



# CHILD RIGHTS IN THE TONLÉ SAP



Save the Children

FEBRUARY 2018



# CONTENTS

<b>List of Acronyms</b>	<b>4</b>	<b>5. Child Poverty</b>	<b>33</b>
<b>List of Tables</b>	<b>5</b>	5.1 Literature Review	33
<b>List of Figures</b>	<b>5</b>	5.2. Results from Quantitative (Survey) Data	33
<b>Save the Children Acknowledgements</b>	<b>6</b>	5.2.1 Income	33
<b>ADIC Acknowledgements</b>	<b>7</b>	5.2.2 Household Consumption	34
<b>Executive Summary</b>	<b>8</b>	5.2.3 Migration	35
<b>Key Findings and Recommendations</b>	<b>10</b>	5.3. Results from Qualitative Data	37
<b>1. Introduction</b>	<b>15</b>	<b>6. Child Protection</b>	<b>39</b>
<b>2. Research Methodology</b>	<b>17</b>	6.1 Literature Review	39
2.1 Guiding Concepts and Issues	17	6.2 Results from Quantitative (Survey) Data	39
2.2 Review of Documents	17	6.3 Results from Qualitative Data	43
2.3 Geographic Context	17	6.3.1 Unattended Children and Child Labor	43
2.4 Quantitative Sources	18	6.3.2 Violence and Discrimination against Children in Family and Public Space	43
2.5 Qualitative Sources	18	6.3.3 Sexual Abuse	44
2.6 Analytical Framework	19	6.3.4 Social and Legal Responses	44
<b>3. Health and Nutrition</b>	<b>20</b>	<b>7. Child Rights Governance</b>	<b>45</b>
3.1 Literature Review	20	7.1 Literature Review	45
3.2 Results for Primary Data (survey)	21	7.2 Results from Quantitative (Survey) Data	46
3.2.1 Basic meals	21	7.3 Results from Qualitative Data	47
3.2.2 Reproductive health	21	<b>8. Conclusion and Suggestions for Programs</b>	<b>49</b>
3.2.3 Family planning	21	8.1 Health and Nutrition	49
3.2.4 Water, Sanitation and Hygiene	23	8.1.1 Summary	49
3.3 Results from Qualitative Data	25	8.1.2 Recommendations	49
3.3.1 Maternal, Newborn, and Reproductive Health	25	8.2 Education	50
3.3.2 Child Health	25	8.2.1 Summary	50
3.3.3 Water Sanitation and Hygiene	25	8.2.2 Recommendations	50
3.3.4 Human Immunodeficiency Virus (HIV) and Clinical Services	26	8.3 Child Poverty	51
<b>4. Education</b>	<b>27</b>	8.3.1 Summary	51
4.1. Literature Review	27	8.3.2 Recommendations	51
4.2. Results from Quantitative (Survey) Data	28	8.4 Child Protection	51
4.2.1. Caregivers	28	8.4.1 Summary	51
4.2.2. Children's Test on Math and Reading	31	8.4.2 Recommendations	52
4.3. Results from Qualitative Data	31	8.5 Child Rights Governance	52
4.3.1 Common Issues	31	8.5.1 Summary	52
4.3.2 Technical Dimension	32	8.5.2 Recommendations	52
4.3.3 Cross-Cutting Issues	32		

# LIST OF ACRONYMS

<b>ADIC</b>	Analyzing Development Issues Centre	<b>MoEYS</b>	Ministry of Education, Youth, and Sport
<b>ANC</b>	Ante-Natal Care	<b>MoI</b>	Ministry of Interior
<b>CC</b>	Commune Council	<b>MoP</b>	Ministry of Planning
<b>CCWC</b>	Commune Committee for Women and Children	<b>MoSVY</b>	Ministry of Social affairs, Veterans and Youth rehabilitation
<b>CDHS</b>	Cambodia Demographic and Health Survey	<b>MoWA</b>	Ministry of Women Affairs
<b>CFS</b>	Children Friendly School	<b>NGO</b>	Non-Governmental Organization
<b>CIP</b>	Commune Investment Plan	<b>NGO CRC</b>	NGO Committee on the Rights of the Child
<b>CPA</b>	Complementary Package of Activity	<b>OD</b>	Operational District
<b>CRC</b>	Cambodia Red Cross	<b>OEC</b>	Operations Enfants du Cambodge
<b>CRIA</b>	Child Rights Impact Assessment	<b>PST</b>	Pursat
<b>CSO</b>	Civil Society Organization	<b>RACHA</b>	Reproductive and Child Health Alliance
<b>CSES</b>	Cambodia Socio-Economic Survey	<b>SC</b>	Save the Children
<b>DCWC</b>	District Council for Women and Children	<b>STDs</b>	Sexually transmitted diseases
<b>DDSP</b>	Disability Development Service Program	<b>WASH</b>	Water Sanitation and Hygiene
<b>ECCD</b>	Early Child Care and Development	<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>EMIS</b>	Education Management Information System	<b>UNICEF</b>	United Nations Children's Fund
<b>ERC</b>	Education Research Council	<b>UYFC</b>	Union of Youth Federation of Cambodia
<b>FGD</b>	Focus Group Discussion		
<b>HEF</b>	Health Equity Fund		
<b>KCN</b>	Kampong Chhnang		
<b>KHR</b>	Khmer Riel		
<b>Licadho</b>	Cambodian League for the Promotion and Defense of Human Rights		

# LIST OF TABLES

Table 1: Samples of Survey Interviews	18
Table 2: Sources for Key Informant Interviews	19
Table 3: FGD Classification per Ethnicity	19
Table 4: Caregiver report on reproductive health	22
Table 5: Source of drinking water (improved sources highlighted in grey)	23
Table 6: Water Treatment	24
Table 7: Latrine facilities	24
Table 8: Caregivers' expected level of schooling to be completed by their children	28
Table 9: Challenges caregivers face in sending children to schools	29
Table 10: Children-Reported School Materials and Dreams	30
Table 11: Annual household expenditure on education and health	34
Table 12: Experience with Disasters and Support	35
Table 13: Household Debts	36
Table 14: Caregivers Report on Migration	36
Table 15: Source of Information about Employment Opportunities	37
Table 16: Child-Reported Adult Family Members on Disciplinary Behavior	41
Table 17: Children's Safety	42
Table 18: Caregivers-Reported Type of Support Children Received	43
Table 19: Children's Awareness of Child Rights	46
Table 20: Children vs. Caregivers' Engagement with Adult Decisions and Expression of Ideas	47
Table 21: Caregivers Allowing Children to Participate in Community Activities	48

# LIST OF FIGURES

Figure 1: Zones and Study Villages	17
Figure 2: Child-reported recent symptoms of illness	22
Figure 3: Children-reported washing hands with soap	24
Figure 4: Analysis of Progress of Outcome Indicators by Sub-sector (ECCD)	27
Figure 5: School dropout at lower and secondary level based on EMIS data	29
Figure 6: Caregivers-reported dropout	29
Figure 7: Caregivers-reported dropout in each age group of children	30
Figure 8: Children-Reported Math and Reading Test	31
Figure 9: Income sources	33
Figure 10: Caregivers' Self-Reported Positive and Negative Behaviors to Children	40
Figure 11: Caregivers-Reported Child Work in the Family	41
Figure 12: Caregiver's Plans for Children in the Case of Parent Death or Serious Health Problems	42

# SAVE THE CHILDREN ACKNOWLEDGEMENTS

Save the Children's mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. We work with communities, government and local NGO partners to improve children's lives. Our work focuses on the most marginalized and disadvantaged children, especially those living in remote and hard to reach areas. With this strategic priority, Save the Children has been working with the communities of the Tonle Sap River and lake for almost 20 years. Children living in these villages are some of the least likely to have access to quality government services. The relative isolation of these communities, the difficulty and cost of establishing infrastructure, and the environmental aspects of living on the lake all contribute to the limited fulfillment of children's primary needs and rights.

Thus, Save the Children sought to undertake an in-depth situation analysis of the children and families in the remote Tonle Sap regions of Kampong Chhnang and Pursat. This geographically and socially complex context, and the unique floating way of life, calls for innovative, evidence-based solutions that take into account children's holistic development needs and respond to Save the Children's priority thematic areas: Health and Nutrition (including WASH), Education (including Basic Education and Early Childhood Care and Development), Child Protection, Child Poverty and Child Rights Governance, as well as the crosscutting issues of gender, disability, and Disaster Risk Reduction and Climate Change Adaptation. It is our hope that the evidence contained in this report sheds light on the everyday complex realities of these communities, and elevates their voice into the policy- and decision-making that impacts their lives.

Save the Children would like to thank ADIC for carrying out this study in a very challenging research environment. We would also like to thank our staff who work tirelessly to deliver pilot programmes to the Tonle Sap communities, our national and sub-national government partners in this effort, and all of those who assisted ADIC in their field work. Most importantly, we want to express our immense appreciation to the children, caregivers, and local service providers and authorities who shared their time, experiences, and voices; which contributed to this rich written insight into their communities.

# ADIC ACKNOWLEDGEMENTS

We would to express sincere appreciation to the Save the Children (SC) team for the excellent support in providing direction for the study and field work coordination in Kampong Chhnang and Pursat Provinces. They include Mr. Jarret Guajardo, Head of Evidence and Learning—for his active and invaluable contribution from design, sampling, results checking and report finalization--and his team members Mr. Uy Pov, and Mr. Put Sopheak, as well as staff members from those two provinces who offered kind support and assistance. We express profound gratitude to the parents, caregivers, children and key informants who offered us time for the interviews. We beg their indulgence as they sometimes waited long hours before our arrival.

We give due recognition to the ADIC team for diligence and hard work in the field. Allow us to give credence to the survey group: Mr. Chhun Channak, Ms. Soeung Chantha, Ms. Sek Sophoan, Ms. Lev Sophal and Mr. Chiem Dara for their effort in completing interviews as scheduled; the qualitative methods facilitators: Mr. Orm Sovannavuth, Mr. Sar Sophana, Mr. Keo Bora, Ms. Phoeun Chansophorn, Ms. Yem Sophen and Ms. Chheng Keoratha for their well-organised facilitation and documentation that were promptly submitted. Special thanks to Mr. In Samrithy for his support and participation in developing strategic framework and along with us in the whole process together.

Lastly, we are grateful to Mr. Ian Slatter, our native English-language Editor. He patiently nitpicked our writing and made it sound right.

## **Analyzing Development Issues Centre**

Il Oeur  
Yorth Bunny  
So Dane  
Cham Soeun  
Abelardo Cruz



# EXECUTIVE SUMMARY

One of the world's most varied and productive ecosystems, the Tonlé Sap region is an essential part of Cambodia's food system and home to water- and land-based communities. Due to their remoteness and lack of equitable government investment and services tailored to their needs, these communities contain some of the country's most disadvantaged and marginalized people. In a country where 65% of the population is under 30, children are disproportionately impacted by poor access to essential services and household vulnerability to natural and economic shocks. Under such conditions, significant numbers of children in these communities fail to realize their full potential. This dynamic not only leaves child rights unfulfilled, but perpetuates a vicious cycle of underdevelopment and inability to unleash the full potential of these unique communities as a whole.

This report provides a situation analysis of the experience of children and their families from a sample of 36 villages from the 137 targeted by Save the Children's Early Childhood Care and Development (ECCD) for Floating Villages project in the Tonlé Sap region of Kampong Chhnang and Pursat provinces. This project works in conjunction with the Ministry of Education, Youth, and Sport (MoEYS) to improve access to and quality of ECCD services through community and home-based programs for 0 to 5-year-olds, particularly for those from disadvantaged backgrounds.

The situation analysis includes a quantitative household survey administered to 404 primary caregivers<sup>1</sup> and 404 of their children ages 7-17. For complementary qualitative data, 34 Key Informant interviews (KIs) with local authorities and service providers and 17 Focus Group Discussions (FGDs) with Khmer, Vietnamese, and Cham caregivers and children were also conducted. With a focus on Save the Children's thematic areas of Child Poverty, Child Protection, Child Rights Governance, Education, and Health; this situation analysis represents a multi-sectoral overview of these areas to inform new initiatives in Save the Children's programming and advocacy in Cambodia.

The situation analysis finds that, despite various interventions and improvements in government services in the area, substantial issues related to remoteness and difficulties of travel still impact these communities. Children living in the villages on and around the Tonlé Sap River and Lake are some of the least likely to have access to quality health and education services as well as to healthy water, sanitation,

and hygiene conditions. The relative isolation of these communities, the difficulty of establishing infrastructure, and the environmental aspects of living on the lake all contribute to the limited fulfillment of children's rights. This geographically and socially complex context and the unique way of life call for innovative, non-traditional solutions that take into account a variety of factors.

A key issue for children in the region is the water focused (and often water-based) nature of their communities. Children frequently have social interactions and play limited by parents who are worried about their safety. They are often taken along for water-based work with parents who are afraid to leave them at home or need their labor to support their household livelihood. Government-implemented water safety education, guidelines and boat operation training were highlighted by Focus Group Participants as key initiatives that could be implemented to decrease risk of injury or death and improve quality of life for water-based and land-based communities alike. Increased investment in community-identified solutions such as this could encourage better water safety practices, and the development of cheaper, safe community transport systems could improve overall access to healthcare, education and other services.

Concerns regarding access and transportation have substantial impact on health outcomes for children. Families tend to use expensive, local, private health providers (who may or may not be properly trained). These private services account for 68% of out-of-pocket payments for healthcare in Cambodia but are still preferred to the substantial travel required to access government facilities. If government clinics are used, only 43% of these have the capacity to provide full healthcare access including referrals, immunizations, and maternal care among other services. Reliance on private providers and the high cost of travel mean that families may be forced to spend their savings if a child or family member becomes ill, increasing their vulnerability to poverty. Maternal care is frequently limited, with over a third of mothers relying on traditional birth attendants for birth and abortion services across the region. Improved access to healthcare through transportation services and clinical services would

---

1 As a result of the sampling strategy (targeting the adult who spends the most time with the children), most caregiver respondents were female. To develop a more complete understanding of communities, future studies should be designed to better include both male and female family members.

## EXECUTIVE SUMMARY

decrease financial insecurity and improve employment and educational outcomes.

Eighty percent of households in the region are in debt and more than half are below the national poverty line of \$1.11USD/day. This extreme financial burden impacts the lives of children by forcing many of them out of school and into work – 11% of all Cambodian children between 5-17 years old are involved in child labor. In the study sample, one-third of caregivers reported having at least one child work for money, and about 10% reported children working alone far from home. A stunning 54% of caregivers reported that their boys are helping to fish. One fifth of caregivers acknowledged having asked children to work to alleviate household debt. This debt burden and child labor can have harmful effects on children by limiting school attendance, separating children from family, exposing them to safety risks such as drowning when fishing, and putting them at increased risk of abuse and exploitation.

Improved access to and participation in quality education would dramatically improve the lives of children in the Tonlé Sap area. School provides a safe environment in which children can not only learn but also socialize and develop skills for employment, civic participation, and life. However,

quality of education is impacted by lack of qualified teachers. Few external teachers are willing to live in these remote communities, and low educational outcomes result in a vicious cycle of lack of local qualified teachers. Many children begin dropping out of school at Grade 7 (at about 14 years of age), when relatively low primary school dropout rates triple for girls and quadruple for boys as they enter lower secondary school. Dropouts were higher among water-based villages, boys, and minority children.

In terms of minorities, there is evidence that communities such as the Vietnamese are systematically excluded from participation in education due to challenges obtaining official birth certificates. Even once in school, minority children report experiencing higher levels of classroom discrimination and violence. Child-to-child interaction across ethnic groups at school or at home is low. For older children and those outside of the school system, there is limited access to vocational training, with only 5% of all children accessing any type of vocational training.

The following Key Findings section provides data highlighting the specific child rights deprivations faced by children, and recommendations for addressing them.



# KEY FINDINGS AND RECOMMENDATIONS

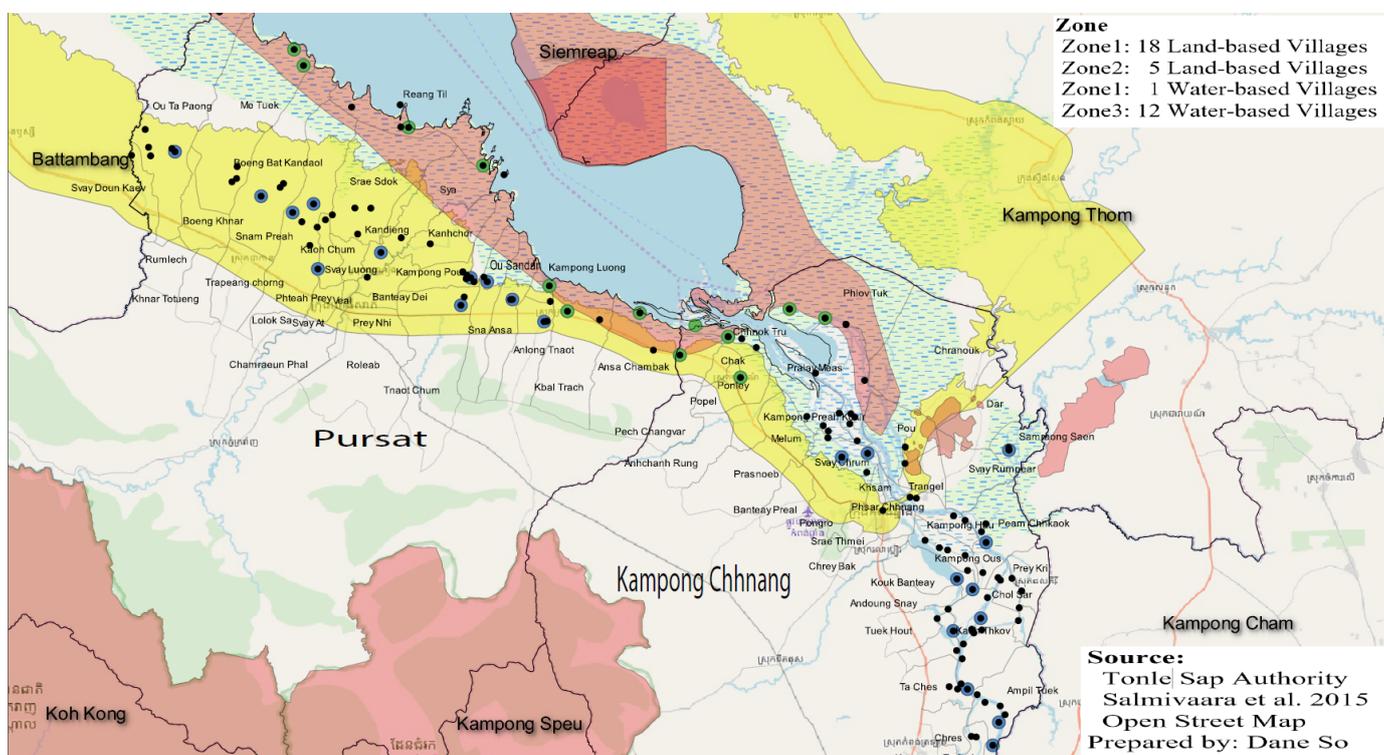
The Tonlé Sap is the largest lake in Cambodia. The livelihoods, health, education, and socio-cultural practices of the people are strongly associated with the pulse of the water in the Tonlé Sap and its environs where two types of communities co-exist: water-based communities near the lake's edges that are floating for at least six months of the year, and land-based communities in the flood-and-recession areas (and which are either never floating or floating for less than six months of the year).

Save the Children (SC) contracted Analyzing Development Issues Centre (ADIC) to conduct a situation analysis in the villages around the Tonlé Sap in Pursat and Kampong Chhnang. A multi-stage stratified random sampling method was used to identify 25% or 36 out of 137 villages targeted by SC's ECCD for Floating Villages project in both Kampong Chhnang and Pursat Provinces, comprising 404 caregivers

and 404 children. The qualitative methods employed were 34 Key Informant interviews (KIIs) and 17 Focus Group Discussions (FGDs) with Khmer, Vietnamese, and Cham caregivers and children.

