officials and communities of children’s rights and practical action to address them. It is reported that there is greater capacity to take concrete action and to monitor progress towards the realization of children’s rights on the part of local government officials. There are also strategic opportunities for promoting innovative approaches to addressing children’s rights through programmes such as WASH, which is being implemented in schools and focuses on the right to water, sanitation and hygiene.681

In 1999, UNICEF began supporting the Government in implementing the Community-Based Child Protection Network (CBCP). The model was implemented in four provinces and the capital. Its purpose was to identify children at risk and those in need of special protection, as well as raise awareness about child protection. Based on the results of an evaluation conducted in 2003, changes were made to the model, and a new title, the Child Protection Network (CPN), was adopted. The new model was implemented in two provinces, Svay Rieng and Prey Veng, in the same 39 communes and 405 villages in which the CBCP had been implemented. Since 2005, the CPN has had two main objectives: to increase awareness of child protection issues in target villages; and to increase access for CNSP to relevant services. More specifically, the CPN has supported children to actively participate and promote awareness raising in villages, as well as serving as a resource to children in the villages when needed. Another aim was to establish closer links between government processes and structures at the commune level. An evaluation of the project found that child representatives played an important role in the project with regard to capacity building. The representatives had received training on child protection and how to use peer education materials to train children in their villages. The evaluation includes some feedback from the children themselves: 682

“[My participation in the project] has helped me understand I have rights. It has built our capacity, and we are models in the village”. Child representative, Theay Commune, Prey Veng

“Children are more clever now. They speak up when they have something to say. Children are also more respectful of adults, which was not the case before. Now they step aside for an adult on the road.” Child representative, Romeang Thkol Commune, Svay Rieng


4. The child’s participation within the justice system

Article 12 of the CRC establishes the right of children, who are capable of forming their own views, to express those views freely in all matters affecting them, and the opportunity to be heard in any judicial and administrative proceedings affecting them. This can be achieved either directly or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law. Children’s participation within the justice system refers to the child as a witness, as a victim and as a child offender, all of which are situations in which children’s rights must be respected and protected. Related to this is the child’s right to access to information, which is essential in relation to children in conflict with the law. The kind of information that should be provided to children includes:

- The specific charges brought against the child.
- The rights of the child in conflict with law such as the right to access a lawyer and the right not to be questioned in the absence of legal counsel.
- Access to reading material while in detention.
- Access to family visits.

Some important developments have taken place that aim to respect and protect a child’s right to participate within the justice system. First, the child’s right to be heard in court is recognized in the new Criminal Procedure Code. Second, children under 14 can make a statement in court without taking an oath.

Another important development is the creation of child-friendly investigation rooms in the Anti-Human Trafficking and Juvenile Protection police department, and in units in eight provinces (Phnom Penh, Kandal, Sihanoukville, Battambang, Banteay Meanchey, Prey Veng, Svay Rieng and Siem Reap), which contribute to improved conditions for children during an interview. According to an assessment of a child justice project, before the rooms were established it was difficult to receive a full and frank statement from a child. “Since the rooms were installed, the children were not interrupted; they feel more comfortable and less intimidated.” It is also noted that in places where training was conducted, the police have learned child-friendly interviewing and investigation techniques.

The use of court screens and video-conferencing are also being encouraged by the MoJ. A Prakas on the Use of Court Screen and Courtroom TV-Linked Testimony for Child/Vulnerable Victims and Witnesses was developed and approved by the MoJ. They are now being used by court officials in courts in Sihanoukville, Battambang, Siem Reap, Kandal, Banteay Meanchey and Phnom Penh. Judges and prosecutors that have used these new methods have indicated that the screens are useful for shielding the victim and witness from the accused during the child’s testimony. Their use also prevents the child being traumatised by seeing an alleged perpetrator. Court officials are of the view that the child who is not intimidated or fearful of confronting the accused is more likely to provide a more complete and honest statement before the court. Although the screen method is often used during trials, video conferencing has been the preferred method by all court officials consulted, since it avoids the child having to hear the accused/offender.

Despite good intentions to protect child victims and witnesses, there are still challenges in the correct use of the screens and

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683 European Commission and UNICEF, 2008, Recommendations on Strengthening Cooperation and Coordination Among Juvenile Justice Stakeholders, p.54.

