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for every child

A Statistical Profile
of Child Protection in
CAMBODIA



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FOREWORD

The report is the first of its kind and fills a critical gap: While Cambodia has a wealth of data on child protection, it is dispersed across various sectors and studies. Moreover, the country lacks a comprehensive child protection information management system. My hope is that this report will be used as the basis for further data collection and action in the child protection sector. Specifically, it is intended to support policymakers and programme staff in analysing progress and formulating evidence-based policies and programmes.

The content is based on an analysis of secondary data derived from research and studies on Cambodia. It focuses on several core themes and key indicators to provide an accessible summary of current status and trends in child protection. The publication is structured around 14 themes, each with a brief narrative and a more detailed list of indicators to illuminate key aspects of children's lives.

An important feature of the report is the trend analysis of selected core data, some of which date back to 2000 with projections to 2030. This analysis is valuable for programme planning as well as monitoring progress towards the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs). The SDGs replace the previous global development framework – the Millennium Development Goals (MDGs) – and chart an ambitious course to 2030.

Debora Comini
UNICEF Representative, Cambodia

Unlike the MDGs, the SDGs highlight child protection as a distinct area of focus. This is a major breakthrough in elevating the field to its rightful status. However, the child protection targets are dispersed across a number of SDGs. The report includes a section that outlines SDG targets and indicators relevant to child protection, and provides baseline data for Cambodia where available. A concluding section highlights data gaps and shortcomings, and specific actions to address them.

In many cases, the report is constrained by such data gaps. Noting them will hopefully prompt further strengthening of the system so that, in the future, the child protection sector will benefit from regular, timely, credible and relevant data for better programming to protect children in Cambodia.

I would like to take this opportunity to thank the many UNICEF staff and consultants in Headquarters, the Regional Office and the Country Office involved in the production of this report. I would also like to thank our partners – in particular, the United States Agency for International Development (USAID) – for their ongoing support in programming and in building a robust body of data and evidence.

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ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
AARR	Average annual rate of reduction
CDHS	Cambodia Demographic and Health Survey
CMAA	Cambodian Mine Action Authority
CSES	Cambodia Socio-Economic Survey
CVACS	Cambodia Violence Against Children Survey
ERWs	Explosive remnants of war
GDP	Gross domestic product
ILO	International Labour Organization
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NIS	National Institute of Statistics
OVC	Orphans and vulnerable children
RCI	Residential care institution
SDGs	Sustainable Development Goals
TIP	Trafficking in persons
USAID	United States Agency for International Development

INTRODUCTION

Every child has the right to grow up in a safe and nurturing environment, free from violence and exploitation. Children in Cambodia are increasingly protected by improved national legislation and services thanks to generous development assistance in this sector. The Inter-Country Adoption Law, the Law on Suppression of Human Trafficking and Sexual Exploitation and its Explanatory Note, the Law on the Protection and Promotion of the Rights of Persons with Disabilities, the Law on Domestic Violence, and the recently approved Juvenile Justice Law are among the major achievements.

Systemic changes in alternative care are particularly noteworthy. The government has introduced legislative, data and programmatic reforms to control the rapid and unregulated increase in the number of institutionalized children in Cambodia. For example, the Sub-decree on the Management of Residential Care Centres was adopted in 2015 to regulate the 'residential care' sector, and a full mapping of all residential care facilities in the country was undertaken. Based on both of these activities, an action plan aimed at improving child care was signed in 2016 and launched in 2017. The plan aims to safely reduce the number of children living outside family care by 30 per cent between 2016 and 2018.

The need for relevant and accurate data on child protection is urgent for monitoring data trends, for planning and advocacy purposes, and for tracking progress towards the Sustainable Development Goals (SDGs) and its targets. Although Cambodia has a wealth of child protection data, until now this information has been widely dispersed. What's more, the country lacks a systematic process for disseminating timely, credible and reliable information on key areas of child protection in a consolidated and accessible format.

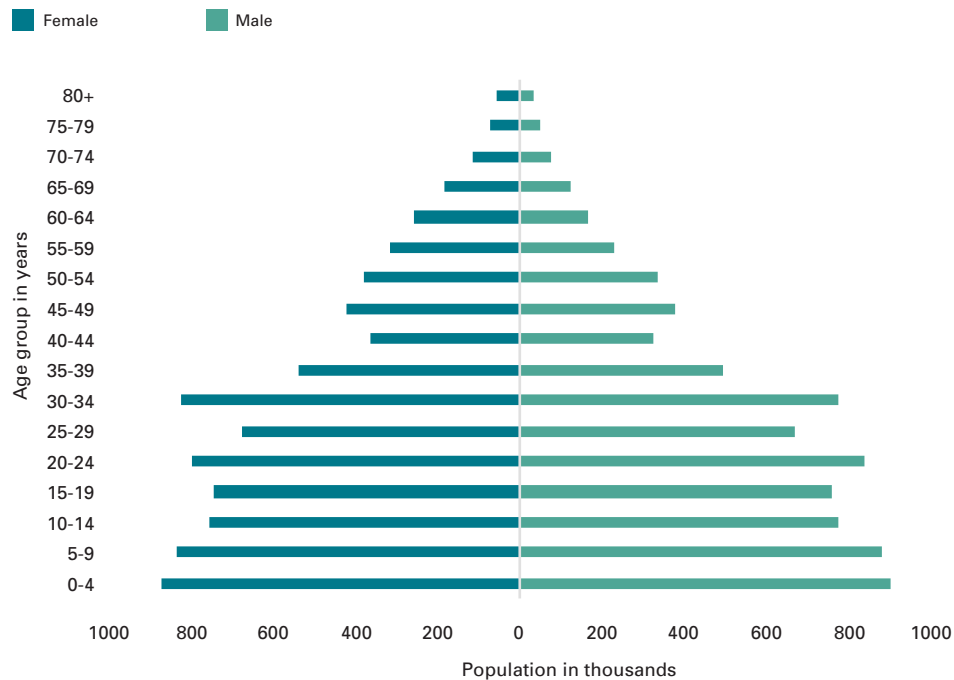
This report, the first of its kind in Cambodia, brings together the dispersed data into a comprehensive profile of child protection in the country. The publication is structured around 14 core themes and key indicators; divided into sections that summarize current status and trends. Each section includes a brief narrative and a more detailed selection of relevant data and charts. Concluding sections provide baseline child protection data for Cambodia relevant to the SDGs (where available), and identify data gaps and shortcomings, along with specific ways to address them. The report aims to help policymakers, programme implementers and evaluators analyse progress and formulate evidence-based policies and programmes. It could also provide the impetus to strengthen child protection data management systems in Cambodia.



CHILD DEMOGRAPHICS¹



Figure 1.1 Cambodia population, by age group and by sex, 2017



Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2015 Revision*, DVD edition, 2015.

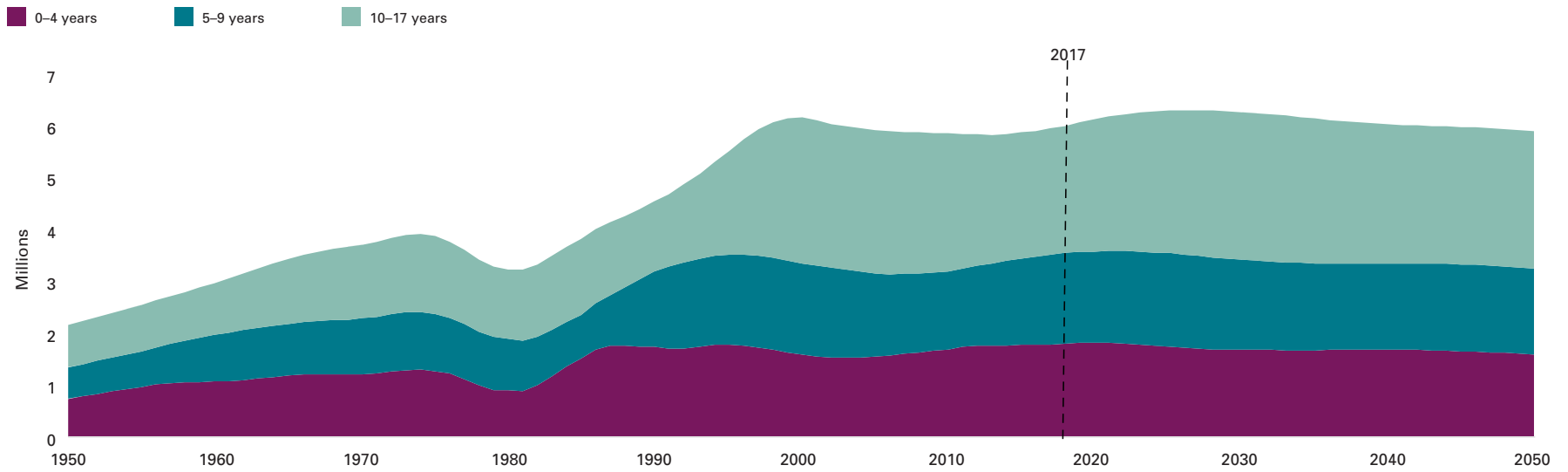
Cambodia has a total population of 16.1 million of which 5.9 million (37%) are children (0–17 years). The child population comprises 1.8 million in the age group 0–4 years, 1.7 million in the age group 5–9 years and 2.5 million adolescents aged 10–17 years (Figure 1.1). The sex ratio of children under 5 is within the expected range: 103 males per 100 females.

The child population has recently levelled out after several decades of growth (with the exception of a precipitous drop in the early 1980s). This period of high mortality can be attributed primarily to the war and genocide that occurred in Cambodia during that time. The child population is expected to remain more or less stable in the coming decades (Figure 1.2).

On average, over 300,000 children have been born each year since the 1980s, a number that is expected to decline slightly in the future. Children born in 2017 have an average life expectancy of 70 years, over 10 years longer than those born in 2000. The decline in life expectancy observed around 1980 is again attributed to war and genocide (Figure 1.3).

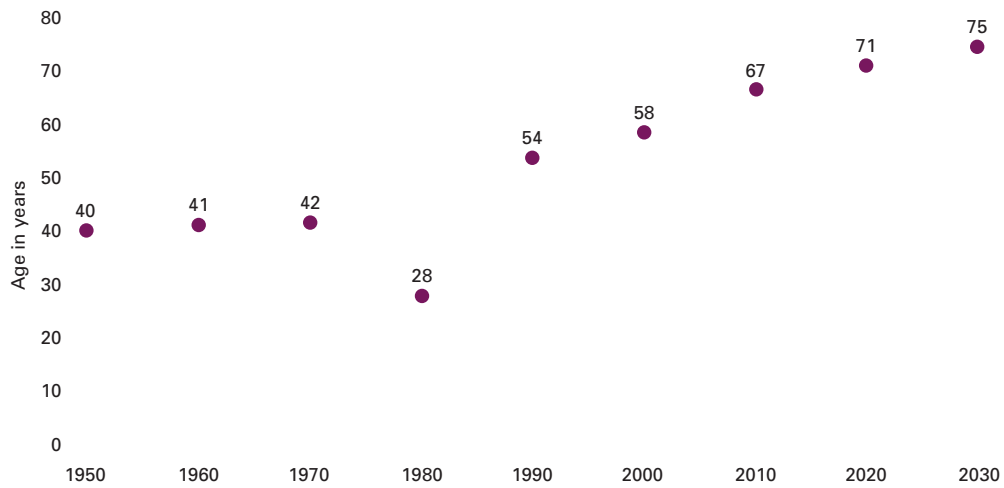
The population of Cambodia is 21 per cent urban as of 2017. The proportion of the population living in urban areas is gradually rising and is expected to reach one third before 2050 (Figure 1.4).

Figure 1.2 Cambodia child population, by age group, 1950-2050



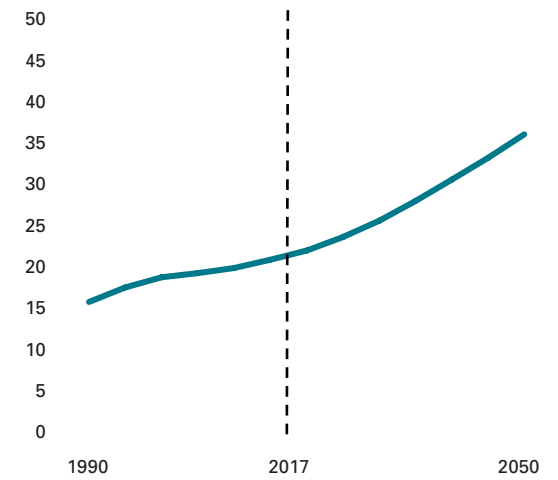
Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2015 Revision*, DVD edition, 2015.

Figure 1.3 Cambodia life expectancy at birth, 1950-2030



Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2015 Revision*, DVD edition, 2015.

Figure 1.4 Percentage of Cambodia's population residing in urban areas, 1990-2050



Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2015 Revision*, DVD edition, 2015.

CHILDREN LIVING WITHOUT THEIR BIOLOGICAL PARENTS



Children living in households with or without biological parents

Most children in Cambodia live with their biological parents. In 2014, 89 per cent of children lived with at least one parent; of these children, more than three quarters lived with both parents. However, the share of children not living with their biological parents is growing, even though the majority of these children have at least one parent who is alive (Figure 2.1).

In 2014, 9 per cent of children lived with their mother only compared to 2 per cent who were living with their father only (Table 2.1). It should be noted, however, that more children have lost fathers (5 per cent) than mothers (2 per cent). Since 2005, fewer children have been found to be living with their mothers only in situations where their father has died.

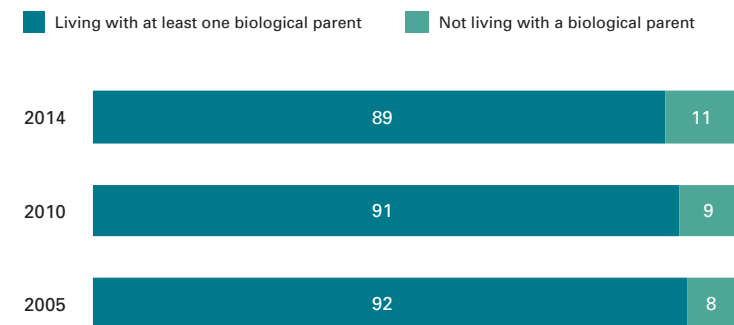
Children's **living arrangements** provide crucial information about their well-being and the possible risks they face.² It is widely accepted that children are best cared for by their families. When that is not possible, the best option is family-based alternative care arrangements, including foster care and kinship care. Institutional or residential care for children should be used as a last resort and only temporarily. Ample global research and evidence demonstrate the detrimental effects of institutional care on a child's social, physical, intellectual and emotional development as opposed to family and family-based care.³

Table 2.1 Percentage of children aged 0–17 years living with only one parent, by parental survival status

	Children living with mother only (father alive)	Children living with mother only (father dead)	Children living with father only (mother alive)	Children living with father only (mother dead)
2005	6	6	1	1
2010	6	4	1	1
2014	6	3	1	1

Source: Cambodia Demographic and Health Survey (CDHS), 2005, 2010, 2014.

Figure 2.1 Percentage distribution of children aged 0–17 years, by living arrangement

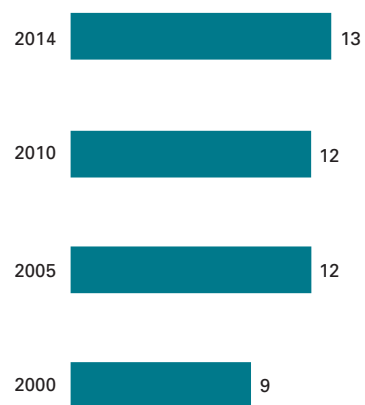


Source: CDHS, 2005, 2010, 2014.

The increase in the proportion of children not living with their biological parents has coincided with increases in the percentage of households with foster children and the number of children in residential care. The percentage of households caring for foster children⁴ was 9 per cent in 2000, around 12 per cent in 2005 and 2010 and rising to 13 per cent in 2014 (Figure 2.2). The variation between rural and urban areas is small.