## 1. HEALTH AND NUTRITION

The survey found that a small number of caregivers (4%) could not feed their children three meals per day, but that instances of malnutrition persist. Children in the areas are at risk of injuries due to wounds and transport accidents, occurring among 17% of households. Most households access private clinics as a first option when a family member is seriously ill (83%) due to the far distance of public health facilities. For the past six months, many children got sick mainly with



### Legend

- Zone 1
- Zone 2
- Zone 3
- 13 Study villages – Water-based
- 23 Study village – Land-based
- All target village

Map of Study Sites in Kampong Chhnang and Pursat

## KEY FINDINGS AND RECOMMENDATIONS

fever and cough (85%) and about half were treated by health professionals, but a third reported traveling far for treatment. There is no reproductive health information for 13-17 year old children. Few caregivers in the area ever practice family planning methods (41%). Only three fourths reported access to ante-natal services. One third reported having had their babies delivered by a traditional birth attendant, but over half were assisted by a midwife. Only two thirds of respondents reported having a post-natal checkup, and this was much lower in water-based areas (61%) versus land-based (74%).

Very few households have access to improved water sources (6%). Rainwater is the main water source during the wet season (40%) and a third access open water sources during the dry season (36%). At least three fourths of households treat water for drinking by boiling and using water filters. All caregivers said they wash their hands with soap, but only 18% of children 7-12 said they washed their hand with soap after using the bathroom. Only half of households have their own closed latrines.

### HEALTH AND NUTRITION RECOMMENDATIONS

- Continue to promote access by pregnant mothers and children under 5 to services provided by health centers for ante-natal care, post-natal care, and delivery of children through health professionals and trained traditional birth attendants.
- School feeding programs for young children may help address child malnourishment.
- Poor households should be encouraged to plant diversified crops in their backyards, container gardens, or in their farms to enable them to have diverse food sources. There are various crops which can be stored and are high in protein value (e.g. beans, mung beans, pulses, and grains) and can be dried and stored longer.
- Groups of caregivers may be organized to receive training on nutritious food and food preparation workshops. This can be tied to ECCD school feeding programs.
- Fish processing activities should be encouraged to enable fish protein sources to be available even during the off-fishing season, for example, sardine-making, smoking, drying and preparing dry-cooked fish snacks.
- Encourage actions by the community for transport to access health services, e.g., community-pooled transport funds.
- Sustain the health equity funds for indigent households and children and promote poor people's access to free health services.

- Village Health Volunteers, including community traditional birth attendants, should be trained in medicine dispensation for basic ailments and for emergency-response (first aid and child delivery).
- Encourage mothers to plant herbs that have medicinal properties which they can use in lieu of commercial medicines.
- Advocate for better state funding for the improvement of health center services, including boat transport for medical missions for on-site health consultation, medicine provision, vaccination, and other health services.

## 2. EDUCATION

Most caregivers highly value education, but most of them envision their children completing only upper secondary schooling (64%). The common issues in access to education are the difficulty of transport to schools and poverty. A high proportion of children drop out of school, progressing from a low of 5% in grade 6 to 17% in grade 7 to nearly 45% in Grade 12, with a higher rate among boys, water-based households, Cham and other minority households (such as Vietnamese). Even children presently in school do not complete their full school days of attendance, missing half a day per week on average. Pre-school attendance was not common practice previously, as only a third of children (31%) aged 7-12 years and only 18% of children 13-17 years ever attended pre-school.

To assess the learning outcomes of 7 – 12 year old children, 3 math word problems and 5 reading comprehension questions were administered. The majority of children could correctly answer at least one math problem, but only a third could do all 3 math problems. Almost all children could read well enough to answer at least one comprehension question about a simple 80-word passage, but only a third (38%) could correctly answer all 5 reading comprehension questions. This may be an indication of low numeracy and literacy.

### EDUCATION RECOMMENDATIONS

- Strengthen the quality of and access to education. Map out schools in the area to assess their facilities according to Child Friendly School standards. Encourage both government and donors to invest in improving school facilities, e.g., the pilot CFS in Pothi Kambor and Prey Meanchey villages of Veal commune. Encourage scholarship especially for poor children with good academic record to enable them to complete secondary school.

## KEY FINDINGS AND RECOMMENDATIONS

- Assist the Commune Councils in improving the state ECCD facilities and training of ECCD teachers. Promote complementary home-based ECCD to key caregivers or locally-based ECCD teachers to enable learning activities during periods of difficult access to ECCD centers.
- Encourage community-pooling for school transport project for students. Also, pedal-bikes (Pedalos) that can be used by children to cycle to school without using gasoline, which may address transport-related safety issues for the water-based communities.
- Engage workshops and businesses in the area in an Apprentice Program that can provide training in vocational skills for dropout children of working age (14 years and above, per allowable working age in the Cambodian Labour Law for non-hazardous work set at fifteen years of age).
- Promote enrolment of children into the government Provincial Vocational Training Center with a possible scholarship program.
- Promote completion of basic education up to Grade 12 through scholarship programs focused on poor and deserving students.
- Assist the Ministry of Education, Youth and Sport (MoEYS) and its District Offices to recruit more locally-based teachers for both ECCD and basic education. This may include an apprenticeship for local students that can assist ECCD programs that integrate school-based ECCD and home-based learning.

### 3. CHILD POVERTY

More than half of households earned less than US\$1.5 or 6000 Riels per person per day. Using the National Poverty Line of KHR 4,446 or US\$1.11, a third of households falls below the line, while another fourth of households are just above poverty line and at risk of falling back into poverty if affected by crop failure, disaster, sickness or loss of job.

Most households (80%) are in debt, with more among water-based households in Kampong Chhnang being in debt than in Pursat. MFIs are the main source of funds as opposed to moneylenders (69% vs. 44%). At least a fifth of caregivers asked their children to work to help repay debts. A little over a third (38%) of caregivers said they were unable to afford expenses for education and child health last year, more in Pursat and among water-based households.

Work migration by a member of the household is an alternative income source. Interestingly, only a third of households do not have any information about safe migration. A fifth of caregivers allowed their children to migrate for work with

a relative or a friend. Almost two fifths of caregivers (39%) reported that work migration resulted in their child dropping out of school. Children who dropped out from school report that they are ready to migrate for work. However, only 42% of them have information about safe migration. Very few children ever attended vocational skill training (5%). Few children knew any institution that could help them set up a business enterprise (17%). The main source of information about potential employment is relatives, then friends.

### CHILD POVERTY RECOMMENDATIONS

- Projects to stimulate school attendance and positive learning outcomes for all – possibly through scholarship programs, rice support, and skill/livelihood support to families.
- Vocational/skill training should focus on providing skill sets needed in current and future markets such as construction, fish and food processing, car repair, food business skills, electronic gadget repair, etc., preferably through local apprenticeships.
- Livelihood options for fishing, agriculture, and livestock should be enhanced through crop diversification with links to the market, fish processing and trading, and livestock raising.
- Promote safe migration education to minimize risks from exploitative work conditions and trafficking.
- Improve employment information available to young adults and children of work-ready age.

### 4. CHILD PROTECTION

Most caregivers (88%) agreed that there are rules in the family; similarly, most children in the younger age group (78%) and almost all older children (92%) cited moral and disciplinary measures in their family.

Almost all caregivers (95%) reported that their children work in the family. For girls, the most cited chores are house cleaning and cooking (77%), feeding animals (39%), and trading (36%). For boys, the most cited work is fishing (54%), followed by forest clearance (42%) and then followed near equally by cleaning, cooking, farming and feeding animals. Of concern is that 38% of boys and 26% of girls sell their labor and 6% of girls and 23% of boys work away from home.

More than half of caregivers reported never physically abusing their child (58%) but 30% admitted this type of behavior 'a few times' and 10% 'most times.' About half of caregivers reported shouting, yelling, or screaming at their children a few times in the past month (46%); and about

## KEY FINDINGS AND RECOMMENDATIONS

one-quarter reported resorting to this behavior about half the time in the past month (23%). Many caregivers reported acknowledging their children when the children do something well a few times (46%) and half the time (33%) in the past month. Explaining to the child when his/her behavior was wrong was a common practice. Most caregivers reported no physical (95%) or verbal (75%) abuse of their children by others in the community. Rather, most disciplinary actions were committed by parents as well as relatives. This happened when children do something wrong or are being stubborn, but it also associated with the parent's anger, bad mood or drunkenness. For Vietnamese and Cham children, they experienced higher levels of class room discrimination and reported being more regularly hit by adults and teachers.

Most children experienced being appreciated for their good work and being explained to when their behavior was bad. However, being yelled at was common (80% for younger children and 64% for older). Being hit by an adult family member was higher among younger children (70% for girls and 74% for boys) but lower among older children (64% for boys, 61% for girls). It is interesting to note that caregivers who more frequently acknowledged or praised the child for doing good things are less likely to shake, spank, hit or slap their children as opposed to those who do so less frequently. About a fifth of younger children had had someone yell at them. More than two fifths of children saw an adult shout, yell at, or scream at their friends or neighbors.

Child-to-child interaction across ethnic groups (Khmer, Cham, Vietnamese, etc.) at school or at home is low (25% among younger age group and 37% amongst older age group). Most children said they felt safe and happy in school (96% and 87% across the age groups). Both age groups experienced being yelled at by a teacher (70% among the younger group, 44% for the older group). Both age groups said a teacher hit them (82% for the younger group, 59% for the older group). Children were asked their view on alternative care if their parents died or suffered serious health problems. The least choice in both cases was the orphanage or living with neighbors. The preferred choice was living with their maternal grandparents, followed by their older siblings and paternal grandparents.

One fourth (25%) of caregivers reported that the young children received clothing, medical care, food, childcare, counseling, or emotional support, help with transportation or educational expenses or some other type of help from the extended family, neighbors/community, government, or NGOs. The government is the most cited provider for education, clothing, and monetary resources, followed by NGOs. Three fourths of surveyed children affirmed receiving some type of support.

## CHILD PROTECTION RECOMMENDATIONS

- Promote positive parenting. Assist caregivers or parents to have a better appreciation of how best to care for and support their children and eliminate all forms of violence against them.
- Strengthen the CCWC operations through community forums for law enforcers and parents to promote positive family values and to act to mitigate risky social behavior such as gang membership and substance-abuse; for example, local ordinances to prohibit selling alcohol to children.
- Encourage schools in the area to work with the CCWC to adopt child-monitoring of forms of corporal punishment, bullying, and verbal abuse of children.
- Enhance a safe and friendly environment in schools and in the community through child-to-child interaction and team building that would not discriminate against any ethnic groups.
- Encourage a women's forum among adults and adolescent girls, including adult males and law enforcers, to improve attitudes towards women, and focus on reducing domestic violence against women.
- Conduct a comprehensive survey of children with disabilities, including the types of disabilities and availability of services, so that a support program attending to their needs can be better planned and implemented.

## 5. CHILD RIGHTS GOVERNANCE

Half of children in the older age group of 13-17 years old said they knew their rights as children; this was lower among children 7-12 years old (24%). The right to life was the right most recalled.

Three fourths of caregivers said they explained their decisions to children (74%) and gave their children the chance to express their ideas (78%). The children's perspective (aged 13-17) is markedly lower on only aspects of given information (49%) and given the opportunity to express their ideas (63%), but 90% said decisions were explained to them, which is even higher than the responses of caregivers. The perspective is lower among children in the younger group: 38% reported being given information and 41% reported being allowed to express their ideas.

Regarding children's participation in the community, 67% of caregivers said they allow their children to participate in community activities; 53% allow their children's involvement in school leadership and decision-making; and, 26% said their Commune Council allocated funding for children's issues.

## KEY FINDINGS AND RECOMMENDATIONS

However, among the surveyed children, very few knew their Commune officers (14%); fewer had participated in any meeting in the past year (11%); and, very few knew of any change in budget for children's services (7%). For ethnic minority groups, the birth certificate has been an issue for their children, especially Vietnamese ethnic groups, which has prevented them from accessing the formal education system.

### CHILD RIGHTS GOVERNANCE RECOMMENDATIONS

- Reinforce awareness of child rights in schools and in the community through training of teachers, encouraging the operations of youth peer educators and involving parent groups.
- Encourage child participation in sub-national governance through a Child Management Day when children would manage the sub-national committees (Province, District, and Commune Councils) for at least a day and can oversee the government activities for that day.

- Support the advocacy of sub-national government, especially Sangkat, financial reforms that will provide them with more funding, including more funding to the national agencies for social protection (MoSVY and MoWA).
- Encourage schools to make active Child Councils as a forum for student participation and encourage community youth to organize themselves into self-help groups or associations that can attend to their interest (e.g. savings, enterprise, skills training) or enable them to participate in meaningful activities that reduces their risks (e.g. no drugs/alcohol campaigns, safer sexual behaviours, reducing gangsterism in favor of sports or cultural concerns, etc.).



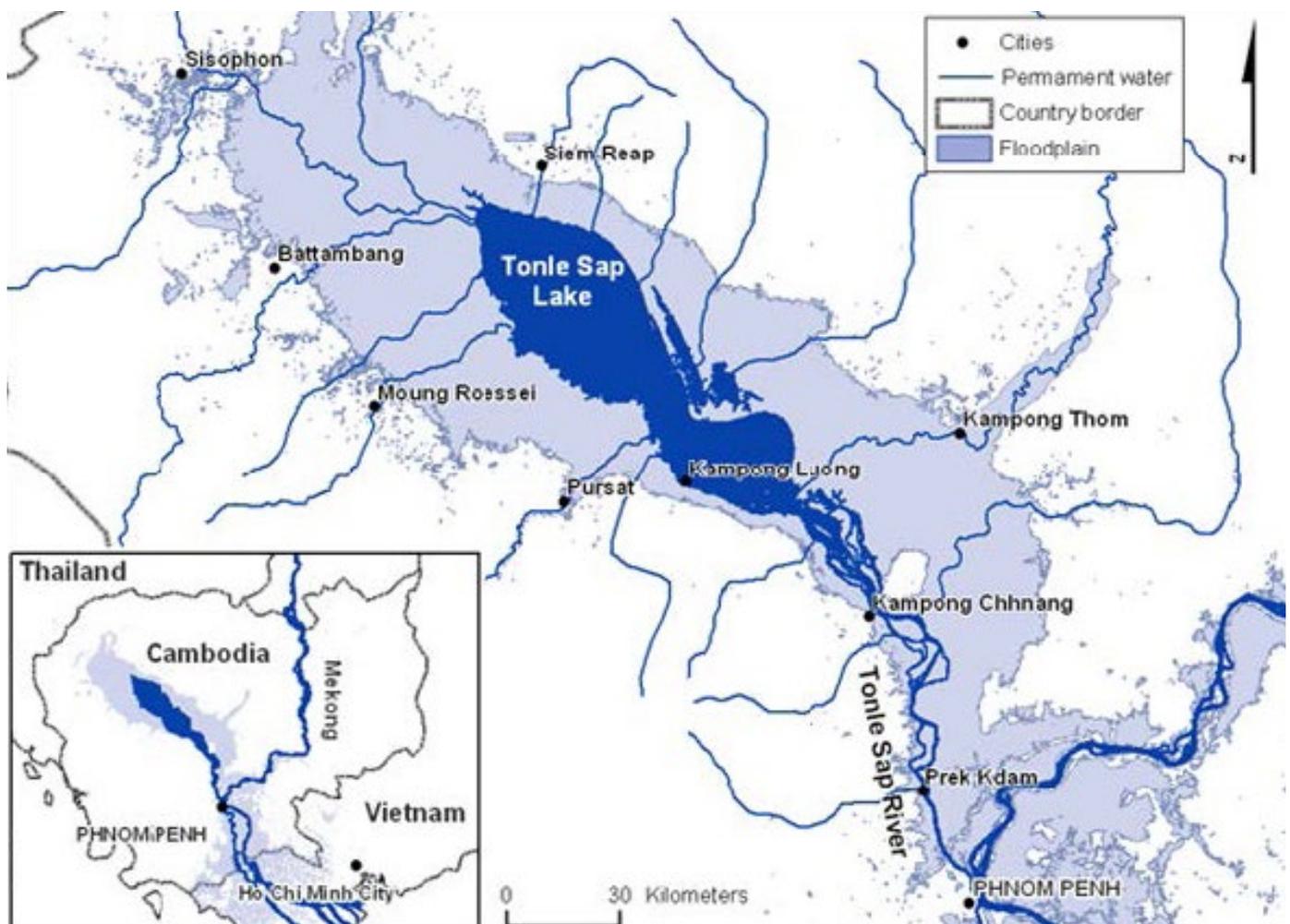
# 1. INTRODUCTION

The Tonlé Sap is the biggest lake in Cambodia. The livelihoods, health, education, and socio-cultural practices of the people are strongly associated with the pulse of the water in the Tonlé Sap, which expands up to six times its dry season size during the wet season.

Water-based and land-based communities near the water's edge make up most of the villages in Pursat and Kampong Chhnang provinces. Water-based communities live on boat houses on the Tonlé Sap and its tributaries. Land-based communities are in flood-and-recession areas and are a mix of fishing and farming economies. Water-land based communities, a third type of community, become water-based communities during the rainy season as they are inundated. There are also land-based communities located

at higher ground that is not normally flooded, except during times of extreme high water levels, and people there rely more on farming. All these types of communities are geographically and socially diverse and the dynamics of child rights are likewise differentiated. The various barriers faced by children living in these villages result in overall lower access to quality government services. The relative isolation of these communities, the difficulty and cost of establishing infrastructure, and the environmental aspects of living on the lake, all contribute to the limited meeting of children's primary needs.

Save the Children (SC) has been present in Cambodia for almost 40 years. It is actively supporting development in the country through five key thematic areas: Health and Nutrition



## 1. INTRODUCTION

(including WASH), Education (including Basic Education and Early Childhood Care and Development), Child Protection, Child Poverty, and Child Rights Governance; with crosscutting issues of gender, disability, disaster risk reduction and climate change adaptation. Save the Children has a current ECCD program in the communities of the Tonlé Sap River and Tonlé Sap Lake in Kampong Chhnang and Pursat provinces. This ECCD for Floating Villages project works in conjunction with the Ministry of Education, Youth, and Sport (MoEYS) to improve access to and quality of ECCD services through community and home-based programs for 0 to 5-year-olds, particularly for those from disadvantaged backgrounds, in 137 villages along the Tonlé Sap River and Tonlé Sap Lake in Kampong Chhnang and Pursat provinces.

The project implements low-cost community and home-based early childhood care and development programs with a holistic approach; aiming to create an enabling, child friendly environment that incorporates child participation, play, learning, stimulation, care and protection both at home and in specially constructed early childhood care and development resource centres. SC and partners are building the capacity of community-based ECCD facilitators, and training core mothers on child friendly home-based activities to nurture and support their children's development. The partnership is also strengthening local structures and the capacity of government, communities and local NGOs to support early childhood care and development program implementation, promote networking and coordination among all stakeholders, and facilitate advocacy activities focusing on children's holistic development.

Save the Children aims to further understand the situations of children in these water- and land-based communities in the two provinces. The field research looked into current household trends, behaviors, livelihoods, and socio-cultural practices that affect children, their rights, and their well-being. The research assessed the potential impact of future changes and trends in lifestyle for households, including the anticipated impacts of policies and decisions of the Royal Government of Cambodia (which may include relocation of affected communities nearer to the mainland) and changes in natural resource landscapes in the Tonlé Sap Lake.