684 Information provided by UNICEF Cambodia, 2008.

with regard to compliance with guidelines. It should be noted that the decision to use a court screen is based on the response from the child regarding whether he/she is afraid to face the accused/offender.\footnote{Ibid, p. 30.}

There have been notable efforts to ensure that children participate and express their views in forums regarding children and the justice system. Children’s voices were heard and their contribution was recorded in the Report of the National Workshop on Juvenile Justice held in Phnom Penh in 2006. The workshop was organized by the MoJ, in cooperation with NGOs and international agencies, including UNICEF. One of the workshop’s main goals was to present the situation of children in conflict with the law within the criminal justice system. The 27 child representatives from Sihanoukville and Kandal province that participated in the workshop issued their own message, which contains 16 recommendations. In a national workshop on the same subject held in 2007, the views of two children in conflict with the law were delivered in an audio presentation, which informed workshop participants of the challenges facing children in the juvenile justice system.\footnote{Recommendations on Strengthening Cooperation and Coordination Among Juvenile Justice Stakeholders, op cit., p. 24.}

NGOs are playing an important role in advocating for the child’s right to participate, particularly within the justice system. The Government is increasingly counting on their contributions by including them in national workshops and other public debates.

5. Youth participation in the development context

In 2006, the UNCT discussed the importance of focusing on issues associated with Cambodian youth and adolescents and the value of engaging in heightened levels of dialogue with representatives of this large segment of the population. It was envisaged that such a dialogue would enrich the work of the UN in the implementation of the UNDAF 2006-2010, the NSDP 2006-2010, attainment of the CMDGs and other key policies and programmes. The UNCT considered the large number of uneducated, unemployed and marginalized young people to be an important issue of major concern within the Cambodian society. It took into account that one of the vehicles for promoting child and youth participation is through the creation of spaces and opportunities that enable their genuine involvement and encourage their voices and concerns to be heard. To this end, in 2007, a UN Youth Advisory Panel was established in Cambodia based within the Office of the UN Resident Coordinator. The purpose of the panel is:

- To increase dialogue between young people and the United Nations in Cambodia and to include a youth perspective on development issues.
- To advise the UNCT on strategic opportunities and actions to address youth issues across the UN system.
- To build the skills and knowledge of panel members related to the work of the UNCT in Cambodia.

The expected outputs from the Panel include recommendations for UNCT strategies and programmes; identification of strategies and mechanisms to ensure the youth friendliness of UN policies and programmes; development of joint advocacy initiatives; and practical guidance on youth participation. Achievements so far include the participation of youth in advocacy activities associated with the UN:

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International Women’s Day – 8 March 2008, on which the UN Youth Advisory Panel led a dialogue with 100 young
people on women’s participation in the achievement of the CMDGs.

- **International Youth Day** – 12 August 2008, was the first-ever joint celebration by the Youth Department (MoEYS), Cambodia Youth Association/Organizations, Youth Advisory Panel and the United Nations. A report was issued on the National Youth Forum of International Youth Day that addressed Youth and Climate Change.

The Youth Panel was also involved in the UN Programme Review, which included field trips with UNICEF and UNFPA. On these occasions, the members provided inputs from youth perspectives, contributed to the study of the real situation of children and young people in communities in rural areas, and promoted leadership and youth participation at the community level through peer dialogue and by example. The panel is also part of the Youth Situation Analysis advisory panel.
This situation analysis has shed some light on the status of children in Cambodia with regard to their rights to health, education, protection and participation, and other related rights. It reveals significant advances that enable the progressive realization of these rights in a country that is still grappling with the arduous task of reconstructing a torn society, rebuilding its social and political institutions and infrastructure. These advances include the development of legal and policy frameworks, an increase in the allocation of resources to health and education, and progress in the area of institutional reform and capacity building at all levels. To achieve this, the Government has been rebuilding its health workforce and increasing the number of qualified teachers and its cadre of judges, among others; all are needed for the protection and harmonious development of children.

This situation analysis helps to understand what it is to be a child today in Cambodia from the mother’s womb until the age of 18. Children’s rights that are recognized in Cambodia’s constitution are increasingly being realized. For example, an important step has been taken to make it obligatory for parents to register their child’s birth within 30 days of delivery. Birth registration establishes formal proof of a child’s name, existence and age and therefore protects the child against exploitation and abuse. It is also sometimes required for access to health care, education and other social services.

