

AN ANALYSIS OF THE SITUATION OF

CHILDREN & WOMEN IN CAMBODIA

2009



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Preface

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

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

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

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

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

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UNICEF is very grateful to the illustrators who volunteered their time for this report. They included children from the ages of 4 to 13 years, in addition to the mother of a two year old. UNICEF also expresses its gratitude to the East-West International School, which supported UNICEF's request for pictures themed on health, education, protection and participation.

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Acronyms and abbreviations

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
AIPO	ASEAN Inter-Parliamentary Organization
AISC	Arsenic Inter-Ministerial Sub Committee
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASEAN	Association of Southeast Asian Nations
AusAID	Australian Assistance for International Development
BBC	British Broadcasting Corporation
BCG	Bacillus Calmette–Guérin
BFHI	Baby-Friendly Hospital Initiative
BMI	Body Mass Index
CAMP	Child Aid Movement and Participation
CAS	Cambodia Anthropometrics Survey
CBCP	Community-Based Child Protection Network
CCA	Country Common Assessment
CCC	Cooperation Committee for Cambodia
CCSS	Cambodia Child Survival Strategy
CCWC	Commune Committee for Women and Children
CDC	Council for the Development of Cambodia
CDHS	Cambodian Demographic Health Survey
CED	Chronically Energy Deficient

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CESSP	Cambodian Education Sector Support Project
CFPWC	Commune Focal Point for Women and Children
CFS	Child-Friendly School
CICL	Children in Conflict with the Law
CJWG	Child Justice Working Group
CLTS	Community-Led Total Sanitation
CMDG	Cambodian Millennium Development Goal
CMVIS	Cambodian Mine/UXO Victim Information System
CNCC	Cambodian National Council for Children
CNSP	Children in Need of Special Protection
CPN	Child Protection Network
CPP	Cambodian People's Party
CRC	Convention on the Rights of the Child
CSES	Cambodian Socio-Economic Survey
CSPKK	Community of Salt Producers of Kampot and Kep
DAC	Disability Action Council
DFID	Department For International Development (UK)
DP	Development Partners
DPT	Diphtheria, Pertussis, Tetanus
ECCE/D	Early Childhood Care and Education/Development
ECD	Early Childhood Development
EFA	Education For All
ELDS	Early Learning Development Standards
EMIS	Education Management Information System
EmONC	Emergency Obstetric and Neonatal Care
EOD	Explosive Ordnance Disposal

ERW	Explosive Remnants of War
ESP	Education Strategic Plan
ESSP	Education Sector Support Plan
ESSUAP	Education Sector Support Scale Up Action Programme
FTI	Fast Track Initiative
FUNCINPEC	United Front for an Independent, Neutral, Peaceful and Cooperative Cambodia
GAR	Gross Attendance Ratio
GAR	Gross Admission Rate
GDCC	Government Donors Coordination Committee
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GPI	Gender Parity Index
HEF	Health Equity Fund
HIV	Human Immunodeficiency Virus
HRBA	Human Rights-Based Approach
HSP	Health Strategic Plan
IEC	Information, Education and Communication
IDU	Injecting Drug Use
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IOM	International Organization for Migration
ITC	Institute of Technology of Cambodia
ITN	Insecticide-Treated Nets
JMI	Joint Monitoring Indicator
KAP	Knowledge, Attitude, Practice
KR	Khmer Rouge

LLITN	Long-Lasting Insecticide-Treated Nets
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MHD	Municipal Health Department
MIME	Ministry of Mines, Industry and Energy
MMR	Maternal Mortality Ratio
MoEF	Ministry of Economy and Finance
MoEYS	Ministry of Education, Youth and Sport
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoU	Memorandum of Understanding
MoWA	Ministry of Women's Affairs
MRD	Ministry of Rural Development
MRE	Mine Risk Education
MSM	Men Having Sex with Men
NAPA	National Adaptation Programme of Action to Climate Change
NAR	Net Attendance Ratio
NAR	Net Admission Rate
NCHADS	National Centre for HIV/AIDS and STIs
NCHP	National Centre for Health Promotion
NEC	National Election Committee
NER	Net Enrolment Rate
NGO	Non-Governmental Organization

