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AN ANALYSIS OF THE SITUATION OF CHILDREN AND ADOLESCENTS IN CAMBODIA 2023

31 May 2023



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Article 2.1 UN Convention on the Rights of the Child

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Contents

Foreword	04
Acronyms and abbreviations	05
Executive summary	11
CHAPTER 1. Introduction	19
1.1 Context, purpose, and aim	19
1.2 Conceptual framework and approach	19
1.3 Methodology	20
1.4 Limitations and constraints	20
1.5 Ethical framework	21
CHAPTER 2. Country context	22
2.1 Geography, climate, and environment	22
2.2 Population and demographic trends	23
2.3 Governance	25
2.4 Economic development	26
CHAPTER 3. Development and human rights	27
3.1 National development agenda	27
3.2 Human rights framework	28
3.3 Women's rights and gender equality	28
3.4 The framework of child rights	30
CHAPTER 4. The enabling environment for children's rights	33
4.1 Legislation, policy, and public finance	33
4.2 Child/family poverty	35
4.3 Structural causes of inequities	36
4.4 Stakeholders	37
4.5 Business	39
4.6 Knowledge, attitudes, and practices	40
CHAPTER 5. The state of children's rights – a thematic analysis	42
5.1 The right to health and nutrition	42
5.2 The right to water, sanitation, and hygiene	49
5.3 The right to a sustainable environment	55
5.4 The right to education, leisure, and cultural activities	57
5.5 The right to protection	67
5.6 The right to family life and an adequate standard of living	76
5.7 The right to participation, civil rights, and freedom	82
CHAPTER 6. Conclusions and recommendations	86
Bibliography	89



Foreword

Like so many children across the globe, those in Cambodia today are facing unprecedented new challenges. Cambodia has made impressive achievements in the last decade in enhancing the lives of its children and young people, but a polycrisis now threatens to undermine its hard-won progress.

This is revealed in this situation analysis of children and adolescents (SITAN), which UNICEF commissioned for Cambodia. This objective and verifiable analysis is intended for use by UNICEF, its partners, including youth networks, and other duty-bearers to identify and address barriers to, and opportunities for, the full achievement of children's rights.

This SITAN shows that Cambodia is a dynamic nation full of potential and opportunity. Indeed, the country has demonstrated its commitment to investing in child survival; the prevalence of chronic malnutrition among children dropping from 32 percent in 2014 to 22 percent in 2021, contributing to a significant reduction in the risk of a child dying before they reach their fifth birthday. More children are attending and staying in school, with more than 60 percent enrolling in early childhood education, 92 percent in primary education, and 47 percent in lower secondary education.

In June 2022, the United Nations Committee on the Rights of the Child issued its latest findings on the progress of Cambodia in implementing the Convention on the Rights of the Child, welcoming the legislative, institutional, and policy measures that enshrine children's rights as major steps towards a future where children are guaranteed the health care, nutrition, protection and education they need, deserve, and are entitled to.

However, despite this progress, the SITAN clearly reveals that children are caught in a polycrisis.

Nearly half of the country's population aged up to 17 years experience multiple deprivations. While the basic legal and policy frameworks for fundamental child-related services are in place, more than three million children aged between one and 14 years still experience violent physical or psychological discipline in their homes and lack access to prevention and care services.

The prolonged closure of schools during the pandemic has had a significant impact on children, resulting in learning losses, mental health issues, and a decline in the overall quality of education. Moreover, inadequate access to sanitation services, clean water, and health care challenge the survival and well-being of babies and children.

Children also face an uncertain future burdened by an increasingly unpredictable climate. From heatwaves and floods to air and river pollution, the climate and environmental crisis disproportionately impact the well-being of children.

Undoubtedly, this polycrisis is eroding the progress made over the past decade. Cambodia has proven it is possible to envision a future where all children have full access to the health care, nutrition, water and sanitation, protection, and education they need, deserve, and are entitled to.

This analysis makes a wide range of recommendations. These include focusing more attention on strengthening the capacities of actors at all levels for the implementation of programs focused on children's rights and developing cost-effective and innovative models for achieving these at a decentralized level. It also recommends broadening and deepening evidence-generation and partnerships for advocacy and investment and that authorities and partners increase investments in human and financial resources.

Achieving these goals will require the commitment of all development partners and civil society organizations working in Cambodia as well as the private sector. It will also be crucial to fully engage young people as they possess great potential to transform their society.

UNICEF is determined to redouble efforts to work alongside the Royal Government of Cambodia and all stakeholders committed to the rights of children and youth. We remain committed to realizing the rights of children and young people and meeting their changing needs.

Dr. Will Parks, UNICEF Representative in Cambodia



Acronyms and abbreviations

AAL	Average Annual Loss	CFE-DM	Centre for Excellence in Disaster Management & Humanitarian Assistance
ABR	Adolescent Birth Rate	CFPP	Child-friendly police procedures
ADB	Asian Development Bank	CFS	Child-Friendly School(s)
ADPC	Asian Disaster Preparedness Centre	CHRC	Cambodia Human Rights Committee
ANAR	Adjusted net attendance rate	CHS	Community Health Systems
ANC	Antenatal care	CLA	Climate Landscape Analysis
API	Advocacy and Policy Institute	CMT	Country Management Team
ARI	Acute respiratory infection	CNCC	Cambodia National Council for Children
ART	Anti-retroviral treatment	Committee	Committee on the Rights of the Child
ASEAN	Association of Southeast Asian Nations	Convention	UN Convention on the Rights of the Child
AYRG	Adolescent and Youth Reference Group	CPIMS	Child Protection Information Management System
AYS	Adolescents and Youth Situation Analysis in Cambodia 2020	CPS	Community preschool
BCG	Bacillus Calmette–Guérin vaccine	CP-SSIP	Child Protection Sector Strategic Implementation Plan
BLL	Blood lead level	C/P-CNCC	Cambodia National Council for Children of Capital/Provinces
BSP	Budget strategic plans	C/P-CCT	Committee for Counter Trafficking of Capital/Provinces
BTI	Bertelsmann Transformation Index	C/P-WCCC	Women and Children’s Consultative Committees of Capital/Provinces
CCC	Constitutional Council of Cambodia	CRC	Committee on the Rights of the Child
CCHR	Cambodian Centre for Human Rights	CRCC	Child Rights Coalition Cambodia
CCRI	Children’s Climate Risk Index	CRI	Children’s Rights International
CCSP	Cambodia Climate Change Strategic Plan	CRPD	Convention on the Rights of Persons with Disability
CCT	Conditional Cash Transfers	C/S	Commune/Sangkat
CCWC	Commune Committees for Women and Children	CSDG	Cambodian Sustainable Development Goal(s)
CDK-WCCC	Women and Children’s Consultative Committees of City, Districts, Khan	CSE	Commercial sexual exploitation
CEDAW	Convention on the Elimination of all forms of Discrimination against Women		
CEE	Climate, Energy, and Environment		
CEFM	Child, early and forced marriage		
CEPA	Culture and Environment Preservation Association		



Acronyms and abbreviations

CSEC	Commercial sexual exploitation of children	FIDR	Foundation for International Development/Relief
CSES	Cambodia Socio-Economic Survey	FSM	Fecal Sludge Management
CSO	Civil Society Organization	FTI	Fecal transmitted infection
CWD	Child(ren) with disability	GBV	Gender-based violence
CYCC	Cambodian Youth and Children Council	GDP	Gross Domestic Product
CYLN	Child and youth-led networks	GDI	Gender Development Index
D&D	Decentralization and deconcentration	GER	Gross enrolment rate
DAC	Disability Action Council	GII	Gender Inequality Index
DHS	Demographic Health Survey	GNI	Gross National Income
DOE	District Office of Education, Youth, and Sport	GPCC	General Population Census of Cambodia
DPT	Diphtheria, pertussis, tetanus	GPR	Gender Programmatic Review
DRM	Disaster Risk Management	GRET	Groupe de Recherches et d'Echanges Technologique
DRR	Disaster Risk Reduction	GTHS	General Technical High School
EAP	East Asia and the Pacific	HCF	Health care facilities
EBA	Everything But Arms	HDI	Human Development Index
ECCD	Early Childhood Care and Development	HEF	Health Equity Fund
ECD	Early Childhood Development	HEI	Higher Education Institute
ECE	Early Childhood Education	HepB	Hepatitis B
EMIS	Education Management Information System	Hib	Hemophilus influenza type b
EPP	Emergency Preparedness Planning	HIV	Human Immuno-deficiency Virus
EPRI	Economic Policy Research Institute	HRBA	Human rights-based approach
EPRP	Emergency Preparedness and Response Plan	HRC	Human Rights Council
ESA	Eastern and South-eastern Asia	HRF	Humanitarian Response Forum
ESP	Education Strategic Plan 2019-2023	HSP4	Fourth Health Strategic Plan
EU	European Union	ICF	International Classification of Functioning, Disability, and Health
FAO	Food and Agriculture Organization	ICM	International Convention on the Protection of the Rights of All Migrants and Members of their Families
FBDG	Food-Based Dietary Guidelines		
FBO	Faith-based organization		
FDI	Foreign Direct Investment		
FGD	Focus group discussions		



Acronyms and abbreviations

ICT	Information communication technology	MMR	Maternal Mortality Rate
ID	Identification/Identity Document	MODA	Multiple Overlapping Deprivation Analysis
IFHV	Institute for International Law of Peace and Armed Conflict	MoE	Ministry of Environment
IHME	Institute for Health Metrics and Evaluation	MoEF	Ministry of Economy and Finance
ILO	International Labor Organization	MoEYS	Ministry of Education, Youth and Sport
IMR	Infant Mortality Rate	MoH	Ministry of Health
INGO	International NGO	MoJ	Ministry of Justice
IOM	International Organization for Migration	MoLVT	Ministry of Labor and Vocational Training
IPV	Inactivated polio vaccine	MoP	Ministry of Planning
IPV	Intimate partner violence	MoPWT	Ministry of Public Works and Transportation
IYCF	Infant and Young Child feeding	MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
JJL	Juvenile Justice Law	MoRD	Ministry of Rural Development
JJLSOP	Juvenile Justice Law Strategic and Operational Plan 2018-2020	MOU	Memorandum of Understanding
JMP	Joint Monitoring Program for WASH	MoWA	Ministry of Women's Affairs
KAP	Knowledge, attitudes, and practices	MPI	Multidimensional Poverty Index
KYA	Khmer Youth Association	MR	Measles-Rubella
KYCC	Khmer Youth Camp for Culture	MR Guidelines	Minimum Requirement Guidelines on Water, Sanitation, and Hygiene in Schools
KYSD	Khmer Youth and Social Development	NAP	National Action Plan
LAC	Legal Aid Cambodia	NAP-ECCD	National Action Plan on Early Childhood Care and Development
LDC	Least developed country	NCATVIP	National Committee against Torture, Violence, Inhumanity, Persecution or Punishment
LGBTIQ+	Lesbian, gay, bisexual, transexual, intersex, queer	NCCL	National Committee on Child Labor
LICADHO	Cambodian League for the Promotion and Defense of Human Rights	NCCT	National Committee for Counter Trafficking
M&E	Monitoring and Evaluation		
MCH	Maternal and Child Health		
MHM	Menstrual Hygiene Management		
MISTI	Ministry of Industry, Science and Technology		



Acronyms and abbreviations

NCD	Non-communicable disease	OOPE	Out-of-pocket expenditure
NCDM	National Committee for Disaster Management	OP3	Optional Protocol on a communications procedure
NC-ECCD	National Committee of Early Childhood Care and Development	OPAC	Optional Protocol on the involvement of children in armed conflict
NCPC	National Child Protection Commission	OPSC	Optional Protocol on the sale of children, child prostitution, and child pornography
NCRS	National Child Rights Strategy	OPV	Oral polio vaccine
NCSD	National Council for Sustainable Development	ORS	Oral rehydration solution
ND-GAIN	Notre Dame Global Adaptation Initiative	OSEC	Online sexual exploitation of children
NDC	Nationally Determined Contribution	PCV	Pneumococcal conjugate vaccine
NDSP	National Disability Strategic Plan 2019-2023	PDECM	Positive discipline and effective classroom management
NER	Net enrolment rate	PDR	People's Democratic Republic
NEET	(Young people) not in education, employment, or training	PHC	Primary Health Care
NFE	Non-formal education	PHD	Provincial Health Department
NFV	National Fund for Veterans	PHDA	People's Health Development Association
NGO	Non-governmental Organization	PISA-D	Program for International Student Assessment for Development
NIS	National Institute of Statistics	POE	Provincial Office of Education, Youth and Sports
NISA	National Institute of Social Affairs	PSR	Public sector reform
NSDP	National Strategic Development Plan	PTTC	Provincial Teacher Training Centre
NSPC	National Social Protection Council	PWD	Person(s) with Disability
NSSF	National Social Security Fund	PWDF	People with Disability Fund
NSSFC	National Social Security Fund for Civil Servants	QUB	Queen's University Belfast
OCSEA	Online child sexual exploitation and abuse	RCI	Residential Care Institution
OD	Open defecation	RDA	Recommended Dietary Allowance
ODF	Open defecation free	RG	Royal Government of Cambodia
OD/IDPoor	On demand IDPoor	RTTC	Regional Teacher Training Centre
OHCHR	Office of the High Commissioner for Human Rights	RUPP	Royal University of Phnom Penh
OHD	Operational Health District	SBM	School-based management
		SCIAVC	Steering Committee to Implement the Action Plan to Prevent Violence Against Children



Acronyms and abbreviations

SCYP	Support Children and Young People	UNCRC	UN Convention on the Rights of the Child
SDG	Sustainable Development Goal(s)	UNCT	UN Country Team
SEL	Socio-emotional learning	UNDP	UN Development Program
SEN	Special Educational Needs	UNDRR	UN Office for Disaster Risk Reduction
SEZ	Special Economic Zone	UNESCO	United Nations Educational, Scientific and Cultural Organization
SitAn	Situation Analysis	UNGA	UN General Assembly
SME	Small/medium enterprise(s)	UNICEF	United Nations Children's Fund
SNA	Sub-national administrations	UNSDCF	UN Sustainable Development Cooperation Framework
SNCL	Sub-National Committee on Child Labor	UPR	Universal Periodic Review
SNECD	Sub-National Committee of Early Childhood Care and Development	USA	United States of America
SOGI	Sexual orientation/gender identification	USD	US dollars
SOP	Standard Operating Procedure	VAC	Violence against children
SPPF	National Social Protection Policy Framework 2016-2025	VAW	Violence against women
SPRI	Social Policy Research Institute	VET	Vocational education and training
STEM	Science, technology, engineering, mathematics/medicine	VNR	Voluntary national review
STI	Sexually transmitted infection	WASH	Water, sanitation, and hygiene
TB	Tuberculosis	WBG	World Bank Group
TFR	Total Fertility Rate	WCCC	Women and Children's Consultative Committee
THE	Total health expenditure	WG	Working group
TIP	Trafficking in Persons	WGCM	Working Group for Children in Ministries/Institutions
TOR	Terms of Reference	WHO	World Health Organization
TPAP	Teacher Policy Action Plan	WinS	WASH in Schools
TSA	Three-star approach	YCC	Youth Council of Cambodia
TTI	Teacher Training Institute	YCHD	Youth and Child Hope Development Organization
TVET	Technical vocational education and training	YRC	Youth Rehabilitation Centre
TWG	Technical Working Group	YRDP	Youth Resource Development Program
UHC	Universal Health Coverages	YFP	Youth for Peace
UIS	UNESCO Institute of Statistics	YSC	Youth Star Cambodia
UN	United Nations		



CHILDREN SAY



TALK TO US

LISTEN TO US

WORK WITH US

In focus group discussions (FGD) in December 2022 and January 2023, we asked 22 children aged 10-14 (14 girls/8 boys) and 33 adolescents aged 15-19 (21 girls/12 boys) from Phnom Penh, Siem Reap, and Ratanakiri what we can do to help children and adolescents be more involved in their communities. They told us the following:



Share knowledge and information with us using different platforms.



Ensure that parents/communities listen to children's views on matters concerning them.



Hold consultation workshops with children so that they can share their opinions and experiences.



Broker policy dialogues between children and the authorities.



Connect children and adolescent networks to ensure adolescent voices are heard at all levels.



Build the capacity of adults to work effectively with adolescents, respect their views, and act on them.



Executive summary

1 UNICEF commissioned this independent analysis of children and child rights in Cambodia to identify and address barriers to and opportunities for all children’s full achievement of their rights. The report adopts a human rights-based approach (HRBA).¹ It is underpinned by the UN Convention on the Rights of the Child (UNCRC) and guided by fundamental human rights principles.² The analysis is based on triangulation between government data, a literature review of secondary sources, semi-structured interviews with key informants, and input from U-report consultations with 1,721 adolescents and FGDs with 55 adolescents in Phnom Penh, Ratanakiri, and Siem Reap. The research process fully complied with UNICEF ethical standards in Memo CF/PD/DRP/2015-001. The research was conducted per UNICEF Procedures for Ethical Standards in Research, Evaluation, Data Collection, and Analysis.

2 Although the 2019 Census reports a decline in the growth rate of the child population and an increase in older age groups, Cambodia is still a young society. Children constitute 38.5 percent of the population (more than six million), and nearly half (46.6 %) of the Cambodian population is younger than 24 years old.³ About 60 percent of the population lives in rural areas. Still, the rural population fell by almost 20 percent between 2014-2019, and internal migration and industrialization are likely to lead to an increased rate of urbanization over the next decade. Cambodia is probably Southeast Asia’s most homogenous country – 98 percent of Cambodians are Khmer; 95 percent are Buddhist, and Khmer is the only officially recognized language. Most of Cambodia’s 17 recognized indigenous groups live in areas characterized by high fertility rates and economic disadvantage.⁴

3 The country has made enormous development gains over the past two decades and achieved lower-middle income status in 2015. It achieved an average GDP growth of 7.1 percent between 2011 and 2019, but weak global demand and a fall in tourism due to COVID-19 caused economic growth to contract by 3.1 percent in 2020, and it is still unclear how deep the financial setback caused by the pandemic will be. While economic growth brought a rise in living standards, about 17.8 percent of Cambodians live below the poverty line.⁵ Working poverty is common, particularly in the informal labor market, with 81 percent of all jobs considered vulnerable, 80 percent of enterprises informal, and most agricultural households relying on subsistence farming. Children are particularly at risk when poverty is measured using a comprehensive multiple overlapping deprivation analysis (MODA) methodology, with almost half (48.7%) of Cambodia’s population aged 0-17 years falling within the definition of multidimensionally poor based on CDHS 2014 data.⁶

¹ As outlined in Garde M. Parameswaran S. Tso S-YK et al. Core Guidance: New Generation Situation Analysis UNICEF (May 2019) NY

² Convention on the Rights of the Child adopted by the General Assembly of the United Nations on 20 November 1989, hereafter ‘the Convention’ or UNCRC. For the full text, see <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

³ RGC General Population Census of Cambodia 2019; Thematic Report on Population Growth and Composition by Age and Sex op cit.

⁴ See, for example, Minority Rights Group International, World Directory of Minorities and Indigenous Peoples- Cambodia: Indigenous peoples, November 2017, accessed 16 September 2022 at: <https://www.refworld.org/docid/5b9b75bf7.html>.

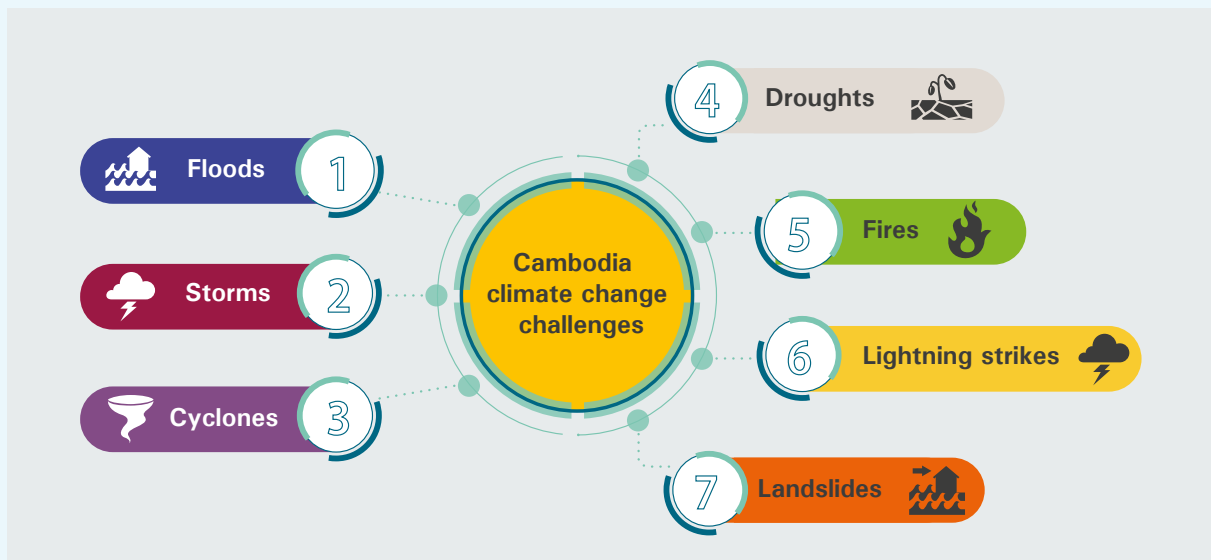
⁵ RGC Report of Cambodian Economic and Social Survey 2019/20 (CESS) NIS/MOP (Hereafter CESS 2020) Phnom Penh available at JMP_2021_KHM_Cambodia v03.xlsx (sharepoint.com) quoted in HRF Contingency Plan. Focus on Floods, Droughts, and Storms op cit. See also UNDP (2020) COVID-19 Economic and Social Impact Assessment in Cambodia CGE and GTAP simulation exercises, October 2020.

⁶ Karpati J Boon L de Neubourg C Child Poverty in Cambodia UNICEF/EPRI/SPRI (2018) Phnom Penh. It should be noted that both the UNDP (HDI) and UNICEF MPI analyses rely on 2014 data. MODA uses child-related indicators to assess child poverty by ascertaining deprivation in eight key areas: nutrition, health, early childhood development (ECD), education, water, sanitation, housing, and information. It is, therefore, a more accurate methodology for measuring child poverty rates.



4

Cambodia faces grave environmental threats, likely to be exacerbated by climate change, and further efforts and investment are needed if the country is to overcome these challenges. Cambodia is vulnerable to floods, storms, cyclones, droughts, and, to a lesser extent, fires, lightning strikes, and landslides. It ranked 19th (High Risk) on the Climate Risk Index in 2019 and 46th on the Children's Climate Risk Index (CCRI) in 2021.⁷ Extreme weather events are likely to have grave consequences for households' livelihoods and food security, and climate change impacts such as low crop yields are likely to push families in at-risk areas further into poverty and debt. The impact on children has not yet been adequately assessed, and the country urgently needs a child-focused Emergency Preparedness Plan and a child-centered Climate Landscape Analysis.



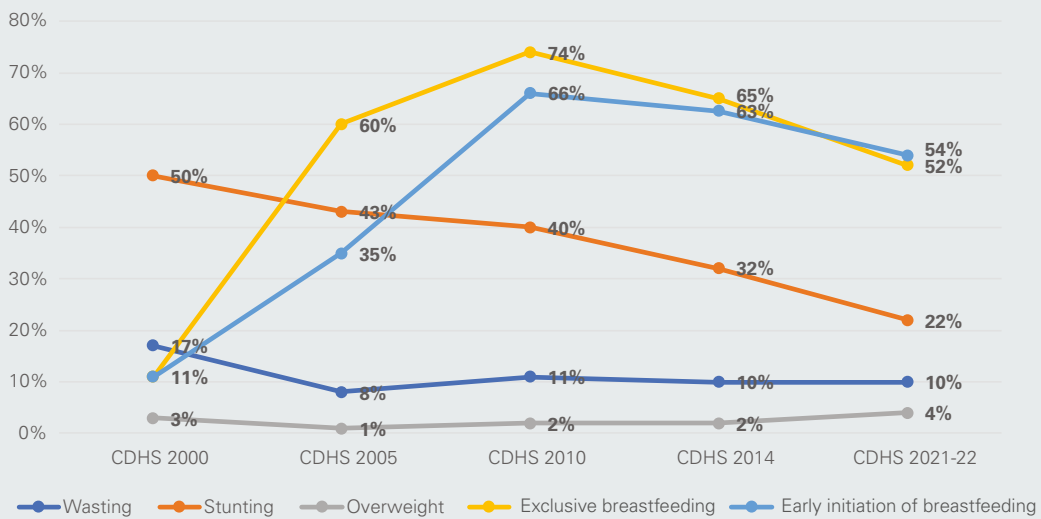
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Cambodia has committed to all major international human rights treaties, and successive governments have supported reform initiatives. Overall, families provide safe, secure, and protective environments for children, but women tend to be undervalued; violence against women and children rates are high according to 2021 CDHS data; and children and their challenges need to be put higher at the policy level, in communities and families. The government and partners must invest heavily in public education for families and communities regarding the benefits of adopting a child rights approach. Social norms that dictate women's responsibility for the care of children, the household, and those with disabilities act to reduce the demand for proper services. They also constrain women's potential contribution to the community and society and reduce their opportunities to advocate for social change.

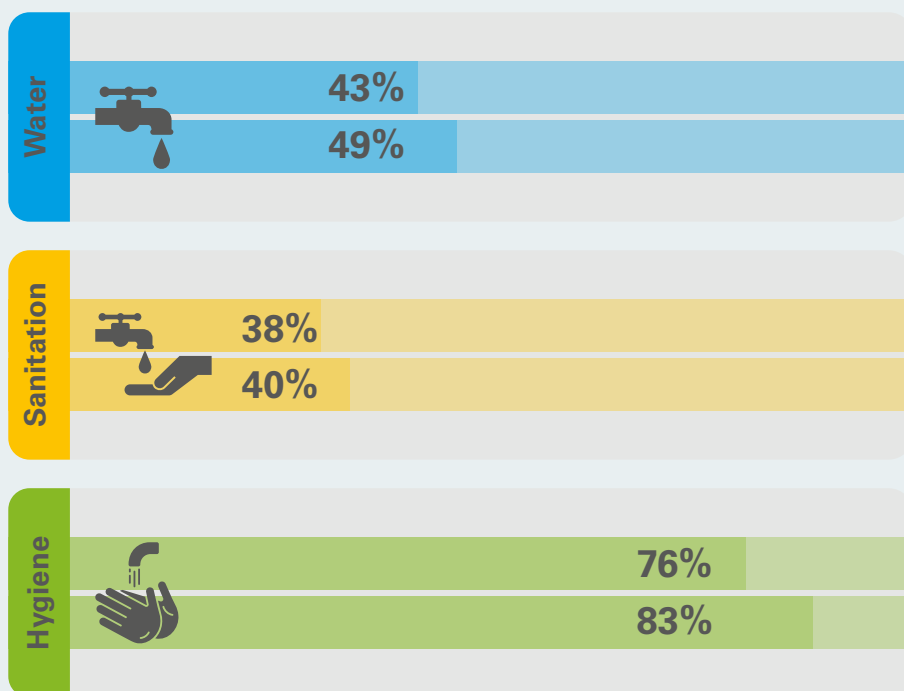
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There have been real development gains for children and families over the past two decades, but much must be done to realize children's rights in Cambodia. Cambodia has invested heavily in Maternal and Child Health (MCH) over the last decade. It is on track to meet its SDG targets concerning under-five mortality and neonatal mortality rates.⁸ According to CDHS 2021-22, 22 percent of children under the age of five are stunted, a significant drop since 2014, but the prevalence of childhood wasting has remained unchanged at around 10 percent. Official out-of-pocket expenses and fees paid by families still constitute 64 percent of health expenditures, putting many families at risk.⁹ Service users also face unofficial charges. There is no specific adolescent health service nor an adequate mental health service. The country is behind in meeting its SDG targets related to clean, safe water access and there is insufficient data concerning sanitation targets. Little progress has been made recently regarding safely managed services. The progress recorded between 2021 and 2023 has mainly been related to access to basic essential services (water: 43% to 49%; sanitation: 38% to 40%; hygiene: 76% to 83%).

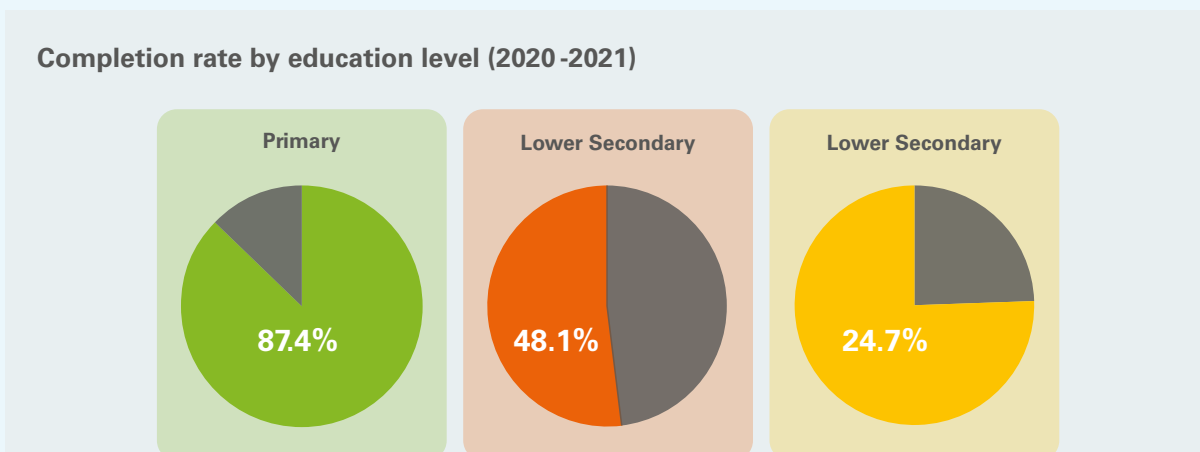




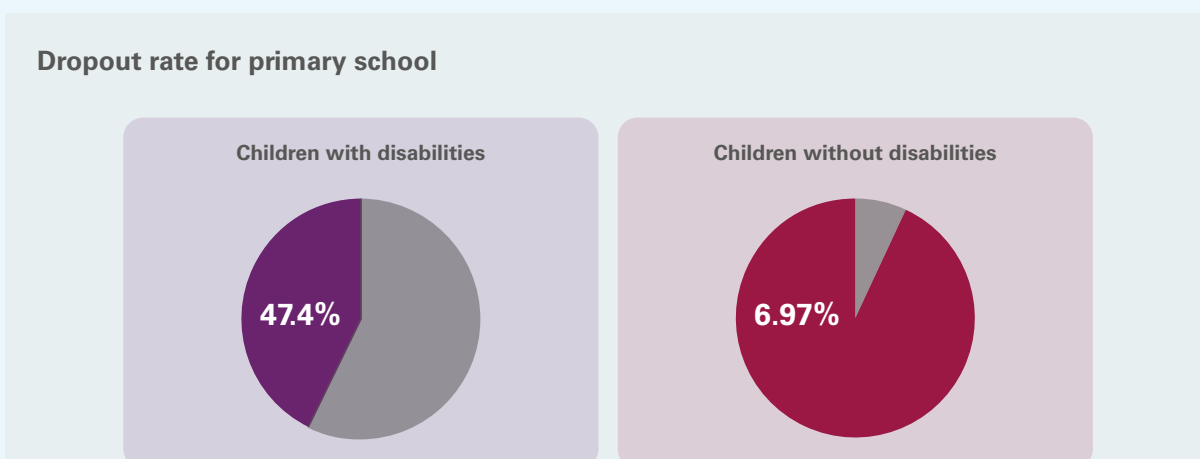
The progress recorded between 2021 and 2023



7 The net enrolment rate in 2021 reached 91.9 percent in primary school, against a target of 98.2 percent, and the completion rate was 87.4 percent.¹⁰ But although school enrolment, attendance, and completion rates are rising in Cambodia overall, there is significant leakage as children pass through the school system; only 48.1 percent of children completed lower secondary in 2020/21. The enrolment rate in upper secondary schools for 2020/21 was only 32.2 percent. The completion rate for upper secondary in the same year was less than a quarter (24.7%).¹¹ This rate of educational uplift seems unlikely to produce the boost in social capital required to lift Cambodia into middle-income status by 2030. Schools also need help to provide quality educational outcomes for most children.