Present indicators show that more children across the country are less likely to die before their first birthday. The decline in childhood mortality has been aided in part by a lower fertility rate with women having fewer children and at a later age. Yet, the chances
Main Conclusions

of survival for some children remain low given the persistent high maternal mortality rate and newborn mortality rate. The chances of survival are greater in urban areas than in rural areas and among the wealthier and more educated sectors of society, which indicates growing inequality. According to the CDHS 2005, children under five born to mothers in the lowest wealth quintile are three times more likely to die as those born to mothers in the wealthiest quintile.

Despite some improvements, access to care during pregnancy and delivery varies considerably between urban and rural populations, with rural women having fewer opportunities to give birth at a health facility. Children born to mothers living in remote areas and those belonging to ethnic minorities are at a greater disadvantage and are more at risk of dying because their birth is less likely to be assisted by a trained health provider. The distance between households and health centres serves as an important impediment to their effective utilization since women often live far from a town or village. There is evidence that the practices of traditional birth attendants pose serious risks of infection (including tetanus) to mothers and newborns. The causes of infection are mainly poor hygiene due to lack of hand washing and traditional cord care.

Child immunization is one of the most cost-effective interventions to reduce child mortality. A Cambodian child born today is more likely to avoid easily preventable illness and death due to marked improvements in immunization coverage, although children belonging to the poorest households are still twice as likely to never receive vaccinations. Progress has also been achieved with regard to diagnosis and treatment of childhood diseases, which are essential for reducing mortality. More and more women are able to seek treatment for their children when they have symptoms of acute respiratory infection or diarrhoea. Most households own a mosquito net and a large majority of children aged under five sleep under a net to avoid contracting malaria.

Another positive development is the growing number of children that are breastfed earlier, exclusively and longer as recommended by WHO, thereby increasing their chances of survival. Overall, the nutritional status of children has been improving. However, more than half of children under-five have some degree of anaemia, and a higher percentage of children of uneducated poorer mothers suffer from anaemia. There is notable concern that urban poor and low income families are expected to feel the impact of the recent rise in food prices. Children living in poverty are at a higher risk of being deprived of more nourishing foods and to be subjected to a poorer diet, especially in terms of vitamins and minerals.

A leading cause of death and disability is child injury. Drowning has been recognized as the leading cause of death of children after infancy, followed by road traffic accidents. Other causes of child morbidity and mortality from injury include animal bites, falls, burns, landmines/UXO, electrocution, suicide, medical accidents, suffocation, poison, cuts, injuries from sharp objects, violence, and injuries from falling objects and blunt objects. For most families, injuries mean high financial and social costs, given the need for hospitalization and medicine, and they can often result in permanent disability. Injuries and deaths caused by road traffic accidents
have been recognized as an important health issue due to the availability of data from public health facilities, private clinics and traffic police. However, much more needs to be done at the policy level to prevent child injuries and the high rate of deaths from drowning.

While there is evidence of progress with regard to children with disabilities, they continue to face challenges preventing them from enjoying a full and decent life and actively participating in the community. Accurate statistics on the current number of disabled persons in Cambodia are not yet available. The main causes of disability are attributed to illness and disease, followed by congenital causes and road traffic accidents, although a small percentage of disabilities are also caused by landmine/UXO accidents. The chances of a child dying or being permanently disabled by a landmine/UXO accident have reduced significantly in recent years. However, despite notable efforts in mine risk education, victim data collection and improvement of emergency assistance, there is still a need to develop more effective warning signs and better programme responses in order to continue to reduce the number of mine/UXO accidents, particularly those involving children.

Another factor that threatens children’s right to life and to the enjoyment of the highest attainable standard of health is the prevalence of HIV. Despite a downward trend, Cambodia still has the highest HIV prevalence in Southeast Asia. There is also higher HIV prevalence among females, with a significant number of new infections occurring among married women or through mother-to-child transmission. HIV can also have severe consequences for children’s well-being due to the loss or chronic illness of mothers. Moreover, a significant proportion of sub-population groups that are most at risk of infection are adolescents and young people. A major obstacle to overcome is that a large majority of health facilities do not provide any form of prevention of mother-to-child transmission of HIV. Testing of pregnant women to help prevent mother-to-child transmission is of great importance. However, HIV testing is still not reaching the vast majority of women during antenatal care since it is not always available within health centres.