Analyzing Development Issues Centre (ADIC) was contracted by Save the Children to conduct this situation analysis of children in the Tonlé Sap system. ADIC has several years of experience in research, strategic planning, and community development involving children in Cambodia. ADIC understands the unique context of those locations is fundamental to the design of the right approaches and efficient research into the situation.

The objectives of the situation analysis were:

- to provide in-depth insight in the nature of child rights deprivations in the Tonlé Sap floating villages context
- to provide a baseline set of data relevant for programming, monitoring, and evaluating progress in this area in coming years

ADIC conducted a survey of the situation to review and produce two initial concept notes and two advocacy briefing sheets for Save the Children to cover the following key areas:

- Situation of children living in the floating villages through the lens of Save the Children's thematic priorities: Health and Nutrition, including WASH; Education, including Basic Education and Early Childhood Care and Development; Child Protection, Child Poverty, and Child Rights Governance,
- Cross-sectoral analysis of government and private sector service provision in the floating villages and of relevant government mechanisms for responding to the needs of these citizens
- Likelihood of changes to the living situation of children and families in this area, including: migration and government plans to relocate the floating communities and how climate change and disasters may impact children, and recommendations for climate change adaptation activities
- Water safety issues and recommendations for future programming
- Analysis and recommendations for working with the most vulnerable groups in the communities, specifically children with disabilities, and ethnic minorities
- Identifying other significant factors (such as gender) that would impact the realisation of child rights in the floating villages, either currently or in the future

# 2. RESEARCH METHODOLOGY

## 2.1 GUIDING CONCEPTS AND ISSUES

A pre-assessment by the World Bank (2014) laid out key water and sanitation issues relevant to a child rights program. The common risks in the Tonlé Sap and its river system are associated with the lack of clean water supply, solid waste management, and the lack of sanitation facilities in schools in the area.

There are ethnic and cultural considerations as several communities are stratified into Vietnamese, Cham, and Khmer groups. Respondent households were made inclusive through the village chiefs, ensuring participation of Vietnamese and Cham households and with the services of an ethnic translator/facilitator.

The survey was done during the fishing season in November 2017. The study team was able to talk to female caregivers but less to males who were often out fishing. Caregivers are mostly the parents of the child but are defined by this study as a guardian or “a person over 17 years of age who spends the most time with the child”, including grandmothers, grandfathers, and aunts.

## 2.2 REVIEW OF DOCUMENTS

The study reviewed project proposals, journals, and other publications of Save the Children’s interventions in the targeted provinces, as well as government policies and related information. The review was conducted in accordance with SC’s thematic focus: Health and Nutrition (including WASH), Education (including Basic Education and Early Childhood Care and Development), Child Protection, Child Poverty, and Child Rights Governance.

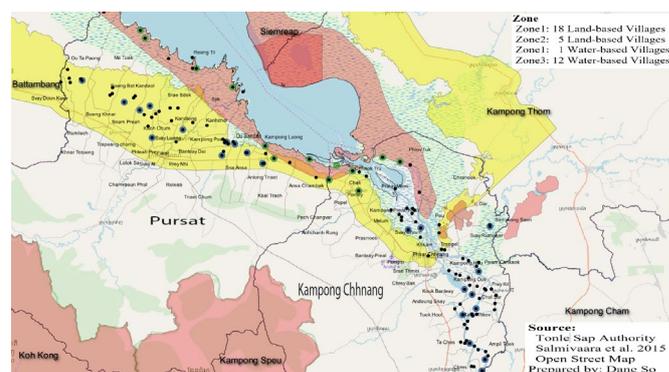
The review focused on two concerns:

- a) policy reforms on thematic issues of child care and protection; and,
- b) interventions by both state and non-government programs in education, livelihood, health and nutrition, and protection appropriate to the best interests of the child.

## 2.3 GEOGRAPHIC CONTEXT

The Tonlé Sap region covers parts of the six provinces of Kampong Chhnang, Pursat, Battambang, Banteay Meanchey, Siem Reap and Kampong Thom. In all, it is divided into 53 water-based villages, 36 water-land based villages, and 948 land-based villages<sup>2</sup>. It is also divided into three zones for different purposes including the core zone (3), buffer zone (2) and transition zone (1). The transition zone is where the sustainable management of resources is allowed, while the buffer zone is located in between the two to protect the potential damage of the core zone, an area for bird colonies, bird feeding areas and unique gallery forest<sup>3</sup>. This study covers Zone 1 (18 land-based villages and 1 water-based villages), Zone 2 (5 land-based villages), and Zone 3 (12 water-based villages). (See Figure 1).

Figure 1: Zones and Study Villages



### Legend

- Zone 1: 18 Land-based Villages, 1 Water-based village
- Zone 2: 5 Land-based Villages
- Zone 3: 12 Water-based Villages

2 Johnstone, G. et al. (2013) CGIAR Research Program on Aquatic Agricultural Systems. Penang, Malaysia. Project Report: AAS-2013-28, <https://www.worldfishcenter.org/content/Tonlé-sap-scoping-report>

3 Tonlé Sap: Experience and Lessons Learned Brief, 2006

## 2. RESEARCH METHODOLOGY

### 2.4 QUANTITATIVE SOURCES

A multi-stage stratified random sampling method was used to identify 25% or 36 out of 137 villages targeted by SC's ECCD for Floating Villages project in both Kampong Chhnang and Pursat Provinces<sup>4</sup>. The stratification was based on (a) the geographical and ecological characteristics of the Tonlé Sap that covers both water-based and land-based villages and (b) distance from the village to commune center<sup>5</sup>. The sampling unit is the household. The sample households were selected from the village list, consulted with the village chief, and found using random count. Interviews were conducted with one caregiver and one child of each household. A balanced proportion was aimed at for gender and between two age groups of the children (the older 13-17 years and the younger 7-12 years). The respondent child was alternately selected when there are two or more children under different age group to avoid higher concentration on any particular age group<sup>6</sup>. The household sample covered a majority of Khmer people but with representation of minority groups of Vietnamese and Cham/Muslim communities and households based on the ethnic composition of the village household list. (See Table 1).

### 2.5 QUALITATIVE SOURCES

Key informant interviews (KII) were conducted with provincial and district officers from the Departments of Labor, Women's Affairs, Education, and Social Affairs, including health center staff and primary school administrators. The focus was on policies and the effectiveness of service interventions along thematic areas. Secondary data per theme was also collected. Group interviews were done with the Commune Council and/or the Commune Committee for Women and Children (CCWC). A total of 34 Key Informants were interviewed (See Table 2).

Seventeen Focus Group Discussions (FGDs) were conducted: 6 with adults and 11 with children. Among adults, FGDs focused on the household situation, knowledge, attitudes and practice (KAP) on the SC themes, extant community interventions and their effectiveness, and on what could be done to improve the situation of children. Village Resources Mapping and Seasonal Calendar tools were used to show the changing patterns of community livelihoods. With children, the FGDs focused on their experiences, understanding of rights, and their aspirations for the future. It used tools like

**Table 1: Samples of Survey Interviews**

Particular	Water-based	Land Based <sup>7</sup>	Total
#Villages in Kampong Chhnang	6	12	18
#Villages in Pursat	7	11	18
# Total both provinces	13	23	36
# Parent or caregiver respondents	148	256	404
# Children 7-12 years old responding (50%)	72	130	202
Male	31	68	99
Female	41	62	103
# Children 13-17 years old responding (50%)	76	126	202
Male	35	67	102
Female	41	59	100
# Total children 7 – 17 years old	148	256	404
# Total number of children in all 404 caregiver families 7-17 years old	383	561	944
# Children with disabilities (Male 9, Female 9)	8	10	18
# Ethnicity			
Khmer caregivers	124	242	366
Muslim caregivers	1	12	13
Vietnamese caregivers	23	2	25
<b>Total</b>	<b>148</b>	<b>256</b>	<b>404</b>

4 ADIC and Save the Children identified sampling procedures together based on an early study conducted by DC Research in Early Childhood Care and Development for Floating Villages.

5 Water-based villages are defined as those floating for more than 6 months while land-based villages are floating less than 6 months each year. A far village is defined as more than 4 km away from the commune center. The inception report provided details of methodology.

6 Alternate selection meant the Supervisor alternate the age group across the cluster sample size per village

7 One of the land-based villages (Kampong Thkoul village) was reclassified as water-based based on an ECCD baseline survey done earlier.

## 2. RESEARCH METHODOLOGY

**Table 2: Sources for Key Informant Interviews**

Key Informant Interview Group	Kampong Chhnang	Pursat	Total
Department of Education	–	1	1
Department of Health	–	1	1
Department of Social Affairs	–	1	1
Department of Labor	1	–	1
Department of Women's Affairs	1	–	1
Health/Operational District	–	2	2
District Committee for Women and Children	1	2	3
District Education	2	1	3
District Social Affairs	2	–	2
Commune Committee for Women and Children	3	4	7
Health Centers	3	2	5
Primary Schools	4	1	5
Secondary Schools	2	–	2
<b>Total</b>	<b>19</b>	<b>15</b>	<b>34</b>

**Table 3: FGD Classification per Ethnicity**

FGD	Khmer	Vietnamese	Cham
Children	1 water-based boys, 1 water-based girls (2 total)	1 water-based boys, 1 water-based girls (2 total)	1 water-based boys, 1 water-based girls (2 total)
	1 land-based boys, 1 land-based girls (2 total)	1 land-based boys, 1 land-based girls (2 total)	Only one land-based community with Cham, so no need for FGD
	1 Khmer and Vietnamese girl mixed FGD		
Adults	1 water-based mixed sex	1 water-based mixed sex	1 water-based mixed sex
	1 land-based mixed sex	1 land-based mixed sex	1 land-based mixed sex

'body drawing' about what makes them happy/unhappy and a satisfaction rating on the four thematic areas of education, child protection, health and nutrition, and expression and participation.

### 2.6 ANALYTICAL FRAMEWORK

The situation analysis gathered information about caregivers, children, and communities in the target area to help the SC team to better tailor intervention activities. Child rights deprivations in practice may be due to household and social conditions such as poverty, inadequate services, vulnerabilities to disasters, or child labour that exposes them to abuse. These deprivations hinder children and their families from fully realising their rights.

The data and information from the study is analysed along SC's five themes. Within each theme data and information were sorted to bring out the specificity of the situation. This

was done by geographical area, by the type of community, by eco-system, by ethnicity, by gender, and by the child's age group.

The data from the surveys, qualitative information from interviews and group discussions, and secondary information was triangulated. Analysis was conducted per category of households and children, the community and institutional situation, and the policy and enabling environment at the level of the state. The survey was designed with knowledge, attitudes and practices (KAP) as focal points of analysis. The outcome areas are along policy, learning and 'behaviour and achievement of impact' indicators (specific to SC or government-mandated indicators for a given sector theme). Qualitative information was used to inform the analysis of the socio-cultural factors that inhibit the practice of child rights or make children vulnerable, such as prevalent cultural practices, ethnic differences, changing environment due to consistent disaster conditions, and other factors.

# 3. HEALTH AND NUTRITION

## 3.1 LITERATURE REVIEW

Despite Cambodia's success in health improvement in recent decades (CDHS 2014), there remain more challenges as 41% of children under 5 years were found to be stunted while 29% were underweight (CDHS 2014). The percentage of children and women suffering from anemia had hardly improved from previous assessment, being at 45% in 2014. Fourteen percent of women aged 15-49 are underweight, that is, they fall below the body mass index (BMI) cutoff of 18.5 (CDHS 2014). For WASH, 52% of households did not have access to improved drinking water and 53% did not have access to improved sanitation in 2015 in rural Cambodia (CSES 2015).

The two most salient health-related problems linked to poverty in Cambodia are malnutrition and access to health care. The 10 leading causes of morbidity in the country are acute respiratory infection; diarrhea; malaria; cough (at least 21 days); gynaeco-obstetric issues; tuberculosis; road accidents; measles; dengue hemorrhagic fever; and dysentery. Communicable diseases are a leading cause of morbidity and dominate all age groups, accounting for 83% of the reported disease burden, with 67% among the elderly and 96% among the 0-5 year age group. Non-communicable diseases are increasing significantly, now causing an estimated 53% of deaths per year<sup>8</sup>.

The Ministry of Health (MoH) has a Third Health Strategic Plan 2016-2020 (HSP3) that embodies the current health services program. The Government of Cambodia has identified four strategic priorities:

1. providing leadership for priority public health programs;
2. advancing universal health coverage;
3. strengthening the capacity for health security;
4. and engaging in multi-sector collaboration and fostering partnerships.

Cambodia's public health service delivery is organized through two levels of services, both provided in all operational districts:

1. The Minimum Package of Activity provided at the health centers; and

2. The Complementary Package of Activity (CPA) provided at the referral hospitals.

The private sector does not deliver minimum or complementary packages<sup>9</sup>. Private practitioners, workplaces, and international NGOs deliver a limited range of services. Tertiary services are provided by 6 National Hospitals which are Phnom Penh-based and semi-autonomous. Overall, health coverage extends to 77 operational districts, with 90 referral hospitals and 1,004 health centers nationwide (Ref. National Health Congress Report, 2011).

The provider network of the health service system is primarily of two types: Health Centers and Health Posts, and Referral Hospitals.

- Health Centers and Health Posts are the minimum level primary health care services mainly for rural populations. There are 1,049 facilities covering around 10,000-20,000 people each. Services include initial consultations and primary diagnosis, emergency first aid, chronic disease care, maternal and child care (including normal delivery), birth spacing advice, immunization, health education, and referrals. Contraception, antenatal care and tetanus vaccination were the three main types of preventive services provided. But only 43% of health centers provided the full minimum package of services. Constraints include the absence of key personnel, the inadequacy of essential drugs, and the absence of other operational guideline requirements. NGOs deliver health promotion and disease prevention programs and activities through health centers.
- Referral Hospitals exist at national, provincial, and district levels and are classified at three levels based on number of staff, beds, medicines, equipment, and clinical activities. There are 33 CPA-1 hospitals that do not have large-scale surgery facilities, do not have blood services but do provide basic obstetric services. There are 31 CPA-2 hospitals with CPA1 facilities plus emergency care services and large-scale surgery facilities. There are only 26- CPA-3 hospitals with CPA-2 level service plus large-scale surgery facilities and more services. All eight national referral hospitals

8 WHO (2012) Health Service Delivery Profile-Cambodia

9 The 2014 Cambodian Demographic and Health Survey reports only 21.9% of sick or injured patients sought care first at public sector facilities, while 67.1% sought care from private health providers.

### 3. HEALTH AND NUTRITION

and 21 of 24 provincial referral hospitals provide CPA 3 level services. Provincial referral hospitals cover several operational districts.

A main challenge of the health system is the limited number of healthcare professionals employed. At the national level, 18,045 health professionals were employed in 2010, comprising 8% specialist doctors, 16% doctors, 35% primary nurses, 31% secondary nurses, and the rest midwives (MoH 2010, Semi-Annual Performance Monitoring Report). The lack of health professionals in the public health system led to more people seeking private practitioners among some 2,572 private practice facilities. In terms of maternal health, private practitioners, including traditional birth attendants, play a dominant role in supporting delivery and abortion services.

Another challenge is the need to improve the safety and quality of health services in the public and private sectors, as well as to overcome remaining health inequities which are both geographically and socio-economically driven. A nationwide assessment of the quality of care at health facilities was completed in 2015 to help inform policy discussions and focus attention on the increased importance of safety and quality in health care. The assessment focused on various entry points for improvement, especially through longer-term investment in human resources for health to improve overall competency.

The national budget for health has doubled in real terms in the last five years. There was progress in providing Health Equity Funds (HEFs) for the poor, covering all health centers. However, patient out-of-pocket payments still make up more than 62% of total health expenditures. Most out-of-pocket payments (68%) go to private medical services, including payments to unregulated private practitioners, unofficial payments in the public sector, and participation costs, such as transportation, food, and caregiver expenses. The high cost of medical services and goods often results in people using their savings or earnings to pay for care and often leads to borrowing money and the selling of assets, thus compounding poverty.

Overall, the health system remains fragmented in terms of activities, funding, and coordination. There is difficulty of access to health services in remote areas. The quality of public and private sector services is low, with limited health workforce capability. There is a lack of resources, expertise, services, logistics, and data to support the prevention and management of chronic disease, especially at the primary health care level. There is a lack of uptake of public services and a pattern of outflow of patients to the private sector or to the use of traditional medicine.<sup>10</sup>

## 3.2 RESULTS FOR PRIMARY DATA (SURVEY)

### 3.2.1 BASIC MEALS

Few caregivers (4%) reported not feeding children three nutritious meals per day (vegetables, fruit, meat, fish, eggs, rice). Of those that did not provide enough nutritious food, half gave the reason that it is not their family's normal meal. Other reasons are because of lack of money and because they cannot find that kind of meal.

Last year, at least 17% of caregivers reported their household had an accident causing injury. Cuts and wounds are the most common accidents (51%) and transport mishap was the top reason (38%). Private hospitals are the first option among families when someone gets sick (83%).

Eighty-five percent of children in each age group reported having experienced at least one symptom of illness recently. The most common ailment was fever: 79% among children 7-12 and 82% among children 13-17. The second most common ailment was cough, while the least common was diarrhea. Some 60% of caregivers reported accessing a public health center while 56% accessed a public hospital, with similar trends per province and by type of geography.

The majority of the children interviewed (85% and 82% by age group) reported being taken to health facilities when sick. About half (48% and 57% respectively by age group) saw a doctor, midwife, nurse or pharmacist. About a third of children reported traveling very far to receive health services when sick.

### 3.2.2 REPRODUCTIVE HEALTH

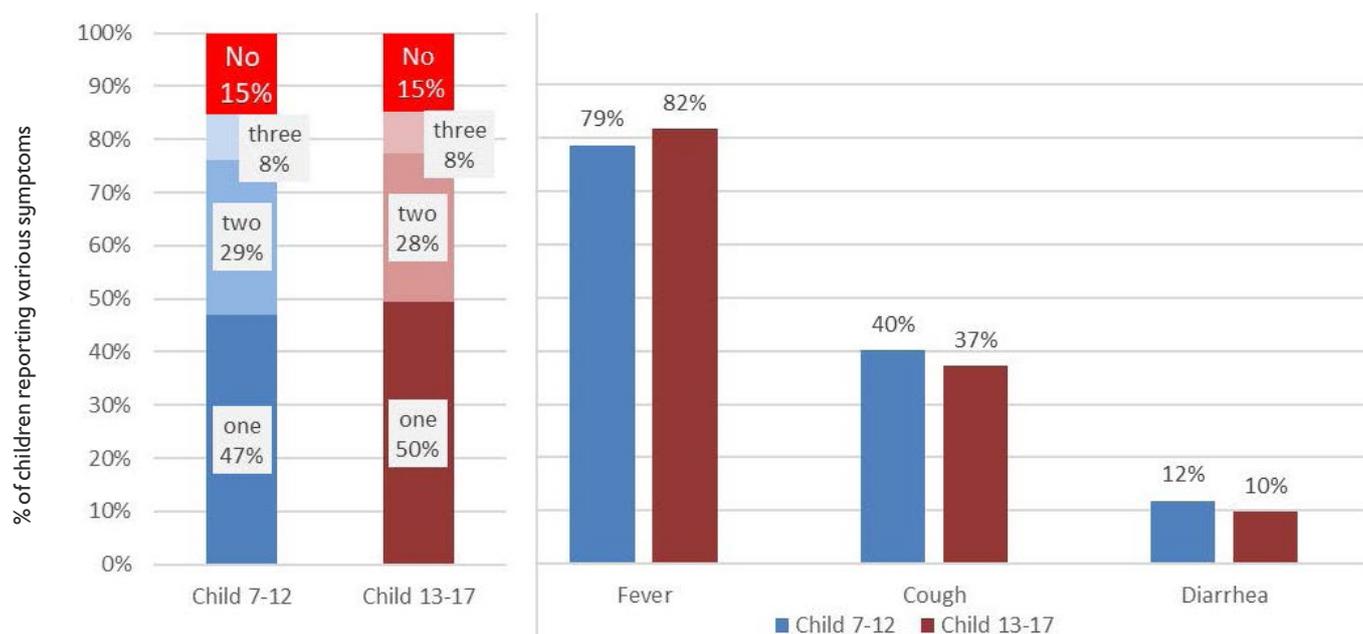
Almost all children in the 13-17 age group did not receive reproductive health services. They do not recall accessing any services or information about contraception, pregnancy, abortion, or sexually transmitted diseases within the last twelve months. However, fifteen percent of caregivers said they counseled their children on reproductive health.