8 National learning assessments for Grade 6 in 2021 showed a drop in learning outcomes during the COVID-19 pandemic, with 45.4 percent of pupils below basic proficiency in Khmer and 74.3 percent below basic ability in Mathematics.¹² While children with disabilities and children from indigenous communities can access education in Cambodia, the General Population Census in 2019 found that only 81 percent of children aged 6-11 from ethnic minority groups were enrolled in school. A study by UNESCO 2018 showed that the out-of-school rate for children of primary school age with a disability in Cambodia was 57.4 percent compared with only 6.97 percent for children without a disability.¹³



⁷ Climate Risk Index analyses the extent to which countries have been affected by weather-related losses between 1998-2017. See Climate Risk Country Profile. Cambodia WBG/ADB (2021) accessed 15 January 2023 at Climate Risk Country Profile: Cambodia (adb.org)

⁸ See Sustainable Development Goals. Cambodia accessed 28 September 2022 at <https://data.unicef.org/sdgs/country/khm/#>

⁹ World Bank Data, 2019 <https://data.worldbank.org/>

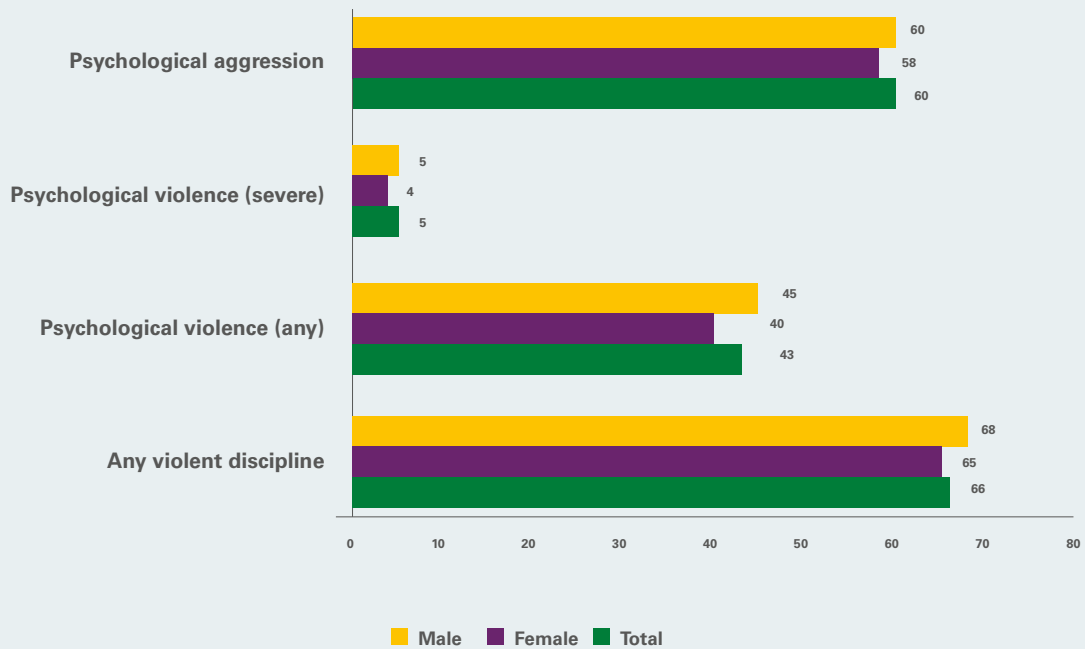
¹⁰ Figures from ESP-MTR (2022)

¹¹ ESP-MTR (2021) p33/36



9 About 60 percent of participants in the 2013 Cambodian Violence Against Children Survey reported witnessing violence in their homes, schools, and communities.¹⁴ More than half of those aged 18-24 reported at least one experience of physical violence before reaching 18, and more than 80 percent of those who experienced physical violence before age 18 experienced multiple incidents of physical violence. CDHS 2021-22 reports that two-thirds (66%) of Cambodian children aged 1-14 experienced violent discipline the previous year, and five percent (5%) experienced severe physical punishment. In the 2013 study, over 4 percent of females and 5 percent of males reported at least one experience of sexual abuse before age 18. The rate for girls aged 13-17 was 6 percent.

Percentage of children aged 1-14 years who have experienced violent discipline at home (CDHS 2021-22)



¹² Marshall J. Learning Loss in the COVID-19 Pandemic Era: Evidence from the 2016-2021 National Learning Assessment in Cambodia UNICEF (2022) Phnom Penh

¹³ UNESCO Education and Disability: Analysis of Data from 49 countries UIS (2018) Table 1. p12 available at <http://uis.unesco.org/sites/default/files/documents/ip49-education-disability-2018-en.pdf>

¹⁴ Ministry of Women's Affairs, UNICEF Cambodia, and United States Centers for Disease Control and Prevention (2014). Findings from Cambodia's Violence Against Children Survey 2013: Government Commitment to End Violence against Children.

¹⁵ CNCC National Policy on Child Protection Systems 2019-2029 RGC (2019) Phnom Penh



Deinstitutionalization continues apace, and the number of residential care institutions (RCI) and children in them continues to gradually and incrementally reduce. The child-friendly justice system is still incomplete, and significant numbers of children are held in detention. The Labor Inspectorate is inadequately resourced to tackle child labor, and there are not enough professionally qualified social workers at the local level. A National Policy on Child Protection Systems 2019-2029 is in place, and a draft law on child protection is in the final stages of consideration.¹⁵ But child protection is particularly impacted by fractured structures and lack of resources at the sub-national level, and societal institutions tasked with legal enforcement and protection of children with disabilities, children affected by migration, and children in detention require significant strengthening to be effective.

As part of its response to the COVID-19 pandemic, Cambodia invested heavily in social protection and is building on that momentum to enhance and develop its social protection system within the framework of the National Social Protection Policy Framework

2016-2025 (NSPPF), whose goals are to: ensure income security; reduce economic and financial vulnerability; increase people's well-being and solidarity; and reduce poverty to a maximum extent. The National Social Protection Council (NSPC) is responsible for steering the development of various social protection strategies and policies. The NSPC is adopting a 'life cycle' approach intended to ensure social and economic security and stability at all stages of individuals' lives, with explicit recognition of the need for extra support to particular population groups or at specific life stages, as well as at times of sudden shocks and stresses. The NSPC aims to mainstream many current social protection schemes and expand their coverage, benefit level, and accessibility. While it has been successful in developing social security schemes such as the National Social Security Fund (NSSF), the National Social Security Fund for Civil Servants (NSSF-C), the National Fund for Veterans (NFV), and the People with Disability Fund (PWDF), it has been less successful at expanding the focus of social assistance schemes beyond those in extreme poverty to encompass all families at risk of poverty.



However, the recent developments accelerated by COVID-19 responses have accelerated progress towards harmonized social assistance programs and health social protection, aiming to protect vulnerable families beyond the poverty-targeted social assistance measures. Eliminating child poverty will require expanding safety nets and challenging the existing economic growth model to ensure a more equitable distribution of employment opportunities and access to services. Measures could include reducing the informal employment market, achieving equitable digitalization, improving vocational education and training (VET) and skills training for young people not in education, employment, or training (NEET), challenging gender bias in workplaces and homes, and lowering barriers to land ownership, business registration, access to finance, etc., for women.

Government Ministries display stable leadership and political goodwill towards children's welfare. Gaps in legal and policy frameworks, combined with under-developed monitoring, implementation, and enforcement mechanisms at the local level, have left a sizeable minority of children at risk of poverty, violence, and exploitation. The government's insufficient investment in children's services is the most significant practical obstacle to realizing children's rights in Cambodia. Over many years, governments have underfunded health, education, protection, and welfare services. This underfunding has significantly impacted the adequacy of infrastructure, innovation, and quality standards, reducing services' fitness for purpose. Many government services, including health, education, and child protection, are challenged by the shortage of qualified and experienced professionals. Service planning is also hampered by the lack of disaggregated data, a general absence of intersectional analyses of poverty and deprivation in-country by all stakeholders, complex and fragmented coordination mechanisms, and insufficient consultation with appropriate stakeholders.

Regional staff and resource inequalities mean service delivery is patchy and uncertain, particularly in rural areas. There needs to be a robust and client-centered management culture within service

delivery agencies. In contrast, the culture of demand for services has started to gain traction recently, with the community consultation mechanisms and the introduction of complaints and grievance mechanisms in sectors such as social protection. Civil society and the media need to be stronger to hold the government to account at the local or national level. Another obstacle to providing quality social services is the slow evolution of a coherent devolution/decentralization process that supports local authorities to meet their responsibilities in delivering a comprehensive portfolio of relevant child-centered, community-based social services. The financial resources available to sub-national administrations (SNAs) are not adequate, and the fragmented nature of the modalities for delegating authority, responsibilities, roles, and resources to the local level impedes the cross-sectoral work on the ground and inhibits the development of a holistic, integrated approach to social service development. The next five years are likely to be difficult for children and families as the country phases into a changed economic and social development landscape. It will inevitably be challenging to meet the raised expectations of a rising, young, mobile population with middle-income aspirations if economic growth slows in the aftermath of the global coronavirus pandemic. In that scenario, it is likely that services for children, which are not robust even now, will struggle to respond, and there could be a significant increase in family poverty and child vulnerability. In addition, Cambodia is also likely to face an accelerating incidence of climate-related disasters and greater exposure to global economic shocks just as the overseas development assistance (ODA) shrinks. Together, these factors are likely to increase the pace of migration and urbanization, impacting traditional family models and community protection mechanisms and stretching the resources of statutory services already challenged by ongoing capacity issues. As the scale, range, and frequency of risks to children grow exponentially, Cambodian duty-bearers must acknowledge the need to involve a broader coalition of local stakeholders and work within an integrated framework that encourages and supports flexible, adaptive, innovative, effective, and cost-efficient responses.



Currently, the constituency of support for children's rights is limited by social attitudes, traditional stereotypes, and political constraints on civic space that reduce the involvement and potential impact of non-governmental duty-bearers. The United Nations Committee on the Rights of the Child (CRC) has noted that the partnership framework between government and civil society is restrictive, limiting the vast potential of Cambodian civil society organizations (CSOs) to contribute to fully realizing children's rights and welfare. To date, academia, the media, and the private sector have been relatively silent partners in the child rights discourse, and they need to be further encouraged not just to speak up for children but also to step up and meet their responsibilities to children in a practical way.

Above all, social norms and attitudes need to be challenged, particularly gender inequality. Cambodia rightly has set itself ambitious development goals for the next decade. Meeting them will require allocating more resources, a new pattern of resource redistribution, and a more open and inclusive approach to reform and development. In particular, the country cannot continue to thrive and grow while women's energy, ideas, and potential are not fully valued.

Cambodia faces considerable challenges to retain and grow its development gains. Still, it has a long history of steady, successful development progress to draw on and a knowledgeable and committed government workforce eager to carry through reform. Civil society, particularly the non-governmental sector, also shows enormous willingness to work on children's behalf and seems to have the potential and expertise to develop innovative and cost-effective solutions to children's issues once the proper supportive framework and resources are implemented. Realizing children's rights in Cambodia will not be achieved without realizing women's rights, and challenging gender equality in all forms will have to be a core strand of any feasible child rights strategy. Suppose Cambodia's development strategy is to be successful over the next decade, especially its efforts to realize child rights. In that case, it will

need to increase efforts to challenge endemic gender inequality exponentially and gratefully acknowledge and benefit from women's positive and proactive contribution towards achieving national development and children's rights.

Above all else, Cambodia has the advantage of a young population, willing and eager to take a more active role in shaping their country and society. The government has recognized its vital role in economic development. Still, children, adolescents, and young people rightly see themselves playing a far more significant part in shaping Cambodian society, not just its economy. The government has already established mechanisms for engagement and dialogue with children and adolescents. Still, it will need to prioritize their adaptation, expansion, and extension to enable children and adolescents to become more visible, vocal, and active in every area of development discourse and to help them realize their aspirations to develop themselves, their community, and Cambodia.



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Chapter 1. Introduction

1.1 Context, purpose, and aim

UNICEF Cambodia commissioned this Situation Analysis (hereafter SitAn) to provide the government, UNICEF, and other duty bearers with an independent analysis of the situation of children and adolescents in the country that will deepen stakeholders' understanding of children's needs, potentials, and capacities, and to guide their policy advocacy and partnership responses. The SitAn's primary purpose is to contribute positively and concretely to improving children's rights in Cambodia. It is intended to provide a human rights-based, equity-focused analysis of the situation of children and adolescents in Cambodia and highlight strategic priorities that need

to be addressed to reduce disparities and address vulnerabilities. It is also expected to contribute to shaping the national development agenda, expanding the constituency of support for children's rights, and accelerating the achievement of national and international development goals regarding children, including the Sustainable Development Goals (SDGs). While considering the rights, needs, and welfare of all children in Cambodia, the analysis highlights socio-economic inequalities, urban/rural and locational disparities, gender gaps, and other differentials and tries to give voice to less visible and more marginalized children.

1.2 Conceptual framework and approach

This SitAn has adapted the human rights-based approach (HRBA) adopted by UNICEF.¹⁶ This ensures that the principles of the UN Convention on the Rights of the Child (UNCRC) underpin the research.¹⁷ Adopting a HRBA implies a practical commitment to (i) put the child at the center of the research process and (ii) to filter analysis of the available data through the lens of article 2.1 of the Convention, which guarantees *“the rights outlined in this Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color,*

*sex, language, religion, political or another opinion, national, ethnic or social origin, property, disability, birth or other status.”*¹⁸ So, although this report adopts a holistic view of the child and examines the situation of all children in Cambodia, it focuses, as far as possible, on those most disadvantaged regarding access to their rights and entitlements. Likewise, as far as possible, data and analysis are disaggregated based on age, gender, location, and socio-economic status. Special attention is also paid to public attitudes to children and community traditions that affect children's rights.

¹⁶ As outlined in Garde M. Parameswaran S. Tso S-YK et al. Core Guidance: New Generation Situation Analysis UNICEF (May 2019) NY

¹⁷ Convention on the Rights of the Child adopted by the General Assembly of the United Nations on 20 November 1989, hereafter 'the Convention' or UNCRC. For the full text, see <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

¹⁸ UNCRC op cit. Article 2.1 See Hodgkin R. Newell P Implementation Handbook for the Convention on the Rights of the Child UNICEF (2002) New York pp19-38 for a fuller discussion of the implications of Article 2.



1.3 Methodology

The methodologies employed included a desk review of existing studies, reports, surveys, statistical data, and other information on legislation, policies, and programs produced by the Royal Government of Cambodia (RGC), as well as documents from the Committee on the Rights of the Child (CRC), UN agencies, local and international NGOs, and other sources. As far as possible, the analysis prioritized research undertaken after 2017. During an in-country research undertaken after 2017. During an in-country visit to observe the context for action promoting children’s rights, the author consulted with key UNICEF staff and conducted semi-structured interviews with key informants from government, civil society, the private sector, and other development partners. These included discussions with child-focused organizations and NGOs concerned with women’s and children’s rights and family welfare.

Input from key informants was then triangulated with data from documentary sources and other informants. No statement in this report can be attributed to a single key informant, and any statements attributed to key informants refer to several informants.

Children’s and adolescents’ perspectives were obtained through U-report consultations with 1,721 adolescents and through focus group discussions FGDs with 55 adolescents in Phnom Penh, Ratanakiri, and Siem Reap (22 children aged 10-14 [14 girls/8 boys] and 33 adolescents aged 15-19 [21 girls/12 boys]). The SitAn findings were fed back to these young contributors at a workshop on 13 May 2023. Participants were allowed to question the results directly with the report’s author. Feedback from these various consultations is presented throughout this report.

1.4 Limitations and constraints

Time and budget were the significant constraints on the SitAn process. All parties involved were as flexible as possible, and timelines were kept under review to ensure that quality was not sacrificed to expedience. The quality of the analysis depends mainly on the range, nature, and depth of data available, including disaggregated databases and child-related statistics, whose quality in Cambodia varies by sector. Its research base includes a range of excellent studies on child-related topics by government and independent bodies. Still, these tend to be scattered, and in some areas of concern, there needs to be more research to

guide policy development. The literature on inequality in Cambodia is heavily skewed in favor of vertical and geographical analyses of poverty. Differentials in income and deprivation between wealth quintiles, zones, and provinces are well understood, and priority areas are generally agreed upon. UNICEF’s MODA analysis has brought a more nuanced understanding of national inequality patterns.¹⁹ Still, it too seems to be interpreted mainly in terms of zonal, rural/urban, and quintile differentials, with limited overt intersectional analysis of poverty, deprivation, or risk.

¹⁹ See Karpati J Boon L de Neubourg C Child Poverty in Cambodia UNICEF/EPRI/SPRI (2018) Phnom Penh. It should be noted that both the UNDP (HDI) and UNICEF MODA analyses rely on 2014 data. MODA uses child-related indicators to assess child poverty by ascertaining deprivation in eight key areas- nutrition, health, early childhood development (ECD), education, water, sanitation, housing, and information. It is, therefore a more accurate methodology for measuring child poverty rates.



1.5 Ethical framework

The SitAn process was designed to comply at all times with UNICEF ethical standards as laid down in Memo CF/PD/DRP/2015-001.²⁰ The research was conducted in compliance with UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection, and Analysis.

No conflict of interest was identified as a part of the research. All participants were informed about the study, its objectives, and their role in the process. They were explicitly asked to consent to participate

in the research and announced they could withdraw anytime. All participants in the study were informed that their privacy would be protected, that data collected in the research would be published in aggregated form only, and that the identity of participants would not be disclosed under any circumstances. Interview notes were only available to the interviewer and were destroyed once the SitAn was finalized. No payment or compensation for participants was made during the research process.



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²⁰ See Memo CF/PD/DRP/2015-001 (01 April 2015) UNICEF PROCEDURE FOR ETHICAL STANDARDS IN RESEARCH, EVALUATION, DATA COLLECTION AND ANALYSIS p8 para viii



Chapter 2. Country context

2.1 Geography, climate, and environment

Cambodia, known officially as the Kingdom of Cambodia, is located in the south of the Indochinese Peninsula in Southeast Asia, bordered by Thailand to the northwest, Lao PDR to the north, and Vietnam to the east. Its landscape is a densely populated, central plain surrounded by uplands and low mountains. This central plain, devoted to rice cultivation, includes the Tonle Sap (Great Lake) and the upper reaches of the Mekong River delta. Thinly forested plains rising to about 200m above sea level extend outwards from this central region. The Mekong River flows south through Cambodia, and the plains east of the Mekong gradually merge with the forested mountains and high plateaus of the eastern highlands, which extend into Lao PDR and Vietnam. The Krâvanh Mountains and the Dâmrei Mountains form another highland region in the southwest, while the coastal area adjoining the Gulf of Thailand is a narrow, sparsely populated, lowland strip.

Cambodia is rich in biodiversity and tropical forests, with a monsoon climate of two seasons. Still, the country is vulnerable to extreme hydrometeorological events, including floods, storms, cyclones, droughts, and, to a lesser extent, fires, lightning strikes, and landslides. It ranked 19 (High Risk) on the Climate Risk Index 2019.²¹ Droughts and floods pose the highest risk, and many Cambodian households are vulnerable to such events. For example, in 2020, heavy rainfall across 20 provinces affected 149,857 families, claimed 44 lives, and damaged thousands

of hectares of crops, infrastructure, and business premises.²² These extreme weather events can have grave consequences for households' livelihoods and food security, and climate change impacts such as low crop yields are likely to push families in at-risk areas towards debt and migration and increases risks for children.²³

The Humanitarian Response Forum (HRF) Contingency Plan also notes the impact of the COVID-19 pandemic, with 136,262 confirmed cases and 3,056 deaths recorded between January 2020 and June 2022.²⁴ Although Cambodia achieved a high level of vaccination (92%), the pandemic reduced economic growth to 3.1 percent, negatively impacting household income, employment, food security, education, and child protection.



²¹ Climate Risk Index analyses the extent to which countries have been affected by weather-related losses between 1998-2017. See Climate Risk Country Profile. Cambodia WBG/ADB (2021) accessed 15 January 2023 at Climate Risk Country Profile: Cambodia (adb.org)

²² Flood Impact: A Rapid Survey MoSVY/UNICEF (2020) Phnom Penh

²³ NCSD/MoE A Third Study on Understanding Public Perceptions of Climate Change in Cambodia: Knowledge, Attitudes, and Practices, National Council for Sustainable Development / Ministry of Environment (NCSD/MoE) (2020) Phnom Penh (hereafter KAP3)

²⁴ Humanitarian Response Forum Contingency Plan. Focus on Floods, Droughts, and Storms. HRF (November 2022) Phnom Penh



In 2013, the Cambodian government adopted the National Action Plan for Disaster Risk Reduction 2014-2018 (NAP-DRR) and in 2015 appointed the National Committee for Disaster Management (NCDM) as the lead authority. NCDM's primary responsibility is to facilitate and support the coordination of its member agencies and other stakeholders in Disaster Risk Management (DRM). The Law on Disaster Management establishes the legal framework for disaster management in Cambodia and sets out specific obligations and procedures to be followed. Sub-national committees for disaster management support NCDM at provincial, district, and commune levels. The HRF is a focal point for humanitarian

partnerscoordinating with NCDM. Most Ministries have an emergency preparedness and response plan (EPRP) identifying key preparedness and response activities in their particular sector. Sectoral plans exist about education and child protection. Still, the World Risk Report 2021 classifies Cambodia as the 15th highest-risk country and notes the limited coping capacities of national and local structures.²⁵ This report will indicate a need for further investment in preparedness that should include a more explicit emphasis on children, given that they are likely to be the demographic most affected in any disaster or emergency.

2.2 Population and demographic trends

Cambodia has a population of around 16.079 million, with a male/female ratio of approximately 49/51 and a higher urban (95.3) than rural sex ratio (94.6). About 25 percent of Cambodia's 3.55 million households are female-headed.²⁶ Children constitute 38.5 percent of the population, translating into about six million children. The absolute number should be considered for planning purposes, as even a single percentile represents many children. Almost one-tenth of the population (9.3%) is under five years of age, and almost a third (29.4%) are under 15. Nearly half (46.6%) of the Cambodian population is younger than 24 years old.²⁷ The 2019 Census reports a decline in the growth rate of the child population and an increase in older age groups. Between 2008 and 2019, the population under 15 declined from 33.7 percent to 29.4 percent, while those aged 60+ increased from 6.3 percent to 8.9 percent. The population aged 60+ also grew faster annually (4.4%) than those under 15 (0.1%).

This trend is projected to continue, inevitably demanding more resources be allocated to older people. Still, it should be remembered that children will continue to constitute the country's majority population for quite some time.

About 40 percent of the population lives in urban areas and 60 percent in rural areas. Although this ratio is not officially projected to change significantly, the rural population fell by almost 20 percent between 2014-2019, and the number of people living in cities is rising. Cambodia's urban populations are concentrated in Phnom Penh (86% urban), Preah Sihanouk/Koh Kong (37% urban), and Banteay Meanchey (26% urban). To date, urban growth has been largely unplanned, which can result in sprawl, congestion, slums, vulnerability to flooding, pollution, over-stretched service delivery, and constrained economic growth.²⁸

²⁵ WorldRiskReport 2021. Focus. Social Protection Bündnis Entwicklung Hilft/Ruhr University Bochum – Institute for International Law of Peace and Armed Conflict (IFHV) available at <https://reliefweb.int/report/world/worldriskreport-2021-focus-social-protection>

²⁶ The figures that follow come from Royal Government of Cambodia General Population Census of Cambodia 2019 Series Thematic Report on Population Projection National Institute of Statistics Ministry of Planning (2021) Phnom Penh

²⁷ RGC General Population Census of Cambodia 2019; Thematic Report on Population Growth and Composition by Age and Sex op cit.

²⁸ Baker J. et al Cambodia Achieving the Potential of Urbanisation World Bank Group (2018) Washington DC



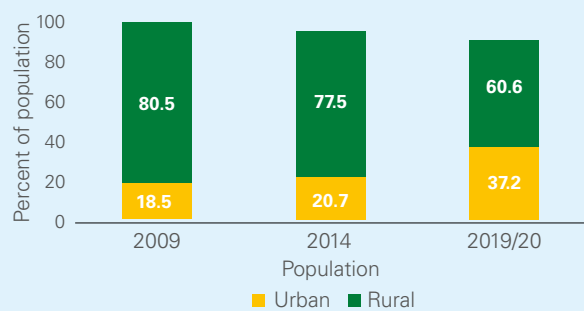
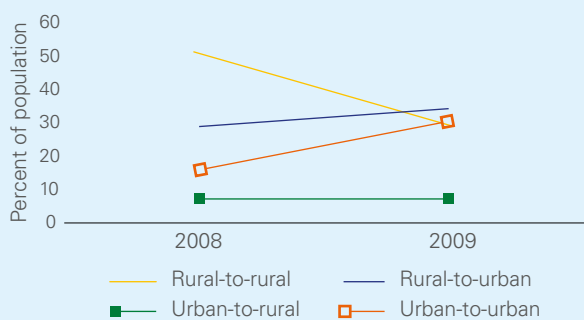


Figure 1. Changing urban/rural ratios

Source. UN Resident Coordinator's Office updated by Kimsong Chea (UNICEF)

The country's growth drivers are urban-based industries like manufacturing, tourism, and trade. Internal migration, an aging population, and the impact of climate change on subsistence farming could lead to discrete urban/rural poverty profiles. Low-income families may choose between living in peri-urban informal settlements or hollowed-out rural communities. The 2019 census already shows a slight increase in the urban child population, possibly due to the migration of young girls from rural areas to work in garment factories.²⁹ The accelerated migration to urban areas, combined with unplanned and unregulated urban development, environmental hazards, under-resourced, patchy or discriminatory service delivery, organized and opportunistic crime, domestic violence, commercial exploitation of the vulnerable, and challenges to effective urban governance, can all result in urban children and their families – especially, poor urban children and families – being disadvantaged relative to more affluent urban dwellers, and often relative to better-off rural populations. Cambodia is probably Southeast Asia's most homogenous country, based on the combined hegemony of a single ethnicity, religion, and language. Ethnically, 98 percent of Cambodians are Khmer, 95 percent are Buddhist, and Khmer is the only officially recognized language. Article 31 of the Constitution guarantees all citizens the same rights *“regardless of race, color, sex, language, and religious belief,”* and Article

43 guarantees “freedom of belief and religious worship” but also states that “Buddhism shall be the religion of the State.” There are 17 recognized indigenous groups in Cambodia, most of whom live in the mountain and plateaus region (46%) and the central plains (35.8%).³⁰ These are characterized by high fertility rates and economic disadvantage.³¹ The most significant indigenous minority, the Muslim Cham, who constitute about 1.2 percent of the population, lives in southeast Cambodia. Nearly one-third (31.7%) of indigenous minority people practice Buddhism, and about half are Muslim (50.1%). Christianity and other religions account for only 18.1 percent.



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²⁹ General Population Census of Cambodia 2019. [nis.gov.kh/nis/Census2019/Final General Population Census 2019-English.pdf](https://nis.gov.kh/nis/Census2019/Final%20General%20Population%20Census%202019-English.pdf)

³⁰ NIS General Population Census of Cambodia 2019 Series Thematic Report on Ethnic Minorities in Cambodia MOP (2022) Phnom Penh

³¹ See, for example, Minority Rights Group International, World Directory of Minorities and Indigenous Peoples- Cambodia: Indigenous peoples, November 2017, accessed 16 September 2022 at: <https://www.refworld.org/docid/5b9b75bf7.html>.



2.3 Governance and administration

The country is a constitutional monarchy operated as a parliamentary representative democracy. Legislative powers are shared between the National Assembly and the Senate. Members of the National Assembly are elected by proportional representation and serve for five years. Two members of the Senate are appointed by the king, two by the National Assembly, and local commune councilors elect the rest. With the approval of the National Assembly, the King appoints the Prime Minister as the head of government, and the Prime Minister and his appointees then exercise executive power through sectoral Ministries.

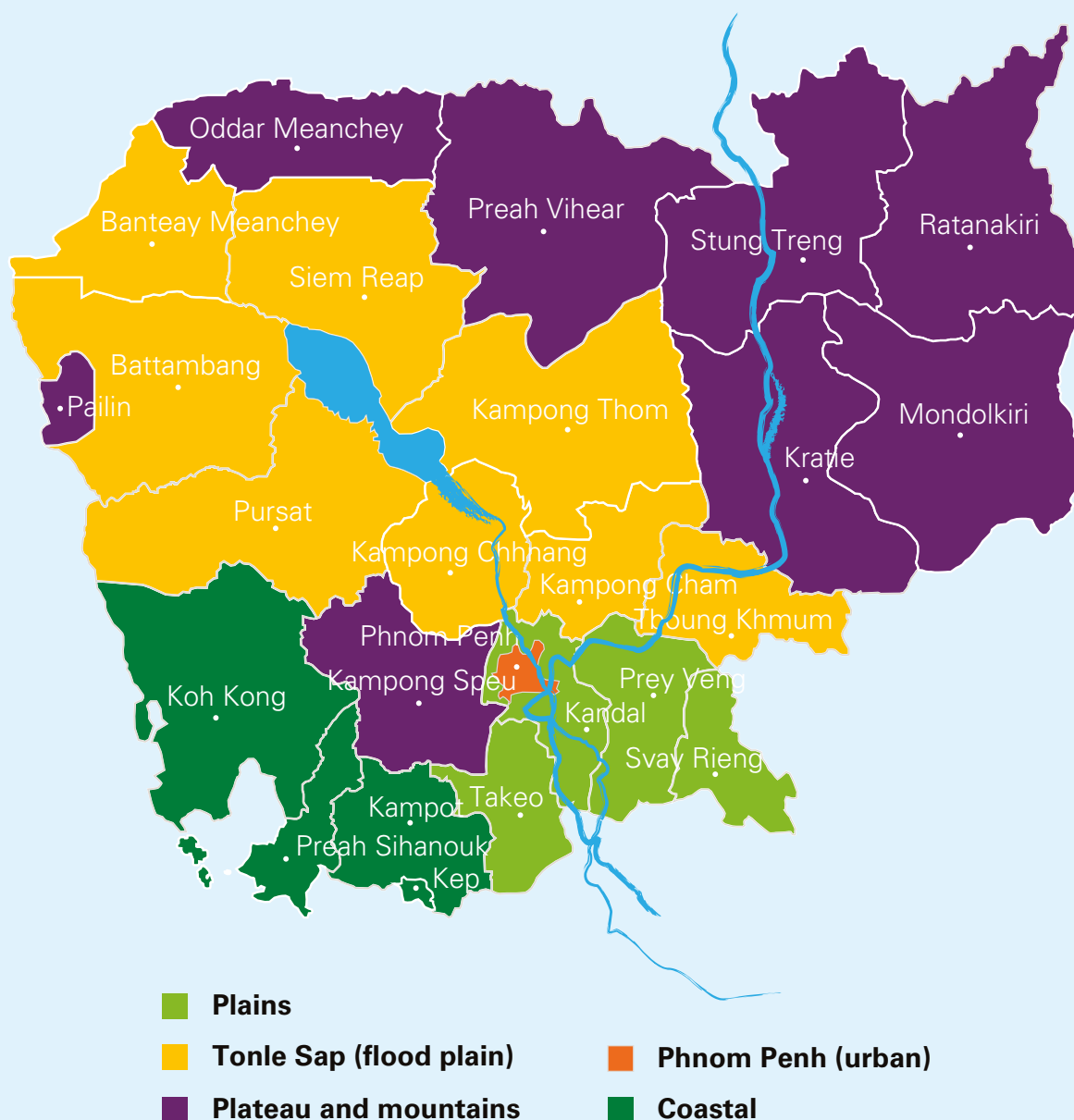


Figure 2. Zoning of provinces by type of terrain
Source. Asian Development Bank (ADB) 2012



Administratively, Cambodia is divided into Phnom Penh, the capital, and 24 other provinces, further divided into districts/municipalities comprising communes/sangkats and villages. Members of Commune Councils are elected by popular vote and then nominate representatives to a District Council, who in turn nominate members to a Provincial Council. Each province also has an appointed Governor. The government has instituted a policy of decentralization and deconcentration (D&D), the main goals of which are the promotion of local democracy and the improvement of local service delivery to alleviate poverty and promote development. However, there appear to be wide variations in the models Ministries adopt to delegate authority, responsibilities, and resources to the

various sub-national levels, making developing an integrated child-focused approach difficult.

Judicial power lies with the Supreme Court and the Constitutional Council of Cambodia (CCC), which rules on the constitutionality of existing laws, draft laws, and administrative acts. The judicial system comprises courts of first instance, appeals courts, and the Supreme Court. Article 128 of the Constitution guarantees the judiciary's independence and impartiality but leaves the judiciary's functioning to be determined in a separate law. While legal representation is guaranteed to all Cambodian citizens under the Constitution, the country's legal aid system has been criticized for lacking funding and ineffectiveness.