NIR	Net Intake Rate
NNS	National Nutrition Strategy
NOVC-TF	National Orphans and Vulnerable Children Task Force
NPA	National Plan of Action
NSDP	National Strategic Development Plan
OD	Operational Districts
OI	Opportunistic Infection
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
OVC	Orphans and Vulnerable Children
PAP	Priority Action Programme
PB/B	Programme-Based Budget
PDRD	Provincial Department of Rural Development
PFM	Public Financial Management
PHAST	Participatory Hygiene and Sanitation Transformation
PHD	Provincial Health Department
PMTCT	Prevention of Mother-to-Child Transmission
RGC	Royal Government of Cambodia
RH	Reproductive Health
RTA	Road Traffic Accidents
RWSS	Rural Water Supply and Sanitation
RWSSH	Rural Water Supply, Sanitation and Hygiene
SITAN	Situation Analysis
SRP	Sam Rainsy Party
STI	Sexually Transmitted Infection
TB	Tuberculosis
TWG	Technical Working Group

UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNTAC	United Nations Transitional Authority in Cambodia
US	United States
USAID	United States Agency for International Development
UXO	Unexploded Ordnance
VCCT	Voluntary Confidential Counseling and Testing
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSP	Water and Sanitation Project
WTO	World Trade Organization

Executive Summary

Over the last two decades, Cambodia has been healing from a period of violent conflict and undergoing major transformations that are bringing about important economic and social change. These transformations have been aided by robust economic growth and the development of a legal and policy framework. The results can be seen in marked improvements in poverty, health and education, and in the overall standard of living of the population. Positive trends are evident in a number of areas, such as the progress towards gender equality in education, more affordable health care and more responsive state institutions. However, as of 2008, the country remains one of the poorest and least developed in Asia, with growing inequality becoming a major concern for policymakers. According to the Human Development Index that assesses health and educational outcomes, Cambodia ranks 131st out of 177 countries with a score of 0.598.¹ Rises in living standards are mainly found in urban areas and primarily among the richest quintile. At the same time, rural development is lagging, with the majority of people living in rural areas unable to benefit from economic opportunities. It seems unlikely that Cambodia will meet most of its Millennium Development Goals (MDGs) by 2015.²

This situation analysis (SITAN) focuses on the current conditions that affect children in Cambodia and their capacity to enjoy all their rights as recognized in the Convention on the Rights of the Child (CRC) and

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

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

¹ UNICEF, May 2008, Cambodia Country Profile.

² World Bank, 2006, Managing Risk and Vulnerability in Cambodia: An Assessment and Strategy for Social Protection, p.11.

loss of trust between family members. The legacy of this period is still felt by most Cambodians. According to provisional 2008 census results, Cambodia has a population of 13.4 million.³ The population is very young with about 41 per cent under the age of 18.⁴

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

Chapter II underscores the fact that economic deprivation and poor health are the two leading factors that characterize the situation of most Cambodians and that they are more prevalent in rural areas, where about 80 per cent of the population is concentrated.⁵ In addition to severe poverty and poor performance in terms of development

indicators, there is a major problem of pervasive vulnerability. This is evident in the large percentage of the population that is "at risk of various idiosyncratic and covariant shocks" such as illnesses and natural disasters, which can push households into difficult economic circumstances or poverty. Many households faced with such challenges or "shocks" are forced to adopt extreme coping mechanisms in light of the absence of effective social protection mechanisms.⁶ Coping mechanisms include pulling children out of school to work in order to supplement the family income, involving children in begging, and temporarily placing them with guardians or, increasingly, in orphanages.⁷ Among the specific groups identified as particularly vulnerable to poverty are children and youths, particularly orphans, children living on the streets, and children engaged in work.