### 3.2.3 FAMILY PLANNING

About two fifths (41%) of caregivers currently use any form of family planning. At least three fourths of caregivers had an ante-natal care (ANC) checkup during their last pregnancy (76%). More than a third (38%) of caregivers said

### 3. HEALTH AND NUTRITION

**Figure 2: Child-reported recent symptoms of illness**



**Table 4: Caregiver report on reproductive health**

Particular	Total	Geographic		Ecological	
		KCN	PST	Water-based	Land-based
Currently doing something or using any method to delay or avoid pregnancy	41%	43%	38%	41%	41%
During last pregnancy, checkups or examinations (antenatal care (ANC))	76%	75%	77%	71%	79%~
Who assisted with the delivery of your youngest child?					
Doctor/Medical assistant	4%	4%	5%	4%	4%
Midwife	56%	60%	53%	61%	54%
Nurse	0%	0%	0%	0%	0%
Other trained health personnel	1%	0%	1%	1%	0%
Traditional birth attendant	38%	37%	40%	34%	41%
Relative/friend	0%	0%	1%	1%	0%
Other person	0%	0%	0%	0%	0%
Has your health and your baby's health been checked after the baby was born by a doctor/medical assistant, midwife, nurse, or other trained health professional?					
Never	31%	30%	32%	39%	26%**
A few days after the baby was born	27%	29%	25%	18%	32%**
One week after the baby was born	18%	20%	16%	16%	20%
Within the first two weeks	20%	18%	22%	25%	17%*
n	404	205	199	148	256

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001

Note: KCN = Kampong Chhnang, and PST = Pursat

### 3. HEALTH AND NUTRITION

their youngest child was delivered with a traditional birth attendant but over half (56%) were assisted by a midwife. A third of those who delivered their baby did not go back for a post-natal check-up.

#### 3.2.4 WATER, SANITATION AND HYGIENE

The source of drinking water is a major concern. Very few households (6%) have access to improved drinking water sources throughout the year; while only 23% said they have access during the dry season.<sup>11</sup> That left a majority using unimproved water sources. During the wet season, two fifths (40%) use rain water, while a third (33%) accessed open ponds, rivers, or canals; during the dry season, a third (36%) accessed ponds, rivers, or canals, a few used a water well (15%), while some purchased water (14%).

Over two thirds of households treat their water for drinking (77%). Half of them boil water for drinking, the rest by using a filter, and a third do not have any treatment. The lack of access to safe sources of drinking water is a major health risk to the health of households, especially for those who do not treat it before drinking. The lack of safe water sources also leads to a significant number of households spending money on water.

Most caregivers said they washed their hand with soap but it was unclear when they did so. Most children also said they

<sup>11</sup> A type of water source that, by nature of its construction or through active intervention, is likely to be protected from outside contamination, in particular from contamination with faecal matter. Source: WHO and UNICEF [definitions of improved drinking-water source on the JMP website](#), WHO, Geneva and UNICEF, New York, accessed on June 10, 2012

**Table 5: Source of drinking water (improved sources highlighted in grey)**

Particular	Total	Geographic		Ecological		
		KCN	PST	Water-based	Land-based	
Improved source of water in wet	6%	2%	10%**	1%	9%**	
Improved source of water in dry	23%	8%	38%***	8%	32%***	
Improved in both wet and dry season	6%	3%	9%**	1%	9%***	
Main source in wet season	Pond/river/canal	33%	41%	25%***	54%	21%***
	Ring well	3%	0%	7%***	1%	5%*
	Open spring	0%	0%	0%	0%	0%
	Hand pump	2%	2%	3%	0%	4%*
	Tapped water	0%	1%	0%	0%	1%
	Rain water	40%	25%	55%***	11%	57%***
	Bought water	8%	13%	3%***	13%	5%**
	Hand dug (no ring)	0%	0%	0%	0%	0%
	Other	12%	17%	8%**	22%	7%***
	Total	100%	100%	100%	100%	100%
Main source in dry season	Pond/river/canal	36%	51%	22%***	39%	35%
	Ring well	15%	1%	29%***	7%	19%**
	Open spring	0%	0%	0%	0%	0%
	Hand pump	8%	7%	9%	1%	13%***
	Tapped water	0%	1%	0%	0%	1%
	Rain water	8%	4%	11%*	1%	12%***
	Bought water	14%	16%	13%	20%	11%**
	Hand dug (no ring)	1%	0%	2%~	1%	1%
	Other	18%	20%	15%	32%	9%***
	Total	404	205	199	148	256

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001

Note = Improved source of water is defined as ringed water well and hand pump; buying water meant an absence of source;

Note: KCN = Kampong Chhnang, and PST = Pursat

### 3. HEALTH AND NUTRITION

washed their hands with soap at home before eating. Nearly half of children 13-17 year old washed their hands after using the bathroom, but only about a fifth among the 7-12 year old children did so. A third of both age groups washed their hands after playing.

Both children and adults have similar trends regarding the practice of using latrines. Half of the households have their own closed latrine, leaving the other half not using improved toilet facilities. Households in Pursat are twice likely to have improved latrines than those in Kampong Chhnang.

**Figure 3: Children-reported washing hands with soap**



**Table 6: Water Treatment**

	Total	Geographic		Ecological	
		KCN	PST	Water-based	Land-based
Treat water for drinking	77%	79%	76%	74%	79%
Treatment practices					
Boil	50%	47%	54%	42%	55%*
Add bleach/chlorine	0%	0%	0%	0%	0%
White Alum	3%	2%	3%	7%	0%***
Strain it through a cloth	2%	0%	3%*	5%	0%**
Use water filter (ceramic, sand, composite, etc.)	23%	23%	22%	12%	29%*
Solar disinfection	0%	0%	0%	0%	0%
Let it stand and settle	7%	7%	7%	12%	5%*
Purchase water(a)	12%	17%	7%**	18%	8%*

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001

Note: KCN = Kampong Chhnang, and PST = Pursat; (a) Purchased water are Vendor-provided water, Bottled water and Tanker truck provision of water. "These are unimproved technologies because of costs and effort involved to obtain water".

**Table 7: Latrine facilities**

Particular	Total	Geographic		Ecological	
		KCN	PST	Water-based	Land-based
Own closed latrine	51%	35%	68%***	53%	50%
Closed latrine	0%	0%	1%	0%	1%
Open latrine	0%	1%	0%	0%	1%
River/pond side	21%	32%	9%***	30%	15%**
Bush/open field	12%	13%	11%	6%	15%**
House surroundings	4%	4%	4%	5%	4%
Other	18%	20%	16%	13%	21%*

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001

Note: KCN = Kampong Chhnang, and PST = Pursat

### 3. HEALTH AND NUTRITION

## 3.3 RESULTS FROM QUALITATIVE DATA

### 3.3.1 MATERNAL, NEWBORN, AND REPRODUCTIVE HEALTH

Discussion with the all children and caregiver groups indicated that maternal, newborn and reproductive health and care were big concerns. The main issues preventing access to health services was the difficulty of transport, lengthy travel, and the low quality of the public health services. In one example from a village in Bakan district, even if villagers can reach Bakan and then take a taxi from there to Pursat, the road condition is poor and the taxi fare high. They feel more comfortable to travel by boat, which can actually be to go to health center or hospital in Siem Reap instead when they have a health problem or illness.

Travel across seasonal flooded areas with poor road and bridge infrastructure is difficult, requiring a lot of time and risk, especially at night. There were cited instances of a patient's death while being transported and of pregnant women delivering on the way to health centers. To avoid this, many pregnant women choose the closer services of private medical clinics where they spent more money. Some families in remote villages depend on herbal medicines and traditional midwives when delivering their baby.

However, people said that public health staff are friendly and patient in explaining to them their individual health conditions and in advising them. Health staff explain the benefits and methods of birth spacing for potential parents. The staff also inform them about the advantages of regular pre-natal and post-natal health care services. The health conditions of migrant pregnant women, their migrating families, and their children left at home were seen to be the most difficult.

### 3.3.2 CHILD HEALTH

The 'body mapping' exercise suggested that many children lacked the nutrition brought about by diverse food choices. Children in water-based villages are likely to consume fish, vegetables, and their agricultural crops but meat like pork, beef, chicken and more exotic vegetables are less available. These can be bought only from peddlers who come to the villages, if one has the money. One third of parents said they seldom buy food from peddlers and they make do by subsisting on fresh, dried, or fermented fish.

Children in land-based villages have more diverse food options available but it is likely that their parents cannot afford to buy these food options. Children said they envision eating

more meat and exotic vegetables. People's observations on the growth standard of children's age against height and weight, found that many children in these parts of Pursat and Kampong Chhnang provinces were smaller than normal standards. They may be categorized as "stunted" since they looked older, shorter, or skinnier. However, this requires verification using anthropomorphic methods that were not used in this study.

The government's operational districts have nutrition programs to promote better maternal, infant, and young child nutrition. They provide a deworming service twice a year to children 1 to 5 years old and Vitamin A is given to all children aged 5 months to 6 years. The government's financial capacity is relatively limited and insufficient however, and it is mostly used for administration of the health centers and operational districts. There is little money for training or producing promotional materials. The government is cooperating with civil society organizations, including UNESCO, Save the Children, RACHA, OEC, and DDSP, to provide children with free vaccinations, vitamins and food.

The operational districts, with support from UNICEF, provided BP100 to children. BP100 is a nutrient-dense, vitamin-rich bar that supposedly improves appetite and promotes better growth. However, supplementary foods such as this have low levels of acceptability and success in trials and in practice. Parents of children can get BP100 from health centers but they often come once and never show up again, especially those who migrate for work. The issue of malnutrition is more prevalent in Prek Thnoat and Wat Loung. Save the Children has a program that educates groups of mothers to produce nutritious porridge from small fish, eggs, green leaves, pumpkin, and different vegetables around their houses.

### 3.3.3 WATER SANITATION AND HYGIENE

The body mapping exercises of the children showed happy faces on their having clear water, fish, good food, flowers and being protected. The unhappy faces were about polluted water, rotten hyacinths, smell of fish paste, bad road conditions and dirty places. They mentioned that last year's (2016) dry season had very dense hyacinth prevalence which produced a rancid smell and polluted the water so that it could hardly flow and fish could not live underneath.

The children's visual of WASH elements in their villages showed that better-off families have better education and more opportunities in life. Their houses have latrines. Poor families however could not afford their basic needs. In both land-based and water-based villages, poor family members defecate openly. Small children in some villages do not clean themselves, wear old clothes and do not understand what healthy living conditions are. However, many families

### 3. HEALTH AND NUTRITION

in O'tapoang commune got NGO assistance in obtaining water filters and building toilets for daily use.

With malnutrition and unhealthy living conditions, many babies and small children were likely to get sick. Their common diseases are dysentery, fever, nasal congestion, cough, sore throat, stomach ache, diarrhea, respiratory infection, and dengue. Government agencies and NGOs, such as Save the Children and RACHA, supported vaccination campaigns against hepatitis, measles, tetanus, meningitis, night blindness, etc.

#### 3.3.4 HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND CLINICAL SERVICES

HIV/AIDS and sexually transmitted diseases (STDs) care and services are open to the public, especially pregnant women. Both HIV/AIDS and STD checks complement pregnancy and prenatal health check-ups. Those found positive are asked to stay at the provincial hospitals for follow up and care until the delivered child is 18 month old. The NGO CDC provides materials for blood tests. There were more than 10 reported HIV/AIDS/STD cases among women aged 30 years old and above. In at least one case, a male migrant worker in Thailand who infected his wife, who is now receiving support.



# 4. EDUCATION

## 4.1. LITERATURE REVIEW

The current Cambodia education strategy is embodied by the ESP 2014-2018. It has an increasing focus on the expansion of Early Childhood Education, expanding access to quality secondary and post-secondary education and Non-Formal Education, Technical and Vocational Education.

The Ministry of Education, Youth, and Sport (MoEYS) has undertaken some in-depth education reforms. Amongst these were the Grade 12 Examination Administration Reform in 2014, the National Action Plan on Early Childhood Care and Development; increase of the National Budget for Education that increased teachers' salaries and functional and hardship allowances; scholarships; the adoption of the Higher Education Vision 2030; the approval of the Teacher Policy Action Plan (TPAP); the establishment of the Education Research Council (ERC); and the establishment of the National Youth Council.

MoEYS outcome indicators for ECCD 2015 indicates that younger children have less access to preschool: 66% of 5 year old children are enrolled in preschool, while the figure is 37% for 4 year olds and only 20% for 3 year olds. In terms of preschool teacher quality, the number of ECCD teachers receiving continuous professional development was only 152 in the 2016-2017 school year, a very low number considering that only 3% of ECCD teachers have at least a Bachelor's degree. Only 15% of ECCD schools are following quality standards<sup>12</sup>. Most ECCD schools are still state-funded: The Education for All (EFA) Monitoring Report 2015 found 89% of children enrolled in ECCD in Kampong Chhnang and 91% of children in Pursat were enrolled in public facilities<sup>13</sup>.

The achieved net enrolment rate at primary education level was about 98% in both 2015-16 and 2016-17. Generally, primary education level has achieved most of its targeted outcomes, with challenges more on quality of school infrastructure (rooms, available water and latrines). However, these outcomes are limited in their ability to capture quality or learning outcomes, as well as equity.

For secondary education and technical education; there were a total of 21 Progress of Outcome Indicators. Only two targets are unlikely to be achieved (secondary school with safe water and secondary school with latrines for upper

**Figure 4: Analysis of Progress of Outcome Indicators by Sub-sector (ECCD)**

Early Childhood Education		Actual 2015-16	Target 2016-17	Actual 2016-17	Status
Policy Area 1: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all					
1	Percentage of 5 years old children enrolled	64.1%	66%	66.35%	↑
2	Percentage of 4 years old children enrolled	28.7%	35%	37.37%	↑
3	Percentage of 3 years old children enrolled	19.79%	27%	20.33%	↓
4	No. of pre-school teachers trained (pre-service and in-service trainings) following the formula of 12+4 each year	N/A	N/A	implemented in 2018	
5	% of pre-school teachers with Bachelor degree each year	3%	3.1%	2.0%	↓
6	No. of pre-school teachers receiving continued professional development each year	N/A	200	152	↓
7	% of ECE programs following quality standard	11%	16.9%	15.17%	↑
8	% of ECE programs implementing regular assessment test for five-year-old children	20%	25.3%	25.65%	↑
9	Percentage of children in early childhood care and development services with nutritional status	N/A	40%	27%	↓
10	Percentage of children in state pre-schools given deworming pills	95%	90%	89%	→
Policy Area 2: Ensure effective leadership and management of education staff at all levels					
N/A					
Note: ↑ Achieved → Likely to Achieve ↓ Unlikely to Achieve					

secondary) and another two are likely to be achieved (No. of students enrolled in technical education and percentage of secondary education institutions implementing CFS program); while the remaining 17 targets have already been achieved. However, these government indicators largely miss critical considerations of access, quality, and equity as discussed below.

Children dropping out of school are a major concern. There is high proportion of children dropping out after primary school. This can be seen in the transition rates to secondary school: 79% to lower secondary school and 71% to upper secondary school. This means that at least 21% of those completing primary school are dropping out at secondary school and an added percentage are not transitioning into upper secondary school. The EFA Monitoring Report 2015 shows the transition rate to lower secondary at 81% and 74% to upper secondary school in Kampong Chhnang while 80% and 70% accordingly in Pursat. This confirms a trend of more than 20% of children dropping out from secondary school. This trend is also validated by the EMIS Dropout Rate for Primary and Lower Secondary Education Level (figure shown in the quantitative section).

The education budget has scaled up since 2000 to a high of 19.5% of the national budget, but scaled down to 15.9%

<sup>12</sup> MoEYS, 2017, Education, Youth and Sport Performance in the Academic Year 2015-2016 and Goals for the Academic Year 2016-2017)

<sup>13</sup> EFA Monitoring Report 2015

## 4. EDUCATION

in 2012 and is planned at 14.7% of the national budget in 2018. The proportional decline in budget would be one factor slowing the solving of problems for physical and human resources issues, as well as operational costs in administering schools<sup>14</sup>.

### 4.2. RESULTS FROM QUANTITATIVE (SURVEY) DATA

#### 4.2.1. CAREGIVERS

All caregivers considered that school is very important for their children. However, most of them expect that their child can complete only up to Grades 10-12 (64%). Very few expect their children to complete higher education (23%) and some have expectations (11%) of only primary or secondary completion. Land-based caregivers expected more on completion of higher education than water-based households and literate caregivers expect more than non-literate caregivers.

The lack of financial support due to poverty (73%) is the main challenge that caregivers see regarding the completion of education by their children. This is followed by the difficulty of transport and its cost (45%) and the distance of schools (31%).

Lack of financial support for a child's education is brought about by limited livelihood choices. Fishery households experienced declining fish catches due to legal prohibitions and weather changes. Farming households are burdened by

their remoteness from markets and by limited production. Very few caregivers said they do not face difficulty in sending children to school (17%), more in Pursat (20%) than K. Chhnang (13%) and more among caregivers who can read (19%) than among illiterate caregiver. Those in Pursat reported more challenges in the means of transportation and distance to school.

There are more children who stopped going to school themselves among households with illiterate caregivers (13%), double those with literate caregiver households (6%). The former also face more financial challenges in sending their children to school than literate caregiver households (78% vs. 69%, respectively). Water-based households reported more challenges on the quality of school than land-based households (9% vs. 2%, respectively).

Using EMIS data for the current past school year (2016-2017), the study looked into the drop out trends across secondary school (Grade 7-12) where there is a higher proportion than primary school. The trend showed a progressive growth in children dropping out, peaking at nearly half of those that enrolled (49% boys; 41% girls) at Grade 12. More boys drop out than girls, but both genders share similar trends.

The caregiver survey affirmed similar dropout trends to the EMIS data. Overall, 18% of surveyed households or 944 children were reported as having dropped out of school. The prevalence of dropping out is higher among boys (20%)

<sup>14</sup> Royal Government of Cambodia, National Budget Law 2018, Phnom Penh & UNICEF, 2013, Cambodia Issue Brief, Quality of Education for All Girls and Boys from Preschool through Lower Secondary, Phnom Penh

**Table 8: Caregivers' expected level of schooling to be completed by their children**

	Total	Geographic		Ecological		Caregiver literacy	
		KCN	PST	Water-based	Water-based	Can't read	Can read
Caregiver considers school is very important for children	97%	98%	96%	94%	99%	95%	99%
Expected level of schooling that children complete							
Primary (Grades 1-6)	3%	2%	4%	8%	0%***	5%	2%
Secondary (Grades 7-9)	8%	5%	10%~	16%	3%***	6%	9%
Upper Secondary (Grades 10-12)	64%	64%	64%	60%	67%	72%	59%*
Higher education	23%	26%	20%	13%	29%***	15%	28%**
Don't know	2%	2%	2%	3%	2%	3%	1%
Total	100%	100%	100%	100%	100%	100%	100%
n	404	205	199	148	256	172	232

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

## 4. EDUCATION

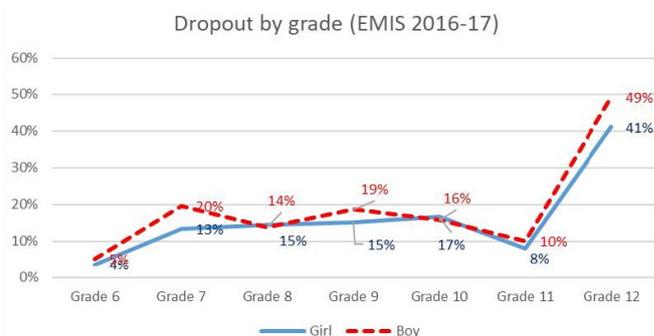
than girls (16%). The prevalence is higher among children from water-based households--almost a fourth (24%) and almost double than those in land-based households (13%). By ethnicity, there are more among children from Cham and Vietnamese households than Khmer households (31% to 16%, respectively).

