



Unlocking Cambodia's Future

How **child rights** are the key to future economic growth and development in Cambodia

CHILD RIGHTS NOW!
CAMBODIA
2019





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Acronyms

CCWC	Commune Committee for Women and Children
CDHS	Cambodia Demographic and Health Survey
CNCC	Cambodia National Council for Children
ECCD	Early Childhood Care and Development
ECE	Early Childhood Education
GDP	Gross Domestic Product
GNI	Gross National Income
ILO	International Labor Organization
ISAF	Implementation of the Social Accountability framework
LGBTIQ	Lesbian, Gay, Bi-sexual, Transgender, Intersex, Queer
MDGs	Millennium Development Goals
NGOs	Non-Governmental Organisations
OECD	Organisation for Economic Co-operation and Development
SDGs	Sustainable Development Goals
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
VHSG	Village Health Support Group



Executive Summary

Thirty years ago, global leaders made a historic commitment to the world's children by adopting the United Nations Convention on the Rights of the Child (UNCRC). The Kingdom of Cambodia ratified it in 1992 with the commitment to guarantee these rights for all children in the country. The available data on Cambodia's progress in child rights over the last 30 years suggests that dramatic improvements have been made. In several key child-rights areas, the country achieved in a few decades what many nations took a century to accomplish. As a result, the lives of thousands of children have been saved and the wellbeing of millions has increased radically, redefining what it means to be a child growing up in Cambodia.

Child rights and economic growth

There is little doubt that the country's progression in child rights over the last 30 years was significantly influenced by Cambodia's impressive economic growth over the same period. From 1995 to 2017, Cambodia was the sixth fastest growing economy in the world and the poverty rate fell from 47.8% to 13.5%.¹ As a result, families, communities and the Royal Government of Cambodia were able to better invest in the well-being of Cambodian children who subsequently benefited from improved nutrition, better health services and increased access to school.

However, there is too little recognition for the fact that this increase in child wellbeing has also been a driver in Cambodia's rapid economic growth. Every new generation of Cambodians over the last 30 years has received a better education, increased access to health services and better nutrition than the previous one. Due to these improved outcomes, Cambodians have become more skilled, healthy, knowledgeable and resilient than the generation before. As workers, they have

provided the country with a more productive, flexible and innovative work force, boosting and sustaining solid economic growth. The World Bank refers to this skillful, healthy and resilient work force as human capital and identifies it as "a central driver of sustainable growth and poverty reduction".²

The obstacles on the road to prosperity

Cambodia now aspires to become an upper-middle-income country by 2030 and a high-income country by 2050. This will require sustaining and building on the current high level of economic growth for another 30 years. An analysis of the road ahead suggests that two major obstacles related to child rights will make it difficult for the Kingdom to develop the human capital it will need to achieve these targets.

The first obstacle is linked to the inequitable share of the benefits of the progress achieved over the last 30 years. The available data suggests that whole groups of Cambodian children have not seen significant progress in the realization of their rights due to persisting issues of marginalization, discrimination or barriers based on geography or income. As a result, these groups of children will struggle to achieve their full potential in life, a further consequence of which will be depriving the country of some of the innovative, dynamic, educated workers that would be precious to achieve, in the decades to come, its economic objectives.

The second obstacle is adapting to new and emerging challenges in Cambodia. The rapidly changing context in Cambodia includes factors such as migration, climate change, tourism and technology. While some of these factors do present opportunities for Cambodia, they also contribute to increased vulnerability and exploitation of children. These new challenges

¹ World Bank Group, 2017: Cambodia - Sustaining strong growth for the benefit of all.

² Lange, Glenn-Marie; Wodon, Quentin; Carey, Kevin, 2018: The Changing Wealth of Nations 2018: Building a Sustainable Future

are already having an impact on the wellbeing of children and, if not addressed, they may delay even further the development of the human capital needed to achieve the economic objectives of the country.

The Game Changers Cambodian Children Need

This report presents six priority areas for investment in child rights that can overcome these two key obstacles of inequality and rapidly changing context. Identified as 'game changers', they represent significant shifts in the current way of doing things, which will

take leadership, resources and dedication to achieve. The recommendations listed in this report are respectfully presented to the Royal Government of Cambodia. However, the Child Rights Now! coalition recognizes the need for joint action and coordination to achieve the full implementation of the UNCRC. Our hope is that development partners, other civil society organizations, academia and the private sector will see in this report and recommendations a useful framework to coordinate efforts to improve the wellbeing of children and unlock the future of Cambodia.

1. Improve access to quality Early Childhood Education	Despite being recognized as a critical foundation for future learning and development of human capital, many children continue to lack access to quality early childhood education services, especially in remote areas.
2. Combat poor access to quality education	Cambodia has achieved incredible progress in basic education; however, further progress is threatened by persistent barriers to access and low-quality learning outcomes
3. Address the high prevalence of child protection abuses	The number of children suffering from malnutrition in Cambodia has been reducing in recent years; however, the rate of progress remains unacceptably slow and continues to threaten the development of human capital.
4. Significantly reduce the rates of child malnutrition	The number of children suffering from malnutrition in Cambodia has been reducing in recent years; however, the rate of progress remains unacceptably slow and continues to threaten the development of human capital.
5. Improve access to basic drinking water, sanitation services and hygiene	Around 9.4 million Cambodians do not have access to improved sanitation – one of the highest rates in Asia.
6. Increase meaningful child participation in decision making processes.	The limited participation of children and youth in policy making and decisions that impact their lives prevents them playing their role as future citizens and actors in supporting Cambodia's development

30 years of dramatic progress in Cambodia

Thirty years ago, world leaders made a historic commitment to the world's children by adopting the United Nations Convention on the Rights of the Child (UNCRC) – an international agreement on child rights. Since then, it has become the most widely ratified human rights treaty in history and has helped transform children's lives around the world by offering child-specific protection policies, no matter who or where they are.

Cambodia has undergone rapid and turbulent changes since the UNCRC was agreed in 1989. In the 1970's, Cambodia experienced a period of severe conflict that culminated in the Khmer Rouge regime inflicting extensive violence and atrocities against citizens, including children. Political turmoil lasted until the 1990's, when the Paris Peace Agreement (1991) and national elections (1993) brought in a new era for Cambodia, including the rapid economic growth that has brought immense benefits to much of the population.

Following Cambodia's 1992 ratification of the UNCRC, the Royal Government of Cambodia formally adopted most of the key international instruments for child rights, including: the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography ratified in 2002, the Optional Protocol to the United Nations Convention on the Rights of the Child on the involvement of children in armed conflict ratified in 2004, and ILO Convention 182 Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor ratified in 2006. Articles 31 and 48 of the Constitution of Cambodia also recognize the rights of children, including the right to life, education, and freedom from economic or sexual exploitation. In 1995, the Cambodia National Council for Children (CNCC) was created to coordinate policies and programs related to children.³

Historic achievements in child rights

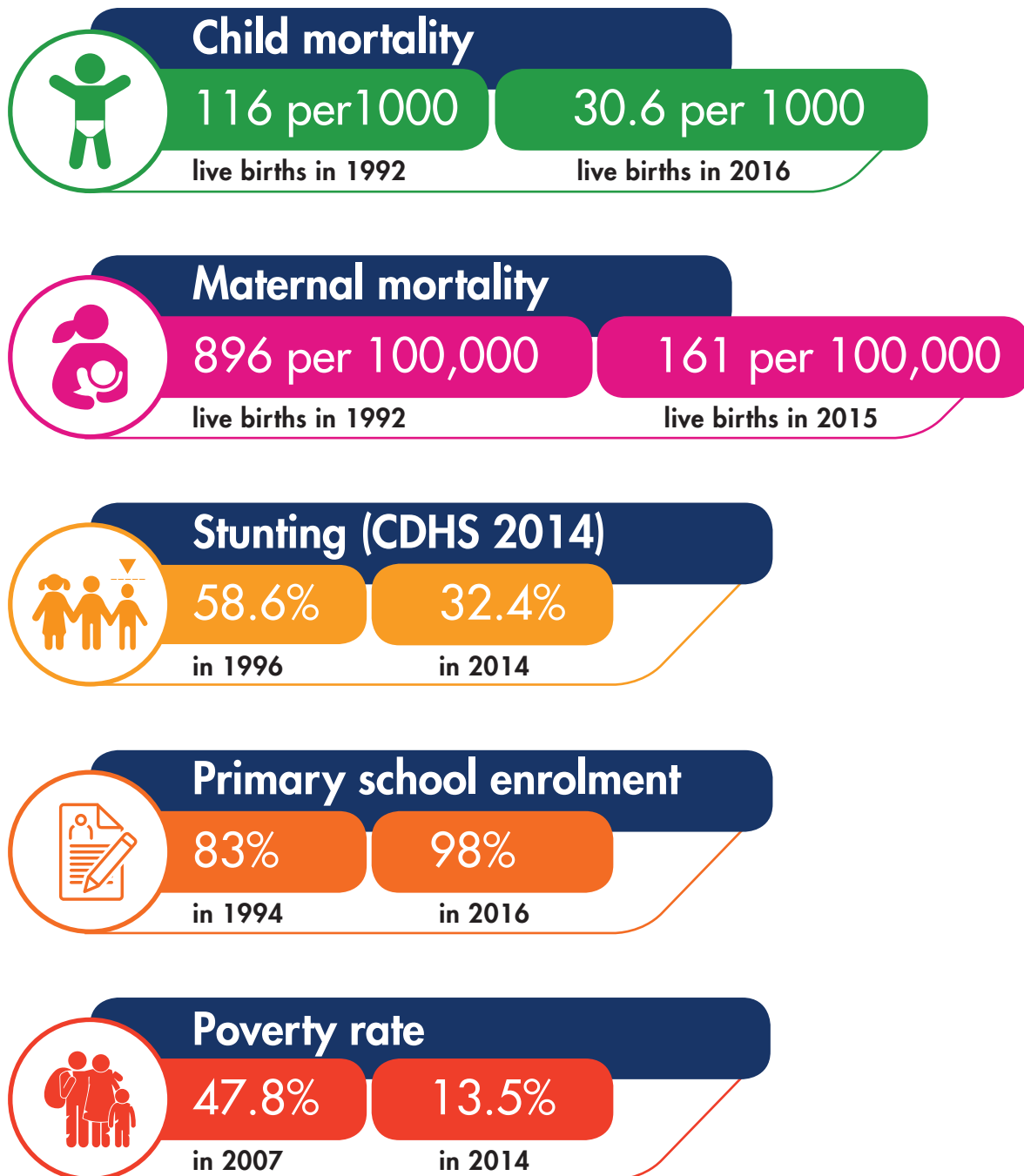
Since 1990, and throughout the lifespan of the Millennium Development Goals⁴ (MDGs), Cambodia made considerable progress on targets and measurable indicators of child development and child rights. From access to education to dramatic reduction in child mortality, Cambodia has been a strong

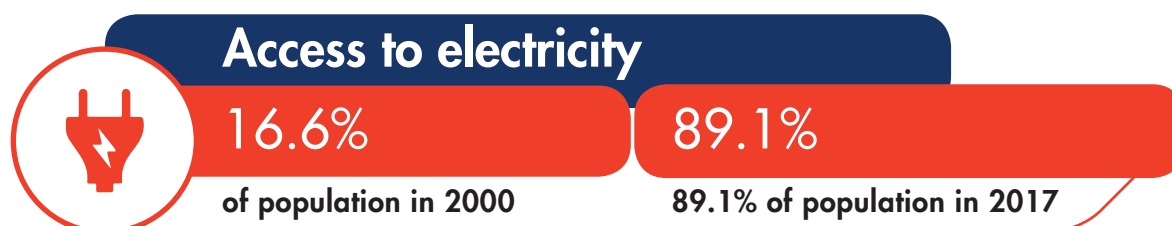
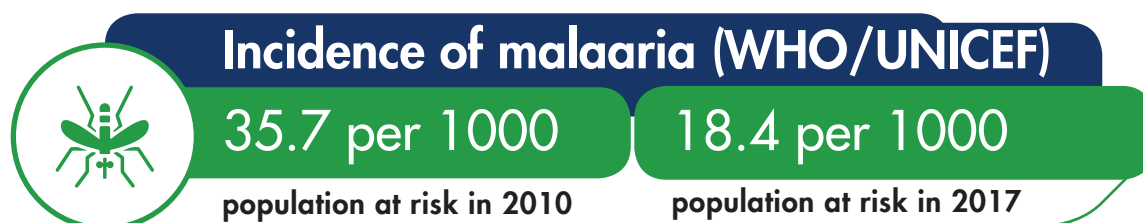
example of the kind of rapid progress that is achievable when child rights are prioritized by governments, donors, civil society actors and citizens themselves. Figure 1 illustrates some of the most significant achievements in the previous decades.