Chapter II points out that Cambodia has made important commitments by ratifying the major international human rights treaties that recognize and promote the rights of children and women. It also examines the progress being made due to greater awareness of women's rights as a result of initiatives undertaken recently by the Government, media and civil society.⁸ However, gender inequalities are typically found with respect to girls' lower level of education achievement and the triple burden faced by women in their homes and communities. Women contribute their incomes to their households, but have low levels of participation in positions of authority and in the decision-making process.⁹ Inequalities are further evident in women's lack of access to income-generating opportunities, control of household assets and the high incidence of violence

3 National Institute of Statistics, Ministry of Planning, General Population Census of Cambodia 2008, Provisional Population Tables.

4 General Population Census 2008.

5 National Institute of Statistics, Ministry of Planning, National Population Policy, p. 3 and General Population Census for Cambodia 2008, Provisional Population Tables.

6 Ibid.

7 World Food Programme, 2007, Integrated Food Security and Humanitarian Phase Classification (IPC) Pilot in Cambodia, p.28

8 Ministry of Women's Affairs, 2008, A Fair Share for Women, Cambodia Gender Assessment, p. ii.

9 World Bank, Cambodia Sharing Growth: Equity and Development in Cambodia Equity Report 2007, p. 141.

against women.¹⁰ One of the perceived constraints against achieving gender equality is the limited understanding of the meaning of gender among some stakeholders. As a result, many initiatives targeting women do not address the relationship between women and men and the responsibilities of both as parents in the raising of their children.

Chapter III addresses the child's right to health and identifies both achievements and remaining challenges. Since 2000, Cambodia has made enormous progress in health. It has succeeded in reducing infant and under-five mortality from 96 to 60 and 124 to 83 deaths per 1,000 live births, respectively.¹¹ This progress has been attributed to the strong performance of the national immunization programme, successful breastfeeding promotion and other factors, including the reduction of poverty levels, improved access to education and better roads. Access to improved water supplies has exceeded the 2015 CMDG target. The number of casualties from mines and unexploded ordnance (UXO) has decreased considerably and there is more government commitment towards improving the situation of children with disabilities through the adoption of new laws and policies. Furthermore, the cost of health care has fallen by a quarter and innovative financial schemes have been developed to protect the poor from the costs of public sector user fees.¹²

One of the greatest health challenges is the urgent need to reduce the high maternal mortality ratio, which stands at 461 deaths per 100,000 live births and is among the highest in the region. Furthermore, every year approximately 10,000 newborns die in

Cambodia; neonatal deaths constitute 42 per cent of infant and 34 per cent of under-five mortality. A similar number of stillbirths are also estimated to take place annually. While clear downward trends in infant and under-five mortality were seen over the past five years, the reduction of neonatal mortality is by comparison much slower. The high maternal and newborn mortality rates are attributed to a number of factors:¹³ only 44 per cent of women have access to a skilled birth attendant; 57 per cent of pregnant women have anaemia; emergency and newborn care is not accessible to many women; and detrimental family practices during pregnancy and childbirth such as the reliance on traditional birth attendants and unclean cord care continue to be prevalent.

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

Major progress has been achieved in combating the spread of HIV. Cambodia is one of the few developing countries that has experienced a continuous decline in the HIV epidemic in recent years. HIV prevalence in the general population fell from 3.0 per cent in 1997 to 1.2 per cent in 2003 and 0.9 per cent in 2006.¹⁴ Yet despite this downward trend, Cambodia still has the highest prevalence in Southeast Asia.¹⁵ Almost 1 per cent of people

10 Ibid.

11 CDHS 2005 (for infant mortality rate reference: General Population Census 2008).

12 Cambodia Sharing Growth, op cit., 2007, p. 89.

13 Information provided by UNICEF Cambodia, 2008.

14 National Centre for HIV/AIDS, Dermatology and STD, April 2008, Annual Report 2007.

15 National AIDS Authority, National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010, p. 9.

in Cambodia are living with HIV.¹⁶ There is also a higher HIV prevalence among women, with 43 per cent of new infections occurring among married women, most believed to have been infected by their husbands. One third of new infections are being transmitted from mothers to their children.¹⁷ In 2006, it was estimated there were approximately 67,200 adults and 3,800 children living with HIV in Cambodia.¹⁸ Most of these children acquired the virus through mother-to-child transmission.

