NGO COMMITTEE ON THE RIGHTS OF THE CHILD (CAMBODIA)

ALTERNATIVE REPORT

On

The Implementation Of The UN Convention On The Rights Of The Child

In Cambodia

2000-2009

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STATEMENT FROM THE CHAIRPERSON OF THE NGOCRC

2000 - 2009

This report examines the way and the extent to which the rights embodied in the CRC are being implemented not only by the Royal Government of Cambodia (RGC), the entity responsible for affecting the rights enshrined within, but also by other actors including Non-Governmental Organisations (NGOs), donors, United Nations agencies (UN), the community, parents and children and youth. The report focuses on issues of effectiveness, efficiency and sustainability of programs/projects and highlights areas, which have reaped successes and also areas where deficiencies remain evident, while an analysis has been made of some major issues.

The structure chosen for this Alternative Report is as recommended by the United Nations' Committee on the Rights of the Child (UN Committee) organized: '… *according to the articles of the Convention [..], should include 'concrete recommendations' [..]* and be not longer than 30 pages of main text (A Guide for Non-Governmental Organisations Reporting to the Committee on the Rights of the Child, revised 1998 (most recent version)). Further, following the Guide's suggestion that '*An Alternative Report should analyze a particular problem rather than merely describe it',* each chapter contains such an analysis, while the last chapter summarizes the results of the analysis of the main issues in the country regarding the implementation of the Convention on the Right of the Child.

This report is the result of a collaborated effort by the Five Thematic Working Groups that represent NGO members and also NGO networks and staff of the Secretariat of the NGO Committee on the Rights of the Child (NGOCRC) and 14 children's representatives of Child Advocate Network (CAN) coordinated by CCH, LICADHO, WVC, CLA, VCAO, Wathanakpheap, CCASVA, HCC and KnK. The report is based on fact-finding by three researchers (Ms. Judith von Gyer, Mr. Khiev Dara and Ms. Thay Bone) who collected the information over a six-month period and prepared a fact-finding report. Taking into account comments and suggestions from NGO members of the NGOCRC, from representatives of child groups and from the sponsoring agencies Save the Children and Plan, the final report was drafted by Mr. John Vijghen, Mr Pol Fabrega and Ms Helena Lim, and the fact finding report by Ms Judith von Gyer, as commissioned by the NGOCRC.

It is hoped that this consolidated document regarding the situation of children in Cambodia in all its aspects will serve as a useful guide in directing future action.

For the NGO Committee on the Rights of the Child in Cambodia,

Yim Sokhary
Chairperson
NGOCRC

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CAMP (Child Assistance for Mobilization & Participation)	E&D (Enfant &Development)	PJJ (Protection of Juvenile Justice)
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CSF (Children Support Foundation)	PADV (Project Against Domestic Violence)	
CVCD (Cambodia Volunteer for Community Development)		

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EXECUTIVE SUMMARY

AN ASSESSMENT OF THE IMPLEMENTATION OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD IN CAMBODIA 2000-2009

On the initiative of the NGO Committee on the Rights of the Child (NGOCRC), a network consisting of about 49 national and international organisations in Cambodia, this study on the implementation of the UN Convention on the Rights of the Child was conducted in order to provide an alternative testimony to the Government report to the UN Committee on the Rights of the Child.

The development of this report involved a large number of actors from a broad range of organisations reflecting all aspects of the Convention. Additionally, the representation was geographically diverse and also included the views of children and young people. In this way, information on implementation stems from comprehensive sources and was participatory in nature to provide an independent assessment of the implementation of the CRC in Cambodia. It is hoped that this report, as a consolidated document regarding the situation of children in Cambodia, will serve as a useful guide in directing future action as well as providing an overview of progress made and an analysis of the main problem areas.

Since ratification of the CRC in 1992, considerable progress in the right direction has been made in many areas, such as in education with increased rates of enrolment, in healthcare with reduction in child mortality, in child exploitation with the establishment of trafficking police units or in child labour with the creation of a special Child Labour Department. Nevertheless, significant gaps remain evident in these and in other areas, particularly for children with disabilities or those who need protection from abuse and exploitation, leaving children vulnerable and sometimes unable to access even the most basic of rights.

Infant mortality rates remain high, the major causes of death being aggravated and complicated by persistently high levels of malnutrition. HIV infection rates have dropped substantially but shifting patterns of transmission translate into increased numbers of children being infected or left without care when their parents die. The increased usage of drugs and substances among children and youth causes mental and health problems for those addicted and problems for society at large. Drug usage through injection can also lead to unsafe sexual practices, which in turn is contributing to higher HIV/STD infection rates. Medical care, assisting unsafe, untrained and unregulated providers, continues to be a source of healthcare that affects negatively upon the public health status. However, gradually public healthcare utilisation is on the increase and the quality of public medical care is improving.

The Cambodian National Council for Children, the body tasked with coordinating and monitoring the implementation of the CRC, remains under-funded and under-resourced, leaving it unable to monitor and operate at a provincial level or conduct assessments of implementation independently from the reporting Ministries. Furthermore, there is no independent mechanism, such as an ombudsperson, through which children can seek redress for breaches of their rights under the CRC. Due to a lack of significant Government resources, the implementation of activities under the CRC is predominantly funded and implemented by and through international and local organisations, and consequently directed by these bodies.

In terms of legislation, the Royal Government of Cambodia (RGC) has ratified relevant ILO Conventions on the Worst Forms of Child Labour and the two Optional Protocols to the CRC and has adopted a law on Domestic Violence, on Combating and Preventing HIV/AIDS, as well as the UN Convention on Human Trafficking in Women and Children. Furthermore, the Government has also adopted the law on the Suppression of Human Trafficking and Commercial Sexual Exploitation as well as the law on Inter-Country Adoption. By contrast, a Juvenile Justice Law has already been drafted, but the Government has not yet adopted it. Indeed, the law on Aggravating Circumstances in Felony Cases converts a theft if committed by two or more offenders into a felony, which entails harsher sentencing and no distinction in sentencing between adults and minors. Additionally, there is still no minimum age of criminal responsibility.

METHODOLOGY

An extensive desk review of literature on CRC implementation, both in Cambodia and other developing countries, was undertaken to ascertain whether and to what extent previous research had been conducted in regard to implementation of the CRC in Cambodia. Other research literature was reviewed to obtain statistics and information for a situational analysis of child-related issues.

Secondly, extensive fieldwork over a period of six months across 13 of the 21 provinces and municipalities in Cambodia was undertaken. Three researchers conducted over 130 interviews over a four-month period. Among those interviewed were members of youth groups, children, village chiefs, villagers, NGO workers, donors, representatives of UN Agencies, Government officials at central and provincial levels. Interviews took place in selected areas throughout the country, including remote areas among ethnic minority groups. These locations were chosen on the basis of NGO operation, areas of particular concern and areas of different development status.

For the fieldwork, a semi-structured questionnaire was developed with open-ended questions to allow for as much discussion and openness as possible. This however tended to make interviews very long. Not all respondents appeared to understand the concept and purpose of this research and answers were therefore not always pertinent to the objectives. This qualitative data was reinforced by both quantitative data gathered from numerous research reports and empirical research, which the researchers relied upon considerably.

It proved especially difficult to meet with officials in several Ministries owing to strict procedural rules and a general unwillingness on their behalf to meet and discuss measures of CRC implementation. As a result, no interviews could be conducted with staff from the following Ministries; Ministry of Finance, Ministry of Justice, departments within the Ministry of Social Affairs, Veterans and Youth Rehabilitation, departments within the Ministry of Interior and departments within the Ministry of Health. This made it particularly difficult to get hold of information regarding budgetary allocations. Furthermore, securing copies of relevant legislation from Government departments also proved a difficult task. However, those respondents who took part in the interviews were very generous with their time.

Thirdly, the empirical data collection was followed by an extensive analysis of the collected data over two months, highlighting gaps in implementation, and a draft fact-finding report was prepared according to the reporting guidelines of the NGO Group for the Convention on the Rights of the Child[1]. Two consultative workshops in 2006 and in 2010 respectively, were held with members of the NGOCRC and other relevant organisations, including groups of children and youth who actively provided feedback on the draft report and gave valuable input. Furthermore, all members of the NGOCRC were given the opportunity to comment on the draft report in writing and their input has predominantly been integrated in the final version.

For practical reasons the fact-finding report was completely re-edited and shortened to fit the reporting guidelines, and presented to the NGOCRC for a second round of review. The Alternative Report is necessarily much less detailed than the extensive fact-finding report. However, chapter and paragraph numbering has been kept the same in both reports in order to facilitate referencing. The fact-finding report will be attached to the main report as an appendix.

Although the Government is committed to produce a report every 5 years on the current situation of the Rights of Child, the 2nd (2000-2005) and 3rd (2005-2010) reports were combined and finally published in February 2009. As a consequence, the NGO Alternative Report, which was initially prepared in 2006, waited until the Government report was made public before preparing its concluding chapter. Based on this delay and following the recommendation from the NGO Group for

[1] A Guide for Non-Governmental Organisations Reporting to the Committee on the Rights of the Child, The NGO Group for the Convention on the Rights of the Child, Revised 1998

the Convention on the Rights of the Child and the Office of the United Nations High Commissioner for Human Rights (OHCHR), the submission of the NGO Alternative Report has been postponed to November 2010 to allow the NGOCRC to update and revise the report and include all progress made until 2009 in its analysis. The progress by the Government and by civil society organisations made until then has therefore been included in this report, which will be ready for the Committee report's examination scheduled by February 2011.

The process of updating was twofold. On hand, 20 experts from various national and international NGOs were consulted and asked to assess the compliance of the RGC with the recommendations of the UN Committee on the Rights of the Child and on implementation of the Convention of the Rights of the Child in their particular area of expertise. On the other hand, a team of researchers conducted a comprehensive updating of the report, based on the experts' inputs, on a desk review and collection of available information, facts and figures, as well as on the results of the 2010 consultative workshop.

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The NGOCRC Secretariat staff in facilitating and coordinating the two consultative workshops.

The 20 experts from various national and international NGOs who were consulted and asked to assess the compliance of the RGC with the recommendations of the UN Committee on the Rights of the Child and on implementation of the Convention of the Rights of the Child in their particular area of expertise:

Ana-Janet Sunga, Child Protection Specialist (Legal) at UNICEF; Dr. Chea Thy, Country Health Adviser of Plan International Cambodia; Kim Cheng, Director of KMR; Chin Chanveasna, Director ECPAT-Cambodia; Hans Langendam, former VSO Provincial Education Advisor in Kampot Province; Helen Sworn, Director of Chab Dai; Khun Chanpha, Information and Communication Manager, Save the Children; Ly Samnang, Child Rights Program Manager, NGOCRC; Meas Nee, Researcher; Meas Samnang, Secretary General, NGOCRC; Naly Pilorge, Director of Licadho; Phok Bunroeun, Director of CCASVA; Prum Thary, Country Child Rights Advisor of Plan International Cambodia; Neb Sinthay, Director of Advocacy and Policy Institute; Sok Samoeun, Director of CDP; Tuon Vicheth, Director of COSECAM; and the 3 experts wanted to remain anonymous).

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The researchers who assembled the facts and prepared the draft report:

Judith von Gyer, Thay Bone, Dara Khiev, Oem Sam Ann, Helena Lim and Pol Fabrega.

Without the work and inputs from all these people and children and youth I would not have been able to complete the assignment and present this well-documented report.

John Vijghen,
Author

ACRONYMS

ADB	Asian Development Bank
Adhoc	Cambodian Human Rights and Development Association
APLE	Action Pour Les Enfants
ARCPPT	Asia Regional Cooperation to Prevent People Trafficking
ARI	Acute Respiratory Infection
ART	Anti-retroviral Treatment
ATS	Amphetamine type stimulants
AusAID	Australian Agency for International Development
CAMP	Child Assistance for Mobilisation and Participation
CAN	Child Advocate Network
CBR	Community-based Rehabilitation Project
CCBO	Community Child Based Organization
CCC	Cooperation Committee for Cambodia
CDHS	Cambodian Demographic Health Survey
CDPO	Cambodian Disabled People's Organisation
CFS	Child Friendly Schools
CMDGs	Cambodian Millennium Development Goals
CMVIS	Cambodia Mine/UXO Victim Information System
CNCC	Cambodian National Council for Children
CNIP	Cambodia Nutrition Investment Plan
COSECAM	NGO Coalition to Address Sexual Exploitation of Children
CRF	Child Rights Foundation
CST	Child Support Team
CWCC	Cambodian Women's Crisis Centre
CWDA	Cambodian Women's Development Agency
DAC	Disability Action Council
DFID	Department for International Development (UK)
ECCD	Early Childhood Care and Development
ECPAT	End Child Prostitution, Abuse and Trafficking
EPI	Expanded Program of Immunisation
ESSP	Education Sector Support Program
ESSSUAP	Education for All-Scale-Up Action Program
GAD	Gender and Development
GAVI Alliance	Global Alliance for Vaccines and Immunization
GDP	Gross Domestic Product
GTZ	German Development Cooperation Agency
HCC	Healthcare Centre for Children
HSSP	Health Sector Support Project
ILO-IPEC	International Labour Organization – International Programme on the Elimination of Child Labour
IMCI	Integrated Management of Childhood Illnesses
IOM	International Organization of Migration
KAPE	Kampuchean Action for Primary Education
LAC	Legal Aid of Cambodia
LEASEC	The Law Enforcement Project Against Sexual Exploitation of Children
LICADHO	Cambodian League for the Promotion and Defence of Human Rights
LSCW	Legal Support for Children and Women
MoEYS/MoE	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoI	Ministry of Interior

MoJ	Ministry of Justice
MoL	Ministry of Labour
MoSAVY (now MoSVY)	Ministry of Social Affairs, Vocational Training & Youth Rehabilitation
MoU	Memorandum of Understanding
MoWA	Ministry of Women's Affairs
MRE	Mine Risk Education
NACD	National Authority for Combating Drugs
NCDP	National Centre for Disabled Persons
NCHADS	National HIV/AIDS Programme
NCN	National Council for Nutrition
NGO	Non-Governmental Organisation
NGOCRC	NGO Committee on the Rights of the Child
NPA	National Plan of Action
NPA-WFCL	National Plan of Action on the Worst Forms of Child Labour
NTF – CTEC	National Task Force to Combat Human Trafficking and Exploitation of Women and Children
OEC	Operation de Enfants du Cambodge
OD	Operational District
ORS	Oral Rehydration Salts
PADV	Project Against Domestic Violence
PFD	Partners for Development
PJJ	Protection of Juvenile Justice
PMTCT	Prevention of Mother to Child Transmission
RACHA	Reproductive and Child Health Alliance
RGC	Royal Government of Cambodia
RHAC	Reproductive Health Association of Cambodia
SCADP	Street Children Assistance and Development Program
SCN	Save the Children Norway
SSC	Social Services of Cambodia
STI	Sexually Transmitted Infections
TAF	The Asia Foundation
TB	Tuberculosis
TBA	Traditional Birth Attendant
TBP	Time-Bound Program
TIPSE	Trafficking in Persons for Sexual Exploitation
TPO	Tran cultural Psychosocial Organisation
TWGG	Technical Working Group on Gender
UN	United Nations
UNCRC/CRC	United Nations Convention on the Rights of the Child
UNIAP	United Nations Inter-Agency Project on Human Trafficking in the Greater Mekong Sub-Region
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNTAC	United Nations Transitional Authority in Cambodia
UNV	United Nations Volunteers
USAID	United States Agency for International Development
UXO	Unexploded Ordinance
VCCT	Voluntary and Confidential Counselling and Testing
VHSG	Village Health Support Group
VSO	Voluntary Services Overseas
VTF	Victims of Trafficking Scholarship Fund
WB	World Bank
WHO	World Health Organization
WV	World Vision

INTRODUCTION

1. Cambodia ratified the United Nations Convention on the Rights of the Child (CRC) in 1992. This demonstrated the Royal Government of Cambodia's (RGC) commitment to ensuring and safeguarding child's rights. Since ratification, significant movements have been made in the right direction, with increased rates of primary school enrolment for both sexes, an improved health-care system, a virtually absolute birth registration, which all serve as examples of positive progress. However, areas like child participation in family and society, juvenile justice and national child protection systems to protect children from abuse and exploitation among others are still underdeveloped and will need more attention from Government and civil society now and in the near future.

2. Cambodian children and youth are the recipients of a difficult legacy and a demanding future, growing up in one of the poorest countries in the world. They account for over half of the population and are the key to further development and growth. Cambodia's war-torn history is well known but the resulting breakdown of the social fabric and the disastrous affects on the health and educational condition of children is not always understood. Although 18 years have passed after the ratification of the CRC, more time is needed to heal the wounds and it is not surprising that, while improvements are evident, the road to progress is long. Despite Cambodia's positive economic growth, 27% of the population is below the poverty line and new problems have emerged. One of these is a disparity between the rich and poor. Another emerging problem is the increasing number of orphaned children as a result of parents dying from AIDS. Selling and exploiting children for sexual purposes and trading drugs to other countries are other persistent problems in this part of the region. Consequently, the RGC has been placed on the Tier 2 Watch list of the 2009 Trafficking in Persons Report[2]. The RGC is dealing with these huge problems but results are slow and more needs to be done and sooner.

3. The examination of the implementation of the Convention of the Child in Cambodia is not easy under the best of circumstances. The CRC covers within its remit numerous rights of children and obligations of the Government. A complete and thorough examination of the implementation of each article by the research team, and the duties contained within, was therefore impossible given the resources and time available. Furthermore, literature concerning the implementation of the CRC in Cambodia is almost non-existent with the notable exceptions of the NGOCRC Report in 2000[3] and a document by Save Children/LAC[4]. And finally, statistics about healthcare, education and other fields in this country are not often very reliable or access is difficult, while information about Government budgets and expenditures are not publicly available. This report is thus incomplete and is as reliable as the sources used. However, while statistics might be flawed, the underlying conditions and situations are based upon first-hand interviews with virtually all key-persons involved in the development of the country[5].

4. The initial report of the United Nations' Committee on the Rights of the Child (UN Committee), in response to the first Government report to the UN-Committee in year 2000, highlighted four main areas of concern; birth registration, family care, alternative care and juvenile justice[6]. The UN Committee's responding report expressed concern that children were being placed in child welfare centres or homes rather than in foster or adopted care and there was unease at the lack of regulation within those centres. The UN Committee also expressed concern regarding the Cambodian National Council for Children's (CNCC) ability to carry out its mandate on account of a lack of human and financial resources[7]. Amongst the Committee's other concerns was the

[2] Trafficking in Persons Report, prepared by the US Department of State, June 2009
[3] NGO Report on The Implementation of the Convention on the Rights of The Child in Cambodia, prepared by NGOCRC
[4] Cambodian Laws and the CRC, Handbook, 1998 Legal Assistance for Cambodia (LAC).
[5] A total of 136 persons from Government, international agencies, NGOs and others were interviewed.
[6] Concluding Observations of the Committee on the Rights of the Child, Cambodia, U.N. Doc CRC/C/15/Add.128 (2000)
[7] The CNCC is the Government body charged, among other tasks, with the coordination and monitoring of the implementation of the CRC.

widespread sexual exploitation and trafficking of children and the problems in data collection and budgetary allocations.

5. The Cambodian National Council for Children (CNCC) is tasked by the Royal Government of Cambodia (RGC) with coordinating and monitoring the implementation of the CRC in Cambodia. It is also responsible for the preparation of the draft report to the UN-CRC for review and adjustment by the Government. Practical constraint is that the CNCC depends on information supplied by the Government Ministries and has no budget or human resources to carry out its own research to monitor the implementation or verify the data obtained. This major limitation, to accurately and independently compile relevant information, leads to the risk of underreporting or relying on unverified and possibly inaccurate reports. Unfortunately, the CNCC currently requires support to prepare this mandatory report, instead of being able to carry out this work through sufficient RGC allocated budget, as recommended by the UN Committee in 2000. Furthermore, monitoring of the CRC in the country should not only be done through reports provided by Government Ministries but should also include reports from provincial level Government bodies.