³

The Cambodia National Council for Children was established (and restructured in 2009) to coordinate Government on efforts related to the survival, development and protection of children and on child participation, including monitoring implementation of the UNCRC and preparation of reports to the UN Committee for the UNCRC.

Figure 1: Measurable progress in child rights and development since the early 1990s





It is important to note that Cambodia has achieved in less than three decades what many nations took a century to achieve. For example, it took Finland 100 years (from 1850 to 1950)⁵ to achieve the same level of reduction in maternal mortality as Cambodia has since the early 1990s. Similarly, it took China 34 years and Indonesia 33 years to achieve a reduction in child mortality that Cambodia achieved in 20 years, from roughly 12% to under 3%.⁶

⁵ Claudia Hanson. Data on Maternal Mortality, Historical information compiled for 14 countries (up to 200 years), Gapminder, 2010

⁶ WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015 and Claudia Hanson, 2010, Data on Maternal Mortality, Historical information compiled for 14 countries (up to 200 years), Gapminder. 2010

Child rights investment and economic growth

There is little doubt that this progress was significantly influenced by Cambodia's impressive economic achievement over the last 20 years. From 1995 to 2017, Cambodia had an average annual growth rate of 7.7%, which was the sixth fastest growing economy in the world. As a result, the poverty rate fell from 47.8% in 2007 to 13.5% in 2014⁷ and Cambodia officially attained lower middle-income status in 2015⁸. Over this period, the country recorded dramatic progress in an array of child and human development indicators.

With families overcoming poverty, they have been able to invest more in the well-being of their children through improved nutrition, access to health services and sending children to school rather than needing them to work. The Royal Government of Cambodia was also able to collect more taxes, mobilize more resources and invest efficiently in the health, nutrition, education and protection of children.

However, there is too little recognition for the fact that the progress in child rights has also been a driver for this rapid economic growth. Over the last 30 years in Cambodia, every new generation of Cambodian has received a better education, access to health services and nutrition than the previous one. Because of this, they have become more skilled, healthy, knowledgeable and resilient than the previous generations. Ultimately, as workers, they have provided the country with a more productive, flexible and innovative work force, boosting and sustaining solid economic growth.

The World Bank refers to this skillful, healthy and resilient work force as human capital, and identifies it as "a central driver of sustainable growth and poverty reduction".⁹ Today's children are the motor of tomorrow's economy, and so the increased investment in child rights is directly linked to the development of human capital and economic growth to further transform the country.

The road to 2030

The right vision

Cambodia aspires to become a high-income country by 2050. The next milestone for the country is 2030, by when Cambodia strives to become an upper-middle-income country, as well as achieving the Cambodian Sustainable Development Goals (CSDGs). The adoption of the CSDGs in 2018 was a critical step towards fulfilling this vision, contributing, not only to economic development, but also by continuing to strengthen the human capital required to achieve sustained economic growth.

The CSDGs are taken from the Sustainable Development Goals (SDGs), which are "a universal call to action" to "end poverty, protect the planet and ensure that all people enjoy peace and prosperity".¹⁰ The 17 SDGs are interconnected and require "partnership and pragmatism to make the right choices now to improve life, in a sustainable way, for future generations"

⁷ World Bank Group, 2017: Cambodia - Sustaining strong growth for the benefit of all.

⁸ Lower middle-income status was achieved as gross national income (GNI) per capita reached US\$1,230; according to World Bank Group, 2017: Cambodia - Sustaining strong growth for the benefit of all.

⁹ Lange, Glenn-Marie; Wodon, Quentin; Carey, Kevin, 2018: The Changing Wealth of Nations 2018: Building a Sustainable Future.

¹⁰ UNDP Cambodia, 2019. <http://www.kh.undp.org/content/cambodia/en/home/sustainable-development-goals.html>

The CSDGs include 88 targets that, if achieved, should strengthen state institutions (in line with the concepts of good governance and rule of law) and support poverty reduction through equitable and sustainable economic growth.

Several of these targets aligned perfectly with the UNCRC:



Target 2.2 on ending all forms of malnutrition



Targets 4.1 and 4.2 on providing basic and pre-primary education to all children (including target 4.a. on building education facilities that are safe and inclusive for all)



Targets 6.1 and 6.2 on universal access to clean drinking water and adequate sanitation and hygiene for all.

This alignment makes the CSDGs the right framework to achieve strong progress toward the implementation of the UNCRC and build the human capital Cambodia needs to achieve its economic and development objectives for 2030 and 2050.

The obstacles on the road to 2030

To achieve its vision for 2030 and 2050 and meet the CSDG targets, Cambodia will need to sustain and build on the current high level of economic growth for another 30 years. It will require the Kingdom to ensure that the next generations of children achieve their full potential and become the highly skilled, healthy and educated workers that can bring the country's economy to the next level. Looking at the last 30 years and the significant progress the country has registered over this period, there are reasons to be optimistic.

However, an analysis of the road ahead seems to indicate that Cambodia will not be able

to repeat the same important gains in child rights and human capital if there is not a major change in its approach to child wellbeing. The majority of the observers¹¹ agree that, in the Kingdom, two major obstacles related to child rights and wellbeing are standing in the way.

1. An inequitable share of the benefits of economic growth

The first obstacle is linked to the inequitable share of the benefits of the progress registered over the last 30 years. The available data suggest that whole groups of children in the country have not seen significant progress in the realization of their rights due to persisting issues of marginalization, discrimination or barriers based on geography. This report finds that children living in rural and remote areas, those from lower socioeconomic household, indigenous children and children with disabilities, among other groups, struggle for the fulfillment of their basic rights. For examples:¹²

- Children living in urban areas are 36% more likely to attend an early childhood education programs than children living in rural areas (11%)¹³ and five-year-old children in the poorest quartile of households are one and a half times more likely to be out of school than children from the richest quartile are.¹⁴
- 4% of disabled adolescents have completed lower secondary education, compared to 41% of their non-disabled peers.¹⁵
- Girls drop out of school more often to support their household, and girls with less education are generally more susceptible to exploitation and abuse, such as human trafficking.¹⁶
- Child marriage is more common in rural area while teenage pregnancies are increasing in some parts of the country, especially remote areas¹⁷.

¹¹ See for example World Bank Group, 2017: Cambodia - Sustaining strong growth for the benefit of all.

¹² Each Game Changer present a more detailed analysis of the groups of children that are not full benefiting from the rights guaranteed in the UNCRC.

¹³ National Institute of Statistics (NIS), Directorate General for Health, and ICF International, 2015: Cambodia Demographic and Health Survey 2014, p.165.

¹⁴ MoEYS, 2016: Mid-Term Review Report in 2016 of the Education Strategic Plan 2014-2018 and Projection to 2020, p. 18.

¹⁵ UNESCO, 2018: Education and disability: Analysis of data from 49 countries. P.20 and p.23.

¹⁶ SOS Children's Villages Cambodia, 2015: Child Right Situation Analysis: Children at Risk Losing Parental Care and Children Losing Parental Care, and Sonyka, Va, 19 March 2015: "More High School Girls Drop Out" Khmer Times.

¹⁷ For example, Mondulkiri and Ratanakiri Provinces have some of the highest rates of child marriage and teenage pregnancy in the country. The median age for marriage in Mondulkiri is 15 and 34% of adolescent girls have their first child by ages 15-19 compared with the national average of 12% (Partnering to Save Lives, 2018: Learning package: Adolescent pregnancy in Cambodia's northeast, Australian Aid, MoH, Save the Children, Care International, Marie Stopes International).

- Stunting is more common in rural areas (34%) than urban areas (24%) and is less common among the children of more educated mothers
- While almost 99% of households in Phnom Penh have flushable toilets connected to sewerage, this number falls to 70.9% in rural areas where open defecation and access to safe water remains big issues

The available data seems to suggest that this trend is accelerating, pushed by quickly growing inequality in income ¹⁸ and slower progress ¹⁹ in public spending and tax policies ²⁰.

As a result, these groups of children will struggle to achieve their full potential in life and, consequently, they will not be able to contribute to the economic development of Cambodia as much as they could if their full rights were realized. It will deprive the country of some of the innovative, dynamic, educated workers that would be precious to achieve, in the decades to come, Cambodia's economic objectives. ²¹

2. Adapting to new and emerging challenges

Cambodia will face new challenges in the coming decade that are dramatically different from what has been faced today or in the past, and so the formulas and strategies that proved successful from 1990 to 2019 are unlikely to achieve the same progress from 2020 to 2030. For example:

- Increasing access to technology has facilitated innovation and growth but has also created new platforms for exploitation of children.
- While tourism has become one of the most important sectors in Cambodia's economy, it has also contributed to increase clandestine sexual exploitation of children ²².
- Families are increasingly migrating internally and internationally to find better job opportunities, with more children being left behind or migrating with their families, becoming at risk of school dropout and abuse.
- Climate change, through the multiplication of the number of episodes of extreme weather, is likely to have a notable impact on food security, education and access to water and sanitation.

- With its new status of lower-middle country, Cambodia will progressively receive less development assistance from international donors that used to support, through the Royal Government of Cambodia or development partners, essential services for children and their communities.



These new challenges do not reflect a failure, or lack of progress, but reflect the perpetual challenges faced by all nations seeking sustained economic growth in a rapidly changing context.

¹⁸ According to the UNDP, under "business as usual", the share of top 1 percent global wealth will reach 39 percent by 2050. Available at: <https://www.kh.undp.org/content/cambodia/en/home/sustainable-development-goals/goal-10-reduced-inequalities.html>

¹⁹ It is important to note that, over the recent years, public spending has increased and tax policies have improved. However, available data suggests that this progress has been too slow to compensate for the quick increase in income inequality.

²⁰ Oxfam, Commitment to Reducing Inequality Index 2018, 2018

²¹ The World Bank Human Capital Project provides a rank and score for human capital, with Cambodia scoring 0.49 which is below the global average of 0.57, and further below the average for East Asia and the Pacific at 0.61 (available at <https://www.worldbank.org/en/publication/human-capital>).

²² While statistics on this are difficult to obtain, research suggests that of the 100,000 people engaged in sexual exploitation in Cambodia, 30-35% are children – both boys and girls (Davy, D, 2017: Regional Overview: Sexual Exploitation of Children in Southeast Asia, ECPAT International, p.47).

Game Changers for unlocking Cambodia's future

The history of the Kingdom over the last 30 years shows that quick and significant progress is possible in Cambodia. However, to achieve its visions for 2030 and 2050, the country will need to address the issue of inequity and adapt to the rapid changing context and it will require to go beyond 'business as usual' on child rights and child wellbeing.