A major sign of progress is the improvement of the water supply, which has already reached the CMDG target. Good access to an improved water supply is essential for the enjoyment of the right to health. A child’s health status is largely influenced not only by the type of improved water and sanitation facilities available, but also by the way they are used and maintained. Proper hygiene and sanitation practices also reduce the risk of leading childhood diseases such as diarrhoea. Presently, access to hygienic facilities varies greatly between rural and urban households. In rural areas, the majority of dwellings do not have any toilet/latrine facility and most families report using fields and bush areas. Hygiene is still a major unmet need for a large majority of the population, particularly in rural areas. Various studies indicate a reasonably high level of awareness of the importance of hygiene, but its practice remains low. Although there have been programmes to improve sanitation conditions in schools, few of them have the reliable water supply needed to flush toilets and wash hands.
The fulfilment of Cambodian children’s right to health clearly depends on the economic level of their families. A major distinguishing feature of the health sector is the fact that health care is essentially unaffordable for a large percentage of the population. While the poor are more likely to fall ill due to their overall vulnerability, they are less able to afford the costs of medical treatment and quality services. There are direct and indirect costs associated with obtaining access to services. There is a clear gap between the richer households that spend more on health care compared with poorer households. The good news is that innovative schemes are being implemented to protect the poor from the costs of public sector user fees, such as health equity funds, and the expected expansion of their coverage.

With regard to children’s right to education, there are many positive developments both in terms of access and quality of education, which ensure more Cambodian children a brighter future. A child’s formal education begins at preschool. Enrolment has been rising steadily, which shows a growing awareness among parents of the importance of the preschool experience for their children, although only an extremely small portion of that age group actually has access to a preschool. Developments in primary and secondary education include significant increases in the enrolment rate, a diminished gender gap and a large number of schools being built. There are also improvements in the number of qualified teachers and the pupil-teacher ratio, more bilingual teaching and CFS. Efforts to ensure respect within the learning environment are also evident, such as the prohibition of corporal punishment. An important positive development is the upward trend to provide water to schools. The youth literacy rate also shows an upward trend.

Nevertheless, many children are still not able to enjoy their right to education. There are a number of challenges demonstrated by the disparities between urban and rural and remote areas and persistently high dropout and repetition rates. Children of ethnic minorities, children with disabilities and children living on the streets, among others, are particularly vulnerable to missing out on an education. Distance to school prevents many children in rural and remote areas from attending. Parental concern about security is also high in remote areas where children are forced to travel long distances along deserted roads to get to school. Despite progress in construction, many of the country’s primary schools remain incomplete, which means that if the educational facility does not have all six primary grades, students are not able to complete primary education and to make the transition to lower secondary school. A persistent barrier that affects children’s access to education is the out-of-pocket expenses associated with school, such as materials, uniforms, exam charges and enrolment fees. It should be noted that children’s right to access education is directly related to their health status and, consequently, depends on the right to health being fulfilled. Thus, making progress in education also depends on improvements in health and nutrition.

Major barriers to a quality education include the insufficient number of qualified teachers, inadequate teaching materials and the fact that participatory teaching methods are not widely practiced. Another barrier to quality education for poor children is the problem
of underpaid schoolteachers who teach for few hours and need to supplement their incomes through private tutoring. Moreover, although many children with disabilities are at school, their special needs are not being adequately met.

The child’s right to be respected and protected depends on the existence of a protective environment. To this end, there have been many progressive steps taken to develop core laws, policies and regulatory frameworks. Recent developments are responding to the wide range and high incidence of violence, exploitation and abuse with children reported as the main victims. These violations are taking place in homes, schools, workplaces, prisons, on the street and in alternative care institutions, in which poor families sometimes place their children.

Notwithstanding the progress achieved, Cambodia does not yet have an effective social protection system with social safety nets and adequate welfare services. Poverty and economic instability leave many children and their families more vulnerable to having their rights violated. As a result, poor young Cambodian children today are more at risk of being given up by their parents for illegal adoption, being abandoned or placed indefinitely in orphanages by parents who cannot afford to raise them. Hundreds of thousands of poor children engage in economic activity at a young age and many become involved in hazardous child labour to help their families earn a living. An unknown number of children end up crossing the border to neighbouring countries in search of work. Poor children are also at risk of resorting to sex work, begging and vending and, although exact numbers are unknown, some are vulnerable to being trafficked. It should be emphasized that the scope of the problem of trafficking in and from Cambodia remains unclear due to a lack of reliable data. The precarious circumstances of child sex workers greatly contribute to their risk of contracting STIs and HIV, or becoming victims of drug abuse.