Another challenge relates to children with disabilities. As in most developing countries, accurate statistics on the current number of disabled persons are not available, but it is estimated that Cambodia has one of the highest rates of people living with disabilities in the developing world.¹⁹ Until recently, the issue of disability was marginalized at the policy level and largely ignored by society in Cambodia. Important developments indicate that this is changing, with the Government taking some leadership in the disability sector, including the signing of the UN Convention on the Rights of Persons with Disabilities and initiating the process for a draft Law on the Protection and the Promotion of the Rights of Persons with Disabilities (2008).

The conditions regarding the provision of water and sanitation are another chief concern. According to the Cambodia Demographic and Health Survey (CDHS) 2005, water supply in Cambodia has improved and reached the CMDG target (50 per cent), with 53.7 per cent coverage in rural areas and 67.3 per cent in urban areas during the dry season. Nevertheless, the current rural water supply and sanitation situation has been described as “in crisis”. As

many as 4.9 million people living in rural areas do not have an adequate safe water supply and 8.4 million people practice open defecation because they do not have a safe way to dispose of their excreta. Water quality issues remain a major challenge. Arsenic contamination prevails in six provinces and peri-urban areas of Phnom Penh. Thirty-six per cent of the rural population do not practice any method of water treatment. Many of these people are not aware of the health risks of their unhygienic practices, particularly to infants and children.

Chapter IV addresses the right of the child to education and covers both the main achievements to date and the obstacles that must be overcome before all children in Cambodia are ensured access to quality education. The right of every child to be respected within the education environment is also emphasized. Several key factors have contributed to the overall progress achieved in education over the last decade, including the construction or upgrading of school buildings; rising standards of living, which means that more families can send their children to school; and the abolition of enrolment fees.²⁰ The Government has placed greater emphasis on education, with substantial increases in both the absolute amount and percentage of total government budget directed to the education sector. Other important steps towards improving the education sector include the adoption of laws, policies, strategic plans and programmes. As a result, the number of schools, classes, students and teachers have grown considerably at both primary and lower secondary levels and the gender gap has significantly diminished. Moreover, the Child-Friendly School (CFS)

16 National AIDS Authority, Cambodia Country Profile on AIDS 2006-2007, p.12.

17 Ibid.

18 Ibid, p. 15.

19 Disability Knowledge and Research, April 2005, Poverty Reduction and Development in Cambodia: Enabling Disabled People to Play a Role, p. 5.

20 World Bank, 2006 Cambodia Halving Poverty by 2015? Poverty Assessment 2006, p.95.

Programme is improving the quality of education, the effectiveness of teaching and learning, and the classroom environment.

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

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

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

By 2008, important core laws had been adopted, including the Code of Civil Procedure, the Civil Code and the Code of Criminal Procedure. The Criminal Code is currently in draft form and under review by the Council of Ministers, and a Law on Organization of the Courts is also being developed. Giving the CRC constitutional status is an important step in creating a protective environment for children, since the treaty itself has become part of domestic law. In the areas of birth registration, family and alternative care, inter-country adoption, juvenile justice, and sexual exploitation and trafficking, there have been many positive developments with the formulation of new laws, strategies and policies that help to create a more protective environment for children. For example, Cambodia has been developing a legal framework for combating child labour by ratifying, in 1999, ILO Convention No. 138, which established the minimum working age, and ILO Convention No. 182 regarding the worst forms of child labour. New policies and regulations have been adopted regarding alternative care for orphaned children and those without a primary caregiver. The Policy on Alternative Care for Children (2006) recognizes that the primary role in protecting and caring for children belongs to the family and that institutional care should be the last resort and a temporary solution, in accordance with the standards of the CRC. In addition, Cambodia has made enormous progress recently in building a civil registration system.

Notwithstanding the efforts to strengthen a weak legal and policy framework, Cambodia still does not have an effective social protection system with social safety nets and welfare services to ensure a protective environment for children and vulnerable families. There is a dire need to establish social work as a profession within the country with qualified social workers who have the skills and competence to provide essential welfare services. The scarcity of skilled social workers and their sparse coverage (one district social worker per 25,000 people) is still a major shortcoming. The absence of an effective social protection system with social safety nets and welfare services to support vulnerable families leads many families to adopt negative coping strategies such as unsafe migration, child abandonment and the placement of children in institutional care. A large number of children are currently living in orphanages, with 225 registered orphanages accomodating 8,666 children in 2008.