This report presents six priority areas for investment in child rights that can help overcome these two key obstacles. Identified as 'Game Changers' for children, they represent significant shifts in the current way of doing

things, which will take leadership, resources and dedication to achieve. Prioritizing these Game Changers will make all the difference to the future of children and Cambodia as a whole, including its ambition of becoming an upper middle-income country in the next ten years.

The vision of Child Rights Now! is that growth and development continues into the future, in line with the SDGs and the goals of the Royal Government of Cambodia. This, however, requires new investment in the following six key areas that will determine whether or not Cambodia achieves its ambitious goals.

- 1 Improve access to quality Early Childhood Education
- 2 Combat poor access to quality education
- 3 Address the high prevalence of child protection abuses
- 4 Significantly reduce the rates of child malnutrition
- 5 Improve access to basic drinking water, sanitation services and hygiene
- 6 Increase meaningful child participation in decision making processes

The recommendations listed in the following sections of the report are respectfully presented to the Royal Government of Cambodia. However, the Child Rights Now! coalition recognizes the need for joint action and coordination to achieve the full implementation of the UNCRC. Our hope is that developments partners, other civil society organizations, academics and private sector will see in this report and recommendations a useful framework to coordinate our efforts to improve the wellbeing of children and unlock the future of Cambodia.



Despite being recognized as a critical foundation for future learning and development, many children continue to lack access to good quality early childhood education (ECE) services, especially in remote areas.

What is happening?

The early children education enrolment rate is far behind that of primary education. In the 2018-2019 academic year, only 18.5% of three-year-old children were enrolled in early childhood education, as well as 39.4% of four-year-old children and 63.1% of five-year-old children.²³

Children living in rural and remote areas, indigenous children, those from lower socioeconomic background, and children with disabilities face significantly greater obstacles to accessing early childhood education opportunities than others. Children living in urban areas are 36% more likely to attend an early childhood education programs than children living in rural areas (11%)²⁴ and five-year-old children in the poorest quartile of households are one and a half times more likely to be out of school than children from the richest quartile.²⁵

SNAPSHOT

► Most relevant UNCRC Articles:

1, 2, 3, 4, 17c, 23, 28, 29, 30 and 31

► SDG Target:

4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

► Most marginalized children:

Children living in rural and remote areas; those from lower socioeconomic households; indigenous children; children with disabilities.

²³ MoEYS, Education Congress, 2019: The Education, Youth, and Sport Performance in the Academic Year 2017-2018 and Goals for the Academic Year 2018-2019, p. 45.

²⁴ National Institute of Statistics (NIS), Directorate General for Health, and ICF International, 2015: Cambodia Demographic and Health Survey 2014, p.165.

²⁵ MoEYS, 2016: Mid-Term Review Report in 2016 of the Education Strategic Plan 2014-2018 and Projection to 2020, p. 18.

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Challenges for indigenous children are compounded since multi-lingual education services are only provided in 3 state pre-schools and 104 community pre-schools across five provinces, and inclusive early education programs in preschools have not yet reached national scale.²⁶

Even when children have access to ECE services, the quality is often low.²⁷ In 2017, 23.2% of the preschools were taught in rooms in pagodas, 71.5% were operating without water and 81.3% lacked a latrine for children to use.²⁸ Such inadequate facilities have adverse impact on the attendance and learning of children and the working conditions of pre-school teachers. Currently, only 32.2% of existing ECE services meet national quality standards²⁹.

What is the impact if not addressed?

ECE is recognized by the Royal Government of Cambodia as an important way to promote enrolment in primary schools and as a means for building an educational foundation that will improve child learning outcomes, minimize early grade repetition rates, and reduce the likelihood of school drop-out.³⁰

Evidence is clear that investing in children in the early years has a much broader impact on children than educational achievement alone. Other areas of impact include: gender equality and empowerment, better health and education outcomes, improved skills, abilities and productivity, narrows the income and geographic inequality gaps, provides timely intervention for persons with disabilities, and is a cost effective strategy for eliminating disadvantage".³¹

While SDG Target 4.2 specifically focusses on early childhood education and development, it is a critical component for achieving at least 7 of the SDGs on poverty, hunger, health (including child mortality), education, gender, water and sanitation and inequality.³²

The long-term economic benefit of states investing in early childhood education are increasingly well documented – especially in relation to human capital.

Beyond primary school achievements, early childhood learning impacts brain development, health, behavior and economic opportunity.³³ If ECE is not improved, Cambodia will likely see limited progress in long term measures of human capital development, as well as other measures of progress for minorities and groups of vulnerable children.



²⁶ MoEYS, 2019: Education Congress, The Education, Youth and Sport Performance in the Academic Year 2017-2018 and Goals for the Academic Year 2018-2019. p.29.

²⁷ Khieng, S., Madhur, S., & Chhem, R. Eds., 2015: Cambodia Education 2015 Employment and Empowerment, p.198.

²⁸ MoEYS, 2017: Public Education Statistics & Indicators 2016 - 2017, p. 31.

²⁹ MoEYS 2019: Education Congress, The Education, Youth and Sport Performance in the Academic Year 2017-2018 and Goals for the Academic Year 2018-2019. p.33.

³⁰ MoEYS, 2010: National Policy on Early Childhood Care and Development, Endorsed by Council of Ministers in February 2010, p.2

³¹ Consultative Group on Early Childhood Care and Development Task Force for the Post-2015 Development Agenda, 2012, p. 19 cited in Woodhead, Feathersen, Bolton, and Robertson (2014).

³² Young Lives, 2016: Policy Brief: Early Childhood Development in the SDGs. Available at: http://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-PB28_Early%20Childhood%20Development%20in%20the%20SDGs.pdf

³³ For a detailed discussion on human capital and early childhood education, see Harry Patrinos, 2018: The Economic Case for Early Learning, World Bank Blogs. Available at <https://blogs.worldbank.org/education/economic-case-early-learning>. See also UNICEF, 2013: Evidence for ECD Investment. Available at https://www.unicef.org/earlychildhood/index_69851.html.

What are the obstacles to progress?

ECE is a cost-effective strategy to meet critical educational, health, nutrition and social protection objectives, and the government has shown a renewed commitment to improving services (such as the National Policy on Early Childhood Care and Development in 2010 and its accompanying Action Plan 2014 – 2018, the new Action Plan 2019-2023, and the new Guidebook on Community Pre-school Management for CCWCs).

While government plans have some very positive elements³⁴, they remain significantly underfunded when seen in relation to the whole education system. In 2017, only 0.3 percent of MoEYS' recurrent budget was allocated to ECE, which is the smallest share of MoEYS' total recurrent budget for programmatic interventions compared to other sub-sectors, such as primary education (3.6%), secondary education (4.0%), and higher education (1.7%).³⁵

This limited financial focus is compounded at the local level where authorities have limited understanding of the benefits of ECE and so do not prioritize it in local planning.

Despite an increasing number of children enrolling in public pre-schools, Commune Investment Programs tend to allocate only 2-4% of local budgets to social services such as pre-schools.

In late 2017, the Royal Government of Cambodia issued Sub-degree (No.245) on the Management of Community Pre-School for providing support to community-based pre-schools that meet minimum standards. However, this has not addressed the issue of quality, or the challenge of high pupil-teacher ratio (at 38.9 in 2016-2017).³⁶ Despite plans to train 450 new preschools teachers per year, only 250 were trained in 2015, and 200 in 2016.³⁷

The usage of contract teachers has helped alleviate some of this pressure, however, the training contracted teachers receive is insufficient to ensure quality learning for all children, especially those who are most marginalized or vulnerable.³⁸ In fact, looking at differing recruitment and training criteria between different types of teachers – for example, urban based private pre-schools versus pre-schools in remote areas – differences in teaching quality were inevitable.³⁹

Finally, children require improved access to age-appropriate reading and play materials. According to the CDHS 2014, only 4 percent of children under age 5 have at least three children's books (a number that jumped to 11 percent when looking exclusively at urban areas).⁴⁰

³⁴ The National Action Plan aimed to increase enrolment and enhance protection for children aged 0-6 years (especially children from poor families, indigenous minorities and children with disabilities), and prioritized community-based pre-schools and home-based early childhood education programs. Although it did not contain adequate reference to socio-emotional development or cognitive development (e.g., "early stimulation", "early learning opportunities") for children below the age of 3.

³⁵ UNICEF, 2017: Updated situation analysis of children and women in Cambodia, p. 62

³⁶ MoEYS, 2017: Public Education Statistics & Indicators 2016 - 2017, p.35

³⁷ MoEYS, 2016: Mid-Term Review Report in 2016 of the Education Strategic Plan 2014-2018 and Projection to 2020, p.22.

³⁸ MoEYS, 2016: Mid-Term Review Report in 2016 of the Education Strategic Plan 2014-2018 and Projection to 2020, p.6.

³⁹ Public pre-school teachers are expected to have completed grade 12 and undergo two years training at the Preschool Teacher Training Centre in Phnom Penh. However, in the remote areas with the most disadvantaged communities, such as Mondolkiri and Ratanakiri, pre-school teachers need only to have acquired a grade nine certificate. Although the lower criteria for pre-school teacher recruitment would help boost recruitment in remote areas, it also impacts the quality in remote areas. Community preschool teachers are expected to have completed education to grade 6 and undergo 35 days of pre-service training, while the requirement for teachers of home-based programs and private preschools are generally unregulated.

⁴⁰ NIS, 2015: Cambodia Demographic and Health Survey 2014, p.168.

14 Unlocking Cambodia's Future

Another 2017 study in the Tonle Sap area showed that only 9% of households have access to books published for children aged 0-6.⁴¹ A 2017 market survey of books from 26 publishers revealed that none were appropriate for children under three years old, and few were appropriate for children aged from 4-6 years.⁴² Additionally, few publishers indicate the intended reading age for their books and use text that is too complex for young readers.⁴³

What needs to be done?

To change the game on access to quality ECE, the Child Rights Now! coalition recommends that the Royal Government of Cambodia:

1. Increase financial investment at national and sub-national levels to expand ECE coverage across the entire country, with special attention to rural and remote areas.
2. Further equip CCWCs to establish and manage community pre-schools through training to implement the new pre-school management guidebook.
3. Better equip preschools to respond to the needs of children from lower socioeconomic households, indigenous communities, and children with disabilities.
4. Boost recruitment and training of preschools teachers through pre-service training at preschool teacher training facilities at provincial level with standardized curriculum and through ongoing in-service professional development.
5. Support the development, publication and access to age-appropriate reading and play materials for children aged zero to 6, especially in rural and remote areas, and develop national standards on book levelling for publishers.⁴⁴
6. Ensure policies, services and government action plans clearly distinguish between services targeting children aged three to six, and those targeting children from conception to age three, which requires a stronger multi-sectoral approach to ensure wellbeing.
7. Revise ECCD curriculum to be gender transformative and promote participation of men in parenting education and pre-schools.
8. Increase citizen demand for ECE services by supporting public campaigns, community groups, and other initiatives that promote the importance of early learning.