2.4 Economic development

Before the COVID-19 pandemic, Cambodia was one of the fastest-growing economies in the world, attaining lower middle-income status in 2015. It achieved an average GDP growth of 7.1 percent between 2011 and 2019. Still, weak global demand and a drop in tourism because of COVID-19 caused economic growth to contract by 3.1 percent in 2020, and it is unclear how deep the financial setback caused by the pandemic will be.³² The Ministry of Economy and Finance (MoEF) estimated economic growth rate for 2021, 2022, and 2023 to be 3 percent, 5.2 percent, and 5.6 percent, respectively, while 2024 is projected to be around 6.6 percent, but the country is now weathering an oil price shock.³³ Rising food and energy prices are already fueling higher inflation. Poor households with limited savings will likely bear the brunt. Rising prosperity seems to have aligned itself along urban/rural lines, with 95 percent of Phnom Penh's and 82 percent of Banteay Meanchey's population in the upper three

quintiles, compared with only 39 percent of Kampong Chhnang's, 37 percent of Kampong Thom's, 36 percent of Pursat's, and 35 percent of Kratie's populations.

The economy needs to be sufficiently diversified and still needs skilled workers, energy at affordable prices, and adequate infrastructure. It relies heavily on the tourism, construction, and garment industries, which require only low-paid, low-skill workers.³⁴ The garment industry accounted for 80 percent of exports in 2019, and its decline since 2019 has disproportionately affected women, who make up 90 percent of its employees.³⁵ Working poverty is common, especially in the informal sector. About 17.8 percent of Cambodians live below the poverty line, and many families are at risk of poverty.³⁶ Young people are three times more likely to be unemployed than adults.

³² World Bank Group Cambodia Economic Update June 2021 Road to Recovery WBG (2021)

³³ MEF 2023: Macroeconomic Framework and Public Finance Policy for 2024 Budget Formulation.

³⁴ US Department of Labor Cambodia Factsheet (2021)

³⁵ 34Lawreniuk S. Parsons 'I know I cannot quit.' The Prevalence and Productivity Cost of Sexual Harassment to the Cambodian Garment Industry. CARE International (2017) available at www.care-cambodia.org and www.care.org.au

³⁶ RGC Report of Cambodian Economic and Social Survey 2019/20 (CESS) NIS/MOP (2020) Phnom Penh available at JMP_2021_KHM_Cambodia_v03.xlsx (sharepoint.com) quoted in HRF Contingency Plan. Focus on Floods, Droughts, and Storms op cit. See also UNDP (2020) COVID-19 Economic and Social Impact Assessment in Cambodia CGE and GTAP simulation exercises, October 2020.



Chapter 3. Development and human rights



3.1 National development agenda

According to the 2020 Human Development Index (HDI), Cambodia has slightly improved its development status, increasing its score from 0.528 in 2009 to 0.594 in 2019. Still, it fell two positions in the ranking, from 142 to 144, which puts the country in the medium human development category.³⁷ While Cambodia's progress across all four HDI measures between 1990 and 2019 shows remarkable progress, Cambodia's 2019 HDI score is below the average of 0.631 for countries in the medium human development group and well below the average of 0.747 for East Asia and the Pacific (EAP). However, when its HDI score is discounted for inequality, Cambodia falls from 0.594 to 0.475, a loss of 20.0 percent. In comparison, the average loss due to inequality for EAP region is 16.9 percent. Regarding income inequality, Cambodia is ranked 75 out of 142 countries based on a Gini coefficient of 32.2, ahead of most of its neighbors except China. CSES 2019/20 indicates that disposable income per capita in quintile 5 is 16 times larger than for households in quintile 1.³⁸

Cambodia's current development strategy is codified in the National Strategic Development Plan Update 2019-2023 (hereafter NSDP 2019-2023), whose stated aims are *“improving and enhancing public institutional capacity, promoting good governance, and modernizing economic infrastructure to foster economic growth, create jobs for all citizens, ensure social equity, and increase public sector efficiency as*

*well as protect natural and cultural resources, which is vital for sustainable development and poverty reduction.”*³⁹ The strategy is modeled on four thematic ‘rectangles’ – Human Resource Development, Economic Diversification, Private Sector and Market Development, and Sustainable and Inclusive Development – grouped around the central pillar of Acceleration of Governance Reform. No specific ‘rectangle’ is assigned to *“ensure social equity,”* although ‘poverty reduction’ and ‘reducing social gaps’ feature under Objective 3. The NSDP 2019-2023 framework has been integrated into the Cambodian Sustainable Development Goals (CSDG).

A voluntary national review (VNR) in 2019 indicated substantial progress on six priority SDGs.^{40 41} The majority of the priority SDGs (61.3%) were on target, but there needed to be more data available to judge 38.7 percent. The picture could have been more optimistic about the remaining goals, with 29.8 percent ahead of target, 12.3 percent on track, 12.3 percent below, and insufficient data concerning 45.6 percent. The VNR identified three significant challenges to achieving its SDG targets – (i) financing the SDG agenda considering declining overseas aid; (ii) the impact of severe climatic events and global warming; and (iii) governance aspects, including lack of data, inadequate M&E systems, and mobilization of all actors to support CSDG achievement, including civil society and the private sector.

³⁷ See Human Development Report 2020 The Next Frontier: Human Development and the Anthropocene Briefing note for countries on the 2020 Human Development Report Cambodia UNDP (2021) accessed 18 September 2022 at <https://hdr.undp.org/sites/default/files/Country-Profiles/KHM.pdf>

³⁸ POVERTY IN CAMBODIA; SETTING THE NEW POVERTY LINE, Ministry of Planning, November 2021. Also referenced (citing MoP) in WB Cambodia Poverty Assessment: Toward a More Inclusive and Resilient Cambodia, November 2022

³⁹ National Strategic Development Plan Update 2019-2023 Ministry of Planning (2019) Phnom Penh

⁴⁰ RGC (2019) CAMBODIA'S VOLUNTARY NATIONAL REVIEW 2019 OF THE IMPLEMENTATION OF 2030 AGENDA RGC Phnom Penh

⁴¹ These are CSDGs 4, 8, 10, 13, 16, and 17 aimed at ‘Empowering people and ensuring inclusion and equality’. They relate to quality education, decent work and economic growth, reduced inequalities, climate action, peace, justice, strong institutions, and partnerships for the goals.



3.2 Human rights framework

A commitment to respecting human rights is enshrined in the Constitution, and the Kingdom of Cambodia is a signatory to all nine core human rights treaties.⁴² However, it has not ratified the Convention on the Protection of the Rights of All Migrants and Members of Their Families (ICM). After consideration of Cambodia's Universal Periodic Review (UPR), the Human Rights Council (HRC) made 198 recommendations, of which RGC accepted 175.⁴³ The government's cooperation with international human rights monitoring (IHRM) institutions is noted. Still, the Special Rapporteur's 2020 Annual Report raises concerns about Cambodia's overall human rights deterioration.⁴⁴ Other independent monitors reinforce this.⁴⁵

Although the Association of Southeast Asian Nations (ASEAN) notes the National Human Rights Committees of the National Assembly, the Senate, and the Government, Cambodia does not yet have an independent ombudsman's office.⁴⁶ In its UPR submission, the government agreed, in principle, to establish a national human rights institution. Still, the draft law mandating its establishment had not been finalized at the time of writing. Several NGOs in the country comment on the human rights situation and promote human rights, but this is insufficient. Cambodia needs to establish an independent human rights monitoring office urgently.

3.3 Women's rights and gender equality

The right to equality between men and women is enshrined in the Cambodian Constitution, and gender equality as a social norm is supported by a legislative framework, policies, action plans, and programs to address and respond to discrimination and violence against women and girls and to promote equality between men and women in society. There is a Ministry of Women's Affairs (MoWA) with designated responsibility for promoting gender equality, and the Criminal Code prohibits discrimination based on gender, either directly or indirectly.

Yet, Cambodia scored only 0.922 on the Gender Development Index (GDI) in 2019, placing it in Group 4: countries with medium to low equality in HDI achievements between women and men. On the Gender Inequality Index (GII), Cambodia scored 0.474, ranking 117 out of 162 countries. Cambodia's low score stems from the fact that in 2019, only 19.3 percent of its parliamentary seats were held by women; only 15.1 percent of its women had reached a secondary level of education compared to 28.2 percent of men; and 154 women died from pregnancy-related causes for every 100,000 live births.

⁴² These are the International Convention on the Elimination of All Forms of Racial Discrimination (28 November 1983); • International Covenant on Economic, Social and Cultural Rights (26 May 1992); • International Covenant on Civil and Political Rights (26 May 1992); • International Convention on the Elimination of All Forms of Discrimination against Women (15 October 1992); • International Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (15 October 1992); • International Convention on the Rights of the Child (15 October 1992); • International Convention on the Rights of Persons with Disabilities (20 December 2012); and • International Convention on the Protection of All Persons from Enforced Disappearance (27 June 2013). For details, see UNTreaty Body Database accessed 20 September 2022 at https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/countries.aspx

⁴³ See Universal Periodic Review Second Cycle – Cambodia available at <https://www.ohchr.org/en/hr-bodies/upr/kh-index>

⁴⁴ Situation of human rights in Cambodia Report of the Special Rapporteur on the situation of human rights in Cambodia OHCHR (2020) accessed 20 September 2022 at https://cam.bodia.ohchr.org/sites/default/files/Annualreports/Special%20Rapporteur%20Annual%20A_HRC_48_79_E.pdf

⁴⁵ See Amnesty Cambodia (2021) accessed 20 September 2022 at <https://www.amnesty.org/en/location/asia-and-the-pacific/south-east-asia-and-the-pacific/cambodia/report-cambodia/> and Human Rights Watch Cambodia Country Report 2022 accessed 20 September 2022 at <https://www.hrw.org/asia/cambodia>

⁴⁶ Human Rights in ASEAN Cambodia's Rule of Law accessed 21 September 2022 at <https://humanrightsinasean.info/members/cambodia/cambodias-rule-of-law-human-rights/#:~:text=Various%20other%20national%20institutions%20have%20been%20established%20for,the%20National%20Assembly%2C%20the%20Senate%2C%20and%20the%20Government>



Cambodia has made significant progress concerning women's representation in the political arena, but they continue to be more involved at the sub-national level than at the national level. In 2021, there were only two female provincial governors, and the proportion of women in commune/sangkat councils had only reached 16.75 percent.⁴⁷ Women are still concentrated in lower government structures and mainly in sectors traditionally perceived as 'women's issues,' e.g., domestic violence or education, with smaller budgets and resources, limiting their influence and impact. Women often lack the skills, confidence, education, and training required to compete on an equal footing with their male counterparts in the public sector, but targeted programs to build women's leadership skills, implemented by both government and civil society, have facilitated women to become more visible and vocal in civil society groups and grassroots movements.

Cambodia has almost achieved gender parity in the early childhood education (ECE) and primary-level student enrolment rate. However, a gender gap in enrolment rates at the secondary level has appeared in recent years in girls' favor, with boys less likely to complete secondary education than girls. Despite girls consistently having higher completion rates throughout their schooling, gender imbalance switches at the higher education level, with an enrolment ratio of 52/48 of boys to girls.⁴⁸ Girls are poorly represented in science, technology, engineering, and mathematics/medicine (STEM) subjects (40.1% male; 16.9% female). At the higher levels of postgraduate studies, men comprise almost 70 percent of the enrolment rate for master's degrees and 90 percent at the doctorate level. Access to higher education has undoubtedly improved for women. However, it remains far beyond the reach of many rural young women. Cambodia lags behind other countries in the ASEAN region when it comes to advancing women's participation in postgraduate education.

ILO data shows a slight gender gap in the percentage of males and females aged 15-24 not in employment, education, or training (NEET) – 10 percent for males

and 12 percent for females. Women's participation in the labor force (84.1%) has increased, but the disparity in income between women and men remains large. Women are more likely to work in the informal sector, and 53 percent of women (compared to 41% of men) receive no wages as self-employed or family workers. Women are disproportionately represented in low, unstable wage employment, casual work, and risky work environments. Poor, low-educated rural women tend to dominate domestic and home-based work, street vending, and smallholder farming; employed women are concentrated in low-skilled occupations performing routine tasks and face higher risks of losing their jobs. Women own 62 percent of micro-enterprises and 26 percent of small and medium enterprises (SMEs), but they face barriers to financing and registering their businesses.

An overview of the labor market shows structural inequalities, with women overrepresented in low-pay sectors and industries and underrepresented in management and senior professional roles across all sectors.⁴⁹ This pattern is worst in male-dominated sectors, like construction and agriculture, where women make up more than 40 percent of waged workers but are almost absent from managerial or professional roles. The UN Development Program (UNDP) calculated a gender wage gap of 19 percent in 2019.⁵⁰ It is particularly concerning that disparities in education and experience explain only 6 percent and 14 percent of the wage gap, respectively, and labor market discrimination is likely the most significant factor. Women who were married were less likely (at a rate of 38 percent) to have paid employment.

The persistence of discriminatory stereotypes about the roles and responsibilities of women and men in the family and society, which are deeply rooted in Cambodian culture, perpetuates gender inequality and frustrates government efforts to counter it by normalizing male superiority and women's passivity. The widespread prevalence of restrictive gender norms is most evident in the general expectation of women's responsibility for unpaid household and care work, even when the male partner is not employed.

⁴⁷ See Tous S et al 2021 Gender Mainstreaming and Analysis for Cambodia EU/IBF/CIDEAL (2022)

⁴⁸ MEYS Gender Mainstreaming Strategic Plan in Education 2021-2025 (2021) Phnom Penh

⁴⁹ See Hunter C et al. Gender Equality. Deep Dive for Cambodia UN (2022) Phnom Penh

⁵⁰ Sothea C et al. | The Gender Wage Gap in Cambodia UNDP (2021) Phnom Penh



The need to balance earning a livelihood with care responsibilities and domestic work is a significant barrier to career advancement for most Cambodian women. It hinders them from taking leadership roles in their communities or advocating for their children and families. Despite positive investment by RGC in promoting gender equality, the national approach to childcare provides few services, puts further demands on women, and ignores large employers' obligations to offer childcare facilities or funding.

Harmful gender norms are also a fundamental root cause of gender-based violence (GBV), which is still a significant issue in Cambodian society. The 2015 National Survey on Women's Health and Life Experiences in Cambodia found that 21 percent of women aged 15-64 who had been in a relationship had experienced physical or sexual violence by an intimate partner. Among 18-24-year-olds who had experienced sexual abuse before 18, only half of females and one in five males had told anyone about their sexual abuse, and even fewer sought help. Domestic violence is more prevalent in households

with a lower living standard, where the wife has less education than the husband or has many children. It may be particularly acute among women with disabilities.⁵¹

Acceptance of domestic violence is common: 50 percent of women and 27 percent of men believe that wife beating is justified under at least one of six circumstances. Women often stay in abusive marriages for economic reasons, including men's predominant income-earning potential, especially in rural areas.⁵² The stress and isolation associated with COVID-19 contributed to recent increases in intimate partner violence, violence against women with disabilities from family members, and vulnerability to violence for women migrant workers.

There is no national data on sexual harassment, but studies suggest that it affects even more women than domestic or partner violence does. There is a National Action Plan to Prevent Violence Against Women, but it needs dedicated human, technical, and financial resources and a robust process for monitoring and accountability.

3.4 The framework of child rights

Besides the UN Convention on the Rights of the Child,⁵³ Cambodia also ratified the Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography (OPSC) in 2002 and the Optional Protocol on the Involvement of Children in Armed Conflict (OPAC) in 2004. The Government must ratify the Optional Protocol 3 (OP3) to elevate children to the ranks of other rights-holders and empower them to bring their complaints about human rights violations before an international

body. Also, given the outcomes of the Day of General Discussion on the Rights of All Children in the Context of International Migration in 2012 and the Joint General Comments from the CRC and the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families in 2017,⁵⁴ it would appear sensible for the RGC to ratify the ICM, and their UPR report seems to indicate that this is under active consideration.

⁵¹ Figures quoted in General Population Census of Cambodia 2019 Thematic Report on Gender op cit. p8

⁵² Figures quoted in General Population Census of Cambodia 2019 Thematic Report on Gender op cit. p8

⁵³ See United Nations Human Rights. Treaty Body Database at https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/countries.aspx

⁵⁴ See Committee on the Rights of the Child, REPORT OF THE 2012 DAY OF GENERAL DISCUSSION ON THE RIGHTS OF ALL CHILDREN IN THE CONTEXT OF INTERNATIONAL MIGRATION CRC (2012) Geneva and the Joint general comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return*, CMW/C/GC/4-CRC/C/GC/23 § (2017)





CHILDREN SAY OUR PRIORITIES

In FGDs in December 2022 and January 2023, 22 children aged 10-14 (14 girls/8 boys) and 33 adolescents aged 15-19 (21 girls/12 boys) from Phnom Penh, Siem Reap, and Ratanakiri voted these the biggest obstacles to achieving children’s rights in Cambodia. No difference was identified according to age or gender.

1)	Child marriage	–	21 votes
2)	Neglect	–	21 votes
3)	School dropout	–	19 votes
4)	Discrimination	–	17 votes
5)	Violence	–	15 votes
6)	Mental health	–	9 votes

The CRC considered the State’s fourth to sixth reports in May 2022 and supplementary reports from several CSOs, including the Child Rights Coalition Cambodia (CRCC), an alliance of 58 local and international NGOs. CRC issued 54 recommendations, including urgent measures relating to corporal punishment, sexual exploitation, and abuse; children deprived of a family environment, education, economic exploitation, and child labor; and child justice administration. Cambodia also ratified the ASEAN Charter in 2008 and several ASEAN instruments relevant to children, including the Ha Noi Declaration on the Enhancement of Welfare and Development of ASEAN Women and Children ; the ASEAN Declaration on Zero HIV Transmission in 2011; the Bali Declaration on the Enhancement of the Role and Participation of Persons with Disabilities in ASEAN in 2011; and the ASEAN Convention Against Trafficking in Persons, Especially Women and Children in 2016.

No overarching national child rights strategy sets out a comprehensive, coherent, and cohesive vision for Cambodia’s children. Instead, there are a series of national action plans (NAPs), strategies, and statements within an overarching national scheme such as NSDP 2019-2023. Cambodia National Council for Children’s (CNCC) five-year strategy and action plans lay down priorities and guide national Ministries on integrating children’s issues into their development strategies and action plans. However, the absence of an agreed vision and overarching strategy hinders the development of the integrated, holistic, child-focused, and proactive planning process that a rights-based approach requires.

An overall responsibility for children’s rights in Cambodia appears diffused and lacks strong leadership. No specific parliamentary committees are established in either the Assembly or Senate with a mandate to promote, monitor, or support the realization of the UN Convention on the Rights of the Child. Line Ministries take responsibility for children’s issues that fall within their mandate, e.g., health, education, etc., but no Minister is assigned explicitly to champion children’s issues. CNCC’s primary role is to monitor the implementation of the UNCRC.

CNCC is an autonomous institution under the presidency of the Prime Minister and chaired by the Minister of Social Affairs, Veterans, and Youth Rehabilitation, with membership drawn from Ministries and national institutions. It has a complex structure that cuts across Ministerial remits. Its secretariat is based within MoSVY, servicing eight inter-Ministerial Commissions or Coordination Mechanisms – Working Group for Children in Ministries/Institutions (WGCMI); National Committee on Child Labor (NCCL); National Committee for Counter Trafficking (NCCT); National Committee of Early Childhood Care and Development (NCECD); National Child Protection Commission (NCPC); Steering Committee to Implement the Action Plan to Prevent Violence Against Children (SCIAVC); Cambodia Human Rights Committee (CHRC); and National Committee against Torture, Violence, Inhumanity, Persecution or Punishment (NCATVIP).



These commissions are linked to Working Groups (WGs) for children in nine (9) Ministries/institutions and are supported by them in various ways. CNCC has no discrete budget allocated but relies on funding from MoSVY and allocations from other Ministerial budgets for specific tasks.

Besides advising the government on child-related issues, CNCC also comments on forthcoming legislation and undertakes research, although it has no specific personnel to do so. It does consult with civil society and with children, but only infrequently. The CRC noted the need to strengthen CNCC's authority and to ensure that it has sufficient human, technical, and financial resources to effectively monitor and coordinate activities related to the implementation of the Convention across all sectors at national, district, and local levels, including various action plans on children's rights. With its links to the upper echelons of the national government, it may make sense to strengthen CNCC's research, consultative, and legislative oversight capacity so that it can consistently and proactively lead, develop, and sustain an ongoing, coherent promotion of children's rights in the country.

Primary responsibility for children's rights at the

provincial and district levels is with the Women and Children's Consultative Committees (WCCCs), and at the local level is with the Commune Committees for Women and Children (CCWC), which is under the Ministry of Interior (Mol). This distribution of responsibility undoubtedly has practical benefits for both women and children. Still, as noted by the CRC, the capacity of the WCCCs and CCWCs needs to be strengthened to operationalize their mandate. In particular, CCWC members change after local elections, so the need for more permanent staff at the local level to carry out child protection functions is essential.

The Committee also repeated previous recommendations urging the government to increase financial, human, and technical resource allocations for developing and implementing legislation, policies, strategies, plans, programs, and services for children and their integration into NSDP 2019-2023. It also endorsed the need, noted previously, to establish a system for tracking funds allocated to realize children's rights and ensure their best use. The CRC also stressed the need to expand and strengthen data collection systems at all levels of government, particularly data disaggregated by age, gender, ethnicity, and socioeconomic status.



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Chapter 4. The enabling environment for children's rights

4.1 Legislation, policy, and public finance

Article 48 of the Cambodian Constitution stipulates that *“The State shall protect the rights of children as stipulated in the Convention on Children, particularly the rights to life, education, protection during wartime, and protection from economic or sexual exploitation. The State shall protect children from labor detrimental to their educational opportunities, health, and welfare.”* However, the Constitution does not specify whether or not the Convention has priority over domestic law, and it is unclear whether its provisions are incorporated in domestic legislation and, if so, how this is done. There appears to be no overarching Children's Code to establish legal baselines or provide guidance when framing laws that may impact children and families, and various civil and criminal laws do not appear to provide complete protection to children up to 18 years of age, e.g., laws on marriage, labor, criminal responsibility. Domestic legislation offers a hierarchy of rules with international law at the apex. However, this hierarchy has been breached in practice, so it isn't easy to know which laws are aligned with international standards. A baseline audit of compliance might be helpful.

There does not appear to be a specific parliamentary select committee with particular interest and expertise in child-related legislation. This is a significant loss as such committees can proactively push children's issues up the political agenda and provide quality control during the drafting process. It is of more concern that there is no specific children's ombudsman or child observatory to provide independent oversight on the development and implementation of child-focused legislation and policy regularly. As a result, law and policy development come across as sporadic, reactive, and fragmented. Children are integrated into various

national strategies, and there are national action plans in most child-related sectors. Still, there is no overarching National Child Rights Strategy (NCRS) to provide a vision or framework or set standards.

The primary legal and policy frameworks concerning all essential child-related services are in place, but closer examination often reveals significant gaps. Implementation and enforcement mechanisms are weak, so the final impact on the ground often falls short of the vision and intent outlined in the law.

Cambodia does not invest heavily in child-related services; only about 40 percent of sectoral budgets are delegated to the local level. This lack of investment may be the reason that the CRC recommended in its Concluding Observations not only that the State should increase allocations of financial, human, and technical resources for the implementation of all legislative measures, policies, plans, and programs for children, but that *“it should introduce a system for tracking and ensuring the efficient use of budgetary allocations for the realization of children's rights... and strengthen mechanisms for ensuring transparent and inclusive budgeting.”* These Concluding Observations emphasize the urgent need for child-focused budget analysis that not only comments on the budgets assigned to children's services but also maps out the mechanisms whereby budgets are transferred and monitored from central funds to community services and identifies the potential flash points where leakage is most likely to occur. It is vital to ensure that every penny allocated to support children and their families reaches its intended beneficiaries and is used to maximum effect.



The financing landscape for children’s policies and issues is complex and somewhat opaque. National budget allocations and expenditures for social services critical for child well-being are not readily available. The Public Expenditure and Financial Accountability (PEFA) Performance Assessment Report (2021) notes that public investment management (PIM) is still at an early stage of development.⁵⁵ Although overall public finance

management is rated solid and improving, PEFA notes that performance monitoring and evaluation systems for service delivery must be enhanced and linked with the essential performance of public asset management. Deficiencies in internal control systems and overall fiscal transparency, combined with limited availability of public information, harm the effective and efficient use of public resources.

Total budget as % of nominal GDP



Figure 3. Trends in government budget by Ministry
Source. MEF/Budget Laws 2018-2023/EAPRO 2022

⁵⁵ RGC’s Public Expenditure and Financial Accountability (PEFA) Performance Assessment Report MEF (2021) Phnom Penh



4.2 Child/family poverty

The official poverty rate dropped considerably from 52.2 percent in 2004 to 13.5 percent in 2014. The national poverty measurement methodology was adjusted in 2019 and has identified 17.8 percent of Cambodians as living under the poverty line. To ensure comparability, the poverty lines for 2009 and 2014 were re-assessed, setting the 2014 adjusted national poverty rate at 26.3 percent, by which the poverty rates dropped by 10 percent from 2014 to 2019/20.⁵⁶ According to the Revised Cambodia SDG framework, the child monetary poverty line has been set at 22.2 percent for 2020. Economic growth failed to bring financial security and stability to the bulk of the population. A Voluntary National Review (VNR) of progress toward SDG targets in 2019 indicated that vulnerability to poverty might be more widespread than previously acknowledged and that the success of future poverty reduction programs will depend to a large extent on how they address vulnerability to poverty.⁵⁷ Most families who moved out of poverty moved only slightly from a very low baseline, so progress in poverty reduction is still fragile, and a large proportion of the population is clustering around the poverty line or oscillating across it. There are limited social safety nets, and to be effective, poverty reduction initiatives must take cognizance of those close to poverty for whom a slight shock to their income can quickly push them back into poverty. The large number of families at risk of falling back into poverty in Cambodia highlights the importance of social protection and safety nets and the need to adjust the country's current economic growth strategy.

Children are disproportionately represented among people experiencing poverty. A 2018 study found that, when assessed in terms of monetary poverty, 16.0 percent of Cambodian children live below the national poverty line, and the number of children is a significant determinant of household poverty.⁵⁸

The poverty rate for households without children was 13.5 percent and increased to 16.8 percent for households with one child, 26.0 percent when there were two children, and 41.7 percent when there were three or more children. The geographical distribution of poor children followed the general pattern of population distribution, with the majority (42.8%) living in the central plains, 34.4 percent in the Tonle Sap Lake zone, 15.7 percent in plateau and mountainous zones, and 7.2 percent in the coastal zone. However, 18.7 percent of children in plateau and mountainous zones lived below the poverty line, compared with 15.6 percent in other zones.

Male and female children did not show significant differences between their poverty headcount and ranked equally regarding overall poverty severity. Still, age did seem to be a factor, with 17.0 percent of children aged 0-4 years living under the poverty line and making up 30.9 percent of the total poor child population, compared with 16.2 percent of children aged 5-14 (53.6% of the total), and 13.9 percent of children aged 15-17 (15.5% of the total). VNR 2019 indicates that the probability of being poor is higher among ethnic minorities.

But when poverty is measured using a comprehensive multiple overlapping deprivation analysis (MODA) methodology, almost half (48.7%) of Cambodia's population aged 0-17 years were deprived in at least three dimensions of their well-being and thus fall within the definition of multidimensionally poor based on CDHS 2014 data.⁵⁹ Significant differences in deprivations existed between rural (54.3%) and urban (11.8%) areas. The geographical distribution of child poverty, as measured by MODA, was similar to that for monetary poverty, with the highest level (66.9%) in the plateau and mountainous zones.

⁵⁶ Poverty in Cambodia- Setting the New Poverty Line, Ministry of Planning, November 2021

⁵⁷ CAMBODIA'S VOLUNTARY NATIONAL REVIEW 2019 OF THE IMPLEMENTATION OF 2030 AGENDA RGC (2019) Phnom Penh (hereafter VNR 2019)

⁵⁸ Karpati J Boon L de Neubourg C Child Poverty in Cambodia UNICEF/EPRI/SPRI (2018) Phnom Penh. It should be noted that both the UNDP (HDI) and UNICEF MPI analyses rely on 2014 data.

⁵⁹ MODA uses child-related indicators to assess child poverty by ascertaining deprivation in eight key areas- nutrition, health, early childhood development (ECD), education, water, sanitation, housing, and information. It is, therefore, a more accurate methodology for measuring child poverty rates.



Approximately 2.6 million Cambodians owe a total debt of USD10 billion to microfinance lenders. With a GDP per capita of roughly USD1,600 in 2019, the average loan was USD3,804 per person – one of the highest amounts in the world.⁶⁰ More than 167,000 Cambodian households have had to sell land to repay loans over the past five years, and due to the pandemic, many borrowers will likely be unable to make repayments. As many borrowers provided land titles as collateral, the risk of widespread land losses is growing – the only asset available to many rural families. It is becoming increasingly common for families to be trapped in a cycle of debt that puts children at risk of poverty, malnutrition, child labor, sexual exploitation, and trafficking.

Social protection programs were successfully strengthened in response to the COVID-19 pandemic,

providing an impetus for renewed efforts to expand and improve social protection systems. However, to be effective and sustainable, poverty reduction strategies must expand their focus beyond those in extreme poverty to encompass all families at risk of poverty. This expansion will require developing existing schemes to ensure immediate relief and support for those in poverty and challenging the current economic growth model to provide a more equitable distribution of employment opportunities and access to services. It could involve supporting the reduction of the informal employment market, advocating for equitable digitalization, improving VET and skills training for young NEET, challenging gender bias in workplaces and homes, and reducing barriers to land ownership, business registration, access to finance, etc. for women.

4.3 Structural causes of inequities

Social norms and values constitute a significant block to realizing children's rights in Cambodia. Although the whole population has benefitted from the country's increased prosperity and the government has officially adopted international human rights norms, the pace of attitudinal change within Cambodian society is relatively slow. Legislative and policy frameworks do not always translate easily into practical action. Implementation and enforcement can be slow, uneven, and sporadic, and the systemic and structural barriers to full access to entitlements, especially for vulnerable populations, are acute and chronic.

The political environment emphasizes statutory solution-seeking and encourages low civic engagement. Corruption is perceived as a problem at all levels of government, and the slow pace of reform in this area reinforces families' lack of trust in public services and their low expectations of service providers. The tendency to rely on women's

unpaid labor for social care rather than demand publicly funded services can lead to a willingness to accept poor practices and discriminatory treatment. Development discourse emphasizes regional and rural/urban disparities, but public discussion on gender disparities is still only at an early stage. There is limited data available on disability and even less on ethnicity.

While family poverty levels may vary across regions, the full extent of family poverty is significant. A considerable proportion of the urban and rural population is caught in a cycle of poverty. Cambodian society has a substantial divide between families living in poverty or at constant risk of poverty and those not. This low level of resilience is particularly dangerous just now when social and economic infrastructures have been dented by the COVID-19 pandemic and the threat of environmental and economic shocks is high.

⁶⁰ See Bliss, Frank (2022): "Micro" Finance in Cambodia: Development, Challenges and Recommendations. Institute for Development and Peace (INEF), University of Duisburg-Essen (AVE Study 30/2022, Ways out of Poverty, Vulnerability and Food Insecurity) accessed 05 October 2022 at https://www.uni-due.de/imperia/md/content/inef/bliss__2022_-_micro_finance_in_cambodia__ave30_.pdf quoted in BTI 2022



While Cambodian families generally provide a safe, nurturing, and protective environment for the child, children are not considered rights holders, and their dependence tends to be emphasized rather than their agency or entitlement. They have limited opportunities to contribute to broader society, and their practical contribution to the household and community is seldom acknowledged. Their views are not generally sought when planning services, so service delivery is usually neither child-focused nor rights-based, which inevitably reduces their efficiency, relevance, and cost-effectiveness. However, the form and structure of the family are

evolving in Cambodia as elsewhere, with migration having a significant impact. This change is an area that needs to be further explored.

Socially conservative attitudes and traditional family norms combine to foster and perpetuate gender inequality, which impedes national development and progress toward a human rights culture. The suppression of women's ideas, potential, and energy constitutes a massive loss to social, political, and economic development that Cambodia can ill afford.