The exploitation of children is another area of concern. Over 750,000 economically active children have been found to be below the absolute minimum working age of 15 years, and an additional 500,000 children aged between 12 and 14 are engaged in non-light economic activity, even though they are below the minimum age for this type of work.²¹ More than 250,000 children aged 15 to 17 were estimated to be working in seven of the 17 nationally identified hazardous sectors, or working 43 or more hours weekly. Available research on trafficking indicates that children are trafficked for sex work; begging and vending; labour exploitation; adoption and forced marriage. The absence of a systematic and comprehensive research programme is one of the main shortcomings in combating sexual exploitation of children.

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

Ensuring the right of children to participate and express their views, which are essential in order to empower them to claim their rights and corresponding entitlements, is the topic of the final chapter. It gathers the limited information available on the subject in order to assess children's participation within the family, school, community, justice sector and human development context. Cambodian social norms and traditions clearly present challenges to promoting children's participation. Nevertheless, in recent years, several key measures to promote children's participation in the different spheres of life and environments have emerged and appear to be well received. One measure is the policy on Child-Friendly Schools that is being implemented nationwide. Another is the establishment of Commune Councils, which have a mandate for local development and which are envisaged as strategic entities for the promotion of children's

21 ILO, UNICEF, World Bank, 2006, *Children's Work in Cambodia: A challenge for growth and poverty reduction*, p.2.

rights. The child's right to be heard is now recognized in the new Criminal Procedure Code. Finally, in collaboration with youth organizations, the UN has established a Youth Advisory Panel, which is highly

active in organizing youth events, attending international conferences and contributing a youth perspective to development programmes and related activities.



Source: Lim Sedtha



Methodology



Source: Vong Rosaryia Ek

Main objectives

Generate knowledge, ideas and evidence-based analysis

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

Contribute to national research, formulating policies, legislation and budgets

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

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

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

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

The SITAN is a broad-based assessment of the status of the realization of the rights of

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

Identify the challenges concerning children using disaggregated data

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

Apply a human rights-based approach to the analysis

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

Identify emerging trends and assess how they will affect children

The SITAN identifies some of the emerging trends in Cambodia that are likely to affect

children and future generations such as high food prices, landlessness, land concessions, and migration.

Methodology

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

A rights-based approach calls for the use of the CRC and its two Optional Protocols and CEDAW as essential references and the application of key human rights principles, which are universality, equality and non-discrimination, accountability and participation, to guide the preparation of the SITAN. It is based on the results of an analysis of the immediate, underlying and structural or root causes that prevent children's enjoyment of their rights. This causality analysis is regarded as the core of any SITAN. Under this approach, it is necessary to identify the key actors or 'duty-bearers' that are responsible for

ensuring that children's rights are respected, protected and fulfilled and to assess, as far as possible, to what extent they possess or lack the capacity to meet their obligations. To this end, the SITAN in Cambodia was based on a wide range of international and national sources and research, as well as consultations with Government and other development partners.

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

The SITAN findings and analysis were based on the following:

- A thorough desk review of existing studies, reports, surveys, statistical data and other information materials on laws, policies and programmes produced by a wide range of international and national sources, including the Committee on the Rights of the Child and the CEDAW Committee.
- Available data and information that is reliable, including unpublished studies collected from national sources on the demographic, political, socio-economic and cultural situation of children, adolescents and women in Cambodia.
- The findings of a workshop held with UNICEF staff in preparation for the SITAN.
- Consultations with key development partners including representatives of national and local governments, UN agencies, research institutes, donor

agencies, and international and national NGOs working with children and women.

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

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

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

1. What is the situation of all children under the age of 18 in Cambodia?
2. Are children who are rights-holders regarded as active participants in their own development rather than mere objects of charity, thereby placing them at the centre of the development process?
3. In view of the principle of universality, which means all rights for all children, is there a special focus on the most disadvantaged and marginalized, including children of ethnic minorities?
4. What rights of children, the rights-holders, are not fulfilled and to what extent do they have the capacity to claim or enjoy them?
5. What are the immediate, underlying and root or structural causes that prevent or hinder the enjoyment of their rights?
6. What are the duties and obligations of those actors in society, the duty-bearers, against whom a claim can be made?
7. What are the capacities of the duty-bearers to fulfil their obligations?
8. To what extent are there accountability mechanisms at all levels to ensure compliance with the CRC and relevant national laws?

9. The fact that the twin principles of non-discrimination and equality are at the core of the human rights-based approach calls for a particular focus on gender equality and on the most disadvantaged population groups.
 10. Applying the right-based approach to the SITAN means examining development challenges from a holistic point of view, guided by the principles and standards of the CRC (right to life, non-discrimination, best interests of the child, participation), and taking into account all children's rights, namely civil, political, economic, social and cultural, which are recognized in the CRC and in the corresponding national laws of Cambodia.
 11. To what extent do children in Cambodia participate within their families, schools and communities?
- Immediate causes determine the current status of the problem (e.g. lack of access, lack of medical personnel, lack of teachers, a family's economic constraints, lack of awareness/information).
 - Underlying causes are often the consequence of bad or inadequate policies and laws, lack of resources and lack of capacity. They may reveal complex related issues that require interventions in the short-term (e.g. up to five years), as well as those that require more time to obtain results.
 - Root/structural causes reveal conditions (e.g. poverty, persistent patterns of discrimination, corruption, lack of infrastructure, lack of social welfare or justice system) that require longer-term interventions, particularly in order to change societal attitudes and behaviour at different levels, including the family, community and higher decision-making levels.

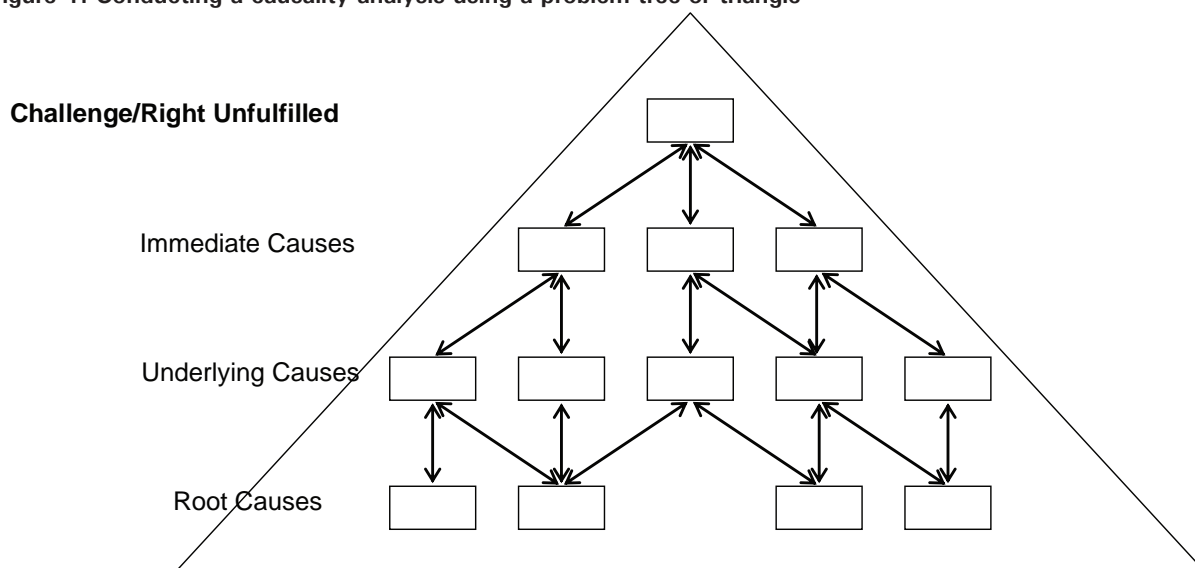
Analyzing the immediate, underlying and root causes

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

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

A rights-based analysis reveals gaps in *norms, institutions, legal and policy frameworks and the enabling environment*. This requires enhancing the process of assessment and analysis through a better understanding of the country context and the factors that create and perpetuate inequality and social exclusion. This also includes understanding how laws, social norms, traditional practices and institutional responses positively or negatively affect the enjoyment of human rights. Most importantly, the analysis takes into account the implementation of international human

Figure 1: Conducting a causality analysis using a problem tree or triangle



Source: Author's own

rights treaties and the recommendations of relevant human rights monitoring mechanisms such as the Committee on the Rights of the Child. All these aspects were considered in developing the present SITAN in Cambodia.

Identifying the rights-holders and duty-bearers

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

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

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

To identify the roles and responsibilities of duty-bearers requires analysis of laws, policies and regulations, as well as local customs and traditions. This is important in

order to determine what level of intervention is most effective given the available resources and the capacity of those responsible to take action. Ideally, this analysis should contribute to the subsequent identification of priority actions in the planning stage of the Country Common Assessment [CCA]).

While the State is the principal duty-bearer with respect to ensuring the rights of all children living within its jurisdiction, the international community also has a responsibility to promote their realization. Accordingly, monitoring and accountability procedures should also extend to international actors that include the donor community, intergovernmental organizations and international NGOs, as well as the private sector, whose actions may bear upon the enjoyment of children's rights in the country.²²

Understanding relationships between rights-holders and duty-bearers

This step in the situation analysis is a means of understanding the complex web of relationships between rights-holders and duty-bearers. Duty-bearers are often unable to meet their obligations because some of their own rights are being violated. For example, rural parents without resources cannot be held accountable for not being able to pay school fees but they may be responsible for failing to register their daughters in school. The relationship between rights-holders and duty-bearers forms a pattern that links individuals and communities to each other and to higher levels of society. There are many relationships and roles that exist among various actors and institutions at the commune, provincial, or national level that affect the realization of children's rights. For example, teachers in rural areas are duty-

bearers with regard to their obligation to teach hygiene to children and, at the same time, they are rights-holders before their employers, to whom they can direct their claims for the provision of drinking water and latrine facilities. Thus, the duty-bearers may lack the capacity to meet their obligations and they may be rights-holders themselves whose rights have not been fulfilled.

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

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

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

Defining Capacity: A succinct and broadly agreed definition of capacity in this context is the ability to effectively perform functions for setting and achieving objectives, and identifying and solving problems. In development terms, capacity is the sum of all factors that enable individuals, communities, institutions, organizations or governments to adequately perform their respective roles and responsibilities. Elements of capacity may include: knowledge; skills; motivation, mandate and authority; material and organizational resources; and the availability of a network of supporting values, norms, and actors.²³

Under a rights-based approach, the following components are integral to capacity development:²⁴

22 OHCHR, June 2006, Principles and Guidelines for a Human Rights Approach to Poverty Reduction Strategies, p. 17..

23 Definition provided by UN Staff College.

24 Adapted from Jonsson, Urban, 2003, Human Rights Approach to Development Programming, UNICEF, pp. 52-53..

- *Responsibility/motivation/commitment/leadership* - This refers to the characteristics that duty-bearers should recognize in their roles in order to carry out their obligations. Information, education and communication (IEC) strategies help to promote a sense of responsibility for realizing children's rights.
- *Authority* - This refers to the legitimacy of an action, when individuals or groups feel or know that they can take action. Laws, formal and informal norms and rules, tradition and culture largely determine what is or is not permissible. Accordingly, national laws and policies must be harmonized with international human rights treaty commitments, and must identify the specific duties of the duty-bearers.
- *Access to and control over resources* - Knowledge that something should and may be done is often not enough. Moreover, the poorest are seldom able to claim their rights as individuals, but

need to be able to organize. "Capacity" must therefore also include the human resources (skills, knowledge, time, commitment, etc.), economic resources and organizational resources determining whether a rights-holder or duty-bearer can take action.

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



Source: Mou Srey Poeuv