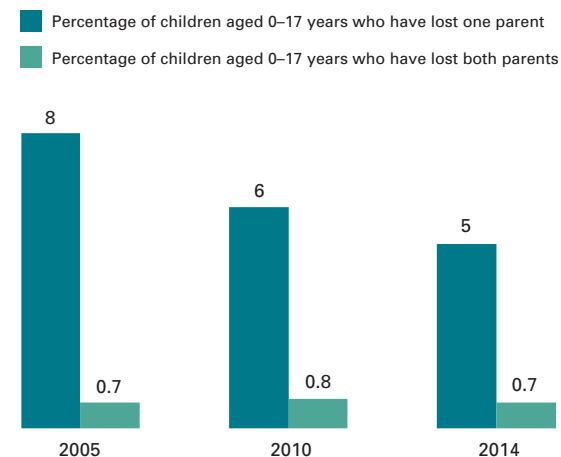
In 2014, less than 1 per cent of children (0–17 years) in Cambodia had lost both parents and 5 per cent had lost one parent (Figure 2.3). There is no variation in the proportion of those who have lost at least one parent according to a child’s sex or urban/rural residence (Figure 2.4). However, children from households in the lowest wealth quintile appear to be slightly more likely to be orphaned than those from households in the highest wealth quintile. Because a parent’s risk of dying increases with time (notwithstanding the relative risks faced by mothers during childbirth), the proportion of children who have lost one or both parents increases with age, from 2 per cent among children under age 5 to 13 per cent among adolescents aged 15–17. The proportion of children who have lost one or both parents varies across provinces: In five provinces (Kampong Cham, Kampong Chhnang, Siem Reap, Preah Vihear/Stung Treng and Takeo), levels are above the national average of 6 per cent. The data also show a clear relationship between parental survival and school attendance: Children aged 10–14 years with both parents deceased are less likely to attend school than those whose two parents are alive and who are living with at least one parent.

Figure 2.2 Percentage of households with foster children



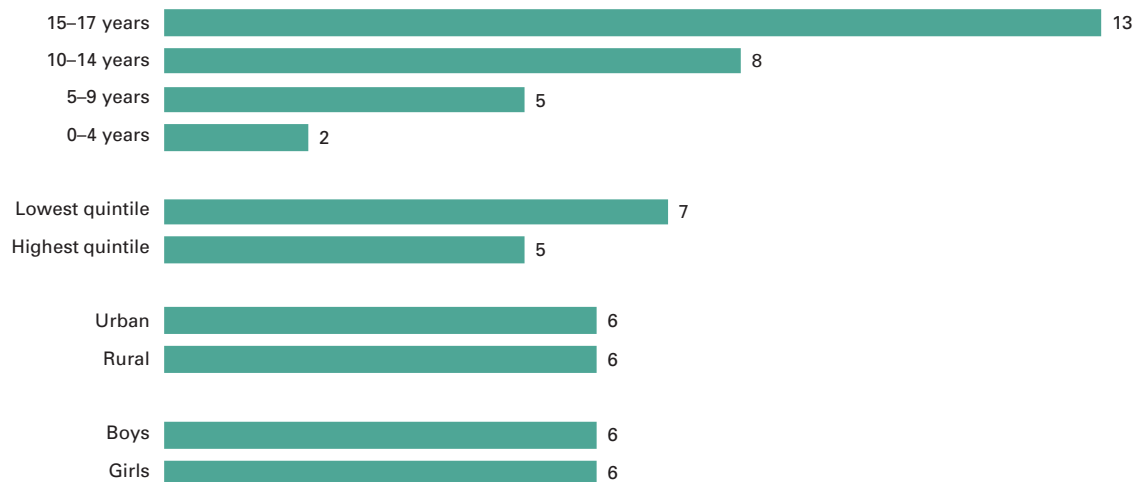
Source: CDHS, 2000, 2005, 2010, 2014.

Figure 2.3 Percentage of children aged 0–17 years, by parental survival status



Source: CDHS, 2005, 2010, 2014.

Figure 2.4 Percentage of children aged 0–17 years who have lost one or both parents, by background characteristics



Source: CDHS, 2014.



While the term **‘orphan’** is typically used in reference to children who have no living parents, in many contexts, including Cambodia, even those children who have lost only one parent are often referred to as ‘orphans.’ In addition to being inaccurate, labeling children with a living parent as an ‘orphan’ can be stigmatizing and influence the type of service response provided. This is especially relevant in the context of Cambodia where many children who have a living parent are still being institutionalized, citing orphanhood as a contributing factor. That said, there is also a need to acknowledge the potential vulnerability of children who have lost one parent and give greater attention to finding ways to support families in such situations, with the goal of preventing separation when possible, and ensuring that children are protected from the potentially harmful effects of losing a parent.

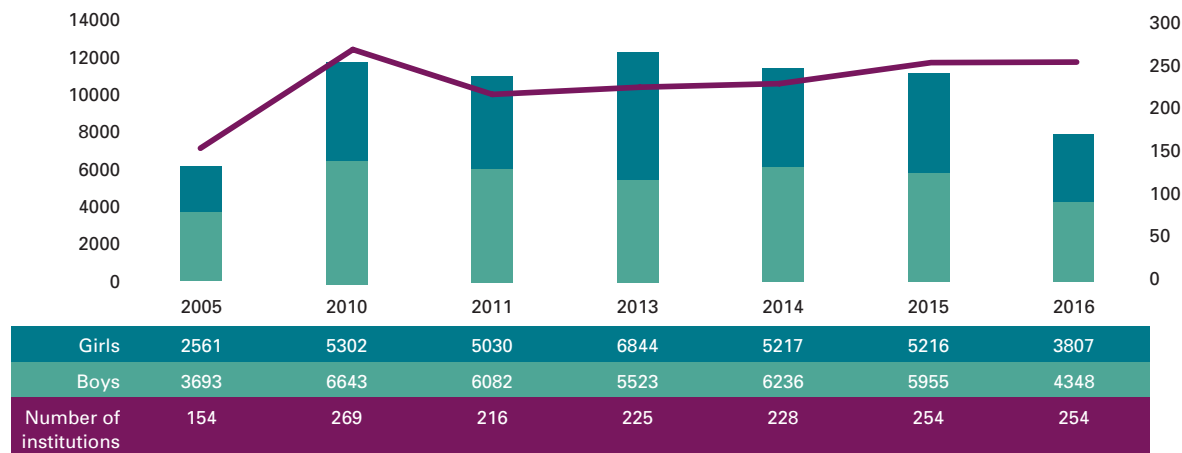
Children living in institutional care

The two main sources of data on residential care in Cambodia are annual inspection reports⁵ of formally registered residential care institutions (RCIs) and a 2015 national mapping conducted by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) with UNICEF and USAID support. Additionally, the National Institute of Statistics (NIS) and Columbia University conducted an enumeration study in 2015.⁶ Both the mapping report and the NIS study fill a critical information gap in terms of the number of RCIs in the country and the number of children living in them, but some of the findings vary, owing to the different methodologies employed. This report mainly uses data generated from the 2015 mapping since it is more detailed, follows the definition of RCIs as proposed by the Government of Cambodia, and is used officially by the government and UNICEF as a baseline for programming.

The mapping confirmed there are more RCIs,⁷ or ‘orphanages’, in Cambodia (406) than the 254 previously known to the MoSVY through inspection reports (Figure 2.5).⁸ During the mapping 38 per cent of the RCIs were newly identified, meaning they had never been inspected by the MoSVY and therefore had no government oversight. An additional 233 other residential facilities were not categorized as RCIs, but children were known to be living in them. These included transit homes and temporary emergency accommodations, group homes, pagodas and other faith-based care in religious institutions, and boarding schools/houses.⁹

The proportion of boys living in residential care has been consistently higher than that of girls. According to the mapping report, 53 per cent of children living in RCIs were boys. The MoSVY inspection reports show that over time, with the exception of 2013, consistently more boys than girls have been in residential care (Figure 2.5).

Figure 2.5 Number of residential care institutions and number of boys and girls in these institutions



Source: Inspection reports, MoSVY, 2005-2016.

The fact that many RCIs are outside of the Ministry’s regulatory framework raises serious concerns for the well-being of the children living in them. Of the RCIs identified in the mapping report, around 1 in 8 were not registered with any branch of government and 1 in 5 did not have a memorandum of understanding with the government.

According to the mapping report, 16,579 children (0–17 years; 47 per cent female) are living in 406 RCIs across Cambodia and 9,608 (49 per cent female) are living in other residential facilities.¹⁰ The mapping also found that the distribution of RCIs in Cambodia is highly uneven. Most such institutions are concentrated in nine provinces, accounting for 83 per cent of the total number of RCIs in the country. Phnom Penh and Siem Reap alone account for 49 per cent of the total – while the number ranged from zero to nine in the remaining 16 provinces. Similarly, most children living in RCIs (87 per cent or 14,367) are concentrated in the same nine provinces with the highest number of institutions. Phnom Penh and Siem Reap alone account for 51 per cent (or 8,389) of all children living in RCIs (Table 2.2). It should be noted here, however, that the nine provinces accounting for the largest share of RCIs are also home to nearly half the country’s total population. It is recognized that the concentration of RCIs is also influenced by a multitude of factors such as tourist inflow and level of local regulation.

The inspection reports, while not providing a complete picture, are useful in assessing trends. According to data from the MoSVY Alternative Care Database, the number of formally registered RCIs, as well as the number of children living in them, increased between 2005 and 2016. There was a 75 per cent increase in the number of RCIs between 2005 and 2010 (from 154 to 269), accompanied by a 91 per cent increase (from 6,254 to 11,945) in the number of institutionalized children over the same period. Between 2010 and 2016, the number of children and RCIs declined slightly but remained high, with 8,155 children (47 per cent female) and 254 RCIs formally registered with MoSVY as of 2016 (Figure 2.5). However, as indicated earlier, this reflects only those institutions formally registered with the MoSVY.

The 2015 NIS study found that as many as 79 per cent of 13–17 year-old children in residential care homes have at least one living parent. This is consistent with findings from the 2013 MoSVY inspection report, which found that at least 77 per cent of children in RCIs have at least one living parent. The NIS study also reported that among children with at least one living parent, almost half had a parent(s) living in the same province as the institution. Furthermore, the NIS study revealed that when asked about their primary reason for entering residential care, 75 per cent of 13- to 17-year-old children answered ‘to escape from poverty’ or ‘for educational opportunities’.

Both the mapping and the NIS study found that the vast majority of children in RCIs are school-aged. The NIS study found that more than half of all children in residential care were between the ages of 13 and 17. Similarly, the national mapping found that 67 per cent of children living in residential care institutions in 20 provinces were between 11 and 17 years of age and 32 per cent were between the ages of 4 and 10. Children under age 4 accounted for only about 2 per cent of the total number of children in care. Research has shown that living in residential care is especially damaging for children under age 3.¹¹ It is therefore particularly worrisome that all children under age 4 identified in the mapping were found to be living in long-term residential care facilities.

Table 2.2 Number of residential care institutions and number of children living in residential care institutions, by sex and by province

Province	Number of RCIs	Number of children		
		Girls	Boys	Total
Phnom Penh	117	3,164	3,077	6,241
Siem Reap	80	1,019	1,129	2,148
Battambang	35	691	777	1,468
Preah Sihanouk	15	334	735	1,069
Kandal	20	399	463	862
Kampong Speu	15	365	465	830
Kampot	17	385	426	811
Kampong Thom	23	278	295	573
Kampong Chhnang	16	184	181	365
Banteay Meanchey	9	149	181	330
Kampong Cham	8	131	182	313
Prey Veng	6	111	114	225
Takeo	7	93	103	196
Kratie	6	56	120	176
Preah Vihear	3	75	87	162
Pursat	5	73	79	152
Ratana Kiri	3	62	85	147
Svay Rieng	7	51	82	133
Pailin	4	49	74	123
Otdar Meanchey	4	32	62	94
Mondol Kiri	1	33	21	54
Stung Treng	3	28	26	54
Kep	1	13	28	41
Koh Kong	1	1	11	12
Tboung Khmum	0	0	0	0
TOTAL	406	7,776	8,803	16,579

Source: MoSVY, 2017.

CHILDREN WITHOUT BIRTH REGISTRATION

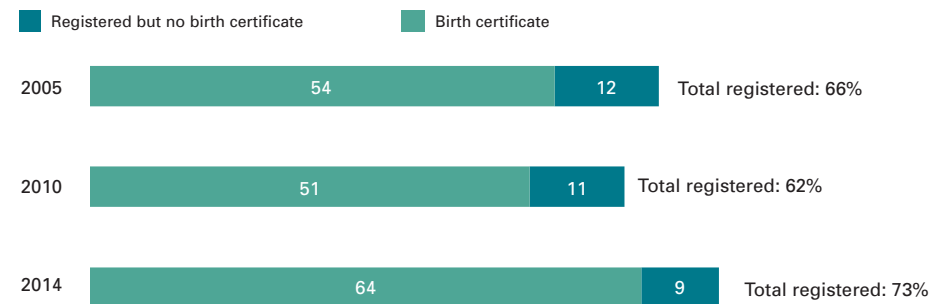


Birth registration in Cambodia has improved slightly since 2010 (Figure 3.1). Still, the births of 27 per cent of children under age 5 (approximately 1.6 million) were not registered in 2014.

The level of birth registration in Cambodia shows some disparities, except by sex. It increases with age, the wealth status of households, the educational level of mothers and residence in urban areas (Figure 3.2). Significant variations are also found across provinces – four provinces (Phnom Penh, Svay Rieng, Kandal and Otdar Meanchey) had at least 80 per cent registration, while two provinces (Kratie and Mondul Kiri/Ratanak Kiri) had less than 50 per cent (Figure 3.3). Levels of birth registration are consistently higher among children from urban rather than rural areas. Similarly, birth registration is consistently higher among those living in the richest 20 per cent of households (measured by an index of possession of household assets rather than income) than children from the poorest 20 per cent of households (Figure 3.4). In the course of about a decade, the gap in birth registration levels between children in the highest and lowest wealth quintiles increased slightly.

If trends observed between 2010 and 2014 continue, Cambodia will be able to achieve universal birth registration by 2025 (Figure 3.5), target 16.9 of the Sustainable Development Goals (SDGs).¹² The available data indicate that such progress is possible; the rate of increase since 2010 is already faster than the average rate achieved over the nine-year period from 2005 to 2014.

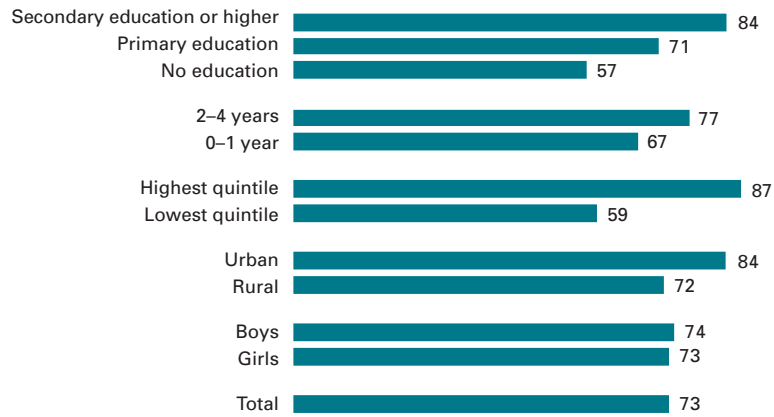
Figure 3.1 Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate



Source: CDHS, 2005, 2010, 2014.