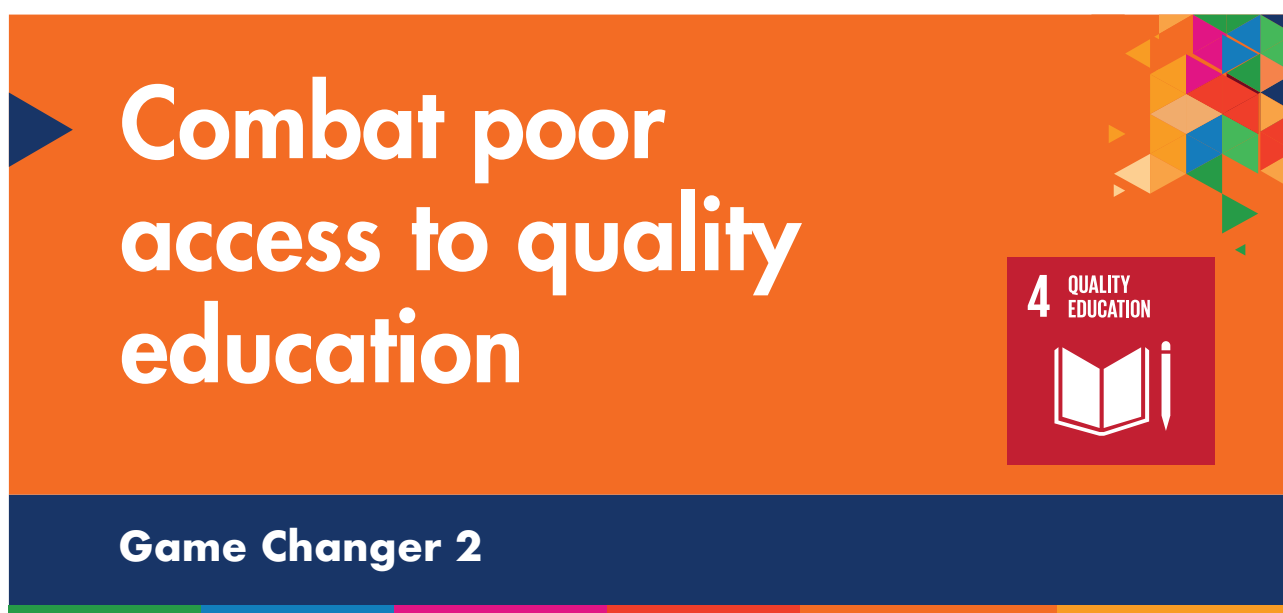
⁴⁰ NIS, 2015: Cambodia Demographic and Health Survey 2014, p.168.

⁴¹ Save the Children, 2017: Early Childhood Care and Development: Baseline Survey of the Tonle Sap Floating Villages, p.24.

⁴² World Vision, 2017: Market survey of reading materials for early readers, p.2.

⁴³ Most publishers define children's books as books with more pictures and less text; however, a review found that despite there being 'less text' it was still too complex for young readers, typically using formal language and compound sentences.

⁴⁴ A book levelling guideline can ensure books published for first readers (aged 0-3) and early readers (aged 4 to grade 3) are appropriate in terms of size, layout, narrative structures, illustration, vocabulary, phrases & sentences, content & theme.



Cambodia has achieved incredible progress in basic education, with almost universal access to primary education (enrolment in 2018-2019 was 98%). However, further progress is threatened by low quality learning and inconsistent access for specific population groups.

What is happening?

Children in Cambodia are entitled to nine years of free education. However, specific groups of children struggle to access quality education at different stages of their education. For example, children with disabilities – particularly disabled girls and children with intellectual disabilities – are two times as likely to be out of school compared to their peers, and only 4% of disabled adolescents have completed lower secondary education, compared to 41% of their non-disabled peers.⁴⁵

Pervasive cultural beliefs (such as disability being a result of bad karma⁴⁶) and low understanding about non-physical disabilities contributes to discrimination against children with disabilities.⁴⁷ They also face practical barriers to education, such as lack of transport, limited access to assistive learning devices, or do not have teachers who can respond to their learning needs.⁴⁸

SNAPSHOT

- ▶ **Most relevant UNCRC Articles:**
2, 3, 6, 12, 17, 28, 29, 30, 31
- ▶ **SDG Target:**
4.1 by 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
- ▶ **Most marginalized children:**
Children living in remote or disaster-prone areas where school facilities are poor; those from lower socioeconomic households; indigenous children; children with disabilities; children transitioning to secondary school; children out of school.

⁴⁵ UNESCO, 2018: Education and disability: Analysis of data from 49 countries. P.20 and p.23.

⁴⁶ UNESCO, 2018: Education and disability: Analysis of data from 49 countries. P.20 and p.23.

⁴⁷ Halim, Hanamariya, 2017: "Mental illness in Cambodia: Raising awareness." Phnom Penh Post. 20 January 2017.

⁴⁸ Plan International, 2014: Vulnerable and Marginalised Children's Access to, Learning and Participation in School: Understanding the Challenges.

While girls tend to have a better educational performance, progression and completion rates than boys, they continue to experience challenges in accessing full education. Girls drop out of school more often to support their household, and girls with less education are generally more susceptible to exploitation and abuse, such as human trafficking.⁴⁹

Children from ethnic minority groups also struggle to access education as they typically live in isolated rural areas, may not speak Khmer, face discrimination from peers, and are more likely to be migratory and be deterred from school due to long distances between home and school. Only some schools in some parts of the country provide multi-lingual education to children from ethnic minorities.⁵⁰

Regrettably, even if children are not vulnerable to such discrimination and do access

classrooms, the quality of teaching and learning remains below standard – the quality of Cambodia's primary education was ranked by the World Economic Forum as low as 110 out of 140 countries.⁵¹ As a result, children have shown very low learning outcomes. Poor literacy scores may be partially attributed to a lack of access to reading materials, particularly in rural areas. A 2016 study found that only around 25% of schools have sufficient books and reading resources according to the MoEYS standards set in 2011.⁵²

Other issues – such as a high student teacher ratio, low education levels of teachers themselves⁵³, and a loss of teaching hours⁵⁴ – contributes to the inconsistent quality of education delivered to children across Cambodia.

What is the impact if not addressed?

Low quality education and inconsistent access for specific population groups remains a substantial limitation to the full realization of child rights, the development of human capital and achieving the economic and development goals. Strengthening education is central to developing a skilled workforce that can adjust to changes in industry (such as new technologies), enhances financial inclusion among a population, increases diversification and innovation within industry and provides competent employees that make new businesses competitive.⁵⁵ Additionally, analysis of the SDGs shows that quality education is linked with 15 other SDG targets⁵⁶, showing that without progress in this area, achievement in all other targets could be hindered.

⁴⁹ SOS Children's Villages Cambodia, 2015: Child Right Situation Analysis: Children at Risk Losing Parental Care and Children Losing Parental Care, and Sonyka, Va, 19 March 2015: "More High School Girls Drop Out" Khmer Times. UNICEF, 2015: Cambodia's Multilingual Education National Action Plan, Fact Sheet & Cooperative for Assistance and Relief Everywhere: Mainstreaming Education for Ethnic Minority and Disabled Children, and Mayhew, Joanna. "Educating Cambodia's Ethnic Minorities." Deutsche Welle. 3 March 2016.

⁵⁰ UNICEF, 2015: Cambodia's Multilingual Education National Action Plan, Fact Sheet & Cooperative for Assistance and Relief Everywhere: Mainstreaming Education for Ethnic Minority and Disabled Children, and Mayhew, Joanna. "Educating Cambodia's Ethnic Minorities." Deutsche Welle. 3 March 2016.

⁵¹ World Economic Forum, 2018

⁵² World Vision, 2016: Current Situation & Use of Primary School Libraries: A snapshot across 5 provinces in Cambodia.

⁵³ An Assessment of Early Grade Teaching Quality in Cambodia showed that 'whilst many of the teachers can pass a student level test and have a basic grasp of the mathematical concepts from the grades 1-3 curriculum, there is an alarming number of teachers who could not demonstrate even a basic level of understanding of the subject material they teach' (NEP, 2017: An Assessment of Early Grade Teaching Quality in Cambodia, p.32).

⁵⁴ On average in 2013, 27% of teaching hours (50.5 days) were lost due to additional official school holidays, teacher absence and shortened teaching sessions (NEP, 2015: Teaching Hours in Primary Schools in Cambodia).

⁵⁵ YoBerger, H and MacDonald, M, 2018: IMFblogs: Grading the G-20 on its Growth Goals. Available at <https://blogs.imf.org/2018/11/19/chart-of-the-week-grading-the-g-20-on-its-growth-goals/>

⁵⁶ Vladimirova, K & Le Blanc, D, 2015: How well are the links between education and other sustainable development goals covered in UN flagship reports? A contribution to the study of the science-policy interface on education in the UN system. Available at <https://sustainabledevelopment.un.org/content/documents/2111education%20and%20sdgs.pdf>.

What are the obstacles to progress?

Data from Cambodia's Social Accountability Framework (ISAF) indicates that textbook provision is one of the main obstacle's citizen's see as limiting children's learning, with evidence that the government standard is often not being met at school level.⁵⁷ Another survey conducted in 2018 showed that the additional costs for teaching and learning materials – in both primary and lower secondary levels – is a central financial barrier to consistent school attendance for boys and girls from poorer households.⁵⁸ While the situation is improving, low teacher wages continue to incentivize the collection of informal fees and promotes private tutoring, which creates further cost barriers to accessing education. Parents are not always clear on which payments are sanctioned by the government and which are being additionally imposed by teachers or school directors.⁵⁹

Additionally, schools are not always safe places for children, with an astounding 73% of students reporting at least one experience of violence at school, and roughly half of students rating their school (classroom and playground) as 'unsafe' or 'somewhat unsafe'.⁶⁰ More than one quarter of girls aged 13 to 17 years who have been abused say their first incidence of sexual abuse occurred at school.⁶¹ Such threats to safety, including the prevalence of corporate

and humiliating forms of punishment which are still widely accepted, create ongoing obstacles to educational improvement.⁶²

Finally, while the policy landscape within the education sector is continually improving⁶³, implementation remains an obstacle with new policies taking too long to bring about changes in the learning experiences of children (as was the case with the 2007 Child Friendly School policy). This contributes to an ongoing shortage of properly trained teachers, with only 73% of teachers meeting national qualification standards⁶⁴, and a continually high student-teacher ratio. In the 2014-15 school year, 38% of all primary schools in Cambodia had student-teacher ratios above 53.1:1, which is far above the UNESCO recommended maximum and MoEYS' own 2023 target of 40:1.⁶⁵ Similarly, education facilities remain limited, with less than 60% of schools having access to safe water and hand-washing facilities for children.⁶⁶

If new policies are to be effectively implemented, district and school officials require increased capacity, especially for developing school budgets and development plans.

⁵⁷ A total of 812 Joint Accountability Action Plans across 812 communes (in 18 provinces) were analyzed by 5 implementing partners - RACHA, World Vision International, Save the Children, Care, and STAR Kampuchea.

⁵⁸ Save the Children, et al., 2018: Education Budget Policy Brief 2018 – Addressing cost-barriers to schooling for primary and lower secondary learners from poor, rural and remote households.

⁵⁹ UNDP Cambodia, 2014: Curbing Private Tutoring and Informal Fees in Cambodia's Basic Education

⁶⁰ International Center for Research on Women (ICRW) & Plan International, 2014: Are Schools Safe and Gender Equal Spaces: Finding from a Baseline Study of School Related Gender-based Violence in Five Countries in Asia.

⁶¹ Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention, 2014: Findings from Cambodia's Violence Against Children Survey 2013.

⁶² Although progress has been made through the adoption of the Action Plan to Prevent and respond to Violence against Children 2017-2021, corporal punishment is still regarded as an effective way to control and correct socially undesirable behaviour by children (World Vision Cambodia, 2018: Policy Brief on Child Protection. Ending Corporal and Humiliating Punishments in Cambodia).

⁶³ New policies from government are very positive including: the Child Protection in Schools Policy and Action Plan in 2016; the Action Plan to Prevent and Respond to Violence Against Children launched in 2017 that bans corporal punishment in all settings; the development of multi-lingual education programs and a mobile preschool class to reach indigenous children; improved disability inclusion standards in line with the UN Convention on the Rights of Persons with Disabilities.

⁶⁴ MoEYS, 2019: Education Strategic Plan 2019-2023, p.28.

⁶⁵ Conochie G, Sopha A, Anderson C, 2017: An analysis of the Deployment of Primary School Teachers in Cambodia 2010-2015, NGO Education Partnership, p.12.