A major increase in children dropping out of school can be seen starting at Grade 7, or about 14 years of age when dropout rates triple for girls and quadruple for boys. There is a similar trend across the two provinces, but higher rates were seen in water-based villages than in land-based villages. An indication of the drop out/non-completion trend was that children who are still in school do not fully attend the required days in school. They miss about half a day per week, even more among children in water-based villages.

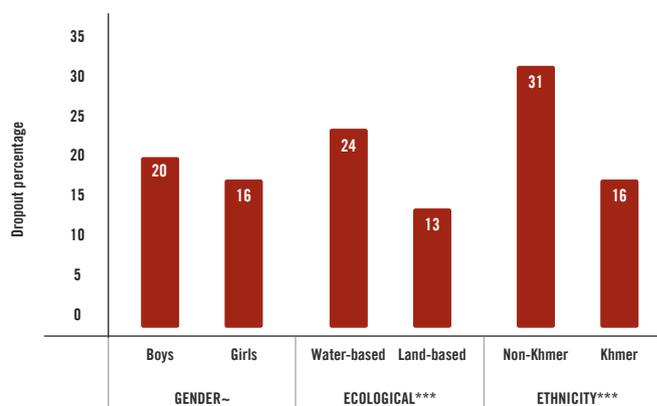
Many of the children have not previously attended pre-school. Only a third of children 7-12 years old have ever attended pre-school (31%) and lower among children 13-17 years old (18%). The data meant that pre-schools may only be recently established or it was not a focus of many households. There are more children in Pursat who went to pre-school than in Kampong Chhnang among the age groups. There are four times more children who are land-based who attended pre-school than water-based children.

Most children reported having enough school materials to learn. Children within the 7-12 years group said they have enough school materials (88%), but most did not have enough toys to play with (22%). Seventy-seven percent of children in

**Figure 5: School dropout at lower and secondary level based on EMIS data**



**Figure 6: Caregivers-reported dropout**



Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001

**Table 9: Challenges caregivers face in sending children to schools**

	Total	Geographic		Ecological		Caregiver literacy	
		KCN	PST	Water-based	Water-based	Can't read	Can read
None	17%	13%	20%~	16%	17%	13%	19%~
Children stop by themselves (do not want to study anymore)	9%	9%	10%	8%	10%	13%	6%*
No means of transportation	45%	53%	37%**	44%	46%	47%	44%
Distance, School too far	31%	40%	22%***	30%	31%	30%	31%
Quality of School	4%	3%	6%	9%	2%**	5%	4%
Migration	7%	4%	10%*	5%	8%	7%	6%
Poverty / Financial	<b>73%</b>	<b>77%</b>	<b>68%*</b>	<b>72%</b>	<b>73%</b>	<b>78%</b>	<b>69%*</b>
Help business / livelihood	9%	12%	7%	11%	9%	12%	8%
Take care of home / children	4%	3%	4%	4%	4%	5%	3%
Others	4%	5%	3%	4%	4%	5%	3%
n	404	205	199	148	256	172	232

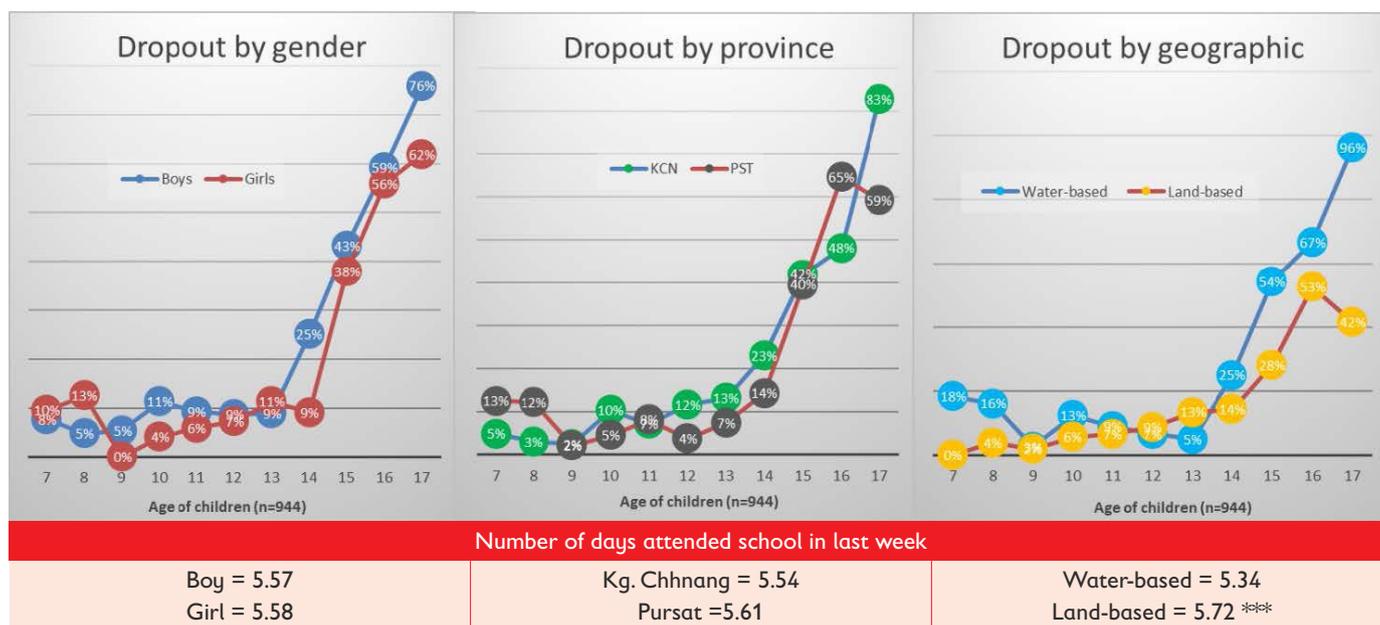
## 4. EDUCATION

the younger age group 'have a dream for when they grow up,' while 70% among the older age group have a dream.

By disaggregation, there are more children who attended pre-school in Pursat than in K. Chhnang and more among land-based children than water-based children in both age group, but higher among boys than girls. The adequacy of school materials to learn from are more among the younger

age group than the older group (88% to 74%, respectively) and more among females in the younger group but more among males in the older group. Children with dream is higher among the younger age group than the older group (77% to 70%, respectively) but higher among girls in both age groups. Land-based children are more likely to have a dream than water-based children.

**Figure 7: Caregivers-reported dropout in each age group of children**



Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

**Table 10: Children-Reported School Materials and Dreams**

Particular	Ever attended pre-school	Enough toys to play with	Enough school materials to learn	With dreams for when they grow up	n	
Total 7-12 yrs	31%**	22%	88%**	77%	202	
Total 13-17 yrs	18%	–	74%	70%	202	
Child 7-12 yrs	Male	37%*	20%	85%	99	
	Female	24%	23%	90%	103	
	KCN	20%***	20%	84%~	109	
	PST	43%	24%	92%	93	
	Water-based	11%***	25%	87%	72	
	Land-based	42%	20%	88%	80%	130
Child 13-17 yrs	Male	18%	–	79%	102	
	Female	18%	–	69%	100	
	KCN	2%***	–	72%	96	
	PST	32%	–	75%	106	
	Water-based	11%*	–	79%	59%**	76
	Land-based	22%	–	71%	77%	126

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

## 4. EDUCATION

### 4.2.2. CHILDREN'S TEST ON MATH AND READING

The survey used a math and reading exercise to assess the learning outcomes of 7 – 12 year old children. The math test included three word problems that were read out loud to the child, and the reading test included a reading passage of about 80 words that the child was instructed to read and then to answer five reading comprehension questions. The enumerators were trained to refrain from providing help or hints to children on both tests.

Seventy percent of 7-12 year old children passed the first math word problem, but only a third (33%) could do all 3 word problems. Reading was easier: almost all children (98%) could answer at least one reading comprehension question but only about a third (35%) could correctly answer all 5 reading comprehension questions (38%). This may be indicative of the need to improve teaching methods to improve learning outcomes. On the other hand, this also validates children's incomplete attendance on required school days even when in school. In terms of age, the average math scores increased by age of the child, but the results were more mixed for the reading comprehension test as shown below.

## 4.3. RESULTS FROM QUALITATIVE DATA

### 4.3.1 COMMON ISSUES

The most challenging issue for children's access to education is the expense of transport to schools. This is tied to the low income and lack of financial stability of many households. These co-relate to other coping practices that may impact on the child's foregoing the benefit of education.

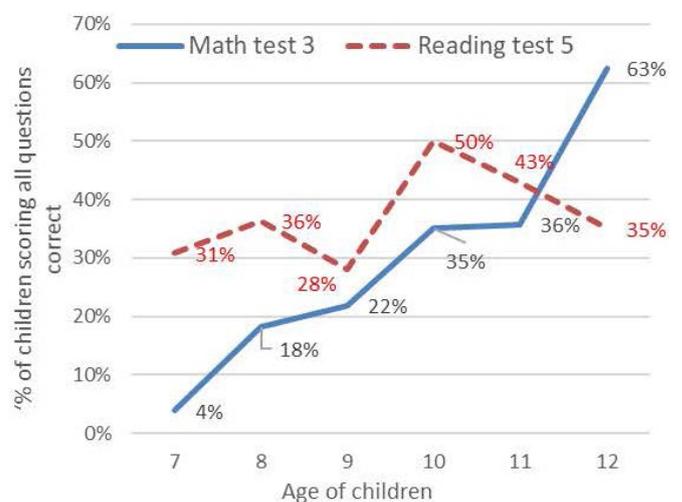
The low income from the household's main livelihood made migration out of their communities to work a common coping mechanism. The popular destination is Phnom Penh for local and Thailand for cross-border work. Parents who migrate for work tend to leave their children with family members, usually with aging grandparents who may not be focused on ensuring that they attend school. Migration also affects children's access to education, as they may leave with their parents or are given the burden of taking care of younger siblings and their homes. There are some scholarships offered to children whose families are at risk of work migration. The common scholarship covers basic expenses and school materials of the child, but it does not address the bigger family issue of vulnerable local livelihoods and low incomes.

Child labor is another challenge. Many families (80%) have debts to cope with low income and are unable to pay off loans along with the needed daily expenses. Some households ask their children to work, but in other households the children themselves opt to work to ease their family's burden. The high drop-out rate is caused by critical situations like this (For more on debt and its relationship to education, see Section 5.2.2 and Table 13).

Children either work within the community along with their parents or opt to migrate for work. Some awareness raising campaigns on good parenting have been conducted, but there has been little impact on the parents' and children's mind-sets and practices. Authorities cannot deter the practice since they are not often involved in promoting options that improve poor families' livelihoods. Civil society organizations too have done little, except for the occasional awareness-raising activity. Any opportunities to work only heighten the children's desire to work, as exemplified in Krakor district where big garment factories were established. The number of drop outs, especially among girls, became a major challenge. In 2017 authorities collaborated with factory owners to strictly enforce the labor law and the drop-out rate slightly declined.

Disasters and climate change-related situations critically affect the area's access to continuous education. These factors contribute to difficulty in regular access to school, especially in the wet season and for the very young age group. The dry season is no different due to muddy paths and the high concentration of hyacinth hazards. There is a need for a collective pooling of resources by the families to

Figure 8: Children-Reported Math and Reading Test



Note: Test 1, Test 2, etc. refers to question 1, question 2, etc.

## 4. EDUCATION

obtain transport boats. This is also an issue in regular school operations, since teachers' access to their classes is also impeded. For example, in Raingtil, Charos, and Koh Ka-Ek school operations are on-and-off and irregular.

### 4.3.2 TECHNICAL DIMENSION

High drop-out rates are a major challenge, especially at lower secondary school and beyond. In three villages in Peam Porpech, at least one-third of children are likely to drop out in the transition from primary level to lower secondary level. Children in water-based villages are more likely to drop out due to difficulties of travelling and cost. At the higher grades, children from water-based villages need accommodation in the school areas located in the land-based areas. There are also issues of their security away from home.

There are not enough lower secondary schools located nearby to serve children who live along the lake. Roughly 3% of households are unreachable and not able to register in the education system at all.

Not many local teachers were recruited and deployed; most are from outside and come to school irregularly. This affects the quality of learning of the students and reinforces the vicious cycle that produces a lack of qualified teaching recruits in local communities. The few educated, qualified people who exist mostly move out of the village to work in garment factories, do seasonal wage work, or other jobs outside the province. Some young people in a few villages have become teachers, but they are not assigned to work in their own village. The main reason for not being assigned to their own village is because they themselves ask for the best postings in more urban area with higher income.

The shortfall in primary school facilities was raised by households in Chhnok Tru and Koh Thkov communes as an issue. The number of students has increased but the allocated rooms are very limited. The schools employ two shifts but there remains an overload, especially in the rainy season. During the dry season, they can hold classes under the school buildings. The local school committees have sought external support from NGOs and government, but there is no confirmed action yet.

Vocational training facilities have limited coverage and are only in the Provincial centers. The TVET program is limited in its reach and focuses only on out-of-school children. In addition, the TVET program has very weak information dissemination and promotion. It may also have technical constraints in financing and in the design of vocational courses. There are no locally-based vocational training and apprenticeship programs that can help out-of-school youth learn skills that can land them better work.

### 4.3.3 CROSS-CUTTING ISSUES

Water safety was an issue mentioned by communes in Koh Rong and Chhnok Tru in Boribor district of Kampong Chhnang. The communities have not fully applied safety standards or promoted safety practices. The authorities have no support mechanism to enforce safer boat operation practices. There is a lack of safety training for boat operators, parents, and children. There is also a need to enact guidelines among boat operators on motor noises and speed limits in school areas as these interrupt student's concentration during classes, as raised by participants in Koh Thkov, Chhnok Tru and Kandieng.



# 5. CHILD POVERTY

## 5.1 LITERATURE REVIEW

Cambodia has had sustained economic growth, estimated at 7% annually over the past decade, and the gross domestic product (GDP) per capita increased from US\$ 471 in 2005 to US\$ 1,270 in 2016<sup>15</sup>. Poverty rates dramatically declined from 43% in 2005 to 14% in 2014, and are decreasing 1% each year. However, almost 3 million people are poor and over 8.1 million are near-poor.<sup>16</sup> The average monthly household consumption in rural Cambodia was 1,487 thousand Riels (US\$ 372) or 360 thousand Riels (US\$ 90) per capita which is approximately US\$ 3 per person per day. The percentage distribution of Cambodia's rural household consumption is: food 42%, housing, water and electricity 30%, health 1%, education 3%, and transportation, clothes and others 24% (CSES 2015).

## 5.2. RESULTS FROM QUANTITATIVE (SURVEY) DATA

### 5.2.1 INCOME

More than half of households (52%) earned less than US\$1.5 or 6000 Riels per person per day, which is half the national average for rural families. There is no marked difference by

province but more land-based households have incomes below US\$ 1.5 (54%) vs. water-based (48%).

The data from surveyed households was seen against the National Poverty Line set by the Ministry of Planning (2015) at KHR 4,446 or US\$1.11. It shows that a third (30%) of households were below the poverty line, with more proportion among land-based than water-based households (32% vs. 27%, respectively).<sup>17</sup> More than a fifth of households (22%) are just above poverty line (by adjusting KHR 1,554). This meant that those just above the poverty line are at risk of falling into poverty by shocks such as crop failure, disaster, sickness, and loss of job or payment of heavy debts.

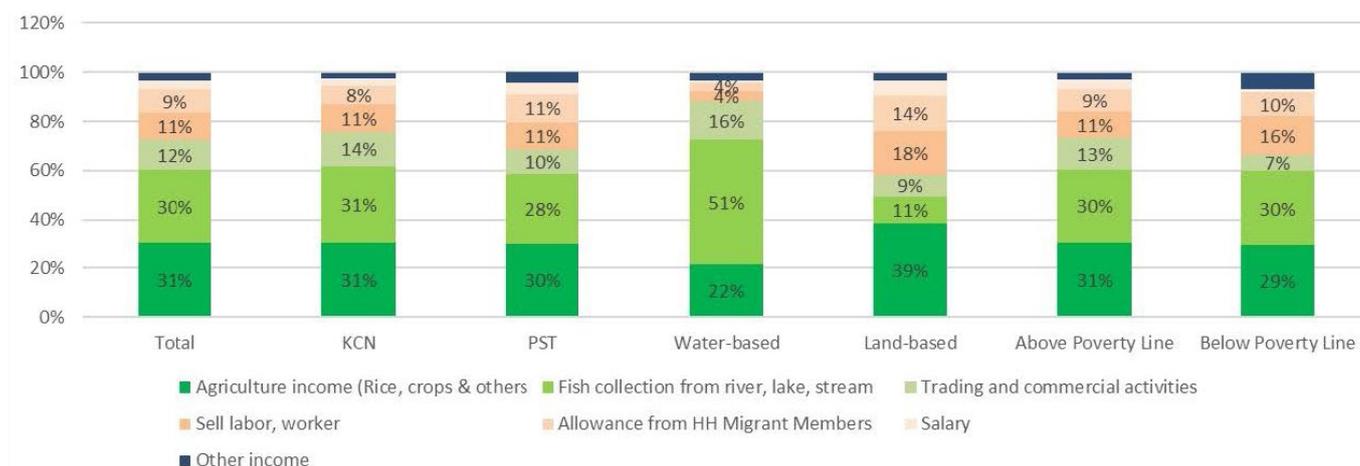
Water-based households have less diversified income sources, with half of income sources from fishing. Land-based households have more diverse income sources: more than a third from farming, but a higher proportion of other income sources including fishing. Overall, agriculture and fisheries are the top income sources (31% and 30%, respectively), followed by trading/commerce (12%) and selling labor (11%).

15 As a broad statistical reference, poverty rates were last measured in 2014 by the Cambodian government with support from the Asian Development Bank. Any current projections are based on the 2014 data. This can be sourced at: <https://www.adb.org/documents/cambodia-country-poverty-analysis-2014>

16 Cambodia – WHO Country Cooperation Strategic 2016 – 2020

17 The poverty line was estimated base on 2012 poverty line KHR 3,871 which account for December 2012 CPI 148.7 to current price October 2017 CPI 170.8 to calculated 2017 poverty line at current price at  $(170.8 / 148.7) * 3871 = \text{KHR } 4446$  or US\$1.11 access <http://www.thepovertyline.net/cambodia/>

Figure 9: Income sources



## 5. CHILD POVERTY

There are more households in Pursat with incomes from selling labor and remittances, while more engage in fishing in Kampong Chhnang. The households that do not have diverse income sources are likely to be more financially burdened than those with more options.

### 5.2.2 HOUSEHOLD CONSUMPTION

Household consumption patterns showed that food, education, and health are the three main items that consumed two thirds of income. This is higher than patterns in other rural areas.<sup>18</sup> It shows the lack of local food production in the area, which is mainly focused on rice production and fishing. Food expenditure is nearly half of household consumption. Education is 7% of family expenditure, which is also quite high due to transport costs.