6. This version of the Alternative Report is not a review and correction of the Government report to the UN Committee as it is supposed to be, but it is rather a free-standing report that attempts to describe the progress made in implementing the CRC and to analyse remaining problems in the country. As mentioned, the CNCC lacks the resources to collect information and to adequately assess the measures being taken by the Government to implement the CRC. Therefore, the NGOCRC of Cambodia decided to commission this report, despite the long delay of the Government Report to the UN Committee, mainly to document actual progress, gaps and issues of concern in the implementation of the Convention of the Rights of the Child in the Kingdom. Indeed, most of the expressed concerns in 2000 of the UN Committee are slowly being resolved although in some areas, progress has been made, notably in birth registration. But family care, alternative care and juvenile justice are still among the main concerns and although the Government Report mentions what has indeed been done, it does not systematically address what still remains to be done so to address the old and new problems adequately.

7. This report follows the suggestion of the UN Committee for analysis rather than data collection. It also tries to remain brief and not to be drowned out in statistics and facts, nor is its intention to blame one party or the other for not having failed to accomplish what was promised. Instead, this reports attempts to describe, for each area of the Convention, the main situation, the major accomplishments and the urgent concerns in the context of the ongoing development of the country, which limits what can be achieved. However, in order to give justice to the individuals of many organisations and to the children who were consulted throughout the workshops, who freely provided information and gave their opinions, this report includes a dissemination of these views, as well as a dissemination of the wealth of data compiled.

IMPLEMENTATION OF THE CONVENTION

This report generally follows the guidelines provided by the UN Committee on the Rights of the Child and includes an analysis of problems and issues[8]. To facilitate reference to the fact-finding report, which contains the detailed facts and statistics with references to the sources, the numbering of chapters and paragraphs has been kept similar for both reports. However, it must be kept in mind that the constraints encountered by the researchers in obtaining specific information about Government budgets and actual achievements (contrary to plans and intentions) have certainly limited the content of this report[9].

1. CIVIL RIGHTS AND FREEDOMS

1.1. BIRTH REGISTRATION

Article 7 of the CRC assigns the right to have a legal identity through birth registration. Being registered at birth is an important precondition to accessing other rights, such as access to education and healthcare, or prevention from employment in hazardous labour conditions. In the concluding notes of its 2000 Report, the UN Committee commented on the fact that a majority of rural children did not have their birth registered in Cambodia despite the Government's recognition that birth registration is an absolute and fundamental right. After 2000, the RGC has committed itself to the huge endeavour of registering all children and providing families with a birth certificate free of charge. In December 2000, the legal framework for the civil registration (registration of birth, marriage and death) was created and registration became mandatory for all citizens.

1.1.1. INTERVENTIONS

1. In 2002, the Government implemented a civil registration system, but owing to illiteracy among Commune Council members, and possibly to a lack of understanding of the importance of birth registration, coupled with a lack of logistical and material support, it only managed to register the birth of 5% of its population.

2. The situation of birth registration in Cambodia in 2002 therefore looked insurmountable. The NGO Child Rights Foundation (CRF) conducted research on barriers for birth registration and found that more information among the population was needed, that registration sites should be located closer to rural villages and that registration needed to be free of charge.

3. Following the National Workshop on Birth Registration in 2003 and in line with commitments made during the 3rd Asia Conference on Birth Registration in 2004, the Ministry of Interior (MoI), with technical assistance from Plan International Cambodia and financial assistance from the Asian Development Bank (ADB), implemented a larger pilot project. The NGO Child Rights Foundation (CRF) initially piloted the campaign and provided the ADB with a number of project information on programme design and obstacles. Consequently, a countrywide birth registration project was launched by the MoI in October 2004, supported by the ADB, Plan International and UNICEF, and was intended to end August 2005 but extended until August 2006.

[8] A Guide for Non-Governmental Organisations Reporting to the Committee on the Rights of the Child, revised in 1998.
[9] A large number of Government Ministries refused to provide financial and other information about their programmes and budgets (see the Methodology section for a list of these Ministries).

4. Regular immigrants are only permitted to register their child, marriage and/or death if they have documentary evidence of their legal status. However, abandoned children without necessary documents are still registered under the RGC's policy of including all children.

1.1.2. IMPACT AND SUSTAINABILITY

1. By June 2008, an astonishing 11.7 million people, accounting for 92% of the population, had been registered and been issued their birth registration documents, despite the 5% figure at the start of the campaign[10]. It is now estimated some 96% of all Cambodians have been issued their birth registration documents, although evidence of this still missing. The campaign is an example of excellent collaboration between the Government, donors and NGOs.

2. Continuation of the registration of the official last 10% or so, and registration of newborns, will be a responsibility of the Commune Administration. Although commune officials have been involved in the campaign and have received capacity building for registration, regular monitoring of registration figures will be needed throughout all communes in order to take measures if a commune office fails to perform properly.

3. The nationwide birth registration process is also a success for the registration of non-Khmer groups. Although no statistics are yet released, our researchers found very high birth registration rates in the ethnic minority villages they visited. Furthermore, all efforts were deployed during the campaign to register births in remote and poorly accessible areas.

1.1.3. SPECIAL CONCERNS

1. Birth registration is currently free of charge, but charging a fee in the future could create a real barrier for poor families to register, according to experts[11]. Although the MoI has informed Plan International that registration would be free of charge within 30 days of the birth of a child, there are still concerns that the MoI will reinstate registration fees ranging from 1000 to 4000 Riels (US$0.25-$1), which often represents more than a daily wage in poor areas.

2. The Government is sincerely interested in registering all segments of the population – a difficult task in areas where the population is scattered and living in remote locations. For example commune councils are in some provinces located 80 km from a village, while some villages are only constituted by a few families with no road and no means of transportation besides going by foot. These are real obstacles to registration and require a different approach than registration in locations with easier access.

3. Children of irregular immigrants are not eligible to receive a birth registration. Although allowing them to register their new born children would represent a difficult legal problem, not allowing this would lead to the existence of children born in Cambodia who lack legal status.

1.1.4. RECOMMENDATIONS

1. Commune offices responsible of remote villages should take measures to allow registration sites close to those villages, while fines for late registration in these areas should be waived. Similarly, the Government should facilitate that registration remains free of charge and no fines should be levied on migrant workers who return from abroad. Continued lobbying for free registration is essential as the opposite may result in decreasing birth registration rates in the future.

2. Continued monitoring of and capacity building for adequate birth registration are required to

[10] Civil Registration Campaign, 7 Million Cambodians Get Birth Certificates, Plan International 2005
[11] Shabir Ahmed, Senior Advisor Governance & Child Rights, Plan International

assure absolute countrywide registration. Furthermore, awareness campaigns should be continued in order to highlight the advantages of registration. No computerised birth registration system is yet in operation, although initiatives by Plan International are in motion. The establishment of such a system would help ensure a more efficient process and would assist in monitoring future registration in all communes. 3. Registration of all children born in Cambodian should be legalised and enforced, regardless of the legal status of the parents. In order to achieve registration of all newborn children in the country, irregular immigrants should be allowed to register their newborn children without fear of deportation.

1.2. CHILD PARTICIPATION

Article 12 of the CRC assigns the right to each child to participate in family and society through freedom of expression in all matters that affect the child.

1.2.1. SITUATION

1. On the subject of participation of children in society and politics, virtually nothing is documented. However, Save the Children Norway (SCN), an international NGO with a particular attention on child participation, released in 2007 a report on a survey about child participation within Cambodia culture in Phnom Penh (urban), Kampong Cham (semi-urban) and Pre Vihear (remote). Child participation was assessed in three areas: daily activities, expressing opinions and making decisions. The survey established that children's activities (e.g. working in the home) were dictated to them and could not be considered voluntary or a form of real child participation. Children were found to get few opportunities to express their opinions or make decisions even on issues affecting them directly, although children's use of the media was highlighted as a means to promote child participation. Most adults think that children have no capacity to decide for themselves.

2. The SCN survey also found that, in theory, teaching methods do encourage child participation but that actual implementation of this theory is weak. A number of NGOs coordinate several child clubs and youth organisations to promote child participation but even then, actual child participation is limited. Many interviewees questioned for this report also expressed doubt on whether children in Cambodian society and in political contexts would be consulted about family and community affairs or on decisions relating to their own future. There is no national mechanism to support and encourage children's participation in society, although several organisations such as the NGO Committee on the Rights of Child (NGOCRC) have developed guidelines and Minimum Standards for child participation in decision making in family, community and other institutions. Children are not even heard on International Children's Day, which usually organises parades and sport events, but does not serve as an occasion to listen to what children have to say.

1.2.2. INTERVENTIONS

1. Child participation is a main intervention area for the local NGO Child Rights Foundation (CRF), which coordinates a network of 17 child clubs and youth groups. The aim is to provide support for children to build their own capacity and that of new members, to raise funds by themselves and to implement activities that promote the agency children and youth in society. Activities for these children and youth groups range from CRC awareness raising among peers and in schools, monitoring and promoting the implementation of the Convention on the Rights of the Child, conducting surveys, mobilising children and promoting their participation in society. The activities culminate in the annual Children National Conference attended by child representatives from all 24 provinces in the country.

2. The NGO Coalition to Address Sexual Exploitation of Children in Cambodia (COSECAM) has a special programme to include children in the development of their member organisations' activities. The coalition also brings girls, formerly forced to work as child prostitutes and now staying in residential centres, regularly together to exchange ideas and help each other to overcome their trauma. This group, "Girls Speak Out", also publishes a series of publications. The active members of this group are keen to develop into a movement to advocate for the cause of child prostitutes and push the Government to take proper action to stop child exploitation.

3. The NGO Committee on the Rights of the Child (NGOCRC) has been involved in advocacy work to promote child rights and child participation in decision making processes at all levels through the mobilisation of children clubs. Additionally, a Child Advocate Network (CAN) is established at provincial and national level and is composed of children representatives from 11 provinces/municipalities. Under the technical assistance of the Child Support Team (CST), a group of enthusiastic children and youths who volunteer with the NGOCRC office and NGOCRC Secretariat staff, CAN has played a crucial role in participating in several government activities.

4. UNICEF is supporting the Youth TV Bureau, which produces a regular 15-minute news magazine. Thus far, over 100 videos on working children, trafficking, nutrition and so forth have been produced. Additionally, child clubs are formed in several schools and supported by a number of NGOs. Such clubs increasingly extend their role beyond their schools, addressing issues of safety, sanitation, health, environment and education. For example, in one project area, child patrols guard their peers against violence by other children. In another, child groups keep an eye out for potential child traffickers. Some school programmes encourage children to be active promoters of a clean environment. Some other initiatives exist, but none are comprehensive or even implemented on a national scale.

1.2.3. SPECIAL CONCERNS

1. Participation of children in virtually all affairs that concern them is not widespread. In Government or international organisation circles, but also among NGOs (many of which support child groups), when children are involved, if at all, this is only in a token manner. Children are not part of labour unions or political parties. This reflects the general situation and impression of children in Cambodian society, which seems to reject the notion that children can play an active role and take responsibilities in their family and community lives. This severely limits the opportunities for children to understand and develop their roles in later life.

2. There are few or no Government policies and supportive mechanisms to promote child participation. International Children's Day was removed by the RGC from the list of public holidays a few years ago but will be reinstated in 2011.There are few follow-up activities to ensure effectiveness and quality of child participation.

1.2.4. RECOMMENDATIONS

1. Government agencies, political parties, labour unions, NGOs and other groups in society should be more proactive in involving children in their activities. The Government in particular should take steps to develop guidelines and a budget for child participation in Cambodia. In doing so, child groups and clubs should be recognised by local authorities and political party programmes should explain how they plan to reinforce the role of children in society. NGOs operating in the country should enable and promote more child participation in the process of programming and planning, in particular in areas concerned with child issues.

2. Monitoring and evaluation mechanisms and a minimum standard to measure quality and effectiveness of child participation should be developed and used by the Government, international and local organisations and institutions working with and for children.

3. Promoting child peer education is an effective strategy as children with similar backgrounds and experiences have each other as their target group, especially if they come from the same

communities. This can, in this manner, achieve more than adults. Government and civil society organisations should encourage child rights and child participation through awareness raising campaigns by using the media. Also, a national children forum would enable child volunteers to participate in all aspects of development of society and to discuss child-related issues throughout the country.

1.3. THE RIGHT NOT TO BE SUBJECTED TO TORTURE OR OTHER CRUEL, INHUMAN AND DEGRADING TREATMENT OR PUNISHMENT

Article 37 of the CRC assigns the right to each child not to be subjected to torture or in any other way be inhumanly treated, while children should be protected from any form of bodily and psychological harm. Under the RGC's policy framework, domestic violence has been highlighted as one of the nine priority areas in the Cambodian Millennium Development Goals (CMDGs), thereby emphasising strong commitment to this cause.

1.3.1. SITUATION

1. A seemingly growing number of children in Cambodia are victims of domestic violence, rape and exploitation. As this violence is only sometimes sanctioned by the state, a persistent culture of impunity fed by state actors allows abuses to continue. A small number of very young children are victim of circumstances, which puts them with their convicted mothers in detention (see Juvenile Justice 5.1). Violence continues to persist in part because children have few mechanisms and channels to redress breaches and report violence, particularly in an environment that fosters impunity. Violence within the family, even if it is not directed towards the child, can traumatise a child for life. There is currently no system whereby statistical data is collected on violence against children, except on victims of trafficking. It is therefore not possible to determine whether violence against children is increasing or whether interventions have any effect. However, reports on violence against children, in particular rape and domestic abuse, to the police and others, have increased much in the past several years.

2. World Vision's recent report looked at forms of violence against young people and found high levels of physical punishment by teachers and parents towards children, with more than half of boys and one out of every five girls between 12 and 18 years old hit by a teacher and almost three out of four boys and about one out of two girls hit by their parents[12]. However, many of these young people accepted the beating as a justified disciplinary measure, indicating that the punishment was not extreme. Indeed, teachers interviewed by the researcher of this report admitted frequently hitting pupils, but as a means to keep order.

3. However, another study conducted by World Vision in a semi-rural area is more alarming[13]. More than 80% of both boys and girls had been exposed to pornography, often containing very violent scenes and the average age at which children first encountered pornography was found to be 13 years. The report stats that such an early exposure to pornography can lead to "premature sexualising" and teaches ways of sexually relating to women in violent and abusive manners. The report also notes that it is extremely probable that pornography use amongst young people is fuelling increasing gang rape (*bauk*) and the rape of girls (sometimes extremely young) by boys who are themselves minors.

[12] "Wise" Before Their Time: Young People, Gender-Based Violence and Pornography in Kandal Stung District, World Vision, Dr Graham Fordham, September 2005.
[13] Ibid footnote 11

4. Another recent survey[14] collected base line data in 13 of the 21 provinces on violence against women and found that 25% of wives experienced violence from her husband. The report found high acceptance levels for violence used by a husband against his wife and a large number of children are therefore growing up in abusive households. The 2000 Cambodian Demographic Health Survey found that 23% of married women aged 25-49 experienced violence in their family[15]. The Ministry of Education found that 27% of 10,000 young people reported having experienced violence in the last 30 days[16].

5. In response to the reports on domestic violence, the RGC recently passed the Law on Prevention of Domestic Violence and the Protection of Victims in 2005. The Law is divided into four sections: Intervention, Administrative Decision, Protection Order and Dissemination/Education. The Ministry of Women's Affairs is in the process of establishing a Technical Working Group on Gender (TWGG) to define the procedures to implement this law at local level, where it is most needed. The Law covers all acts of domestic violence that result in physical or mental/psychological effects but does not criminalise "least severe misdemeanours or petty crime". Also included are provisions pertaining to children, which allow authorities to actively follow-up on cases of violence against children and allow for courts to grant a mandate to any institution or humanitarian organisation to provide assistance and support to protect the wellbeing of the child. The Law obliges police, military, local authorities, officials from the Ministry of Women's Affairs (MoWA) to intervene immediately where violence is happening or is likely to happen and the court can order temporary measures. The court can make decisions about the custody of the child, although it does not explicitly stipulate that the best interests of the child are to be considered in this decision.

1.3.2. INTERVENTIONS

1. The Ministry of Women's Affairs (MoWA), tasked by the Government to facilitate the implementation of the Domestic Violence Law, has conducted a training of trainers with the police force, as well as the first trainings of new recruits. In line with this, the MoWA is developing a training manual targeting men and boys, as well as a toolkit for working with young people. The German Development Cooperation Agency (GTZ), in collaboration with the Royal Academy of Judicial Profession, has conducted training sessions for judges on the Domestic Violence Law, with particular emphasis on the application of the Protection Order. A manual on the new Domestic Violence Law has been drafted to train Commune and Village Officials in upholding the law, which includes raising awareness among women and children.

2. The Project Against Domestic Violence (PADV) is the leading NGO on addressing domestic violence and works directly with victims of domestic violence. PADV has established Service Provider networks in several districts in three provinces, in collaboration with officials from the provincial Women's Affairs Departments, police and commune. Their Men Stop Violence project is an example of including violent men in the approach. PADV and other NGOs in many parts of the country conduct campaigns against using violence to discipline children.

3. A number of NGOs offer services to victims of domestic violence, advocate for policy reforms and provide training to police and local authorities. The Gender and Development (GAD) NGO group has launched the White Ribbon campaign in 2000 with the aim of increasing awareness on the root causes of domestic violence. The white ribbons have become synonymous with the anti-domestic violence message. The NGO Child Rights Foundation, in collaboration with the Ministry of Education, Youth and Sports (MOEYS), launched a campaign against corporal punishment in schools and conducts capacity building programmes for Teacher Training Colleges' lecturers and primary school teachers in three provinces.

[14] German Technical Cooperation, Violence Against Women: A Baseline Survey, 2005
[15] Cambodia Demographic and Health Survey, 2000, Ministry of Planning and Ministry of Health, June 2001
[16] Youth Risk Behaviour Survey, Ministry of Education, 2003

1.3.3. IMPACT AND SUSTAINABILITY

1. In the target areas of NGOs addressing domestic violence, a decrease in incidences of severe domestic violence has been noted and a huge increase in the awareness of domestic violence as a social evil has been noted. Victimised people in general know where to get help and how to access services. Local service providers have gained sufficient capacity to provide services to victims. However, the coverage areas in the whole country are still too little and sustainability is still largely dependent on the input of NGOs.

2. NGOs provide shelter to hundreds of women and children every year, offering both legal and psychological counselling, literacy classes and vocational training. Community leaders and neighbours are brought into the process of ensuring that women returning to their homes and villages are safe. Volunteer networks have been set-up to act as points of contact for women and children experiencing violence. Unfortunately, all these services are only provided by local NGOs, are therefore very dependent on foreign aid for this work and no Government budget has (yet) been allocated to deal with the victims of domestic violence.

3. The Government has issued instructions to abolish pornography in video parlours and other public places. These measures are slowly taking effect, although countermeasures by the users, such as hidden equipment or the bribing of officials hamper their proper implementation. Government efforts to apprehend foreign nationals who engage in sexual activities with under-aged girls or boys are increasingly successful and show a commitment of the RGC to stop such crimes. Police authorities in cooperation with NGOs have become more vigilant in seeking-out child sex tourists and paedophiles, in particular from western countries. However, few actions are taken to arrest and convict nationals, despite strong indications that a majority of sex crimes against children in the country are caused by nationals.

1.3.4. SPECIAL CONCERNS

1. Violence is pervasive and deep-rooted in society, creating the environment in which children grow up. There is still a lack of awareness of the immediate psychological and future attitudinal effects of violence used against children. Although NGOs work hard to assist victims, they cannot even begin to help all the victims and address all the issues for lack of resources. Besides, this is really a task of the Government, but for lack of an adequate budget to address the problem nationwide, Government agencies are fully dependent on civil society organisations and foreign sponsors.

2. The increase in reported cases of rape of young women (often young children), but still without sufficient signs of proper law enforcement and apprehension of the perpetrator, is a worrying trend. An enduring culture of impunity, coupled with a socially accepted system of evading persecution through the payment of compensation by rapists or their families to the families of victims, restrict the implementation of the rule of law. This is also the case for ‘virgin’ sales whereby young girls are rented-out to mostly Asian visiting businessmen for having unprotected sex with virgins and who are in fact ‘untouchable’.

3. Another very worrying trend concerns some countries in the region, in particular Australia and New Zealand, but also European countries, which are protecting those citizens who molest children in Cambodia from prosecution through the issue of new passports or by prohibiting the extradition processes. These countries make no efforts to prosecute their citizens in their own country, despite the adoption of laws that enable them to do so. These countries should at least investigate these cases. This is especially a major concern as such impunity encourages other foreigners to commit similar crimes in the country, in the assumption that they are ‘untouchable’.

1.3.5. RECOMMENDATIONS

1. The Government should continue efforts to make child protection a priority in national programmes and in its budget. Efforts should also be steeped up to make parents, teachers and others in society aware of the negative effects on children of physical disciplinary measures and should emphasize non-violent measures to discipline unruly children in school and at home. The Government should also take a lead in addressing serious domestic violence and rape of children throughout the country, making sure that national and foreign perpetrators are punished without impunity.

2. The Government should establish databases on child victims of violence to monitor the situation and take proper action when required. The Government should continue to inform foreign Governments if their citizens rape or exploit children, and when not apprehended in the country, the RGC should insist that these Governments take judicial action to extradite or prosecute the accused. Cambodian NGOs should continue to strengthen cooperation with their counterparts in foreign countries to inform the public about the situation in Cambodia and how their Government acts in prosecuting their accused citizens.

3. Although the new Domestic Violence Law prohibits violence against members of the family, it implicitly sanctions corporal punishment of children for disciplinary purposes. The law should be amended or the Government should clarify the law to the extent that any corporal punishment that exceeds universally accepted correctional measures against children is prohibited.

4. Further research should be conducted to gauge the extent of pornography and to look at links between pornography viewing among young people and sexual violence, including marital rape[17]. The results of such studies should be used by the Government to adjust existing measures to curb pornography and access of such material to children.

2. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

2.1. ALTERNATIVE CARE

Article 3 and **Article 9** of the CRC assign the right to each child to enjoy the best care possible, even if this is not within the family environment and oblige the State to provide adequate services in line with the best interests of the child.

2.1.1. SITUATION

1. Few alternatives exist in the country for placing neglected, abused or exploited children in institutional care. When parents cannot or do not want to care for a child, the Government relies fully on the family network, but when no relative can or want to care for this child, placing him or her in an institution is most often the only option. Some NGOs offer alternative care options, such as foster parenting or community housing, but these options are few, unregulated and often still experimental. Adoption is only a solution sought for very young children and solely in foreign countries, and the scandals of the recent past have led the Government to rightly and strictly regulate adoption practices. However, rumours continue to persist about babies kept in state-run institutions and sold to foreign couples for high sums of money without the Government taking visible remedial action.

[17] Child Welfare Group/World Hope, A Preliminary Study into the Accessibility by Minors of Pornography in Cambodia, 2003

2. The MoSAVY is tasked with monitoring the situation of residential and alternative care, but the adequacy of the system is put into question. The Government budget for keeping sight over private or state-run child-care centres is largely inadequate, while professionally skilled and motivated social workers employed by the Government or NGOs are still too few, partly due to low pay and partly because an adequate social work education has only just started.

3. An initiative by civil society organisations to promote alternative child-care solutions and develop guidelines and regulations for alternative care has taken off and is now adopted by the Government. A formal working group, comprised of interested parties from the Government and from civil society, meets frequently and is completing the process of regulation. Simultaneously, discussions are ongoing among Governmental agencies, international organisations and NGOs to promote alternative child-care when appropriate (in the shape of non-residential care such as family or community-based care) and to reject the systematic allocation of children into residential or institutional child-care (such as orphanages, recovery centres and child protection centres).

2.1.2. INTERVENTION

1. National initiatives on alternative care are especially addressed within the framework of two documents adopted by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY): the 2006 Policy on Alternative Care for Children and the 2008 Minimum Standards on Alternative Care for Children. This Policy targets ten categories of children, namely orphans, children in conflict with the law, children with disabilities, HIV infected or affected children, children affected by domestic violence, drug addicted children, street children, abused children, child victims of exploitation (sexual or labour), and children whose basic physical needs are not being met. The Policy describes intended actions for all groups, except for the last category.

2. In 2007, in addition to the Policy on Alternative Care for Children, the relevant Government institutions promoted an Agreement on Guidelines for Practices and Cooperation with 24 NGOs, in order to regulate the rights and duties of the organisations taking children into custody.

3. Finally, beyond the leading role of UNICEF in providing traditional forms of alternative care at the community and family levels, three organisations need to be mentioned: Hagar Cambodia, World Vision Cambodia and The Asia Foundation. Hagar Cambodia already established in 1994 its *Foster Care Program*, providing care, protection and rehabilitation within a family unit to children in difficult circumstances, often victims of domestic violence, rape or living on the streets. There are currently about 80 children in ten foster homes and the programme provides comprehensive training to foster families on child development, caring for children with disabilities, the roles and responsibilities of parents and health and nutrition, among other things. World Vision Cambodia places children without parental care into local Christian foster families and Kumar Reek Reay, a small local NGO based in Battambang, experiments with foster parents and community homes. The Asia Foundation has worked on reintegrating children with difficulties, to be 'reunited' with their parents or community.

2.1.3. IMPACT AND SUSTAINABILITY

1. Despite the recent Government efforts to address alternative care, there is still much room for improvement. While the Government has set up the minimum standards for alternative care, these seem to apply more to the NGO child-care organisations rather than to Government-related institutions and agencies. Moreover, the Government has not allocated an adequate budget to fully implement its policies on alternative care and most of the work still relies on civil society organisations.

2.1.4. SPECIAL CONCERNS

1. The role of the State in providing alternative care to children in difficult circumstances is not defined and does not seem to be part of any political agenda in the foreseeable future. Despite

the development of minimum standards, the lack of an adequate Government budget to care for all children without parents or in difficult circumstances will continue to result in unsafe and unhealthy conditions in state-run centres. Furthermore, the practice of Government agencies to place children in institutions instead of searching for alternative solutions will likely go unchanged if additional funds are not made available.

2.1.5. RECOMMENDATIONS

1. The emphasis on childcare should be on promoting alternative solutions if the family environment is not conducive for the proper development of the child. Parental skills should be promoted in order to enhance the family environment and institutional care should be a last and short-term resort. This means providing training to alternative caregivers, as well as a monitoring and regular supervision of foster care and other alternative care placements.

2. The Government should take a lead in the development of alternative care solutions and consequently allocate an adequate budget to its child welfare agencies so to fulfil this role and monitor civil society initiatives.

2.2. ADOPTION

Article 21 of the CRC stipulates that adoptions, if permissible, be carried out under the principle of the best interests of the child, ensuring safeguards within the system.

A thorough analysis of the adoption situation was not possible, not only because of the limited resources and time for this study, but mainly because actual information is very difficult to obtain due to restrictions by state-run institutions on dissemination of information.

2.2.1. SITUATION

1. The adoption policy previous to 2002 offered no regulation of adoption practices, was poorly monitored and the system was susceptible to corruption, despite guidelines on child adoption described in a Ministerial sub-decree (*prakas*), which came into force in March 2001 and was applied by the Adoption Bureau of MoSAVY. After several scandals were reported in national and international media sources, the Government put a ban on outside country adoptions. On December 3, 2009, a new legislation on inter-country adoption was signed in Cambodia and the Inter-Country Child Adoption Authority was established. The new law seeks to create a country-wide comprehensive child welfare system and an inter-country adoption process in accordance with the Hague Inter-country Adoption Convention to which Cambodia is a party since 2007. However, in order to be able to establish necessary regulations and standard procedures to implement the new Law, the MoSAVY has announced a provisional suspension of the receipt of all new inter-country adoption dossiers until March 2011[18].

2. Despite the ban, rumours persist that very young children are still given up for adoption by poor families and offered to foreigners by unnamed staff from Government institutions for handsome payments. The Government has not taken measures to investigate the unconfirmed rumours but have also not given any evidence that the accusations are not true.

2.2.2. IMPACT AND SUSTAINABILITY

1. The formal ban on inter-country adoptions is an adequate measure until proper legislation is in place. The proposed legislation requires consent of the natural parents or guardians for the adoption, unless there is a case of cruelty or abandonment in which the parents or guardians will loose

[18] Adoption Notice, US Department of State, Bureau of Consular Affairs, Office of Children's Issues, March 2010.

their parental rights. Furthermore, adoption is only permitted if it is extremely difficult for natural parent/s to care for their child or if there are other special circumstances. The adoptee, once he/she has attained majority can request court records to disclose information on the adoption and on his/her natural parents. Also, if the prospected adoptee is at an age to be able to be heard, his/her opinion shall be taken into account in appointing guardianship.

2. The Government is aware of the need to develop regulations on internal child adoptions and on parent fostering and MoSAVY is in the process of drafting procedures for internal adoption.

2.2.3. RECOMMENDATIONS

1. The ban on foreign child adoption is restricting but is not preventing the actual adoption of Cambodian children by foreigners. The introduction and implementation of the new Law on Inter-country Adoption is urgent in order to properly regulate the inter-country adoption practices and avoid a backlash of cases.

3. BASIC HEALTH AND WELFARE

3.1. HEALTH

As part of the obligations under **Article 24** of the Convention of the Rights of the Child (CRC), the Royal Government of Cambodia (RGC) should take proper measures to ensure that each child receives the "highest attainable standard of health"[19], including taking measures to reduce child morbidity and mortality. Generally it is understood that malnutrition, childhood diseases and HIV/AIDS are the main contributing factors to child mortality rates. The Government has answered to this by developing an adequate healthcare system through various national plans of action.

3.1.1. CHILD MORTALITY

1. In the recent past, infant and under-five child mortality rates in the country were among the highest in the world, but progress has been made and rates have dropped to 90 per thousand live births in 2008. Malnutrition rates are also high: 13% of under-fives are considered severely underweight, 43% of under-fives are considered moderately underweight among the general population and 55% among remote ethnic minority groups in the north-eastern provinces. Child diseases like Acute Respiratory Infections and diarrhoea account for a quarter of deaths.

2. The number of children dying because of AIDS-related causes increased when infection rates surged in the country. Although figures have decreased in the last years, there were still 4,400 children under 14 years of age with HIV in 2007. The consequences are disastrous, as children, whose parents have died of the disease are now orphans. Sources estimate that more than 10% of all orphans in Cambodia are HIV-orphans.

3. There are indications that, despite data showing an increase until 2004, child mortality has reached a peak and will continue to decrease in the coming years. The significant decline in maternal mortality over the past decade increases the chance for infant survival. However this has reached a plateau. The nutritional status of under-five children has shown no signs of improvements and the fact that almost half of these children are underweight is not promising for their survival[20].

[19] Article 24, The United Nations Convention on the Rights of the Child
[20] Millennium Development Goal 4 Reducing Child Mortality in Cambodia, Child Survival Partnership High Level Consultation, Phnom Penh, May 31-June 2 2004

3.1.2. INTERVENTIONS

1. The Royal Government of Cambodia (RGC), assisted by international organisations and NGOs, has built many health facilities throughout the country, introduced health equity systems to facilitate access for the poor and established a medical capacity building system that gradually enhances the quality of the medical care. Recent Government mechanisms include the National Council for Nutrition (NCN), established under the chairmanship of the Minister of Planning, the Cambodia Nutrition Investment Plan (CNIP) for 2003-2007 and the Rectangular Strategy, which focuses on the infant and maternal deaths affecting the whole of Cambodia. Additionally, it is worth noting that trained birth attendants performed more than 50% of births in 2004, an increase from 22% in 2000, according to the Manager of the Reproductive Health Program. Child vaccinations are regularly carried out in all parts of the country, outreach for maternal care is promoted and information campaigns on disease prevention, including HIV/AIDS and nutrition, are implemented. HIV/AIDS testing and counselling facilities are established throughout the country and Anti-Retroviral Treatment is increasingly provided to infected children. The RGC, with the assistance of international agencies, organisations and NGOs, has reformed the healthcare system and introduced measures to facilitate access to infant and maternal healthcare. Child vaccination rates are high, except in the most remote areas, and immunisation programmes account for much of the decrease in child mortality. However, although the quality and professionalism among the public sector medical staff has improved, many people still trust private sector services, which are not only unregulated but also expensive, whilst professional quality is not guaranteed.

2. The RGC allocates 12% of its budget towards the health system but still depends on foreign aid and collaboration with NGOs for most of the improvements in and operation of health institutes, like the National Centre for Maternal and Child Health. USAID is a major donor and contributes to four healthcare areas channelling funds through NGOs that work closely with the Government. The most notable area of their support is for HIV/AIDS prevention, care and support, but Maternal, Child and Reproductive Health and infectious diseases, like dengue, malaria and avian flu also receive attention. Technical and management training is supported to strengthen the public health system. Other major contributors are the World Bank, the Asia Development Bank, the Department for International Development, and the United Nations (notably World Health Organisation and UNICEF), through the Health Sector Support Project (HSSP and HSSP2). The HSSP, operating from 2003 until 2008, focused on supporting the Governments' health coverage plan and rehabilitation of referral hospitals, prevention and treatment of malaria, dengue and HIV/AIDS, as well as improvement of the nutritional status of children. The Second Health Sector Support Programme (HSSP2), developed for the period from 2008 to 2015, focuses on strengthening health service delivery and human resources, as well as training and funding.

3. International NGOs, often through local based NGOs, also address health problems directly in communities. Care International's Maternal and Child Healthcare Program targets children between the ages of 0-2 years in a large part of the country. The Reproductive and Child Health Alliance (Racha) and its members operate at community level, in collaboration with RGC, and began in 2000 focusing on Vitamin A distribution, diarrhoea and ARI prevention and treatment. The three Dr Beat Richner hospitals, funded through private donations, in Siem Reap and Phnom Penh, offer free-of-charge treatment to many sick children. These hospitals alone receive 55,000 admissions, provide 10,000 vaccinations and deliver 5,500 babies each year. Cambodia has also been one of the first countries in Southeast Asia to benefit from the Vaccine Fund provided by GAVI Alliance (Global Alliance for Vaccines and Immunization). Many local NGOs also focus their attention on community efforts for disease prevention, notably HIV/AIDS and support to public healthcare centres.

4. To promote breastfeeding and better feeding practices, the Government introduced a Sub-Decree on Infant and Young Child Feeding Substitutes in 2005, which prohibits advertisements and free forms of distribution of infant and young feeding products.

3.1.3. IMPACT AND SUSTAINABILITY

1. After the initiation of the Health Sector Support Project, there has been a gradual but noticeable increase in utilisation of the public healthcare services. Services in HSSP facilities have been streamlined providing only the basic and essential services, which has helped to improve quality and efficiency. NGO support, aimed at improving work ethics of Government health staff, has resulted in a higher level of motivation to heal the sick. The introduction of performance based pay and allocation of part of the user fees to the medical staff, in addition to the meagre Government salaries has increased their motivation to provide adequate and user-friendly services. However, most if not all funds needed to pay for these payments come from outside the Government budget and sustainability will therefore be an issue once funds are no longer available.

2. Despite the improved medical services, not many public health centres operate 24 hours per day nor do many provide medical assistance at home. In emergencies, and for proper advanced treatment, people often remain dependent on the private medical sector. Most medical Government staff also practise in private clinics and tend to refer patients for further treatment to their practices and clinics. The improvement is thus more in the area of prevention and first-aid, and less so in longer term or advanced curative medical care.

3. The Government has made progress in supporting the health system and expanding it to all parts of the country. Many general health programmes are running well – the prevention and treatment of HIV/AIDS, malaria or tuberculosis are made possible thanks to the available funds from foreign donors. However, there is less money available for maternal and child healthcare than needed to effectively and immediately decrease child mortality and morbidity. Despite this constraint, the Expanded Program of Immunization is operating well and statistics show positive results in diminishing child disease rates.

4. The healthcare equity fund systems are evidently improving the access of poor families to healthcare services and the utilisation of public healthcare facilities instead of private ones. This is facilitated by information campaigns about how and when to access healthcare facilities. Further, community-based healthcare, sanitation and illness prevention initiatives have yielded positive results. Unfortunately, these are mainly NGO initiatives and the public healthcare services are not often involved in community-based healthcare, except for vaccinations.

5. The response by the Government to the HIV/AIDS epidemic was adequate. By replicating the steps neighbouring Thailand took to decrease transmission rates and looking into lessons learnt, infection rates among risk groups has decreased by one-third. Donor support for HIV/AIDS programmes is huge and more programmes than ever address the problem, including expansion of the coverage areas for Anti-Retroviral Treatment and testing opportunities for rural communities. However, shifting patterns of transmission puts wives and children at greater risks than before, and the number of HIV infected children, or HIV orphans in rural areas, is increasing dramatically. Behavioural change among men is needed to effectively stop the spread of this disease, but there are indications that the younger generation in particular take fewer precautions to avoid infection.

3.1.4. SPECIAL CONCERNS

1. Areas of special concern are unfortunately still numerous, for example, infant, child and maternal mortality rates still remain high. There is also an acute lack of modern equipment and inadequate medicines, often of poor quality and out of date, which are still widely used. Beside those services provided by NGOs, there are no free medical services for street children and impoverished children. Public healthcare services are frequently inaccessible to those in remote areas. Unfortunately, the Government has introduced a regulation claiming that no allowances will be paid to public health centre staff for outreach activities in villages within a ten-kilometre range from the health centre. As a consequence, several outreach activities, including immunisation and Vitamin A provision, have reduced, whilst Chronic Non-Communicable Diseases also still consti-

tute a real threat. Furthermore, there are not enough qualified doctors, a problem of particular evidence in rural areas and in sufficient health education in rural areas.

2. Demand for trained birth attendants and midwives is growing as awareness of the risks linked to the use of traditional birth attendants increase, but at the same time, this demand is met by a shortage of professionals, especially in rural areas. Nonetheless, several initiatives in midwifery training (with a focus on management of risk signs during pregnancy) have been implemented to support the Cambodian Ministry of Health's plan to improve maternal and child health and the results are positive.

3. Cambodia is still the country with the highest HIV prevalence rate in the region. The routes of transmission have shifted, with infections occurring predominantly from men to their wives or regular partners and subsequently to their unborn children. Married women now account for 40% of new infections[21]. Furthermore, children, whose parents died of AIDS, experience discrimination from relatives who would traditionally take them in their care. Authorities face difficulties to find residential care for these children, particularly when they are infected.

4. Severe malnutrition is a major cause of child mortality and food shortage over prolonged periods is the main reason caused by poverty, so assisting these families to get sufficient food is a fundamental approach. In this respect, the Ministry of Planning and German Development Cooperation Agency (GTZ) have organised in 2009 a workshop on Identification of Poor Households in order to better target social benefits, however, sufficient means to implement this are still lacking. An additional reason for moderate malnutrition, which causes growth problems and makes children vulnerable to diseases, results more from a misunderstanding about proper nutrition for young children than from lack of food. Moderate malnutrition affects almost half of all children in the country. Some communities have malnutrition rates as high as 80%, despite the fact that access to water is good and the soil fertile. To address this problem, awareness raising programmes are needed, but these are very labour intensive and do not achieve immediate results. It is therefore difficult to find enough donors willing to contribute to such programmes on a national scale despite the long-term benefits in reducing child morbidity and mortality.

3.1.5. RECOMMENDATIONS

1. Public healthcare projects have reaped positive results for the foreseeable future, but these still require international financial support. The Government should improve its budget payment system to avoid delays in disbursements to provincial healthcare departments so that efficient interventions can be planned in a timely manner.

2. Severe malnutrition is a major aggravating factor for high under-five morbidity and mortality rates. The basic cause of long-term food insecurity should be addressed by targeting needy households with young children and by assisting them in finding an income or, if this is not feasible, in accessing cash transfers. The investment in cash transfers would, in a relatively short time, lead to a drastic reduction of severe malnutrition and hence reduce child morbidity and mortality rates. The initial high cost of such cash transfers on a national scale would soon be counterbalanced by a reduced cost of public healthcare.

3. Moderate malnutrition is endemic among half of the children in the country, making them vulnerable to diseases and thus increasing demand for healthcare services. Adequate and concerted efforts should be made to address this problem throughout the country. Nutrition programmes should integrate health services with agricultural programmes, and the focus should be on nutrition education and on the dissemination of good practices. In this sense, NGO's could also provide knowledge on basic nutrition. Health centres should be more involved in addressing malnutrition through early detection and advising on nutrition during pregnancy as well as by pro-

[21] AIDS scythes through faithful wives, Phnom Penh Post, April 7-20 2006

viding good quality food to children in health centres.

4. The utilisation of the private health sector in delivering curative care should continue and be accelerated if possible, while the treatment of child diseases through subsidies should be encouraged whilst free professional quality should be offered. However, private health sector regulations and a monitoring system must be put in place to assure professional care and avoid excessive fees.

5. The Government should become more involved in community-based initiatives instigated by NGOs, through the encouragement of operational health district staff to increase outreach activities. Inhibitive measures, such as the restriction of allowances within the health centre's coverage area, should be replaced by incentives to go out and visit sick people and children at home, in particular in remote areas.

6. Alternatively, the Government should support community initiatives for gaining access to healthcare facilities, for example by subsidising community transportation systems. Also, cooperation between healthcare-providing NGOs and public health services should be actively supported to improve medical capacity, in particular in remote areas.

7. The Government should take more appropriate action than is currently taken to inspect and control the quality of medicines and to avoid the distribution of expired medicines. The RGC should also take measures to improve adherence to universal medical ethics to provide professional care and treatment to any child in need, regardless of status or ability to pay, for example in cases of homeless and beggar children.

8. The Government should enable and encourage medical students to choose midwifery as their profession in order to meet the growing demand for professional midwives. Furthermore, the RGC should obligate each graduate midwife and physician to serve at least one year in a health centre in a remote area, thus increasing the number and improving the training of professional personnel and thus improving maternal health.

3.2. CHILDREN WITH DISABILITIES

Article 23 of the CRC stipulates the right for mentally and physically disabled children to enjoy a full life, including participation in society.

A thorough analysis of the situation of disabled children was not possible given the limited resources and time for this study. The findings described here must thus be regarded as providing a partial picture, despite information obtained from the disability sector groups.

3.2.1. SITUATION

1. In 1993, the RGC became a signatory to the ESCAP Declaration, supporting the International Decade of Disabled People, which has been extended for a further ten years to 2012. The RGC collaborates with international organisations and NGOs to provide services to disabled children and promote their access to education, but the Government allocates no special budget for care and services to children with disabilities. No law or national policy for disabled children exists, and provincial Government departments undertake no or few activities for disabled children, except some departments that provide free medical care in special circumstances.

2. Statistics about disabled children are virtually non-existent, but in March 2009, the Office of Special Education of MoEYS provided a figure of 70,870 for the number of children and young people with disabilities currently attending Government schools throughout the country. However, this number is inevitably partial since the data collection excluded children with moderate and

severe disabilities as well as those in remote areas, as most of them are not able to attend main-stream school[22].

3. A limited number of NGOs provide services to children with disabilities, but they do not cover the whole country, because such services are expensive and resource intensive while getting funding is a constraint. The services vary from providing prosthesis in case of amputations, wheelchairs or adapted bicycles, healthcare services and livelihood support. Some organisations advocate for better access to education and elimination of discrimination towards handicapped children at schools. However, the emphasis is predominantly on physical disability and there are very few civil organisations helping children with mental disabilities. The Child Centre for Mental Health, operating in collaboration with the Ministry of Health but financed by a foreign sponsor, is the only health institution in the country targeting children with mental problems.

4. Parents of disabled children tend to keep their children at home, afraid of discrimination and out of shame. This is even more the case when a child is mentally handicapped. This practice results in lack of socialisation and education of these children.

3.2.2. INTERVENTION

1. In May 2009, the Government signed the National Disability Law, which contains provisions on accessibility, education, employment, participation and other appropriate services to be provided to disabled people. A Ministerial Committee brought together officials from relevant Ministries to discuss the kinds of support their ministries could provide to disabled people and decide on budget allocations. Moreover, the Government has been active in promoting national advocacy events such as the International Day on Disabled Children. However, awareness-raising campaigns tend to be sporadic and dependent on external support from donors and NGOs, rather than on a systematic basis.

2. In terms of education, a joint project between Cambodia and the World Bank, the Education for All-Scale-Up Action Program (ESSSUAP) was launched in 2008 for a period of three years and a half. The aim is to expand pre-school and primary school components to reach the nation's most vulnerable groups of children. The plan to increase professional and institutional capacity for services is intended for education administrators at all levels: district, provincial and national. Still in 2008, the Cambodian Ministry of Education, Youth and Sport (MoEYS), published its Policy on Education for Children with Disabilities. This policy is currently being implemented throughout the country and seeks to identify what needs to be done to ensure the right of all children with disabilities to an education equal to that of non-disabled children[23].

3. A state-run Nutrition Centre in Phnom Penh provides food and vitamins to disabled children and HIV/AIDS infected children, and offers shelter when necessary. Within the Ministry of Education, a department for disability issues works on and prints Braille books for blind children.

4. The National Centre for Disabled Persons (NCDP) was born out of a workshop organised by the MoSAVY, and collaborates also with the MoH and MoE to address a number of issues affecting disabled people, such as economic security, employment, access to rehabilitation and information dissemination. The NCDP's Community-based Rehabilitation Project (CBR) focuses on children with disabilities in the provinces of Kampong Speu and Kandal and in Phnom Penh. The project, with financial support from UNICEF, provides medical and physiotherapeutic services and facilitates access to education and livelihood support through small income generation activities. Additionally, awareness raising on disabilities take place at school. The CBR project builds struc-

[22] Rights of children with disabilities in the educational system of Cambodia, Franciscans International, Universal Periodic Review 6th Session, 2009, available online at http://www.franciscansinternational.org/node/2898, accessed on 06/10/2010.
[23] Rights of children with disabilities in the educational system of Cambodia, Franciscans International, Universal Periodic Review 6th Session, 2009, available online at http://www.franciscansinternational.org/node/2898, accessed on 06/10/2010.

tures within the communities so that parents and civil servants are able to take over and implement the project themselves. The NCDP promotes integration within the family unit as the best environment for a disabled child.

5. The NCDP also produces a regular television documentary, including debates, which covers prevention, detection and provides information on service providers. Children participate in these documentaries both in conveying messages but also in developing them. Moreover, NCDP operates an Information and Referral Service to provide referral services to appropriate rehabilitation, education, skill training and employment opportunities in both the public and private sector for disabled persons.

6. The Disability Action Committee (DAC) is a semi-autonomous national coordinating body for disability and reintegration, working to support NGOs and MoSAVY. DAC coordinates to provide education to disabled children, physical and mental rehabilitation, vocational training and job placement. DAC is also coordinating the training of teachers and Government officials on identification and on how to better assist children with disabilities. The Cambodian Disabled People's Organisation (CDPO) is another civil society group, which lobbies and raises awareness about the cause of disabled people by mobilising disabled people.

7. A number of civil society organisations advocate for children with disabilities to access school, offer community-based care and assist deaf and blind children, with the aim of reintegrating them into mainstream schooling. Through a grant from the World Bank, Voluntary Services Overseas ensures access to quality education in six provinces since late 2005 and provides training at regional and provincial training colleges on special teaching methodologies for disabled children. Handicap International is a lead agency in community-based rehabilitation to children. Other NGOs provide vocational skill training. Since 2002, Hagar provides residential care for orphaned children with severe disabilities.

3.2.3. IMPACT AND SUSTAINABILITY

1. A very limited number of Government agencies are active to support disabled children, and their efforts are constrained by lack of funds. A small number of NGOs and sector groups have developed programmes to assist disabled children, but they do not reach disabled children in many parts of the country. However, in the targeted communities, understanding about disabled children and their potential has increased, particularly among parents of disabled children, teachers and civil servants. These children can now have better access to education and medical services while the livelihood support has improved the economic situation of their families. These successes, although on a small scale, serve as good examples.

3.2.4. SPECIAL CONCERNS

1. There is no comprehensive information on the situation of disabled children, nor are there Government initiatives to improve services. Without a database on the number and kinds of disabilities children have, service providers cannot make their services available for those who need them most.

2. Notwithstanding the Government's efforts in several relevant areas, there is no explicit action in preventing disability. An early identification and adequate treatment would prove crucial in minimising the onset or effect of disability.

3. The RGC's policy claims that children in need of hearing aids, reading aids and health services will get these aids and services for free. Despite this, not all disabled children have such an access and most of the help is being directed towards children with physical and sensory disabilities, whilst little is done for children with psychological ones.

4. Few NGO and no Government centres are properly equipped to provide long-term care for children with severe disabilities.

5. Disabled children in remote provinces, especially in the north-eastern areas of Cambodia, are not receiving physical rehabilitation, prosthetics or adapted vocational skill training and access to education is not facilitated.

3.2.5. RECOMMENDATIONS

1. Although the MoEYS, MoSAVY and MoH have undertaken a series of measures in the last decade, which have implicitly benefited children with disabilities, clear and coordinated directions and still lacking.

2. The Government should allocate adequate budgets to realise its obligation to properly care for disabled children. In this regard, a national nutrition programme for disabled children in need of regular special diets should be funded.

2. The Government should enhance the structure and capacity of relevant Ministerial Departments on disability issues, and raise awareness on the role civil servants in assisting disabled children and their families.

3. The Government should take the necessary steps to establish a professional social work service, with an accredited training institution and standards, in all areas including disability as well as childcare. This body is a pre-requisite for improvement in public services and is needed in a country with such a tragic history of social upheaval and trauma.

4. In order to prevent to a maximum the onset and the development of disability, the MoH should seek to recognise and record disability at childbirth, immediately afterwards or at check-ups when signs may first appear. In this regard, a national database would allow resources to be better allocated to programmes dealing with children with disabilities.

4. EDUCATION

Article 28 of the CRC recognises the right to each child to enjoy an education and obliges Governments to assure access to education for all children. Cambodia has also committed itself to implement the Education for All initiative.

4.1. SITUATION

1. In the previous reporting period, only a small proportion of the population in rural areas, where more than 80% of all citizens live, completed primary school education while secondary schooling was only available to a few. Also, girls were underrepresented compared to boys in school. This has significantly changed due to combined efforts from the Government and Aid Organisations: recent statistics show that enrolment at primary school has increased from 86% in 1999/2000 to 93.3% in 2007/2008[24]. Lower secondary school enrolment increased from 13.4% in 2003/2004 to 34.8% in 2007/2008 whilst upper secondary enrolment increased to 14.8%[25]. Other positive changes show that more girls than before access the education system, that positive experiments are made with some forms of pre-schooling (currently 2.1%) and a positive reduction in dropout rates are noted across the board.

[24] Ministry of Education, Youth and Sports
[25] National Education Congress, Summary Report on the Education, Youth and Sport Performance for the academic year 2007-08

2. However, dropout rates in primary school are still high with 10.8% at primary school, 21% at lower secondary and 14.4% at upper secondary levels in 2007/2008. Also, repetition rates were still high in 2003/2004[26] with 10.6% in primary, 4.2% in lower secondary and 5.3% in upper secondary level. Although the enrolment rate has greatly improved, less than half of those enrolling in primary school are completing the course. On average, approximately 10.8 years are required for a child to complete primary schooling due to repetition and absentia[27].

3. As of 2001/2002, there were 1015 pre-schools, 5741 primary schools, 534 lower secondary schools and 163 upper secondary schools[28]. Japanese funding through ADB in 2004 built a further 340 schools in remote under-served communities in the six poorest provinces, in particular in the north-eastern and south-western areas of Cambodia.

4.2. INTERVENTIONS

1. The Education for All strategy of the Government is targeting the expansion of access to schools whilst ensuring high delivery of quality education. This will include providing educational opportunities in remote and underserved areas, expansion of early childhood care, non-formal education and carefully targeted skills training. Simultaneously, the introduction of teacher performance based incentives will help to ensure equitable deployment of qualified staff to disadvantaged areas.

2. The Asian Development Bank (ADB) and the World Bank have sponsored the construction of more than 700 schools over the last four years (2006-2010) to cover the growing number of school age children, with the RGC contributing 10% towards the necessary funding[29]. This includes building schools in remote provinces with the priority being on the construction of lower secondary schools, because many communes currently have only primary level schooling. The priority of the RGC is to reach poor and ethnic minority students, giving them the opportunity, through improved access and availability, to study until Grade 9 – the end of lower secondary. The Government increased the education budget from 12% to 19% in 2006 (this budget allocation has remained stable, slightly above 18%), proving its commitment to increase access to education for all children. However, the Medium-Term Expenditure Framework 2009-2011 foresees a further budget increase to roughly 20%[30].

3. The RGC is implementing the Education Sector Support Program (ESSP) for 2006-2010, which aims to ensure equitable access to education, to improve the efficiency and deployment of teaching staff, to increase the number of teachers, to introduce pre-school programmes and to expand non-formal education[31]. Another objective is to assure that remote and under-served communes have qualified teachers who will receive incentives such as special posting allowances, whilst another goal seeks to ensure better qualification of teaching staff from Teacher Training Colleges. To motivate teachers, the RGC is introducing a salary increase of 15% each year, a performance-based allowance system and extra allowances and benefits for teachers working in remote areas.

4. The ADB and World Bank sponsor the Education Sector Development Project, which since 2006 aims to increase access to secondary schooling. The World Bank contributes US$30m, a significant amount of which will go towards scholarships targeted at those children most likely to drop out. In 2005, 4,500 scholarships were provided. Both banks sponsor the construction of lower secondary schools in each commune and one model upper secondary school in each prov-

[26] Education and Statistics and Indicators 2003/2004, Ministry of Education, Youth and Sports
[27] Interview with UNICEF Monitoring Officer
[28] www.moeys.gov.kh
[29] World Bank and ADB fund Rural School Expansion – Phnom Penh Post, January 13-26 2006.
[30] International Institute for Educational Planning, "Expanded Basic Education Programme (EBEP) Phase II: 2006-1010 Mid-Term Review Report"
[31] Education Sector Support Program, November 2005

ince. In conjunction with the Ministry of Labour and Vocational Training, the ADB supports schools in seven provinces to address the issue of out of school youths (15-21) through technical and vocational training. Under the ADB project, the Japan Fund for Poverty Reduction will provide scholarships to poor girls and children from ethnic minorities.

5. The Primary Education Department of the Ministry of Education, Youth and Sports (MOEYS) supported by UNICEF intends to expand the concept of Child Friendly Schools (CFS) to a national level. The CFS concept encourages a safe and healthy school environment, is academically effective and gender aware, and involves children, parents and communities in monitoring and evaluation.

6. The Education Department in Svay Rieng province implements the Integrated Education Program which is helping disabled children, children with learning disabilities and poor children by training 210 teachers. The Department established a reintegration class for 33 deaf children with teachers trained by the NGO Krousar Thmey, where they study until they are ready for reintegration into public school.

7. A large number of NGOs are providing non-formal education to children at risk, vulnerable children and working children with the aim of mainstreaming them into the public school system. Others, mainly international NGOs, support the Ministry of Education, Youth and Sports (MOEYS) with policy development and capacity building of teachers. The international NGO Enfants du Monde in Battambang took the lead in establishing pre-schools for vulnerable families and trained youth leaders in collaboration with the provincial Education department. The programme will be handed-over to the provincial Government, although it is doubtful whether the provincial Government can continue this programme without foreign aid.

8. NGO members of the NGOCRC, including the Child Rights Foundation (CRF) and others, are leading the push to include the Convention of the Rights of the Child in the primary school curriculum. CRF developed training manuals on the Convention of the Rights of the Child for Teacher Colleges and has built capacity of core trainers within the Ministry of Education.

4.3. IMPACT AND SUSTAINABILITY

1. Considerable progress has been made towards achieving a high enrolment rate of primary education. However, drop-out levels remain evidently high and although equal access for boys and girls has been achieved, more girls are dropping out of school than boys. It is therefore a good policy that, after achieving the construction of many school facilities and training of many teachers, the Government shifted its focus to retain children at school, to improve the quality of education and increase access to secondary school. Government measures to offer teachers who accept work in remote areas extra bonuses have had some success. Government commitment to the Education for All initiative has been shown by the increase of the education budget.

2. Bearing in mind that after the Khmer Rouge regime, virtually no school buildings existed and few teachers remained, the achievement by the Government and international community to offer primary education to 93% of school eligible children in 2007 is remarkable. Still more needs to be achieved, in particular in terms of quality of education and secondary schooling. This is now the focus of the Government's efforts, strongly supported by international banks and organisations. Given such performances, it seems probable that the Government will achieve the goals of the Education for All initiative by 2015.

3. There is also progress in developing pedagogically sound methods, such as the child friendly school system, an environment, which facilitates better performances. UNICEF supports around 600 schools in six provinces where improvements in test scores and increased retention rates have been achieved. Furthermore, more than 5,000 teachers have been trained in child-centred teaching approaches.

4. The Education Department in Svay Rieng province assisted disabled children to access public school and noted an increase in enrolment and examination pass rates, as well as a decrease in drop-outs. They also noted that, through the programme, disabled children were more capable of attending schooling more regularly.

4.4. SPECIAL CONCERNS

1. Many parents feel obliged to pay extra fees to teachers to assure that their children will pass the exams. This issue is a long-standing problem and resolution is one of the conditions of an ADB loan to the Government. Although teacher salaries increase annually by 15% on the current $40 a month, it will still be an insufficient income. A Ministerial Order (*prakas*) has been issued to inform teachers that the extra fee practice is illegal. However, the effect of a rigorous enforcement of the *prakas* could be that teachers look outside the school to earn extra income. This could have a negative impact on the quality of education. Drastic increase of teacher salaries to a sufficient level would be the only proper solution.

2. Although an investigation and monitoring mechanism to ensure teaching quality and proper learning environment is in place, effective implementation comes short, especially in remote areas. Consequently, the quality of education and pedagogic capacity of teachers are still low, requiring more attention as well as technical and financial input to be resolved adequately. Another concern is the growing number of private schools, which operate without regular monitoring by the Ministry to check whether quality and teaching is appropriate.

3. The number of female teachers and female school directors is rather low. Also, there are temporary teachers and volunteers who are not subject to newly introduced quality criteria and their teaching might affect the overall quality of the education system. Furthermore, teachers in remote areas need extra technical support to deal with the particular problems related to remoteness.

4. Despite the construction of many schools under Government programmes, like the Social Fund, there are still not enough schools for everyone and classrooms are overcrowded. Also, there are insufficient facilities and materials available for pupils, such as toilets and drinking water sources or tables and textbooks, particularly in rural areas.

5. Enrolment rates for rural children are significantly lower than in more urban areas. Although the parity between girls and boys accessing primary education has improved substantially, girls still account for a significant number of drop-outs and are not enrolling in secondary schooling at the same rate as boys. Furthermore, although primary school enrolment rates have increased considerably, the rates of primary school graduates are still low, and without higher primary education flows, rates for secondary and tertiary enrolment are unlikely to increase. Another concern is that education indicators point to a lower enrolment rate among ethnic minority children than that of the national average[32].

6. A special concern is that the '*chbap srei*' (a code of conduct taught to all children in all schools) reinforces traditional gender roles by encouraging women to be submissive to their husbands.

4.5. RECOMMENDATIONS

1. The Government should increase its national budget for education to 20%. In order to retain qualified teachers and to encourage young people to become teachers, drastic increases of teacher salaries are needed. This would prevent the payment of fees by children to teachers, a practice that should be prohibited.

2. The lack of female teachers and directors at schools needs to be addressed, for example

[32] World Bank and ADB fund rural school expansion, Phnom Penh Post, January 13-26 2006

through incentives provided to women to encourage the choice of teaching as their profession.

3. Those parts of the '*chbap srei*' or code of conduct for women taught in schools and that are not gender sensitive should be removed, while a similar code for men should be introduced, emphasising the model role of men in the family. In general, public education textbooks should provide information on domestic violence.

4. Introducing compulsory primary school education might facilitate the achievement of the Government's goal of Education for All and facilitate enrolment into secondary school. Such measure would also have the added value of facilitating early detection of child labour through monitoring school attendance in both urban and rural areas.

5. The quality of education and the pedagogic capacity of teachers should be improved, in particular in remote areas, and child-friendly schools should be expanded to the whole country. Private basic schools should be regularly monitored to assure quality and appropriate teaching.

5. SPECIAL PROTECTION MEASURES

5.1. JUVENILE JUSTICE

Article 40 of the CRC stipulates that children in conflict with the law be treated with the dignity and respect owed to them as children, taking into account the child's age and the necessity for reintegration.

1. The prison population in Cambodia has increased steadily in recent years, further reducing the insufficient resources assigned to prisons. According to LICADHO, a local human rights organisation that monitors 18 of Cambodia's 26 prisons, the prison population has almost doubled between 1998 and 2003[33]. The rise in the number of minors in detention has been similarly dramatic: from 229 children in prison in 2000, to 447 in 2005[34]. Juveniles in prisons are generally detained in a similar way to adults without their child status being considered and without the special protection accorded to them under internationally recognised standards. The same report found that nearly half of the juveniles interviewed were detained beyond the legal limit and claimed that court and prison officials had little knowledge about the legal limits of detention and practices of bribery to ensure release were reported. However, UNICEF claims that nowadays, after having participated in trainings and workshops, these officials have a good knowledge of the legal limits[35]. Similar statistics for legal representation were also found in the pre-trial detention period because of minors not being informed of their rights, courts not informing lawyers of detention of a minor and a lack of skilled and specialised lawyers[36]. A report released in 2005 found that in the vast majority of prisons, there is no separation between adults and juveniles and that they were frequently kept in confined, cramped and unsanitary conditions. Some were sick with hepatitis or HIV and had little access to medical care[37]. It seems that this situation has improved and that nowadays, children are separated from adults in different building or cells[38]

2. The conditions in Cambodia's prisons are unhealthy and unsafe, in particular for children, and progress to increase the capacity of Cambodian prisons is slow. Disease, poor sanitation, phys-

[33] Human Rights and Cambodia's Prisons: Prison Conditions 2002 & 2003, Licadho, October 2004
[34] Securing children's rights in Cambodia: Pre-trial detention and legal representation for minors, Legal Aid Cambodia (LAC), March 2006
[35] Email communication from UNICEF staff 10 November 2010.
[36] ibid 33
[37] A Report to UNICEF, An Assessment of Children in Conflict with the Law/Child Justice, Dr Sandra Egger, University of New South Wales, April 2005
[38] Email communication from UNICEF staff 10 November 2010.

ical violence, limited access to recreational activities and lack of fresh air are normal conditions in these prisons[39]. Furthermore, juveniles have reported being subjected to serious physical abuse and torture during their arrests and also while in custody by police. In 2003, 22 minors in 18 prisons monitored by LICADHO reported being victims of torture, one as young as nine years old reported having been beaten to confess[40].

5.1.1. INTERVENTIONS

1. A draft law on Juvenile Justice has been finalised by both the government working group and the NGOCRC-NGO Working Group on Child Justice, with UNICEF providing the technical assistance. The draft law is much more detailed than the United Nations Transitional Authority in Cambodia (UNTAC) law, which is currently used for juveniles. The Ministry of Justice (MoJ) has drafted a *prakas* (Ministerial Order) aimed at police, prosecutors and courts informing them about relevant principles from national and international law, including the UN Convention on the Rights of the Child (CRC)[41].

2. The Royal Government of Cambodia (RGC), in collaboration with the Criminal Justice Assistance Project sponsored by AusAID, initiated a pilot project to reconstruct Kandal prison. This prison was completed and reopened in 2006. It is hoped that this prison will serve as a model for all other prisons in Cambodia with family cells to house mothers and their children, a prison clinic, vocational skills training and other improvements that will benefit detained juveniles.

3. A number of legal aid NGOs protects child victims and children in conflict with the law through legal consultation and representation such as Legal Aid of Cambodia (LAC) and Protection of Juvenile Justice (PJJ). They also provide training to court and law enforcement officials on the CRC, the MoJ *prakas*, the Beijing Rules and Riyadh Guidelines. These NGOs advocate for the court to refer children to rehabilitation centres rather than sending them to prison, in particular during the pre-trial period.

5.1.2. IMPACT AND SUSTAINABILITY

1. Since 1998, there has been a gradual change in the mindset of court and law enforcement officials who have received training on juvenile justice issues, in understanding the procedures and relevant laws as well as an improved system of communication between police, officials and the courts. Legal aid NGOs noted a definite increase in knowledge and understanding regarding juvenile justice and international children's rights law among the beneficiaries of their trainings[42].

2. The NGO Committee on the Rights of the Child noted in its previous report concerns about the Youth Rehabilitation Centre in Chom Chao, a state-run institution, for forcibly detaining minors, such as street children, drug users or those merely accused of bad behaviour. Fortunately, this centre run under the Ministry of Social Affairs, Veterans and Youth (MoSAVY) has changed its policies, although its facilities need improvement and the staff is in need of capacity building. This Centre is now providing an important sanctuary for children who are unable to stay with their families[43]. An assessment of the Youth Rehabilitation Center is currently being conducted by MoSAVY in order to improve its overall strategies for at-risk children. The admission of new cases has been postponed while awaiting the result of the assessment.

[39] Human Rights and Cambodia's Prisons: Prison Conditions 2002 & 2003, Licadho, October 2004
[40] Human Rights and Cambodia's Prisons: Prison Conditions 2002 & 2003, Licadho, October 2004, p. 45
[41] *Prakas* – Instruction on how to implement the principles of National and International Laws in force relating to Juvenile Justice, MoJ, June 2005
[42] According to the NGOs Legal Assistance of Cambodia and Protection of Juvenile Justice (personal communication).
[43] A Report to UNICEF, An Assessment of Children in Conflict with the Law/Child Justice, Dr Sandra Egger, University of New South Wales, April 2005

3. According to a 2005 report, progress has been made towards data collection on crime and juvenile statistics but there is still some work to be done. The police collects and sends crime incidence reports to the Ministry of Interior (MoI) but no record of age or charges are submitted. There is no database recording the outcome of court appearances. However, the Department of Prisons within the MoI collects data on information for each prisoner within all 25 prisons in Cambodia, which includes sex, age, location and legal status[44].

5.1.3. SPECIAL CONCERN

1. A large number of concerns are noted by international agencies and NGOs, such as the lack of a minimum age of criminal responsibility[45] the detention in police custody (above the legal limits and including violence), the non-information to parents on arrest, the long periods of pre-trial detention, the access to legal assistance, the lack of separate sentencing laws, no juvenile justice system in place and no non-custodial sentencing provisions[46]. Detention with adults was still occurring despite the procedures in place and occurred in nearly all provincial prisons up to 2007[47]. However, more recent visits by UNICEF staff to some prisons found that children were separated from adults[48]. It is not known how reliable this data is as prison visits need to be announced in advance. Prison staff therefore have the opportunity to move children to different cells. Provisions are meagre: a general lack of food causes health problems, there is little or no access to education or vocational training, limited access to counselling services[49], including drug and alcohol addiction, and nothing is done to rehabilitate the convicted youths. Finally, no complaints mechanism exists in the country for young convicts[50].

2. The fact that theft is upgraded to a felony offence if committed by more than one person is of particular concern when this involves minors as offenders. Under the 2001 Law on Aggravating Circumstances of Felony Cases, there were no provisions for the separate sentencing of juveniles, therefore they were subject to the same harsh sentencing as adults in felony cases. Misdemeanours were covered under the UNTAC code and Article 8 stipulated that the judge should cut the sentence in half for juvenile offenders. Since in 2009 the Penal Code has replaced these laws and minors are subject to separate sentencing.

3. The NGO LICADHO raised concerns on restrictions regarding the monitoring of prison situations. Access to prisons is subject to permits by prison directors who frequently insist on special permission from the Ministry of Interior (MoI), despite the long-standing agreement to regularly visit prisons in the country. If access is granted, it is often impossible to interview detainees in private.

[44] A Report to UNICEF, An Assessment of Children in Conflict with the Law/Child Justice, Dr Sandra Egger, University of New South Wales, April 2005 p. 49

[45] The new Penal Code adopted in 2009 includes a minimum age for criminal responsibility (communication UNICEF 10 November 2010),

[46] The new Penal Code adopted in 2009 includes a provision for non-custodial sentencing (communication UNICEF 10 November 2010),

[47] Prison Procedures, Procedure No. 3 (3.2)

[48] Email communication UNICEF 10 November 2010,

[49] In four provinces the Ministry of Social Affairs, Veterans and Youth Rehabilitation in cooperation with NGOs are said to provide counselling services to minors in prisons (communication from UNICEF 10 November 2010).

[50] A Report to UNICEF, An Assessment of Children in Conflict with the Law/Child Justice, Dr Sandra Egger, University of New South Wales, April 2005

5.1.4. RECOMMENDATIONS

1. A Juvenile Justice System is in preparation but haste should be made with the adoption and implementation of this new law. It is urgent that children are not treated the same as adult convicts. Consequently monitoring mechanisms for compliance with the new system should be developed, including an independent complaint mechanism or an ombudsman for children.

2. The Government should take steps to ensure that all court and prison officials have access to existing national and international laws related to juvenile justice, while providing them with the adequate training for their implementation.

3. The Government needs to protect juveniles in prisons from harm and assault by adults. All young children who accompany their convicted mothers should be provided with extra nutrition and access should be given to public school, recreation and healthcare services.

5.2. CHILD LABOUR

Article 32 of the CRC stipulates that the child should be "protected from economic exploitation and from performing work which is likely to be hazardous, to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development"[51].

1. ILO Conventions No.138 on the Minimum Age for Employment and No.182 on the Prohibition and Immediate Elimination of the Worst Forms of Child Labour have been ratified. Cambodia's Labour Law sets the minimum age for employment at 15 years, though children aged 12-14 years are allowed to do light work that is not deemed hazardous and does not affect regular school attendance or participation in other training programmes. Indeed, the law provides that the minimum allowable age for any kind of work that risks being hazardous is 18 years. The Government's National Poverty Reduction Strategy aims to reduce the proportion of child labour to 8% by 2015. The Government has adopted, with the assistance of the International Labour Organisation (ILO), a series of measures to address hazardous child labour and has embarked on a long-term programme to eliminate these worst forms of child labour. Despite this, some sources estimate that more than 1.5m children aged between 7 and 17 are economically active, and nearly 50% of Cambodian children are economically active by the age of 10[52]. Among them, an estimated 313,264 are involved in the worst forms of child labour[53]. Most child workers are working informally in the agricultural sector on family farms and the child can usually attend school if the family can afford the costs. No child workers are found in formal employment in garment factories or other large enterprises with products meant for export, partly as a result of international pressure for child labour free products, but also as a result of enforcement of the labour law.

2. Labour regulation in general is not very developed in the country and no specific rules apply for children working on family farms or in other kinds of family enterprises, such as eating houses, market shops or as street vendors. The conditions of these types of work and places might not be fully suitable for young children but are not predominantly hazardous. Besides, the majority of working children in family units working full time is above 14 years of age, not because of sentiments of their parents or relatives but because only at such an age can a child be productive. It is no secret that many younger children are involved in the family income generation activities, for example in cleaning dishes or preparing vegetables in small eating houses, but generally only very poor families will allow their young children to work throughout the day, out of necessity.

[51] Article 32 (1), The United Nations Convention on the Rights of the Child 1989
[52] Children's Work in Cambodia: A challenge for growth and poverty reduction, Understanding Children's Work, December 2006
[53] Cambodia Socio-economic Survey (CSES), 2004.

3. However, an estimated one quarter of a million children are working as beggars, scavengers, in brick and tile factories, peeling shrimps, tapping rubber, working as porters carrying cargo loads or standing barefoot in salt fields. These types of child labour are considered hazardous, are listed in a *prakas* (Ministerial Order) and are subject to labour inspection. An unknown number of children are exploited as sex workers or in the entertainment industry and an estimated 28,000 children work as domestic servants in Phnom Penh (mostly aged between 7-17)[54]. These domestic servants often work in slave-like conditions[55].

4. Although over the past five years much information has been collected about child labour, there is still much to learn about its factors and characteristics, as systematic research has not been carried out. But some agencies, like ILO and international NGOs commission studies; for example a recent research assesses the "scope, magnitude, dynamics and impact of the worst forms of urban child labour". The findings reveal a sombre picture of the chances these children lack; 68% had never attended school and 66% were working full time despite their school age[56].

5.2.1. INTERVENTIONS

1. National initiatives to combat child labour are especially addressed within the framework of the 2004-2010 National Plan of Action on the Worst Forms of Child Labour (NPA-WFCL), The NPA-WFCL outlines six categories of worst forms of child labour. Some feel that the NPA should have included also underage beer girls, child street vendors and child beggars. The MoLVT is in the process of widely disseminating ILO Convention nr. 182, setting-up the tri-partite bodies stipulated by the Convention nr. 182 and updating the list of hazardous forms of child labour.

2. Additionally, Government has established the Child Labour Department within the Ministry of Labour and Vocational Training (MoLVT) to execute the Time-Bound Program (TBP) to Eliminate the Worst Forms of Child Labour, supported by the ILO International Program for Elimination of Child Labour (IPEC). The first four-year phase, targets 16,000 children for withdrawal and prevention through the provision of education, non-formal education, literacy, vocational and skills training. There is also a focus on building national capacity and the capacity of implementing partners. Full implementation of this programme is done by joint ventures of provincial departments of Labour and Vocational Training, local NGOs and labour unions.

3. In 2007, the Cambodian Labour Law was complemented by seven ministerial decrees on child labour protections intended, among other things, to limit the working hours of children ages 12 to 14 years to 7 hours on non-school days and 4 hours on school days, between the hours of 6:00 a.m. to 8:00 p.m.[57]

4. A wide range of international NGOs provide support to national efforts against child labour, including World Education, Care International, the Asia Foundation, the Kampuchean Action for Primary Education (KAPE), World Vision Cambodia, and Save the Children Alliance, among others. However, except as partner of the Government's TBP, no international or local NGOs are implementing on a national scale child labour programmes. There are NGOs working with child scavengers in various cities, including in the capital Phnom Penh. For example, World Vision's project reduced the working hours and increased school or non-formal education attendance[58]. In Battambang, like in other provincial cities, several local NGOs are working with street children.

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[54] Child Domestic Worker Survey, Phnom Penh 2003, Ministry of Planning, National Institute of Statistics in collaboration with ILO-IPEC, Cambodia, March 2004

[55] Child Domestic Labour on the Rise in Capital, Cambodian Daily, Monday August 29, 2005

[56] How and Why We Work: Child Workers in the Informal Economy in Phnom Penh and Battambang. World Vision Cambodia Combating the Worst Forms of Child Labour Project, Peace and Justice Programme, Prepared by Holly Te, September 2005

[57] U.S. Department of Labor's 2007, Findings on the Worst Forms of Child Labour U.S. Department of Labor, 2008.

[58] Look Before You Leap: Strategic Approaches to Urban Child Labour, World Vision Cambodia, 2000

5. An example of addressing child labour by businesses is in the area of beer girls, who promote the drinking of beer brands at restaurants and bars. Several organisations, including CARE International, are researching this phenomenon. There is a widespread belief that beer girls are exploited and sexually harassed at their work places. Although cases of harassment are reported, no exploitation in the sense of forced child labour was found, but in a number of cases, the work conditions were neither appropriate nor safe. These beer girls are employed by beer distributors, of which perhaps 30 to 40 are in the Kingdom. Of these, a small group of international beer producers and distributors do not employ underage girls for this work, and provide fixed salaries and a good benefit packet, and more importantly take proper measures for safety and healthcare. This group currently makes efforts to include other (local) producers and distributors to join the group by encouraging them to take similar precautions and offer similar work conditions. The Government might consider making such improvements mandatory for all employers of beer promoters.

5.2.2. IMPACT AND SUSTAINABILITY

1. Preceding the Governments' TBP, the ILO carried out a pilot project from 2001 – 2004 whereby 1,000 children were removed from the fishing industry in seaboard cities. A further 1,500 children were prevented from entering this industry. Most of the children removed were between the ages of 10-14 and those targeted for prevention were between 5 and 10 years old. The project was also successful in removing and preventing many children from work in rubber plantations.

2. The Ministry of Labour and Vocational Training (MoLVT) and the Child Labour Department are newly established Government bodies, dating 2005. The size of the Government budget for the new Ministry is still under wraps and budget constraints hamper the efforts to execute the TBP effectively. However, the IPEC programme of the ILO is committed to continue its support to the Government, with financial support from the US Department of Labour.

5.2.3. SPECIAL CONCERNS

1. The laws and regulations regarding child labour are not implemented throughout the whole country, but only in some areas and sectors. The Government does not allocate sufficient resources to address the problem countrywide, but relies almost exclusively on donor funding. Child labour inspections are only conducted in the framework of ILO funded programmes, and only in some provinces and in the six defined areas of hazardous work.

2. The Labour law was amended in 1998 to address child labour but many of its aspects are still not covered under the law. For example, the Labour Law does not cover child domestic work meaning that child labourers in this sector are not legally entitled to the protections therein in regards to holidays and other conditions of employment. Also, the Government's Time-Bound Programme for Elimination of the Worst Forms of Child Labour does not yet include all hazardous kinds of labour, such as stone breaking in quarries, construction work and other hazardous work.

3. Although, since early 2000, child labour programmes have been implemented in the country and thousands of children withdrawn from hazardous work, there are no reliable statistics about their current status nor is there any information on whether they have returned to their former situation. Without data about the long-term effects of child labour programmes, no assessment can be made of the impact and sustainability of the efforts.

4. Poor families migrate to cities and send their teenage children to get jobs at all costs, thus putting their children in danger of becoming trafficked, abused and exploited. Although the RGC addresses to some extent the problem of trafficking, there is no clear policy for assisting street families and children living on the street, nor is the law applied to bring parents responsible for the exploitation of their children to court. Instead, the image of a 'clean' city seems to get priority in

the capital and those living on the street or in temporary dwellings (including children) are rounded up and forced back to their home provinces or evicted to remote sites outside the city.

5.2.4. RECOMMENDATIONS

1. Whilst vocational training may remove a child from a hazardous labour situation, it must also lead to earning sufficient income if it is to be sustainable and effective. Market analyses should guide the provision of vocational training for (self) employment and more concerted cooperation between the Government, employers and civil society organisations encouraged. Alternatives, in addition to being viable, must also be attractive and acceptable to the beneficiary if they are to be sustainable. The Government and others implementing child labour programmes should keep this in mind.

2. Re-enrolment in the public school system for children who have been out of education for a while without sufficient preparation can result in a premature drop-out. Education must of course be part of the solution but must also be viewed in conjunction with the realities of the working child. Therefore, a national system of mandatory education would facilitate the reduction of child labour, if properly enforced.

5.3. DRUGS

Article 33 of the UN-CRC stipulates that the Government has a responsibility to protect children from illicit drugs and substances. In this regard, the UN Committee requires that accurate information be collected to be used to address the effects of drugs on children and to develop an appropriate drug prevention programme.

5.3.1. SITUATION

1. Drug abuse was found to be an issue of increasing concern among many interviewees, besides being a nearly weekly topic in the Cambodian press. Cambodia is considered a transit point for much of the drug trafficking in the region, as many drugs are imported from the Golden Triangle through northern entry points in Cambodia. Recent research conducted by Cambodia's Drug Rehabilitation Organisation found that among 500 drug users in Phnom Penh, 33% were students from primary school to university, primarily using *yama* (a type of methamphetamine which is highly addictive), or sniffing glue and a smaller but increasing number using heroin[59]. However, Mith Samlanh, a NGO working with street children consider this figure as being too high. Indeed, estimates of drug users vary considerably, but it is probable that drug use is escalating and that a large proportion of users fall in the 15-25 age bracket[60].

2. Statistics for drug users in Cambodia vary considerably. The National Authority for Combating Drugs (NACD) estimates 35,000 drug users in Cambodia, but their Technical Expert estimated the real figure to be closer to 50,000 drug users[61/62]. However, a 2007 study carried out by the National HIV/AIDS Programme (NCHADS) estimated between 9,100 and 20,1000 drug user in Cambodia[63]. NACD conducted a pilot project among 3,500 school pupils from Grade 9 to 12 in 2001, which showed that one in five had tried abusing some form of illicit drug[64]. In 2005, Mith

[59] Many Drug Users Students, Phnom Penh Post, January 27-February 9,2006
[60] Teng Savong, Secretary General of the NACD, quoted in Many Drug Users Students, Phnom Penh Post, January 27-February 9,2006
[61] Many Drug Users Students, Phnom Penh Post, January 27-February 9,2006, p. 14
[62] Martin Lutterjohann, NACD Technical Expert, quoted in Phnom Penh Post, February 24-March 9, 2006
[63] Human Rights Watch Report, "Skin on the Cable – the Illegal Arrest, Arbitrary Detention and Torture of People who Use Drugs in Cambodia", January 2010, p 14
[64] The Five-Year National Plan on Drug Control 2005-2010, National Authority for Combating Drugs

Samlanh conducted a survey of 2,271 street children of which around 16% admitted to sniffing glue[65].

3. Drug abuse is dispersing through all sectors of the population, from street children to the children of affluent families and in rural as well as urban areas. For example, NGO staff of a shelter for under-aged girls who have been rescued from sexual exploitation found that the use of drugs in this group was increasing, partly due to the use of drugs by exploiters to keep the girls docile.

5.3.2. INTERVENTIONS

1. The RGC, in addition to amending and updating the Drug Control Law, has ratified three international Conventions concerning drugs, which provide the legal context to take proper measures. The National Authority for Combating Drugs (NACD) amended the 1996 Drug Control law in 2005 to shift focus onto the punishment of drug traffickers. The next step is now the enforcement of this law.

2. The NACD has also developed a National Plan of Action (NPA) which embodies three principles: 1) a multi-sector and holistic approach; 2) community and family participation; and 3) human rights. The main and immediate objectives of the NPA are to reduce drug usage and demand through public awareness. The establishment of counselling teams for follow-up at community and family level are also intended. Unfortunately, limited budget was allocated to the NACD by the Government to implement the NPA and only part of the NPA's content could be achieved. The NACD currently raises awareness in primary and secondary schools, disseminates information through electronic media and other means. Training of more than 850 law enforcement agents should help assure proper law enforcement in the future.

3. The NACD has established an information data office aimed at collecting and analysing illicit drug related data. In this respect the NACD cooperates with the United Nations Office on Drugs and Crime (UNODC) and is in the process of setting-up a network with officials in nine priority provinces. The UNODC supports a programme, which started in January 2004 and is implemented through the NACD, the Ministry of Health (MoH) and the Ministry of Social Affairs Veterans and Youth (MoSAVY) to train monks to provide care and support to addicted children and youth. Furthermore, the RGC has amended the Drug Control Law with specific provisions concerning the treatment and rehabilitation of addicts.

4. The NGO Mith Samlanh/Friends provides a holistic response to street children in Phnom Penh who are using drugs. Other NGOs in some provincial capitals have street child programmes, which include addressing drug abuse. The Asia Foundation (TAF) has commissioned a study on glue-sniffing among children, in particular street children but results are as yet not known.

5.3.3. IMPACT AND SUSTAINABILITY

1. There has been an increase of arrests of drug traffickers and the RGC is making some progress in limiting the production, importation, distribution and selling of drugs, despite high-level involvement of Government officials in the drug trade. However, most initiatives to combat drugs are in their infancy and because information about the drug users and drug trade networks is rare, effective interventions still need to be discovered. What is currently being done is not sufficient to halt the problem, let alone to eliminate it. The Government agencies charged with enforcing the law need capacity building and more resources to be able to do their job. To assist the drug users, more capacity in treatment services need to be developed.

2. Essential information about the problem is lacking because no thorough research results are available. Quoted estimates about the number of drug users are not based upon sound scientific

[65] Glue Sniffing becoming "gateway" for Street kids, Phnom Penh Post, March 10-23 2006

data collection because this requires significant financial resources that the RGC has not allocated. Also more qualitative studies are needed to better understand the root cause of drug use among children and young people so that appropriate intervention models can be designed. The UNODC supported radio and television awareness programmes but these have not (yet) been assessed to measure whether their messages had any effect.

5.3.4. SPECIAL CONCERNS

1. There are concerns on the future spread of HIV/AIDS among most-at-risk groups, mainly through unsafe sexual practices under the influence of amphetamine type stimulants (ATS), which are widely known for their sexually stimulating properties. Also, increased usage of intravenous drugs will lead to higher infection rates. The NGO Mith Samlanh conducted a small research project in 2005 and found that 12% of ATS-using youths were HIV positive[66]. It seems that links are also developing between drug use, gang behaviour and crime. An additional concern is the spread of HIV/AIDS among drug users in rural areas. A 2009 NACD report on emerging drug patterns in Cambodia has highlighted that HIV/AIDS incidence, once a Phnom Penh based issue, is now extending further into rural communities.

2. The lack of adequate facilities for treating drug addiction is a big concern. It is evident that the few NGO and Government run rehabilitation centres do not have the capacity or the funds to adequately treat drug and substance abuse addiction. The RGC supports Military Police camps, where apprehended drug addicts are placed for treatment through the application of forced treatment regimes. It is generally known that such regimes have high relapse rates. But there is also the issue of violating the human rights of the patient. A recent account by Human Rights Watch reports on widespread beatings, whippings and electric shocks to detainees, including children and people with mental disabilities, in seven of the country's drug detention centres[67]. Sometimes they are held against their will. But the police and military are often the first and only point of call for desperate parents of drug addicted children.

3. In the absence of a concerted national response to address the needs of drug users for treatment, private facilities have been emerging, claiming to treat drug addiction. However, these are unregulated and the NACD has advocated the need for minimum standards in these centres[68]. Adequate treatment for drug addiction is often complex and expensive and with only twenty or so psychiatrists available, a handful of which live in Phnom Penh, national treatment institutions cannot hope to cope with the problem.

4. The budget for the NACD has not increased in the last five years despite evidence of a spiralling drug problem, nor has there been an increase in human resources. Also, only very limited financial support for the NPA is allocated and there is little sign of political will to provide Government resources to tackle the problem adequately.

5.3.5. RECOMMENDATIONS

1. Law enforcement of the import, production and sale of drugs needs to be improved and prioritised, while drug substances like glue need to be the subject to regulation to avoid the ease of access which young children currently have. This should be done in conjunction with educational campaigns to bring awareness of substance abuse and its harmful effects on both individuals and society at large. In this regard, the links between drug abuse and domestic violence against children should be highlighted and awareness raising activities continued.

[66] Yama Use Could Send HIV Rates Soaring, Phnom Penh Post, February 25-March 10, 2005.
[67] Human Rights Watch Report, "Skin on the Cable – the Illegal Arrest, Arbitrary Detention and Torture of People who Use Drugs in Cambodia", January 2010
[68] No Easy Options for Addicts in Need of Treatment, Phnom Penh Post, March 25-April 7, 2005

2. Awareness raising campaigns about the effects of drug use need to be reviewed to assess their effect and to improve the message content and coverage area, if needed. Future efforts need to be based upon the results of media surveys and designed by professionals to get the highest level of results.

3. The RGC should allocate a sufficient annual budget to the NACD to combat the import and production of illegal drugs and substances, and to collect statistics and commission research. Part of the budget should be used to improve the capacity of NACD's staff.

4. Capacity should be built among service providers on counselling, detoxification and follow-up support. Community-based treatment initiatives such as rehabilitation centres should be encouraged instead of relying on institutional treatments only. Such programmes should assist not only drug addicts but also their families. Minimum standards should be developed and applied for treatment of child drug addicts in all treatment centres, while financial support should be allocated to treat child drug addicts properly.

5.4. SEXUAL ABUSE AND EXPLOITATION OF CHILDREN

Article 34 stipulates that state parties take action to protect the child from all forms of sexual exploitation and abuse.

1. Cambodia (currently tier 2 in the US Department of State Watch List) is a source, transit and receiving country of victims of trafficking. At least 200 (but likely many more) under-aged girls enter the sex industry yearly, virtually all coerced or forced[69]. Others are trafficked for sweatshop work, while very young children are 'rented' as beggars and brought to Thailand's big cities. An international Seminar held in Bangkok concluded that the beggar children problem is increasing dramatically and that of the three main groups of child beggars in Thailand, *'children from Cambodia who came to Thailand with [their] family'* form a significant proportion[70]. Incidences are reported on the involvement of low and high ranking officials in the trafficking of persons and children, thus explaining why so few traffickers are apprehended. A relatively new trend is the trafficking of Cham girls to Malaysia as domestic servants but there are reports that dozens ended up in brothels and some of those who escaped were detained for months as irregular immigrants and sometimes brutalised while in police custody[71].

2. Numbers of children being sexually molested and/or exploited as child sex workers vary considerably in research reports. UNDP estimated in 1992 on the basis of a survey that there were approximately 327 child prostitutes in Phnom Penh and Kampong Cham cities, representing 1.64% of the prostitute population. Research undertaken in 1993 in nine provinces, also by UNDP, found that 800 children were exploited as sex workers representing 3.2% of the prostitute population. The Commission on Human Rights and Reception of Complaints of the National Assembly carried out research in 1996 and found that of a total of 14,725 prostitutes throughout Cambodia, 2,291 (15.6%) were under 18 years old. The Cambodia Human Development Report 2000 / Children and Employment of the Ministry of Planning, estimated that of the 80,000 to 100,000 sex workers in Cambodia, about 5,000 (30%) were under 18 years old. The most recent reliable study, with an estimate of the lowest number of child sex workers in the country, calculates that 198 of the observed 5,317 prostitutes were trafficked and under-age, representing 4.5% of the prostitute population[72]. This estimate of was confirmed by an inventory among about 80%

[69] Measuring the Number of Trafficked Women and Children in Cambodia: A Direct Observation Field Study, Thomas M. Steinfatt, commissioned by UNDP 2003.
[70] Minutes of 'Child Beggars…Innocent Victim of Trafficking Gang', Seminar held in Bangkok on 25 February 2005.
[71] The Cham is an ethnic group with a Muslim religion and culture very similar to Malaysia. See annual and other reports of NGOs Legal Support for Children and Women, Afesip and/or Cambodian Women's Crisis Centre.
[72] Measuring the Number of Trafficked Women and Children in Cambodia: A Direct Observation Field Study, Thomas M. Steinfatt, commissioned by UNDP 2003.

of NGO child-care centres hosting rescued or run-away child sex workers, an inventory that found that these NGOs cared for between 200 and 300 former child sex workers per year[73].

3. Among the child sex tourists and paedophiles, major attention is given to western child sex offenders. APLE notes that in 2003/2004 a total of '*23 suspected sex tourists [were arrested]. Among these, six suspects originated from the USA; there were four French citizens, four Dutch nationals, two Australians, two Austrians, one Belgian, one Canadian, one New Zealander and two suspects from the UK*[74]*.* A recent inventory among legal support providing NGOs and a review of the Ministry of Interior victim database indicated that 7 foreign Asian child sex offenders were arrested between the period October 2003 and March 2006[75]. Recent studies found that while child sex tourism seems to be gradually increasing, hospitality management and staff in two major tourist destinations in the country found the situation regarding foreign child sex offenders not yet alarming, but pointed to the increasing abuse of children by nationals[76].

4. In fact, the number of arrests of westerners has doubled if not tripled over the past year. But the children victimised by these foreign child molesters comprise only a tiny fraction of the actual number of children forced to have sex with their own countrymen: '*Exploitation perpetrated by Cambodian nationals accounts for a far greater percentage of abuse in Cambodia than that perpetrated by foreigners*'[77]*.* Although accurate information about nationals engaging in child sex is lacking, it is common knowledge in the country that a significant proportion of the male Cambodian population patronise brothels and other sex establishments where under-aged girls are waiting for them. In fact most of these men view 14 or 15 year old girls or boys not as children, 15 years being the traditional age when a girl is presumably ready for marriage[78].

5. A growing problem noted by civil society organisations is the rape of children, but it is not known whether this increase is due to more reporting or to more crimes. Staff from several child-care centres hosting child rape victims concluded that both the number of rapes and the reports of the crime to police or NGOs increased, but these conclusions are not based upon a representative national study[79]. A recent study about pornography links the rapes of and by children with the viewing of hard pornography by children, which consequently leads to more rapes of children[80]. However, although the total number of children who are being raped in the country might be significant (and every one is one too much), people in a majority of rural villages do not generally perceive this as an urgent or particularly big issue, except when they themselves are victims[81].

6. The former five-year National Plan of Action (NPA) against Trafficking and Sexual Exploitation expired in 2004 and a second NPA for the period 2006 – 2010 has been drafted in consultation with civil society organisations by the CNCC and submitted to the Government at the end 2005. The new NPA Trafficking in Persons for Sexual Exploitation (TIPSE) is an improvement of the

[73] Child-care Centres, J. Vijghen, COSECAM 2005.
[74] APLE quoted in Child Sex Tourism: Study of the Scope of the Problem and Evaluation of Existing Anti-Child Sex Tourism Initiatives, Caroline Putman-Cramer, COSECAM/Protection Project of the John Hopkins University, 2006 p.11.
[75] Inventory of 'Asian Sex Tourists', Peacock Project, ECR-Group Foundation, 2006 for World Vision Cambodia.
[76] Situation Analysis of Paedophilia in Sihanoukville: Study of perceived demand for child sex in Sihanoukville, von Gyer Judith, 2005 COSECAM / Village Focus International, Cambodia, Phnom Penh; The Situation of Paedophilia in Siem Reap As Perceived by Key Persons, Caroline Putman-Cramer, 2006 COSECAM/Protection Project, 2006 Phnom Penh Cambodia.
[77] Survey on street-based Child Sexual Exploitation in Cambodia: Overview of 7 provinces, Raphaël Renault, Action Pour Les Enfant (APLE) 2006.
[78] A pilot survey conducted by ECR-group Foundation in 2005 among 200 male respondents found that about 70% regarded 14 years as the minimum age for being a sex worker, with about 5% men having sex with younger girls if they would be offered.
[79] Personal communication by staff from CWCC, HCC, New Life Centre (SHV) and other centres.
[80] It's As If They Were Watching *My* Body, Pornography and the development of attitudes towards sex and sexual behaviour among Cambodian youth, Graham Fordham, World Vision Cambodia, May 2006.
[81] See Foreword draft report on Rape of Children in Three Villages, yet unpublished, COSECAM.

former one by defining objectives more realistically, assigning particular responsibilities to relevant ministries and including mechanisms for monitoring and follow-up. The legislative framework on which this NPA was based is the 1996 Law on the Suppression of Kidnapping, Trafficking and Exploitation of Human Beings. This Law has no definition of the age at which sexual consent can be given and no clear definition of debauchery (the charge under which most prosecutions are brought). But if a person engages in sexual activities with a minor under 15, that child is deemed incapable of consenting. Rape and indecent assault were tried under the UNTAC Code of 1992 until 2008 when the Suppression of Human Trafficking and Commercial Sexual Exploitation law was adopted replacing the 1996 law and UNTAC Code.

7. In 2008, the Royal Government of Cambodia adopted a new law on the Suppression of Human Trafficking and Commercial Sexual Exploitation, prohibiting and criminalising all forms of trafficking offences. It is more comprehensive than the 1996 law and contains definitions of a minor as under 18, child prostitution, human trafficking (taken from the UN Protocol on Trafficking), sexual intercourse with minors under 15, procurement and inducement of child prostitution and defines child pornography. Greater penalties are to be given to those trafficking for sexual purposes and adoption. The law importantly prohibits the publishing or broadcasting by a newspaper or other mass media to make public the identities of victims under 18. Punishment of trafficking offenders will be increased where the victim is under 18 and provision is made for the punishment of procurers of child prostitution including businesses.

5.4.1. INTERVENTIONS

Law Enforcement and Information Campaigns

1. The new Plan of Action for the second five-year period (TIPSE) was drafted by the CNCC supported by UNICEF and in consultation with NGOs. The aim of the NPA is more comprehensive than the previous one and will be used to assist Ministries in making concrete plans for action. The first phase was an initial setting out of issues to be addressed but did not set indicators or outputs. This second phase promotes the integration of all human trafficking and sexual exploitation projects while indicators are set to measure progress over the next five years. Successes from the first phase include an increase in knowledge about sexual exploitation and trafficking, and some Government Ministries have begun to take action. A number of anti-trafficking bureaus in different provinces have been set up and there has been a slight increase in the number of arrests of traffickers. Additionally, the RCG has promulgated a new law on tourism in 2009, that aims to heighten the supervision and responsibility of people engaged in the tourist industry and to further enhance the protection of children in the context of tourism.

2. Furthermore, the establishment of the National Task Force to Combat Human Trafficking and Exploitation of Women and Children (NTF – CTEC) in March 2007 has accelerated the national response to reduce human trafficking and exploitation. The Task Force was upgraded to a National Committee to Lead the Suppression of Human Trafficking, Smuggling, Labour Exploitation and Sexual Exploitation in 2009. The Committee comprises Government Ministries and Government Agencies. A number of Working Groups have been formed to support the Committee with designated Government Ministries holding the chair and vice-chair and elected civil society organisations holding the second vice-chair.

3. The Ministry of Women's Affairs (MoWA) has implemented a counter-trafficking project entitled *Prevention of All forms of Trafficking in Women and Children*, which includes disseminating information through mass media campaigns, advocating for policy changes, making use of live comedy and theatre to bring interactive awareness to approximately 70,000 vulnerable people in remote areas. This has been followed by more targeted, village based activities that involve the establishment of peer networks. In regard to child sex tourism, the Ministry of Tourism (MoT) in collaboration with World Vision and NGO Children Assistance for Rehabilitation, Mobilization and Participation (CAMP) launched a *Child Safe Tourism Project* in 2001 to educate, raise awareness, conduct training courses targeting hotel/guesthouse owners, law enforcement agents, tour

guides, taxi drivers and children. The MoT has issued a Circular on the Management of Travel Agency Businesses, requesting that travel agents be more responsible in informing staff and tourists of laws and regulations regarding sexual exploitation of children and requiring immediate reporting. This Circular forbids any person under the age of 18 from entering premises unless accompanied by a family member. The MoT has been active in producing billboards and leaflets drawing attention to child sex tourism and its penalties. The MoT facilitated a *National Conference on Child Safe Tourism* with ECPAT and World Vision to share experiences, review progress and develop a plan of action in December 2005. The Ministry of Interiors' hotline number is also part of the campaign to assist children in sexually exploitative situations.

4. The Law Enforcement Project against the Sexual Abuse, Exploitation and Trafficking of Children (Leasec), financed by several bilateral donors, and launched in 2000 by the MoI focuses on capacity building of police officers in 13 provinces. Through this project, the first formal network of special police officers was established by means of Anti-Human Trafficking and Child Protection Units (ATJPU). These units started to cooperate with NGOs and local police, and a national Hotline was created in 2000 along with seven hotlines in Sihanoukville, Siem Reap, Banteay Meanchey, Kampong Thom, Kampong Chhnang, Battambang and the capital Phnom Penh. Unfortunately, many reports often claim that calls to the hotlines are not responded or that no one with a foreign language skill is available to communicate when a report of a potential case is made. These hotlines are reportedly understaffed and not equipped to refer callers to the appropriate services. An NGO-operated phone Helpline linked to a referral system to respond efficiently to calls for help has been set-up[82]. The Ministry of Interior increased the number of anti-trafficking units (to investigate child abuse, exploitation and trafficking cases) from 7 provinces in 2003 to all 24 provinces in 2008 . The Leasec project provides technical support to these units and groups and maintains a victim database.

5. The Asia Regional Cooperation to Prevent People Trafficking (ARCPPT) aims at improving the criminal response to human trafficking in Laos, Myanmar, Thailand and Cambodia by working with the anti-trafficking police, the justice system and victim support agencies. ARCPPT provides training on professional investigation of human trafficking and develops cooperation mechanisms between the four countries. In collaboration with the NGO Coalition to Address Sexual Exploitation of Children in Cambodia (COSECAM), a Memorandum of Understanding about Guidelines for Practices and Cooperation between Relevant Government Agencies and Victim Support Agencies in Cases of Human Trafficking has been developed and was signed in 2007. This agreement marks a great achievement towards greater cooperation between the Government and NGOs and provides agents with an additional tool for support to victims of trafficking.

6. End Child Prostitution, Abuse and Trafficking (ECPAT), a NGO network with more than 28 members focuses on awareness raising, particularly in the area of child sex tourism and on monitoring of the NPA TIPSE. In collaboration with the Ministry of Tourism, training sessions on child sex tourism are conducted for staff of the hospitality and travel sectors, and also village chiefs, commune chiefs and district governors to enhance knowledge of their duties and obligations. ECPAT is also in the initial stages of developing a project to make the Internet safe for children and youth to combat increasing displays of pornography online. The street children NGO Friends International launched their *Childsafe Cambodia* project in Phnom Penh and Siem Reap in 2005, which raises awareness among travellers and taxi-drivers about child sex tourism and their possible contribution to reduce the affect. Additionally, a Childsafe Hotline has also been set up to report any risk situation in which children could be involved.

7. Both international and local organisations have conducted a relatively large number of studies on trafficking, sexual abuse, child rape, paedophilia, domestic violence, labour migration, child labour, substance abuse, pornography and more. Although these studies are valuable to gain insight in these issues, there is no central and systematic approach to researching all these prob-

[82] See Chap Dai Helpline.

lems and the studies were conducted in a relatively ad hoc when finances were available or when a particular organisation was in need of information. World Vision and Child Wise Australia have recently established a *Research Ethic Review Panel* comprising individual research experts to warrant that their commissioned studies were carried out ethically. Some panel members entertain the idea that the Panel could function to coordinate the various studies in the area of child protection in order to systematise the research.

Services to Victims

8. There is limited but increasing victim service provision through Government agencies, mainly in collaboration with international and local organisations. The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY) supported by UNICEF implements a project to provide support to victims. The Creating a Legal and Sustainable Environment for Trafficked Human Beings from and in Cambodia (CETHCam) project, financed by the European Union, is implemented jointly by MoSAVY and the NGO Coalition to Address Sexual Exploitation of Children in Cambodia (COSECAM).The aim of the project is to establish a national coordinated referral system with coordinated service provision for victims of trafficking, exploitation, abuse and violence. The MoSAVY operates two temporary shelters for victims but lacks a sufficient budget and relies heavily on NGOs to provide shelter and other services to those who have been trafficked and/or sexually exploited. Social workers from the provincial departments of MoWA are supposed to monitor the situation of reintegrated victims but for lack of a sufficient budget this is not done adequately while social support is rarely given. UNICEF supports the strengthening of structures and social capacity of Government agencies to provide these social services, while also financing NGOs to take care of child victims. Furthermore, in collaboration with other organisations, villages and communes have been mobilised to be alert to cases of abuse and trafficking.

9. Unicef is supporting MoSVY through the Social Welfare Department's Anti-trafficking and Reintegration Office to provide social welfare services to an average of 580 vulnerable children and women per month nationwide. Additionally, Unicef supports social case management to facilitate the reintegration of vulnerable children and women into their family and community, as well as the Government Poipet Transit Center to coordinate protection services to children returning from Thailand.

10. Member organisations of COSECAM identify and support the release of rescue of victims, provide legal services, shelter and social skills training, vocational skill training and support reintegration into society. There are other NGOs outside the group but the Coalition aims to include these too in order to consolidate efforts, coordinate activities and advocate jointly and uniformly. Doing so may prove crucial to overcome the limited resources and improve the level of common achievements in a professional manner. Therefore, the Coalition aims to improve the capacity of its members to provide services and assist victims, to regulate the NGO sector, to standardise childcare procedures and to introduce measures to protect children in the care of NGO and Government shelters. An example of a coordinated effort whereby over 60 NGOs are involved throughout the country is the *Victims of Trafficking Scholarship Fund* (VTF) project, sponsored by the Asia Foundation (TAF) which has provided vocational training and found jobs or self-employment opportunities for several hundreds of (potential) victims of trafficking during the 3-year implementation period.

11. The Asia Foundation (TAF) finances more than 18 mostly local partner NGOs who implement a wide range of prevention, recovery and protection programmes including vocational training, job placement and legal support to trafficking survivors. A large number of NGOs are providing shelter, training and other services to trafficked, exploited or abused victims, including children. Prominent among these are World Vision and Hagar with special large-scale programmes. To increase efficient usage of available resources in a given locality and to encourage the organisations to work together, TAF is introducing a programme entitled *Victim Centred Approach to Service Delivery*. The International Organization for Migration (IOM), UNICEF, COSECAM, other civil organisations, including TAF, and representatives of MoSAVY have, after a lengthy discussion,

decided to pilot a *Coordinated Case Management* system which uses the 'expert conference' method to define what services a particular victim needs to recover and reintegrate into society.

12. The International Organization of Migration (IOM) assists in the systematic and safe return/repatriation of women and children from Vietnam, Thailand and Malaysia to Cambodia. The majority of returnees are children and half of these are victims of trafficking. IOM also focuses on providing capacity building to Government and certain NGO partners. The International Labour Organization under the International Programme for Elimination of Child Labour finances child labour prevention programmes and promoting safe migration.

13. A database with information about agencies and organisations addressing human trafficking is set-up and maintained by the United Nations Inter-Agency Project on Human Trafficking (UNIAP). TAF maintains a website database with information about trafficking. The MoI maintains a database on victim cases. The Centre for Advanced Studies keeps track of recent research and studies on trafficking. Several NGOs maintain their own victim databases.

5.4.2. IMPACT AND SUSTAINABILITY

1. Agreements between the Governments of Cambodia and Vietnam, and with Thailand on bilateral cooperation for eliminating trafficking in women and children and assisting victims of trafficking are made and enforced. A process to review a new draft human trafficking law has been put in motion, but the progress is too slow. Anti-trafficking police units in notorious trafficking areas and the strengthening of the anti-trafficking department at the MoI is a good step forwards, however steps are traced back with the suspension of effective high-level police officers whose success in conducting raids on brothels might have offended even higher placed officials with interests in these trades. For human trafficking to be eliminated, the Government needs to be sincere in its efforts to address the issue. This is also the case with the implementation of the Leasec project approach to lower levels, which requires adequate competencies of local law enforcers.

2. The UNIAP's success in bringing stakeholders together offers opportunities for sharing experiences. TAF reported significant contributions in supporting trafficking survivors by Government agencies and NGOs, as well as increased levels of legal assistance provision, increased and improved follow-up on cases and an increase in the number of cases, which have been submitted to court. The Agency also noted certain shortcomings in the service providing approaches[83]. ILO's project demonstrated that NGOs and Government departments can work together and improve their understanding of the links between migration and trafficking. IOM found an attitudinal change in the value that is placed on children as human beings by child-care givers from both Government and NGOs and also noted that care plans are being much more tailored to the individual needs of the child.

3. To make their efforts more effective and efficient, a number of organisations, including some Government agencies and NGO groups have taken initiatives to collaborate, adopt new approaches, so as to share resources on a national level. But some initiatives are complementary and should be merged to avoid overlap or competition.

5.4.3. SPECIAL CONCERNS

1. The Government is responsive to pressure from the USA when threatened with economic penalties but the political will to eliminate all forms of child exploitation, and in particular commercial sexual exploitation, still seems limited.

[83] Reintegration Assistance for Trafficked Women and Children in Cambodia – A Review, September 2005, The Asia Foundation

2. Western perpetrators of child rape and abuse are the focus of law enforcement actions while foreign Asian or national child sex offenders seem to be untouched.

3. The Government fails to contribute significant finances to address the problem adequately. Partly due to this lack of resources, Government agencies lack capacity and/or motivation to take the lead in the fight against sexual abuse and exploitation of children and rely on civil society organisations to take initiatives and action.

4. Although there are many NGOs offering shelter and other services to trafficked and sexually exploited children, they are mainly concentrated in the national capital Phnom Penh or in the north-western part of the country.

5. Programmes focus on girls and sexual trafficking, with few programmes concerned with boys and/or on other forms of trafficking such as trafficking into begging gangs and other hazardous forms of labour, or on the provision of brides for female-poor areas in China or Taiwan.

6. One of the main reasons for few prosecutions of rape cases is the practice of out-of-court compensation, a practice often encouraged by law enforcers. Victim families, but also local officials, are not often aware that compensation should not prohibit criminal prosecution.

5.4.4. RECOMMENDATIONS

1. The lack of comprehensive child protection legislation in Cambodia and guidelines for interventions should be addressed urgently.

2. More and sincere efforts should be made by the Government to take a lead in addressing the problem, demonstrated by allocating adequate budgets to the Government agencies and Ministerial Departments in charge with the tasks.

3. Coordinated case management and client-oriented approaches should replace the current centre-focused services, which do not always offer the best options for the client.

4. The Government should establish an independent monitoring body to assure minimum standards of care and establish mechanisms for complaints.

5. Capacity building in the areas of social work and therapy should be prioritised, whereby the generally low education levels of social workers should be taken into account.

6. Both Government agencies and development organisations should coordinate their capacity building efforts instead of providing ad-hoc solutions. A more comprehensive and long-term training programme to project staff assisting victims of trafficking should be supported.

6. OTHER ISSUES OF CONCERN

This study did not merit an in-depth study of the situation of minority children. As there are few reports available describing the situation of minority children, the information remains limited and is mainly based upon a visit to one ethnic village in each of the Ratanakiri, Mondolkiri and Kratie provinces. Interviews were conducted with the village chief. Also, information about children in prisons is sparse and this report relies much on the reports by LICADHO. Statistical information regarding the number of children effected by landmines exist but qualitative information about its impact is limited, while both statistical and qualitative data about accidents regarding children is very sparse. The information in this report on these topics is therefore limited.

6.1. MINORITY CHILDREN

Article 30 of the CRC stipulates that a child of indigenous origin not be denied the right to enjoy his/her own culture.

6.1.1. SITUATION

1. The village of the Keung ethnic minority in Rattanakiri has both a primary school and a health centre. However, parents were unable to send their children to secondary school because the nearest one was too far away. Primary schooling was free of charge but students had to pay for extra courses. Costs at the health centre were prohibitively high. A majority of children had received the course of seven child disease vaccinations. Two NGOs were working in their area, one in agriculture and one on malaria; as such cases of malaria were decreasing. The village chief said that they faced no discrimination in terms of education or healthcare, and that 50% of the villagers now had birth certificates. Problems in the village included excessive alcohol consumption among the male population and drug abuse by both the young and old. The ethnic population was under no pressure from the Government to adapt to Khmer culture; in fact they were encouraged to preserve their own culture.

2. The Phnong village in Kratie province has a primary school but not all children were attending. Parents kept children from school because they needed their children to work. Besides, they felt that the school facilities were not adequate for the number of pupils. The nearest public health centre is located 10km from the village, which makes it difficult for the villagers to access in terms of the costs of transportation. The costs of the health services were also inhibiting to make use of the services. Around 95% of the villagers have a birth certificate. There are problems of domestic violence within some families in the village. Child mortality had decreased through better feeding practices and the provision of vaccinations. Some discrimination is felt from Khmers in terms of looking down on the Phnong as being ignorant. The village chief noted encouragingly that, in the last three years, the Government stipulated that the culture and beliefs of ethnic minorities must be preserved. NGOs in the area were working on safe water provision, health and education.

3. According to the village chief of a Phnong village in Mondolkiri, almost all children had enrolled in primary school. However, school attendance was dropping due to the low quality level of the education and because teachers were often absent. The number of Phnong seeking services from the public health centre had increased but many still believed in traditional forms of healing. Around 70% of all villagers had a birth certificate. Domestic violence was noted as a serious problem in the village. Very young marriages – some girls getting married at 14 years – were not viewed as harmful to the child. Land conflicts were significant problems causing instability and forcing children to look for work elsewhere, which makes them vulnerable to trafficking and exploitation.

4. The Chab Dai NGO Network has recently undertaken research regarding Vietnamese communities in Phnom Penh[84]. The majority of those interviewed had no identification card, lived in overcrowded and poor communities and generally lived segregated from their Cambodian neighbours. Integration appears difficult and study results indicate that 30-40% of Vietnamese girls and young women are sold into prostitution, due to their socio-economic situation, their conditions within their families and low education levels. These girls account for many of the girls within the brothels. The fact that the Government does not recognise them as citizens despite the fact that most of them are born in Cambodia, makes them very vulnerable to trafficking and exploitation.

[84] "At What Price, Honour?" Research into domestic trafficking of Vietnamese (girl) children for sexual exploitation from urban sums in Phnom Penh, Cambodia, May 2006. Research consultant, J.K.Reimer, Contracting Agency, Chab Dai

6.1.2. IMPACT AND SUSTAINABILITY

1. The Government school building programme ESSP constructed primary school buildings in the remote ethnic communities but the low quality of teaching and the high absenteeism of teachers is a problem. The Government finds it difficult to recruit teachers willing to live in those remote locations. The few available health outreach activities are operated largely under the auspices of NGOs and usage of public healthcare services is limited.

2. Discrimination on the basis of ethnicity in the remote provinces of Kratie, Ratanakiri or Mondolkiri is not evident, but a lack of public services affects the communities.

3. Services for the ethnic Vietnamese in Cambodia are very limited. Many do not have official papers, without which accessing education and healthcare services is very difficult. This is compounded by language barriers and discrimination. There are not many NGOs and no Government agencies assisting this minority group. Only a few NGOs have Vietnamese speakers on their staff, with AFESIP Cambodia being the exception.

6.1.3. RECOMMENDATIONS

1. The Government should take appropriate measures to make public services more accessible and affordable to ethnic communities in the north-eastern region.

2. The Government should encourage children born in the country with Vietnamese parents to apply for formal citizenship and procedures for them to do so should be made easy, so that they will be entitled to public education and healthcare services.

6.2. CHILDREN IN PRISONS

A number of rights embodied within the CRC are pertinent to children incarcerated with their mothers in prison, including the right to the highest attainable standard of health, access to an education and survival and development.

1. Children under six (critical age for development) are permitted to live with their mothers in prisons[85], but older children are in fact incarcerated with their mothers. The physical and mental development of these children is under threat if the Government does not offer them better alternatives. In the 18 prisons monitored by the human rights NGO LICADHO, there were 22 children and four expectant mothers, in December 2003. In February 2006 there were 44 children (with three children over the age of six) and 21 pregnant women. Prison authorities are required to provide basic provisions to these children but this does not always occur and mothers are left to struggle to survive on the 1,000 Riel daily ration with their young child[86]. These children therefore, lack health resources, suffer from nutritional related problems, have no state supported access to education and are in danger of abuse[87].

2. LICADHO has established an *Adopt-A-Prison* project which aims to connect non-convict children in prisons with partner organisations who then provide nutritional and material support, including food, water, nutritional supplements, health services and materials such as mosquito nets, bedding, toys and medicines. This project is currently operating in 12 prisons.

[85] Prison Procedures, Procedure No. 34 (3.2)
[86] Prison Procedures, Procedure No 34 (4.1)
[87] Informal reports of visits to prisons by sponsors (ECR 2005, 2006).

6.3. LANDMINES AND ACCIDENTS

1. Over 63,500 landmine and Unexploded Ordinance (UXO) casualties have been recorded in Cambodia since 1979, and with over 25,000 amputees Cambodia has the highest ratio per capita in the world. The number of children affected by landmines and UXO is monitored nationally through the Cambodia Mine/UXO Victim Information System (CMVIS). There are around 230 child casualties, disabilities and injuries annually[88]. Given more than 18 years of humanitarian demining, the landmine threat is now largely concentrated in just 21 north-west border districts.

2. UNICEF's Mine Risk Education activities focus on the provision of education for trainee teachers and primary school outreach activities involving more than 200,000 primary school students and nearly 200,000 out-of-school youth and children. 6,000 Anti-personnel mines and almost 17,000 UXOs had been destroyed in 2005. UNICEF is also supporting reintegration and rehabilitation of mine victims and others with disabilities.

3. Road traffic accidents are increasing markedly, killing on average three people a day and injuring 100 persons per day, among them many children[89]. No statistical data is being collected on other accidents affecting children, such as drowning. UNICEF intends to conduct a nationwide survey on accidents and injuries of children.

7. CONCLUSIONS

7.1. SPECIFIC OBSERVATIONS

1. Cambodia is signatory of the Convention on the Rights of the Child and has set-up the mechanisms required to effect the provisions of the Convention, such as the Cambodian National Council for Children (CNCC). Cambodia has also ratified most conventions of the United Nations and International Labour Organisation regarding children and child labour.

2. Special departments for dealing with child issues are established in some relevant Government Ministries, such as the Child Welfare department at the Ministry of Social Affairs, the Child Labour department at the Ministry of Labour and Vocational Training or the Anti-Trafficking department at the Ministry of Interior.

3. However, in a number of issues regarding children, the Government has taken little action. Despite the improvements in legislation and structures, adequate law enforcement and support to children by Government agencies often remain a problem. Although personal attitudes of law enforcers and corruption practices are in part to blame, a fundamental shortage of Government funds for addressing these issues is a root cause for the failure to respond appropriately. The Government needs to demonstrate its sincerity in fighting against the shortcomings in the systems and the faults of individuals in its service by allocating sufficient budgets for actions. Government action is particularly needed in areas such juvenile justice, substance abuse, child participation in society and support to disabled or imprisoned children.

[88] Cambodia annual report 2005, UNICEF Dec 2005
[89] See ibid 81

a) Civil Rights and Freedoms

Birth Registration

3. Birth registration is probably one of the most successful areas, where great progress has been made. The RGC's campaign, supported by Plan Intl, has resulted in a 92% registration rate. The Government should step up its efforts to ensure that no fees are applied for registration and that monitoring and awareness raising campaigns are continued. Furthermore, registration should reach all children born in Cambodia and be legalised and enforced, regardless of the legal status of parents.

Child Participation

4. On child participation, hardly anything is documented and very little Government initiative, such as guidelines or a national policy, has been taken. Children are frequently involved in a token manner and consultation with children group on issues that concern them directly is not systematic. Although, several NGOs have worked on promoting child participation and child rights, the Government should facilitate child consultation in all levels of decision-making processes and in a systematic manner. Child peer education should also be promoted as an effective strategy to have children participate in all areas of society in a safe and fair environment.

The right not to be subjected to torture

5. In the area of abuse and ill-treatment, the Domestic Violence Law offers a framework for the training of police units, judges and local authorities on working with young people and on the law's Protection order. Many NGOs regularly carry out campaigns against corporal punishment and domestic violence and account for most of the work on victim assistance. Violence and impunity are still pervasive and deep-rooted into Cambodia society and law enforcement is still insufficient to bring national and foreign perpetrators and molesters to justice. The Government should establish a database system for careful monitoring of the situation and take steps to research and adjust existing measures to curb the access by children to violent information such as pornography.

b) Family environment and alternative Care

Alternative Care

6. Although the RGC has adopted the new law on Alternative Care and has approved the Minimum Standards for Alternative Care, little progress has been achieved. An adequate budget has not been allocated for the implementation of these new regulations and much of the work is still left on the hands of civil society organisations. Very few alternatives exist for children without parents or in difficult circumstances and too often institutional care is the only option. In this sense, state-run centres lack appropriate health and safe conditions, while private-run centres are largely not monitored. Therefore, the RGC should promote alternative solutions beyond institutional care (i.e. foster families), while allocating adequate financial and human resources to fully implement Alternative care policies and regulations.

Adoption

7. Given the reported scandals regarding the adoption practices in Cambodia, the RGC has adopted a formal ban on inter-country adoption, as well as a new law to regulate it in accordance with the Hague Inter-country Adoption Convention to which Cambodia is a party since 2007. Although the ban and new regulations have been adequate measures, there have still been reported cases of informal inter-country adoption. In this sense, the RGC should urgently introduce and implement the new law in order to properly regulate adoption practices.

c) Health and Welfare

Health

8. The RGC, in collaboration with NGOs, has made substantial progress in building health facilities throughout the country, in introducing health equity systems to facilitate access for the poor and in elaborating a medical capacity-building system to improve the quality of medical care. National investment plans and support projects, supported by NGO activities, have improved the quality, availability and efficiency of basic services. Attention by NGOs has also focused on improving the efficiency and work ethics of medical staff and on reaching all parts of the country. Better breastfeeding rates and improved immunisation against major childhood diseases are also noteworthy.

9. Despite this, areas of concern are still numerous. Infant, child and maternal mortality rates are decreasing but still remain high and the quality of equipment and medicine, as well the insufficient number of professional staff, still need to be reckoned with. HIV still prevails (although there is a noteworthy reduction of communicable diseases) and malnutrition is still important, reaching levels as high as 80% is some communities. In this sense, the Government does not highlight the disparity gaps in terms of health and nutrition and therefore still too little is done to focus on isolated communities. Greater attentions and means should be deployed in the area of child diseases, that still constitute a real threat, and the national budget should extend to include community-based facilities and outreach activities, as well as the quality of medicines and the health-care system in general.

Children with Disabilities

10. The RGC has created several bodies to specifically address disability-related issues, such as the National Centre for Disabled Persons (NCDP) and the Disabled Action Committee (DAC). Both bodies are active in facilitating access to education and employment, promoting rehabilitation and spreading awareness. In addition, the RGC has also signed the National Disability Law, which contains provisions on accessibility, education, employment, participation and other appropriate services to be provided to disabled people.

11. Nonetheless, there remain many issues of concern. There is a lack of information about the situation of disabled children and there is no explicit action in preventing disability. Thus, the MoH should take more efforts to recognise and record disability as early as possible. In this regard, a national database would allow resources to be better allocated to programmes dealing with children with disabilities. Furthermore, most of the state-assistance is being directed towards children with physical and sensory disabilities, while little is done for children with psychological ones. The RGC should allocate adequate funds to establish a professional social work service, with an accredited training institution and standards, including care for all sorts of disabilities.

d) Education

12. Education has been a priority on the Government's agenda and its policy on Education for All seeks to give all children in Cambodia access to schools and to ensure the delivery of quality and child-friendly education. Enrolment rates for primary education are on the rise and gender equality is also progressing. The ADB and the World Bank have contributed to the construction of schools and the national budget for education has steadily increased, allowing it to step up its support to the education sector, from pre-school to secondary education, as well as non-formal education.

13. Nonetheless, there are still disparities between children from rural and urban areas and more efforts are needed to ensure that gender disparities in secondary and tertiary education are bridged. Failure to increase net enrolment rates at higher education levels also suggests that efforts to achieve a universal nine-year basic education are limited. Also, more child-friendly schools should be expanded nationwide and more women should be encouraged to train as

teachers. Drop-out and repetition rates are still high and a traditional code of conduct (*'chbap srei'*) still taught in schools reinforces traditional gender roles. A more gender-sensitive code of conduct should therefore be introduced and school textbooks should include information on domestic violence. An increase in budget for education would provide additional incentives to teachers and would consequently improve the overall quality of the educational sector.

e) Special Protection Measures

Juvenile Justice

14. This is one of the areas where the least progress has been achieved. Although the RGC is currently modifying its law on Juvenile Justice and training has been provided to local authorities, a large number of concerns remain. Children are frequently detained for longer than is legally permitted and are often victims of violence. Parents are not informed and legal assistance is not efficiently provided. Once in prison, children are placed together with adults and there is little food and counselling services available. Drug and alcohol addictions are also a problem and little is done to facilitate their rehabilitation into society.

15. Given these circumstances, the RGC should urgently adopt this law and further training should be provided to key stake-holders to guarantee its efficient implementation. In the meantime, an independent complaint mechanism or ombudsman for children should also be established and more attention put on the general conditions of children in prisons.

Child Labour

16. The RGC has taken several positive steps in terms of child labour, especially by setting up a National Plan of Action aimed at combating the worst forms of child labour. Additionally, the RGC has also created a Child Labour Department within the Ministry of Labour and Vocational Training (MoLVT) and has complemented the existing Labour Law with specific child labour protection provisions.

17. Nonetheless, these measures are not systematically implemented in all economic sectors and parts of the country. Similarly, labour inspections do not cover all types of hazardous work, are not conducted throughout the whole country and they are mostly dependent on ILO funded programmes. Moreover, while Governmental child labour programmes are withdrawing thousands of children from hazardous work, there are still no follow-up assessments on the impact and sustainability of these efforts. A national system of mandatory education should be enforced as means to remove children from working, market-oriented vocational training should be encouraged and further cooperation between Government, employers and civil society organisations should be reinforced.

Drugs

18. Drug use is frequently making it into the daily press, dispersing through all sectors of the population, from urban to rural areas. In this respect, the RGC has ratified three international Conventions relating to drugs and the National Authority for Combating Drugs (NACD) is developing its data office for the gathering and analysis of data. However, the lack of adequate facilities to treat drug addiction is a big concern and existing NGO capacity and funds are clearly insufficient. Law enforcement of the provision of drugs should be prioritised and awareness-raising in this field should be combined with educational campaigns. Additionally, the links between drug use and the spread of HIV/AIDS should be further highlighted and addressed, as there are concerns of the disease resurging among most-at-risk groups.

Sexual abuse and exploitation of children

19. The RGC has taken several positive measures to combat sexual abuse and exploitation of children. In this sense, a second and more comprehensive five-year National Plan of Action

(2006-2010) has been adopted and most importantly, a new law on the Suppression of Human Trafficking and Commercial Sexual Exploitation has been signed. In terms of law enforcement, the RGC has also taken important steps by creating the National Task Force to Combat Human Trafficking and Exploitation of Women and Children as well as the first formal network of police officers to specifically deal with these issues. In parallel, many awareness raising and informative campaigns have been launched, with a special focus on promoting a responsible and child-friendly tourism industry. Finally, the RGC has strengthened regional and bilateral collaboration with the neighbouring countries, to encourage collective action against trafficking and sexual exploitation. Despite these positive developments, many issues of concern still remain. The RGC has failed to contribute significant resources to address the problem properly. Similarly, the RGC has made little progress in strengthening and expanding social services for the rehabilitation of child victims and most of the service to victims relies on the active role of civil society organisations. Thus, the RGC should increase both the financial and human resources to properly tackle the problem.

f) Other Issues of Concern

20. In spite of the RGC efforts to construct new primary school buildings and healthcare centres in remote areas, children from minority or indigenous groups still lack equal access and provision to public services. The RGC should allocate adequate human and financial resources to guarantee the access and quality of public services to these groups. The RGC has taken little or no action to address issues related to children incarcerated with their mothers in prisons or children affected by landmines and road accidents.

7.2. OVERALL OBSERVATIONS

1. There have been considerable efforts invested in CRC awareness raising generally and particularly within Government Ministries. However, the actual practice of enforcing the CRC is not strong and it is obvious that awareness of the Convention does not necessarily translate into everyday application. Social Affairs departments in provinces and at central level are the most active and knowledgeable in the child rights arena among all Government agencies. But all department staff, including social affairs interviewed for this study complained of a lack of both financial and human resources, and dependency on NGO and donor funding. Therefore, their current focus is only on a limited but important number of child rights. In this respect, it should be assessed how policies of the many NGOs operating in Cambodia may actually impact on the Government's ability to resource and support child rights activities. Sustainability can only be achieved if the Government takes the lead in the implementation of the CRC rather than this remaining the responsibility of civil society organisations.

2. In general, establishing an independent body to receive and investigate complaints about how the State is implementing the Convention and to recommend remedial action is a requirement to fulfil the obligations of the CRC. Rights become largely meaningless if there are no mechanisms for their enforcement.

3. Successful interventions need to be documented and widely disseminated to serve as good practices. Community rather than centre-based prevention activities have shown to be more effective. Livelihood or small business credit for poor families, healthcare equity funds and entrepreneurial support can effect positively on the lives of children and poverty alleviation should get more attention in implementing the CRC.

4. Although without the input of NGOs the implementation of the CRC would not only be limited but would likely not take place, coordination and efficient usage of resources is often inadequate. Therefore, a mapping of NGO activities to identify gaps and overlaps, and opportunities to collaborate also with the Government should be undertaken. Child participation, although promoted by a number of NGOs, should be endorsed by the Government and International Agencies, so that they regard children and young people as individuals with a potential to contribute to society.

To make the point, the Government reporting process to the UN Committee should involve listening to children about the reports' content, like this report by the NGO CRC which was reviewed involving children and more importantly revised on the basis of their input.

5. The use of different materials in information dissemination as part of education and prevention campaigns can assist in getting messages better relayed to the public. In this way, art can be utilised to allow children to access their rights while providing a means to express themselves. Programmes should be innovative in their approaches for conveying messages in order to be more effective. Visual aids have proved successful in gaining attention and increasing retention rates. Providing important key messages to children is essential but they must also provide a route of accessing help. These messages should have significant input from a broad range of people feeding into the content, including children and youth.

6. Such concerted efforts from the Government, supported by NGOs in the field, can help advance Cambodia's progress in achieving the targets of the Cambodian Millennium Development Goals (CMDGs)[90]. The UNDP has reported on the progress towards achieving the CMDGs and on issues relating to child rights, concludes that the greatest progress has been achieved in reducing child mortality and in decreasing the spread of HV/AIDS, malaria, dengue fever and TB. In terms of primary education and gender equality, the UN comes to similar conclusion in the sense that much has been done. However, it draws a bleaker picture when it comes to drop-out and repetition rates and access to secondary schooling. These points require a more focused attention in order to catch up its delay. Finally, Cambodia would appear off target for areas such as extreme poverty and hunger, child labour and maternal health. Robust intervention from the Government is needed here to curb this negative trend.

7. Although many issues still need attention and improvement is often slow, the Government together with civil society organisations has made significant improvements in many areas of the UN CRC and is clearly moving in the right direction. Continuation in this direction requires not only motivation, human and financial resources but also careful future planning, cooperation and collaboration with all other stakeholders. The Government will need to address the persistently weak infrastructure and low capacity of its institutions to deal with all these problems. But doing this and taking measures as described above will provide the Government and civil society with a powerful instrument, namely the Convention of the Rights of the Child itself, for achieving social change in the area of child protection. Future generations of children will be grateful for what now has been and will be done to secure their future.

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Judith von Gyer
Helena Lim
Pol Fabrega

October 2010

[90] Progress made in Cambodia towards achieving its Millennium Development Goals can be found on the website of the UNDP at http://www.un.org.kh/undp/mdgs/cambodian-mdgs

ANNEX A: RELEVANT LEGISLATION

- Law on Ratification of ILO Convention No. 87
- Law on Ratification of ILO Convention No. 98
- Law on Ratification of ILO Convention No. 100
- Law on Ratification of ILO Convention No. 105
- Law on Ratification of ILO Convention No. 111
- Law on Ratification of ILO Convention No. 138
- Law on the Duration of Pre-Trial Detention, 1999 which allows for pre-trial detention for up to 6 months but does not make a distinction between adults and minors. The Ministry of Justice (MoJ) in a *prakas* (Ministerial decree) states that the 1999 law repeals the 1992 law because the 1999 law makes no specific reference to minors.
- Law on Aggravating Circumstances in Felony Cases 2001, which converts a simple theft into a felony if committed by two or more offenders and thereby engenders sentencing of children on the same level as adult offenders.
- Law on Amendment to Articles 36, 38, 90 and 91 of the law on Criminal Procedures, 2001.
- Law on Ratification of the Optional Protocol relating to the Rights of Children in Armed Conflict and ratification of the Optional Protocol on Child Exploitation, Prostitution and Pornography, 2002.
- Law on Preventing & Combating HIV/AIDS, 2002.
- Ratification of UN Conventions on Drug Trafficking (1988, 1971), 2005.
- Amendment of The Drug Control Law, 2005.
- Ratification of ILO Convention No 182 on the Elimination of the Worst Forms of Child Labour, 2005.
- Law on the Prevention of Domestic Violence & the Protection of Victims, 2005.
- Adoption of UN Convention on Human Trafficking in Women and Children, 2005.
- Adoption of Hague Inter-country Adoption Convention, 2007
- Law on the Suppression of Human Traffic and Sexual Exploitation, promulgated by Royal Degree in 2008.
- National Disability Law, May 2009.
- Inter-country Adoption Law, 2009.

ANNEX B: INTERVIEW LIST

(in chronological order)

No	Name	Position	Organisation
1	Lesley Miler	Head of Child Protection	UNICEF
2	Jolene Van Westering	Project Officer, CNSP	UNICEF
3	Asako Saegura	Monitoring & Evaluation Officer	UNICEF
4	Sun Varin	Project Manager, Anti-trafficking and SECC	World Vision
5	Nhim Sambath	Children at High Risk Project Manager of Ed Program	World Vision
6	Bill Forbes	Peace and Justice Program	World Vision
7	Ann Horsley	Project Coordinator	IOM
8	Veng Tong Ratha	Project Coordinator	ILO
9	Ly Sunlina	National Project Coordinator	UNIAP
10	Tea Phauly	Project Officer	UN Office on Drugs&Crime
11	Lourdes Authenco	Counter Trafficking Program Ad	TAF
12	Christian Guth		MoI, Leasec
13	Mar Sophea	Social Sector Officer	ADB
14	Charis	Education	World Bank
15	Beng Simeth	Human Development Operations Officer	World Bank
16	Irina Dincu Shabir Ahmed	Regional Coordinator SA Governance and CR	Plan International
17	Dr. Bunna	Development Assistance Specialist for HIV/AIDS	USAID
18	Janet Ashby	Cambodia Project Manager	ACRPPT
19	Lim Mony	Head of Women's Section (child)	ADHOC
20	Hun Phanna	Director	CWDA
21	Yi Youth Virak	Deputy Project Manager	ARCPPT
22	Pech Bunrath	Program Director	VCAO
23	Vorn Koy	Program Manager	CRF
24	Ly Sophat	Program Director	Friends
25	Dum Chanthida	CR Team Leader	Friends
26	Nhueok Chanthan	Program Manager	Hagar
27	Son Penh	Project Officer	CAMP
28	Buth Sa Man	Executive Director	CLA
29	Touch La	Program Coordinator	CKIMHRDA
30	Yim Po	Director	CCPCR
31	Nget Thy	Coordinator	CCPCR
32	Kim Veth	Centre Coordinator	Goutte d'Eau Poipet
33	In Chumnor	Director	CHO Poipet
34	Chea Sotheavy	Childhood Officer	MoMVA
35	Veng Heang	Director	MoL, Child Labour Unit
36	Phan Sokim	Acting Director of Youth Dept	MoEYS
37	Sann Chan Soeung	Deputy Director of General Health	MoH

38	Keo Borein	Technical Direction Director	MoSALVY (Children's Dept)
39	Thun Bunthal	Birth Registration Officer	MoI, Birth Registration
40	Em Hoy	Deputy Director	National Drugs Authority
41	Lim Mora	Trafficking Officer	CNCC (Trafficking)
42	Chan Haran Vaddey	Secretary General	CNCC
43	Loung Chheang Lim	Shelter Manager	CCASVA
44	Pen Dary	Deputy Director	CCH
45	Sok Srey Touch	Teacher	CPCDO
46	Tho Thary	Program Coordinator	CVCD
47	Kiri Ratana	Director	CCD
48	Sun Virak	Prevention Program Manager	HCC
49	Eng Rat Chivy	Prevention Program Manager	ICM
50	Eath Tolla	Childcare Program Officer	Khemara
51	Kim Vann Chheng	Director	KKKCO
52	Sok Phanna	Street Children Program Coordinator	Krousar Thmey
53	Khan Sovithy	Executive Director	KYCC
54	Op Vibol	Child Justice Program Manager	LAC
55	Kim San	Child Rights Coordinator	LICADHO
56	Chin Lyda	Prison Project	LICADHO
57	Mey Chan Veasna	Investigation	PJJ
58	Yung Phanit	Lawyer, CAT Coordinator	CDP
59	Koksi Thanit	Program Officer for Prison Project	Save the Children Australia
60	Sou Sophornnara	Information Manager	Save the Children Nor-way
61	Roeung Sophana	Project Officer	SCADP
62	Meas Sun Saravuth	Director	SCCO
63	Koy Sophon	Project Assistant	E&D
64	Pen Sophan	Director	SFODA
65	Dor Soma	Deputy Director	Wathanakpheap
66	Son Nary	Director	WLA
67	Albeca	Health Sector Program Coordinator	Care International
68	Yim SokharySokhavy	Executive Director and Founder	SCADP
69	Ly Vichuta	Executive Director	LSCW
70	Kim San	Coordinator, ACT	PADV
71	Keang Theany	Coordinator, ISP	PADV
72	Dalin	Social Worker	PPS
73	Chann Kefsakna	Child Health Program Manager	RACHA
74	Sem Kalyan	Project Manager	ILDO
75	Ros Kunthea	Regional Follow up Project Officer	Bondos Komar, Pursat
76	Nong Ngean	Chief of Primary School and Pre-School	Pursat Provincial De-partment of Education
77	Sot Sokunthea	Administrator	Cambodian Organisation for Human Rights & De-velopment Pursat
78	Nup Nath	Child Development Coordinator	KNKS, Pursat
79	Uk Thyrith	Deputy Director of Health	Pursat Provincial De-partment of Health

80	Ang Chealy	Office Director for Children's Welfare	Pursat Provincial Department of SAVY
81	Oeung Siv Heng	Director	Women Aid's Project Battambang
82	Phuong Sith	Child Welfare Director	BTB Provincial Department of Labour
83	Mouern Vuthy	Provincial Officer	BTB Provincial Department of Labour
84	Houn Chhoeun	General Coordinator	PTD Battambang
85	Vann Borath	Lawyer	LAC Battambang
86	Hok Meng Eam	Lawyer	LAC Battambang
	Ek Meala	Lawyer	LAC PNH
87	Doung Sunnary	Program Provincial Coordinator	TPO BTM
88	Nam Chheng Om	Chief of Labour and Vocational Training	BTB Provincial Department of Labour
89	Keo Reth	Centre Director	BTM Vocational Training Centre
90	Nou Manith	Social Worker	VCAO Siem Reap
91	Ky Sophon	Shelter Manager	VCAO Siem Reap
92	Tea Sea Dy	Deputy Director	SR Provincial Ministry of Education
93	Mach Lykhann	Provincial Coordinator	SR Provincial Dept for Maternal and Child Health
94	Mong Ty	Deputy Director	SR Provincial Dept of SAVY
95	Sao Kangna	Lawyer	LAC Siem Reap
96	Sam Sovannarith	Director	Goutte d'Eau Prey Veng
97	Am Sam Eng	Deputy Director	Prey Veng Provincial Dept of Education
98	Man Phon	Office Director	Provincial Ministry of Education Prey Veng
99	Kong Sotheakron	Supervisor	WOMEN
100	Hem Hoeurn	Director	Provincial Ministry of Labour Prey Veng
101	Mao Sokanary	Program Coordinator	Provincial Ministry of Social Affairs Prey Veng (Child Committee)
102	Em Sophal	Chid Welfare Project Assistant	Provincial Ministry of Social Affairs Prey Veng (Child Welfare)
103	Lor Chan Raksmey	Director	Cambodian Health Committee
104	Pen Sarin	Office Director	Provincial Dept of Education Svay Rieng
105	Pen Soda	Vice Director	Provincial Dept of Health Svay Rieng
106	Ke Samot	Team Leader	RHAC Svay Rieng
107	Sim Piseth	Psycho-Social Counsellor	Wathanakpheap Svay Rieng

108	Rick Jacobsen	Health Program Coordinator	PFD Sre Ambel
109	Pol Sambath	PLT Project Manager	Care Sre Ambel
110	Sao Kosal	Field Coordinator	ILO SHV
111	Sy Dy	Factory Inspector	Dept of Labour SHV
112	Sok Kong Heang	Deputy Director	Dept of Labour SHV
113	Chann Chamroeun	Investigator	ADHOC SHV
114	Pav Vannak	Executive Director	Community Child Based Organization SHV
115	Khem Saron	Health Centre Manager	Dept of Health SHV
116	Sam Sokong	Lawyer	LSCW Koh Kong
117	Sor Bengtharun	Lawyer	LAC Koh Kong
118	Youk Chheng Hour	Deputy Director	Dept of Social Affairs Koh Kong
119	Lok Somameth	Vice Director	Dept of Women Affairs Koh Kong
120	Ngoun Solina	Coordinator	ADHOC Koh Kong
121	Meas Thoeun	Advocacy Trainer	ADHOC Rattanakiri
122	Ly Channily	Lawyer	LAC Rattanakiri
123	Chorn Min Ann	Coordinator	Friends Kratie with Dept of Social Affairs
124	Chhon Makara	Trainer	ADHOC Mondolkiri
125	Phum Ny	Village Leader	Ethnic Minority Village Kratie
126	Girls Speak Out	Victims	Various
127	CRF Youth Group		Various
128	CAMP Youth Group Rattanakiri	Youth	Various
129	Ki Chon	Village Leader	Ethnic Minority Ratta-nakiri
130	Ethnic Minority Village	Villager	Mondolkiri
131	Billy Barnaart	Management Development Advisor	Hope for Persons with HIV/AIDS Organisation
132	Lor Monirith	Project Manager	World Vision
133	Yi Veasna	Executive Director	National Care for Dis-abled Persons
134	Chin Chanveasna	Executive Director	End Child Prostitution, Abuse and Trafficking in Cambodia
135	Som Sophara	Basic Education	Save the Children Nor-way

Experts consulted in 2009 – 2010			
136	Ana-Janet Sunga	Child Protection Specialist	UNICEF
137	Chea Thy	Country Health Advisor	Plan International
138	Kim Cheng	Director	KMR
139	Chin Chanveasna	Executive Director	ECPAT Cambodia
140	Helen Sworn	Director	Chap Dai
141	Khun Chanpha	Advocacy and Communication Manager	Save the Children Nor-way
142	Ly Samnang	Child Rights Programme Manager	NGOCRC

143	Meas Nee	Researcher	Village Focus
144	Meas Samnang	Secretary General	NGOCRC
145	Naly Pilorge	Director	Licadho
146	Phok Bunroeun	Executive Director	CCASVA
147	Prum Thary	Country Child Rights Advisor	Plan International Cambodia
148	Neb Sinthay	Executive Director	Advocacy and Policy Institute
149	Sok Samoeun	Executive Director	CDP
150	Tuon Vicheth	Coalition Director	COSECAM

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