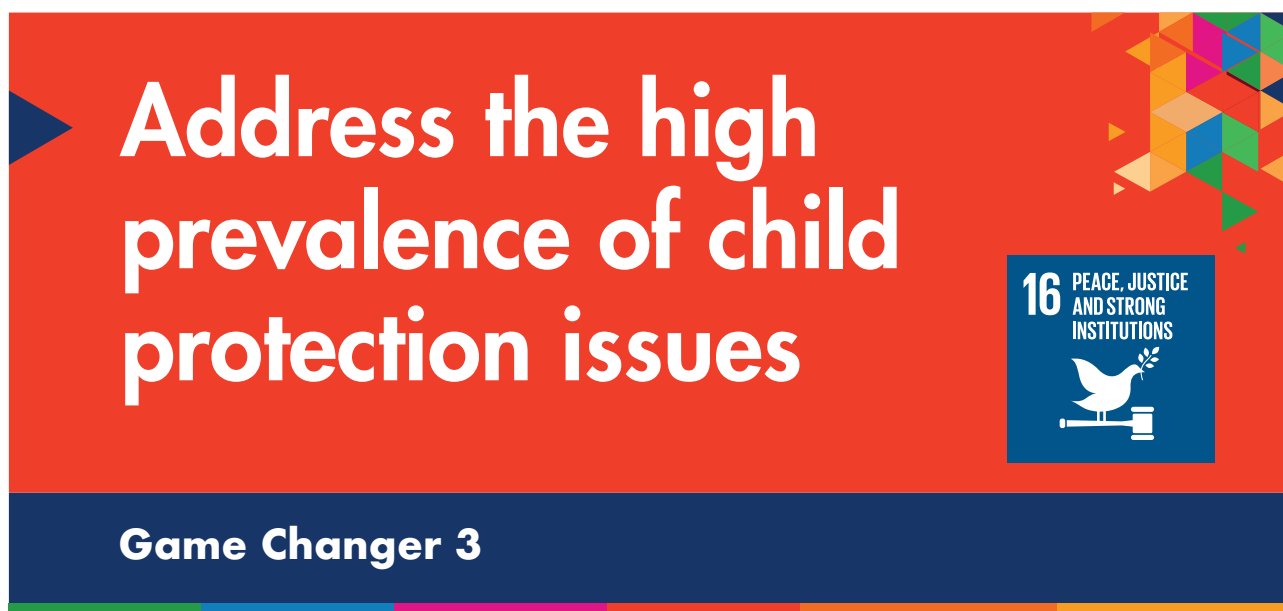
⁶⁶ MoEYS, 2019: Education Strategic Plan 2019-2023, p.27.

What needs to be done?

To change the game on access to quality education, the Child Rights Now! coalition recommends that the Royal Government of Cambodia:

1. Better equip teachers with improved training for early grades learning at teacher training centers, as well as capacity building on gender transformative pedagogical methods, inclusive education practices, and use of technology for learning.
2. Increase teacher recruitment and retention through investments in teacher professional development, especially in rural areas.
3. Minimize informal fees at schools, including reducing incentives for compulsory private tuition through increases in teacher salaries & allowances for teachers in remote areas (as recommended by the Minister of Education, Youth and Sport at the Education Congress 2019).
4. Further collaborate with specialist NGOs to develop materials for early grades numeracy and literacy and to expand use of technology in teaching.
5. Make schools safer for children through improved implementation and monitoring of the 2016 Policy on Child Protection in Schools, including adequate resourcing for the Operational Plan 2019-2023 and a focus on training teachers in positive discipline.
6. Support the scale up of ISAF in schools to improve accountability of local decision makers for effective planning and budgeting that responds to the specific needs of each community and deepen Cambodia's positive decentralization agenda.
7. Cooperate with other ministries and the private sector to ensure migrant children, and children who migrate with parents, can freely access schooling.
8. Improve the water, sanitation and hygiene infrastructure in schools, as well as improvements to the child friendly learning environment.
9. Continue to increase national budget allocation to the education system, to at least 20% of national budget expenditure.
10. Improve the capacity of sub-national officials in school management, budget planning, and data management (including digital monitoring tools) for the allocation and maintenance of teaching and learning materials.





Children in Cambodia are facing a range of child protection issues including high prevalence of violence, unnecessary separation from families, neglect and exploitation, and research shows that violence occurs in many settings, including at home, schools and in residential care institutions.

What is happening?

Both physical and emotional violence are prevalent in Cambodia, with the majority of children aged between 13 and 17 reporting experiencing physical violence (61.1% of females and 58.2% of males) and emotional violence (24.3% of females and 27.3% of males).⁶⁷ The majority of children experiencing both types of violence reported it occurring multiple times. Parents, especially mothers, caregivers, and other adult family members, are the most common perpetrators of physical and emotional violence against children⁶⁸. In fact, "home" is the most common place where children experience violence, most of it through corporal and humiliating punishments.

Sexual violence is also prevalent, with 6% of females and 5% of males aged 13 to 17 reporting at least one experience of sexual abuse before the age of 18.

SNAPSHOT

▶ Most relevant UNCRC Articles:

1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 18, 19, 20, 21, 22, 25, 30, 32, 33, 34, 35, 36, 37, 38, 39 and 40

▶ SDG Target:

16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children.

▶ Most marginalized children:

Children with disabilities; children from lower socioeconomic households; indigenous children; children living in remote areas, especially girls; unaccompanied children (from migration or other factors); children who have previously experienced violence.

⁶⁷ Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention, 2014: Findings from Cambodia's Violence Against Children Survey 2013.

⁶⁸ Action Plan to Prevent and Respond to Violence Against Children 2017-2021

For boys this mostly occurred at home from family members, while girls often experience sexual violence from romantic partners, peers and from teachers (with school being the most common place of the first incident of sexual violence).⁶⁹

Outside of home settings, teachers (especially males) are the most common perpetrators of physical violence. Over half of both girls and boys aged 13 to 17 years reported experiencing physical violence by a male teacher (58.6% and 51.7%, respectively) at least once,⁷⁰ and 29% of children 12 to 15 years old have had direct experience of physical punishment by a teacher over the last 12 months. Studies show that corporal punishment in schools is a widely accepted form of discipline and training for children

– 63% of teachers reported to have used corporal punishment against children over the last 12 months.⁷¹ Studies show that corporal punishment in schools is a widely accepted form of discipline and training for children – 63% of teachers reported to have used corporal punishment against children over the last 12 months.⁷² Students between the ages of 6 and 14 report that being hit with a hand or stick is the most common form of corporal punishment by teachers in primary schools.⁷³

Finally, while child marriage has decreased over the last 25 years, 1 in 4 females and 1 in 15 males (aged 18-49) report that they married before the age of 18⁷⁴, and teenage pregnancy is increasing in some parts of the country, especially remote areas.⁷⁵

What is the impact if not addressed?

Both the economic and health consequences of violence against children are high and was estimated to cost Cambodia US\$168 million in 2013 alone, which was 1.10% of GDP.⁷⁶

Violence can impact a child's long-term health (mental and physical) as well as impacting their learning ability, which compounds the long-term impact for the country. The economic and human development burden alone should justify a drastic increase in investment in prevention and response services at national and sub-national levels. Unfortunately, most Commune Councils continue to focus spending on infrastructure rather than social services.

Additionally, schools that use corporal punishment have poorer academic results, higher dropout rates, more vandalism, truancy, and violence between students.

Corporal and humiliating forms of punishment results in a wide range of negative health and behavioral consequences⁷⁶, leaving children with both physical injuries and psychological trauma.

Additionally, schools that use corporal punishment have poorer academic results, higher dropout rates, more vandalism, truancy, and violence between students.⁷⁸

⁶⁹ MoWA, UNICEF, 2014: Cambodia's Violence Against Children Survey 2013

⁷⁰ MoWA, UNICEF, 2014: Cambodia's Violence Against Children Survey 2013

⁷¹ Miles, G. & Thomas, N., 2007: "Don't grind an egg against a stone"—Children's rights and violence in Cambodian history and culture", Child Abuse Review, 16, 383-400, cited in UNICEF East Asia and Pacific Regional Office (2012), Child Maltreatment: Prevalence, Incidence and Consequences: A Systematic Review of Research, Bangkok: UNICEF.

⁷² MUNICEF, 2018: KAP Survey on Disciplinary Methods in Cambodian Primary Schools.

⁷³ World Vision Cambodia, 2018: Hurting our Future: A Study of the occurrence of and perceived acceptability of violence against primary school children in school.

⁷⁴ NIS, 2015: Cambodia Demographic and Health Survey 2014

⁷⁵ For example, Monduliri and Ratanakiri Provinces have some of the highest rates of child marriage and teenage pregnancy in the country. The median age for marriage in Monduliri is 15 and 34% of adolescent girls have their first child by ages 15-19 compared with the national average of 12% (Partnering to Save Lives, 2018: Learning package: Adolescent pregnancy in Cambodia's northeast, Australian Aid, MoH, Save the Children, Care International, Marie Stopes International).

⁷⁶ MoWA, UNICEF, 2014: Cambodia's Violence Against Children Survey 2013

⁷⁷ Corporal punishment can shape a child's emotional and cognitive process, and models violence that can predispose them to destructive behaviors, such as complacency towards violence in adult years (MacKenzie, Nicklas, Waldfogel and Brooks-Gunn, 2012: Corporal Punishment and Child Behavioural and Cognitive Outcomes through 5 Years of Age: Evidence from a Contemporary Urban Birth Cohort Study). Corporal punishment has also been associated with a decrease in children's confidence and assertiveness, an increase in feelings of humiliation and helplessness, and depression. (Gershoff Thompson Elizabeth (2002) Corporal Punishment by Parents and Associated Child Behaviors and Experiences: A Meta-Analytic and Theoretical Review.)

⁷⁸ Global Initiative to End All Corporal Punishment of Children, 2018: Negative impact of corporal punishment.

What are the obstacles to progress?

Regrettably, Cambodia's laws do not yet sufficiently forbid or deter violence and abuse of children, and the Royal Government of Cambodia must quickly update laws related to the use of physical or humiliating punishments if the rights of children are to be meaningfully protected.⁷⁹ Weak laws not only limit the prosecution of perpetrators, but also allows attitudes and behaviors to go unchallenged when caregivers use corporal and humiliating punishment against children, which is commonly seen as an effective method of correcting socially undesirable behavior.

In recent years, the Cambodia National Council for Children (CNCC) has improved coordination of policies and regulations and the child protection system has made improvements. However, actors and institutions from national to local level continue to lack the human, technical and financial resources to fulfil their purpose.⁸⁰ For example, the Commune Committees for Women and Children, who should plan, support and monitor child protection issues and cases at the local level,

have limited effectiveness as they are unclear on their mandate for children, do not always have the expertise necessary to identify and respond to the needs of vulnerable children, and struggle to allocate budget for child protection issues in the Commune Investment Plan.⁸¹

Limitations in formal response and prevention mechanisms often result in cases of violence and abuse being managed in a way that is not in the best interest of children. For example, many communities continue to use residential care institutions as a way of caring for vulnerable children but can result in other abuses and neglect. The total number of children in residential care is difficult to know, however a recent government mapping exercise identified 639 residential care facilities operating in Cambodia, with 26,000 children living in them (plus an additional 9000 young adults aged 18-24).⁸² Other studies estimate the number is over 48,000 children, or one in every 100 children in Cambodia, living in over 1,600 residential care institutions, and that 80% of 13-17 year olds have at least one living parent.⁸³ Mappings also show that the role of government and local authorities for placing children in such institutions, as well as the need for management and monitoring of care and family reintegration programs, is very different from province to province.⁸⁴

While many civil society organizations and development partners have allocated substantial financial and technical resources to addressing these issues (including the development of a social workforce), the rapidly changing context for children in Cambodia requires a stronger and more dexterous child protection system that only government investment can sustain.