Caregivers reported specific amounts spent for school and health. This can be seen as an investment for their children, but it can also be seen as expense that pulls away funds from other concerns. Water-based households spend more on education and the health of their children than land-based households, likely because of higher transport costs. For instance, the annual household expenditure in Kampong Chhnang on health for baby (0-5 years old) is higher than in Pursat (KCN US\$ 46 vs. PST US\$ 28). Water-based households spend almost double for the health of children aged 6-17 compared to land-based households (US\$ 108 vs. US\$ 66).

Caregivers and children had similar reports about the impact of disasters. About a fourth of respondents reported being affected by floods, droughts, and storms (27%). Reports about being affected by floods may be understated since most households live with it as a normal condition. Fewer land-based households are affected by drought (3%) and storms (6%) than water-based (storm 20%). Of those affected, more than half of caregivers (53%) and two thirds of children (68%) said they just cope by themselves.

Households who sought support got this mainly from their neighbors, relatives, and others but two thirds (69%) of households said they received little support. But at least a third of households got support from the Commune; of this type of support, there were higher instances in Kampong Chhnang than Pursat (32% vs. 22%). Political party support was marked higher in Pursat than Kampong Chhnang.

There is concern that disasters resulted in children dropping out of school; 11% of caregivers reported this. Also, children were asked whether their households asked them to work to overcome the effects of disasters: 11% of children said they were asked to work and 6% of children said their households took them out of school, but unclear whether for a short period or permanently.

The majority (80%) of caregiver households were in debt. There were more indebted households among water-based households than land-based (85% vs. 77%) and more in Kampong Chhnang households (87% vs. 73%). MFIs were the main sources of borrowing (69%), followed by moneylender (44%). But it can also be seen that moneylenders have a big presence in Pursat and among water-based households (55% in both aspects). There was little presence of community-based self-help groups (SHG) in these communities. Households in debt sometimes asked their children to work to repay loans: 22% of caregivers asked their children to work to repay debt, more in Kampong Chhnang (26%) than in Pursat (17%) and more among land-based than water-based (27% vs. 14%). This was substantiated by the 14% of children aged 15-17 years old that said they were asked to help to work to repay loans, more among girls than boys and more in Pursat.

Caregivers were asked whether they were unable to afford expenses for education, child health and housing needs over the last 12 months. Just over a third (38%) were able to deal

<sup>18</sup> National Institute of Statistics (NIS), 2015 Cambodia Socio Economic Survey (CSES) rural household consumption showed food 42%, health 1%, and education 3%.

**Table 11: Annual household expenditure on education and health**

Expenditure	Total US\$	KCN US\$	PST US\$	Water-based US\$	Land-based US\$
Books and direct school materials	136	184	86	191	104
Toys at home, others	5	6	5	8	4*
Other education	56	43	69*	50	59
<i>Total education</i>	<i>197</i>	<i>233</i>	<i>160</i>	<i>249</i>	<i>167</i>
Health for baby (0-5 years old)	37	46	28~	38	36
Health for children 6-17	82	82	81	108	66**
Health for elderly/ Adult 17+	199	221	176	178	211

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

## 5. CHILD POVERTY

with those expenses, leaving at least two thirds unable to afford expenses. More caregivers in Pursat (44%) and among water based (43%) households were able to afford expenses than others. Of those unable, expenses for housing were the highest expense they were unable to meet, especially among water-based households whose houses are less stable. Basic education (64%) and health care for children (54%) remained the second top expenses they were unable to meet.

### 5.2.3 MIGRATION

Work migration is an alternative source of income during off-farm or off-fishery seasons. Caregiver households that received remittances from a work migrant comprise 9% of the total, with more among land-based households (14%). The average remittance received per year is US\$413, and is higher among land-based households at US\$ 532.

**Table 12: Experience with Disasters and Support**

	Caregiver concerns					Children concerns, Aged 13-17
	Total	KCN	PST	Water-based	Land-based	
Affected by disaster in past year	<b>27%</b>	28%	26%	28%	26%	28%
Affected by flood in past year	<b>16%</b>	16%	16%	12%	18%	–
Affected by drought in past year	<b>2%</b>	1%	3%	0%	3%*	–
Affected by storm in past year	<b>11%</b>	13%	9%	20%	6%*	–
n	<b>404</b>	205	199	148	256	202
Of those affected, they seek support						
None / myself	<b>53%</b>	<b>51%</b>	<b>55%</b>	<b>54%</b>	<b>52%</b>	<b>68%</b>
Siblings	6%	11%	2%~	7%	6%	5%
Relatives	<b>11%</b>	<b>16%</b>	<b>6%</b>	<b>12%</b>	<b>10%</b>	7%
Friends	1%	2%	0%	0%	1%	0%
Neighbor	<b>12%</b>	<b>18%</b>	<b>6%~</b>	<b>15%</b>	<b>10%</b>	<b>14%</b>
Banks / MFIs	0%	0%	0%	0%	0%	0%
Commune councilor	<b>27%</b>	<b>32%</b>	<b>22%</b>	<b>20%</b>	<b>31%</b>	<b>11%</b>
Higher government officials	5%	5%	4%	5%	4%	2%
Political parties	9%	2%	18%***	7%	10%	4%
Teachers	0%	0%	0%	0%	0%	0%
NGOs	8%	11%	6%	7%	9%	2%
Other	4%	4%	4%	2%	4%	2%
Household gained support						
Little or none	69%	67%	71%	76%	64%	82%
Yes, some	29%	32%	25%	20%	34%	14%
Yes, a lot	3%	2%	4%	5%	1%	4%
Effect of disasters on your household resulted in your children's school drop-out	11%	12%	10%	12%	10%	–
Parents or family members ever asked children to work /ear income during and after your home was affected by disaster	–	–	–	–	–	11%
% Children reporting their family asked them to work during/after disaster, and also taken out of school temporarily	–	–	–	–	–	6%
n	108	57	51	41	67	57

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

## 5. CHILD POVERTY

Most caregivers (71%) said they have some knowledge about safe migration, more among land-based (73%) than water-based (66%). More than a fifth of caregivers (22%) allowed their children to migrate; this was triple among land-based compared to water-based households (29% vs. 11%). Half of caregivers with a child that migrated indicated that the child travelled with a relative (57%), followed by travelling with a neighbor (33%), with friends (28%), or with siblings (26%).

Asked about what documents were needed for migration, at least two fifths (40%) have migrated before and have the necessary documents but the rest lacked the documents. Most caregivers will allow their children to continue to migrate (81%). It was clear from the responses that work migration results in children dropping out of school. Almost two fifths of caregivers reported this (39%). The affects of migration on children were found to be greater in Kampong Chhnang than in Pursat (50% vs. 29% respectively).

**Table 13: Household Debts**

Particular	Total	KCN	PST	Water-based	Land-based
HH with debt	80%	87%	73%*	85%	77%~
n	404	205	199	148	256
HH Current in debt with:					
Private / moneylender	44%	34%	55%***	55%	36%**
MFI	69%	76%	62%**	66%	72%
Self Help Group / Saving group	1%	0%	1%	0%	1%
Others	3%	3%	3%	1%	5%~
Caregiver ever asked children to work to repay debt	22%	26%	17%~	14%	27%**
Caregiver (n=only those in debt)	324	178	146	126	198
Children from 13-17 ever asked to work for earning income in order to repay loans	14%	11%	17%	22%	10%
Children n	202	96	106	76	126

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

**Table 14: Caregivers Report on Migration**

	Total	Geographic		Ecological	
		KCN	PST	Water-based	Land-based
Ever heard any information on safe migration	71%	69%	72%	66%	73%~
Ever allowed your child or children to migrate	22%	21%	23%	11%	29%***
N	404	205	199	148	256
Those allowed to migrate travel with:					
Siblings	26%	30%	22%	25%	26%
Relatives	57%	59%	56%	63%	56%
Friends	28%	27%	29%	31%	27%
Neighbor	33%	34%	31%	38%	32%
Company	9%	9%	9%	13%	8%
Other	8%	7%	9%	0%	10%
Child prepared any travel document	40%	39%	42%	31%	42%
Migration resulted in children's dropout from school	39%	50%	29%*	44%	38%
Allow child to migrate for work again next year	81%	82%	80%	81%	81%
n	89	44	45	16	73

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

Migration refers to a child who migrated to work in another province or country for more than 6 months in the last two years.

## 5. CHILD POVERTY

Because the sampling strategy targeted children present in their communities, the majority of surveyed children were in-school children, and thus none reported having ever migrated. However among the 26% of children 13-17 years old who dropped out, all were ready to migrate to work. Among all children surveyed, only about two fifths (42%) have knowledge of safe migration.

Among all children, only 5% ever attended vocational skill training. Among all children, only 17% found someone to help them set up a business enterprise, more girls than boys (22% vs. 12%) and more among the land-based than water-based (19% vs. 13%) communities.

Caregivers were asked their source of information for employment opportunities. The top responses were a relative as the main source (62%) with a friend as the second source (32%). This indicates the lack of employment information in the area coming from government offices or business sources. Among caregivers, when asked the source of information on employment, the main responses were radio, relatives, friends, and neighbors. Nearly a fifth do not know any sources (17%), more in Kampong Chhnang (20%) and in water-based (22%) than those in Pursat (14%) and land-based villages (15%).

### 5.3. RESULTS FROM QUALITATIVE DATA

Child poverty is a reflection of family poverty. The situation of children depends on how their family can meet their daily needs and how they can enable them to access services that fulfill their rights. Water-based parents depend on fishing and farming, while land-based parents have more

diversified sources of income, including selling labor and migration. The main income sources are seasonal and most households experienced economic hardship during off-farm and off-fishing months, usually from March to September. Most parents have borrowed money heavily from various sources and need to repay monthly debt between US\$75 and US\$425. Many parents, including young male children, work about 12 hours a day to catch fish or work the farm to repay debt. Female children stay at home for household and babysitting chores.

Climatic changes and changes in water flows require water-based households to be mobile – in both their homes and livelihood – so as to correspond to levels of the water. This mobility requires patience, effort, and money. These changes interrupt their livelihoods and get worse during emergencies. The government's response is limited to emergency assistance, with the support of the Cambodia Red Cross (CRC). This assistance is primarily the provision of medicines, clean water, food, shelters, and help to prevent infection diseases with a focus on children, women, people with disabilities, and other vulnerable people. Mitigation measures that address the limitations of seasonal production, low markets, and undiversified income, as well as broader disaster management response are beyond the capabilities of the sub-national government. Households cope however they can, often with detriment to children's education.

Moreover, there have been recent changes. Fish resources have become scarce due to overfishing and changing water ebbs and flows. Land for farming has diminished to deforestation, population growth, and increased flooding. Limited land resources mean less land to graze animals, so that people often have to cut grass to feed their animals. Farming has become cost-intensive so that farmers have to

**Table 15: Source of Information about Employment Opportunities**

	Total	Geographic		Ecological		Caregiver literacy	
		KCN	PST	Water-based	Water-based	Can't read	Can read
None	17%	20%	14%~	22%	15%~	19%	16%
Relatives	56%	53%	60%	45%	63%**	58%	56%
Friends	36%	29%	44%**	32%	39%	34%	38%
Neighbors	56%	55%	57%	51%	59%	55%	57%
Commune council	4%	4%	4%	3%	4%	2%	5%
Radio	15%	20%	10%**	16%	14%	13%	16%
Social Media like Facebook	2%	3%	1%	2%	2%	2%	2%
Company	1%	0%	2%	0%	2%~	2%	0%~
Other	5%	5%	5%	6%	4%	5%	5%
n	404	205	199	148	256	172	232

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

## 5. CHILD POVERTY

take on loans in a never-ending cycle, especially during times of crop losses or low prices for their products. Additionally, some families do not have land to farm and are therefore heavily reliant on river produce for their livelihoods.

Both adolescent girls and boys become engaged in generating income for their family. Most boys fish or are encouraged to migrate for work. Girls are likely to work in garment factories and other low-skill jobs closer to their homes. Respondents in FGD noted that at least 500 families migrated from the commune for work. Most went to work in Thailand in construction, fishing, and agriculture. Some worked at the Thai-Cambodia border on cassava plantations. Youth who went with their migrant families eventually dropped out and were very unlikely to return to school even if they returned home. Younger children from 7-13 years old who were left with their grandparents are at also at increased risk of eventually dropping out of school as previously outlined.



# 6. CHILD PROTECTION

## 6.1 LITERATURE REVIEW

Thirty five percent (35%) of Cambodia's population is below the age of 15. The children at risk include those living outside of family care (Malhomes et al., 2012). An estimated 11% of children are not living with their parents (CDHS 2014).

Many children living outside families are placed in residential care institutions (RCIs). Several national studies and the national estimation by MoSVY in March 2016 found that an estimated 80% of children in institutions have living parents. There is an on-going government effort to reduce the number of RCIs due to the risk to children, including physical abuse and exploitation in the form of "orphanage tourism." Despite this, the number of residential care institutions was reported to have increased from 139 (2014) to 267 (2016) according to the mapping. Government issues a sub-decree aimed at tightening oversight over RCIs and set up a target of reuniting 3,500 children with their families.

Violence against children is pervasive in Cambodia. UNICEF (2014) found that over 50% of children reported at least one incidence of physical violence before the age of 18, more than three quarters of those reported multiple incidents. World Vision (2015) found an estimated 70% of children said their parents or caregivers used physical punishment as a means of discipline. Gourley (2009) notes that, "it is clear that corporal punishment and harsh verbal discipline is commonly practiced and accepted in most Cambodian families."

Sexual abuse is also of serious concern. UNICEF found that one in twenty children and youth reported at least one incident of sexual abuse prior to adulthood (2014). LICADHO (2009) found that levels of sexual abuse were increasing and that 78% of sexual abuse victims seeking support from the human rights NGO ADHOC were children. A disturbing trend was that most sexual abuse cases were settled by payment or marriage to a perpetrator (Gourley, 2009; LICADHO, 2009).

Child labor is prevalent in Cambodia. The 2012 Cambodia Labor Force and Child Labor Survey estimated 19% of children aged 5-17 are economically active, 87% of these in rural areas, and 13% in urban areas. The Ministry of Planning (MoP) CRUMP long-term study of migration in Cambodia (2012) found that 80% of migrants are below 30 years old;

2.3% of migrants move with a spouse. Of that 2.3%, over half migrate with their children under age 15, and 8% leave these children behind. Remittances can improve families' standard of living, with 80.5% of migrants supporting their families financially. However, children of migrants are more likely to drop out of school and more likely to work and are more likely to be unwell or malnourished (Hing et al., 2014).

The Cambodian court system fails to adequately provide for children who are victims of crimes. Reimer (2015) found that crimes against children were seldom immediately reported to the police, and that courts often failed to provide child-friendly assistance to children. A fifth of children interviewed were asked to pay additional money on top of normal court fees. Many families borrowed money to provide for the costs of court.

The Ministry of Interior (MoI), through the police system, is tasked with the protection of the people of Cambodia, including child protection. Since 2004, the communes through the CCWCs are tasked to take on broad responsibilities for child protection, including planning, coordination, advocacy, awareness raising, and monitoring. However, CCWCs current operations are constrained and child protection services at the village level are underfunded. Commune budgets tend to favor infrastructure projects over social services (Jordanwood, 2016).

## 6.2 RESULTS FROM QUANTITATIVE (SURVEY) DATA

Rules, if established in consultation with the child and consistently enforced through positive discipline approaches, can be a very constructive asset for managing families. Most caregivers (88%) agreed that there are rules in the family; as did most children in the younger age group (78%) and almost all older age group children (92%).

The frequency in the past month of disciplinary measures enforced within families and by external persons were asked of caregivers. Caregivers cited a very low proportion of other people hitting or yelling at their children a few times (5% and 21%, respectively). Within the family, however, nearly half of caregivers reported hitting their child at some time (42%). For instance, hitting children by caregivers is done

## 6. CHILD PROTECTION

a few times (30%) or half the time (10%). Yelling at their children is a common practice, except for 16% of caregivers. Yelling at their children is done by caregivers at least a few times (46%), half the time (23%), or all the time (13%).

In contrast, a large majority of caregivers acknowledged at least a few times the good things that their children have done (94%). Most caregivers also explain to their children when the latter have done something bad. It is interesting to see that of all interviewed caregivers, about 50% acknowledged or praised the child for doing good things at least half of the time (See Figure 11). But when this half of caregivers was asked if they ever shook, spanked, hit or slapped their children, 26% of them reported using these negative techniques a few times/sometimes, although this behavior was less frequently reported as compared to the other half of caregivers who never or only sometimes acknowledged or praised their children (34%).

Children were asked simply whether various kinds of discipline had happened at all in the past month. Almost all children reported experiencing positive appreciation, more among girls than boys, and more among the 13-17 years group than the younger group. Another positive action experienced by nearly all children was having the reason explained when they did something wrong; true for nearly all of the older children and overwhelmingly among the younger children, regardless of area.

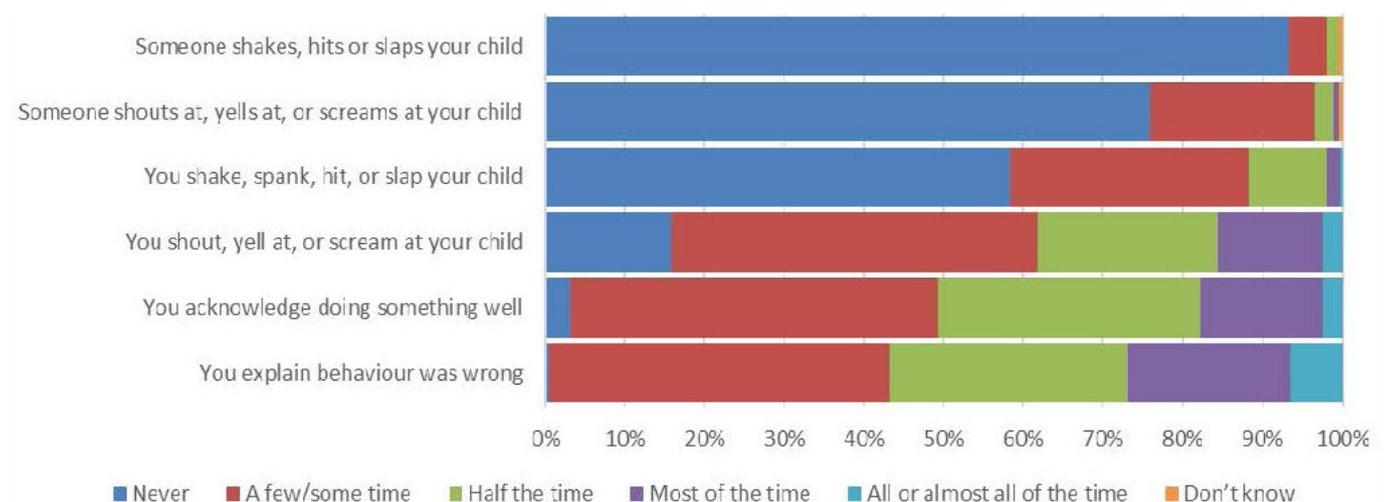
However, disciplinary action or threats are also common. Being yelled at by family members was experienced by 79% of the younger children group and by 62% of the older children. The number of children who experienced being hit or spanked by an adult family member was also high, especially among the younger age group. The proportion declines in the older age group but is still of concern. There

are lesser instances of non-family members or others yelling at the children: 28% experienced this but the highest was among girls in the younger age group at 34%. Nearly half (42%) of the children observed common verbal abuse such as yelling or shouting by other people to other children, the highest being among girls in the older age group (49%). These incidences indicate that there is a broad threat to the safety of children. Verbal abuse is more prevalent, but physical abuse by family members of children is also tolerated and practiced in the communities.