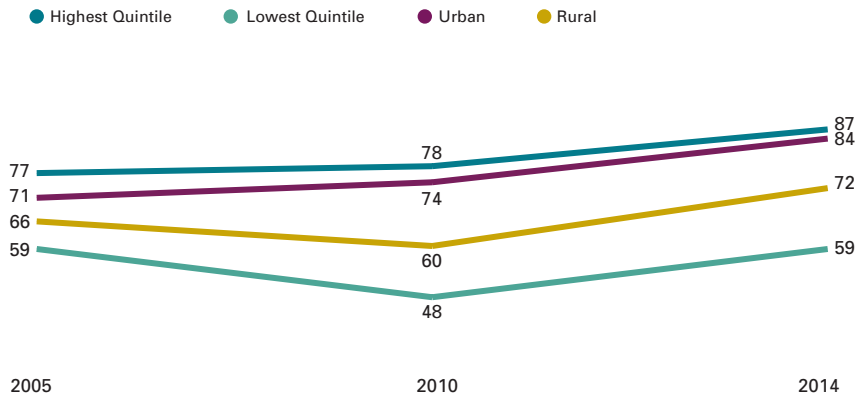
Registering children at birth is crucial, both for access to essential services as well as protection in the event of separation, abandonment or abuse. Birth registration can also safeguard underage children from marriage, child labour and conscription into the armed forces. Birth registration is a right in and of itself but also a way of ensuring that other rights violations do not go unnoticed. Parents in Cambodia are obliged to register their child's birth under sub-decree 103 on civil status (civil registration).

Figure 3.2 Percentage of children under age 5 whose births are registered, by background characteristics



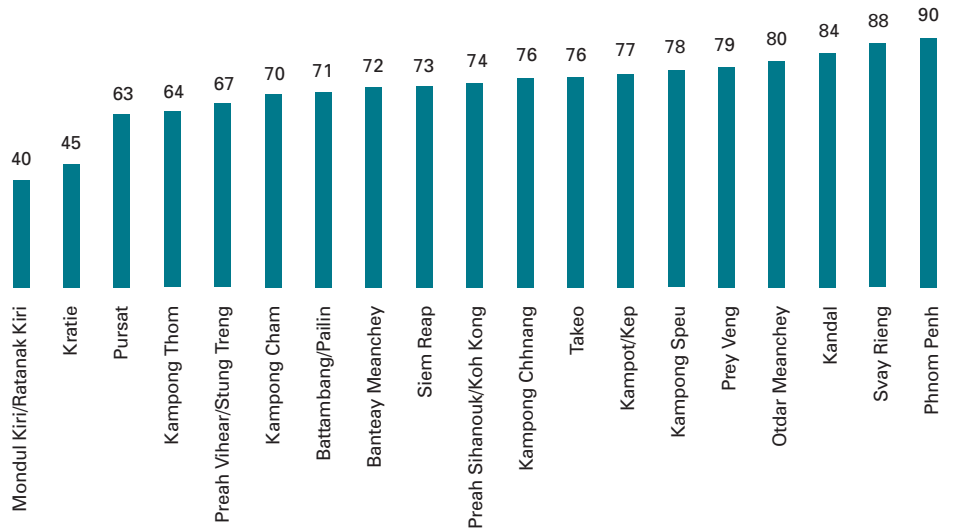
Note: Data on education refer to the education level of the mother.
Source: CDHS, 2014.

Figure 3.4 Percentage of children under age 5 whose births are registered, by background characteristics and survey year



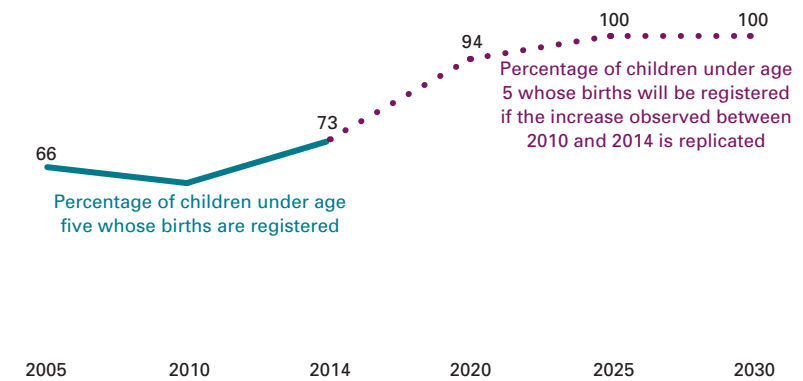
Source: CDHS, 2005, 2010, 2014.

Figure 3.3 Percentage of children under age 5 whose births are registered, by province



Source: CDHS, 2014.

Figure 3.5 Birth registration projections



Source: UNICEF analysis based on CDHS, 2005, 2010, 2014.

CHILD BRIDES

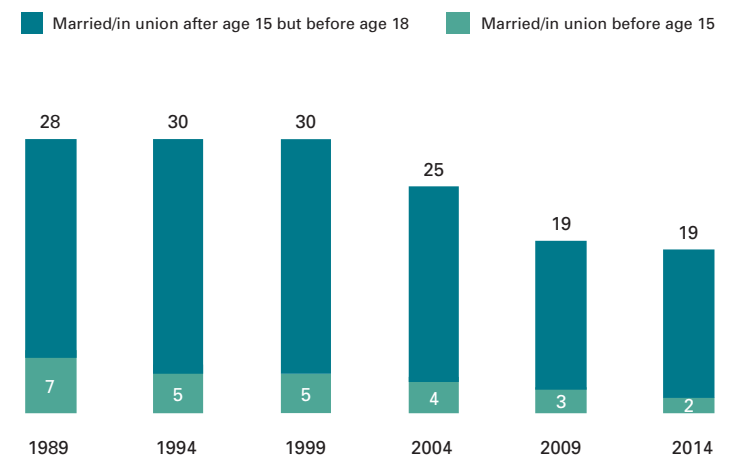


Child marriage in Cambodia has been in decline over time. In 1989, 28 per cent of women aged 20–24 were married before the age of 18 compared to 19 per cent in 2014 (Figure 4.1). Progress has been even faster when it comes to the marriage of girls under age 15, declining from 7 per cent in 1989 to 2 per cent in 2014. However, progress in reducing child marriage overall appears to have stalled in the last five years, and too many girls are still marrying in adolescence. The median age at first marriage among women in Cambodia has remained more or less stable for the past two decades at around 20–21 years.

Child marriage is known to be widespread among certain ethnic groups and in certain parts of the country. Unfortunately, information on ethnicity was not collected in the 2014 CDHS and therefore could not be analysed in relation to child marriage. However, the proportion of young women aged 20–24 who were married before age 18 shows wide variations by geographic location, ranging from a high of 36 per cent in Mondul Kiri and Ratanak Kiri regions to a low of 5 per cent in the capital city, Phnom Penh (Figure 4.2).

If the rate of progress in reducing child marriage observed over the last 25 years continues, the proportion of women aged 20–24 who were married as children may continue to drop – from 28 per cent in 1989 to 19 per cent in 2014 to 14 per cent in 2030 (Figure 4.3).¹³ However, if the rate of decline doubles, the prevalence of child marriage could fall to as low as 11 per cent by 2030. But this would still mean that around 1 in 10 women are married during childhood.

Figure 4.1 Percentage of women aged 20–24 years married/in union before age 15 and 18

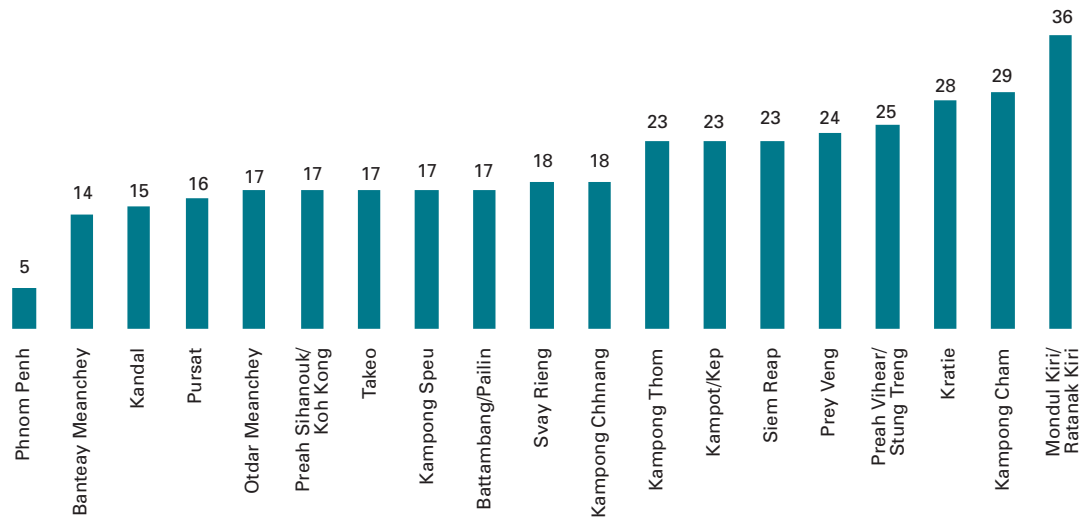


Note: Past levels of child marriage as measured in 2014 rely on reported age at marriage from older cohorts of women. These values are subject to some uncertainty, particularly due to mortality among women between their marriage and the time of the survey. To the extent that the deceased women in the cohort are likely to have been poorer or more disadvantaged, and thus more likely to have been child brides, the reported levels of child marriage from the surviving women could be an underestimate.

Source: CDHS, 2014.

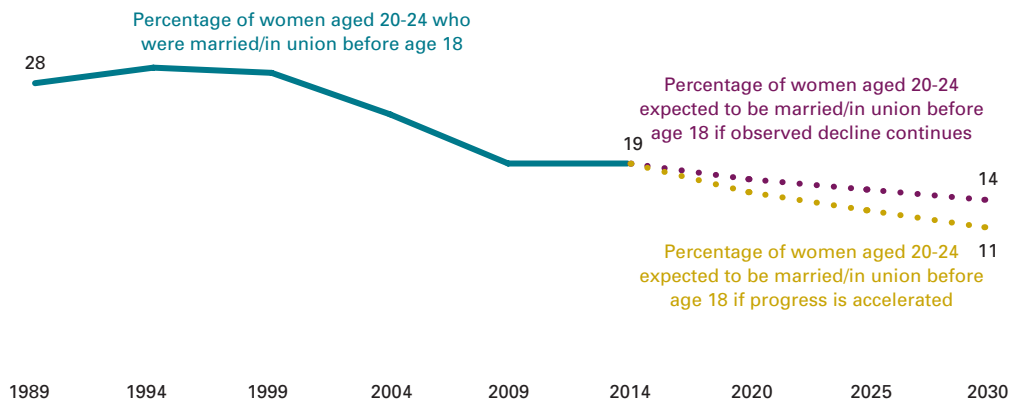
In Cambodia, **marriage** is illegal without parental consent before the age of 18. From age 16 to 18, girls and boys can legally marry if they have parental approval. In this report, 'child marriage' is defined as marriage or unions before age 18, in line with the rights perspective, even though marriage is legal in Cambodia with parental consent from age 16.

Figure 4.2 Percentage of women aged 20–24 years married/in union before age 18, by province



Source: CDHS, 2014.

Figure 4.3 Percentage of women aged 20–24 years who were/will be married before age 18, according to two scenarios



Source: UNICEF analyses, based on CDHS, 2014 and population data from United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2015 revision, DVD edition*, United Nations, New York, 2015.

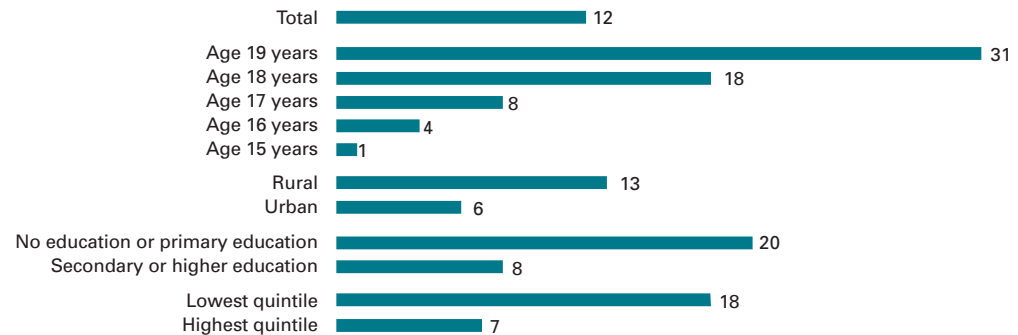


TEEN PREGNANCY AND EARLY CHILDBEARING



Childbearing during the teenage years can expose girls and their newborn children to heightened protection and health concerns. A 2015 prospective birth cohort study using data from Brazil, Guatemala, India, the Philippines and South Africa¹⁴ found that younger maternal age (under 20 years) is associated with lower birthweight, pre-term birth, two-year stunting and failure of children to complete secondary schooling. Children of young mothers in low- and middle-income countries are disadvantaged at birth and in childhood nutrition and schooling. Moreover, early childbearing has negative implications for a mother's future employment and educational opportunities. Efforts to prevent early childbearing should be strengthened through family planning and women's education and empowerment.

Figure 5.1 Percentage of girls aged 15–19 years who have begun childbearing, by background characteristics

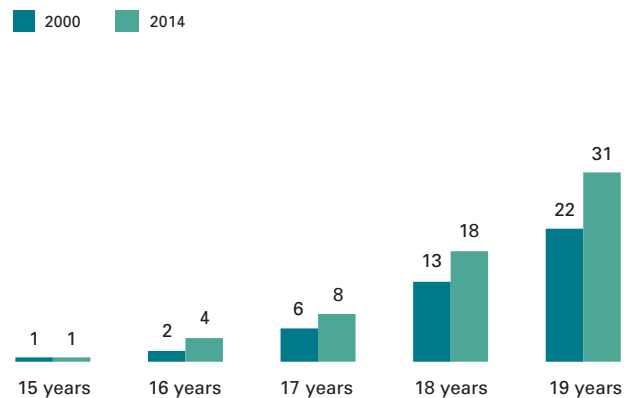


Source: CDHS, 2014.

In Cambodia, nearly one in eight girls aged 15–19 have begun childbearing. The percentage of teenagers who have given birth varies across provinces. It is lowest in Battambang/Pailin (4 per cent) and highest in Mondul Kiri/Ratanak Kiri (34 per cent). The percentage of teenage girls who have begun childbearing is found to increase with age but decrease with urbanization, household wealth and education (Figure 5.1).

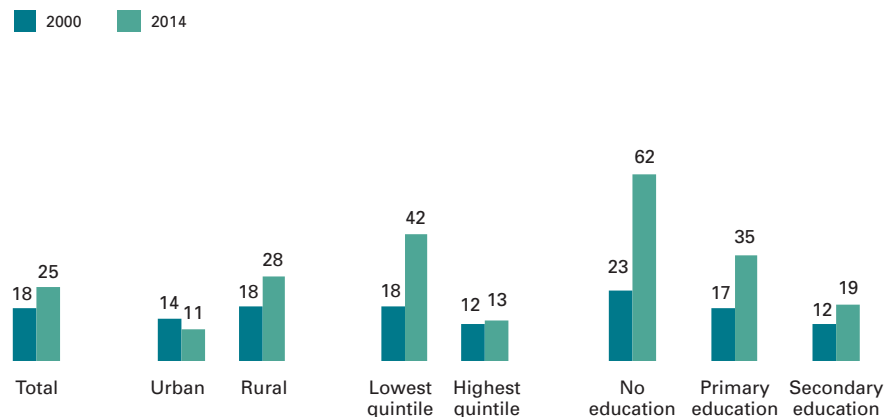
There was an increase in childbearing among older girls (19 years) from 2000 to 2014, while childbearing among younger girls (15–18 years) has remained more or less unchanged (Figure 5.2). This increase in childbearing among older adolescent girls was observed mostly among those from rural areas, those with either no education or only a primary education and those from the lowest wealth quintile. There was little change over the same period among older adolescent girls from urban areas, those with a secondary education and those from households in the highest wealth quintile (Figure 5.3).

Figure 5.2 Percentage of girls aged 15–19 years who have begun childbearing, by age and survey year



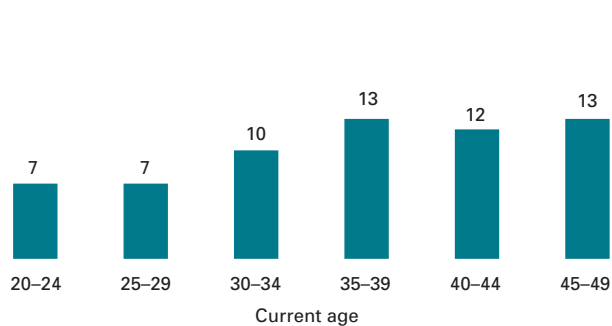
Source: CDHS, 2000 and 2014.

Figure 5.3 Percentage of girls aged 18–19 years who have begun childbearing, by background characteristics and survey year



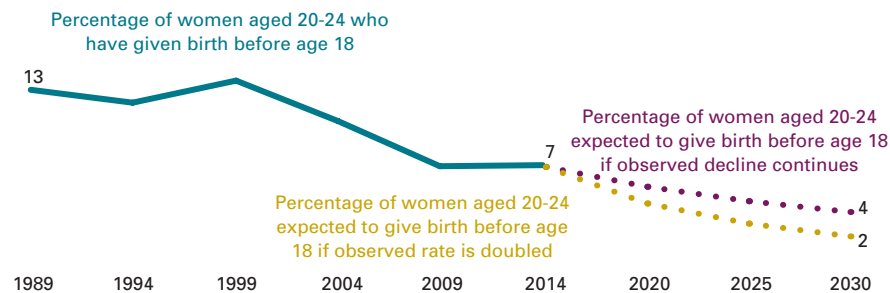
Source: CDHS, 2000 and 2014.

Figure 5.4 Percentage of women aged 20–49 years who have given birth by age 18, by current age



Source: CDHS, 2000 and 2014.

Figure 5.5. Percentage of women aged 20–24 years who have given/will give birth before age 18



Source: UNICEF analyses based on CDHS, 2014.

When looking at trends in early childbearing, a slightly lower proportion of women in the youngest cohorts (20–29 years) gave birth before age 18 compared to those in older cohorts (30–49 years), suggesting a slight trend towards postponing childbearing among younger women (Figure 5.4).

If the rate of progress in delaying childbearing observed over 15 years between 1989 (13 per cent) and 2014 (7 per cent) is sustained, the proportion of women aged 20–24 who will give birth before age 18 could fall to 4 per cent in 2030 (Figure 5.5).¹⁵ However, if the observed rate doubles, the prevalence of early childbearing could drop to as low as 2 per cent by 2030.

VIOLENCE AGAINST CHILDREN



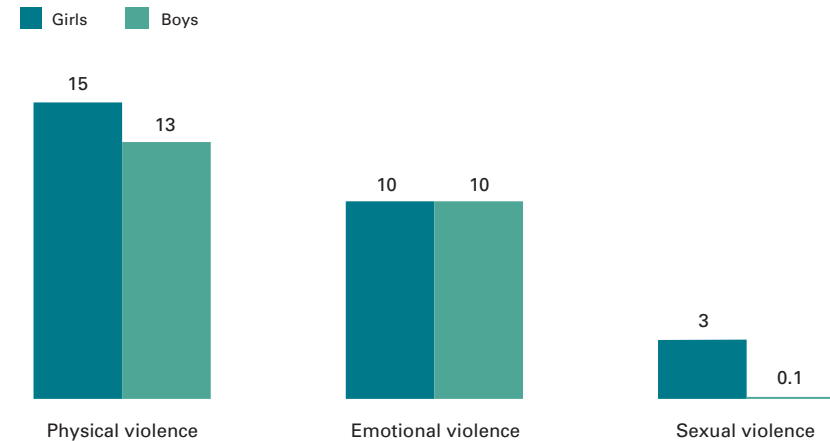
According to the Cambodia Violence Against Children Survey (CVAS),¹⁸ 53 per cent of females and 54 per cent of males aged 18–24 reported at least one incident of physical violence prior to age 18. Among 13–17 year-olds experiencing physical violence within the past 12 months, 15 per cent were girls and 13 per cent boys.¹⁹

Emotional violence in childhood is also widespread: Among those aged 18–24, 19 per cent of females and 25 per cent of males reported experiencing emotional violence before the age of 18. The percentage was smaller among 13–17 year-olds: 10 per cent of both boys and girls said they had experienced emotional violence in the past 12 months.

Four per cent of females and 6 per cent of males aged 18–24 reported any type of sexual violence prior to age 18. Among those aged 13–17, 3 per cent of girls and less than 1 per cent of boys reported incidents of sexual violence in the previous 12 months.

While the lifetime experience of violence is high, fewer children experienced violence in the last 12 months (Figure 6.1).

Figure 6.1 Percentage of adolescents aged 13–17 years who experienced violence in the past 12 months, by sex and type of violence



Source: Cambodia Violence against Children Survey (CVACS), 2013.

The experience of **violence in childhood** is commonplace in Cambodia. In 2015, the estimated homicide rate among children aged 0–19 years was 1 per 100,000.¹⁶ Beyond the toll on individuals, the social and economic impact includes extra strains on the health-care system due to excessive use of services. In extreme cases, such violence against children can result in disability or death, as well as increased levels of violence and criminality.¹⁷ Cambodia's Violence Against Children Survey 2013 found that selected health consequences of violence against children accounted for 1 per cent of Cambodia's gross domestic product (GDP), or a total of US\$168 million. The loss of productivity due to childhood violence accounted for 0.55 per cent of the GDP, or US\$83 million.

Both the Violence Against Children Survey and the Cambodia Demographic and Health Survey (CDHS) suggest that the majority of perpetrators of violence against children are known to victims and come from their own families or communities.

Of the 13- to 17-year-olds who reported sexual violence prior to age 18, the most common perpetrators of the first incident were friends (for girls) or family members (for boys) (Figure 6.2). The average age at which 18- to 24-year-olds first experienced sexual violence prior to age 18 was 15 for females and 10 for males.

Similarly, respondents aged 13–17 were likely to have experienced physical violence by a parent, caregiver or other adult relative, or a community member (Figure 6.3). The majority in this age group – 64 per cent of girls and 55 per cent of boys – reported that the perpetrator of the first incident of physical violence was a parent, most often a mother or stepmother. A father or stepfather was the second most likely perpetrator of the first incident for both girls (19 per cent) and boys (36 per cent), with boys twice as likely to report a father or stepfather as girls. The most cited community perpetrators were teachers. Among those aged 13–17, more than half of both girls (59 per cent) and boys (52 per cent) reported that a male teacher was the first perpetrator followed by a female teacher.

Among respondents aged 13–17 who experienced emotional violence by parents, caregivers or other family members, the majority of girls and boys reported that their mother or stepmother was the first perpetrator (Figure 6.4).²⁰ Information on intimate partners as perpetrators of the first incident of emotional violence is not available.

Figure 6.2 Percentage of adolescents aged 13–17 years who experienced any sexual violence, by sex and by perpetrators of the first incident of sexual violence

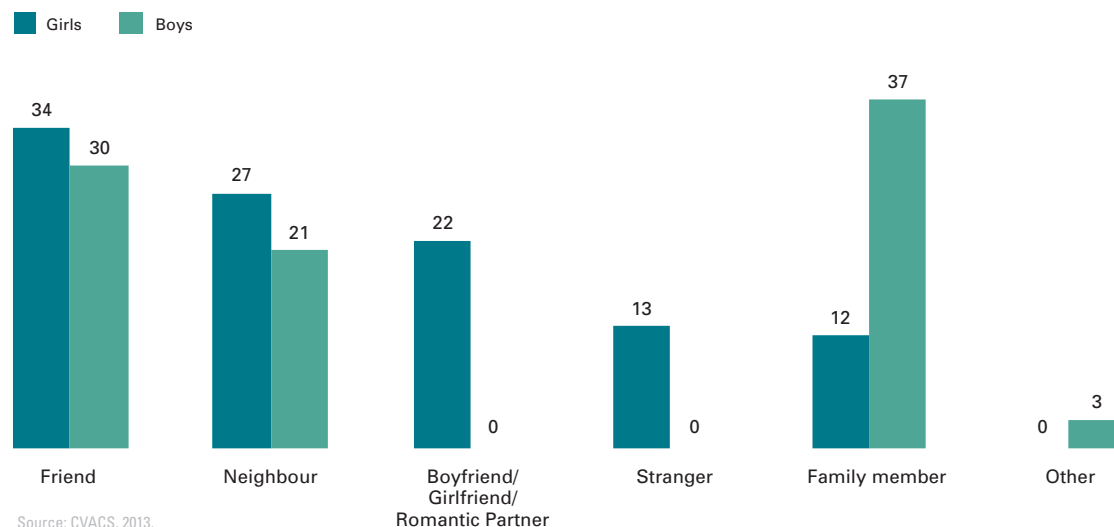


Figure 6.3 Percentage of adolescents aged 13–17 years who experienced any physical violence, by sex and by perpetrators of the first incident of physical violence

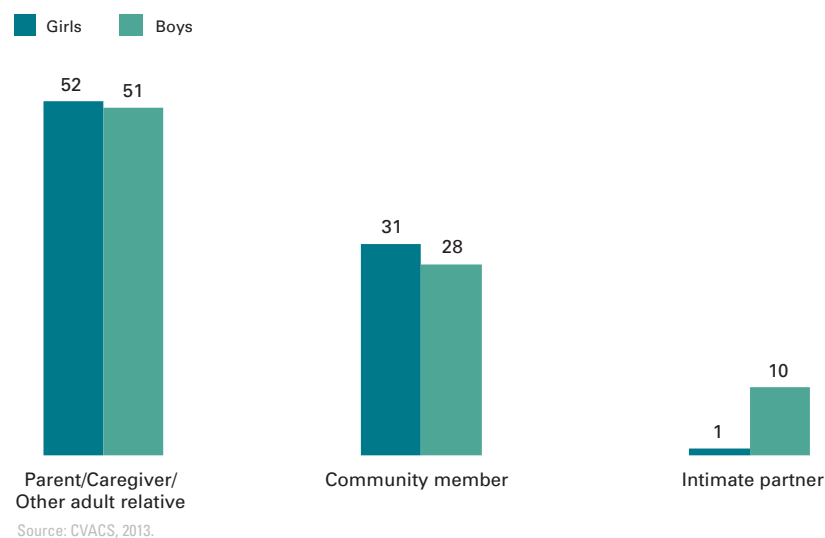
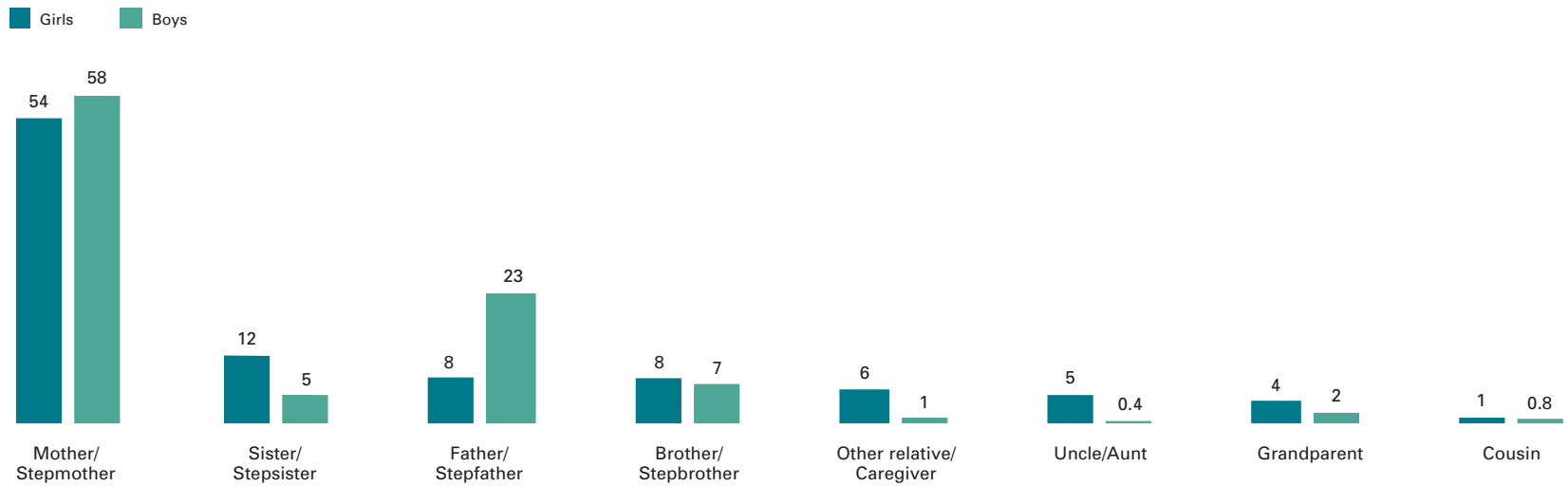


Figure 6.4 Percentage of adolescents aged 13–17 years who experienced any emotional violence by family members, by sex and by perpetrators of first incident of emotional violence



Source: Inspection reports, MoSVY, 2016.

Attitudes towards **wife-beating** provide an important measure of women’s empowerment and cultural norms that exacerbate the practice of violence against women. These attitudes are also indicative of levels of intimate partner violence, which is a form of emotional abuse of children exposed to it.

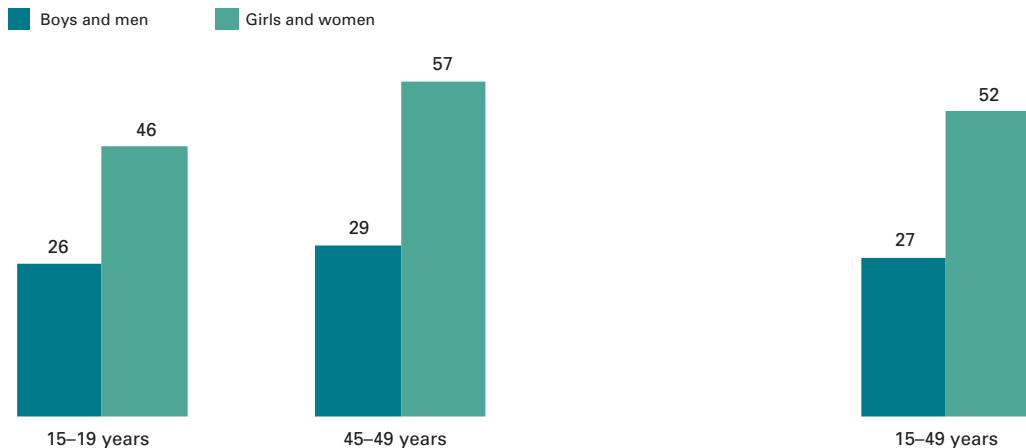


Figure 6.5 Percentage of girls and women aged 15–49 years who agree that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances



Source: CDHS, 2014.

Figure 6.6 Percentage of girls and women and boys and men aged 15–49 years who agree that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances



Source: CDHS 2014.

Children can also experience detrimental effects when they are indirectly exposed to violence in the home – for example, when witnessing intimate partner violence between their parents or caregivers.²¹ Analysis of data from the CDHS 2014 shows that around one in four children under the age of 18 are living with a mother who has experienced any physical, sexual or emotional violence committed by a husband or partner in the past 12 months.²²

It is a cause for concern therefore that in Cambodia half of all women aged 15–49 believe that a husband is justified in beating his wife for at least one of the six specified reasons (Figure 6.5).²³ When examining data by age groups, it appears that older women are more likely to justify wife-beating, with 57 per cent of women in the oldest cohort (45–49) agreeing that wife-beating is sometimes justifiable compared to 46 per cent of the youngest (15–19).

Data on attitudes towards wife-beating offer clues on how girls and women are perceived within a given society. Its justification can be viewed as a manifestation of gender inequality that condones the use of violence when girls and women do not fulfil expected gender roles. Therefore, given that half of all girls and women believe wife-beating is sometimes justified it might be expected that support for wife-beating in Cambodia would be higher among males than females. However, the available data show that this is not the case: slightly more than one in four boys and men believe wife-beating is sometimes justified (Figure 6.6). This pattern holds true for both older women and men and adolescent girls and boys. This may suggest that girls and women are more thoroughly socialized than boys and men to gender norms that assign wives a lower status than their husbands.

CHILD TRAFFICKING



The lack of comprehensive data on trafficking makes it impossible to know the precise number of people, including children, affected. While trafficking can be for any purpose, including domestic servitude or labour, the limited related data available for Cambodia are focused on commercial sexual exploitation. Other forms of trafficking known to exist include trafficking for the purposes of marriage, forced labour or forced begging.

Child trafficking is defined as the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation.²⁴

Several small studies reveal the extent to which children are being trafficked for sexual exploitation. For example, 41 per cent of the 165 cases of trafficking for sexual purposes reported by non-governmental organizations in 2007–2008 were found to be children, the youngest aged just 8 years old. Girls and women aged 13–25 were most often trafficked.²⁵

According to the International Justice Mission, sexual trafficking in Cambodia has declined significantly over the last decade. The methodology used in two prevalence studies conducted by the organization was limited to specific types of commercial sexual establishments in selected urban centres. However, they indicated that commercial sexual exploitation of children declined from 8 per cent in 2012²⁶ to 2 per cent in 2015.²⁷ This finding should be viewed in light of the 1999 estimate from the International Labour Organization (ILO) International Programme for the Elimination of Child Labour, which showed that more than 15 per cent of commercial sex workers in Cambodia were aged between 9 and 15 years.²⁸ In 2014, the Anti-Trafficking Police in Cambodia rescued 101 underage victims of

trafficking and referred them to the MoSVY, while the Ministry identified and assisted 336 victims, including 218 minors, among persons repatriated from Thailand.²⁹

While sexual trafficking has declined, labour trafficking remains a significant and growing concern in Cambodia, according to the International Justice Mission. The 2015 Walk Free Survey sought to identify instances of both forced marriage and forced labour within the general population. It estimated that as many as 256,800 Cambodians (or 1.65 per cent of the total population) live in conditions of modern slavery, and that over 75 per cent of them were victims of labour trafficking.³⁰ Many were identified in the fishing and seafood industries, manufacturing sector or in forced marriages. Child specific data are not available.

According to the 2015 Trafficking in Persons (TIP) report of the US Government, Cambodia is a source, transit and destination country for forced child labour and child sex trafficking. All of Cambodia's provinces are a source for trafficking, while destinations primarily include cities within Cambodia as well as the rest of the region and, increasingly, Africa. The report also reveals how children from impoverished families are highly vulnerable to forced labour, and that parents are often complicit in this practice. The demand for the sale of virgin women and girls continues to be a problem in Cambodia. Cambodian men are the largest source of demand for child prostitution, however, men from the region and other countries also engage in child sex tourism.

The TIP report placed Cambodia in the 'Tier 2 Watch List' in 2015, indicating that the country has not made serious and satisfactory efforts to counteract trafficking. Cambodia has hovered around Tier 2 and Tier 3 for the last seven years (Tier 1 is considered the best and Tier 3 the worst).

CHILDREN AFFECTED BY HIV/AIDS



According to 2015 estimates of the Joint United Nations Programme on HIV/AIDS (UNAIDS), 4,061 children aged 0 to 14 years in Cambodia are living with HIV. No estimates are currently available for the number of children affected by HIV. The National Multisectoral Orphans and Vulnerable Children Task Force defines children affected by HIV as those under 18 years of age who are living with HIV in addition to children whose families have experienced HIV/AIDS, including death.

The prevalence of HIV in the general population (15–49 years) has steadily declined over the past decade – from 2 per cent in 1998 to 0.7 per cent in 2013³¹ and 0.6 per cent in 2014.³² The National AIDS Authority estimates that some 75,000 people were living with HIV in Cambodia in 2014. The country aims to end the spread of HIV by 2020.³³

CHILD LABOUR AND WORKING CHILDREN

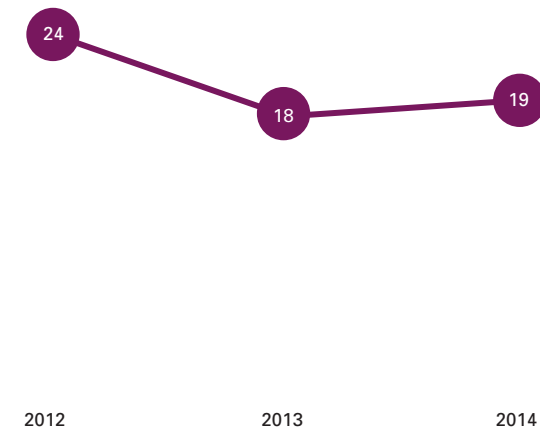


The term **'child labour'** is often defined broadly as work that deprives children of their childhood, their potential and their dignity, and that is harmful to their development. Not all work done by children is classified as child labour; children involved in child labour represent a subset of those who are working. Whether or not particular forms of work are considered 'child labour' depends on the child's age, the type and hours of work performed, the conditions under which it is performed and national legislation. Therefore, the definition of child labour varies from country to country as well as among sectors within countries.

In Cambodia, the Labour Law (1997) allows children as young as 12 years old to work in light and non-hazardous employment that does not interfere with their education. The minimum legal age for general employment in the country is 15 years and 18 years for hazardous work (as defined in the law). Child labour takes many different forms. However, a priority is to eliminate without delay the worst forms of child labour as defined by Article 3 of ILO Convention No. 18: "labour that jeopardizes the physical, mental or moral well-being of a child, either because of its nature or because of the conditions in which it is carried out (also known as 'hazardous work')".³⁴

Child labour data were not collected in the CDHS. This section draws on data from the 2014 Cambodia Socio-Economic Survey and the 2012 International Labour Organization and National Institute of Statistics (ILO/NIS) Survey.

Figure 7.1 Percentage of working children in the child population aged 5–17 years

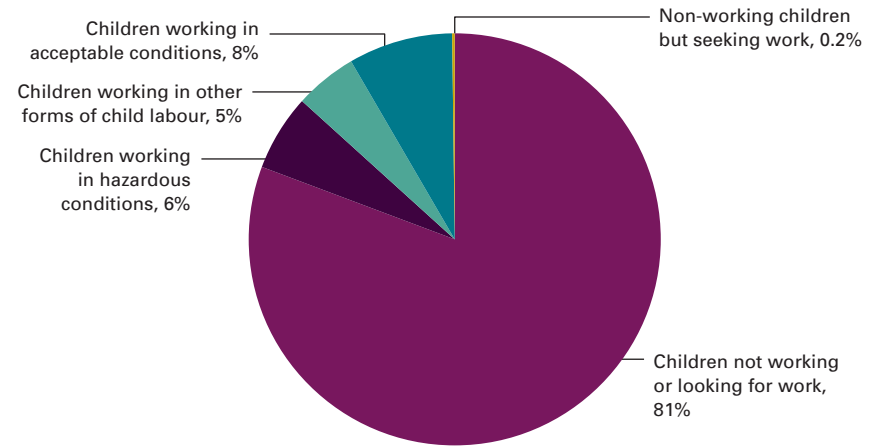


Source: Cambodia Socio-Economic Survey (CSES), 2014.

Of Cambodia's nearly four million children aged 5–17 years, 19 per cent were economically active in 2014.³⁵ No significant difference was found between the number of economically active girls (19 per cent) and boys (20 per cent). The percentage of working children declined from 2012 to 2013, with no significant changes since that time (Figure 7.1).³⁶

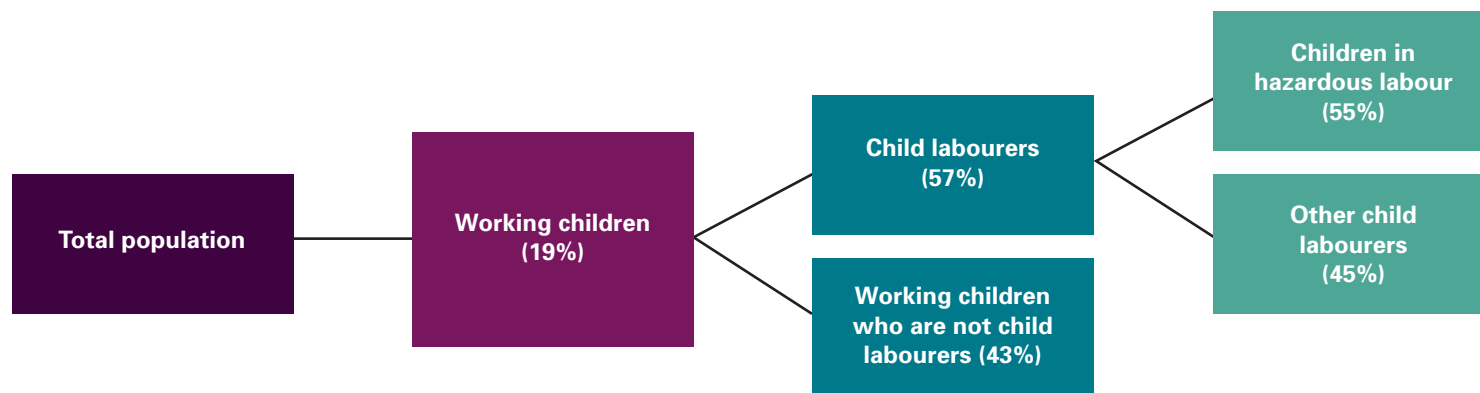
A 2012 report from the ILO and NIS provides more specific information on types and conditions of child labour in Cambodia.³⁷ That year, the majority of children aged 5–17 (81 per cent) were not working or looking for work, while 19 per cent were working (Figure 7.2). These data are similar to those reported in the Cambodia Socio-Economic Survey. According to the ILO/NIS report, 11 per cent of all children aged 5–17 in Cambodia were engaged in child labour (6 per cent in hazardous conditions; 5 per cent in some other form of child labour), while a further 8 per cent were working but not considered to be child labourers. Of the total number of working children, 57 per cent were engaged in child labour while 43 per cent were working but not considered to be child labourers (Figure 7.3). Among the child labourers, 55 per cent were exposed to hazardous conditions and 45 per cent worked in other forms of child labour.

Figure 7.2 Percentage distribution of all children aged 5–17 years, by working status



International Labour Organization and National Institute of Statistics (ILO/NIS), 2012.

Figure 7.3 Percentage distribution of working children and child labourers aged 5–17 years



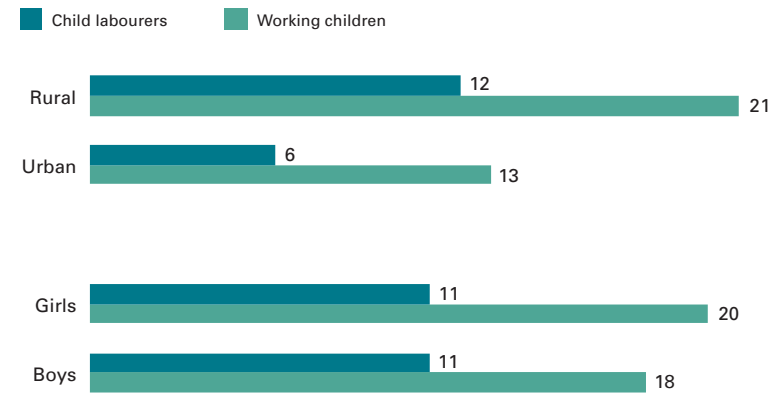
Source: ILO/NIS, 2012.

The ILO/NIS report also provides disaggregated data. It shows that participation in economic activity and child labour was lower among children in urban versus rural areas, but that there were no differences by sex (Figure 7.4). Kampong Cham and Battambang provinces had the largest numbers of working children and child labourers, Kep had the smallest. Less than 1 per cent of all economically active children performed domestic work, 88 per cent of whom were girls.³⁸

Around half (49 per cent) of all child labourers aged 5–17 were unpaid family workers, and the largest share of child labourers worked more than 48 hours per week. See Figures 7.5(a) to 7.5(d) for additional data on other aspects of child labour.

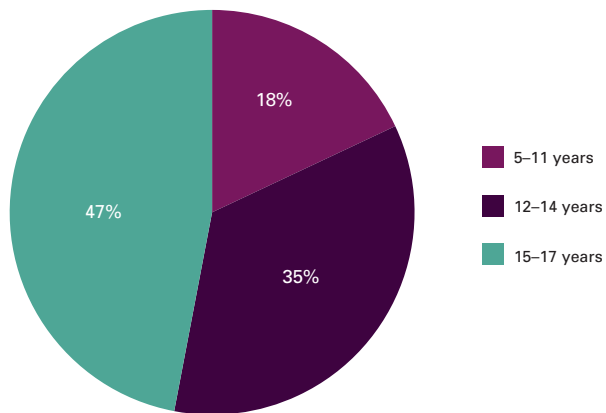
The ILO/NIS report also found that, of the total child population aged 5–17 years, an estimated 3 per cent (129,106 children) were migrants. Just over one in three (38 per cent) of all working children were migrants.

Figure 7.4 Percentage of working children and child labourers aged 5–17 years, by sex and place of residence



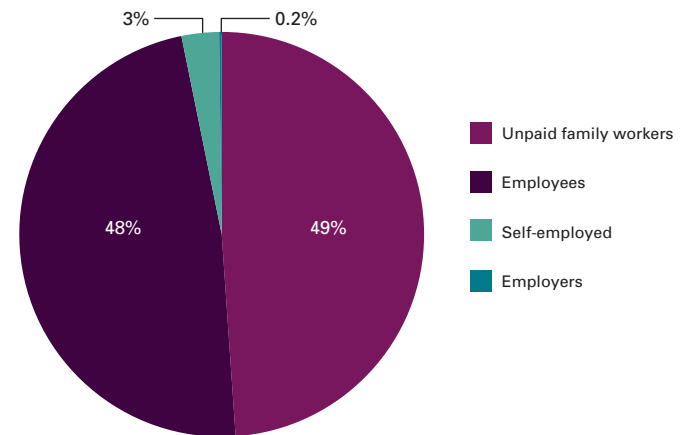
Source: ILO/NIS, 2012.

Figure 7.5 (a) Percentage distribution of child labourers, by age group



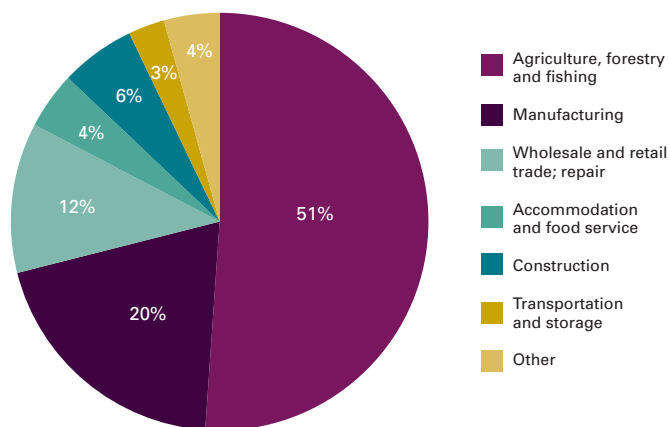
Source: ILO/NIS, 2012.

Figure 7.5 (b) Percentage distribution of child labourers, by status in employment



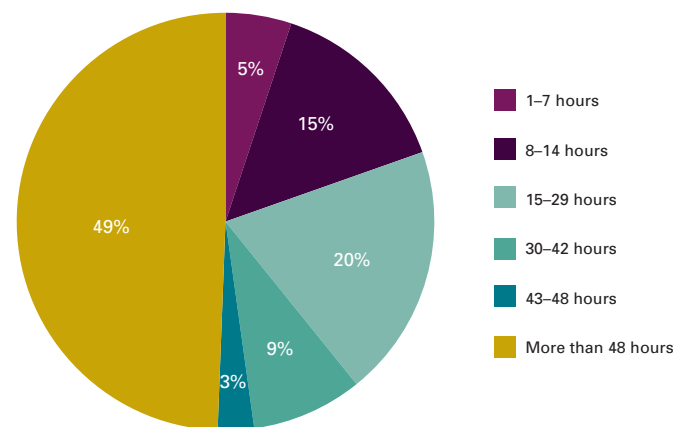
Source: ILO/NIS, 2012.

Figure 7.5 (c) Percentage distribution of child labourers, by employment sector



Source: ILO/NIS, 2012.

Figure 7.5 (d) Percentage distribution of child labourers, by working hours per week



Source: ILO/NIS, 2012.

The percentage of children out of school is highest among those children involved in hazardous labour (Table 7.1).

Of children aged 6 to 17 years who are out of school, 35 per cent cited reasons related to child labour (i.e., the need to contribute to household income or household chores) for not attending school. This figure has risen since 2009.³⁹

Table 7.1 Percentage distribution of working children, child labourers and children in hazardous labour aged 5–17 years, by school attendance

	Working children	Child labourers	Children in hazardous labour
Attending school	50%	45%	12%
Dropped out/discontinued	44%	48%	80%
Never attended school	6%	7%	9%
Total	100%	100%	100%

Note: Figures in this table have been rounded and may not add up to 100 per cent.
Source: ILO/NIS, 2012.

CHILDREN LIVING OR WORKING ON THE STREETS



Based on a 2006–2007 snapshot survey by Mith Samlanh, a non-governmental organization, the OVC Task Force estimated that 24,700 children in Cambodia were living or working on the streets in 2007, mostly in urban areas. The most affected cities were Phnom Penh (with 17,000 ‘street’ children), Siem Reap (1,500), Pailin (1,200), Banteay Meanchey (1,300) and Preah Sihanouk (3,700).

The lack of a comprehensive and more recent survey on these children makes it difficult to estimate their numbers. Available estimates of this population group include other categories (such as children with sub-standard housing or marginalized children), or young people who are 18 years of age or older. For example, in 2011 a rapid assessment survey conducted by the Cambodia Street Children Network in six cities counted a total of 4,829 people under age 24 whom social workers met on the street within a 24-hour period (set as the time duration of the survey). The breakdown by city was as follows: 2,184 in Phnom Penh, 1,318 in Siem Reap, 755 in Sihanoukville, 228 in Poipet, 174 in Neak Loeung and 170 in Battambang. This survey expanded the threefold street children definition outlined in the box below to include the category ‘Other’

(homeless, poor, marginalized and others) and young people (18 years of age or older).

A 2015 study by the NIS and Columbia University in the United States counted at least 3,545 homeless boys and girls under age 18 in seven provinces across Cambodia where data were collected.⁴⁰ This estimate covers all the major hotspots in Cambodia where homeless children are known to reside. Children were classified as homeless if they were under 18 years of age and always or sometimes lived on the street, in emergency shelters, in public places, or in insecure or improper housing. Data were collected in 15 urban districts across seven provinces (Banteay Meanchey, Battambang, Kampong Cham, Phnom Penh, Preah Sihanouk, Prey Veng, Siem Reap). While this is the first such enumeration in Cambodia, it does not provide a credible measure of children living or working on the streets since the definition combined both homeless and street children under one category without fully counting either of the categories. In particular, the inclusion of sub-standard housing as one of the criteria for enumeration is too broad and would lead to a higher number if the same criteria were applied across Cambodia, not just in a few cities.

Children **living or working on the streets** are defined under three categories: 1) ‘street living children’ (children who have cut ties with their families and live alone on the streets); ‘street working children’ (children who spend all or most of their time working on the streets to provide an income for their families and/or for themselves, but who return to a caregiver’s home at night); and ‘children of street living families’ (children who live with their family on the streets). The Cambodian Orphans and Vulnerable Children (OVC) Task Force uses a similar definition: Children who independently live on the streets; those who work on the streets but return home at least irregularly; and those who are living with their family on the streets.

CHILDREN LIVING IN POVERTY

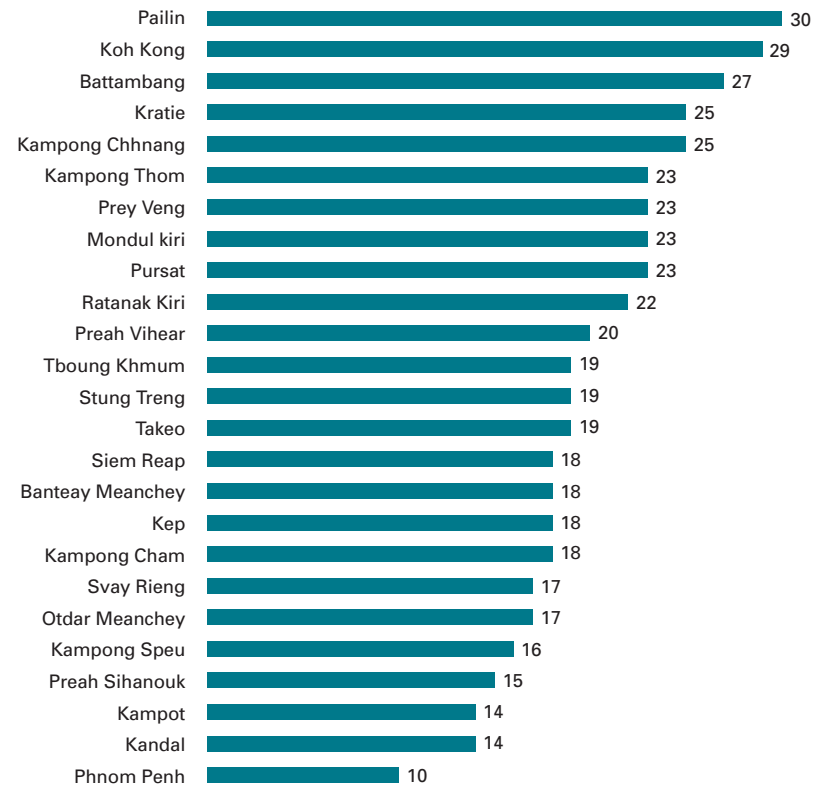


According to national data, poverty in Cambodia fell sharply from 48 per cent in 2007 to 19 per cent in 2012.⁴¹ International poverty lines, however, reveal a mixed picture. The Asian Development Bank reports that, in 2011, 10 per cent of the Cambodian population lived on less than US\$1.25 per day, down from 31 per cent in 2007. However, in 2011, 31 per cent of the population (about 4 million people) fell between the US\$1.25 and \$2.00 per day poverty lines, up from 29 per cent in 2007.⁴² This indicates that many Cambodians are still ‘near poor’ or vulnerable to poverty. The US\$2.00 per day poverty rate did not change significantly between 2009 and 2011.

In 2014, the Asian Development Bank also reported that poverty is overwhelmingly concentrated in rural areas of Cambodia, with 91 per cent of poor households living in rural areas in 2011. Poor households are also larger, with an average of 5.6 members compared to the national average of 4.5. Similarly, female-headed households with more than two children and no adult males are much more likely to be poor and girls are more likely to be working.⁴³

The Royal Cambodia Government’s IDPoor Programme collects data on household poverty.⁴⁴ Currently, 2.4 million people are estimated to be living in around 575,000 households ranked as ‘very poor’ (level 1) or ‘poor’ (level 2), representing roughly 19 per cent of the rural population in Cambodia (Source: Round 8–Round 10, 2014–2016). More specifically, IDPoor has identified 896,877 Cambodian children are living in poor households (Source: Round 7–Round 9, 2013–2015). As shown in Figure 8.1, Pailin has the highest percentage of poor people, followed by Koh Kong, while Phnom Penh has the lowest percentage (Source: Round 8–Round 10, 2014–2016).

Figure 8.1 Percentage of the rural population who are ‘very poor’ or ‘poor’ (levels 1 or 2), by province



Source: Ministry of Planning, IDPoor Programme, 2017 (Round 8–Round 10, 2014–2016).

CHILDREN WITH DISABILITIES AND CHILD CASUALTIES DUE TO REMNANTS OF WAR



A strong body of evidence confirms that children with **disabilities** are at significantly higher risk of experiencing all forms of violence and abuse than children who are not disabled.⁴⁵ In fact, research suggests that children with disabilities could be 3.0 to 4.6 times more likely to suffer violence, abuse and neglect than their non-disabled peers.⁴⁶

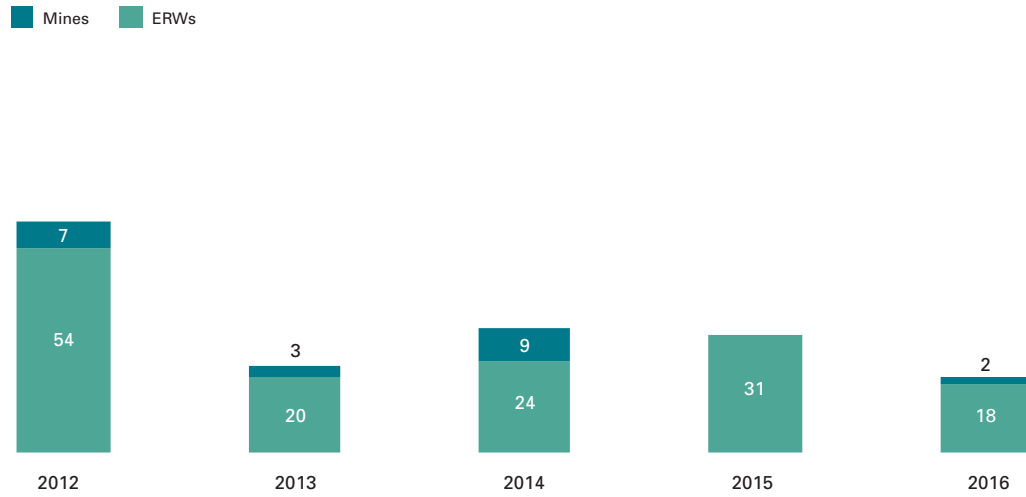
Data on disability have traditionally tended to reflect only those with physical impairments. The UNICEF approach to conceptualizing and defining disability is consistent with the broader concept of disability endorsed by the UN Convention on the Rights of Persons with Disabilities. Within this framework, the focus is on the relationship between an individual and his or her environment in terms of barriers and supports to daily living and social participation. For more information, see: <<https://data.unicef.org/topic/child-disability/overview/>>.

According to the CDHS, 2 per cent of the household population aged 5-14 reportedly had some difficulty, a lot of difficulty, or could not perform any functions in at least one of the following areas: seeing, hearing, walking, concentrating, self-care or communicating. These disabilities were found to increase with age and decrease with education, but no significant differences were found according to sex, place of residence and wealth status. The level of functional difficulties among those aged 5 and older was found to vary substantially across provinces, from 2 per cent in Mondul Kiri/Ratanak Kiri to 20 per cent in Battambang/Pailin. It should be noted, however, that these are likely to be underestimates of the true prevalence of children with disabilities in Cambodia since the questions used in the CDHS to measure disability status are not recommended for use with children (they were developed to assess disability in the adult population).

Cambodia is heavily mined and littered with unexploded ordnance (UXO) – a legacy of war that continues to injure and kill children and adults. The number of mine casualties is falling – there were 83 casualties in 2016 compared to 4,320 in 1996.⁴⁷ ‘Casualties’ refers to those either injured or killed. The trend for mine casualties among children has also decreased (Figure 9.1). In 2016, a total of 20 children (25 per cent female) were harmed by either explosive remnants of war (ERWs) or mines, accounting for 24 per cent of all mine/ERW casualties that year. Since 2012, child casualties due to ERWs have accounted for a higher share of total casualties than mines. Between 2012 and 2015, the risk of injury was higher than the risk of being killed: 87 per cent of children who were exposed to mines and ERWs in 2015 were injured as opposed to killed. However, in 2016, 55 per cent of children exposed to mines and ERWs were killed as opposed to injured or amputated (Figure 9.2).

In 2016, eight out of 25 provinces were affected by mine and/or ERW casualties: Battambang, Pailin, Otdar Meanchey, Preah Vihear, Kampong Thom, Kratie, Prey Veng and Tboung Khmum.

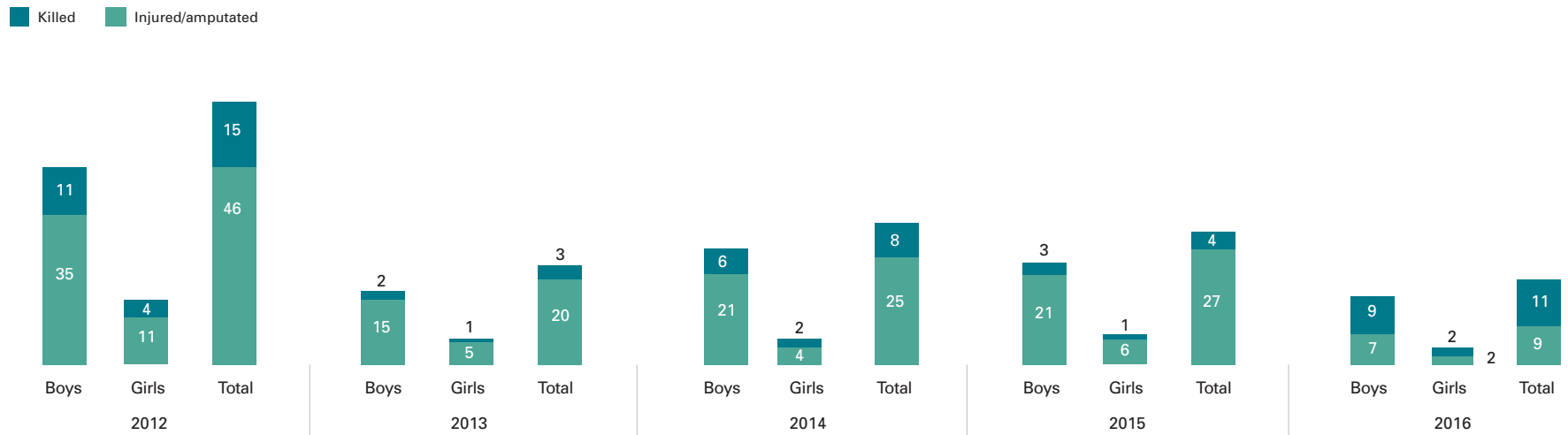
Figure 9.1 Total number of child casualties due to ERWs and mines



Note: There were no child casualties due to mines in 2015.
Source: Cambodia Mine Action Authority (CMAA), 2017.



Figure 9.2 Total number of child casualties due to ERWs and mines, by sex and by type of injury



Source: CMAA, 2017.

CHILDREN IN CONFLICT WITH THE LAW

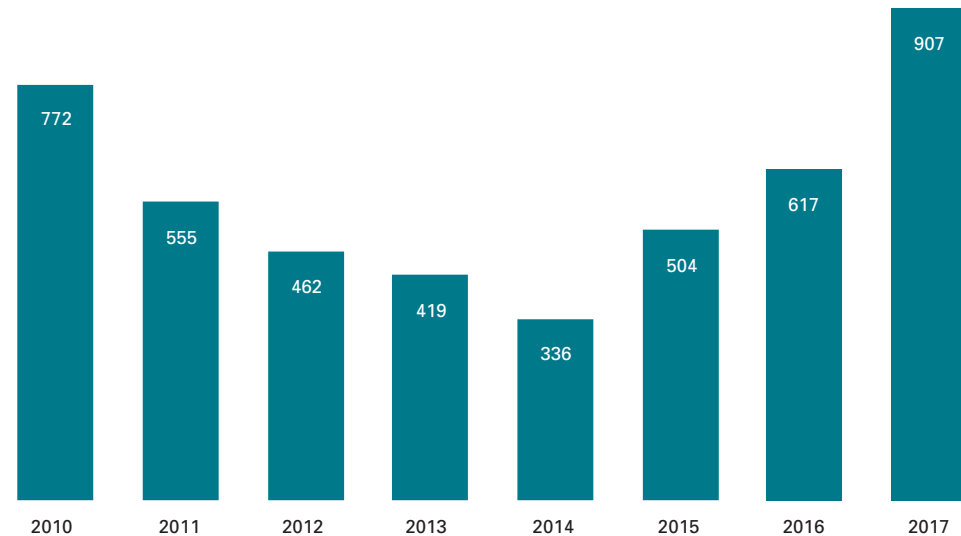


Although the 2009 Penal Code specifies 18 years as the legal age of criminal responsibility in Cambodia, the court may pronounce a criminal conviction against a minor as young as 14, depending on the circumstances.⁴⁸ In Cambodia, up to half of all children charged with a felony are treated as adults in the criminal justice system. Children from poor families face particularly high risks of unlawful deprivation of liberty since they cannot afford legal representation. Reports indicate that children are at risk of violence at every stage of the process when in contact with the law, from the time of arrest to being held in detention and appearing in court.⁴⁹

According to data provided by the Ministry of Interior, 907 children are currently in detention. Most are assumed to be between the ages of 14 and 17 years since the criminal liability starts from age 14 years; however, there are no verified age disaggregated data available. Most are male. Between 2010 and 2014, there was a 56 per cent decrease in the number of children in detention, followed by an increase in the last few years (Figure 10.1).

The new Juvenile Justice Law adopted in 2016 is expected to contribute to the development of effective data reporting, complaint and monitoring mechanisms for children in contact with the law.

Figure 10.1 Number of children in detention



Source: Ministry of Interior, 2017.

CHILD PROTECTION SYSTEM



This report provides evidence that alarmingly high numbers of children in Cambodia suffer from a range of child protection concerns. Such abuses are not new to human civilization, what matters is the response.

In this context, it is essential to establish a comprehensive national child protection system of notification and response, with a coordinated, harmonized and systematic approach to protecting vulnerable children. Child protection includes the formal and informal mechanisms and structures that function to increase the safety of children.⁵⁰ The starting point for such a system is community child protection practices and processes of care to support those children who are subjected to harm or who are less valued by their communities. This section uses two formal indicators – government budget and the number of government social workers – to show that Cambodia needs to accelerate state responses to ensure that its youngest citizens are safe and protected. A sufficient budget and adequate human resources, particularly social workers, are two of the most critical elements in a functioning child protection system.

Budget for child protection

The government budget does not categorize the child protection budget separately. Moreover, because child protection activities are conducted through different ministries, it is difficult to get a sense of the overall amount spent. This report therefore uses the budget of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), the primary government agency responsible for children's protection, to indicate the proportion of the budget spent on this sector.

The share of the MoSVY's budget in the national budget has increased from 2 per cent in 2009 to 4 per cent in 2016. The allocated budget increased from US\$45.4 million in 2009 to US\$178.5 million in 2016.⁵¹ However, a substantial portion of the budget goes to servicing retirees and veterans, leaving only a small percentage to be spent on other services, including children.

Social welfare workers

Social workers are the backbone of a comprehensive child protection system. While Cambodia has publicly funded government staff that work in the social welfare sector, they are not classified as social workers. To ensure compatibility with international definitions of social workers,⁵² this report has defined these government workers as 'social welfare workers' for children.

National- and district-level social welfare workers include staff of the MoSVY and of the Department of Social Affairs, Veterans and Youth Rehabilitation, who provide services to vulnerable children as well as other vulnerable populations. Social welfare workers may be fully or partially trained as social workers and do work for other vulnerable populations as well. In Cambodia, the number of publicly funded social welfare workers for children is very low – just 917 in 2012 – and the majority have not been formally trained as social workers.⁵³

TAKING STOCK AND MOVING FORWARD: THE SUSTAINABLE DEVELOPMENT GOALS

The 2030 Agenda for Sustainable Development charts an ambitious course for global development in the coming years. Its 17 Sustainable Development Goals (SDGs) address the social, economic and environmental dimensions of sustainable development. The General Assembly adopted the SDGs at the Sustainable Development Summit in New York in September 2015. The SDGs are sometimes referred to as the post-2015 development agenda because they take over where the Millennium Development Goals left off in 2015. There are 169 targets attached to the SDGs. These are the specific aims that the global community is working towards. A global framework with more than 200 indicators has been developed to monitor and report on progress towards the achievement of these targets.


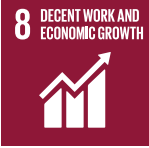

The SDGs are a major breakthrough for the protection of children worldwide. The Millennium Development Goals did not view child protection as a distinct area of focus. This further entrenched the relative neglect of child protection worldwide and hindered the capacity of policymakers and practitioners to advocate for the required funding and policy changes needed to provide full protection to children. In contrast, child protection is an indispensable component of the SDGs framework, as is made clear in its vision of a world in which every child grows up free from violence and exploitation and where no one is left behind. In addition to the relevant goals and targets that have implications for child protection, the SDGs include a set of dedicated targets on child protection, emphasizing the importance of addressing violence against children. The SDGs and targets were further elaborated by a set of measurable outcomes defined as part of a global indicator framework adopted by the United Nations Statistical Commission in March 2017. In addition to the set of global indicators, many countries are working to develop national indicators to ensure the SDGs framework is relevant to local contexts.

The potential of the SDGs to drive change for children in Cambodia and ensure their protection will depend in part on the country's commitment to high-quality, timely and disaggregated data to allow government and its partners to track progress and implement course corrections as needed. Insufficient investment in this area could undermine the commitment to reach those furthest behind and address inequities. Investing in data – including collection, analysis and use – will be especially critical in monitoring SDG progress and ensuring accountability, as well as increasing understanding of ongoing and emerging child protection challenges as the world changes between now and 2030.

Sustainable Development Goals



Available data for Cambodia on global Sustainable Development Goals and targets with related indicators on child protection

	SDG target	SDG indicator	Baseline (source)
 <p>5 GENDER EQUALITY</p>	Goal 5 Achieve gender equality and empower all women and girls		
	5.1 End all forms of discrimination against all women and girls everywhere	5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex	Not available
	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months, by form of violence and by age	Ever-married girls and women aged 15–49 years: 20% (CDHS, 2014)
		5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months, by age and place of occurrence	Girls and women aged 15–49 years: 0.1% (CDHS, 2014)
5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	5.3.1 Proportion of women aged 20–24 who were first married or in union before age 15 and before age 18	Married before age 15: 2% Married before age 18: 19% (CDHS, 2014)	
 <p>8 DECENT WORK AND ECONOMIC GROWTH</p>	Goal 8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all		
	8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms	8.7.1 Proportion and number of children aged 5–17 years engaged in child labour, by sex and age	11% (ILO/NIS, 2012)
 <p>16 PEACE, JUSTICE AND STRONG INSTITUTIONS</p>	Goal 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels		
	16.1 Significantly reduce all forms of violence and related death rates everywhere	16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age	Children and adolescents aged 0–19 years: 0.9 per 100,000 in 2015 (WHO, 2016)
		16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause	Not available
	16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children	16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	Not available
		16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation	Not available
		16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18	Women aged 18–29 years: 2% (CDHS, 2014)
16.9 By 2030, provide legal identity for all, including birth registration	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	73% (CDHS, 2014)	

FILLING KEY DATA GAPS

Develop a child protection information management system

Cambodia lacks a comprehensive child protection information management system. Such a system would consist of effective and integrated processes for the routine collection, analysis and interpretation of key data to inform the child protection system at all levels from early detection to response. To be sustainable, the development and maintenance of such a system should be government led. What little information is now available is sporadic and ad hoc, and typically collected and used only for specific purposes. The lack of accessible, timely, credible and reliable information on key areas of child protection is hindering effective planning, programming and evaluation. This report is the first attempt to bring key child protection data into a concise, consolidated and comprehensive form.

Adjust existing tools to fill data gaps

Existing data tools leave gaps in measurement that can be corrected, including in the following areas:

Violence against children: Data on the perpetrators of violence against children (both in the CDHS and the Cambodia Violence Against Children Survey) do not distinguish between parents and step-parents, despite the fact that they pose different types of risks. Given heightened risk factors around step-parenthood, it would be useful to disaggregate this data.

One of the indicators selected to monitor SDG target 16.2 refers to children's experiences of violent disciplinary practices at home. Currently, there are no nationally representative data on this indicator for Cambodia. However, there

is an established, standardized and validated tool – the widely implemented Conflict Tactics Scale (CTS) – to collect such data. Some international household survey programmes, such as the Demographic and Health Survey and UNICEF supported Multiple Indicator Cluster Surveys (MICS), have adopted a modified version of the CTS that could also be used in Cambodia.

Poverty: The Government of Cambodia IDPoor Programme provides a practical tool to identify poor households in order to target them for better services. This existing tool could be helpful for the child protection sector, since many poor families are vulnerable to protection concerns. For robust evidence-based planning, future advocacy should ensure that data identified by the IDPoor system on the number of children living in poor households is accessible in a user-friendly format.

Disability: The use of varying definitions and survey questions that are not appropriate for assessing disability in children has led to wide variations – and likely underestimates – in reported prevalence levels in Cambodia. The Washington Group on Disability Statistics and UNICEF have developed a survey module on child functioning that could be explored for use in Cambodia. The module assesses degrees of functional difficulties across key domains among children aged 2–17 years.

Improve data quality

As can be seen from this report, Cambodia has robust data on some child protection indicators but the quality has known shortcomings and warrants refinement of existing, or development of new, data collection methods. Here are a few examples:



Data on children living or working on the streets: Existing data collection efforts have not produced reliable, comprehensive or national figures on the number of children living or working on the streets. This is a critical gap that needs to be urgently filled.

Data on child trafficking: Reliance on small-scale studies and a lack of disaggregated data on children means the number of children affected by trafficking in Cambodia remains unknown. Resources should be allocated to commission statistically sound studies.

Collect baseline data on SDG indicators

The 2030 Agenda for Sustainable Development recognizes that baseline data for several of the targets remain unavailable. It promotes increased support for strengthening data collection and capacity building in UN Member States to develop baselines where they do not yet exist. Baselines are urgently needed to measure progress towards the SDGs, particularly those without clear numerical targets. Accordingly, Cambodia needs to collect baseline data for all selected SDG indicators and use these to review progress made in achieving SDG targets over the coming years.

Other ways to improve data on child protection in Cambodia

- Enhance national capacity and systems to collect, analyse and disseminate data across the age spectrum to improve the quality and availability of statistics on priority child protection issues. Investment is needed to determine the prevalence and impact of violence, and to strengthen the system for civil registration and vital statistics (e.g. on institutional care, birth registration and child marriage) that underpin essential data.

- Fast track current plans to establish a national child protection information management system and establish a section dedicated to collating data and monitoring progress on SDG targets.
- Disaggregate data along multiple dimensions (including ethnicity, sex, age, wealth, disability, location and migration status) to better identify and understand those children who are most disadvantaged and vulnerable to protection concerns.
- Improve data collection efforts for frequently undercounted groups of children, including those living in institutional settings, living or working on the streets, and those who are displaced or have experienced some of the worst protection violations.
- Invest in routine and relevant data collection efforts that can produce robust and comparable statistics.
- Explore the implementation of existing and validated tools to measure key aspects of child protection, such as exposure to violent discipline in the home.
- Foster and promote in-depth analysis and wide dissemination of statistics on child protection.
- Develop protocols for ethical and safe data collection on child protection issues to protect children from possible harm deriving from their involvement.
- Equip policymakers with data that are actionable so they can make decisions based on evidence.
- Develop a national data strategy to ensure that key issues related to child protection are systematically and regularly included in data collection efforts.

TECHNICAL NOTES ON THE DATA

Multiple data sources are used to report on some indicators (e.g., child labour, children's living arrangements) in order to produce a comprehensive picture. However, comparing data across sources requires caution in light of potential differences in the measurements and definitions used.

The use of data on specific indicators is dependent on the availability of published survey reports and access to datasets. The data presented here are from the most recently available sources identified for each topic. In some instances, only a selection of results were published in survey reports and/or datasets were not available. This limits the possibility of undertaking additional analyses or recalculating estimates to make them consistent with indicator definitions.

Data quality and accuracy are challenging in any statistical field. But they are particularly so when producing statistics on topics pertaining to child protection issues due to the increased likelihood of underreporting

and other possible sources of bias. Caution is therefore required when interpreting the findings; one should assume that figures for certain topics – particularly violence against children and trafficking – underestimate the actual number of children affected.

When examining trends, several factors should be considered including: the number of years between consecutive surveys; the number of data points available; the magnitude of change; the potential implications of changes to questionnaire design and/or implementation; and differences in estimates that are larger than would be expected from sampling errors alone. On this last point, sampling errors are usually measured in terms of the 'standard error' for a particular statistic (mean, percentage, etc.). The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. Narrower confidence intervals suggest more precision in the estimates. Confidence intervals are not presented in the charts for easier readability.

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ENDNOTES

1. Data in this section refer to 2017 unless otherwise noted. The source for all data included in this section is: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2015 Revision*, DVD edition, 2015.
2. National level data from the Cambodia Demographic and Health Survey on children's living arrangements are incomplete. First, they are not disaggregated by types of foster family arrangements. Second, they do not provide detailed information on a child living with only one parent (for example, whether or not the child has a step-parent). These other relationships can be crucial in identifying children at risk.
3. The Leiden Conference on the Development and Care of Children without Permanent Parents, 'The Development and Care of Institutionally Reared Children', *Child Development Perspectives*, vol. 6, no. 2, 2012, pp. 174-180; The Bucharest Early Intervention Project, 'Caring for Orphaned, Abandoned and Maltreated Children', <www.crin.org/docs/PPT%20BEIP%20Group.pdf>; Myers, John E. B., *Child Protection in America: Past, present, and future*, Oxford University Press, New York, 2006, p. 77; Williamson, John and Aaron Greenberg, 'Family, not Orphanages', Better Care Network Working Paper, September 2010.
4. The Cambodia Demographic and Health Survey defines foster children as those under 18 years living in households with neither their mother nor their father present. 'Foster care', as defined in the *United Nations Guidelines for the Alternative Care of Children*, is a family-based care placement option for children with no suitable biological, extended or kin network family identified, and where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care. Source: United Nations General Assembly, 2009.
5. The Ministry of Social Affairs, Veterans and Youth Rehabilitation conducts annual inspections of all residential care institutions defined as such by the *Minimum Standards on Alternative Care for*

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- Children* (2008). While these inspections have been providing the Ministry with valuable information about the well-being of institutionalized children, they do not offer complete information, since they cover only those institutions that are officially known or have a memorandum of understanding with the Ministry. The assumption has been that there are many more residential care facilities in Cambodia, some under the oversight of other ministries. The mapping was conducted to fill this knowledge gap.
6. Unlike the mapping study, which aimed to count all facilities in the country, the National Institute of Statistics study was based on a random sample that was then used to estimate the national figure. Different findings between the two studies are likely the result of differences in the definitions used of a residential care institution and in survey methodology. The definition used by the NIS was broader than the one used by the MoSVY. The NIS study is used in some instances in this report to illuminate certain points.
 7. Defined in the mapping report as: "A type of residential care facility that provides services to all types of children who have been abandoned or cannot stay with their biological families or relatives in communities, and that fits the standard definition of a residential care institution as defined in the *Minimum Standards on Alternative Care for Children*. These generally provide care in a non-family and structured environment for a larger number of children." Source: Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2017, p. 6.
 8. The NIS study puts this figure even higher, estimating that there are 1,658 residential care institutions in Cambodia. The definition refers to all types of facilities that provide residential care as RCIs.
 9. Transit home and temporary emergency accommodation: A form of residential care with limited duration of stay for children in the process of family permanency planning or whose families are experiencing acute crisis and require temporary housing for their children to achieve a stable family environment. While transit homes and temporary emergency accommodations can also be further distinguished, this report uses them as a collective term. Group home: Care provided to a limited number of children in a family-like environment under the supervision of a small group of caregivers who are not related to the children. Typically, there is at least one trained, employed caregiver providing non-medical care and supervision 24 hours a day to children in a structured environment. Pagoda (wat) and other faith-based care in a religious building: Care provided to children by monks, nuns, lay clergy and religious bodies, who attend to children's basic needs in the pagoda and other faith facilities. Boarding school/boarding house: A housing arrangement for children to stay for a term or multiple terms when accessing education far from home. Boarding schools were included in the mapping as there was concern that some schools might in fact be residential care institutions.
 10. The NIS study estimated that there were 48,775 children under 18 years of age (43 per cent female) in residential care in Cambodia.
 11. Browne, K., *The Risk of Harm to Young Children in Institutional Care*, Save the Children UK and Better Care Network, London, 2009; Gudbrandsson, B., 'Rights of Children at Risk and in Care,' prepared for the Conference of European Ministers Responsible for Family Affairs, Lisbon, 16–17 May 2006.
 12. The projection scenario shown in Figure 3.5 is calculated by observing the trends in birth registration prevalence in past years and calculating what the prevalence could be in the future if change continues to occur at the same rate as observed in the past. On the basis of these levels at different points in time, the average annual rate of change (AARC) is calculated. The AARC is calculated over the latest four-year period from 2010 to 2014 since this is the period of time in which birth registration levels improved. The projections indicate a continuation of observed trends by applying the observed AARC over this four-year period to project levels into the future. This figure is meant to be illustrative, showing a scenario that could reasonably be expected in the future based on available evidence to date. It is possible for the rate of change to move more quickly or slowly than the projected scenario. It is also possible for the demographic profile of the country to change unexpectedly, especially in the case of conflict or emergencies.
 13. The projection scenarios shown in Figure 4.3 are calculated by observing the trends in child marriage prevalence in past years and calculating what the prevalence could be in the future if change continues to occur at the same rate – or at a faster rate – than observed in the past. The observed trends, on which the projections are based, rely on measurements of the levels of child marriage among five-year age cohorts of women. Levels of child marriage decades ago are captured by measuring the age at marriage among older women, while more recent levels are captured through the age of marriage among younger women. On the basis of these levels at different points in time, the AARC is calculated. The AARC is calculated over a 25-year period, which reflects the full period available from standard measurements. The AARC is also calculated for the latest 10-year period to indicate whether progress has sped up in recent years. The projections indicating a continuation of observed trends apply the observed AARC to project levels into the future. The projections indicating an acceleration apply double the observed AARC. This figure is meant to be illustrative, showing scenarios that could reasonably be expected in the future based on available evidence to date. It is possible for the rates of change to move more quickly or slowly than these projected scenarios. It is also possible for the demographic profile of the country to change unexpectedly, especially in the case of conflict or emergencies.
 14. Fall, C. H., et al., 'Association between maternal age at childbirth and child and adult outcomes in the offspring: A prospective study in five low-income and middle-income countries (COHORTS collaboration)', *Lancet Global Health*, vol. 3, no. 7, 2015, pp.e366-e377, <[http://dx.doi.org/10.1016/S2214-109X\(15\)00038-8](http://dx.doi.org/10.1016/S2214-109X(15)00038-8)>.
 15. The projection scenarios shown in Figure 5.5 are calculated by observing the trends in early childbearing prevalence in past years and calculating what the prevalence could be in the future if change continues to occur at the same rate – or at a faster rate – than

- observed in the past. The observed trends, on which the projections are based, rely on measurements of the levels of early childbearing among five-year age cohorts of women. Levels of early childbearing decades ago are captured by measuring the age at first birth among older women while more recent levels are captured through the age at first birth among younger women. On the basis of these levels at different points in time, the AARC is calculated. The AARC is calculated over a 15-year period from 1999 to 2014, since this is the period of time in which levels of early childbearing decreased. The projections indicating a continuation of observed trends apply the observed AARC to project levels into the future. The projections indicating an acceleration apply double the observed AARC. This figure is meant to be illustrative, showing scenarios that could reasonably be expected in the future based on available evidence to date. It is possible for the rates of change to move more quickly or slowly than these projected scenarios. It is also possible for the demographic profile of the country to change unexpectedly, especially in the case of conflict or emergencies.
16. World Health Organization, *Global Health Estimates 2015: Deaths by cause, age, sex, by country and by region, 2000–2015*, WHO, Geneva, 2016, recalculated by UNICEF.
 17. Cambodia Violence Against Children Survey 2013.
 18. While the 2014 Cambodia Demographic and Health Survey also reports on violence against children to some extent (among adolescent girls aged 15–19 years), this report primarily uses data from the Cambodia Violence Against Children Survey 2013, since it was a violence focused study and therefore better reflects the complex nature of violence.
 19. More specifically, the three types of violence measured were: physical, defined as being punched, kicked, whipped or beaten with an object, using or threatening to use a knife or other weapon, choking, smothering, trying to drown or burning intentionally, slapping and pushing; emotional, including being ridiculed or put down, being told they were not loved or did not deserve to be loved, being told by an adult that they wished they had never been born or were dead; and sexual, defined as unwanted sexual touching, unwanted attempted sex, physically forced sex and pressured sex.
 20. The Cambodia Violence Against Children Survey asked questions on emotional violence only in relation to perpetration by parents, caregivers or other family members; the survey did not include perpetration by community members.
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 22. This refers only to children of women who have ever been married or lived with a partner.
 23. Respondents were asked whether they considered a husband or partner to be justified in hitting or beating his wife or partner for at least one of the following six reasons: If she burns the food, argues with him, goes out without telling him, neglects the children, refuses to have sexual relations with him or asks him to use a condom.
 24. The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000).
 25. ECPAT, 2011.
 26. Prevalence among children aged 15 years or younger was less than 1 per cent; borderline minors aged 16-17 was 7 per cent. Source: International Justice Mission, 2015.
 27. Prevalence among children 15 years or younger was less than 1 per cent; borderline minors aged 16-17 was 2 per cent. Source: International Justice Mission, 2015.
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 30. Cambodia country study, Global Slavery Index 2016, <www.globallslaveryindex.org/country/cambodia/>.
 31. National AIDS Authority, 2015.
 32. Joint United Nations Programme on HIV/AIDS, *2014 HIV and AIDS Estimates*, UNAIDS, July 2015.
 33. National AIDS Authority, 2015.
 34. See: <www.ilo.org/ipec/facts/lang--en/index.htm>.
 35. According to the 2014 Cambodia Socio-Economic Survey, the economically active population comprises all persons who furnished the supply of labour for the production of economic goods and services as defined by the United Nations Systems of National Accounts for at least one hour during the week preceding the survey.
 36. 2014 Cambodia Socio-Economic Survey, 2015.
 37. The ILO/NIS survey defines the term 'working or economically active children' to include children in hazardous labour and other forms of child labour as well as children working but not as child labourers. Child labourers are therefore a subset of all working or economically active children. The definition of child labour applied in the ILO/NIS 2012 Child Labour Survey includes children aged 5–11 years engaged in any economic

- activities for one hour or more in the past week; children aged 12-14 years engaged in permissible (non-hazardous) economic activities for more than 12 hours in the past week; children aged 12–14 years engaged in fewer than 12 hours of work in the past week in designated hazardous industries and occupations; children aged 15–17 years engaged in economic activities for more than 48 hours in the past week; and children aged 15-17 years engaged in fewer than 48 hours in the past week in designated hazardous industries and occupations.
38. This includes activities such as cooking or cleaning, looking after children, taking care of elderly people and other tasks performed for a household other than their own.
 39. 2014 Cambodia Socio-Economic Survey, 2015.
 40. National Institute of Statistics and Columbia University, 2016.
 41. Asian Development Bank, 2014, based on the national income poverty line/Cambodia Socio-Economic Survey data.
 42. Asian Development Bank, 2014.
 43. Asian Development Bank, 2014.
 44. The IDPoor Programme, established in 2006 within the Ministry of Planning, is part of the Government of Cambodia's ongoing efforts to reduce poverty and support socio-economic development throughout the country. The management and implementation of the identification of poor households, and the utilization of data on poor households, are regulated through the government promulgated Sub-decree 291 on Identification of Poor Households in December 2011 (<www.idpoor.gov.kh/en/home>). The IDPoor scores classify households according to three categories: Poor Level 1 (very poor), Poor Level 2 (poor), and Other (not poor). A standard questionnaire is used, which consists of a set of proxy indicators for poverty, agreed to by the National Working Group on Identification of Poor Households, which are mainly based on easily observable and verifiable assets, but also include a number of other issues such as dependency ratio, school attendance, crises or shocks, and household composition. Village Representative Group members conduct the interviews since their local knowledge makes it easier to verify whether respondents are accurately reporting their situation, and to assess the special circumstances of households. Although the IDPoor programme primarily focuses on rural areas, the implementation in urban areas was launched by the Ministry of Planning at the end of 2016; data collection in urban areas of nine provinces is currently ongoing. Full coverage of all rural and urban areas is expected by 2019. While this does not provide a complete picture of poverty in Cambodia, the Cambodian population is overwhelmingly rural (78 per cent according to the Cambodia Socio-Economic Survey, 2015). Since poverty tends to be concentrated more heavily in rural areas, IDPoor data are a useful indicator of the number of poor households and the population living in poverty in Cambodia.
 45. Jones L., et al., 'Prevalence and Risk of Violence against Children with Disabilities: A systematic review and meta-analysis of observational studies', *The Lancet*, vol. 380, no. 9845, 2012, pp. 899-907.
 46. Jones, et al., 2012; Sullivan, P. M. and Knutson J. F., 'Maltreatment and Disabilities: A population-based epidemiological study', *Child Abuse & Neglect*, vol. 24, no. 10, 2000, pp. 1257-1273.
 47. Cambodian Mine Action Authority, 2017.
 48. The NGO Coalition on the Rights of the Child, 'Universal Periodic Review Submission on Cambodia Child Rights (2009–2013): Contribution to the Universal Periodic Review mechanism', 18th Session of the Working Group of the Universal Periodic Review, Cambodia, 2014.
 49. The NGO Coalition on the Rights of the Child, 2014.
 50. Wulczyn, Fred, et al., 'Adapting a Systems Approach to Child Protection: Key concepts and considerations', UNICEF Working Paper, 2010.
 51. Cambodia Ministry of Economy and Finance, *Budget Book 2009–2016*.
 52. According to the International Federation of Social Workers, "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being. The above definition may be amplified at national and/or regional levels" (<<http://ifsw.org/get-involved/global-definition-of-social-work/>>). A professional social worker will have a relevant academic degree, such as in social work, in addition to practical work experience. "Professional social work is not simply charitable actions, or well-meaning intentions but actions and interventions that are derived from a basis of knowledge and research. This underscores the need for adequate training and capacity building in order to deliver professional social work" (Harachi, 2014).
 53. The number of government social welfare workers for children is based on the list of MoSVY staff documented by the report, 'Functional Review of the Ministry of Social Affairs, Veterans and Youth Rehabilitation', which was conducted in 2014 by the MoSVY. The review found a total of 1,551 staff working for the MoSVY (534 at the national/ministerial level, 678 at the subnational/Department of Social Affairs, Veterans and Youth Rehabilitation [DoSVY] level, and 339 at Office of Social Affairs, Veterans and Youth Rehabilitation [OSVY] level). Due to the lack of dedicated social welfare workers for children and the overlap of functions, especially at the subnational level, this report has calculated the number of social welfare workers for children based on the number of staff executing functions that cover, broadly or specifically, children's welfare (excludes administrative posts and those clearly linked to the elderly and pensions). Accordingly, there were 917 children's social welfare workers in Cambodia in 2012 (291 at the national/MoSVY level, 287 at subnational/DoSVY level and 339 at the OSVY level).

DATA APPENDIX

Birth registration			
Percentage of children under 5 years whose birth was registered at the time of the survey	73		CDHS 2014
Percentage of children under 5 years with a birth certificate	64		CDHS 2014
Children living without their biological parents			
Percentage of children under 18 living with at least one biological parent	89		CDHS 2014
Percentage of children under 18 not living with their biological parents despite having at least one parent alive	10		CDHS 2014
Percentage of children under 18 who have lost both parents	0.7		CDHS 2014
Percentage of children under 18 who have lost one parent	5		CDHS 2014
Percentage of children under 18 who have lost their father	5		CDHS 2014
Percentage of children under 18 who have lost their mother	2		CDHS 2014
Percentage of households with foster children	13		CDHS 2014
Number of residential care institutions (includes both state-run and non-state-run)	406		MoSVY, 2017
Number of children in residential care institutions	16,579		MoSVY, 2017
Percentage of adolescents age 13–17 years in residential care homes who have at least one living parent	79		National Institute of Statistics (NIS) 2016
Child marriage			
Percentage of women age 20–24 years old who were first married or in union by age 18	19		CDHS 2014
Percentage of women age 20–24 years old who were first married or in union by age 15	2		CDHS 2014
Teen pregnancy and early childbearing			
Percentage of girls age 15–19 years who have had a live birth or are pregnant with their first child	12		CDHS 2014
Percentage of women age 20–24 years who gave birth by age 18	7		CDHS 2014
Violence against children			
	Female	Male	
Percentage of 13- to 17-year-olds who experienced physical violence in the past 12 months	15	13	CVACS 2013
Percentage of 13- to 17-year-olds who experienced sexual violence in the past 12 months	3	0.1	CVACS 2013
Percentage of 13- to 17-year olds who experienced emotional violence in the past 12 months	10	10	CVACS 2013
Percentage of children age 0–17 years living with a mother who has experienced any physical, sexual or emotional violence committed by a husband or partner in the past 12 months	24		CDHS 2014; excludes never-married women
Percentage of 15- to 19-year-olds who agree that a husband is justified in hitting or beating his wife for at least one of the six specified reasons	46	26	CDHS 2014

Child trafficking		
Prevalence of commercial sexual exploitation of children	2	International Justice Mission (IJM) 2015; based on 287 randomly selected commercial sex establishments in three cities: Phnom Penh, Siem Reap and Sihanoukville
Child labour and working children		
Percentage of children age 5–17 years who are economically active	19	CSES 2014
Percentage of children age 5–17 years working as child labourers, including in hazardous forms of labour	11	ILO/NIS 2012
Percentage of child labourers who are in hazardous forms of labour	55	ILO/NIS 2012
Percentage of children in hazardous labour who are attending school	12	ILO/NIS 2012
Percentage of working children who are out of school	50	ILO/NIS 2012
Children affected by HIV/AIDS		
Estimated number of children age 0–14 years living with HIV in 2015	4,061	Joint UN Programme on HIV/AIDS (UNAIDS) Spectrum 2016
Estimated number of children age 0–14 years newly infected with HIV in 2014	73	UNAIDS Spectrum 2016
Estimated number of adolescents age 10–19 years living with HIV in 2014	39,000 (36,000-42,000)	UNAIDS, 2014 HIV and AIDS estimates, July 2015
Adolescents age 10–19 years living with HIV as a percentage of people of all ages living with HIV in 2014	6	UNICEF analysis of UNAIDS 2014 HIV and AIDS estimates, July 2015
Percentage of adolescents age 15–19 years who have comprehensive knowledge of HIV	33 (Female), 42 (Male)	CDHS 2014
Children living in poverty		
Estimated number of children living in households ranked poor levels 1 and 2	896,877	Analysis conducted by IDPoor Programme 2017
Estimated number of poor households in Cambodia (poor-levels 1 and 2)	575,000	Ministry of Planning, IDPoor Programme 2017
Estimated number of people living in households ranked poor levels 1 and 2	2,360,000	Ministry of Planning, IDPoor Programme 2017
Child casualties due to remnants of war		
Number of children harmed by ERWs or mines in 2016, by type of injury	9 (Injured/amputated), 11 (Killed)	CMAA, 2017
Children in conflict with the law		
Number of children in detention per 100,000 child population	15	Ministry of Interior, 2017
Child protection system		
Total budget of the Ministry of Social Affairs, Veterans and Youth Rehabilitation for the fiscal year 2016	US \$178.5 million	Ministry of Economy and Finance, 2016
Percentage of budget of the Ministry of Social Affairs, Veterans and Youth Rehabilitation as a share of the national budget in 2016	4	Ministry of Economy and Finance, 2016
Number of government social welfare workers for children and other vulnerable populations in 2012	917	MoSVY, 2014

In 2012, there were only **917** government social welfare workers for children and other vulnerable populations, the majority of whom had no formal training in social work.

Nearly **one in five** women aged 20 to 24 were married or living with a partner before age 18.

There are an estimated **39,000** adolescents aged 10 to 19 living with HIV.

Progress in birth registration has picked up speed since 2010; still, the births of **over a quarter** of children under age 5 are unregistered.

Childbearing among girls aged 19 is **on the rise**, especially among those who are poor, those who have no education or only a primary school education and those who live in rural areas.

About **2.4 million** people, one third of them children, live in households classified as 'poor' or 'very poor'.

In 2016, around **16,500** children were living in **406** residential care institutions across the country.

Half of all girls and women believe a husband is justified in beating his wife under certain circumstances, versus about one in four men and boys.

Up to **half** of all children charged with a felony are treated as adults in the criminal justice system.

One in ten children are not living with their biological parents even though they have at least one living parent.

Around **one in nine** children between the ages of 5 and 17 are engaged in child labour, more than half of whom work in hazardous conditions.

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