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⁷⁹ Article 1045 of the Criminal Code states that “the parental power holder may personally discipline the child to the extent necessary”, while the Law on Prevention of Domestic Violence and Protection of Victims allows caregivers to take “appropriate measures” against children (and spouses) to discipline them, “if the disciplining and teaching is conducted with noble nature (consisting of compassion, pity, joy at other’s happiness, and sincerity)”.

⁸⁰ A project baseline study conducted for Plan International in 2016 indicated that while there is potential for change at national and community level, the child protection system is currently not in a position to effectively provide services to children and families in need of assistance. This is due to a lack of resources, capacity, no government ministry having a lead mandate for child protection and limited coordination between child protection stakeholders

⁸¹ Jordanwood, M. 2016: Protecting Cambodia’s Children? World Vision, Save the Children, Child Fund, Plan, UNICEF.

⁸² Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2017: Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. p.10

⁸³ National Institute of Statistics and Columbia University, 2016: National Estimation of Children in Residential Care Institutions in Cambodia.

⁸⁴ Cambodian law and policy (such as the Prakas on Procedures to Implement the Policy on Alternative Care for Children) makes it clear that the State has responsibility to monitor alternative care providers, sets out operational guidelines to implement the Minimum Standards on Alternative Care for Children in the Community, and oversees placement and reintegration services. However, the capabilities of local administration and authorities in this system remains inconsistent, and the 2017 mapping by MoSVY revealed that the number of facilities varies dramatically from province to province.

⁸⁵ Terre des Hommes Netherlands and Save the Children are currently supporting the RGC in conducting research on the nature and extent of online child sexual exploitation in Cambodia.

For example, methods of exploitation are changing with technology playing a larger role than previously in targeting children. Online Sexual Exploitation of Children (OSEC) has been increasing across Southeast Asia but its full nature is still unclear due to lack of data. While the National Action Plan to address Violence Against Children (2017-2021), launched in 2017, references the need for OSEC related interventions in virtually all domains, it lacks a clear picture of the scale and nature of OSEC.⁸⁵ Additionally, while Cambodia's travel and tourism sector remains critical for economic growth, it continues to provide cover for the clandestine sexual exploitation of children.⁸⁶

What needs to be done?

The Royal Government of Cambodia has been strengthening child protection systems through new policies⁸⁷ and by becoming a 'Pathfinding Country' of the Global Partnership for Ending Violence Against Children. However, gaps exist in executing action plans, and the absence of an indicator from SDG Target 16.2 in the CSDGs weakens government accountability for change.

To change the game on child protection, the Child Rights Now! coalition recommends that the Royal Government of Cambodia:

1. Urgently and clearly forbid the use of corporal and humiliating punishment in all laws, including reviewing Article 1045 of the Civil Code and Article 8 of the Law on the Prevention of Domestic Violence and the Protection of Victims 2005.
2. Increase financial and human resource allocation for the implementation of existing policies, plans and laws, such as the Policy on Child Protection in Schools, Child Protection Policy in Agriculture sector, and the Juvenile Justice Law (especially child friendly police and judicial procedures).
3. Strengthen prevention and response systems through clearer roles and responsibilities, allocation of resources, and investing in the capacities for CCWCs as the frontline government mechanism (including rolling out a Child Protection Guidebook for CCWCs).
4. Ensure all government institutions are safe for children through the development, adoption and implementation of clear national safeguarding guidelines for public institutions.
5. Accelerate the development of social work services for every commune by recognizing, supporting and scaling up the 'community social worker' model.
6. Better align measurement and reporting indicators across ministries to improve data collection, reporting and subnational coordination for budget allocation between provinces, districts and communes.
7. Prioritize and fund programs that change attitudes on violence against children (such as the Cambodia PROTECT partnership).
8. Increase regional coordination to improve understanding and data on online sexual exploitation of children and in the travel and tourism industry, including expanding agreements with governments to prevent convicted child abusers from entering Cambodia.⁸⁸
9. Accelerate the implementation and monitoring of the Positive Parenting Strategy 2017-2021, including invest more human and financial resourcing to scaling up and replicate positive parenting knowledge and skills.

⁸⁶ While statistics on this are difficult to obtain, research suggests that of the 100,000 people engaged in sexual exploitation in Cambodia, 30-35% are children – both boys and girls (Davy, D, 2017: Regional Overview: Sexual Exploitation of Children in Southeast Asia, ECPAT International, p.47).

⁸⁷ Such as the Action Plan to Prevent and Respond to Violence against Children 2017–2021, the Positive Parenting Strategy 2017-2021 and the Social Service Implementation Manual, which allow CCWCs to be more effective and accountable for their child protection responsibilities.

⁸⁸ Thus far, engagement with overseas authorities and police forces has mostly been with Western countries (USA, UK, Netherlands, Australia). A similar degree of engagement and cooperation from other regional countries such as China, Japan and Korea would undoubtedly contribute to improved child protection effort



The number of children suffering from malnutrition in Cambodia has been reducing in recent years; however, the rate of progress remains unacceptably slow and continues to threaten the development of human capital.

What is happening?

32% of children are stunted, 24% are underweight, and 10% are wasted. This is a very high prevalence of malnutrition, and reveals an equity gap in Cambodia with stunting being more common in rural areas (34%) than urban areas (24%) and is less common among the children of more educated mothers.⁸⁹ Levels of stunting vary widely among provinces in Cambodia, ranging from 18% in Phnom Penh to 44% in Preah Vihear and Stung Treng. In addition to geography, poverty also plays a major role in how malnutrition impacts the population, with children from households in the lowest wealth quintile more likely to be malnourished than children from households that are wealthier.⁹⁰

One of the main contributors to malnutrition in Cambodia is diarrhea as result of poor sanitation in households and in community areas (such as pre-schools and primary schools).

SNAPSHOT

▶ Most relevant UNCRC Articles:

Articles 2, 3, 6 and 24.

▶ SDG Target:

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

▶ Most marginalized children:

Children from low socioeconomic households; indigenous children; unaccompanied children (from migration or other factors); children living in remote or disaster-prone areas with poor water supplies and hygiene; children with few social safety nets or access to services.

⁸⁹ Council for Agricultural and Rural Development, 2016: National Action Plan for Zero Hunger Challenge in Cambodia.

⁹⁰ National Institute of Statistics (NIS), Directorate General for Health, and ICF International, 2015: Cambodia Demographic and Health Survey 2014.

When children experience repeated bouts of diarrhea, accompanied by food that has low nutritional value, they can become chronically malnourished and have increased vulnerability to infectious diseases.⁹¹

Many children are also born with poor nutrition due to the high percentage of pregnant women suffering from anemia (53%)⁹², which leads to more premature deliveries and low birth weight for babies.⁹³ In this way, malnutrition can become an inter-generational burden.

What is the impact if not addressed?

Stunting is hitting children at a critical window of their development, with 16% of newborns already stunted by 6 months of age and peaking at 40% among children 36–47 months.⁹⁴ Malnutrition at such a large scale can have long term negative impacts on the country. For example, in 2014 the Council for Agriculture and Rural Development, the World Food Program, and UNICEF estimated that malnutrition costs Cambodia up to US\$400 million annually, or 2.5% of its GDP.⁹⁵

Through a variety of measures, stunting has lifelong and irreversible impacts on a child's physical and cognitive development and can reduce future annual income for both men and women, as well as increasing health costs.⁹⁶ Without an effective strategy that links nutritional gains with other sectors – including education, social protection, labor protection for working mothers and affordability of nutritious foods – Cambodia may struggle to develop the human capital necessary for achieving its 2030 ambitions.⁹⁷

What are the obstacles to progress?

Too often, malnutrition is understood to be caused simply by not having enough food to eat. In reality, good nutrition is about having the right foods at the right time, along with receiving necessary health care and access to clean water and sanitation. Malnutrition is a “multi-sector” issue, and improving it requires well-coordinated and interconnected interventions from a range of actors for a sustained period of time. Reductions in malnutrition will not be achieved without greater levels of cross sectoral coordination and joint efforts in agriculture, education, water and sanitation, and health care.

Cambodia has had a multisector strategy

to improve nutrition among children and pregnant women; however, the inter-ministerial coordination required for this to be successfully implemented has been lacking. This obstacle will become more and more serious as the situation for children and families evolves. For example, a growing number of women of child-bearing age are migrating internally for employment, resulting in different requirements for accessing ante and post-natal care services, and their children are often left with other family members, which means they cannot be exclusively breastfed for six months. In the face of such shifts, multi-sectoral approaches that are well coordinated and accountable across ministries are critical for sustaining nutritional outcomes for children.⁹⁸

⁹¹ WPrüss-Ustün A, Bos R, Gore F, Bartram J., 2008: Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health. World Health Organization.

⁹² NIS, 2015: Cambodia Demographic and Health Survey 2014.

⁹³ Countdown to 2015, 2013: Accountability for Maternal, Newborn and Child Survival.

⁹⁴ USAID, 2018: Cambodia: Nutrition Profile.

⁹⁵ Bagriansky, et al., 2014: Damage assessment report: the economic consequences of malnutrition in Cambodia. World Food Programme.

⁹⁶ Flabbi, L. and Gatti, R, 2018: Policy Research Working Paper 8309; A primer on human capital, World Bank Group.

⁹⁷ World Bank Group, 2019: Cambodia Economic Update May 2019

⁹⁸ World Bank, 2013: Improving Nutrition Through Multi-sectoral Approaches.

One of the best ways to ensure proper nutrition for infants and children is through appropriate feeding practices during their first 1000 days (from conception until they are 2 years old). This period of time has been described as a critical window of opportunity for health, nutrition and cognitive development, which are all keys to future health, wellbeing and income potential.

Exclusive breastfeeding for the first six months of life and continued until age two (or beyond) is the best nutritional choice for children.⁹⁹ However, only 65% of children are exclusively breastfed from 0-5 months of age.¹⁰⁰ Many parents are unsure of appropriate feeding practices during their baby's first 1000 days.

This is partly because Cambodia has been flooded with mixed and confusing messages about the best way to feed newborns and infants, with many caregivers adopting feeding practices that are not best for their children – introducing different types of food too early (such as rice porridge or soup) or spending large amounts of money on chemical milk products (baby formula).

Much of this confusion can be attributed to misleading marketing information and illegal promotions that targets caregivers.

A survey of breast milk substitutes in 6 provinces in 2018 found that none of the 165 different products available for sale fully complied with Cambodian law or the international guidelines that are designed to protect citizens from misleading information and improve nutritional practices.¹⁰¹

At the local level, Cambodia has a strong cadre of community health volunteers, called Village Health Support Group (VHSG) who are critical for supporting the community level participation

in programs that prevent and respond to malnutrition.

However, VHSGs are not fully integrated into the formal health system and usually lack the training, financial support and supervision to be truly effective. They may also not have the ability to influence or understand the impacts that services other than Health Centers has on malnutrition.¹⁰²

Malnutrition can be reduced by improved inter-ministerial coordination of resources, improving training and technical support to sub-national authorities and VHSGs, and by updating policies for community participation policies that guides the activities and accountability for VHSGs.



@ Save the Children

⁹⁹ According to the WHO, almost all mothers can breastfeed successfully. However, a small number of health conditions of the infant or the mother may justify recommending that she does not breastfeed temporarily or permanently. Health care workers should be consulted in the decision to stop breastfeeding and the benefits weighed against the risks posed.

¹⁰⁰ NIS, 2015: Cambodia Demographic and Health Survey 2014.

¹⁰¹ World Vision International and Helen Keller International, 2018: Point-of-Sale Promotion and Labelling Violations of Breastmilk Substitutes in Cambodia: Observations in six provinces, Second Phase, 2018.