It is common among Cambodian families that children help with tasks within the family from an early age. Almost all caregivers (95%) reported children worked, with no differences between boys and girls. A key concern is the type of work and whether work is away from the family. There is a clear division of the type of work between boys and girls. Household chores such as cooking and house cleaning were more for girls, the percentage double to that of boys. Forest clearance and fishing is the work done more by boys than girls. Of particular concern is that 6% of girls and 23% of boys work away from home, with likely implications for their health and safety (see Figure 12).

Children's experience of safe interactions across ethnicity is a key to reducing discrimination and fostering friendships across racial divides. However, the findings of the survey seem to indicate very low inter-ethnic child-to-child interaction in school or at home. Among the younger age group, about one fourth has ever played with children of another ethnicity (25%) and about one third among the older age group (37%). This can be explained by the family's own upbringing regarding ethnic divides or discrimination, as well as the lack of inter-ethnic activities that promote such interaction in schools.

**Figure 10: Caregivers' Self-Reported Positive and Negative Behaviors to Children**

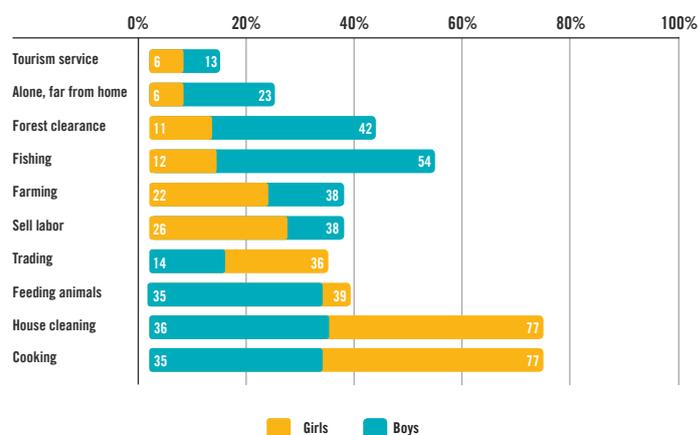


## 6. CHILD PROTECTION

Verbal and physical abuse in school is also a concern. Most children consider the school environment safe, higher among younger children 7-12 (96%) than older children 13-17 (87%) but this less so for water-based (86%) compared with land-based villages (98%). However, 70% of younger children and 44% of the older children experienced being yelled at by teachers, the highest among girls of the younger age group. The incidence of students being hit by teachers was also quite high: 82% among children 7-12 years and 59% among the older age group, the highest among boys. This indicates a need to promote positive behavior among teachers and students alike to ensure safer interaction in school.

Caregivers were questioned about the access to social protection when the caregiver dies or experiences a serious health condition. A negligible number reported planning to send their child to an orphanage or institution when they die (2%) or when they get seriously ill (6%). The preferred option in either case was to send the children to the mother's parents (53% and 57%, for serious illness and death of parents respectively). The second preferred option was to send the children to their older siblings and the third option is between sending them to the father's parents or to the child's aunt or uncles.

**Figure 11: Caregivers-Reported Child Work in the Family**



**Table 16: Child-Reported Adult Family Members on Disciplinary Behavior**

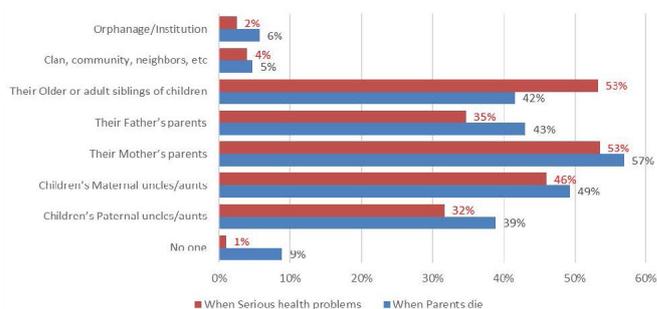
	Adult family members tell you that you did something well	Adult family members explain what you did was wrong	Adult family members shout, yell at, or scream at you	Adult family members shake, spank, hit, or slap you	Someone else shouts, yells at, or screams at you	Ever seen an adult shout, yell at, or scream at your friends or neighboring children	n	
Child 7-12 yrs	85%***	89%***	79%***	72%***	28%	42%	202	
Child 13-17 yrs	96%	98%	62%	41%	23%	43%	202	
Child 7-12 yrs	Male	81%~	89%	80%	74%	21%*	42%	99
	Female	89%	88%	78%	70%	34%	41%	103
	KCN	83%	87%	75%	72%	33%~	40%	109
	PST	87%	90%	83%	71%	22%	43%	93
	Water-based	83%	82%*	75%	75%	29%	38%	72
	Land-based	86%	92%	81%	70%	27%	44%	130
Child 13-17 yrs	Male	97%	99%	64%	46%	25%	37%~	102
	Female	95%	96%	61%	36%	21%	49%	100
	KCN	96%	96%	58%	39%	23%	40%	96
	PST	96%	99%	66%	43%	23%	46%	106
	Water-based	95%	96%	71%*	50%*	18%	45%	76
	Land-based	97%	98%	57%	36%	25%	42%	126

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

## 6. CHILD PROTECTION

The caregivers were also asked what type of support, if any, has been provided to their children the past six months. A quarter (25%) of caregivers received support in several forms and from various sources. Of those who received support, the greatest number of caregivers received support from the government: education support placed highest (32% of those who received support), followed by money and clothing. The second highest number of households received support from NGOs, through educational support and clothing. The lowest reported type of support was from neighbors and the community (See Table 18). Over all, the support they received was not substantial but can assist in sustaining families in the short term.

**Figure 12: Caregiver's Plans for Children in the Case of Parent Death or Serious Health Problems**



**Table 17: Children's Safety**

		Ever played together with children of another ethnicity at school or home	Feel safe and happy at school	Teachers ever yell at the students	Teachers ever hit students	n
Total 7-12 yrs		25%**	96%**	70%***	82%***	202
Total 13-17 yrs		37%	87%	44%	59%	202
Child 7-12 yrs	Male	20%	96%	68%	83%	99
	Female	29%	95%	72%	81%	103
	KCN	28%	94%	72%	80%	109
	PST	20%	97%	67%	84%	93
	Water-based	25%	89%**	69%	75%~	72
	Land-based	25%	99%	70%	85%	130
Child 13-17 yrs	Male	40%	84%	48%	65%	102
	Female	34%	89%	39%	54%	100
	KCN	29%*	82%	35%*	53%~	96
	PST	44%	91%	51%	65%	106
	Water-based	42%	78%**	45%	63%	76
	Land-based	34%	92%	43%	57%	126
Caregivers	Total	n/a	94%	n/a	n/a	404
	KCN	n/a	95%	n/a	n/a	205
	PST	n/a	93%	n/a	n/a	199
	Water-based	n/a	86%***	n/a	n/a	148
	Land-based	n/a	98%	n/a	n/a	256
	Can't read	n/a	95%	n/a	n/a	172
	Can read	n/a	94%	n/a	n/a	232

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

## 6. CHILD PROTECTION

**Table 18: Caregivers-Reported Type of Support Children Received**

Particular	Extended family	Neighbors and community	Government	NGO
Of those receiving support in past six months (n = 99), type of support				
Food	0%	4%	11%	5%
Clothing	11%	3%	17%	13%
Education or educational expenses	3%	6%	32%	14%
Monetary	10%	0%	18%	9%
Child care	0%	0%	2%	0%
Counseling/Emotional	0%	0%	1%	0%
Medical care	0%	0%	0%	1%
Medicines	0%	0%	1%	0%
Transportation	1%	0%	0%	0%

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

## 6.3 RESULTS FROM QUALITATIVE DATA

### 6.3.1 UNATTENDED CHILDREN AND CHILD LABOR

Given the proximity to and actual residence on water, the most prevalent risk to children is drowning, especially for those under 5 years of age. Instances of children drowning in the floating communities are high. This is due to their being not attended by busy parents or being left to elder siblings who lack attentiveness. Parents who migrate for work for extended periods leave younger children in the care of their grandparents, who may not be as able to adequately care and attend to the child. Children under 5 may also be taken by their parents when fishing and risk drowning when they are unable to swim or accidentally fall into deep waters while playing. Cham mothers in Chhnok Tru said pointed to frequent yearly examples of such deaths. While some parents promote safe practices such as the wearing of life jackets the majority do not. Additionally, children are reluctant to comply due to the heat especially during the hot dry season.

Children who engaged in labor to help earn the family income are also at risk—both due to work hazards and increased negative health impacts. Cham boys aged between 9-15 years old in Kamong Prak village, Pursat's Krakor district, said they fish until 12 midnight or 3am, leaving them exhausted and with no time to go to school. However, work-hazards are less prevalent in the factories which are monitored for compliance to the Labour Law. Department of Labor Child Inspector Bureau in Kampong Chhnang, which

is tasked with monitoring garment factories or enterprises, reports finding no danger thus far. Previous ILO-supported programs supported parents to reduce child labor in agricultural sector and encourage continued schooling, but this initiative has ended.

### 6.3.2 VIOLENCE AND DISCRIMINATION AGAINST CHILDREN IN FAMILY AND PUBLIC SPACE

Violence against children, including Khmer, Vietnamese, and Cham ethnic groups, still exists in the study communities. It is committed by parents as well as relatives. Violence is frequently inflicted on children when they did something wrong or are being stubborn. But may also occur due to the parent's anger, bad mood or drunkenness, as stated in the children's focus group. An instance reported was that of a 13-year-old girl hit by a boat oar by her uncle in 2015. She died a few years later.

Violence against children is also committed by relatives with whom children live when their parents migrated for work. Body drawing exercises showed that children saw quarrels among their families and among their neighbors. Cham girls also cited being scolded and hit with a stick by their mother when they failed to complete housework or when they did something wrong. Other concerns raised by the children were gang activities, discrimination between ethnic groups, and negative teacher-student relations. The Focus Group of mixed Vietnamese boys and girls reported seeing gangs fighting each other in public. There were also reports of schoolmates hitting smaller children when angry. Vietnamese youth are discriminated against by Khmer students with

## 6. CHILD PROTECTION

verbal derogatory phrases such as “Ah Serng” which is a derogative Khmer word to describe a Vietnamese man. A few who reported this behavior to adults got blamed or hit by adults. The Vietnamese discussed experiences of being hit by teachers. When the teacher is absent, there are open threats by their Khmer schoolmates. The Cham girls group said that teachers blamed and penalized them when they did not understand the lessons. At school, when they wrote the wrong words, teachers blamed them, in some cases using sticks and pinching ears.

### 6.3.3 SEXUAL ABUSE

Interviews with the District Committee on Women and Children (DCWC) in various areas reported instances of sexual abuse against children. One case in Bakan district described two grandchildren abused by their grandfather to whom they were entrusted for safe refuge. Legal support was sought and was provided by the DCWC. Another case involved the sexual abuse of girls under the age of 18 in Boribor district of Kampong Chhnang. The DCWC in the same district recounted another case of a 7-year-old child with mental problems sexually abused by her uncle while working in the rice field. Another sexual abuse case occurred on three girls between the ages of 8 and 10 years old at the same time when they went to collect snails at rice field. The DCWC immediately contacted representatives of the district Women’s Affairs Office to assist and provide a lawyer to handle the case in court. They filed the complaint to the court and sent the three children to be looked after by an NGO and donated some money to the victims’ families.

There were numerous reported cases of sexual abuse which were not effectively dealt with. There was a case of a fisherman who sexually abused his 12-year-old stepdaughter when he took her fishing. He escaped. Another case involved the sexual abuse of a 9-year-old by her uncle when her parents were not at home and she went to her uncle’s home. This was also not dealt with. The last account was of the sexual abuse of a 12-13 years old girl by two older persons and (one an under-aged boy) when the girl was looking after cattle in the field. Only the under-aged boy was caught and reported to the court, but the older persons escaped.

### 6.3.4 SOCIAL AND LEGAL RESPONSES

With regard to disability, there were only 18 children with disabilities among the interviewed households. The number may be more than this. However, there has been a lack of comprehensive survey on children with disability at the provincial level. Interviewed sources mentioned the provision of support and services to children with disabilities, but such may not be sufficient to meaningfully ensure inclusion

of children with disabilities. For example, the FGD with Vietnamese boys in Kandieng Pursat reported that a 17-year-old child with polio living in a poor household did not receive any assistance from any agencies or local authorities. In contrast, children with disability received some support from the Women Affairs in Bakan district. The District Social Affairs in Boribor also reported an NGO that provided prosthetic legs and other materials. In Cholkiri district, children with disabilities were sponsored with school materials, clothing, bicycles and glasses by Save the Children. Caregivers in Boribor, Kampong Chhnang also mentioned a child with disability and an HIV-positive mother and deceased father who continued her grade 5 education with support from her Commune Council, neighbors and monks for foodstuffs (soy sauce, fish sauce), school supplies and some money.

Other types of support for people with disabilities are through government design of schools with ramps and special toilet, for example the NGO Sustainable Cambodia provided such modifications in Kanding district. The Health Center in Cholkiri district of Kampong Chhnang provides free health service for ID Poor, and children with disabilities. The above support could benefit children with disabilities if these actors continue to provide similar support in the longer term.

Some cases of violence and verbal abuse were addressed by neighbors and relatives where children seek solace, as cited by a group of interviewed children. But serious sexual violence against children (sexual abuse and serious physical harm) was addressed by sub-national structures of the government and other institutions such as courts, as shown in the previously mentioned sexual abuse cases.

However, sub-national structures (DCWC, CCWC, police) lack resources to implement programs that focus on children at the commune council level and are unable to give them attention for long term. The CCWC in Bakan of Pursat province cited no government program activities that seek to work directly on child protection and trafficking, as there is no funding support. No commune budget was allocated for children during disasters such as floods, except for what NGOs and Cambodia Red Cross (CRC) support. This is consistent to what other District Women Affairs officials in Pursat and Kampong Chhnang mentioned where work is only on a case-by case basis and is reactive rather than preventive. Some good practices were noted, for example the officials in Pursat set up an on-air radio program to share emergency phone numbers to contacts if children’s rights abuses occurred.

# 7. CHILD RIGHTS GOVERNANCE

## 7.1 LITERATURE REVIEW

Government decentralization and de-concentration reforms, have placed responsibility addressing social issues in the hands of district and provincial branches of government. Despite this, funding for women's and children's issues remains a low priority for local governments. The enactment of the National Youth Policy has produced little impact and youth still have very little role in policy development or in resource allocation. Local government structures lack the capacity to address children's needs, although they allow a token participation of children in their meetings and mobilize them in some activities. Many youth remain unorganized. Youth organizations in schools or communities do not typically advocate for participation in government policy development or for state investment in children's programs. Children usually do not know what policies are in place, nor are they concerned about pushing for policies that may assist them. Children have limited ability to access information, which severely hinders their involvement in local development.

Despite these significant limitations local Women and Children Focal Points and village leaders are taking simple, measurable actions to improve the management and delivery of social services that may impact on child rights. Additionally, several donors, including UNICEF and the EU, partnered with national ministries and sub-national government bodies to improve governance that considers children's needs. Some of the programs include: sub-national initiatives to strengthen capacities to map, collect, and analyze data related to the situation of women and children, with the aim of increasingly responding to the needs of vulnerable families; strengthening child protection interventions at the local level such as strengthening referral systems for vulnerable children, youth, and families; training Women and Children Focal Points to increase services for vulnerable children; ensuring access for vulnerable children to commune emergency funds for school and health care; supporting local authorities to develop community preschools; boosting the capacity of local government to manage maternal and child health interventions; and, strengthening community access to clean water and sanitation.

Several NGOs within the NGO-CRC network<sup>19</sup> have programs involved with children that provide support to CSOs, encouraging children to join in writing the supplementary report to the UNCRC, at the provincial and national level. These programs conduct public awareness raising exercises on child rights, including the rights to birth registration, education, and participation through the media. They conduct quarterly community awareness activities for children's rights, birth registration, and the benefit of child education. They support local authorities and school support committees, including children, to conduct social service mapping to identify the most deprived children, put them into their annual plans, and to allocate adequate budgets. They conduct training on child participation in the Commune Investment Plan (CIP) process and child sensitivity in local budget management to authorities and school principals. They provide financial and technical support to local authorities/school support committees to conduct dialogue meetings with CSOs to include children in their community (children's issues, quality services, open budgets and information, and commune mechanisms in monitoring and protecting children). They support financial and technical coaching to CC, CCWC, and School Principals to conduct Child Rights Impact Assessment (CRIA), and conduct consultative and orientation meetings for CRIA.

Youth are becoming more informed and many engage in social media to voice out their concerns on social issues, albeit as individuals rather than as organized groups. But in 2014, there were 35 active and registered youth NGOs working in Cambodia. The most prominent one is the Union of Youth Federation of Cambodia (UYFC). Youth wings of the main political parties foster participation through media campaigns, lobbying, and demonstrations. However, the inclusiveness of such participation is still limited. Besides expressing their voices through social media, a majority of youth, especially those living in rural areas and migrant workers in other countries, are still left out from the initiatives organized by political parties and NGOs.

<sup>19</sup> The NGO network on the Convention on the Rights of the Child (CRC) is composed of some 50 NGOs working with children and is obligated to submit to the UNCRC an Alternative Report to the RGC Report.

## 7. CHILD RIGHTS GOVERNANCE

The Government has rolled out Commune Committees for Women and Children nationwide since 2006 and established Women and Children Consultative Committees at sub-national levels. The government earmarked additional funds to support the communes in providing social services, e.g., ECCD. There are implementation guidelines on social development by communes being rolled out. A National Program for Sub-National Democratic Development is now formulated. Most Commune Committees for Women and Children are having a positive impact, with higher priority given to women and children's issues relating to health and education. Children and women's issues are now on the agenda or integrated into the commune development plans.

### 7.2 RESULTS FROM QUANTITATIVE (SURVEY) DATA

Children were asked directly about their understanding of their rights. Half of the older age group of 13-17 knew more (50%) than those of younger age group of 7-12 (24%). Most children who knew did not remember specific types of rights. They knew of their rights mainly from what was posted on the walls of their classrooms or as taught. By geographical difference, children in Kampong Chhnang are more knowledgeable than those in Pursat in both age groups, and girls and land-based children are more knowledgeable than

boys. Of those who know their rights, right to life was the top recall. FGD with Khmer boys and a secondary school teacher at Boribor showed that children have opportunities to learn child's rights from teachers in some classes, attending the 1<sup>st</sup> June Event at school, and at the start of the academic year.

Among children, the older 13-17 age group is more likely to be given information about the family's decisions (49%) than the younger 7-12 age children (38%). The older age group is also given more opportunity to express their ideas (63%) than younger children (41%). It is understandable that parents or caregivers only explained their decisions to older age children as mentioned by 90% of children aged 13-17 years. The proportions are also high among the various characteristics of children aged 13-17 years old. The responses from caregivers, despite somewhat lower than that of children aged 13-17 years old, are still considerably high across the characteristics. (See Table 20).

More than half of caregivers let their children participate in community activities (67%) and in school leadership and decision making (53%). However, most caregivers are not too involved in, nor allow their children to be involved in, Commune meetings, especially on budgeting for children issues, where only a fourth of caregivers reported allowing their children to participate (26%).