4.4 Stakeholders

The Royal Government of Cambodia (RGC) is the stakeholder responsible for the practical implementation of the Convention on the Rights of the Child in Cambodia and the most important actor by far in determining the pace and scope of the realization of children's rights in the country. There is political goodwill towards children's welfare, and the government has invested time and resources in establishing infrastructure and services to meet children's needs. But neither the country nor the government are rights-oriented, and there is limited understanding of child-rights perspectives.

The D&D reform process is ongoing, but there is no requirement for coordinated actions of sectoral Ministries to transfer authority, responsibilities, roles, and resources to the local level. This inevitably impedes cross-sectoral working on the ground and inhibits the development of a holistic, integrated approach to social service development. The fact that MoI has administrative functional responsibility for sub-national administrations while line Ministries are responsible for sectoral functions, structures, and processes creates a vertical disconnect for both administrative and sectoral functions from the provincial down to the community level. MoI, for instance, can only provide generic guidelines regarding social service planning and implementation but not specific technical-sectoral functions. The absence of

a specific, discrete social service allocation within district budgets and insufficient budget allocations at the commune level further hinder social service planning. In response to the limited budget for social services, RGC has earmarked significant budgets for social services and the environment as part of new sub-decrees that set the allocation of DM and CS funds for 2024-2028.

The unequal distribution of qualified and experienced staff across the country is another significant driver of inequality in all sectors. There may be an issue to be explored around whether qualifications from Cambodian universities meet international standards. Migration likely reduces the number of qualified professionals available, but many still need to accept assignments to remote locations or disadvantaged areas. There may be cost-effective options available for sharing facilities and staff. Still, these could require changes in management structures and working practices to avoid replicating existing intersectoral and inter-agency disconnect patterns. Best practice in providing child and family services requires a holistic child-centered approach that builds on professional proximity and an integrated multi-disciplinary, cost-effective style of work that enables more comprehensive coverage by all agencies.



Data collection systems seem fragmented, with wide variations between sectors in the quality and quantity of available data. The scarcity of data disaggregated other than by location, gender, and wealth quintile hampers holistic, integrated, or intersectional analysis and seems to have resulted in a kind of 'linear' analysis model, which has, in turn, led to siloed policy responses and overemphasis on coordinated rather than strategically integrated program planning and service delivery. Corruption and lack of capacity are recognized as issues within government structures that negatively impact legislative and policy development and quality of services, which the government is trying to address through a public sector reform strategy.

The civic society picture is somewhat contradictory. The CSO submissions to the CRC would indicate a healthy spread of national and international NGOs concerned with children's rights and welfare, with the capacity to advocate at the international level for children's rights. Yet the CRC notes allegations of harassment, intimidation, and violence against child-rights defenders. It has concerns about the Law on Associations and NGOs, concerns that the UN and independent observers share.⁶¹ Civil society, particularly NGOs, has a significant role in any movement to further child rights. They should be seen as an equal partner to government and international agencies and be facilitated to do so. It would be imperative to map the current framework of potential NGO/government partnerships, encompassing all their potential roles, and develop an open and explicit strategy to boost NGOs' capacity and influence. It should also be carried out shortly as models of FDI are likely to change, and investment by INGOs is expected to decline.

There may be issues to be addressed regarding media reporting on children's issues, but the influence of media seems severely constrained overall. However, providing training in child rights to journalists and linking the same to child and adolescent participation

could significantly contribute to expanding public discourse around children's issues. Universities and academia also seem muted and are not highly visible within the constituency of support for children's rights. This gap could be addressed through a specific partnership with UNICEF or brokered with an external academic center of excellence around children's rights.



⁶¹ See Common Country Analysis UNCT (2020) Phnom Penh and BTI 2022 op cit.



4.5 Business

Cambodia's adoption of an open market economy is touted as a primary factor in its economic growth. It tends to be a proxy measure of its commitment to democratic principles. However, according to the World Bank Doing Business Index 2020, Cambodia ranks 144th in ease of starting a business.⁶² Unfair competition mechanisms have evolved in favor of companies with good relations with government officials, and illegal exemptions from taxation and unauthorized imports reduce the funds available for child-focused development. Cambodia has established Special Economic Zones (SEZ) to attract foreign investment, promote economic growth, reduce unemployment, and diversify the country's industrial base.⁶³ They facilitate light manufacturing, electrics, and electronics assembly, but in 2014, about one-fifth of participating businesses produced garments. While SEZs overall are seen as promoting greater female participation in the formal labor workforce, the extent of their reliance on the textile trade raises questions as to their actual contribution towards women's empowerment in Cambodia. A 2017 study shows that women in the garment industry in Cambodia were exposed to daily risks of sexual harassment in and around the workplace.^{64,65}

The Cambodian economic growth model is not family-friendly despite contributing to poverty reduction. The Cambodian Labor Law stipulates 90 days of maternity leave available for those who have worked for at least one year, with 50 percent of pay and benefits, but provides zero payment for those who have worked less. To avoid workers' entitlement to maternity leave, some companies force workers to take short breaks between contracts so that they cannot accumulate entitlement.

Economic growth has tended to exacerbate urban/rural differentials and encourage rural-to-urban migration. The country is still over-reliant on the garment, tourism, agriculture, and building industries, which depend on cheap, low-paid labor and the informal sector. Efforts are being made to self-regulate the garment industry and to introduce lactation rooms into factories. However, the framework to protect against child labor is inadequate, and the legislative framework against child sex tourism is still incomplete.⁶⁶

Once promulgated, the draft Child Protection Law will address the worst forms of labor, but there is still much work to be done to engage the business sector as responsible duty-bearers and active supporters of child rights. In its Concluding Observations of Cambodia, the CRC emphasizes that the State needs to strengthen its efforts to establish and implement regulations to ensure that the private sector complies with international and national human rights, labor, and environmental standards regarding children's rights. Although the government recognizes the limitations, as well as the potential, of the current business model, the economy is still insufficiently diversified, with a significant shortage of skilled workers, inadequate infrastructure, and an insufficient business development framework to allow any rapid change in shock-responsive growth strategy over the next few years. The country will therefore most likely have to face the uncertainties of the post-COVID world with its existing model for some time.

⁶² World Bank Group Doing Business Index (WBG) accessed 17 January 2023 at https://archive.doingbusiness.org/content/dam/doingBusiness/pdf/db2020/Doing-Business-2020_rankings.pdf

⁶³ Open Development Cambodia Special Economic Zones updated September 2020 available at <https://opendevelopmentcambodia.net/topics/special-economic-zones>

⁶⁴ Lawreniuk S. Parsons L. 'I know I cannot quit!' The Prevalence and Productivity Cost of Sexual Harassment to the Cambodian Garment Industry. CARE International (2017) available at www.care-cambodia.org and www.care.org.au

⁶⁵ This finding confirms the findings from CARE's Safe Workplace, Safe Communities baseline study (2014). See also CCHR Fact Sheet: Cambodia's Special Economic Zones and Human Rights Cambodian Centre for Human Rights (2018) available at https://cchrcambodia.org/admin/media/factsheet/factsheet/english/Factsheet_SEZ%20ENG_01_10_18.pdf https://cchrcambodia.org/admin/media/factsheet/factsheet/english/Factsheet_SEZ%20ENG_01_10_18.pdf

⁶⁶ See ECPAT Cambodia Legal Framework accessed 05 October 2022 at <https://ecpat.org/country/cambodia/>



4.6 Knowledge, attitudes, and practices

Although human rights are embedded within its Constitution, Cambodia has not embraced a human rights culture. Women's and children's rights are not embedded in social norms and values. Women and children tend to be accorded lower status, and this power imbalance is generally reflected in governance structures and systems despite some gains by women in politics and education.

Only 11 percent of the AYS 2020 respondents aged 10-24 could voice their opinions or exchange ideas, and only 6 percent had been involved in an activity or program in their community.⁶⁷ About 30 percent of AYS 2020 respondents had not registered to vote, suggesting a pattern of apathy that can erode communities' resilience, independence, and sense of communal interdependence and damage children's protective environment.

In its 2017 National Social Protection Policy Framework, the government recognized that "people with disabilities, especially those living in poverty, tend to be discriminated against and face ... problems that prevent them from receiving sufficient health care, education and vocational training services." In response, in 2019, Cambodia rolled out a pilot project for disability identification cards, and by 2021, it had registered about 250,000 people with disabilities. The process has been slow, but it has provided access to social benefits and facilitated the creation of a Persons with Disability database that can act as a jumping-off point for further action. In 2021, Human Rights Watch (HRW) criticized the draft Law on the Protection of the Rights of Persons with Disabilities for failing to adopt a human rights-based approach and using language that reinforces stigma against people with disabilities rather than ensuring equal access.⁶⁸

AYS 2020 noted no adverse reactions or discrimination against LGBTIQ+ people, and no one reported witnessing any discrimination against LGBTIQ+ people in their community. At the same time, it has to be noted that no FGD participant acknowledged belonging to the LGBTIQ+ group.⁶⁹ However, seven survey respondents (in a less public setting) reported that they were not cisgender. A 2021 study found that growing acceptance, especially in urban areas, is constrained by a limited understanding of sexual orientation and gender identities.⁷⁰ A general preference for heteronormative identities results in stigma and discrimination towards LGBTIQ+ people. Public engagement on LGBTIQ+ issues is limited, and LGBTIQ+ people are not portrayed positively in the media, which helps to perpetuate discrimination against them. Among the challenges that LGBTIQ+ people face in Cambodia are non-recognition of non-heteronormative marital relations; lack of explicit legal protection against discrimination in employment; high anxiety and depression exacerbated by family violence resulting from sexual orientation or gender identity (SOGI) issues; limited HIV services; and bullying in schools from teachers and fellow students. LGBTIQ+ people still cannot officially claim their identities on their ID cards nor obtain legal documents to show their relationships with their partner for marriage or adoption. There is a role here for UNICEF in promoting safety, security, and equality for all children, regardless of sexual orientation or chosen gender identity.

Most Cambodians consider family the most important institution in their lives, and a strong commitment to and engagement with the extended family is a valued social norm. Family ties, the tradition of living with parents, and the weight of family opinions are critical factors in children's development.

⁶⁷ AYS 2020. https://cambodia.unfpa.org/sites/default/files/pub-pdf/2_youth_situation_analysis_report_english_version_23_august_2021_1.pdf

⁶⁸ See Cambodia: Revise Flawed Disability Bill HRW 27 April 2021 accessed 05 October 2022 at <https://www.hrw.org/news/2021/04/27/cambodia-revise-flawed-disability-bill>

⁶⁹ AYS 2020 op cit.

⁷⁰ Seaklay Say Rainbow in the rain: the LGBTI community in Cambodia in the pursuit of freedom and equality ILGA Asia (2021) accessed 05 October 2022 at https://static1.squarespace.com/static/5a84777f64b05fa9644483fe/t/613197e0eeba791169f29af7/1630640195116/ILGA+ASIA+Country+Report_CAMBODIA.pdf



Although the nuclear family, comprising a married couple and their unmarried children, is the norm, the extended family is still considered a fundamental unit of Cambodian society. Traditional standards prevail, however, and there seems to be a limited understanding of the value of children's rights. The number of women-headed households is rising slowly, but most children in Cambodia are still born into and raised in two-parent families. However, the rising impact of migration on family structure and childhood is not sufficiently clear.

Despite increasing modernization, family structures and dynamics continue to reflect and reinforce traditional norms and values, including gender stereotypes. The traditional division of roles and the disproportionate burden of household work and care for women affect the gender gap in employment. These stereotypes contribute to the widespread continuation of domestic violence, which remains one of the most pervasive forms of violence in Cambodia, exacerbated by traditional perceptions of gender roles and patriarchal values. Many young people do not see homes and communities as safe places, with 39 percent of AYS 2020 respondents reporting physical violence in their community in the past 12 months and 12 percent having experienced some form of abuse.⁷¹ Parents were notified as the main perpetrators of physical violence towards young people aged 10-24, followed by their friends and grandparents. Despite the constraints imposed on them by family and community life, young people in the AYS 2020 research respected Cambodian family values and traditional childrearing methods. Unfortunately, around 27 percent of young parents in the AYS 2020 survey still believed corporal punishment was necessary to raise or educate a child.

Children's access to social media will likely increasingly challenge traditional norms and values. Over 80 percent of girls and boys aged 12-17 in Cambodia are internet users.⁷² Internet use is more

prevalent among older children (14-17), and there is no difference in user rates between genders. The slight difference in the prevalence of internet use between urban (86%) and rural children (80%) is probably due to access issues rather than children's knowledge, understanding, or inclination. Parents can play an essential role in guiding children's internet use. Still, in Cambodia, only 61 percent of caregivers were internet users, and only 42 percent accessed the internet daily, compared with 77 percent of internet-using children. Almost two out of five parents (39%) reported never going online, and nearly one in five (19%) did so only infrequently. Only two out of every five parents can monitor, understand, and support their child's internet use, which becomes an increasingly important part of children's lives as they grow up. The vast majority (99%) of children in Cambodia use smartphones to go online, often shared with someone else, which further reinforces the value of peer support networks. Most (87%) internet-using children in Cambodia mentioned barriers like poor signal or slow connection. Only 27 percent said that caregivers restricted their online access.

Although children's most popular online activities are using social media (79%) and watching videos (79%), adolescents are aware of the internet's broader potential in the context of restrictive cultural norms and shrinking civic space. AYS 2020 findings suggest that young people's political engagement will continue to grow alongside technological advances. Most young people interviewed (57%) had access to a mobile phone and regular access to the internet (56%).⁷³ Experience in other countries indicates that social media is likely to play an increasing role in shaping young people's expectations, development, and socio-political engagement as they engage directly with the broader world beyond Cambodia, learn from their peers, and negotiate life and lifestyle choices without the need for family support, endorsement, or permission.

⁷¹ AYS 2020 op cit.

⁷² Figures from ECPAT, INTERPOL, and UNICEF. (2022). *Disrupting Harm in Cambodia: Evidence on Online Child Sexual Exploitation and Abuse*. Global Partnership to End Violence Against Children (2022)

⁷³ AYS 2020. Op Cit.



Chapter 5. The state of children's rights – a thematic analysis

5.1 Right to Health and Nutrition

a. General health context and framework

Cambodia is a relatively healthy country, and health outcomes have improved over the last two decades. Improvements in living conditions include more expansive access to clean water and sanitation, rising levels of education, reduced poverty, and better transport and infrastructure facilitating easier access to medical facilities, all positively impacting health. Life expectancy in 2022 reached 74.3 years for men and 76.8 years for women.⁷⁴ However, lifestyle changes associated with higher-income countries have brought risks, and Cambodians also face a new range of environmental and climate hazards.

For example, concerns about above-average blood lead levels (BLL) in Cambodian children have been expressed.⁷⁵ There are also growing concerns about non-communicable diseases (NCDs), injuries, and traffic accidents.

Figure 4 below shows a considerable drop in deaths due to HIV/AIDS and a rising number of deaths from diabetes and lung cancer between 2009 and 2019.⁷⁶ Despite acknowledged improvements in mother and child health care, neonatal disorders retain its sixth-place ranking.

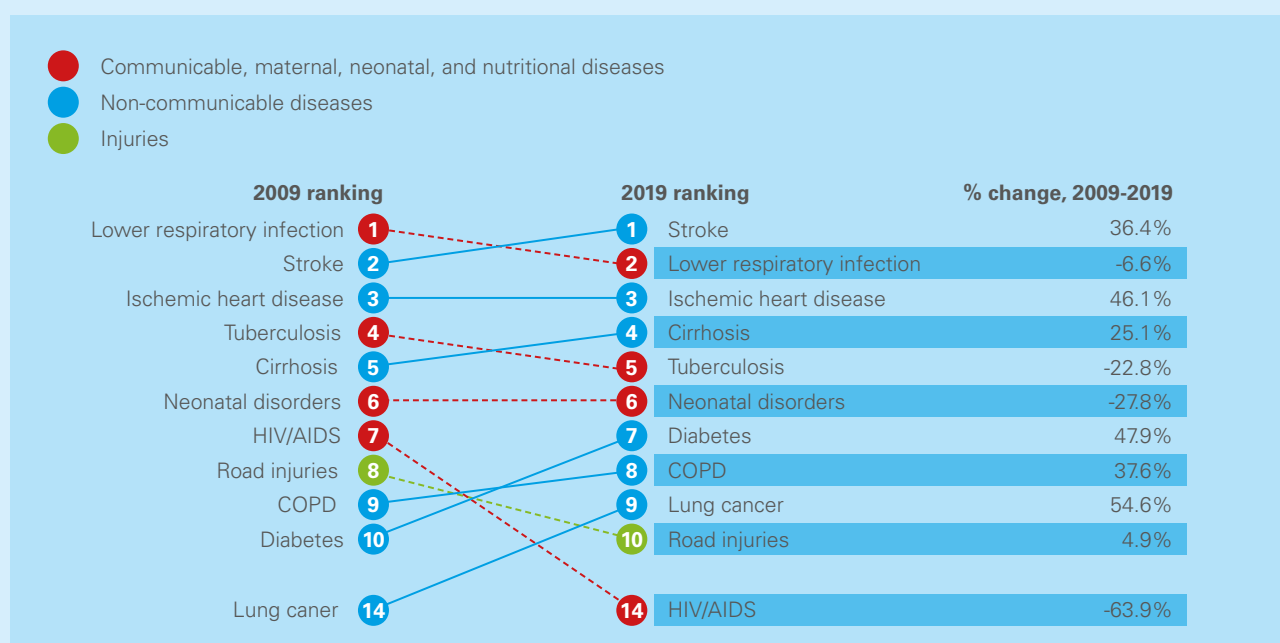


Figure 4. Top 10 causes of death in 2019 and percentage change 2009-2019

Source. IHME Cambodia: What causes the most deaths? <https://www.healthdata.org/Cambodia>

⁷⁴ National Institute of Statistics (NIS) [Cambodia], Ministry of Health (MoH) [Cambodia], and ICF 2022. Cambodia Demographic and Health Survey 2021–22 Key Indicators Report. Phnom Penh/ Rockville, Maryland, USA: NIS, MoH, and ICF Hereafter DHS 2022

⁷⁵ Institute of Health Metrics and Evaluation (IHME) global estimates, 2020

⁷⁶ See <https://www.healthdata.org/Cambodia> accessed 27 September 2022



The health of the people is prioritized in NSDP 2021-2030 based on its potential contribution to social capital and economic growth. The Ministry of Health (MoH) designates responsibility for implementing health and nutrition policies, strategies, and programs to provincial health departments (PHDs) and operational health districts (OHDs). There has been a strategic health plan in place since 2002, and the fourth Health Strategic Plan (HSP4) for 2023-2033 is under finalization alongside the Health Workforce Development Plan 2021-2030 within the broader framework of the 2030 Vision for a Safer, Healthier, and Happier Cambodia.

Public health infrastructure covers the country through 1,260 health centers,⁷⁷ or one for about every 13,000 people. Nurses and midwives provide most health center services, but few have medical doctors. There are also 127 health posts and 126 hospitals. The national health worker/population ratio is 1.39 doctors, nurses, and midwives per 1,000, but the proportion varies considerably between provinces, particularly in remote areas. The lack of qualified staff at the local level and limited community outreach and engagement limits the quality and access to primary health care (PHC) services, inevitably impacting most families in the lowest wealth quintiles, remote communities, and other marginalized populations. The low utilization of public PHC services can also be attributed to inadequate essential resources (including skilled health and frontline workers, medicines, and supplies), which result in long waiting times and quality issues. Although public health infrastructure and facility-based services have improved in the past years with significant investments from the government

and development partners, many Cambodians still use private healthcare, which remains largely unregulated, and many public sector health workers also engage in dual practice. Community-based services and linkages with services provided at facilities are limited. They could benefit from more robust community engagement, local coordination, planning, and budgeting between SNAs and health departments to strengthen D&D capacities.

RGC's commitment to achieve universal health coverage (UHC) by 2030 has been backed up by the reorganization of the healthcare system, investment in health infrastructure, human resource development, and expansion of the national network of health facilities and support services. But Government expenditure on health is low – 6.31 percent of total government expenditure in 2021, 6.96 percent in 2022, and rising to an estimated 8.32 percent in 2023. The Government's contribution to total health expenditure (THE) has remained at 23 percent since 2016, one of the lowest proportions in the region. Perhaps as a result, Cambodia has the lowest UHC coverage rate in the area and substantially lower coverage of health service capacity and access compared to neighboring countries. Official out-of-pocket expenses and fees paid by families still constitute 64 percent of health expenditures, which puts many families at risk,⁷⁸ and service users also face unofficial charges and expectations of bribes, which restrict access even further for low-income families.

Health spending in Cambodia pushed about 3.7 percent of households (around 127,200) into poverty in 2017, of which 23.6 percent were female-headed households. The Health Equity Fund (HEF) covers user fees for low-income families and covers about 2.6 million people, or 16.1 percent of the total population. It seems unlikely that Cambodia can make further significant progress toward its 2030 Health Vision without substantial investment by state actors, not just in service development but also in expanding social protection and health insurance coverage to meet its obligations to all children and families in Cambodia.



⁷⁷ National Health Congress Report 2021

⁷⁸ World Bank Data, 2019 <https://data.worldbank.org/>



b. Maternal and Child Health (MCH)

Census data indicates fertility has experienced a substantial decline during the past three decades. However, this has been offset by an increase of over 50.5 percent in the number of females of reproductive age (15-49 years). The Total Fertility Rate (TFR) of 2.7 children per woman is close to replacement level. Women in urban areas have 2.4 children on average, compared with 3.0 children per woman in rural areas. CDHS 2022 found that overall, 9 percent of women aged 15-19 have ever been pregnant, but the percentage of women aged 15-19 who have been pregnant rises from two percent at age 15 to 30 percent by age 19. However, 35 percent of teenagers with no education have ever been pregnant compared with 7 percent with secondary education and 0 percent with more than secondary education.

Sixty-two percent (62%) of currently married women use contraception, 45 percent use a modern method, and 17 percent use traditional methods. The total demand for family planning among married women is 74 percent, with 62 percent having a met need and 12 percent having an unmet need. The total demand for met family planning is 84 percent, with 61 percent satisfied with modern methods.⁷⁹

Cambodia is on track to meet its SDG targets for the under-five and neonatal mortality rates, but progress in relation to the maternal mortality rate is slow.⁸⁰ Nearly all women (99%) received antenatal care (ANC) from a skilled provider for their most recent birth, and overall, 86 percent had four or more ANC visits as recommended. However, disparities remain for ANC4+ coverage. For example, coverage of ANC4+ in the five northeast provinces is among the lowest coverage in the country, ranging from 57.2 percent in Ratanakiri to 75.8 percent in Mondolkiri.⁸¹

The percentage of live births assisted by a skilled provider increased markedly over the past two decades, from 39 percent in 2000 to 99 percent in 2021/22.

Nearly all live births (98%) occurred in a health facility, while only 74 percent of stillbirths happened at a health facility. Eighty-five percent (85%) of women with a live birth received a postnatal check within two days of delivery. Still, only 71 percent of women with a stillbirth did, probably related to the higher number of stillbirths outside health facilities.

CDHS 2022 also found that the infant mortality rate was 12 deaths per 1,000 births during the preceding five years. Under-five mortality decreased from 124 deaths per 1,000 live births in 2000 to 16 deaths per 1,000 live births in 2022. The neonatal mortality rate was only eight deaths per 1,000 live births, which accounted for 66 percent of infant deaths and 50 percent of under-five deaths. The maternal mortality rate (MMR) for 2014 to 2021-22 was 154 deaths per 100,000 live births.

In Cambodia, routine childhood vaccines include the BCG vaccine, HepB vaccine, DPT-HepB-Hib, OPV/IPV, PCV, and measles-rubella (MR) vaccine. Children are considered fully vaccinated against all essential antigens if they have received the BCG vaccine, three doses each of polio vaccine (OPV/IPV) and DTP-containing vaccine, and a single dose of measles-containing vaccine. CDHS 2022 found that 76 percent of children aged 12-24 months are fully vaccinated according to the national schedule. Nationally, only three percent (3%) of children aged 1-23 months had received no vaccinations.

⁷⁹ Demographic Health Survey 2021-22 Key Indicators Report NIS/MOH/ICF (June 2022) Phnom Penh (hereafter CDHS 2022)

⁸⁰ See Sustainable Development Goals. Cambodia accessed 28 September 2022 at <https://data.unicef.org/sdgs/country/khm/#>

⁸¹ CDHS 2022 Op Cit.



The percentage of zero-dose children in Cambodia increased from 6 percent to 8 percent between 2014 and 2021. DPT1 coverage is used as a measurement of zero-dose children, and in Cambodia, DPT1 coverage was 94 percent in 2014 and 92 percent in 2021,⁸² although seven provinces have had an increase in zero-dose burden since 2014 – Ratanakiri (54%); Oddar Meanchey (15%); Kampong Thom (14%); Pursat (12%); Banteay Meanchey (10%); Phnom Penh: (6%); and Takeo (6%). The zero-dose burden has increased by two percent (2%) in rural areas and by five percent (5%) in urban areas, with no significant difference between boys and girls. However, the difference for children in the two lowest and two highest wealth index quintiles and for children of mothers with secondary or more than secondary education is seven percent (7%) in both cases.

c. Nutrition

Cambodia's economic gains resulted in a decline in undernutrition in the population, from 29 percent in 2001 to 14.5 percent in 2019. However, about 14 percent of Cambodians still face severe food insecurity and have poor-quality diets.⁸³ Malnutrition and hunger still affect millions of Cambodian children and negatively impact their health, welfare, and life chances as adults. There has been only a percentage point reduction in the rate of low birth weight in the last decade and no progress toward reducing anemia amongst women of reproductive age.⁸⁴ Infant and young child feeding (IYCF) practices are mixed. Breastfeeding is almost universal, but CDHS 2022 found that exclusive breastfeeding among children aged 0-5 months had declined from 65 percent in 2014 to 51 percent in 2022.⁸⁵ Breastfeeding is one of the most effective ways to ensure a child's health and survival. However, exclusive breastfeeding among children aged 0-5 months in Cambodia has declined

Acute respiratory infection (ARI), fever, and dehydration from diarrhea are significant contributing causes of childhood morbidity and mortality in developing countries, requiring prompt medical attention. One percent (1%) of children under age five in Cambodia showed symptoms of an ARI, 13 percent exhibited fever, and 6 percent experienced diarrhea in the two weeks preceding the CDHS 2021-22 survey. Advice or treatment was sought for 92 percent of children with symptoms of ARI, 80 percent with fever, and 69 percent with diarrhea. Twenty-nine percent (29%) of children with diarrhea received oral rehydration salts (ORS) 13 percent received zinc supplements, 10 percent received ORS and zinc supplements, and 8 percent received ORS, zinc supplements, and continued feeding.

from 65 percent in 2014 to 51 percent in 2021/22. Breastfeeding practices, including exclusive breastfeeding, are worse in urban areas due to working mothers' lack of time and support to breastfeed and the aggressive marketing of breast milk substitutes. Only just over half (51%) of children aged 6-23 months were fed the minimum dietary diversity.

According to CDHS 2022, 22 percent of children under five are stunted, a significant drop since 2014. Stunting particularly impacts children in rural areas, those in lower-income families, and children of mothers with low educational status. Almost one-third (30%) of children under five in the poorest wealth quintile are stunted, compared with only 13 percent of those in the wealthiest quintile. However, the prevalence of childhood wasting (low weight-for-height) has remained unchanged at around 10 percent.

⁸² A zero-dose child is a child who hasn't received a single dose of diphtheria, tetanus, and pertussis-containing (DTP) vaccine. DTP-1 (first dose of DTP, usually administered at six weeks of age) is a proxy indicator for children aged 12-23 months who have not received any routine childhood immunizations. Zero dose burden refers to the proportion of children at regional, country, or administration level, or by a measure of inequality, that have not received the first dose of DTP-1 and are considered unimmunized, without any routine childhood immunizations.

⁸³ Quoted in Sigh S Walker. et al. Community Health System Analysis for Nutrition Action. Cambodia Action Against Hunger UK (2021) hereafter CHS 2021.

⁸⁴ Anemia is usually linked with iron deficiency, but in Cambodia, high rates of inherited genetic hemoglobinopathies are the main factor. See CHS 2021 op cit.

⁸⁵ CDHS 2022 Op Cit.



Some provinces even have wasting rates exceeding 15 percent, and disparities in malnutrition remain across geographical areas, wealth quintiles, and mothers' education levels.

Overweight and obesity among young children have nearly doubled over the past five years, with 33 percent of women (aged 20-49) overweight or obese.⁸⁶

d. Adolescent health

Around 80 percent of adolescent respondents in AYS 2020 reported being healthy and rarely having a severe sickness.⁸⁸ However, most also said they had had typhoid, malaria, dengue, recurring diarrhea, or severe stomach aches in the past 3-5 years. Around 82 percent of respondents had enough food, 88 percent reported that they practiced good hygiene, 90 percent said that they always drink clean water, and 69 percent considered themselves living in a clean environment, with no notable differences between the sexes. However, only 20 percent of urban and 10 percent of rural respondents reported exercising regularly. Only nine percent (9%) of urban and four percent (4%) of rural respondents received a regular health check. While about 15 percent of the Cambodian population had sought healthcare in the past 30 days, only five percent (5%) of AYS respondents had.

Private healthcare facilities were chosen by 75 percent of both urban and rural adolescents. Health centers and referral hospitals were perceived negatively due to long queues and less attention to patients by healthcare staff. Still, female respondents regarded health centers as the best choice for prenatal and postnatal care, especially for poor women.

A survey on the nutritional status and dietary intakes in 2015 found that malnutrition amongst school-aged aged 6-17 years old was high compared to children under five years and was getting worse.⁸⁷ There was a distinct gender imbalance, with more than 50 percent of girls aged 10-12 stunted, which inevitably negatively affects their reproductive health in later life and contributes to lower birth weights.

CHILDREN SAY WE NEED BETTER HEALTH SERVICES



- *Children and adolescents aged 10-19 (35 girls/20 boys) from Phnom Penh, Siem Reap, and Ratanakiri told us what they need from health care services and providers.*
- *Have child friendly rooms/services in health centers.*
- *Increase availability and accessibility of health services, counselling services, and reproductive health services at community level.*
- *Raise awareness on mental health.*

⁸⁶ CDHS 2022 Op Cit.

⁸⁷ Yoshiike N Kusam K et al. Recommended Dietary Allowance (RDA) and Food-Based Dietary Guidelines (FBDG) for school-aged children in Cambodia. FIDR (2017)

⁸⁸ The Adolescents and Youth Situation Analysis in Cambodia UNCT (2020) Phnom Penh



While 55 percent of those between the ages of 10-24 had heard of anxiety and depression, only 30 percent of adolescents aged 10-14 had, and only half understood most of the symptoms. Around 19 percent of respondents had close friends or family members who had been very anxious or depressed, and about 18 percent had experienced anxiety or depression themselves (23% females/13% males). Of those who had experienced these symptoms, 65 percent reported they had experienced them more than once. Although they noted the importance of mental health, none of the adolescent respondents knew of any institution that could help emotionally troubled individuals. Less than 10 percent reported that they had consulted a mental health professional, and only 23 percent said they had taken medication prescribed by a healthcare professional.

AYS 2020 notes negative attitudes toward teenage childbearing but found that, although young people aged 15-24 had limited knowledge of sexual or reproductive health, almost 41 percent believed they had sufficient and accurate knowledge and did not want more information on this topic. About 35 percent had only a basic understanding of the menstrual cycle and the possibility of pregnancy. Most reported being aware of modern contraceptive methods, with females having a better experience of the benefits of family planning and contraceptive

methods than males. But less than three percent (3%) knew that using a condom could protect them against sexually transmitted infections (STI). Around 22 percent reported having recently learned about contraceptive methods. Still, the benefits could not be explained, and 32 percent of males and 13 percent of females did not know where to find contraceptive products and services. Of the 24 AYS unmarried AYS 2020 respondents who reported having sex, none of the single females used a contraceptive method, and only one-third of the males had used condoms. Ten out of 71 (14%) married female AYS 2020 respondents reported that they had had an abortion; four of them had more than one. Three single females said that they had experienced an abortion. There is no specific data available on the use of abortion services by adolescents. Still, these figures indicate the need for particular adolescent-targeted and friendly health services as part of primary health care. FGD participants aged 10-19 (35 girls/20 boys) from Phnom Penh, Siem Reap, and Ratanakiri told us what they need from health care services and providers: child-friendly rooms/services in health centers; increased availability and accessibility of health services, counseling services, and reproductive health services at the community level; and more awareness raising about mental health.

e. HIV/AIDS

Reducing the prevalence of HIV/AIDS has been one of the health sector's successes in the last decade. HIV has fallen from being the seventh most common cause of death in 2009 to being ranked 19th in 2019.⁸⁹ HIV prevalence for the population aged 15-49 dropped to only 0.5 percent. CDHS 2022 notes that 74 percent of young women and 83 percent of young men know that consistent use of condoms can reduce the risk of getting HIV, and 75 percent of young women and 79 percent of young men know that having just one uninfected partner lessens the chance of infection. Yet only 23 percent of young women and 27 percent of young men have a thorough knowledge of HIV prevention methods.