¹⁰² World Vision, 2018: Ending Malnutrition in Cambodia is Possible – 2018 Cambodia Policy Brief on Nutrition.

What needs to be done?

While estimates exist on the economic costs of malnutrition, the real long-term impacts of malnutrition on both individual children and Cambodian society as a whole are incalculable and pose a significant threat to child rights and future economic growth.

To change the game on child nutrition, the Child Rights Now! coalition recommends that the Royal Government of Cambodia:

1. Further strengthen Cambodia's multisectoral approach to improving nutrition through an ambitious new National Strategy on Food Security and Nutrition (2019-2023) which includes clear costings, monitoring plans and data collection, and is aligned with SDG 2.
2. Continue exploring partnerships, such

as those that emerge from the Scaling Up Nutrition movement, that enhance practices in food fortification and dietary diversity programs.

3. Invest in sanitation and hygiene infrastructure, especially in rural communes, and implement prevention and treatment services for diarrhea (including scaling up zinc supplementation and oral rehydration services at the local level).
4. Combat false or misleading nutrition information that negatively impacts children by strengthening the Oversight Board and complaint mechanism for Sub-Decree 133 on the Marketing of Products for Infant and Young Child Feeding and invest in public messaging to mitigate against misinformation that has already been shared in stores and medical facilities.
5. Support public education campaigns to improve the knowledge and understanding of Cambodians in relation to nutrition and appropriate feeding practices for children, including financially supporting NGOs to ensure messages reach the entire population.
6. Adopt an updated Community Participation Policy and Primary Health Care Policy and integrate Village Health Support Groups (VHSGs) into the formal national health system.
7. Increase training and education to VHSGs and other local actors to understand the multi-sector nature of malnutrition and ensure Communes are empowered to allocate local resources (in the Commune Investment Plan) to support local nutrition initiatives.



@ World Vision



Less than 65% of the Cambodian households have access to an improved water source, and only 76% have access to improved sanitation.¹⁰³ This is among the worst levels of access to improved water in Asia.¹⁰⁴

What is happening?

Good hygiene remains a substantial obstacle to development and growth in Cambodia, having one of the highest rates of open defecation in the region with 6 million people continuing the practice.¹⁰⁵ Households in rural areas are substantially worse than in urban areas, with 98.9% of households in Phnom Penh having flushable toilets connected to sewerage, compared to only 70.9% in rural areas.¹⁰⁶

Even where toilets are available, their type and condition vary, and they are not sufficiently available in public services where children and vulnerable citizens frequent. For example, less than 30% of separate public preschools have latrines and hand washing facilities, and less than 60% of primary schools have access to safe water and hand washing facilities.¹⁰⁷

SNAPSHOT

▶ Most relevant UNCRC Articles:

Articles 2, 3, 6 and 24.

▶ SDG Target:

Goal 6: Ensure availability and sustainable management of water and sanitation for all.

▶ Most marginalized children:

Children from low socioeconomic households; girls accessing school and other services; indigenous children; children living in remote or disaster-prone areas with poor water supplies and hygiene; children with disabilities

¹⁰³ National Institute of Statistics, Ministry of Planning, 2018: Cambodia Socio-Economic Survey 2017.

¹⁰⁴ FAO, 2018. Asia and the Pacific Regional Overview of Food Security and Nutrition 2018. p.48

¹⁰⁵ FAO, 2018. Asia and the Pacific Regional Overview of Food Security and Nutrition 2018. p.52

¹⁰⁶ National Institute of Statistics, Ministry of Planning, 2018: Cambodia Socio-Economic Survey 2017.

¹⁰⁷ Ministry of Education, Youth and Sports, 2019: Education Strategic Plan 2019-2023, pp.22 & 27

Analysis of social accountability data at schools shows that 20% of the issues raised by citizens to be addressed as a priority by local authorities related to access to clean water and sanitation at the school.¹⁰⁸

Similarly, health care facilities are often reported as having insufficient water, sanitation and hygiene amenities, with only 50% reported by the National Institute of Public Health as always having sufficient water for their needs. Health care services cannot adequately respond to health needs without access to clean water. Positively, health centers have much better performance in regards to general

sanitation, although they lack separate toilets for males and females as well as the relatively basic additions that make toilets accessible for people with reduced mobility who would frequent the health center (such as pregnant women, people with disabilities, the elderly, and menstrual hygiene facilities for women and girls).

Access to improved water supplies is also low, with only 58% of rural households having access to an improved water source, leaving over 1.1 million rural households without access to an improved water source.¹⁰⁹

What is the impact if not addressed?

Cambodia is not on track to achieve its 2030 targets for improved sanitation.¹¹⁰ Low access to sanitation, safe drinking water, hygiene services can have serious consequences for children, including high occurrences of diarrhea, skin disease, respiratory illness (such as pneumonia), intestinal diseases and other waterborne and excreta-related diseases. All of these can cast a shadow over child health and, in many cases, result in death. Diarrhea is the second-largest cause of infant and under-5 mortality in Cambodia – one of the highest rates in the region.

Poor sanitation and hygiene also impacts Cambodia's economic growth, especially as it is a key driver of malnutrition in children, which in turn impedes human capital development.¹¹¹

What are the obstacles to progress?

The challenges in water, hygiene and sanitation reveal substantial inequality between urban and rural areas, and across wealth quintiles, which links the issue to a range of other underlying challenges in social development. People living in urban areas have higher scores on all indicators of water and sanitation than people living in rural areas (for example, open defecation is five times more prevalent in rural areas than urban)¹¹² and prevalence of diarrhea is highest in poorer household than wealthier ones.¹¹³

¹⁰⁸ Through the program Implementation of the Social Accountability Framework (ISAF), more than 250,000 people took part in the evaluation of education services in 1400 primary schools and 450 health centers in 60% of the municipalities of the country. The data mentioned here is an aggregation of their assessment.

¹⁰⁹ National Institute of Statistics, Ministry of Planning, 2018: Cambodia Socio-Economic Survey 2017.

¹¹⁰ WHO & UNICEF, 2017: Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. p.11.

¹¹¹ World Bank Group, 2019: Cambodia Economic Update May 2019

¹¹² National Institute of Statistics, Ministry of Planning, 2018: Cambodia Socio-Economic Survey 2017, see also FAO, Cambodia - Food and Nutrition Security Profile.

¹¹³ National Institute of Statistics, Directorate General for Health, 2013: Factors Associated with Utilization of Health Services for Childhood Diarrhea and Fever in Cambodia.

Everyday practices that can perpetuate problems are difficult to alter. Too many children are at risk from unsafe water practices, with 31% of households reporting that they do not do anything to treat drinking water before consuming it.¹¹⁴ Additionally, water can quickly become contaminated by fecal matter, industrial waste or other naturally occurring contaminants. The level of fecal contamination at household level is high (including *E. coli* bacteria) and leads to diarrhea and disease among Cambodian children.¹¹⁵

Other issues that are culturally sensitive, such as menstruation, also pose a challenge to progress. Many women fear speaking openly about such topics, and many girls leave school in order to manage their menstrual hygiene as schools may not provide the needed facilities for privacy or hygiene (such as a discreet and simple way of disposing of sanitary pads).¹¹⁶ The 2016 minimum requirements for water and sanitation/hygiene in schools establishes the expectation that girls must be able to manage their hygiene needs at school in a safe and comfortable way.

Given the complexity and wide ranging nature of hygiene, sanitation and water management, the Royal Government of Cambodia has been working to address challenges through multi-sectoral policies and working groups which complement sector-specific initiatives.¹¹⁷ This multisector approach is critical for ensuring improved water, hygiene and sanitation transitions into other development outcomes for children, especially reducing malnutrition. However, like in many other areas of child rights, implementation has been challenging with local actors having limited knowledge of the broad impacts of poor sanitation and

hygiene, as well as limited funding to support local initiatives.

Resource mobilization for national programs that improve water and sanitation access, and that are nutrition sensitive, has also been challenging. The Ministry of Rural Development has launched an Action Plan for 2019-2023, which is estimated to require at least \$898.4 million to achieve¹¹⁸ – a daunting yet necessary investment if goals are to be reached in this area. While it is unclear how much is being spent by all stakeholders in Cambodia, sporadic data suggests that current investment is dramatically insufficient.



¹¹² National Institute of Statistics, Ministry of Planning, 2018: Cambodia Socio-Economic Survey 2017, see also FAO, Cambodia - Food and Nutrition Security Profile

¹¹³ National Institute of Statistics, Directorate General for Health, 2013: Factors Associated with Utilization of Health Services for Childhood Diarrhea and Fever in Cambodia.

¹¹⁴ NIS, 2015: Cambodia Demographic and Health Survey 2014. p.40.

¹¹⁵ Poirot, E. et al, 2018: Water quality for young children in Cambodia—High contamination at collection and consumption level.

¹¹⁶ Cowley, Sarah, 2018: From taboo to empowerment through menstrual management and education, UNICEF. Available at <https://unicefcambodia.blogspot.com/2018/03/from-taboo-to-empowerment-through.html>

¹¹⁷ For example, the National Strategy for Food Security and Nutrition (NSFSN 2014-2018) that integrates WASH, nutrition, social protection and agriculture programs nationally and at the community level.

¹¹⁸ National Action Plan II presentation at the 2019 Watsan Retreat.

What needs to be done?

All government ministries have a role to play in improving water, sanitation and hygiene in Cambodia, including by improving planning and coordination among fragmented stakeholders and actors (including donors, private operators and NGOs).



To change the game on access to basic drinking water, sanitation services and hygiene, the Child Rights Now! coalition recommends that the Royal Government of Cambodia:

1. Hold multisector and inter-ministerial coordination mechanisms more accountable for joint planning, data management and reporting on progress against government Action Plans.
2. Use the decentralization process to improve the institutional capacity of government departments and actors, especially at sub-national level, for planning, budgeting and reporting for water, sanitation and hygiene services.
3. Increase funding and budget transparency for water, sanitation and hygiene services in order to expediate implementation of existing policies, including those in the National Strategic Plan for Rural Water Supply, Sanitation and Hygiene 2019-2023.
4. Ensure water, sanitation and hygiene services and programs are gender transformative – being comprehensively proactive on the obstacles we know girls and women face, especially in rural and remote areas of Cambodia.
5. Ensure all stakeholders responsible for water, sanitation and hygiene implementation are aware of the potential to significantly reduce malnutrition through their efforts and ensure government actors are reporting accurate data that aligns with indicators in the National Strategy on Food Security and Nutrition (2019-2023).
6. Respond to the data becoming available through social accountability processes (ISAF) and other assessment data by prioritizing improved water, sanitation and hygiene at all public facilities (especially schools and health centers).



Children and youth are key drivers of Cambodia's development and economic future. However, their meaningful participation in policy making and decisions that impacts them has been limited.

What is happening?

In Cambodia, children and youth have increasingly been given access to forums and formal events for participating in government activities, including children's consultations by commune councils and even national level events with members of the legislative assembly. However, many events are ad hoc, one-offs or lack the legitimacy to truly influence decisions that impact them.

Many children and youth are not empowered to express their voice and interests at both local and national levels and have limited access to information about decision-making processes. This is especially the case for children who are most vulnerable – such as children with disabilities, indigenous children, LGBTIQ children, children living in remote areas, and where girls are given less opportunity to meaningfully participate in decision making processes than boys.¹¹⁹

The right to be heard and taken seriously in regard to decisions that affect them is a central principle of the UNCRC.

SNAPSHOT

► **UNCRC and SDGs:**

Child participation is one of the core principles of the Convention on the Rights of the Child, which asserts that children and young people have the right to freely express their views and participate in all matters affecting them – within their families, schools, local communities, public services, institutions, government policies and judicial procedures. It is necessary for good planning, implementation and accountability of all SDG targets. .

► **Most relevant UNCRC articles:**

Article 2, 3, 6, 12, 13, 14, 15, 16, & 17

► **Most marginalized children:**

Children from low socioeconomic households; girls; indigenous children; children living in remote areas; children with disabilities.

¹¹⁹ OECD. 2017: Key Issues affecting Youth in Cambodia.

In 2014, the Royal Government of Cambodia, through the Cambodia National Council for Children, developed the national Guideline for Applying Child Participation to ensure improved participation of children (including reinforcing pre-existing initiatives, such as the child participation and student councils established by the Child Friendly Schools Policy in 2007). However, participation of children and youth remains limited or of low quality, especially where government officials have limited experience in facilitating the engagement of children, especially those who are marginalized.¹²⁰ In a survey of remote communes on and surrounding the Tonle Sap River (Kampong Chhnang and Pursat provinces)

only 11% had participated in local government meetings in the previous year, and only 14% knew who the Commune officers were.¹²¹

Lack of government transparency with information to inform decision making, especially information related to public budgets, also limits opportunity for engagement in decision making processes. A 2017 survey of budget information scored Cambodia 20 out of 100, which was substantially lower than the global average of 42. The same survey provided a score of only 4 out of 100 for public participation, again below the global average of 12.¹²²

What is the impact if not addressed?

As key stakeholders driving Cambodia's development and economic future, the participation of children and youth in decision-making processes – for policy, budgeting, and monitoring – is essential for the thorough realization of child rights. Strong citizen and child participation in decision making can increase effectiveness of local services, increase accountability and mitigate against small-scale corruption, as well as giving government actors the opportunity to strengthen the legitimacy of state actors (and credibility of state documents, such as budgets) through more open dialogue and understanding.

Without such opportunities, children and youth will not develop greater budget literacy and familiarity with government services and processes, which can undermine decentralization initiatives and fulfilment of other child rights. Participation and accountability, such as the activities supported through ISAF, must be reinforced through multiple government interactions with children and youth and foster stronger participation in future.

What are the obstacles to progress?

Regrettably, civil participation in Cambodia is too easily associated with political activities, and so parents discourage their children from joining or volunteering with groups who are active on important social issues, including issues of public decision making. This is an extension of an issue commonly seen at household level, where children are not invited to participate in decisions that impact or benefit them.¹²³

Parents, especially fathers, do not always understand the merits of involving children in decision making, or how to support their children to express ideas and views in family decision making processes. There may be a misconception that children do not have much knowledge or sufficient exposure to important topics in order to meaningfully contribute or participate.

¹²⁰ According to an estimate from Child Rights Now organisations, approximately 500 child clubs are active throughout the country; however, the frequency through which these children can access decision makers remains low, as well as how children with disabilities, children left behind due to migration, indigenous children and LGBTI children and youth are represented.

¹²¹ Save the Children, 2018: Situation Analysis of Children in Tonle Sap's Kampong Chhnang and Pursat provinces. p.13.

¹²² International Budget Partnership, 2017: Open Budget Survey 2017. Available at <https://www.internationalbudget.org/open-budget-survey/>.

¹²³ Save the Children, 2018: Situation Analysis of Children in Tonle Sap's Kampong Chhnang and Pursat provinces

Children sometimes experience discrimination in participation based on gender. A 2018 survey revealed that girls are perceived as not being very good at making decisions and thus have less participation in decision making. While the majority of boys in the focus groups disagreed with this statement, the finding reveals the deep underlying gender differences that exist within society.¹²⁴ Such underlying discrimination can even be adopted, knowingly or unknowingly, by those who facilitate child participation (including employees of NGOs and CBOs) and can result in limited advancement in girls participation. Interviews with local authorities and school directors in the same survey revealed that some agree that traditional methods of teaching do not encourage children to develop or share opinions, including raising questions when something is not “right”. This can stifle creativity, leadership and natural capacities for problem solving and addressing local issues.

What needs to be done?

Amplify meaningful child participation in decision making can “change the game” for child rights in Cambodia by ensuring decisions and policies that impact children avoid implementation challenges and are truly inclusive. To achieve this, the Child Rights Now! coalition recommends that the Royal Government of Cambodia:

1. Further enforce government actors to utilize the Decision on Guideline for Applying Child Participation, developed and by the Cambodia National Council for Children in 2014, and expedite the finalization and implementation of the National Action Plan for Children Development.
2. Mandate that all government strategies and action plans must include specific actions and indicators on the participation of girls, children with disabilities, and children from ethnic minorities.
3. Provide training and capacity building to government actors at all levels (national, provincial, district and commune) on how to facilitate engagement of children in decisions and decision-making processes, including taking mitigating steps against discrimination in existing processes.
4. Collate and publish the different actions and commitments of relevant ministries (especially MoEYS, MoSVY, MoH and MoWA) in Annual Operation Plans and Budgets so that initiatives relating to child participation in decision making can be better planned, clearly monitored, shared, learned from, and celebrated.
5. Increase resource allocation within the Ministry of Interior and NCCD to support and prioritize child participation, especially girls, in sub-national decision-making processes as part of Cambodia’s decentralization processes, including support for existing children’s and youth clubs, parents’ groups and peer educators who can train others on child rights and meaningful participation.
6. Further disseminate the Manual on Commune/Sangkat Social Service Implementation (by Ministry of Interior) and mandate its utilization by local government actors during the Commune Investment Program and Commune Development Plan processes.
7. Strengthen the role of student councils in school decision making processes, especially for female students, and ensure recommendations and responses from children are documented for review by decision makers.



@ Childfund cambodia






¹²⁴ Plan International, 2019: Gender Equality in Practice of Child Clubs, Community Based Child Protection Mechanisms and Parents/Caregiver Groups.

What is Child Rights Now in Cambodia?

Child Rights Now! is a global coalition of the leading independent child-focused NGOs, united to advocate for renewed commitment to achieving the rights of all children.

We advocate for all governments to demonstrate their support for internationally agreed standards for children's rights, and in particular to back the UN Convention on the Rights of the Child (CRC) in the lead up to its 30-year anniversary in 2019.

Member organizations

 ChildFund Alliance	Prashant Verma	(Country Director) ChildFund Cambodia
 PLAN INTERNATIONAL	Gwynneth Wong	(Country Director) Plan International Cambodia
 Save the Children	Elizabeth Pearce	(Country Director) Save the Children International Cambodia
 SOS CHILDREN'S VILLAGES CAMBODIA	Sour Chankosom	(Deputy National Director) SOS Children's Villages Cambodia
 Terre des Hommes International Federation	Eric Van Der Lee	(Head of Region Asia) Terre des Hommes Netherlands
 World Vision	Daniel Selvanayagam	National Director World Vision International Cambodia

ChildFund Cambodia

ChildFund Cambodia is the representative office of ChildFund Australia – an independent international development organisation that works to reduce poverty for children in developing communities. ChildFund Australia is a member of the ChildFund Alliance – a global network of 11 organisations which assists 13 million children and their families in over 60 countries. ChildFund Australia is a registered charity, a member of the Australian Council for International Development, and fully accredited by the Department of Foreign Affairs and Trade which manages the Australian Government's overseas aid program. ChildFund began working in Cambodia in 2007, and works in partnership with children, their communities and local institutions to create lasting change, respond to humanitarian emergencies and promote children's rights. Projects are implemented in the rural districts of Svay Rieng, Kratie, Prey Veng and Battambang provinces, as well as urban Phnom Penh, focused on improving living standards for excluded or marginalised communities. With a focus on child protection and resilience, quality education, sustainable livelihoods, improved local governance, child nutrition, water and sanitation, and youth empowerment, ChildFund Cambodia is also working to improve early grade reading performance through technology interventions, and strengthen national community-based child protection mechanisms. ChildFund Cambodia implements its programs in collaboration with local civil society organisations, and in partnership with the relevant ministries and government departments.

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Plan International

Plan International is a development and humanitarian organization that strive for a just world that advances children's rights and equality for girls. Plan engages people and partners to: Empower children, young people and communities to make vital changes that tackle the root causes of discrimination against girls, exclusion and vulnerability; Drive change in practice and policy at local, national and global levels through our reach, experience and knowledge of the realities children face; and Work with children and communities to prepare for and respond to crises and to overcome adversity. Support the safe and successful progression of children from birth to adulthood.

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Save the Children International

Save the Children International is the world's largest independent child rights organisation, working in more than 120 countries. We save children's lives; we fight for their rights; we help them fulfil their potential. In Cambodia, Save the Children has been working since 1970, and was one of the first non-governmental organizations (NGOs) to provide support after the fall of the Khmer Rouge regime. Initially we provided relief assistance to the worst affected families in the Thai border camps, gradually shifting its focus to education, child protection, health, child rights governance and disaster relief. Save the Children works closely with government partners to improve children's lives, especially the most marginalised, remote and hard to reach children.

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SOS Children's Villages Cambodia

SOS children's villages International presence 135 countries worldwide, which provides a family approach to the long-term family like care of orphaned, destitute and abandon children. SOS children villages as a non-governmental organization revolve around four principles that have made the SOS concept a reality as children, parents, family and community. The impetus of the organization is to develop the physical wellbeing, educate or provide vocational training, have healthy children and youngsters and above all integrate them into the national society. SOS Children's Villages is committed to ensuring that all children throughout the world have the quality care that is their right. In 1949, Hermann Gmeiner established the first SOS Children's Village in the face of strong opposition. Our organization was founded on the belief and recognition – revolutionary at the time – that the most vulnerable children need emotional and physical stability in a family and a community environment to develop to their potential. SOS Children's Villages believes that achieving its mission requires a commitment to a range of approaches, which means directly addressing the immediate needs of vulnerable children and their families as well as working on preventing the root causes of family breakdown. In doing so, we continuously support and promote quality Care.

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Terre des Hommes Netherlands

Terre des Hommes Netherlands (TdH-NL) is an international non-governmental organization that fights against child exploitation. Since 1965, TdH-NL has protected tens of millions of children from violence, labor, trafficking, sexual exploitation, malnutrition and health issues. Children's rights are violated all over the world. TdH endeavors to create a world free of child exploitation. Our strategy 2020 has been drawn up to clearly set out the pathway to this goal. To achieve this goal, we need to focus on the results and scalable outcomes of our approach and those of others. Child's exploitation should be everyone's concern. TdH-NL is guided by our Theory of Change, addressing child exploitation through four approaches: Prevention, Provision, Promotion and Prosecution and with six different stakeholders: Children, Families and Communities, Private Sector, Government, Law enforcement agencies and CSOs. In Cambodia the program focuses on preventing and tackling Online Child Sexual Exploitation (OCSE), Sexual Exploitation of Children through Travel and Tourism (SECTT) and contributing to reduction in prevalence of child marriage in Mondulkiri. The projects ultimately cover the entire nation with research and development of national action plan supported by the Royal Government of Cambodia by strengthening Cambodian technical expertise and capacity.

For more information, please contact

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World Vision International Cambodia

With a presence in close to 100 countries and 50,000 employees and volunteers worldwide, World Vision is a global nongovernmental organization focusing on the wellbeing of children through development and humanitarian programs. World Vision first entered Cambodia in 1970 and, after the fall of Khmer Rouge, and restarted its work in 1980. Since then, World Vision has grown to over 800 staff working in Phnom Penh and 9 provinces across the country, benefiting 2.7 million children annually. World Vision's programs focus on health and nutrition, education and life skills, child protection and youth projects. In November 2017 World Vision in Cambodia launched a global campaign It Takes a World to End Violence against Children. More information on the campaign is available here: <https://www.wvi.org/ittakesaworld>

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CHILD RIGHTS NOW! CAMBODIA

Joining Forces is a collaboration
between the following organizations