The available evidence shows that children are both victims of crime as well as its perpetrators. There are notable concerns about the extent of victimization caused by youth gangs and the phenomenon of gang rape. There is also concern with regard to the use of illegal drugs, particularly by children living on the streets. Although the justice system is improving, due to its limited resources and capacity it is still unable to fully protect the rights of children that come into conflict with the law. Consequently, there is an increase in the number of children deprived of their liberty and while prison should be a measure of last resort, there are limited community-based alternatives to custodial sentences.

Most importantly, creating a protective environment for children calls for empowering children through their own knowledge of their rights, and taking into account their voices and opinions by encouraging their participation in the decisions that affect their lives, particularly within the family, school and community. There is evidence of more opportunities available for advocates of children’s rights to promote the right to participation within these spheres while also taking cultural sensitivities into account.
This situation analysis has identified some of the causes preventing children in Cambodia from enjoying their rights, and explains why key duty-bearers are not always able to fulfil their obligations. This is mainly due to a number of factors, including economic and institutional constraints that impede the State from ensuring the provision of services for all children, through measures including a sufficient number of health centres and schools, and effective social welfare services. Another major barrier is the human resource constraint, which is possibly the most serious impediment to the achievement of CMDGs that aim to reduce infant and maternal mortality, especially in rural and more remote areas, where there is a substantial need for more midwives. Although the situation is improving, the lack of qualified teachers has been a major barrier to providing quality education and preventing school dropout and grade repetition. Moreover, limited welfare services are not able to support all children in need, particularly since social workers lack both the resources and the skills to provide quality case management, referral and regular follow-up with families in need. A lack of resources further results in limited legal assistance and aid for children, prison facilities that do not meet minimum standards and an absence of rehabilitation programmes for juveniles leaving prisons and correctional facilities.

This situation analysis concludes that parents should be assisted in their dual role as rights-holders and duty-bearers, who may lack the capacity to claim their own rights, as well as those of their children. Parents, as duty-bearers, are expected to have good parenting skills and to carry out necessary duties such as ensuring their children’s births are registered. However, in order for some parents to fulfil their responsibility for the upbringing and development of their children, they may require assistance from state institutions and social services.

Finally, having knowledge of children’s rights as recognized by the CRC and pertinent national laws is essential for duty-bearers in order to carry out their duties and to be motivated to take the necessary action. The overall perception is that the notion of children’s rights is a new concept for the vast majority of the population, which has undergone several critical political, economic and societal transformations over the last few decades. As yet, there is no culture of human rights embedded in the country that would naturally welcome children’s rights and also embrace the principles of universality, non-discrimination, equality, accountability and participation as recognized in the CRC. For their part, international partners must continue to effectively support Cambodia’s commitment to the implementation of the CRC and to the realization of all rights for all children.
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### Annex 1: Selected indicators

<table>
<thead>
<tr>
<th>Demography</th>
<th>Year</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (millions)</td>
<td>13.4</td>
<td>2008</td>
</tr>
<tr>
<td>Population under 5 (’000)</td>
<td>1,373</td>
<td>2008</td>
</tr>
<tr>
<td>Population under 18 (’000)</td>
<td>5,488</td>
<td>2008</td>
</tr>
<tr>
<td>% Population growth rate</td>
<td>1.54</td>
<td>2008</td>
</tr>
<tr>
<td>Land area (’000 sq.km)</td>
<td>181</td>
<td>1998</td>
</tr>
<tr>
<td>Density per sq.km</td>
<td>75</td>
<td>2008</td>
</tr>
<tr>
<td>% Urbanized</td>
<td>19.5</td>
<td>2008</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>3.1</td>
<td>2008</td>
</tr>
<tr>
<td>Crude birth rate</td>
<td>2.56</td>
<td>2005</td>
</tr>
<tr>
<td>Number of births (’000)</td>
<td>174</td>
<td>2008</td>
</tr>
<tr>
<td>Number of under-5 deaths (’000)</td>
<td>55</td>
<td>2008</td>
</tr>
</tbody>
</table>