We can contrast this with the older age group of children's responses. Most children do not know a Commune Council

**Table 19: Children's Awareness of Child Rights**

Particulars		Know their rights	Right to life	Right to education	Right to information	Right to expression	Right to protection from abuse	Total
Total 7-12 yrs		24%***	63%~	61%	0%	22%	59%*	202
Total 13-17 yrs		50%	78%	51%	4%	27%	76%	202
Child 7-12 yrs	Male	16%**	69%	50%	–	31%	56%	99
	Female	32%	61%	67%	–	18%	61%	103
	KCN	31%*	65%	62%	–	24%	62%	109
	PST	16%	60%	60%	–	20%	53%	93
	Water-based	15%*	64%	55%	–	0%*	64%	72
	Land-based	29%	63%	63%	–	29%	58%	130
Child 13-17 yrs	Male	49%	72%	50%	4%	22%	68%	102
	Female	51%	84%	53%	4%	31%	84%	100
	KCN	63%**	73%	47%	5%	25%	78%	96
	PST	39%	85%	59%	2%	29%	73%	106
	Water-based	37%**	71%	50%	0%	14%~	79%	76
	Land-based	58%	81%	52%	5%	32%	75%	126

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

## 7. CHILD RIGHTS GOVERNANCE

**Table 20: Children vs. Caregivers' Engagement with Adult Decisions and Expression of Ideas**

Particular		Given information about the decisions	Given opportunity to express your ideas	Explain the decisions
Total 7-12 yrs		38%*	41%***	–
Total 13-17 yrs		49%	63%	90%
Child 7-12 yrs	Male	36%	36%	–
	Female	39%	45%	–
	KCN	40%	44%	–
	PST	34%	37%	–
	Water-based	33%	44%	–
	Land-based	40%	38%	–
Child 13-17 yrs	Male	42%*	57%~	92%
	Female	56%	69%	87%
	KCN	53%	71%*	91%
	PST	45%	56%	89%
	Water-based	45%	55%~	87%
	Land-based	52%	67%	91%
Caregivers	Total	–	78%	76%
	KCN	–	77%	80%~
	PST	–	79%	72%
	Water-based	–	78%	74%
	Land-based	–	78%	77%
	Literacy: Can't read	–	74%	73%
	Literacy: Can read	–	81%	78%

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

member or the CCWC; only a few answered positively on this (14%). Most children did not participate in any commune meeting or in budget meetings (only 11% did in both instances). Almost all children have no knowledge of any budget allocated for children's project.

We can surmise from the results that many children participate in school activities, as is expected of them. However, they are not included in the decision-making processes of local authorities. So, opportunities for children in child rights governance appear to be limited. (See Table 21).

### 7.3 RESULTS FROM QUALITATIVE DATA

Children's participation in decisions at the household level depends on the issues. Caregivers allow their children to express themselves on issues that personally benefit them, like clothes, cakes, toys, books, and school uniforms or on what the children can buy themselves. However on bigger

concerns like household assets, the parent has the full privilege to decide. Parents accommodate their children's desires to join festivals like the Water Festival and the Kathin Buddhist ceremony. Caregivers in Kampong Chhnang mentioned that, at a young age, children follow their parents' advice but grown up and educated children can better argue their opinion and discuss with parents, such as on what career to take.

Even in school, the interviewed children do not often have the chance to be part of the formal channels for decision-making. They rely on the school management structure to decide and respond when necessary; children just follow the scheduled events. The Vietnamese and Khmer Girls in Chhnok Tru of Kampong Chhnang stated that children can discuss about their lessons with teachers and can join school events such as the environment cleaning campaign in the community but they never raised their ideas or joined in the decision making process. They added that there is a working group in school to respond to emerging problems of children. The district education officials in Kampong Chhnang promoted this in the school to make it easier for children to seek assistance. In this

## 7. CHILD RIGHTS GOVERNANCE

**Table 21: Caregivers Allowing Children to Participate in Community Activities**

Description		Total	Geographic		Ecological	
			KCN	PST	Water-based	Land-based
Caregivers	Yes, allow your children's participation in community activities	67%	63%	70%	62%	70%
	Yes, actively involved in school leadership and decision making	53%	53%	53%	51%	54%
	CC/CCWC ever allocated investment in the CIP for children's issues	26%	25%	27%	26%	26%
	n	404	205	199	148	256
Children 13-17 yrs	Know commune councilor or CCWC	14%	14%	14%	13%	14%
	Participate in any planning meeting in the last 12 months	11%	15%	7%	20%	6%
	Participate in any budget meeting in the last 12 months	11%	15%	7%	20%	6%
	See any changes of budget allocated for children project	7%	8%	7%	10%	6%
	n	202	96	106	76	126

Significance Level ~ = 0.1, \* = 0.05, \*\* = 0.01, \*\*\* = 0.001 Note: KCN = Kampong Chhnang, and PST = Pursat

school there are pictures depicting children's rights and child abuse, along with telephone numbers for cases of abuse of a child's rights. Teachers remind students on the first day of the school's academic year of their rights. In Boribor district of Kampong Chhnang, the teachers in secondary school organized a youth branch for youth participation following the guidance of the Ministry of Education. Every year the students are invited to attend the International Children's Day celebrations with a chance to speak in public. However, these still do not serve the purpose of broader governance where children would play an important part in the whole processes.

Children are not given opportunity to take part in the process of decision making at the sub-national level. The Khmer Boys FGD in Cholkiri of Kampong Chhnang affirmed that children never attended government meetings. They are called only to help collect rubbish with teachers in the village. However they did participate when books were distributed or there was a performance or play they were called to act in. They want to participate in expressing their ideas, for example, as to how road improvements can be made, and how to maintain good sanitation and hygiene practices because of their experience seeing the effects of littering in their communities.

At the commune level, there is little or no attention given towards improving children's development. The CCWC members in Bakan said that the commune budget from the national government is commonly used for projects on rural roads, natural disaster interventions, and community administration, not for children's protection. They do not

know how to encourage children to participate in their work. They have invited students from secondary schools to participate in the public forums, in which they observed that some children requested the commune councilor to issue birth certificates. On the whole, however, they are far from promoting children's participation in decision making processes that may benefit them in the long run.

Another barrier to children's participation is the misconception that children do not have much knowledge or exposure to be able to take part meaningfully. Children reported instances of having shared their ideas with some older people in the forums, but their ideas were not discussed or acted upon, as mentioned by interviewed CCWC members. The district Women Affairs and DCWC in Krakor of Pursat said that NGOs tend to engage more children to participate in their programs but they are unsure to what extent.

Finally, some FGDs and KIs highlighted evidence that communities such as the Vietnamese are systematically excluded from participation in education due to challenges obtaining official birth certificates. This problem was solved at Chhnok Tru commune by village chiefs and commune councilors who mobilized the children to go to school by issuing a recognition letter as an assurance for teachers that they are at school age (6 years old) to enroll. But in other Communes, even with encouragement from local authorities, the Vietnamese are still unable to enroll in school.

# 8. CONCLUSION AND SUGGESTIONS FOR PROGRAMS

## 8.1 HEALTH AND NUTRITION

### 8.1.1 SUMMARY

There were positive efforts on health and nutrition services. The health equity funds, linked to the ID Poor cards, have been distributed and are acknowledged by public health facilities. Health infrastructure and facilities such as health centers, operational districts, referral hospitals, and other public health facilities may have improved their services. However, these are clustered around urban communes and district towns. They are relatively far for many people living in both land-based and water-based villages. Private clinics and stores are being accessed by patients although it is far more expensive.

The government has programs on maternal and child health and nutrition. Some key organizations such as UNICEF, Save the Children, and RACHA, have supported the government in the project area. Children are entitled to get free vaccinations for hepatitis, measles, tetanus, meningitis, night blindness, etc. Moreover, poor people were allowed to get parts of their transportation and medical expenses reimbursed by the civil society organizations.

Comparative data from last year and this year at the health centers seem to indicate a positive health-seeking behavior. There are more pregnant women accessing health center services for antenatal, delivery, and postnatal services for themselves and their infants. Nonetheless, children in any aspects are still generally considered far less priority than adults. Reproductive health care services are mostly absent among children 13-17 years old. However, difficult access to the facilities may be the main deterrent to receive the complete health package within the critical 1000-day period between pregnancy and a child's 2nd birthday.

Among children, there is understanding of the need to diversify their diet. We can safely assume a degree of understanding of nutrition by their parents. The majority of parents or caregivers and children, regardless of sex or ethnic minority, have all demonstrated a good understanding of nutritious food, clean water, and toilets. However the main issue affecting balanced nutrition is the financial capacity of the household to consume diverse food options. Lacking the

financial means, the recourse is to whatever food is available -seasonal vegetables and fish they harvest themselves. Thus, malnutrition exists in the research areas. Some children in poor households are found to low on standard measurements of height and weight for age.

The majority of sicknesses experienced by households, especially children, are preventable. What is needed is that people's health-seeking behavior be complemented by better nutrition, hygiene practices and regular health check-ups. One challenge is how to ease the access to public health services through community-pooled resources to enhance ease of transport. Another is how to bring public health facilities on site as outreach programs. A third challenge would be how to diversify food availability if there is lack of purchasing power to for other food options.

### 8.1.2 RECOMMENDATIONS

- Continue to promote access by pregnant mothers and children under 5 to services provided by health centers for ante-natal care, post-natal care, and delivery of children through health professionals and trained traditional birth attendants.
- School feeding programs for young children may help address child malnourishment.
- Poor households should be encouraged to plant diversified crops in their backyards, container gardens, or in their farms to enable them to have diverse food sources. There are various crops which can be stored and are high in protein value (e.g. beans, mung beans, pulses, and grains) and can be dried and stored longer.
- Caregiver groups may be organized to receive training on nutritious food and food preparation workshops. This can be tied to ECCD School feeding programs.
- Fish processing activities should be encouraged to enable fish protein sources to be available even during the off-fishing season, for example, sardine-making, smoking, drying and preparing dry-cooked fish snacks.
- Encourage actions by the community for transport to access health services, e.g., community-pooled transport funds.

## 8. CONCLUSION AND SUGGESTIONS FOR PROGRAMS

- Sustain the health equity funds for indigent households and children and promote poor people's access to free health services.
- Village Health Volunteers, including community traditional birth attendants, should be trained in medicine dispensation for basic ailments and for emergency-response (first aid and child delivery).
- Encourage mothers to plant herbs that have medicinal properties which they can use in lieu of commercial medicines.
- Advocate for better state funding for the improvement of health center services, including boat transport for medical missions for on-site health consultation, medicine provision, vaccination, and other health services

## 8.2 EDUCATION

### 8.2.1 SUMMARY

The achievement of SDG4 “Education for All” is constrained for children in both water-based and land-based communities around the Tonlé Sap area by the distance of school facilities and the high expenses for transport of children to these schools. There are also safety issues as travel is risky due to water changes, unsafe traffic practices, and the possibility of drowning.

Education outcomes are better at primary school where there is relatively high enrolment and completion. But dropout rates are high starting from Grade 5 and drastically higher from Grades 7-12. About half of secondary school enrollees drop out. In-school, students are also not fully attending their classes; therefore, there is high risk of repetition or lower learning outcomes. There are also issues of lack of facilities within schools in the area and the absenteeism of teachers, leading to irregular classes. This is because most teachers are not locally-based. The basic test of students' comprehension of math and reading indicates a low level of learning by students.

While there are now ECCD services, enrolment and regular attendance in these is also a problem. This is affected by the unsafe transport to the schools and the mobility of households where parents take their small children with them, thus, the children miss preschool. ECCD structures and teachers are not adequately funded by the limited commune funds.

Most caregivers only expect their children to complete secondary level education, not to continue to higher learning or tertiary education. Moreover, they condone their child's dropping out to help work off the heavy debts of families

and with their household needs. Children also frequently express their willingness to drop out of school to undertake work – including migrant work. Thus, the majority of children complete primary level only, as many families and especially water-based families usually require children aged from 13-15 years old to help them in their work and the push for working in factories as well as migrating to Thailand or elsewhere. Most children do not benefit from alternative education options such as vocational training and most of them lack information about employment opportunities.

Of particular concern is the birth certificates have been an issue for children, especially those Vietnamese ethnic groups, barring them from accessing to the formal education system.

### 8.2.2 RECOMMENDATIONS

- Strengthen the quality of and access to education. Map out schools in the area to assess their facilities according to Child Friendly School standards. Encourage both government and donors to invest in improving school facilities, e.g., the pilot CFS in Pothi Kambor and Prey Meanchey villages of Veal Commune. Encourage scholarship especially for poor children with good academic record to enable them to complete secondary school.
- Assist the Commune Councils in improving the state ECCD facilities and training of ECCD teachers. Promote complementary home-based ECCD to key caregivers or locally-based ECCD teachers to enable learning activities during periods of difficult access to ECCD centers.
- Encourage community-pooling for school transport project for students. Also, out of concern of children's safety at schools, perhaps using pedal-bikes (Pedalos) that can be cycled by children to school without using gasoline may be explored for the water-based communities.
- Engage workshops and business in the area in an Apprentice Program that can provide training in vocational skills for dropout children of working age (14 years and above, per allowable working age in the Cambodian Labor Law for non-hazardous work set at fifteen years of age)
- Promote enrolment of children into the government Provincial Vocational Training Center with a possible scholarship program.
- Promote completion of basic education up to Grade 12 through scholarship programs focused on poor and deserving students.
- Assist the MoEYS and its District Offices to recruit more locally-based teachers for both ECCD and basic education. This may include an apprenticeship for local students that can assist ECCD programs that integrate school-based ECCD and home-based learning.

## 8. CONCLUSION AND SUGGESTIONS FOR PROGRAMS

### 8.3 CHILD POVERTY

#### 8.3.1 SUMMARY

A third of households were below the National Poverty Line of KHR 4,446 or US\$1.11 and a fifth of households just above poverty line or at risk to falling into poverty by shocks such as crop failure, disaster, sickness, loss of job or payment of heavy debts. This is due to low incomes and a lack of diverse sources of income, mainly farming and fishing. Household consumption patterns show very high expenses for food, education, and health; the latter due to the costly transport to school and health facilities.

Most households have to live with disaster conditions, especially water-based communities but increasingly land-based communities too due to climatic and water changes. The disruption caused by climatic changes to their livelihoods compounds their poverty. As a result, most households are indebted to MFIs and moneylenders. A socially acceptable option to pay off loans is to allow children to work, therefore, the high incidences of child labor in the area and migration to work.

#### 8.3.2 RECOMMENDATIONS

- Projects to stimulate school attendance and positive learning outcomes for all – possibly through scholarship programs, rice support, and skill/livelihood support to families.
- Vocational/skill training should focus on providing skill sets needed in current and future markets such construction, fish and food processing, car repair, food business skills, electronic gadget repair, etc., preferably through local apprenticeships.
- Livelihood options for fishing, agriculture, and livestock should be enhanced through crop diversification with links to the market, fish processing and trading, and livestock raising.
- Promote safe migration education to minimize risks from exploitative work conditions and trafficking.
- Improve employment information available to young adults and children of work-ready age.

### 8.4 CHILD PROTECTION

#### 8.4.1 SUMMARY

Disciplinary measures enforced within the families in the area still favor verbal abuse through yelling or shouting and physical pain inflicted on the child, the latter done among half of households and witnessed by about half of children. This was also reported as having been carried out by an older member of the family or a relative. Furthermore, verbal and physical abuse is frequently used at school by teachers.

While it is common among Cambodian families that children help with tasks at home or in the parent's livelihood, the study found at least one fourth of households allow children to work away from home. This put them at risk to the hazards of work and, at the same time, the hazards associated with spending large amounts of time outside the safety of the family.

Another concern is the lack of safety interaction across ethnic divide. This is experienced mainly by minorities (such as Cham and Vietnamese) who reported higher incidences of verbal abuse, bullying and physical infraction to them. This indicates a need to promote positive behavior among teachers and students alike to ensure safer interaction in the school and the community.

The social protection most caregivers and children want, if the parents die or seriously ill, remains the immediate family among elder siblings or grandparents, then by relatives. This effectively removes institutional care centers as option. It suggests that for children in this circumstance, social protection should be more familial. It also suggests better parenting and foster-parenting practices given the risks.

There are other risks to children given their house and workplace near water. The instances of drowning were often mentioned. This demands that families be more attentive to the safety of their children. The same is required of social services—such as school structures and the transport system—where the community should enhance safety measures.

There are other associated risks such as gang groups in the villages. This fosters a culture of violence and anti-social behavior, as well as enhances risk to children brought about by use of substances (drugs and alcohol) as well as risky sexual behavior. This also fosters inter-ethnic and inter-gang hostility.

There are many reported instances of sexual abuse against children. This is perpetrated against children who are often given to care of their relatives or who work with adults.

## 8. CONCLUSION AND SUGGESTIONS FOR PROGRAMS

While several of these are provided services by sub-national authorities, this is done reactive or post-scenario.

There were several children with disabilities among the interviewed households. There may be more in the communities. There is, therefore, a need for a comprehensive survey if there are not available data for the area. While there were reported services provided to children with disabilities, these did not include non-Khmer minority children.

Finally, the sub-national structures (DCWC, CCWC, police and other local authorities) have services that may address issues on a case-to-case basis—such as serious violence or disability services. However, they lack the resources to implement programs that focus on children at the commune and village level that is comprehensive across the issues of child protection. While there are referral services, they rely mainly on support by NGOs which may not be sustainable. This posits a case for serious advocacy for financial reforms that not only provide more funding to the sub-national level, but also increase human resources and operational requirements.

### 8.4.2 RECOMMENDATIONS

- Promote positive parenting. Assist caregivers or parents to have a better appreciation of how best to care for and support their children and eliminate all forms of violence against them.
- Strengthen the CCWC operations through community forums for law enforcers and parents to promote positive family values and to act to mitigate risky social behavior such as gang membership and substance-abuse; for example, local ordinances to prohibit selling alcohol to children.
- Encourage schools in the area to work with the CCWC to adopt child-monitoring of forms of corporal punishment, bullying, and verbal abuse of children.
- Enhance a safe and friendly environment in schools and in the community through child-to-child interaction and team building that would not discriminate against any ethnic groups.
- Encourage women's forums among adults and teenage female children, including adult males and law enforcers, to improve on attitudes towards women, focus on reducing domestic violence against women.
- Conduct a comprehensive survey of children with disability, including the types of disabilities and availability of services, so that a support program attending to their needs can be better planned and implemented.

## 8.5 CHILD RIGHTS GOVERNANCE

### 8.5.1 SUMMARY

At school, children do not have a chance to be part of the formal channels for making decisions that are beneficial to them, but rather rely on the school management structure to decide and respond when necessary or to follow the already designed events. At the community level, while it is clear that the participation of children is higher in general community services or activities or schools, the level of participation is less when it comes to the formal process of engagement with the local political structures such as the commune council. This is reflected in the qualitative data about the rigidity in program design and local allocation of resources, which historically have tended to focus on infrastructural developments, with little or no attention given toward improvement of children's development.

Apart from the structural barriers, another major obstacle is the cultural misconception that children do not have much knowledge or exposure to be able to take part meaningfully in decision making particularly at the higher sub-national level structures of government; children do not have much opportunity to take part in the process of decision making that would yield resources and plans for children development.

To enhance participation by children, it is important that they have access to platforms through which they can voice their issues. The lack of youth organizations in the community and the relatively weak school-based organization does not enhance active participation. It is also important for youth to define the issues and activities they wish to participate, thus, interest-based groups or associations should be encouraged, such as youth-livelihood, youth against risky social behaviors or simpler concerns like sports and cultural activities that improve social values.

### 8.5.2 RECOMMENDATIONS

- Reinforce awareness of child rights in schools and in the community through training of teachers, encouraging the operations of youth peer educators and involving parent groups
- Encourage child participation in sub-national governance through a Child Management Day when children would manage the sub-national committees (Province, District, and Commune Councils) for at least a day and can oversee the government activities for that day.

- Support the advocacy of sub-national government, especially at the Sangkat level, for financial reforms that will provide them with more funding, including more funding to the national agencies for social protection (MoSVY and MoWA)
- Encourage schools to make active Child Councils as a forum for student participation and encourage community youth to organize themselves into self-help groups or associations that can attend to their interest (e.g. savings, enterprise, skills training) or enable them to participate in meaningful activities that reduces their risks (e.g. no drugs/ alcohol campaigns, safer sexual behaviours, reducing gang involvement in favor of sports or cultural concerns, etc.)