AYS 2020 found that only 13 percent of adolescents aged 15-19 had comprehensive knowledge of HIV.

Around 47 percent of AYS 2020 respondents aged 15-24 who had had sexual intercourse reported being tested for HIV, including half of the female respondents and 38 percent of males. Still, no single females said they had had an HIV test, although they did report having unprotected sex. There is a particular risk for young single females. CDHS 2022 indicates that, among women aged 15-49, less than one percent (1%) had two or more partners in the last 12 months, but among those who did, only two percent (2%) reported using a condom. Their mean number of lifetime sexual partners was 1.2.

⁸⁹ See HME Cambodia. What causes the most deaths? at <https://www.healthdata.org/Cambodia>



However, almost twice as many men in this age group had two or more partners in the last 12 months, and again, only two percent (2%) reported using a condom. Almost four percent (4%) of men aged 15-49 had sexual intercourse with a person who was

neither their wife nor lived with them (76% reported using a condom in these circumstances). Among men aged 15-49 who ever had sexual intercourse, the mean number of lifetime sexual partners was 4.1, more than three times as many as women.

f. Non-communicable diseases and injuries (NCDs), including mental and environmental health

In Cambodia, NCDs are a large and growing public health challenge. Noncommunicable diseases kill nearly 60,000 Cambodians annually, representing 64 percent of all deaths in 2018.⁹⁰ One in every four Cambodians (23%) dies prematurely, before the age of 70 years, from one of the four main NCDs. Cardiovascular disease is the most common NCD, causing 24 percent of all deaths, followed by cancers (14%), chronic respiratory diseases (4%), and diabetes (2%).⁹¹ The most common cancers in women are breast, cervix, liver, colorectum, and lung.⁹² The prevalence of diabetes and hypertension in adults was 9.6 percent and 14.2 percent, respectively, and 45 percent of adults aged 18 and over had raised total cholesterol. Yet more than half of those who have these conditions reported that they were not receiving any treatment. Only 14.7 percent of Cambodian women had received a cervical cancer screening at least once in their lifetime.⁹³ Regarding risk factors and impact on children and adolescents, nearly 25 percent of children and young people were exposed to tobacco smoke at home, and 4 percent in enclosed public spaces.⁹⁴

Unhealthy food marketing has also changed children's diets. The use of motorized transport has increased, and the lack of space for pedestrians and cycling has reduced physical activity for many

people and worsened air quality. Injuries, including road traffic accidents and drowning, are significant causes of death in children aged 5-19.⁹⁵ Mental health, made worse by the COVID-19 pandemic, is a severe issue in Cambodia, where an estimated 40 percent of children and adolescents suffer from violence, abuse, sexual abuse, and bullying. More than three million children aged 1-14 years in urban and rural areas experience violent discipline (physical or psychological) in their homes.⁹⁶ Many teenagers and adults have reported experiencing anxiety and depression because of COVID-19.⁹⁷

On environmental health, Cambodia is among the countries in Southeast Asia that ranked the highest on three ecological risk factors – ambient pollution, indoor pollution, and lead exposure.⁹⁸ In Cambodia, the number of children with elevated blood lead levels (BLLs) above 5 ug/dL is 3,171,259 (more than 50% of children under 18).⁹⁹ Regarding the impact on the population, Cambodia's estimated Disability-Adjusted Life Years (DALYs) for lead exposure is 40.89 per 100,000,¹⁰⁰ the highest in Southeast Asia. For household air pollution, Cambodia's DALYs are 2,422 per 100,000, the third highest in the region. Past studies from 2018 and earlier showed concerning levels of mineral and metal contamination, such as arsenic, in groundwater and rice.

⁹⁰ WHO Noncommunicable Disease Country Profile 2018 available at https://www.who.int/nmh/countries/2018/khm_en.pdf

⁹¹ WHO Noncommunicable Diseases Country Profiles 2018 available at https://www.who.int/nmh/countries/2018/khm_en.pdf?ua=1

⁹² International Agency for Research on Cancer. Cambodia Globocan 2020, available at <https://gco.iarc.fr/today/data/factsheets/populations/116-cambodia-fact-sheets.pdf>

⁹³ The University of Health Science, Ministry of Health. Cambodia STEPS survey 2016.

⁹⁴ Global Youth Tobacco Survey of Cambodia 2016

⁹⁵ WHO 2019 GHE data

⁹⁶ 68 percent boys, 65 percent girls (CDHS 2022)

⁹⁷ COVID-19 Socio-Economic Impact Assessment (2021), UNICEF/WFP

⁹⁸ Institute of Health Metrics and Evaluation (IHME) global estimates, 2020

⁹⁹ Idem

¹⁰⁰ Institute of Health Metrics and Evaluation (IHME) global estimates, 2020



5.2 Right to Water, Sanitation, and Hygiene

a. General WASH context and framework

As part of the targets set under the SDGs, States, including Cambodia, have agreed to achieve universal access to safely managed drinking water, sanitation, and hygiene by 2030. These SDG criteria push the target for service delivery to a higher level – ensuring that drinking water is accessible on premises, available when needed, and free of contamination, with wastewater and fecal sludge from toilets treated safely. It seems unlikely that Cambodia will reach these targets at the current rate of progress. Now, water and sanitation services need to reach a standard where families and communities can continue to access full WASH services during the shocks that will inevitably occur in future decades, whether due to climate, health, economy, or a combination.

Cambodia has achieved tremendous progress over the past 20 years in providing access to essential water and sanitation services. Still, gaps remain, particularly in remote areas and among disadvantaged households. The Joint Monitoring Program (JMP) data from 2023 reveals that, despite some past encouraging trends, no progress has been recently made in terms of safely managed services, and the minimal progress recorded over the past few years (water: 43% in 2021 to 49% in 2023; sanitation: 35% in 2021 to 40% in 2023; hygiene: 74% in 2021 to 83% in 2023), has been mainly for basic services.

In terms of sanitation, the increase in access to basic services in rural and urban areas results from a steady reduction since 2020 in open defecation (OD) of 71.1 percent in rural areas and 36.6 percent in urban areas.¹⁰¹ Nevertheless, only four provinces out of 25 have been declared open defecation free (ODF). As a result, more than 3.9 million people do not currently have access to basic services. There is no

adequate reporting for people using safely managed sanitation services, considering that minimal systems are in place to treat sludges on-site and off-site. Safely managed sanitation services are defined as using improved toilet facilities not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. Nearly 3 million people do not have access to basic hygiene and handwashing services.

In terms of water supply, more than 3.6 million people cannot access basic services. Despite encouraging trends for developing and expanding piped water systems, no updated national data for water quality impedes reporting on access to safely managed services. The significant difference between the high coverage of improved drinking water sources and the low coverage of safely managed drinking water is due to the poor microbial quality of water at the point of consumption. National assessments of drinking water quality at the point of drinking conducted in 2013 and 2015 showed that 77 percent and 42 percent of rural and urban households drink water with fecal bacteria, a health risk for children.¹⁰² Only 67 percent of Cambodian households always treat their drinking water, while 19 percent never do.¹⁰³

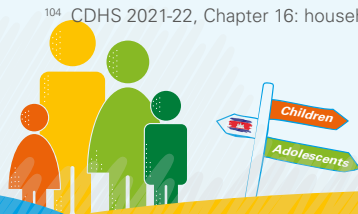
Given the extreme weather conditions in the country, rural populations experience a 22-percentage point wet-to-dry season decrease in those using improved water sources, compared to a two (2) percentage point decrease in urban areas between the same periods. The poorest rural households experience a 10-percentage point drop in access to drinking water services from wet to dry season, compared to no change amongst the most affluent rural households.¹⁰⁴

¹⁰¹ CCDHS 2000 Vs CDHS 2021-22 Cambodia

¹⁰² Joint Monitoring Program, UNICEF, & WHO. (2021). Progress on household drinking water, sanitation, and hygiene 2000-2020: Five years into the SDGs accessed 07 October, 2022 at <https://www.who.int/publications/i/item/9789240030848>

¹⁰³ RGC Report of Cambodia Socio-Economic Survey 2021 p32

¹⁰⁴ CDHS 2021-22, Chapter 16: household water and sanitation



Nineteen (19) districts and about 1 million people are periodically at risk of flood during the rainy season. Countless latrines collapse or get flooded during heavy rains.

More than two-thirds (67%) of schools in Cambodia lack basic toilets that are sex-disaggregated and usable (including menstrual health and hygiene services), and 24 percent have no water sources available within the premises.¹⁰⁵ About 50 percent of healthcare facilities (HCFs) have no guaranteed access to water supply for the whole year, and only 39 percent of HCFs have at least three (3) usable toilets but do not meet the needs of specific groups/people with disabilities.¹⁰⁶

Cambodia has established clear policy and institutional mandates for urban water supply, rural water supply, and rural sanitation, and policy and institutional gaps related to urban sanitation are being addressed through ongoing reforms. RGC has formalized its strategy for the WASH sector under the NSDP 2019-2023 and the National Strategy for Rural Water, Sanitation, and Hygiene 2014-2025. Nevertheless, implementation and oversight of WASH service delivery in Cambodia is fragmented, with several different Ministries involved – the Ministry of Industry, Science, Technology & Innovation (MISTI); Ministry of Public Works and Transportation (MoPWT); Ministry of Rural Development (MoRD); Ministry of Health (MoH); and Ministry of Education, Youth and Sport (MoEYS). NGOs, private operators, and community-based organizations (CBOs) support delivering WASH services.

There are no targets for urban sanitation (sewage and wastewater treatment), although these are under development as part of ongoing wastewater sector reforms. NSDP 2019-2023 has set an access target of full coverage to piped water in urban areas by 2025, but no specific targets are set for urban sanitation. The NSDP, however, does

prescribe more extensive sewage and wastewater treatment coverage nationally. The urban sanitation sector is undergoing reform and development, and targets and strategies will only be realized in later years. Hopefully, this imbalance between the urban and rural WASH sectors will be resolved in time to ensure a coherent, comprehensive roll-out of WASH services that are sensitive and responsive to evolving population migration patterns and trends. The government’s vision for rural WASH is outlined in MoRD’s National Strategic Plan 2014-2025 – “Every person in rural communities has sustained access to safe water supply and sanitation services and lives in a hygienic environment by 2025.”¹⁰⁷ The milestones established in the Rural Water Supply, Sanitation, and Hygiene NAP 2019-2023 are encompassed in Cambodia’s SDG results framework.



¹⁰⁵ WASH in Schools report, JMP 2022

¹⁰⁶ Public health care facility assessment on WASH, 2016

¹⁰⁷ National Strategic Plan 2014-2025 Ministry of Rural Development (2012)



b. Access to water

Access to basic drinking water services is high in Eastern and South-eastern Asia (ESA). Hong Kong, Macao, Singapore, and Thailand have already achieved universal access (>99%). JMP's 2023 estimate of about 78 percent of Cambodian households with access to at least basic drinking water services is one of the lowest in the region. It breaks down into 72.8 percent for rural areas and 93.6 percent for urban areas, with 7.3 percent of total households depending on surface water.¹⁰⁸ The RGC has set targets for full access to drinking water and sanitation in rural areas by 2025 and 100 percent access to piped water in urban areas. The latest national estimate of 90.5 percent of households with access to water supply breaks down into 38.9 percent using piped water and 51.6 percent using non-piped facilities.¹⁰⁹ Only 55.3 percent of households have access to water on the premises, and only 23.4 percent have water piped directly into their dwelling. For 96.8 percent of households, water is accessible within 30 minutes. Almost one in three households (28.6%) rely on boreholes or tube wells, 6.4 percent use traditional wells, 8.4 percent rely on rainwater, 17.1 percent use bottled water, and 6.3 percent rely on surface water.

There is a significant urban/rural imbalance with access to water. Almost all (96.3%) urban households have access to water supplies. Piped water supply is the primary drinking water source for urban households (65.7%), more than two-thirds (72%) of whom have it piped into their premises. Urban households without access to piped water tend to rely on tube wells (13.8%) and bottled water (19.4%). While the proportion of households with access to piped water supply increased rapidly between 1998 and 2008, it slowed significantly between 2008 and 2019, most likely due to rapid urbanization, which grew 2.5 times during that

period, from approximately 500,000 homes to 1.3 million homes.¹¹⁰ These statistics demonstrate the challenge of the piped water sector in keeping up with rapid urbanization. On the other hand, only 18.5 percent of rural households have access to piped water, and only 12.8 percent have water piped directly into their premises. Almost three times as many rural families (32.6%) depend on tube wells; 13.7 percent rely on surface water.¹¹¹

Census 2019 data shows that rural households are twice as likely to rely on surface water and five times more likely to use unimproved water sources than urban families.¹¹² Still, fewer households now have to spend time collecting and transporting water to their homes, as 77 percent of those in urban areas and 60 percent in rural areas have water supplies accessible within 30 minutes.

Disaggregated census data indicate significant disparities in basic drinking water services coverage between four geographic zones (central plain, Tonle Sap, coastal and sea, plateau, and mountainous) across the 25 provinces. The coverage gap is 26 percentage points between the central plains (87%) and coastal and sea (61%) regions. Drinking water service levels vary widely, ranging from 97 percent access to at least basic drinking water in Svay Rieng to just 36 percent in Stung Treng. Around one in four people in Kampot, Oddar Meanchey, and Pursat and nearly half the population in Stung Treng still rely on surface water. Some sub-national disparities are due to the higher costs of WASH products and services in remote areas. However, about 40 percent of the population still uses surface water sources and lives in 20 high-priority districts.

There are also disparities in access to water based on socioeconomic status and educational attainment.

¹⁰⁸ Figures from Joint Monitoring Program, UNICEF, & WHO. (2023). Country file on household drinking water, sanitation, and hygiene

¹⁰⁹ Figures from RGC Report of Cambodia Socio-Economic Survey 2021 available at JMP country file on WASH in Households, 2023: <https://washdata.org/data/downloads#WLD>

¹¹⁰ General Population Census of Cambodia 2019 Series Thematic Series on Drinking water, Sanitation and Hygiene in Cambodia NIS (2022) Phnom Penh p8

¹¹¹ Ibid

¹¹² The figures that follow are drawn from the General Population Census of Cambodia 2019 Series Thematic Series on Drinking Water, Sanitation and Hygiene in Cambodia NIS (2022) Phnom Penh



Access to basic drinking water services was 93 percent for households with at least a secondary education, compared with 73 percent for those without completed education. Disparities were even wider between the wealthiest quintile (94%) and the poorest quintile (50%) – a 44 percentage point difference. Some of the widest disparities are for accessibility on premises – demonstrating a 52-percentage point gap between the richest (85%) and poorest (33%)

Independent research on water suppliers in Kampong Cham, Kampong Speu, Prey Veng, Kratie, and Takeo in 2021 found that only 26.9 percent of poor households in a licensed area were connected, compared to 45.6 percent of all households.¹¹³ One difficulty is that nearly half of all poor households are located outside the supplier’s remit boundary, making them ineligible for connection or required to pay additional piping or transaction fees. However, 37 percent of unconnected households had never heard of the subsidy programs.

At a national level, 76 percent of Cambodian schools have access to basic drinking water, with only a five-percentage difference between urban (80%) and rural (75%) schools. However, only 62 percent of ECE facilities have basic water service and 38 percent lack adequate water.¹¹⁴ The government adopted a three-star approach (TSA) in 2016, including Minimum Requirement Guidelines on Water, Sanitation, and Hygiene in Schools (MR Guidelines).¹¹⁵ The guidelines apply to all public schools from ECE to secondary level. The objective is to move schools towards water, sanitation, and hygiene in schools (WinS) national standards, starting with minimum requirements in four categories: drinking water, latrines and urinals, handwashing facilities, and environment and safety. As an example, for the drinking water component, a one-star rating means that all students have at least 500ml of safe drinking water per day from home or other sources. In two-star schools, safe drinking water is provided by

the school, but irregularly; students need to bring water from home or other sources; and in three-star schools, safe drinking water is always provided by the school to all students. WinS star ranking in the school year 2022/23 was assessed at 68.6 percent of total schools (9,467 out of 13,792 total schools) with results as follows – zero-star (16.4%); one-star (32.2%); two-star (45.2%); three-star (6.3%).

In December 2018, national guidelines were endorsed and disseminated to guide basic WASH services in Cambodia’s HCFs, provide minimum requirements for accreditation and regulation of health care services, and guide necessary improvements in health care facilities. There are no up-to-date figures, but in 2016, 91 percent of HCFs had basic water services (water from an improved water source available on-premises), with only 49 percent reported with available water year-round for all purposes, including for drinking.¹¹⁶ However, only 23.1 percent have piped water on the premises, and only 88.9 percent have water available. For hospitals, the figures were 37.5 percent with piped water available and 93.8 percent with it on-premises. Still, only 20.8 percent of non-hospital facilities had piped water, and only 88.1 percent had water available on the premises.



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¹¹³ Michaels T. Increasing access to piped water for poor households: an analysis of water connection subsidy projects implemented by the GRET in H2Open Journal Vol 5 No 4, 567 doi: 10.2166/h2oj.2022.024 available at <https://iwaponline.com/h2open/article/5/4/567/90753/Increasing-access-to-piped-water-for-poor>

¹¹⁴ JMP WHO-UNICEF Water, sanitation, and hygiene ladders for schools

¹¹⁵ See Ayphalla Te Global Impact Study of the Three Star Approach for Water, Sanitation and Hygiene in Schools. In-depth Country Study: Cambodia UNICEF/GIZ-Regional Fit for School Program (2020)

¹¹⁶ Public Health Care Facilities Assessment on Water, Sanitation and Hygiene of Five Provinces in Cambodia, 2016



c. Sanitation

Within the ESA SDG region, Singapore, Macao SAR, the Republic of Korea, and Japan had already achieved universal access (>99%) to basic sanitation by 2020. Sixteen percent (16%) of rural Cambodian households still practice open defecation, and there is currently no roadmap to guide the sector to achieve the ODF national target. The figure below presents the sanitation service ladder for national, rural, and urban populations.

CSES 2021 indicates that 88 percent of households use flush or pour-and-flush toilets, of which only 14.9 percent flush to a piped sewerage system and 72.6 percent to a septic tank.¹¹⁷ There is a distinct rural/urban difference, with more than one-third (35.9%) of urban households connected to a piped sewerage system, against only 2 percent of rural households. Four-fifths (80.8%) of rural households use a septic tank, compared with 59.1 percent of urban homes. Census 2019 data indicates that access to sewerage has been unable to keep up with rapid urbanization in Cambodia, and sewer coverage is no longer increasing. While the proportion of flush toilets connected to sewerage in urban areas seems high compared with rural areas, overall, the proportion of urban households connected to sewers has fallen from 56.1 percent in 2008 to 49.6 percent in 2019.¹¹⁸ At present, there is no agreed strategy to reverse this trend.

Sub-national disparities in at least basic sanitation access follow a similar pattern as for drinking water, with lower coverage levels in rural and remote parts of the country. Significant disparities exist in coverage of at least basic sanitation services between the four geographic zones and within and between the 25 provinces. There is a coverage gap of 22 percent between the central plains (69%) and coastal and sea (47%) regions.¹¹⁹ Sanitation service levels also vary, with coverage of at least basic sanitation services ranging

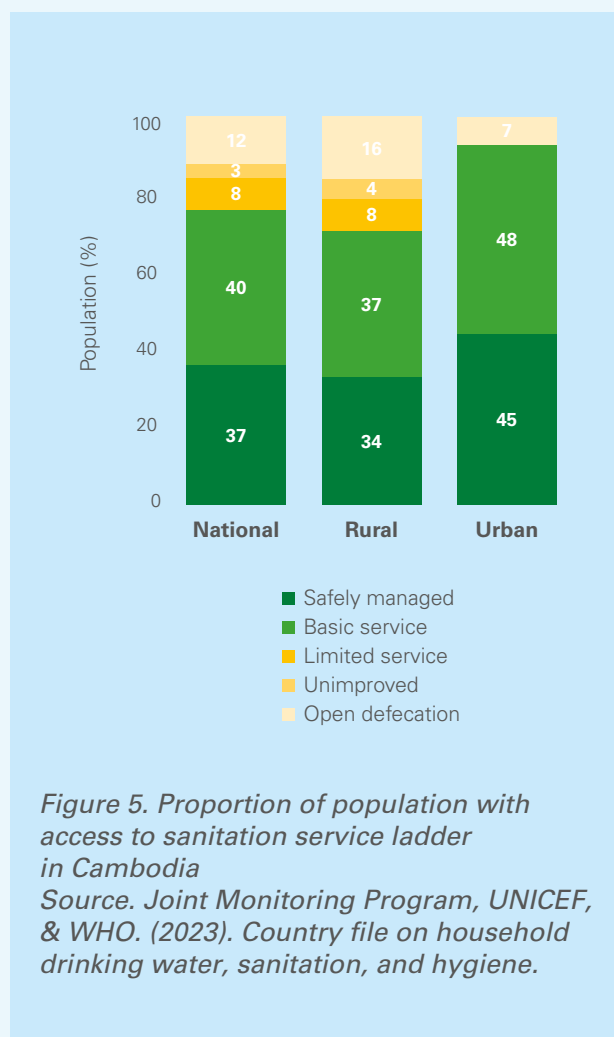


Figure 5. Proportion of population with access to sanitation service ladder in Cambodia

Source. Joint Monitoring Program, UNICEF, & WHO. (2023). Country file on household drinking water, sanitation, and hygiene.

from 79 percent in Phnom Penh to just 31 percent in Ratanakiri. In eight (8) provinces, over a quarter of the population, and in four (4) provinces, almost half the population still practice open defecation (Preah Vihear, Stung Treng, Mondolkiri, and Ratanakiri).

The 25 percent of the total population that continues to practice open defecation live in just 20 high-priority districts. Nearly half of those living in the four northeastern provinces still practice open defecation.¹²⁰

¹¹⁷ CSES 2021.

¹¹⁸ The figures drawn from General Population Census of Cambodia 2019 Series Thematic Series on Drinking water, Sanitation, and Hygiene in Cambodia NIS (2022) Phnom Penh

¹¹⁹ The figures drawn from General Population Census of Cambodia 2019 Series Thematic Series on Drinking water, Sanitation and Hygiene in Cambodia NIS (2022) Phnom Penh

¹²⁰ General Population Census of Cambodia 2019 Series Thematic Series on Drinking Water, Sanitation and Hygiene in Cambodia NIS (2020) Phnom Penh



The sanitation situation in schools is not good. Only 32 percent of schools nationally have basic sanitation (i.e., have toilets that are sex-disaggregated and usable), 30 percent have limited service, and 37 percent have no sanitation service. There is a small rural/urban difference (39/32) in access to basic sanitation. Still, the most worrying situation is that only 21 percent of pre-primary schools have basic sanitation facilities, and 66 percent have

no service.¹²¹ One hundred percent of healthcare facilities, hospitals, and health centers have toilets, although it is interesting to note that only 39 percent of healthcare facilities have improved and usable toilets that meet or partly meet the needs of special groups; only 10.3 percent of health care facilities have toilet facilities designated for women; and 11.1 percent designated for people with limited mobility.

d. Hygiene

JMP estimates for 2023 are that only 83 percent of Cambodian households have access to basic hygiene facilities. In urban areas, the proportions are 88 percent with access and 7 percent without. Eighty-one percent of households in rural areas have basic access; 11 percent do not. CSES 2021 gives a figure of 93.4 percent of Cambodian households with handwashing facilities – 95.9 percent urban and 91.9 percent rural. Six point six percent had no handwashing facilities available, of which only 1.2 percent had neither soap nor water, and 5.1 percent had water. Therefore, the main problem regarding handwashing facilities was the absence of soap. In schools, 68 percent had basic hygiene facilities, but more than a quarter (27%) had no facilities, which is quite high considering the number of children involved. Urban schools had a slightly higher rate of access to basic hygiene facilities (74%), but overall, the number of schools of all kinds without hygiene facilities is unacceptably high.

There are particular components that women and girls need to manage their menstruation hygienically, with privacy and dignity.¹²² These include safe, private, and

clean sanitation facilities with inside locks on doors; easy and private access to water; disposal facilities for used sanitary materials; access to adequate sanitary supplies; access to knowledge, education, and guidance on management; and capacity to address menstruation related stigma, myths, and taboos. A mapping of menstrual health and hygiene (MHH) facilities in 2018 found that shyness and discomfort in discussing menstruation lead to a lack of awareness, understanding, attention, and proper care in Cambodia.¹²³ For many poor women and girls, the cost of sanitary materials is prohibitive, leading to unhygienic practices.

MHH falls within the mandate of several Ministries – MoEYS, MoRD, MoWA, MoH – so cross-sectoral work must be prioritized and integrated into existing programs. There is a need for more information or data to support policy development or program design – information and programming on MHH in workplaces and communities are limited. Establishing a national platform with development partners and relevant government departments on MHH would facilitate greater information flows and coordination.

¹²¹ JMP country file on WASH in schools, 2022, <https://washdata.org/data/downloads#WLD>

¹²² The JMP definition for Menstrual Hygiene Management: Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear

¹²³ Angela Padilla TAKING STOCK: MENSTRUAL HYGIENE MANAGEMENT IN CAMBODIA Document Review and Mapping (2018)



Initiatives on MHH are mostly focused on schools by government ministries, development partners, and NGOs. Although MHM (menstrual hygiene management) is not specifically mentioned in the National Policy on School Health, it is integrated under Objective 5.4: *Promote and strengthen the implementation of the “Minimum Requirement Guidelines on Water, Sanitation, and Hygiene in Schools.”*¹²⁴ Minimum Requirements for three-star status under WinS guidelines require that sanitary

pads are available for female students in emergencies and that girls’ latrines have rubbish bins for MHM. However, only 6.3 percent of Cambodian schools achieved three-star status in 2022/23. This leaves the majority of Cambodian schoolgirls without adequate MHH facilities. It is also of some concern that research¹²⁵ indicates that only 10.3 percent of Cambodian HCFs have facilities designated for women, and only 0.9 percent are designated for MHM.

5.3 Right to a Sustainable Environment

Cambodia is extremely vulnerable to climate change. Floods, droughts, windstorms, heatwaves, and seawater intrusion already directly threaten Cambodian children, and the frequency and intensity of extreme weather events are increasing. But children are not just faced with surviving one-off weather disasters. Climate change threatens to bring long-term, ongoing crises across every area of children’s lives in health, nutrition, education, protection, and participation. It is also estimated that climate change could reduce the country’s average GDP by 2.5 percent by 2030 and by nearly 10 percent by 2050, lowering even further the resources available to ensure children’s health, education, protection, and welfare, thus increasing the risk of poverty, inequality, and deprivation; eroding children’s resilience; and reducing families’ and communities’ capacity to support, nurture, and protect their children.¹²⁶

In both the long-term and short-term, children in Cambodia face a range of climate-related stresses. Deforestation is a significant environmental threat. Cambodia’s primary forest cover fell from over 70 percent in 1969 to just 3.1 percent in 2007, and less than 3,220km² of primary forest remains.¹²⁷ The country is projected to experience warming of 3.1°C by the 2090s, and annual maximum and minimum

temperatures are expected to be larger than the rise in average temperature, increasing pressures on human health, livelihoods, and ecosystems.¹²⁸ The increased incidence of extreme heat represents a major threat to health, especially for the growing urban population for whom the heat island effect exacerbates such extreme heat. Agricultural productivity is also extremely vulnerable to increased temperatures, changes in rainfall patterns, and extreme weather events. A large part of the Cambodian labor force works in agriculture and has limited financial and technical capacity to adapt to changing conditions. Climate change impacts like low crop yields will likely push families in at-risk areas into debt, increasing migration and consequent risks for children.¹²⁹

Climate change is also likely to increase transmission of water and vector-borne diseases, to which children are particularly susceptible. Without action, the population exposed to extreme river floods could grow by around 4 million by the 2040s. Cambodia ranks 46th on the Children’s Climate Risk Index (CCRI), slightly ahead of its neighbors Vietnam (37), China (40), and Lao PDR (40). Still, there has not yet been a full assessment of the impact of climate change on children to inform national responses in Cambodia, which needs to be addressed urgently.

¹²⁴ RGC National Policy on School Health (2019)

¹²⁵ See JMP Estimates 2022 quoting WASH 2016 Assessment.

¹²⁶ See Cambodia’s Updated Nationally Determined Contribution 2020 The General Secretariat of the National Council for Sustainable Development/Ministry of Environment, the Kingdom of Cambodia

¹²⁷ RGC (2019) National Strategic Development Plan 2019-2023 and Ministry of Environment (2018) Cambodia Forest Cover March 2018, available at: <https://redd.unfccc.int/uploads/54-3-cambodia-forest-cover-resource-2016-english.pdf> quoted in CCA (2021)

¹²⁸ Figures from Chapman A. et al. Climate Risk Profile: Cambodia (2021): The World Bank Group (WBG)/Asian Development Bank (ADB).

¹²⁹ NCSD/MoE A Third Study on Understanding Public Perceptions of Climate Change in Cambodia: Knowledge, Attitudes, and Practices, National Council for Sustainable Development / Ministry of Environment (NCSD/MoE) (2020) Phnom Penh (hereafter KAP3)



Development initiatives may have positive or negative impacts. The Mekong River's or its tributaries' damming may alter future flood dynamics. Still, deforestation and upstream dam construction could reduce the productivity of the Tonle Sap Lake and Cambodia's fisheries and threaten the livelihoods and food security of many poor, rural communities. Significant adaptation efforts are required to manage the loss of yields due to the projected increases in the incidence of extreme heat during the growing season of staple crops such as rice, particularly for poorer communities operating at subsistence levels and reliant upon rain-fed agriculture. The above impacts will significantly exacerbate existing wealth and income inequality issues, hinder poverty alleviation efforts, and put increasing numbers of children at risk. Plans for hydroelectric development in the Greater Mekong Subregion by Lao PDR pose a particular danger to Cambodia's food supply and show the need for an agreed regional strategy to address environmental issues. Although Cambodia is ahead in terms of its CSDG7 targets, it is still planning to construct coal-fired power plants, although energy production from renewable sources has increased. Hydroelectric power production in 2016 was nearly 50 times greater than in 2011, but this still represented just 13 percent of its potential. Solar power projects contributed less than one percent (1%) to the energy mix in Cambodia in 2019, while wind power currently plays no role.¹³⁰

In 2013, the RGC produced the Cambodia Climate Change Strategic Plan (CCCSP) 2014-2023, and it has established systems and structures to address environmental issues and the threats posed by climate change. But overall, the country seems significantly under-prepared to deal with impending climate and environmental risks. It ranks 149th on the Notre Dame Global Adaptation Initiative ranking (ND-GAIN).¹³¹

The country scores high on vulnerability and low on readiness, making it the 50th most vulnerable country of 182 but 164th in readiness to meet climate challenges. ND-GAIN notes that it needs investment and innovations to improve its preparedness, readiness, and sense of urgency.

Cambodia's Nationally Determined Contribution (NDC) acknowledges the differential impact of climate change on children and notes that *"children and youth play a critical role in the development, implementation, monitoring, and enforcement of climate actions across sectors – they need to be engaged at the national and local levels to participate meaningfully in the development of climate policies, including the NDC and NAP."*¹³² But it also notes that information on the impact of disasters on women, children, disabled people, and other marginalized groups is largely anecdotal. While the KAP3 survey found that women were more likely than men to report that changes in the weather affected their livelihoods, there was no engagement with children or young people. UNICEF has sufficiently evidenced that climate change will impact most severely on children and that the most vulnerable children will bear the greatest burden. However, this message still needs to be widely embraced in Cambodia.¹³³



¹³⁰ See Bertelsmann's Transformation Index BTI Country Report 2022. Cambodia Bertelsmann Stiftung accessed 16 September 2022 at https://bti-project.org/fileadmin/api/content/en/downloads/reports/country_report_2022_KHM.pdf Hereafter BTI 2022

¹³¹ University of Notre Dame Global Adaptation Initiative available at Rankings // Notre Dame Global Adaptation Initiative // University of Notre Dame (nd.edu)

¹³² Ibid pp43/44

¹³³ See The Climate Crisis is a Child Rights Crisis: Introducing the Children's Climate Risk Index United Nations Children's Fund (2021) NY



5.4 Right to Education, Leisure, and Cultural Activities

a. General context and framework

Quality education is a key plank of Cambodia's development agenda. NSDP 2019-2023 emphasizes education as a key to the country's economic growth and competitiveness. An Education Strategic Plan 2019-2023 (ESP) is in place to define the necessary human resources and infrastructure to achieve the country's development vision and goals. In Cambodia, the official school age ranges from 6 to 11 years old for primary education, 12 to 14 years old for lower secondary education, and 15 to 17 years old for upper secondary education. Cambodian law stipulates free access to education for all children from Grade 1 to the end of lower secondary school in Grade 9, i.e., between 6-14 years of age. Still, school is not compulsory, and attendance cannot be legally enforced.

It is the mandate of the Ministry of Education, Youth, and Sport (MoEYS) to administer and develop the education, youth, and sports sectors in response to the needs of Cambodia's socioeconomic and cultural development. It is responsible for developing human

resources and quality control of education services through developing and implementing national laws, policies, regulations, and action plans. MoEYS is a complex organization with over 3,000 staff at the central level alone. The ministry is organized into seven sub-sectors (ECE; Primary Education; Secondary and Technical Education; Higher Education; Non-formal Education; Youth Development; Physical Education and Sports), with 37 departments, supplemented by education institutes and Provincial Offices of Education, Youth and Sport (POE) and District Offices of Education, Youth and Sport (DOE) at the sub-national level. Despite its importance to national development, the government has invested just 2.9 percent of GDP in 2022 and 2.7 percent in 2023 in education.¹³⁴

To improve the quality, transparency, equity, and accountability of services, MoEYS is undergoing a process of decentralization and deconcentration of functions and resources to strengthen local institutions' autonomy and accountability. The School Operating Fund, allocated directly to schools based on school size, allows schools to plan their development activities, administrative management, and learning and teaching techniques. At the same time, costs for salaries, books, and infrastructure are met from central funds. POEs and DOEs translate the ESP to their provinces/districts and produce annual plans and budgets. They support schools to develop plans and budgets, conduct training and capacity building, and monitor performance.

Teachers are predominantly women, but the proportion of male teachers increases as the child moves up through the education system. Most school principals and higher management are men, which undoubtedly sends a negative message about gender equality to boys and girls.



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¹³⁴ MoEYS MID-TERM REVIEW REPORT OF THE ESP 2019-2023 AND PROJECTION TO 2025 (2021) and MEF/Budget Laws 2018-2023/EAPRO 2022



b. Early Childhood Care and Development (ECCD)

Early childhood education (ECE) is provided within the framework of the National Policy on Early Childhood Care and Development adopted by the Council of Ministers in 2010. The second National Action Plan on Early Childhood Care and Development (NAP-ECCD 2022-2026) was approved in 2022 by the National Committee on Early Childhood Care and Development (NC-ECCD). The plan's strategies concentrated on nurturing care for young children concerning the Global Nurturing Care Framework. The ECCD Coordination Mechanism operating at the national level is the National Committee for Early Childhood and Development (NC-ECCD), established in 2013. The ECCD Coordination Mechanisms operating at the sub-national level include the Women and Children's Consultative Committees of Capital/Provinces (C/P-WCCC); the Women and Children's Consultative Committees of City, Districts, Khan (CDK-WCCC); and the Commune Committee for Women and Children (CCWC).

The enrolment rate of five-year-old children reached more than 60 percent between 2017-2020. COVID undoubtedly pushed enrolment down from 62.9 percent in 2019 to 59.5 percent in 2022. Gross enrolment rates (GER) dropped from 38.4 to 33.63 percent over the same period.¹³⁵ While the percentage of five-year-old boys enrolled in ECE changed slightly between 2017-2021, girls' enrolment increased by 3.6 percentage points, so girls now have a stronger presence in ECE than boys. Families may prioritize school preparation for five-year-olds (61.1% in 2021) over ECE for four-year-olds (32.6%) or three-year-olds (12.1%).¹³⁶ Some families may consider 3-4 years old too young to be in school. Still, many community preschools (CPS) offer only one class level for 3-5-year-olds and may refuse to accept

younger children if class sizes are high, which limits access and sets up a cycle of low enrolment.

The pupil/teacher ratio in public preschools has deteriorated since 2017 and stood at 42/1 in 2021. Only one institution in Cambodia provides pre-service professional qualifications in ECE, and it has been unable to keep up with demand. Core trainers often lack proper qualifications, and the absence of a standard test for preschool teachers has led to untrained or partly-trained staff teaching in preschools, which reduces quality and further discourages enrolment. MoEYS aims to have consistent quality teacher training from preschool to lower secondary.¹³⁷ School directors are understandably reluctant to risk establishing a pre-primary class when trained preschool teachers are not readily available. Other challenges to access, quality, and equity in ECE include a shortage of space in primary schools and a lack of suitable teaching materials. The WASH situation in preschools is also particularly concerning. Preschools with minimum water, sanitation, and hygiene practices reached almost 62 percent in 2021, up from just 61.2 percent in 2017 with access to basic water services, 21 percent with basic sanitation, and 61 percent with basic hygiene facilities.¹³⁸

A study of the impact of the ECE curriculum on Cambodian children's socio-emotional learning (SEL) showed significant differences in scores based on age, gender, urbanicity, maternal education, and household wealth.¹³⁹ Quality ECE can significantly reduce differentials based on class, ethnicity, or ability by equalizing school preparedness for children of different demographics.

¹³⁵ See RGC Education Congress MEYS (2022) Phnom Penh p44 and ESP-MTR (2022) p7

¹³⁶ ESP-MTR (2022) p7

¹³⁷ ESP-MTR (2022) p13

¹³⁸ JMP country file on WASH in school 2022 data, <https://washdata.org/data/downloads#WLD>

¹³⁹ Lau C. et al. Assessing the impact of socio-emotional learning in children in target preschools in Cambodia UNICEF/University of Hong Kong (2020)



The number of multilingual education pre-school teachers increased from 123 in 2020-2021 to 128 in 2021-2022, which is still insufficient. MoEYS has established minimum standards and revised the curriculum and teaching hours to promote quality standards. Findings from the study show that children attending State preschools made more progress than children at community preschools, even when they had not been exposed to SEL

interventions. Children attending State preschools may well enjoy advantages over children attending community preschools. However, it may also indicate that the regulatory, quality-control framework for non-State preschools is still not fully enforced. Non-State actors can contribute significantly to expanding coverage of quality ECE services once a supportive regulatory framework is in place.

c. Access and participation

In 2021, the net enrolment rate (NER)¹⁴⁰ reached 91.9 percent in primary school, against a target of 98.2 percent.¹⁴¹ The completion rate was 87.4 percent. While the primary school enrolment rate between boys and girls differed only by 1.3 percentage points, the completion rate for girls was 8.2 percentage points higher than for boys.¹⁴² The net admission rate at the lower secondary level was 68.6 percent (60.7% GER) and 39.3 percent at the upper secondary level (32.2% GER). Less than half

(48.1%) of students completed lower secondary school. Throughout the school cycle, girls achieve higher rates of completion than boys. In 2021, the gap between them was 10.3 percentage points at the lower secondary level, with boys reaching just 43.1 percent against girls' 53.4 percent. It has not yet been established whether boys' lower completion rate is due to low or late entry, high dropout, repetition, or a combination of these factors.

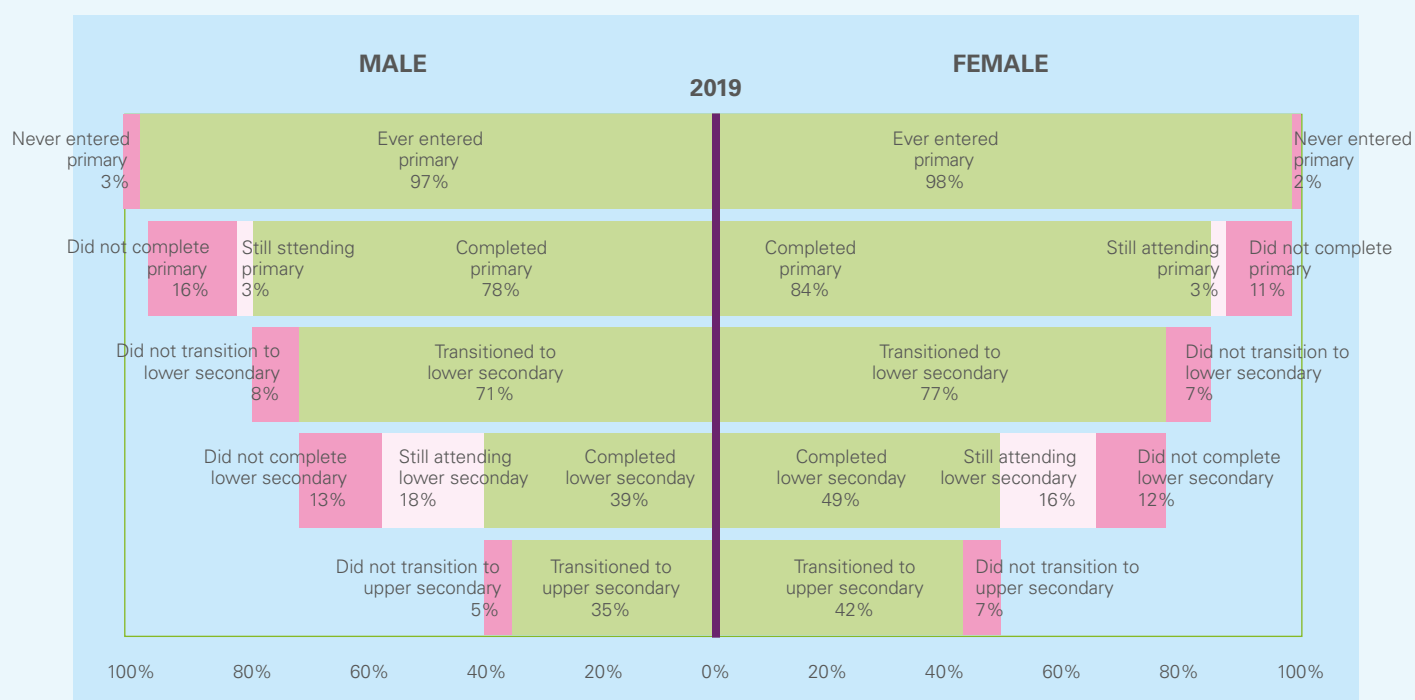


Figure 6. Educational pathway analysis – gender (2019)

Source. CSES 2019

¹⁴⁰ Net enrolment rate is the total number of students of the official age group for a given level of education who are enrolled in any level of education, expressed as a percentage of the corresponding population. See <http://uis.unesco.org/en/glossary-term/total-net-enrolment-rate>

¹⁴¹ Figures from ESP-MTR (2022)

¹⁴² The completion rate reflects the percentage of a cohort of children or young people three to five years older than the intended age for the last grade of each level of education (primary, lower secondary, or upper secondary) who have completed that level of education.

Indicators for 2020/21 were undoubtedly negatively affected by the COVID-19 pandemic, which kept many children out of school and reduced learning outcomes. However, an analysis of CSDG4 indicators¹⁴³ based on comparisons between 2015 and 2019 shows an upward trend in adjusted net attendance rates (ANAR)¹⁴⁴ at all levels – from 91.9 to 94.5 percent at the primary level, 51.5 to 57.2 percent at the lower secondary level, and 25.7 to 33.8 percent at the upper secondary level. Completion rates also increased, reaching 80.5 percent in primary education, 48.1 percent in lower secondary education, and 26.2 percent in upper-secondary education. But despite rising attendance and completion rates, many children never got the chance to complete even a basic education. Figure 6 above shows the pattern of male/female completion rates in 2019. While initial enrolment rates were high at 97 percent, only 39 percent of boys and 49 percent of girls completed basic education (lower secondary school), and only 35 percent of boys and 42 percent of girls transitioned to upper secondary education.

In terms of demographic and locational differentials, the analysis also showed that the gap between urban and rural ANARs narrowed between 2015 and 2019 at primary (-2.9 to -2.2 percentage points), lower secondary (-20.9 to -9.3 percentage points) and upper secondary levels (-23.2 to -16.2 percentage points). But differentials between socioeconomic quintiles remained and even widened. In 2019, the adjusted net attendance rate in primary education was 90.0 percent for the bottom quintile and 97.1 percent in the top quintile; in lower secondary, it was 32.9 percent in the bottom quintile and 79.5 percent in the top quintile; in upper secondary, it reached only 8.1 percent in the bottom quintile and 59.0 percent in the upper quintile, displaying a widening inequality in access to education based on wealth. The same pattern was reflected in completion rates, with lower

quintile rates falling and upper quintile rates rising between 2015 and 2019 (54.9% vs 94.7% in primary; 18.9% vs 73.6% in lower secondary; 2.7% vs 54.9% in upper secondary in 2019).

These rates may be related to parents' education level or other factors. Still, it should be noted that 42 percent of adolescent respondents in the CPD/SitAn U Report consultation identified cost as the biggest problem they face in accessing education. Lowering costs and expanding subsidies and scholarships is likely the most effective way to reduce the potential for intergenerational poverty and inequality through education.

Out-of-school rates dropped between 2015 and 2019 at all levels: from 6.7 percent to 4.2 percent at primary, 15.3 percent to 12.1 percent at lower secondary, and 49.8 percent to 44.8 percent at upper secondary level.¹⁴⁵ Girls' out-of-school rate for primary school was only 0.7 percentage points lower than boys' in 2019, but this gap widened to 4.7 and 6.5 percentage points at lower and upper secondary levels, respectively. Family poverty was noted as the main reason for children dropping out of school, and higher pay and more work opportunities are available to boys.¹⁴⁶ In terms of wealth quintiles, the out-of-school rate of the top quintile fell to 1.7 percent, 4.5 percent, and 23.6 percent, respectively, in primary, lower secondary, and upper secondary education in 2019. In the bottom quintile, only the rate for primary education decreased from 10.1 percent to 8.6 percent, while - at the lower and upper secondary levels, it increased to 22.1 percent and 72.4 percent, respectively. However, the out-of-school rate can vary significantly by location, decreasing in rural areas for all three education levels but only for primary education in urban areas, so more research is needed to establish which retention strategies are working best.

¹⁴³ Analysis of Cambodian Sustainable Development Goal 4 Benchmark Indicators Cambodian Socio-Economic Surveys 2015-2019

¹⁴⁴ Adjusted net attendance rate measures the percentage of children at official school age attending an education level compatible with their age or a higher education level.

¹⁴⁵ Out-of-school children are children and young people in the official age range for a given level of education who are not attending either pre-primary, primary, secondary, or higher levels of education.

¹⁴⁶ Hamilton I. Jhaj S. Why are boys leaving lower secondary school early in Cambodia? UNICEF (2020) Phnom Penh



Overall, Cambodia's school enrolment, attendance, and completion rates are rising. However, there is significant leakage as children pass through the school system, with the majority in 2020/21 still not achieving basic education. In 2019, only 80.5 percent of students completed primary education, leaving one child in every five without a full primary education. Less than three-quarters (73.9%) of primary education students transitioned to lower-secondary school. The enrolment rate in upper secondary school for 2021 was only 32.2 percent; less than a quarter (24.7%) were expected to reach Grade 12.¹⁴⁷ This rate of educational uplift seems unlikely to produce the boost in social capital required to lift Cambodia into middle-income status by 2030. It is critical to reduce student attrition throughout the education system significantly.

Technical education is one area where enrolment and attendance seem to rise quickly. Between 2017-2020, general technical high school (GTHS) enrolment climbed 126 percent, with a 141 percent growth in female enrolment.¹⁴⁸ This increase may reflect a perception by adolescents and families that such schools are more relevant or more likely to lead to gainful employment, which is considered a primary function of education in Cambodia. MoEYS has responded by raising the number of GTHS from 9 to 17. Still, challenges remain, including a lack of budget, a shortage of technically skilled teachers, insufficient dormitories, and an inadequate electricity supply. AYS 2020 notes that technical education should be promoted as an educational option for all students. The awareness of TVET schools should be increased to effectively reach more adolescents, especially those not in employment, education, or training (NEET).

CHILDREN SAY IMPROVE EDUCATION



In December 2022 and January 2023, 55 children and adolescents aged 10-19 (35 girls/20 boys) from Phnom Penh, Siem Reap, and Ratanakiri shared their ideas about how to improve education in Cambodia. No difference was identified according to age or gender.

- *Extend access and improve quality, especially for children with disability and children in rural areas*
- *Provide adequate learning/school materials*
- *Support students to stay in school and finish Grade 12*
- *Provide scholarships for IDPoor*
- *Increase availability of TVET, career development and employment opportunities for young people*
- *Reduce teacher discrimination against students of ethnic minorities*

RGC has put programs in place to reduce education costs for children in low-income families and improve the quality of education they receive. In 2021, 16 percent of lower secondary school pupils were receiving scholarships.¹⁴⁹ RGC also provides school meals and has established an early warning system to reduce student dropout. Teachers are required to monitor their students' attendance. School staff are expected to contact the student's parents when a student misses a class for three consecutive days, but this is not consistently implemented. However, lower secondary school, in particular, remains a flashpoint in terms of early school leaving, and it will be important to analyze in more detail the reasons why existing strategies do not have the expected effect to ensure that they are addressing the most relevant bottlenecks and reaching the most affected groups. Measures to address the root causes of dropout need to be expanded and extended.

The ESP-MTR 2021 notes that participation in higher education expanded slightly in the last five years, reaching a GER of 13.3 percent in 2021, just short of the target of 14.2 percent of 18-22-year-olds, despite the disruptions caused by COVID-19.

¹⁴⁷ ESP-MTR (2021) p33/36

¹⁴⁸ ESP-MTR (2021) p39

¹⁴⁹ ESP-MTR (2021) p36



Although enrolment, attendance, and completion rates at the secondary level benefitted from increased participation by girls, this trend is reversed at the higher education level, where improved GER was driven by increased enrolment of male students in 2020/21, particularly in STEM programs, where the proportion of male students rose to 45.5 percent

d. Quality and relevance

The quality and relevance of education significantly influenced attendance, participation, completion, repetition, and dropout rates. Poor quality teaching demotivates children and encourages irregular attendance and dropout. Families usually assess quality and relevance regarding the child's experience in school and the perceived value of the education received in terms of learning outcomes. While national assessments in Cambodian schools over some years show evidence of improved learning outcomes, they are not generally positive. Tests for Grade 3 show some improvements in Mathematics, with the proportion of students scoring below the basic proficiency level falling from almost 45 percent in 2015 to 41 percent in 2019. Outcome measures in Khmer reading were at a lower level, with slightly more than half (50.5%) of the students assessed scoring below the basic proficiency level.

Based on the results released from the national learning assessments for Grade 6 in 2021, there has been a further drop in learning outcomes during the COVID-19 pandemic, with 45.4 percent of pupils below basic proficiency in Khmer and 74.3 percent below basic proficiency in Mathematics.¹⁵⁰ Girls consistently scored higher than boys in all areas, particularly Khmer reading and writing.¹⁵¹ PISA-D testing in 2018 found that 8 percent (8%) of 15-year-olds achieved minimum standards in reading, and 10 percent reached minimum standards in Math.

in 2020/21, while only 17.5% of female students enrolled in them. There are five higher education institutions (HEI) following a process of international accreditation, mainly in relation to STEM subjects. This should also be considered with child-focused professional educational qualifications.

Urban and rural educational outcomes are converging when measured as a percentage of the relevant child population, mainly due to larger drops in urban attainment rates (enrolment, completion, transition) than in rural areas. Poor learning outcomes make things more difficult for the child as they progress and must surely raise questions for families about the value of their investment in education. Increased participation in post-primary levels continues to be challenging, and participation rates have slowly improved in the past decade. The key measure of completion of lower secondary school reached only 48.1 percent in 2021. In other words, less than one in two young people aged up to five years above the intended age group for lower secondary completed this cycle in 2021.¹⁵² There may be a need to delve into the causes of this bottleneck and design relevant strategies to address it.

Some of the factors impacting negatively on the quality of education, and thus on educational outcomes in Cambodia, are poor learning environments, lack of qualified teachers, and family poverty. There is an ongoing school-building program; only 111 out of 1,652 communes (6.71%) do not have a junior high school. Only 2 out of 204 districts (0.98%) do not have a high school, usually because there are insufficient children to justify a school building.

¹⁵⁰ Marshall J. Learning Loss in the COVID-19 Pandemic Era: Evidence from the 2016-2021 National Learning Assessment in Cambodia UNICEF (2022) Phnom Penh

¹⁵¹ Data source: EQAD grade 6 NLA, 2021

¹⁵² ESP-MTR 2021 p34



There are still problems with basic infrastructure, such as water, sanitation, and hygiene facilities, which particularly impacts adolescent girls and children with disabilities. By 2023, only 6.3% of all schools fully complied with the Minimum Requirements Guidelines on Water, Sanitation, and Hygiene in Schools.¹⁵³ Almost 85 percent of primary schools and 93.3 percent of colleges now have electricity, but providing libraries and computers is lagging – only 76 primary schools had a computer room in 2021 against a target of 220.

The availability of qualified teachers is another key determinant of quality education. Teacher reform is a key MoEYS strategy to improve learning outcomes, particularly by enhancing child-focused professional teaching qualifications. The primary level's national pupil/teacher ratio stabilized at 45/1 between 2018 and 2021 but may conceal significant sub-national disparities. A high turnover of contract teachers leads to a lack of continuity in children's schooling. There is also a noted shortage of teachers in remote schools and a teacher surplus in schools in some urban areas. This imbalance will continue and deteriorate as demographic patterns shift due to migration and urbanization. The MoEYS will require a framework or strategy for resource rationalization soon.

The percentage of primary teachers qualified according to national standards fell to 75 percent in 2021, and many teachers still need qualification upgrades to meet the standards outlined in Cambodia's Teacher Policy Action Plan (TPAP).¹⁵⁴ Almost three-quarters of all teachers hold a qualification lower than an undergraduate degree; about one-fifth have never completed upper-secondary schooling.¹⁵⁵ Unfortunately, the capacity of pre-service teacher training institutions (TTIs) to produce high-quality teachers is limited, and many of those responsible for delivering teacher training programs are also not well qualified and may not be up to date with contemporary teaching

methodologies. Furthermore, the preservice teacher training curriculum is long overdue for revision to meet the demands of 21st-century education. Teachers already in the system have limited opportunities for continuous professional development to update their pedagogical skills. Consistent, quality mentoring and in-service training (INSET) are still lacking to support teachers to train on the job. The number of primary teachers receiving in-service training has increased annually since 2018 but remains below target levels. The lack of funding for this at the school level is now being addressed.¹⁵⁶

Violence in and around schools also seriously reduces the positive quality of the child's school experience. AYS 2020 respondents reported fears of being bullied by older students or harassed while on the way home. Many teachers still use traditional teaching methods, focused on passing exams rather than individual learning. Although corporal punishment is illegal,¹⁵⁷ AYS 2020 noted that teachers still use corporal punishment and other abusive forms of discipline. These unsafe and threatening environments create ongoing obstacles to adolescents' participation in school. The government has adopted a Child-Friendly School (CFS) policy and developed an in-service teacher-training package on positive discipline and effective classroom management (PDECM), aimed at fostering secure, child-friendly, and non-violent relationships between teachers and students, but only 79.3 percent of primary schools had achieved Child-Friendly School status by 2021. Teachers were still among the most frequently reported perpetrators of violence against children.

MoEYS initiatives also support former students to 'catch up' and re-enroll in formal education. Although literacy programs supported by the non-formal education (NFE) sub-sector aimed at children, youth, and adults who missed out on basic education are avoid large gap at the end of the line,

¹⁵³ See Ayphalla Te Global Impact Study of the Three Star Approach for Water, Sanitation and Hygiene in Schools. In-depth Country Study: Cambodia UNICEF/GIZ-Regional Fit for School Program (2020)

¹⁵⁴ ESP-MTR 2021

¹⁵⁵ McNamara V. Hayden M. *Education in Cambodia. From Year Zero Towards International Standards* Springer (2022) pp116/117

¹⁵⁶ See MoEYS *Capacity Development Master Plan in the Education Sector 2020-2024* (March 2021)

¹⁵⁷ Royal University of Phnom Penh *Disciplinary methods in Cambodian primary schools: Towards violence-free schools* RUPP/UNICEF



fragmented access to the internet, scattered and inconsistent program availability, lack of M&E, and poor teacher capacity, they nevertheless reached 14,926 people in 2021.¹⁵⁸ The program to re-enroll children who have dropped out has been less successful. Only three provinces were able to implement the re-entry program in 2021. The remaining provinces could not implement due to limited management capacity and the wide geographical spread of children out of school. The NFE sub-sector also organizes skills training programs, which reduce the number of NEET youth

and supports learners to start their own businesses. This program's challenges include a lack of skilled teachers in relevant areas, no specific curriculum, a lack of materials and supplies, no M&E framework, and no overall study on projected skills demand. As a result, the number participating in these programs has decreased annually since 2017. ESP-MTR 2021 notes that the figure for 2020/21 is 24 percent lower than the number of learners completing skills training programs at baseline.

e. Equity and inclusion

The number one policy objective stipulated by MoEYS in its Education Strategic Plan 2019-2023 (ESP) is to *“Ensure inclusive and equitable education and promote life-long learning opportunities for all,”* recognizing the vital and necessary role that education plays in addressing inequality and promoting social inclusion in Cambodia. Educational trends illustrate the primary disparity running through Cambodian society – gender – and the different variations that this can take. Across all three school levels, in 2021, girls' completion rates were higher than boys', and boys' rate of progress was slower than girls. However, gender patterns seem to return to their traditional formats in higher education, where improved GER in 2021 was driven by increased enrolment of male students, especially in STEM subjects.¹⁵⁹ There is a Gender Mainstreaming Master Plan 2021-2025, but it lacks funding, and gender inequality remains embedded in the Education sector—enrolment and completion statistics evidence geographical and locational inequities and differentials based on socio-economic status. Overall, rural/urban educational attainments are converging, more due to declines in urban attainment rates than to gains in rural areas. The government has established initiatives to support children of poorer families in school, although these

need to be reviewed, upgraded, and expanded.

Children with disabilities and children from indigenous communities have access to education, but not at the same rate as children of the majority population. The national Census in 2019 found that only 81 percent of children aged 6-11 from ethnic minority groups were enrolled in school and that enrolment falls further after the age of 15. Likewise, a study by UNESCO in 2018 showed that¹⁶⁰ the out-of-school rate for children with a disability in Cambodia was 57.4 percent against 6.97 percent for children without a disability.¹⁶¹

The Inclusive Education Program offered at all public schools in 2021/22 covered 8,546 students with disabilities, including 4,613 female students. Four thousand nine hundred fifteen students with disabilities were at the lower secondary level, and 3,631 were at the upper secondary level. MoEYS runs six Special Education schools to accommodate children with disabilities, particularly those with severe disabilities, with 227 students enrolled, 153 at lower secondary school, and 74 at upper secondary level.¹⁶²

¹⁵⁸ ESP-MTR 2021 p47

¹⁵⁹ ESP-MTR 2021

¹⁶⁰ CSES 2019

¹⁶¹ UNESCO Education and Disability: Analysis of Data from 49 countries UIS (2018) Table 1. p12 available at <http://uis.unesco.org/sites/default/files/documents/ip49-education-disability-2018-en.pdf>

¹⁶² RGC Education Congress MEYS (2022) Phnom Penh



In 2019, the completion rate of children with a disability in primary, lower secondary, and upper secondary was 22.5 percent, 11.6 percent, and 8.4 percent, respectively, compared with 81.1 percent, 49 percent, and 26.4 percent for children without a disability. Some children with disabilities access education through services organized by NGOs, faith-based organizations, or at home. There is a need to map educational services for children with disabilities and develop a strategy for their rapid inclusion into mainstream schooling.

CSES 2019 indicates that overall, education attainment among Khmer and non-Khmer children improved between 2015 and 2019. There was an upward trend at all levels of educational progression among non-Khmer students, including entering primary (81.2% in 2015 to 90.8% in 2019) and completing primary (39.1% in 2015 to 54.7% in 2019); transitioning to lower secondary (33.2% in 2015 to 47.7% in 2019) and completing lower secondary (10.8% in 2015 to 19.9% in 2019); and transitioning to upper secondary (10.0% in 2015 to 17.2% in 2019). As non-Khmer children showed a higher rate of progress than Khmer children up to the lower secondary transition stage, the gaps between the

two groups narrowed to that stage. However, the lower secondary completion and upper secondary transition rates remained low among non-Khmer children, and there was a significant gap compared with Khmer children. There is an obvious need for further investment to redress these inequities in the next ESP period.



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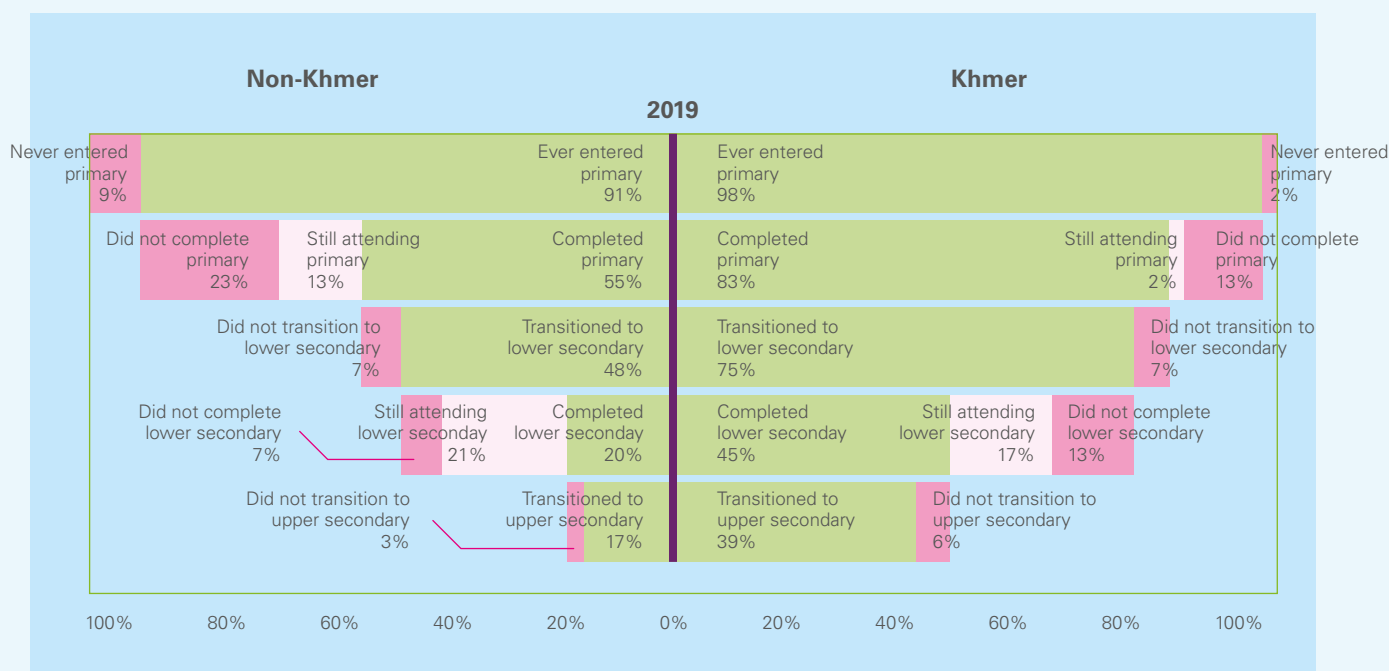


Figure 7. Educational pathway analysis – ethnicity (2019)
Source. CSES 2019



f. Right to culture and leisure

The expected learning outcomes specified in the Cambodian school curriculum for primary and secondary school levels include the capacity to recognize, know, love, preserve, protect, and develop cultures of the nation, region, and world. However, the curriculum framework does not specify non-Khmer culture, such as that of the indigenous groups in the northeast.

MoEYS has established a multilingual education program for indigenous children to assist them in integrating into mainstream Cambodian society while retaining their own language and culture. Mother tongue-based education is offered for children from preschool to G3 only with the curriculum, instructional, and learning materials aligned with the national curriculum. There is no estimate available of the number of minority children attending ECE, but the number of multilingual educational teachers in primary education has increased. However, the multilingual teacher training system must be consistent from preschool to lower secondary to meet the national qualification.

As part of its national strategy, MoEYS has invested in infrastructure to practice sports, although work stalled during the COVID-19 pandemic. MoEYS has successfully expanded physical education and sports programs in schools – 80 percent of primary and 52 percent of secondary schools will implement physical education and sports programs by 2021. Challenges remain around monitoring systems and the quality of physical education teachers. Despite successfully introducing physical education into schools, participation in sports or regular exercise is not yet part of Cambodian youth culture. Only 14 percent of the respondents in AYS 2020 reported exercising regularly.

MoEYS has also supported the development of a network of youth programs across all provinces, known as the Cambodian Youth and Children Council (CYCC), aimed at providing school children with

opportunities to develop their potential in education, their careers, and decision-making and contribute to their communities and country. These provide soft skills to upper secondary level students and facilitate them to do volunteer work in their community, district, and province. The skills gained through these programs include reading, computer/ICT, and entrepreneurial skills. CYCCs and young participants receive support from UNICEF and national and international NGOs, some of whom focus on increasing young people's awareness of HIV, WASH, gender equality, accountability, and other topics of interest.



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5.5 Right to Protection

a. Child protection context and framework

When assessed against criteria in eight key areas (nutrition, health, early childhood development, education, water, sanitation, housing, and information), almost half (48.7%) of Cambodia's child population – more than three million children – are deprived under at least three criteria, leaving them at risk of exposure to violence, abuse, neglect, and exploitation.¹⁶³ Cambodia is also a hierarchical and patriarchal society where women and children tend to be accorded lower status, and the concept of human rights is neither well understood nor strongly embedded in law, policy, or practice. Violence against women and children is commonly accepted, and many women and children live at constant risk of violence and abuse.

Article 48 of the Cambodian Constitution guarantees every child the right to life, education, and freedom from economic or sexual exploitation. RGC has, over many decades, promulgated legislation to prevent violence, neglect, and exploitation of children, and a draft law on child protection is in the final stages of consideration. However, at present, loopholes in civil and criminal laws relating to child labor, trafficking, child marriage, and statelessness leave thousands of children vulnerable, and State and societal institutions tasked with legal enforcement and protection of children with disabilities, children affected by migration, and children in detention are insufficiently evolved to be effective.

The National Policy on Child Protection Systems 2019-2029,¹⁶⁴ adopted by the Cambodian National Council on Children in 2019, identified five requirements for effective, efficient, consistent, and timely community-based child protection services – investment in social workers at the sub-national level; provision of a minimum package of social services for children and families in need; appropriate

responses to children and families affected by disasters; consolidation and expansion of existing programs with increased efficiency, transparency, and consistency; strengthening of existing procedures, measures, and mechanisms to address children's issues and ensuring their care and protection in a safe, loving and secure home environment.

The National Child Protection Commission (NCPC) was established by CNCC in 2015 to coordinate and cooperate with Ministries, institutions, NGOs, development partners, and the private sector to strengthen the child protection system and eliminate all forms of child abuse, violence, and neglect. It is intended to act as a national task force to protect children from all forms of abuse. NCPC is chaired by the Secretary of State of MoSVY, and its Vice Chairman and members are selected from relevant Ministries, institutions, and NGOs. Its main tasks are to 1. coordinate and examine the gaps in the legal, policy, national plans, and implementation framework; 2. facilitate, provide technical support, and promote the implementation of child protection activities; 3. facilitate child protection awareness; and 4. coordinate, collaborate, and promote the monitoring and evaluation of child protection practices. NCPC has no specific budget, but its activities are funded from the CNCC budget. The Child Protection Coordination Mechanisms operating at the sub-national level are: Cambodia National Council for Children of Capital/Provinces (C/P-CNCC); Women and Children's Consultative Committees of Capital/Provinces (C/P-WCCC); Women and Children's Consultative Committees of City, Districts, Khan (CDK-WCCC); Commune Committee for Women and Children (CCWC); Sub-National Committee on Child Labor (SNCL); Committee for Counter Trafficking of Capital/Provinces (C/P-CCT).

¹⁶³ Karpati J Boon L de Neubourg C Child Poverty in Cambodia UNICEF/EPRI/SPRI (2018) Phnom Penh. It should be noted that both the UNDP (HDI) and UNICEF MPI analyses rely on 2014 data.

¹⁶⁴ CNCC National Policy on Child Protection Systems 2019-2029 RGC (2019) Phnom Penh



Child protection is a cross-sectoral concern, and there are related strategies spread across different Ministries, departments, and institutions, for example, National Child Protection System Policy 2019-2029 (CNCC); Positive Parenting Strategy 2017-2021 (MoWA); Cambodia Action Plan to Prevent and Respond to Violence Against Children 2017-2021. However, MoSVY takes lead responsibility. It has a large mandate covering all social services, so it oversees the provision of child protection services through its Department of Child Protection. It has also established the Child Protection Information Management System (CPIMS) to monitor child protection indicators across five domains,

Cambodia is estimated to have only one (1) social worker per 12,500 people. The social service workforce is employed within government services and the non-government sector (international and national organizations, large and small) at the national, provincial, district, and commune levels. Government services include MoSVY and the Department of Social Affairs, Veterans and Youth Rehabilitation at provincial (DoSVY) and district levels, and the Commune Committees for Women and Children under the auspices of the Mol.

Only three academic institutions in Cambodia provide degree-level social work programs, so very few social workers have relevant professional degrees or diplomas. To fill this gap, MoSVY, through the National Institute for Social Affairs (NISA), has developed a training strategy that outlines four levels of qualification for technical and vocational education and training for the social service workforce. However, the normative framework or licensing system is still under development, so social workers and other social service staff in Cambodia are not formally accredited. The social service workforce in the government sector is wide in scope, and the roles are not well differentiated, with only limited separation of child welfare, child protection, and social welfare workers. At the commune level,

the Commune Councils for Women and Children (CCWC) have a defined role related to child protection and basic social work, per the Prakas on the Preparation and Functioning of Commune/Sangkat Committee for Women and Children. In line with decentralization, many child protection services lie within the remit of Mol and associated sub-national administration. To address these complexities and fragmentation, the Ministry of Social Affairs, Veterans and Youth Rehabilitation developed the Child Protection Sector Strategic Implementation Plan 2022-2026 (CP-SSIP) to help develop a national child protection system. However, budgets are fragmented and opaque. The child protection sector is significantly supported by local civil society projects and international agencies, with no clear sustainability strategy.



b. Violence against children (VAC)

About 60 percent of male and female participants in the 2013 Cambodian Violence Against Children Survey¹⁶⁵ reported witnessing violence in their homes, schools, and communities. Over half of both females and males aged 18-24 (52.7% and 54.2%, respectively) reported at least one experience of physical violence before the age of 18, and more than four out of five of those who experienced physical violence before age 18 experienced multiple incidents of physical violence (81.9% female and 85.6% male). DHS 2022 reports that two-thirds (66%) of Cambodian children aged 1-14 experienced a violent discipline method in the previous year. Less than a quarter (23%) experienced nonviolent discipline, and five percent (5%) experienced severe physical punishment.

In the 2013 study, approximately one in five (20%) females and one in four males (25%) reported experiencing emotional abuse; more than half of both males and females experienced at least one incident of physical violence before turning 18 years old; and over 4 percent of females and over 5 percent of males reported at least one experience of sexual abuse before the age of 18. For girls aged 13-17 years, the rate was 6 percent.

Harmful gender norms are also a key root cause of gender-based violence (GBV), which is still a major issue in Cambodian society. UN Women data indicates that in 2018, 9.1 percent of women aged 15-49 reported being subject to physical or sexual violence by a current or former intimate partner in the previous 12 months.¹⁶⁶ The 2015 National Survey on Women's Health and Life Experiences in Cambodia found that 21 percent of women aged 15-64 who had been in a relationship had experienced physical or sexual violence by an intimate partner (IPV).¹⁶⁷ Among 18-24-year-olds who had experienced sexual

abuse before 18, only half of females and one in five males had told anyone about their sexual abuse, and even fewer sought help.

Domestic violence is more prevalent in poorer households, where the wife has less education than the husband or has many children, and it may be particularly acute among women with disabilities.¹⁶⁸ Acceptance of domestic violence is still common – 50 percent of women and 27 percent of men believe that wife beating is justified under at least one of six circumstances, and women often stay in abusive marriages for economic reasons, including men's predominant income-earning potential, especially in rural areas. Four percent (4%) of women reported being physically abused during at least one pregnancy, 63 percent reported that the child's father had assaulted them, and 69 percent reported that the same person had beaten them before pregnancy. Among women who had experienced abuse, 18 percent reported having an abortion, compared to only 10 percent of women generally.

Most women who experienced IPV reported that their children had witnessed violent incidents. As well as the physical risk to children during domestic violence, these children were more likely to have emotional and behavioral problems such as nightmares, wetting the bed, being overly timid or aggressive, dropping out of school, or having to repeat grades. The children of women who had experienced intimate partner violence were almost twice as likely to fail or repeat a year at school (27% compared to 14%) and to stop attending classes or drop out of school entirely (11% compared to 5%).

The 2015 Violence Against Women study (VAW 2015) found that about two percent (2%) of women had experienced sexual abuse before age 15.

¹⁶⁵ Ministry of Women's Affairs, UNICEF Cambodia, and United States Centers for Disease Control and Prevention (2014). Findings from Cambodia's Violence Against Children Survey 2013: Government Commitment to End Violence Against Children.

¹⁶⁶ UN Women data hub - <https://data.unwomen.org/country/cambodia> accessed 20 October 2022

¹⁶⁷ Fulu E. NATIONAL SURVEY ON WOMEN'S HEALTH AND LIFE EXPERIENCES IN CAMBODIA WHO (2015)

¹⁶⁸ Figures quoted in General Population Census of Cambodia 2019 Thematic Report on Gender op cit. p8



While this seems relatively low compared to other countries, the study did not use an anonymous reporting methodology. So, this figure is likely to be a gross underestimation. The study also found that the first experience of sexual intercourse for one-fifth of women participants (20%) had been coerced or forced. This study has enormous implications for sexual and reproductive health, HIV, and general public health strategies.

Respondents in the VAC 2013 study reported that mothers or male teachers most commonly perpetrated physical violence. Neighbors were most commonly reported as the perpetrators of sexual violence, followed by friends (identified by females) or family members (identified by males), and this type of violence was most commonly perpetrated at the victim's home or school, highlighting how Cambodian children are most at risk, where they should feel safest. Data from the Royal University of Phnom Penh study in Siem Reap in 2016¹⁶⁹ showed that 85 percent of boys and 80 percent of girls in Grades 1 to 3 experienced some form of corporal punishment in schools, declining to 50 percent in the upper primary school years.¹⁷⁰ Children with disabilities are more vulnerable to abuse, neglect, and abandonment, while LGBTIQ+ students are more vulnerable to sexual harassment, bullying, and violence. Violence at school is a push factor contributing to school dropout for all children. Still, especially for girls and LGBTIQ+ adolescents,¹⁷¹ violence is also acknowledged as contributing to poor mental health.

RGC developed an Action Plan to Prevent and Respond to Violence Against Children 2017-2021 (Action Plan), which has been extended to 2023. The Action Plan must address the scarcity of services and facilities available to survivors of all forms of violence and societal acceptance of violence, even by its victims. Children's help-seeking behavior is



CHILDREN SAY ACT AGAINST VIOLENCE

In FGDs in December 2022 and January 2023, 55 children and adolescents aged 10-19 (35 girls/20 boys) from Phnom Penh, Siem Reap, and Ratanakiri spoke out about what is needed to address violence against children (VAC). No difference was identified according to age or gender.

- *Act on cases of VAC Improve awareness of all forms of VAC, including discrimination against children, and especially against children with disability, child labor, and child trafficking*
- *Raise awareness of the impact of VAC, especially targeting parents and communities*
- *Implement the existing laws on VAC*
- *Study and address the root causes of VAC*

low in response to violence – almost 50 percent of females and over 75 percent of males never told anyone about experiencing sexual abuse. Less than a third of females and one in eight males sought help for any incident of physical violence. Most of those who did seek help turned to relatives rather than services.

The Disrupting Harm study found that 11 percent of internet users aged 12-17 in Cambodia experienced online sexual exploitation and abuse (OCSEA), including blackmailing children into engaging in sexual activities, sharing their sexual images without permission, or coercing them into engaging in sexual activities through promises of money or gifts.¹⁷²

¹⁶⁹ RUPP/UNICEF (2017) op cit.

¹⁷⁰ Gevers A. Day E. Ending Violence against Women and Children in Cambodia: Opportunities and Challenges for Collaborative and Integrative Approaches UNICEF EAPRO/UNFPA Asia and Pacific Regional Office/UN Women Asia and Pacific Regional Office (2020) Bangkok accessed 21 October 2022 at [Ending Violence against Women and Children in Cambodia.pdf](#)

¹⁷¹ Parkinson et al. Final Report Cross-Sector Cambodia Youth Assessment USAID 2019 accessed 21 October 2022 at <https://docslib.org/doc/9113463/final-report-cross-sector-cambodia-youth-assessment>

¹⁷² ECPAT, INTERPOL, and UNICEF. (2022). Disrupting Harm in Cambodia: Evidence on Online Child Sexual Exploitation and Abuse. Global Partnership to End Violence Against Children (2022) op cit.



The figure could be even higher, given that children may be reluctant to speak openly about such a sensitive subject. Younger children aged 12-13 more often experienced different forms of OCSEA than their older counterparts, and boys reported being impacted by OCSEA at almost twice the rate of girls. Although most requests for sexual content were refused, 29 percent of the children surveyed complied with requests to talk about sex, while 14 percent said they had complied with requests to share an image or video of their private parts. Six percent (6%) of internet-using children aged 15-17 reported accepting money or gifts in exchange for sexual images or videos of themselves.

Most commonly responsible for OCSEA-related

c. Children in alternative care

Although Cambodian families traditionally used extended family and community networks to provide alternative care for children when needed, kinship care and pagoda-based care did suffer significant breakdown during the Khmer Rouge era and has since been exacerbated by poverty and the absence of any form of State financial support for kinship carers. This breakdown of traditional methods of child protection in Cambodia has inevitably contributed to the institutionalization of children. Although there are State children's homes in Cambodia, most residential placements are provided by NGOs, CSOs, and faith-based organizations (FBOs). A mapping exercise in 2015 identified 639 facilities, including 406 residential care institutions (RCIs), spread unevenly across the country, with about half (49%) in Phnom Penh and Siem Reap provinces.¹⁷³ Almost one in eight were not registered, and one in five (20%) did not have a memorandum of understanding (MOU) with the government.

The total number of children accommodated in RCIs then was 16,579 (8,803 boys; 7,776 girls). Nearly four out of five (79%) had at least one living parent. A further 9,608 children (4,750 girls; 4,858 boys) were

offenses were family members, adult friends, peers, or a romantic partner. People previously unknown to the child were responsible for approximately 20 percent of the OCSEA-related offenses identified in the household survey. These findings are consistent with offline violence against children; reluctance to report violence is a significant factor in survivors. Prevention and response programs need to take this factor into account. The Disrupting Harm study found that children most frequently confided in a friend, a male caregiver, or a sibling, and less than three percent (3%) of children formally reported abuse for experiences such as unwelcome requests to discuss sex or send sexual content. As many as 23 percent of children did not tell anyone about the incident.

reported to be living in the other 233 care facilities, including transit homes, temporary emergency accommodation, group homes, pagodas, other religious buildings, and boarding schools, making a combined total of 26,187 children. The vast majority were of school age, with only two percent (2%) under four. However, all children aged zero to three, a particularly vulnerable group of children for whom residential care is not recommended, were found to be living in long-term residential care facilities. Over half (56%) of the youngest and most vulnerable children were in residential care in just three provinces (Takeo, Kampong Speu, and Kampot).

As a result of the mapping exercise, the Government committed to reducing the number of RCIs and the number of children resident in them and preventing new RCIs from opening. RGC first issued Sub-Decree 119 in 2015, 'The Management of Residential Care,' which brought the management of all RCIs under the authority of MoSVY and set out strict requirements for the establishment and management of RCIs, including a provision that permission for children to reside in residential care centers should occur as a

¹⁷³ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia: A Statistical Profile of Child Protection in Cambodia, UNICEF (2017) Phnom Penh accessed 21 October, 2022 at <https://www.unicef.org/cambodia/media/1331/file/Residential%20care%20facilities%20in%20Cambodia%20Report%20English.pdf>



*“last and temporary option possible only after the search for parents or parent, relative or guardian or foster parent has been exhausted.”*¹⁷⁴ MoSVY also issued a ‘Commitment Statement,’ which included measures to ensure that children living in RCIs could be reintegrated into family-based placements, wherever feasible.¹⁷⁵ These reforms were followed by the Action Plan for Improving Child Care in 2016, which set a goal of deinstitutionalizing 30 percent of children resident in RCIs in five provinces (Phnom Penh, Battambang, Siem Reap, Preah Sihanouk, and Kandal) by the end of 2018.¹⁷⁶

Since the plan’s publication in 2016 until late 2018, no new RCIs were approved to start operating by MoSVY. By 2019, the number of RCIs had fallen to 232, a decrease of 43 percent, and there were 6,778 children (3,317 girls) living in them, a drop of 9,801 (59%) since 2015.¹⁷⁷ MoSVY data for 2022 shows a further drop, with 5,075 children (2,451 girls) living in 194 RCIs. The National Action Plan for Improving Child Care provided that alternative care options would be established, together with a national framework for fostering, and a Capacity Development Plan for Family Support, Foster Care and Adoption 2017-2023 was adopted with detailed recommendations on short, medium, and long-term strategies and actions to strengthen alternatives to institutionalization of children.

In June 2021, MoSVY reported on the progress of its ambitious three-year action plan (further extended to five years) for safely returning 30 percent of children in residential care to their families. The report found that since the action plan was launched in 2016, there were 43 percent fewer RCIs and 59 percent fewer children living in residential care. However, there is still much work to ensure full implementation of family-centered policies and provide family support services to further empower parents to care for and protect their children.

MoSVY also released a new Prakas on Procedures to Implement Kinship Care and Foster Care to further strengthen family preservation and family-based alternative care in the country. The Prakas guides relevant institutions and stakeholders to implement these measures as alternatives to residential care. In contrast, permanent care planning – focusing on family reunification – is being developed and needs to be fully implemented.

The fact that thousands of children are in the care of residential facilities outside the regulatory framework set by MoSVY is extremely worrying. Efforts to ensure the enforcement of the regulatory framework should be made to safeguard children properly. It is also important that the government stipulates and facilitates children’s right to participate in decisions about their care before and during placement and return. This participation should include providing a safe mechanism for all children in residential care to make complaints or raise concerns with an independent authority about their safety and welfare.

The number of foreign faith-based agencies providing residential care raises concern about the government’s capacity to oversee such institutions, particularly to ensure that they are not used to breach the child’s right to respect for their culture, heritage, and religion. This situation may require active advocacy with foreign donors and aid agencies. Still, the harsh conditions in some local FBO-run institutions also demonstrate a need to redefine and recalibrate relations between MoSVY and religious institutions. Above all, the evaluation demonstrates the need for urgent investment by RGC and all duty-bearers, not just in strengthening local social work services but also in expanding community-based care options for children needing alternative care and family support services to prevent children from coming into care in the first place.

¹⁷⁴ In 2017, with sub-decree n.34, the management of state-run RCIs was transferred to the provincial administration, and the NGOs/CSOs run RCIs to the district administration.

¹⁷⁵ These decrees are mapped and further explained in Hamilton C. et al. Children’s views of reintegration from residential care in Cambodia UNICEF (2020) Phnom Penh

¹⁷⁶ MoSVY, Action Plan for Improving Child Care, 2016-2018

¹⁷⁷ Figures from MoSVY Report on RESULTS OF THE IMPLEMENTATION OF THE ACTION PLAN FOR IMPROVING CHILD CARE WITH THE TARGET OF SAFELY RETURNING 30 PERCENT OF CHILDREN IN RESIDENTIAL CARE TO THEIR FAMILIES BY 2019 MoSVY (2020) Phnom Penh



d. juvenile justice

Juvenile justice reform has been ongoing in Cambodia for decades. Although Article 38 of the 2009 Criminal Code sets the legal age of criminal liability at 18, children can, in certain circumstances, be considered responsible for infringing the Criminal Code from the age of 14. Although, in principle, a minor is not considered mature enough to be held accountable for criminal acts in the same way as adults, young offenders below the age of legal majority, including those who have committed minor offenses such as theft or drug use, have been tried and penalized as adults. Even after the Criminal Code was amended in 2009, young offenders were liable for maximum sentences, reduced by half because they were minors. However, reduced sentences did not address the requirement that minors' detention or imprisonment should be a last resort.

The new Juvenile Justice Law (JL), adopted in 2016, brings the Cambodian justice system more into line with the Convention on the Rights of the Child and international standards. It adopts the fundamental principles that the child's best interests should be a primary consideration in all actions concerning children and that detention should be only a measure of last resort. Article 9 addresses the previous age-related legal anomalies by stipulating that the relevant time for determining age was when the crime was committed and that competent authorities must seek evidence of age as soon as possible and that any doubt as to the age of a minor shall be resolved in the minor's favor. A difficulty has arisen in that proof of age is to be established by a birth certificate or document certifying birth. Problems with the national birth registration system leave some children without a birth certificate. A long-term solution is required that legally obliges parents to register a birth and provides free, easily accessible registration facilities to all families. Despite the introduction of the Cambodian Law on Juvenile Justice in 2016, progress towards implementing the law has been slow. The Juvenile Justice Law Strategic and Operation Plan 2018-2020 (JJLSOP) published in

2018 recognizes that establishing juvenile justice requires a single system with common policies and practices that are capable of being adapted to ensure that practice and programs are appropriate to local conditions while meeting national and international quality standards. However, the CRC notes limited progress and points out the need to expedite the establishment of specialized courts for children. Until this is achieved, the CRC recommends the designation of specialized judges and prosecutors for children who are provided special training in all courts and the development of child-friendly court procedures and facilities.

THIS LIFE (2021) notes that the JJLSOP does not examine the different reasons that girls may come into conflict with the law or consider how diversion, reintegration, and crime prevention strategies can be adapted to consider the specific circumstances of girls, including those who are pregnant or already have children. The need to find alternatives to prison for pregnant girls is particularly urgent given the lack of appropriate health care in prisons and the greater risk of health complications during pregnancy due to their young age. Girls who are mothers must also be given priority consideration for community support instead of imprisonment.

Since the inception of the JJLSOP, Child-Friendly Police Procedures (CFPP) have been integrated into the curriculum of the Police Academy of Cambodia, training has been conducted on diversion and alternative measures for children in conflict with the law, and social agents have been appointed in each province. However, the number of police officers trained in these procedures remains limited, and how broadly these procedures are being implemented in practice is still being determined. Judicial guidelines related to children, action plans to prevent and respond to violence against children in legal proceedings, and guidelines on the diversion of children in conflict with the law are still awaiting approval.¹⁷⁸

¹⁷⁸ No Place for a Child Alternatives to Imprisoning Children in Cambodia THIS LIFE (2021) Phnom Penh



The Juvenile Justice Law allows diverting young offenders from imprisonment to alternative community-based intervention programs.

Prosecutors or judges can initiate diversion at different stages of the process. Alternative measures to detention, such as placement of children in conflict with the law under judicial supervision, are being implemented by some provincial courts. However, they still need to be widely applied by prosecutors and judges. According to administrative data collected by the Department of Prison, only a small percentage (about 20%) of children in conflict with the law in 2022 benefitted from non-custodial measures and diversion.

A key element of the Juvenile Justice Law is establishing Youth Rehabilitation Centers (YRCs) as an alternative to prison. The current plan is to establish one centralized YRC in Kandal province, which goes against the spirit and the letter of the Havana Rules, which recommends using decentralized, small-scale facilities. Another significant element for implementing JJLSOP is the planned establishment of 'diversion managers, youth rehabilitation staff,' and a team of 'social agents' to be appointed by MoSVY. By 2021, 50 trained social affairs officials had been officially appointed as social agents, but it is not clear that they are ready to support children in conflict with the law. Meanwhile, using supervision orders and other diversion measures has not resulted in decreased detention rates. In 2019, around 500 children in Cambodia were reportedly supervised by provincial courts. Still, these measures did not result in a corresponding decrease in the number of children being sent to prison but rather in an increase in the number of children coming before the courts.

According to administrative data from the Department of Prison, the number of children in detention in Cambodia has increased in the three years since the Juvenile Justice Law was adopted and reached 1,723 by 2023.¹⁷⁹

In the years following the adoption of the JLL, there was a slight increase in children in detention, but this trend changed in 2020-2022 when a slight decrease was observed before a new increase towards the end of 2022/early 2023. While the advocacy for releasing children in detention during COVID-19 impacted the decrease, these trends should be analyzed further. Most cases relate to drug use, trafficking, and theft, with 53 percent of all children in prison for drug-related crimes. More than a quarter (26%) of children were in pre-trial detention. Due to a severe shortage of legal aid lawyers in the country, many children do not have any legal representation to protect them against unnecessary pre-trial detention. As such, most children in conflict with the law are still detained before trial.



¹⁷⁹ Number of Children in Detention as of January 2023 General Department of Prisons, Ministry of Interior supplied by UNICEF March 2023



In 2015, the Cambodian League for the Promotion and Defense of Human Rights (LICADHO) reported that “children in prison are overwhelmingly from poor backgrounds, and their families are likely to struggle to support them financially and materially. In Cambodia’s financially hierarchical prison system, this already vulnerable group is at increased risk of exploitation and subordination.” It found that at that time, juvenile pre-trial detainees were rarely separated from convicts, nor was there any separation according to their type of offense or alleged offense. Few attempts were made to fully protect children from the potential negative influence of adult prisoners, as the two groups often interact outside of the cells. LICADHO also noted prisons where adult prisoners are placed in juvenile cells, taking on the role of cell leaders. Girls in prison are particularly vulnerable, but because there are so few, they are rarely separated from adults. Amnesty International has noted that Cambodia’s prisons have an estimated capacity of just 26,593, contrasting with the current population of over 39,000. Children are at particular risk of bullying and violence in prison, including sexual abuse, especially when they are held together with adults and have no independent monitoring of their situation. Ninety-six children interviewed for the THIS LIFE 2021 study shared stories of violence and abuse in prison. Their stories underline the need for full and rapid implementation of the Juvenile Justice Law. The Law requires the prosecutor and judge to consider diversion and other non-custodial measures. Still, due to a lack of specialization among them and the limited number and capacity of social agents, the implementation of this law remains weak. There are police and community initiatives that can prevent juvenile offending, but their implementation remains weak due to a lack of resources. Social agents at the district and commune level should be available to conduct case management for children at risk of and in conflict with the law.

JJLSOP also specifies that diversion programs require involvement with civil society institutions, and partnerships with NGOs, employers, and training organizations are essential to reintegration efforts. However, the systems, structures, and bodies in place to oversee juvenile justice and prison reform lack the capacity to drive through change, and they may need to be amended to involve a wider stakeholder base. There is an urgent need to establish an independent inspectorate of all places where children are detained.



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5.6 Right to Family Life and an Adequate Standard of Living

a. Context and framework of social protection

Despite two decades of successful and sustained economic growth, poverty remains a significant debilitating factor in Cambodian children's lives. Using the measurement criteria devised in 2017 to align with the country's lower-middle income status, the adjusted poverty rate for 2019/2020 was 17.8 percent (12.6% urban; 22.8% rural) with a Gini coefficient 32.2. Children are disproportionately represented among people experiencing poverty, at 22.2 percent in 2020, as presented in the Revised Cambodia SDG Framework. When measured against multiple overlapping criteria, using a deprivation analysis methodology, almost half (48.7%) of Cambodia's child population aged 0-17 years were found to fall within the definition of multidimensionally poor in 2018, using 2014 data.¹⁸⁰ Poverty is not just about a lack of income for necessities. It places children at higher risk of child labor, trafficking, early marriage, and informal migration and essentially robs children of their childhood. Eliminating child poverty, however it is measured, has to be a core element of any strategy to realize children's rights, and in Cambodia, a social safety net is indispensable to protect children and their families from the unforeseen consequences of natural disasters, economic setbacks, unexpected healthcare costs, and other shocks.

The Cambodian Constitution provides a clear mandate for social protection¹⁸¹ – *Every Khmer citizen shall have the right to obtain social security and other social benefits as determined by law (Article 36). The State and society shall provide opportunities*

to women, especially those living in rural areas without adequate social support, so they can get employment and medical care, send their children to school, and have decent living conditions (Article 46). The State shall give full consideration to children and mothers. The State shall establish nurses and help support women and children with inadequate support (Article 73). The State shall assist disabled people and the families of combatants who sacrificed their lives for the nation (Article 74). The State shall establish social security for workers and employees (Article 75).

RGC has committed to developing “a social protection system based on inclusiveness, effectiveness, and financial sustainability to reduce and prevent poverty, vulnerability, and inequality and which will contribute to the development and protection of human resources and stimulate economic growth.” It established the National Social Protection Policy Framework 2016-2025 (NSPPF), whose goals are to ensure income security, reduce economic and financial vulnerability, increase people's well-being and solidarity, and reduce poverty to a maximum extent. It intends to expand coverage and accessibility.

The NSPPF is implemented under the leadership and coordination of the Ministry of Economy and Finance (MoEF) in consultation with other stakeholders, mainly other Ministries.

¹⁸⁰ MODA uses child-related indicators to assess child poverty by ascertaining deprivation in eight key areas – nutrition, health, early childhood development (ECD), education, water, sanitation, housing, and information. It is, therefore, a more accurate methodology for measuring child poverty rates.

¹⁸¹ See Chheang V. Social Protection in Cambodia in Towards a More Resilient Society: Lessons from Economic Crises Report of the Social Resilience Project 2012-14, Japan National Committee for Pacific Economic Cooperation (2016) Japan



The strategic plans flowing from the NSPPF are based on the following principles – (i) reforming the governance structure of the social protection system by defining key stakeholders’ roles and responsibilities at policy, regulatory, and operational levels; (ii) enhancing the effectiveness of public expenditure by reforming the management of operating agencies and defining the contribution mechanisms; (iii) maximizing coverage to enable every citizen to access protection; and (iv) reviewing cross-cutting issues to move the social protection development plan forward and to remove barriers.

The National Social Protection Council (NSPC) is the key actor responsible for overall coordination and steering the development of various social protection strategies and policies. It aims to mainstream many current schemes and extend them to the full population or sub-group, e.g., schoolchildren, pregnant women, and children with disabilities. The NSPC is adopting a ‘life-cycle’ approach to social protection, intended to ensure social and economic security and stability at all stages of individuals’ lives, with explicit recognition of the need for extra support to particular population groups or at particular life stages, as well as at times of sudden shocks and stresses. If effective, this approach could facilitate the development of flexible support mechanisms

capable of being adapted to support vulnerable children in various living circumstances, e.g., in the care of grandparents or single-parent households.

The NSPC comprises representatives from relevant Ministries and institutions, but mechanisms are in place to enable representation from development partners and civil society. The latter’s involvement is particularly vital, and development partners must actively advocate for their continued and expanded involvement. Civil society is being increasingly accepted as implementing partners at the operational level, where they can offer a flexible and cost-effective response to many issues. However, the partnership framework between the governmental and non-governmental sectors is not fully developed, including a strategy for longer-term funding. With the inclusion of the NGOs into the Development Partners’ Social Protection Mechanism and the inclusion of both the INGOs and the national NGOs in the consultation processes around the social protection issues, the space has been opened for closer collaboration both in terms of service delivery and ability of NGOs to contribute to the sector development through feedback from the communities, critique, and innovation to improve the delivery of services.

The NSPPF roadmap focuses on two main models of social protection support – social security and social assistance. Social Security coverage applies to those who are part of a national insurance scheme and comprises five components – (i) pensions, (ii) health insurance, (iii) employment injury insurance, (iv) unemployment insurance, and (v) disability insurance. Social assistance encompasses universal (but conditional) schemes and programs funded by general taxation for those outside the social insurance fund. It includes four program components – (i) emergency response, (ii) human capital development, (iii) vocational training, and (iv) welfare for vulnerable people. The government’s vision is to build an efficient and financially sustainable social protection system that can reduce and prevent poverty, vulnerability, and inequality and contribute to strengthening human resource development and stimulating national economic growth.



b. Social security

Social security schemes encourage and facilitate citizens to save money in pension schemes and contribute to health insurance and other insurance schemes that can provide income support and cover basic services costs, even when they are out of work. RGC can contribute on behalf of those who cannot afford the costs and invest these funds to finance the social sector generally.

Social security schemes that have been implemented to date include the National Social Security Fund (NSSF), the National Social Security Fund for Civil Servants (NSSFC), the National Fund for Veterans (NFV), and the People with Disability Fund (PWDF). Generally, social security schemes are intended to be contributory, i.e., where people pay a portion of their income and benefits increase with the number of contributions made. In Cambodia, NSSF is funded from a flat levy of 2.6 percent of eligible workers' salaries, but their employer pays this. NSSFC and NFV are under the technical supervision of MoSVY and financial control of the MoEF and are fully funded by the State budget. In 2016, RGC spent about USD137 million on social security, of which approximately USD98 million was on 106,633 public service pensioners and veterans. Benefits under these schemes are not limited to pensions but can also include reduced health care costs and, in the case of NFV, access to housing, land grants for families, etc.

Social security schemes are generally geared towards those in formal employment, although the government can pay in contributions on behalf of those who cannot do so themselves, e.g., veterans. They protect income insecurity resulting from illness, injury, disability, maternity, or old age for targeted groups like public servants, veterans, people with disabilities, and workers and employees in formal employment in the private sector.

NSSF is rapidly expanding enrolment in the formal labor market. Coverage increased from approximately 265,000 in 2016 to more than 1.88 million people as of mid-2021, and NSSF and NSSFC cover about 2.2 million citizens together.¹⁸² MoEF is committed to expanding coverage, particularly of NSSF, with steps made towards broadening the access to health insurance to the formally employed dependents and expanding the options for voluntary participation in the social insurance schemes. This expansion reinforces the need to ensure full labor law implementation in the garment and construction industries, agribusiness, and tourism (where employment is seasonal).

While the expansion of social security schemes is to be welcomed as an expansion of the national safety net, it has to be recognized that they mainly benefit the non-poor, and the flat rate levy is particularly beneficial to those in the higher wealth quintiles. But nearly seven in ten (69.2%) of those in the poorest quintile in Cambodia are either farmers (45.1%) or self-employed workers (24.1%).¹⁸³ Inversely, the proportion of employees in formal employment rises through the wealth quintiles from 6.3 percent among the poorest to 45.9 percent among the richest. This distribution is not an argument against the expansion of social security in terms of population coverage or entitlements. Salaries are low in Cambodia, even in the formal sector, and job security is uncertain. Greater coverage could be achieved by extending the range of eligible dependents per insured worker or offering coverage to particularly vulnerable groups, e.g., children under 18 or people with disabilities. The government is also seeking ways to expand coverage into the informal sector. However, this may not be easy without greater involvement by trade unions, workers' associations, and other civil society networks.

¹⁸² H-EQIP, July 2020: Recommendations to improve health financing towards UHC for all by 2030 quoted in Cambodia Primary Health Care Booster Implementation Framework

¹⁸³ Figures from Kolesar RJ et al. Expanding social health protection in Cambodia: An assessment of the current coverage potential and gaps, and social equity considerations in *International Social Security Review*, Vol. 73, 1/2020



There is also a gender aspect to be addressed. Women in Cambodia are disproportionately represented in the informal labor market. They have lower employment rates than men and have less access to waged employment in the formal sector, and so inevitably are less able to qualify for social security. Yet, precisely because of their disadvantaged position in the labor market, women are more in need of the safety net of social security, and specifically, gendered options for expanding their coverage need to be given serious consideration. Women in

Cambodia do contribute significantly to economic stability and growth but still find themselves excluded from the social protection safety net. In the NIS report, only 12 percent of economic establishments are registered, and females own 63.3 percent of all economic establishments. 62.1 percent of all economic establishments with between one and five employees are owned by a female, while male heads those with a larger number of employees.¹⁸⁴ So, recruiting them into the Security System through cooperative organizations based on SME networks could add substantial coverage.

c. Social assistance

Social assistance encompasses a range of income support, family welfare, and health protection initiatives targeted at lower-income families and individuals outside the social security net.

The oldest scheme is probably the Health Equity Fund (HEF), which covers user fees of poor patients for services at all levels of health facilities, including a minimum service package at the health center level that includes basic treatment and preventive care, maternal healthcare, and new-born delivery; and a supplementary package at hospital level to respond to more complex health problems, including surgical care. Poor patients are also entitled to non-medical benefits such as reimbursement of transportation costs to and from the hospital, food allowances for caretakers of patients, and funeral support. By 2022, the national HEF will cover 3,214,920 individuals, of which 3,112,148 are individuals under IDPoor households and 102,772 are employees in the informal economy.¹⁸⁵ Overall, HEF has successfully enabled poor people to access public health services. Because it pays public health providers on their behalf, it encourages HCFs to pursue active health strategies with low-income families and reinvests funds back into the public health system.

Healthcare expenses have been noted as a significant determinant of poverty in Cambodia. High reliance on out-of-pocket spending for health care leaves people with low incomes and near-poor at risk of impoverishment, and sickness is one of the biggest stresses that low-income families can face. Approximately 3.7 percent of households, or 127,200 with around 560,000 people, were pushed into poverty due to health spending in Cambodia in 2017, of whom almost a quarter (23.6%) came from female-headed households. A survey of children affected by migration in 2017 found that sickness was noted as a reason for family indebtedness and consequent informal migration.¹⁸⁶ HEF can be a safety mechanism for low-income families, particularly those with children. Pregnant women and mothers with young children are particularly well served since HEF can pay for everything from prenatal care and births in qualified healthcare facilities to comprehensive postpartum care, which includes nutrition counseling.

Yet the uptake of HEF medical benefits has been mixed, and a substantial proportion of poor people still opt for treatment and care at private facilities, where they incur considerable out-of-pocket costs.¹⁸⁷

¹⁸⁴ 2021 Economic Census Report Published by NIS

¹⁸⁵ MoH Progress Report 2018-2022.

¹⁸⁶ Thee Impact of Migration on Children in the Capital and Target Provinces, Cambodia UNICEF (2017) op cit.

¹⁸⁷ See Jacobs B. et al Making free public healthcare attractive: optimizing health equity funds in Cambodia (2018) accessed 27 October 2022 at <https://pubmed.ncbi.nlm.nih.gov/29940970/op cit.>



Though some people living under the poverty line may not have the necessary ID to be eligible for HEF benefits, the move to on-demand identification of those in extreme poverty in response to the COVID-19 pandemic has widened the net of health centers available to HEF beneficiaries. But there is also considerable under-utilization of public facilities by low-income families, even when private care brings higher out-of-pocket expenditure. This under-utilization could be due to distance, service availability, or perceived quality, or it may be that doctors in the public service who also operate a private practice may push vulnerable families to sign on as private patients.

In 2007, the Ministry of Planning (MoP) introduced the IDPoor database, a national, cross-sectoral poverty identification mechanism based on proxy means testing, where low-income families are identified through participatory community targeting based on observable household characteristics and assets.¹⁸⁸ Households defined as poor by their community are given an equity card, which gives access to support from various sectors and agencies, including HEF. Poverty identification is carried out in one-third of Cambodia's provinces annually, so each village is assessed once every three years. IDPoor initially focused on rural areas, but since 2016, it also covers urban areas. Its community-based process makes systematic, nationwide poverty identification affordable, sustainable, and acceptable to the general population. In 2019, responding to concerns that IDPoor's three-year poverty identification cycle missed important demographic or socioeconomic changes in the interval, MoP started a new initiative, 'On-Demand IDPoor' (ODIDPoor), to allow registration of new households between the three-year poverty assessments. This initiative particularly benefits MCH programs whose priority groups (pregnant women and infants) constantly change.

Currently, IDPoor provides poverty data for the entire country, enabling registered service providers

– government and NGOs – to access standard reports online, thus eliminating gaps and overlaps and promoting coordination and collaboration between sectors and agencies. Most agencies use IDPoor data to target individual households (84%) or poor communities, with programs related to education (35%), agriculture and rural development (24%), human rights (19%), and health (14%). This targeting enables greater alignment of efforts, even without active coordination among actors. In 2018, 37 registered programs targeted women and children through training, livelihood development, cash transfers, scholarships, and food assistance.

Some of the social assistance programs that are available to families holding IDPoor Cards include (i) the Food Reserve Program of the National Committee for Disaster and Food Security; (ii) Cash Transfer Program for Pregnant Women and Children under Two that has cumulatively covered over 300,000 (as of April 2023) pregnant women and children under two since June 2019; (iii) Scholarship programs for children in primary and secondary schools to encourage school attendance, especially for children from poor households, covering over 250,000 children in 2022; (iv) school feeding programs to support students' physical and mental development, covering over 240,000 children; and (v) vocational training programs to promote vocational skills.

Evaluation of the Cash Transfer Program for Pregnant Women and Children under Two, a national social assistance program led by MoSVY, shows that it benefitted over 300,000 pregnant women and children under two years old between June 2019 and April 2023 at USD23.98 million.¹⁸⁹ Its objective is to improve the well-being of mothers and children in poor households, address children's malnutrition, and enhance their physical and mental development within their first 1,000 days. It is conditional on the woman following an agreed schedule of prenatal, delivery, and postnatal care and check-ups.

¹⁸⁸ See Kaba M. et al. IDPoor: a poverty identification program that enables collaboration across sectors for maternal and child health in Cambodia (2018) accessed 27 October 2022 at <https://www.bmj.com/content/363/bmj.k4698><https://www.bmj.com/content/363/bmj.k4698>

¹⁸⁹ National Social Protection Council Country-Led Process Evaluation of the Cash Transfer Program for Pregnant Women and Children under two years old NSPC (2022) Phnom Penh



This program uses the IDPoor Households Mechanism and priority cards for targeting and identifying beneficiaries, so the introduction of the ODID process has been beneficial because it is faster, more efficient, and includes women excluded in the IDPoor rounds. However, it does not include other vulnerabilities like single mothers or shocks like recent job loss. Some barriers to enrolment in the program were a need for more familiarity with the OD process and limited knowledge about the program in hard-to-reach areas. The size and

frequency of the cash benefits were enough to encourage women to enroll and remain in the program. Still, it was insufficient to support pregnant women living in hard-to-reach locations, creating barriers to completing the visit conditions for the last two and post-natal visits. Completion of conditions was highest for delivery. Overall, women reported greater confidence in their ability to feed and care for their children and to decide how to use the cash benefit.

The evaluation showed that, while women learned about the need for a diverse diet for children during their health center visit, there needs to be more evidence that they used the cash to provide such diets. In this regard, it is worth noting that the evaluation was implemented during the full impacts of COVID-19, when reduced food security may have influenced the selection of coping strategies, including child nutrition. Clearly, not all beneficiaries understood the purpose of the cash benefit, as a few women within the evaluation qualitative sample reported using the money to buy infant formula. Therefore, a gender-sensitive social behavior change communication strategy (SBCC) is needed to enable beneficiaries to better understand how to use the cash benefit as intended. Health centers also had shortages of vaccines for child immunization and long waiting times, and did not provide catch-up services if an appointment was missed. Reaching remote locations and migrants was a challenge, and there were some difficulties with enrolment and payment processes. Beneficiaries had limited awareness about appeals and grievance mechanisms. The program also built service providers' capacity, but staff attrition, shorter training events at sub-national levels, and less frequent monitoring visits affected the quality of the implementation. As a result of the evaluation, within the national management response, the value of the cash transfers has been doubled by August 2023, with an accelerated focus on SBCC, particularly in the hard-to-reach areas of the country.

Cambodia has seen a massive expansion of the social assistance schemes during COVID-19, with the introduction of multiple schemes to ensure protection from the impact of COVID-19, including the Cash Transfer Program for the Poor and Vulnerable during COVID-19, covering more than 2.8 individuals since June 2020 to date; the Phnom Penh Lockdown Program, covering more than 108,000 households; and recently introduced short-term cash transfer programs for the near-poor households affected by floods and inflation, covering more than 350,000 households.

Generally, the evaluation of the Cash Transfer Program for Pregnant Women and Children under Two shows some of the challenges facing most social assistance programs. Social assistance coverage is limited – it focuses solely on the absolute poorest except for floods and inflation cash transfers that have offered support to near-poor households. It can, however, be assumed that many near-poor or occasional-poor were excluded, thus limiting its impact on poverty prevention and reduction. Regarding vulnerability,



the emergency COVID-19 Cash Transfer Program has provided additional benefits to children aged 0-5, persons with disabilities, older people, and persons living with HIV (PLHIV). To address the fragmentation of the routine cash transfer programs and to ensure the integration, particularly at the local level, for increased effectiveness, efficiency, and impact, the government has designed a Family Package of four core Cash Transfer programs to be introduced after the COVID-19 Cash Transfer programs stop, catering for the needs of the most vulnerable populations in an integrated manner, including pregnant women and young children, poor students in primary and secondary schools, persons with disability, the elderly and PLHIV.

The social protection system, especially during COVID-19, has been increasingly coordinated and managed, including through the NSPC, with the establishment of the National Social Assistance Fund in 2022 to consolidate further and streamline social assistance. The National Social Protection M&E Framework has been developed. It is capitalizing on the digitalization of the system for better data interoperability to create a single registry of beneficiaries. Despite significant progress, Cambodia has some way to go yet to develop a fully harmonized, whole social protection system that can respond to the needs of all children, including those in need of social assistance, with adequate benefits and the combined impact of transfers, complementary schemes, and basic social services.

5.7 Right to Participation, Civil Rights, and Freedom

The right to participate, associate, and speak out is generally considered by external development partners to be constrained within Cambodia's current socio-political context, and these constraints also impact children and adolescents. However, within these parameters, RGC has established mechanisms to facilitate input by young people into statutory and administrative decision-making processes at all levels of governance. Several national frameworks and programs have established youth's rights and critical role in Cambodia's development process. The government's decentralization and deconcentration framework provides opportunities for youth participation, and the National Policy on Cambodian Youth Development (2011) and the National Action Plan for Cambodian Youth Development map the need for comprehensive youth services and participation at all governance levels. The UN Country Team (UNCT) established a UN Youth Advisory Panel in 2007 to open dialogue and allow youth to advise on strategic opportunities and actions to address

adolescent and youth issues across the UN system. Donors and INGOs likewise support various youth NGOs, networks, and projects.

But the regular conflation of 'youth' with 'children' in Cambodian discourse clouds the picture of child participation in the country. It may militate against children's involvement in participatory structures, mechanisms, and events. For statistical purposes, the UN defines the term 'youth' as "**persons between the ages of 15 and 24 years.**" In Cambodia, it commonly refers to those aged between 15-30, a vast span of years, particularly for a child.¹⁹⁰ Even the difference between an 18-year-old and a 24-year-old represents one-third of the teenager's life and a significant third concerning capacity, responsibilities, opportunities, and challenges. However, the differences between the wants, needs, perspectives, capacity, and experience of a 15-year-old and a 30-year-old are too vast to encompass any realistic model of child participation.

¹⁹⁰ National Institute of Statistics (2020) General Population Census of Cambodia. According to the Cambodia National Youth Policy, "Youth is referred to as people of both sexes aged between 15 and 30 years and with Khmer nationality regardless of their marital status" (2011)



It is highly unlikely that processes designed to facilitate participation by 24/30-year-olds will be suitable for children and adolescents or vice versa, and it is equally unlikely that even a 24-year-old young adult will be able to represent 15-year-old constituents' perspectives properly.

The reality of youth participation in Cambodia is mixed. Commune/Sangkat (C/S) Councilors participating in a 2019 study acknowledged youth's important role in local development and viewed their participation in local planning processes as valuable.¹⁹¹ However, over half of them estimated that youth engagement in planning and budgeting processes had decreased between 2016 and 2019. Very few noted any increased participation by young people, except at the early stage of village meetings or public forums. Even then, they implied that the

youth did not actively and meaningfully participate as they mostly listened passively and did not provide any input to the discussion.

The perceived lack of interest discouraged Councilors from further attempts. They tended to see youth as disinterested but admitted that they did not use any available tools to engage them and acknowledged that meetings were not perhaps the ideal forum for youth participation.

From the youth's perspective, the insufficient budget and subsequent failure to respond to the issues they raised discouraged them from further participation. Youth learned quickly that the Commune could not respond to their requests or suggestions and saw further involvement as pointless.

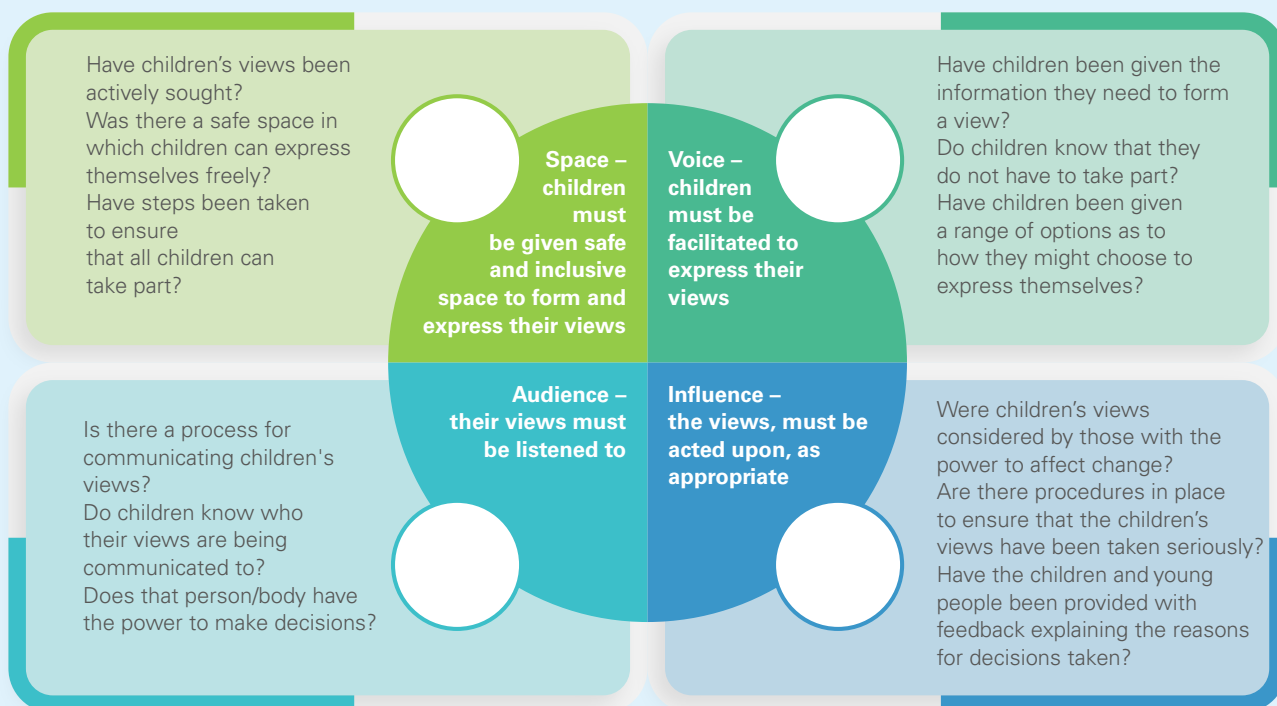


Figure 8. This schema is based on a model for assessment of child participation developed by Professor Laura Lundy of QUB¹⁹² for use in developing the National Strategy on Children and Young People's Participation in Decision-Making 2015-2020 by the Irish Department of Children and Youth Affairs (2015) available at <http://dcya.gov.ie/documents/playandrec/0150617NatStratParticipationReport.pdf>

¹⁹¹ Dash TR Say S Linking Future and Present Leaders: An Assessment of Youth Participation in Commune/Sangkat Planning and Budgeting Process UNICEF/API (2020) Phnom Penh

¹⁹² See Lundy L. Voice is not enough: Conceptualizing Article 12 of the UNCRC, British Educational Research Journal, Vol. 33, No. 6, pp. 927-42, 2007.



This situation can easily become a self-fulfilling prophecy, with both sides becoming apathetic and disillusioned with the whole governance system and less willing to engage with each other. It is a small wonder that AYS 2020 concluded that, overall, young people's participation in the development process is lacking.

There is a risk that the same thing could happen to the official mechanisms that RGC has established for dialogue and discussion between children and adult duty-bearers. The Cambodia National Council for Children has developed the National Child Participation Guidelines, which support children and adolescents to provide input on implementing the Convention on the Rights of the Child. Still, the CNCC itself meets very infrequently with children. MoEYS has developed Children's Councils in schools to disseminate information on child rights and allow children to learn leadership skills, but only 14.2 percent were functioning in 2018/19.

MoEYS has also established Youth Councils for upper secondary grades, networked through the National Council for Youth Development. In 2017/18, there were youth councils in 506 schools (about 26%), but many were not functioning due to a lack of clarity on the supporting mechanism and poor motivation and support at the local level.

Other dialogue, consultation, and civic engagement models have also emerged – volunteerism, youth work, research, and networking. Adolescent and youth networks like the Adolescent and Youth Reference Group (AYRG) have increased engagement in policy dialogues related to violence against children, child marriage, and children deprived of liberty.

Young people feature prominently as respondents in research and advocacy publications, including in RGC-led research and data collection. Many of these initiatives' quality, effectiveness, and impact



CHILDREN SAY HEAR OUR VOICE

This is what children and adolescents aged 10-19 from Phnom Penh and Ratanakiri told us when we asked them about child participation

- Empower children/adolescents to participate
- Ensure that children/adolescents participate in planning and implementing programs/activities that affect them
- Create and support opportunities for meaningful participation by children/adolescents in their communities
- Engage children in community development and awareness raising activities in communities
- Improve awareness of children's rights at community level

vary, and it is not always possible to catalog them as consultative, collaborative, or child-led. Still, few appear to enhance children's voice or agency significantly, and young people themselves feel that there is a long way to go. The problem in child participation is not children's capacity to speak out but adults' capacity to hear them.

There is still insufficient space and capacity for young people to organize locally. Traveling to group and community events can be difficult, even unsafe, especially for young girls. Other factors that inhibit youth engagement include limited education and experience, low self-confidence, and shyness.¹⁹³ Social norms are another reason why youth engagement in social issues is still relatively muted in Cambodia.

¹⁹³ See Parkinson S. USAID op cit.



Most respondents in AYS 2020 felt that either parents, guardians, or husbands control their civic participation. Even those over 18 reported needing permission from parents or guardians before attending community activities, training workshops, seminars, meetings, social events, or volunteer work. Some parents actively discourage their children from engaging in community or civic activities because of the country's history and political environment. At the community level, young people are constrained by the commonly held cultural expectation that they should listen to their elders, not vice versa. AYS 2020 indicates that young people widely accept this precept.

AYS 2020 highlights people with disabilities and LGBTQ+ young people being excluded from public fora. Young people who became involved in local issues found government counterparts were resistant to accountability, and those who spoke out risked censorship and ostracism and were likely to self-censor. Some inevitably give up trying to participate. So, despite official structures, systems, and processes for child participation in decision-making, when assessed against Lundy's criteria (Figure 8), young people in Cambodia have insufficient space, voice, audience, and influence to participate productively in social processes as they wish. The government is committed to strengthening children's and adolescents' civic engagement and has established various processes and mechanisms to facilitate dialogue between young people and government structures.



These have had various degrees of success. However, children's voices are muted largely by a lack of resources and political commitment at ground level, inexperience in intergenerational dialogue, and strong expectations of submissive silence from young people until they are well into their twenties. Despite having higher levels of education and a far wider knowledge of the world than the previous generation, Cambodian young people generally accept these norms and tend to defer to their elders. This acceptance is exacerbated by a socio-political context that restricts public debate and tightly controls civic space.

None of the AYS FGD participants reported their presence in a community meeting or any discussions with development partners or NGOs beyond participation in health or WASH training in their school or community. None of the respondents in the structured survey reported any meaningful engagement in community development plans or programs related to them either. Even those over 18 had to receive permission before attending a class, training workshop, seminar, meeting, social event or campaign, or even undertaking volunteer work. Only 40 percent of AYS 2020 respondents reported participating in the last elections.

In terms of child rights, therefore, it may be more productive to adopt the twin-track approach of expanding civic space in Cambodia generally while simultaneously strengthening, expanding, and extending specific mechanisms to facilitate dialogue and cooperation between children, adolescents, and adult duty-bearers and decision-makers, including parents. Children themselves need to learn the value of child participation and civic engagement. Expanding and strengthening the range and quality of child/adolescent participation models and communication channels will likely increase children's confidence and competence in civic engagement, which will pay off in the long term and have immediate benefits. It also models safe and successful models of civic engagement to adults, both inside and outside government structures, and hopefully improves duty-bearers listening capacity, thus strengthening participation generally.



CHAPTER 6. Conclusions and recommendations

Cambodia is a young country that has made significant social and economic progress in a relatively short period. The country is a signatory to all the core international treaties, and human rights values are stipulated in the country's Constitution, but need to be more deeply embedded into Cambodian society. Two decades of rapid economic development have brought the country to a lower middle-income status. After a dip in annual economic growth rates caused by the COVID-19 pandemic, forecasts are positive for the resumption of the country's steady progressive growth and development pattern.

Government Ministries display stable leadership and political goodwill toward children's welfare but have a limited understanding of the concept or practice of child rights. There is a national framework of laws, policies, strategies, and services to protect children's rights and enhance the quality of their lives. But gaps in the legal/policy framework, inadequate investment in children's services over many years, and poor monitoring, implementation, and enforcement mechanisms at the local level have left a sizeable minority of children at risk of violence, sexual exploitation, child labor, trafficking, and child marriage. The education status of the general population is rising, but the quality of education is still poor, dropout rates are high, and educational outcomes lag behind other middle-income countries.

While the country has made significant economic gains over the last two decades, many families remain extremely vulnerable to the impact of a potential myriad of shocks facing Cambodia over the next few years. Significant numbers of children and their families in Cambodia face a potential poly-crisis of acute social, economic, and environmental shocks, with their capacity and resilience weakened by decades of ongoing chronic poverty-related stresses. These shocks threaten to reverse decades

of development gain. As Cambodia faces achieving middle-income status, it must recognize that significant adaptations to its current development model will be needed to meet the raised expectations of a young, middle-income population and cope with the faster pace and increased hazards of a new development landscape.

Five significant factors will likely shape the context of Cambodian children's lives over the next decade – climate change/environmental damage, urbanization, migration, governance and accountability to address operational and allocative efficiency of fiscal management, and inequality. There are national development strategies to address all these issues, to a greater or lesser extent, but they seem to be on a status-quo pace of change that may be unrealistic. Whereas the National ECE Action Plan, the National Action Plan on Youth Development 2022-2026, the Food Security and Nutrition Strategy, and the National Social Protection Framework provide specific space for child-focused measures, including a focus on inter-sectoral collaboration and indicators, the overall policy framework shies away from being sufficiently child-focused. Despite the NSDP 2019-2023, for example, providing a holistic framework for socio-economic development, the sector strategies tend to promote siloed, fragmented responses rather than a multivariate approach that takes account of the cumulative, exponential impact of a crisis in one area on the other factors.

Climate change will likely be the key factor in social change over the next decade. Its ongoing long-term effect on children's lives and likely crisis impact must be central to future scenario planning for families and children. Cambodia is universally considered particularly vulnerable to climate change and has noted increased extreme weather events. Dedicated government strategies and structures



are in place to address the impact of climate change and environmental destruction. Still, there is no clear understanding of the potential impact of climate change on children. Climate, Energy, and Environment (CEE) planning must assume a greater urgency to challenge the blockages currently impeding action and place children at the center of policy discourse and program response.

Migration is not envisaged to have a major impact on demographic change. Still, the government's industrialization strategy, combined with environmental displacement, reform of the agriculture sector, and rising indebtedness, is likely to provide a significant 'push' to rural/urban migration in the next decade that could hollow out many rural communities and tip urban settlements into poverty as well. While urban growth in Cambodia has been slower than in other countries to date, it has been largely unplanned and constrained by limited infrastructure and services and weak institutional capacity for policy, financing, planning, implementation, and enforcement. This unplanned growth will likely result in sprawl, congestion, slums, increased vulnerability to flooding, pollution, and poor service delivery.¹⁹⁴ As migration becomes increasingly feminized, the flow of girls and young women to the cities searching for work will likely disrupt traditional child-rearing and community protection mechanisms and overload existing services, further exacerbating a discrete cycle of urban decline. There is a risk of a rise in single-parent families and children affected by migration, with reduced protective environments and a higher risk of abuse and exploitation.

Official projections assume that Cambodia will return to strong economic growth after COVID-19, but there can be no guarantee that this will happen, and future economic shocks are a distinct possibility. Industrial growth still relies on a low-skill, low-income workforce, and the education system requires intensive reform and investment

before it can produce a sufficiently qualified, high-skilled workforce that can drive business innovation and entrepreneurship. Previous economic growth contributed significantly to poverty reduction, and there was a perception that everybody was sharing in the rising economic tide in Cambodia. However, since COVID-19, the number in poverty has risen, with children remaining at higher risk of poverty, and it is not realistic to expect that economic growth alone, without redistribution of resources, will be able to make the same dent in rising poverty levels as previously, especially if external migration opportunities shrink.

The government has instituted social protection schemes, but these need to be expanded considerably and will not be sufficient to eliminate poverty. Eliminating or even reducing poverty will not be achieved without addressing inequality. Reducing family poverty and enhancing child welfare in Cambodia over the coming decade is likely to require a major redistribution of resources, not just to enable a far larger investment of public funds in health, education, and the social protection sector but also to reform labor and business practices to eliminate sexual harassment, gender disparity, and child labor.

Improved financial governance and public sector reform (PSR) constitutes a significant strand of NSDP 2019-2023. Cambodia ranked 157 out of 180 countries on the Corruption Perception Index (CPI) in 2021, with a score of only 23/100, the lowest in Southeast Asia.¹⁹⁵ The government has taken measures to address corruption, but enforcement needs to be stronger.¹⁹⁶ BTI 2022 notes that in 2021, one-third (33%) of Cambodians perceived corruption as a significant problem.¹⁹⁷ Strengthening financial governance would improve families' access to their entitlements as well as widen development and provision of family support and child-related services by diverting funds for service provision.

¹⁹⁴ Baker J. et al. Cambodia Achieving the Potential of Urbanisation World Bank Group (2018) Washington DC

¹⁹⁵ Transparency International Cambodia at <https://www.transparency.org/en/countries/cambodia> accessed 20 September 2022.

¹⁹⁶ Corruption Perception Index 2022 by Transparency International (<https://www.transparency.org/en/countries/cambodia>).

¹⁹⁷ BTI 2022 op cit.



A major realignment of social norms will also be required to eliminate inequality, especially gender inequality, and realize the full potential of women, children, people with disabilities, and other marginalized populations, and ensure that their contribution to Cambodian society, particularly in child welfare, is recognized, rewarded, and encouraged.

While the government of Cambodia will continue to require technical assistance and support to address these barriers to children's rights, the main challenges lie in moving public discourse towards a child-rights perspective, expanding the constituency of support for children's rights and welfare, and harnessing the latent potential of civil society, women, parents, children, and adolescents to articulate, develop, implement, and oversee a far wider range of responses to child rights violations than currently exists. It is unlikely that any significant change in public support for children's rights will occur without a major shift in social attitudes towards women and children. Actively and explicitly challenging gender inequality must be a core element of any successful child-rights strategy.

Public discourse in Cambodia needs to explore the links between poverty and inequality sufficiently. Research is heavily skewed in favor of vertical and geographical analyses of poverty. Rural/urban and zonal differentials and comparisons between higher and lower wealth quintiles are well documented, and priority areas for investment have been pinpointed quite accurately. However, public discussion on gender disparities is still at an early stage. There is comparatively little data or research on disability or ethnicity (globally acknowledged determinants of inequality) and limited intersectional analysis of equity, poverty, deprivation, and risk. This skewed research base inevitably restricts the range, scope, effectiveness, and impact of envisaged responses and reduces the options open to development actors and child-rights stakeholders.

The constituency of support for children's rights is limited, and political constraints on civic space reduce the potential impact of non-governmental duty-bearers. The current partnership framework between the government and civil society limits the vast potential of Cambodian CSOs to help fully realize children's rights and welfare. The silence on children's issues from academia and the media is debilitating, and the private sector needs to be further challenged, not just to step up and meet their practical responsibilities to children by addressing the numerous violations acknowledged in their sector but also to contribute positively and pro-actively towards child-rights and gender equality discourse.

Cambodia will likely face considerable challenges to its development gains over the next decade. Still, it has a long history of steady, successful development progress and a knowledgeable and committed government workforce to carry through reform. The non-governmental sector, too, shows enormous potential and willingness to work on children's issues, given the proper supportive framework and resources. Above all else, the country has the advantage of a young population who seem willing and able to shape their country and society actively. The government recognizes their vital role in economic development. Still, children, adolescents, and young people rightly see themselves playing a greater part in shaping Cambodian society, not just its economy. Recognizing the value of listening to children, the government has already established mechanisms for engagement and dialogue with children and adolescents, and these will have to be further expanded and extended to enable children to become more visible and vocal in every aspect of development discourse and realize their full potential to themselves, their community, and Cambodia.



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