**Socio-economic environment**

| GNI per capita (US $)                  | 596  | 2007 |
| GDP per capita (US $)                  | 594  | 2007 |
| Human development index                | 0.575| 2008 |
| % Central government expenditure in health | 6    | 2007 |
| % Central government expenditure in education | 5    | 2007 |
| % Central government expenditure in defense | 8    | 2007 |
| % Population living below poverty line | 30.1 | 2007 |
| % Household owning a radio             | 40.8 | 2008 |
| % Household owning a TV                | 58.4 | 2008 |
| % Household has accessed internet facility | 1.1  | 2008 |
| % Household has accessed telephone     | 38.5 | 2008 |
| % Female (15-64 yrs) economic activity rate | 78.5 | 2008 |
| % Children (7-14 yrs) economic activity rate | 6    | 2008 |
| Official development assistance (% of GNI) | 9    | 2005 |
| Debt service (% of exports)            | 0    | 2005 |
### Annexes

<table>
<thead>
<tr>
<th>Demography</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td><strong>UNICEF &amp; World Fit for Children goals</strong></td>
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</tr>
<tr>
<td>Infant mortality rate</td>
<td>60</td>
</tr>
<tr>
<td>Under-5 mortality rate</td>
<td>83</td>
</tr>
<tr>
<td>Maternal mortality ratio</td>
<td>461</td>
</tr>
<tr>
<td>People living with HIV (number)</td>
<td>61,400</td>
</tr>
<tr>
<td>% Adult HIV prevalence rate</td>
<td>0.9</td>
</tr>
<tr>
<td>Immunization coverage</td>
<td></td>
</tr>
<tr>
<td>% BCG</td>
<td>98</td>
</tr>
<tr>
<td>% DPT-HB3</td>
<td>91</td>
</tr>
<tr>
<td>% OPV3</td>
<td>91</td>
</tr>
<tr>
<td>% Measles</td>
<td>89</td>
</tr>
<tr>
<td>% TT2+ (pregnant women)</td>
<td>57</td>
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<tr>
<td>Neonatal tetanus cases</td>
<td>34</td>
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<tr>
<td>Measles cases</td>
<td>5</td>
</tr>
<tr>
<td>% Receiving adequate vit A (1st dose/2nd dose)</td>
<td>88/87</td>
</tr>
<tr>
<td>% Total goitre rate</td>
<td>12</td>
</tr>
<tr>
<td>% Iodated salt consumption</td>
<td>71.5</td>
</tr>
<tr>
<td>% Low birth weight of infants (&lt;2500g, based on written record or mothers’ recall)</td>
<td>8.9</td>
</tr>
<tr>
<td>% Deliveries attended by skilled personnel</td>
<td>52</td>
</tr>
<tr>
<td>BFHI designated (1995 target = 90)</td>
<td>9</td>
</tr>
<tr>
<td>% Exclusively breastfed 0-6 months</td>
<td>65.9</td>
</tr>
<tr>
<td>% Children underweight</td>
<td>28.8</td>
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<tr>
<td>% Net enrolment preschool (3-5 yrs)</td>
<td>16.6</td>
</tr>
<tr>
<td>% Net enrolment primary school (boy/girl)</td>
<td>95/94</td>
</tr>
<tr>
<td>% Reaching grade-5 at primary level (boy/girl)</td>
<td>66/69</td>
</tr>
<tr>
<td>% Females (15+) literate</td>
<td>71</td>
</tr>
<tr>
<td>% Access to improved drinking water (urban/rural)</td>
<td>76/41</td>
</tr>
<tr>
<td>% Access to sanitation (urban/rural)</td>
<td>81/23</td>
</tr>
<tr>
<td>% Children 0-59 months sleeping under insecticide impregnated bed net</td>
<td>4.2</td>
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<tr>
<td>% Children 0-59 months receiving malaria treatment</td>
<td>0.2</td>
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<tr>
<td>% Children 0-59 months registered at birth</td>
<td>66</td>
</tr>
<tr>
<td>% Orphan children</td>
<td>8.8</td>
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<tr>
<td>% Children with chronically ill parents</td>
<td>6.1</td>
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REFERENCES:
