Table of Contents

FOREWORD

It is with great pleasure that I endorse the development of the first *Standards and Guidelines for the Care, Support and Protection of Orphans and Vulnerable Children* for the Kingdom of Cambodia. These Standards are a progressive step towards ensuring that the best possible care is provided to our children, particularly to those from the most vulnerable families.

This is because they provide vital guidance to organisations and programmes caring for orphans and vulnerable children in six essential areas: Food and Nutrition; Health; Education; Social, Emotional and Psychological; Economic Strengthening and Other (which address shelter, birth registration and succession planning). Covering these six areas, 51 Standards have been developed to clearly describe the care, support and protection that should be provided to vulnerable children and their families. While some provide for immediate care requirements, others are more longer term. Of additional importance is that these Standards and Guidelines complement the existing Minimum Standards on Alternative Care for Children, because they contribute towards preserving the integrity of vulnerable households with children and preventing family separation.

The Ministry of Social Affairs, Veterans and Youth Rehabilitation will play a key role in coordinating and monitoring the implementation of these Standards. Relevant ministries, institutions and civil society, at all levels, must work together to provide the best outcomes for our children. The Ministry of Social Affairs, Veterans and Youth Rehabilitation is fully committed to supporting this collaborative response and urges all those working with orphans and vulnerable children to make this same commitment.

This publication of the first comprehensive *Standards and Guidelines* provides us with a new and exciting opportunity to improve the lives of many and to cultivate our country's future generations.

Phnom Penh, August 2011

Minister of Social Affairs

Veterans and Youth Rehabilitation

H.E Ith Samheng

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Firstly, on behalf of the NOVCTF, I would like to extend my heartfelt thanks to the ad hoc Steering Committee who provided valuable guidance, feedback and technical support during the drafting process. Special thanks also to **Mr. Heng Koy** and **Mr. Khlang Pichet** from the NOVCTF Secretariat, **Mr. Phal Vandy** from Save the Children, and **Ms. Penelope Campbell** from UNICEF for their coordination and assistance. Our warmest gratitude, however, goes to **Mr. Mark Kavenagh**, **Ms. Erin Flynn** and **Ms. Kristin Buller**, the consultancy team, who worked tirelessly throughout the extensive, consultative process.

We sincerely thank those stakeholders from the national, capital/provincial and municipal/district/khan authorities who, often at very short notice, made time to meet with the consultants. We would also like to thank management and project staff from the range of government institutions and non-government organizations that allowed visits to their programmes during the development process. Their enthusiasm and commitment were encouraging, despite the challenges they regularly face.

Finally, our special gratitude goes to the children and their families who generously shared their personal stories. Their voices have been heard and taken into consideration. We hope that the *Standards and Guidelines* serve to better support these families, and all Cambodian OVC households in the years to come.

Phnom Penh, August 2011

Chair, National Multi-sectoral Orphans and Vulnerable Children Task Force

H.E Keo Borentr

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Treatment
CBO	Community Based Organization
CHBC	Community Home Based Care
CICL	Children in Contact with the Law
DoSVY	Capital/Provincial Department of Social Affairs, Veterans and Youth Rehabilitation
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IGA	Income Generating Activity
MMM	Mondul Mith Chuoy Mith ("friends help friends")
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MUAC	Mid Upper Arm Circumference
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NGO	Non Government Organization
NOVCTF	National Multi-sectoral Orphans and Vulnerable Children Task Force
NPA	National Plan of Action for Orphans, Children Affected by HIV and other Vulnerable Children
OI	Opportunistic Infection
OSVY	Municipal/District/Khan Office of Social Affairs, Veterans and Youth Rehabilitation
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother-to-Child Transmission
POVCTF	Provincial Multi-sectoral Orphans and Vulnerable Children Task Force
SRH	Sexual Reproductive Health
SSC	Social Services of Cambodia
TPO	Transcultural Psychosocial Organization
UN	United Nations
VCCT	Voluntary Confidential Counselling and Testing
VHSG	Village Health Support Group

INTRODUCTION

Cambodia has a young population. Of more than 13 million people, 40.6% are children under the age of 18 years[1]. The mostly rural population (80.5%) of subsistence farmers depends heavily on agriculture for their livelihood. Moreover, 30.14% of Cambodians live below the National Poverty Line[2], and 17.98% of households live below the Food Poverty Line[3]. Poverty, food insecurity and HIV/AIDS have resulted in a high proportion of vulnerable children.

Since 1997, Cambodia has made great progress with its national AIDS response; HIV prevalence was reported as 0.9% in 2006[4] and is currently estimated to be 0.7%[5]. However, the impacts of AIDS must continue to be addressed, particularly for the 6,000 estimated vulnerable children who are infected by the virus. It is estimated that there are also 85,921 vulnerable children *affected* by HIV[6]. Inextricably bound, poverty and food insecurity have a strong impact on health, especially for orphans and vulnerable children. Nearly three in ten (28%) children aged under 5 years are

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[1]National Institute of Statistics & Ministry of Planning (2009).*General Population Census of Cambodia 2008: National Report on Final Census Results*. Phnom Penh, Cambodia: Ministry of Planning.

[2] World Bank (June, 2009). *The Poverty Profile and Trend in Cambodia 2007.* World Bank(The overall poverty line was calculated at 3092R for Phnom Penh, 2704R in other urban and 2367R in rural areas)

[3]Ibid. (The food poverty line is based on the estimated cost of a basket of food providing a dietary intake of 2,100 calories per day. The food poverty line for Cambodia was 2445R for Phnom Penh, 2274R for other urban and 1965R for rural areas)

[4] National AIDS Authority (2009) *Annual Report 2008*. Phnom Penh, Cambodia: NAA.

[5]National Centre for HIV/AIDS, Dermatology, and STDs (2007). Report on Consensus Workshop on HIV Estimates and Projections for Cambodia 2006-2012 (25-29 June 2007). Phnom Penh, Cambodia: NCHADS.

[6] UNDP, Sanigest International, and Centre for Advanced Studies (2010). *A Report on Socio-economic Impact of the HIV/AIDS Epidemic at the Household Level in Cambodia*. UNDP: Phnom Penh, Cambodia.

chronically malnourished[7], and the mortality rate of children under five is as high as 54 per 1000 live births[8].

Due to a relatively high rate of labour migration (26.52% of total population)[9], children are often made more vulnerable when they are left behind under the care of elderly grandparents or are uprooted to follow their families into often unsafe conditions. Older children are more vulnerable to factors such as child labour, trafficking and sexual abuse.

Poverty and food insecurity also act as a barrier to accessing education for all children. Many vulnerable children do not have the opportunity to complete nine years of basic education. This lack of education sustains the poverty cycle.

THE FOCUS IS ON THE CHILD

Children use every experience and opportunity in their lives to develop their bodies, minds and personalities, as they adapt and grow. Children have the right to have their basic physical needs met. Every child also deserves love, support and guidance as they grow and should be presented with every opportunity to develop into healthy and happy members of society.

In Cambodia, while many children enjoy the opportunities they need for healthy development, often the most marginalized and vulnerable children do not. It is the work of those providing care, support and protection for these children to make every effort to address these needs.

The *Standards* provide guidance about the key needs of children, especially within the context of their families. But every child is different and their care, support and protection should be focused on addressing their individual needs. The *Standards* call for an assessment of each child's situation so that their context can be understood and so that age-appropriate and gender sensitive care can be tailored to address them and their family's needs.

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[7]National Institute of Public Health, National Institute of Statistics (Cambodia) and ORC Macro (2011).*Cambodia Demographic and Health Survey 2010: Preliminary Report*. Phnom Penh, Cambodia and Calverton, Maryland, USA: National Institute of Public Health, National Institute of Statistics and ORC Macro.

[8] Ibid.

[9]National Institute of Statistics & Ministry of Planning (2009).*General Population Census of Cambodia 2008: National Report on Final Census Results*. Phnom Penh, Cambodia: Ministry of Planning.

DEFINING ORPHANS AND VULNERABLE CHILDREN

Ten categories of orphans and vulnerable children (OVC) have been defined by the National OVC Taskforce. These children should be prioritized in the provision of care, support and protection. Supporting OVC must include systemic consideration of not only the children, but also their families and communities. Ten categories are:

- Orphans, who are children who have lost one or both parents (maternal, paternal or double orphans).
- Children with chronically ill parents or caregivers, including children with parents or caregivers living with HIV are:
  i. children who had one or both parents who had been very sick for at least 3 of the last 12 months;
  ii. children living in a household where at least one adult who had been very sick for at least 3 of the last 12 months; and
  iii. children living with at least one chronically ill caregiver (defined as a care giver who was too ill to carry out daily chores during 3 of the last 12 months).

- Children who live outside of family care, including children in institutions and street children, such as:
  i. children living on the street who have usually cut ties with their families and live all their time unsupervised on the streets;
  ii. children who spend a significant amount of time on the streets (i.e. they usually have a home to return to at night); and
  iii. children who are members of homeless families and live with them on the streets
- Children living in a poor household; that is, a household living below the poverty line.
- Abused and exploited children, including:

  i. children who are victims of sexual exploitation (e.g. prostitution or involvement in the pornographic industry);
  ii. children who work long hours each day for a petty wage;
  iii. children who are systematically prevented from going to school;
  iv. children who are seriously hurt through physical or emotional abuse; and
  v. children who are victims of sexual abuse such as rape, incest, indecent exposure or sexual relations with an adult

- Children in contact with the law, including children alleged to have been accused or convicted of committing a crime.

- Children addicted to drugs and children of illicit drug users.

- Children with disabilities, including children who are physically, visually, hearing or mentally impaired.

- Children affected by AIDS, who include:

    i. children living with HIV;
    ii. children living in a household with a parent or adult living with HIV;
    iii. children whose parent(s) died of HIV; and
    iv. children whose parents are at higher risk of HIV infection (e.g. children of entertainment workers)

- Other children the community identifies as vulnerable.

THE NEED FOR STANDARDS

In Cambodia, there are numerous services offered to OVC and their families by government, non-government and community based organizations. While progress has been made, the next step is to ensure that the needs of each OVC and their family are being met, and that a similar standard of quality care is provided to all.

Until now, there has not been a coordinating document to guide the delivery of care, support and protection services to OVC and their families, and support has largely been based on donor requirements and good intentions. The purpose of the *Standards* is to provide guidance to service providers to implement consistent, quality, evidence-based interventions that will improve the lives of OVC and their families.

As part of the first National Plan of Action, the Minimum Package of Supports was used to describe the basic care required by OVC. The new *Standards* replace the

Minimum Package of Supports as they describe comprehensive support for OVC, including those previously described in the Minimum Package of Supports.

The *Standards* include standards for Immediate Care, which respond to the immediate needs of OVC and their families and standards for Long Term Care which aim to strengthen OVC households to support themselves. All standards are important.

Assessment of OVC needs will determine which of the six components of Immediate Care should be provided in each case (see Standard 1.2). Through implementation of the Long Term Care standards, OVC households will be strengthened to better meet their own needs sustainably in the long term, and as a result, the support required to meet children's immediate needs should decrease over time.

Ministries, institutions, multilateral and bilateral agencies, donors, non-government organisations (NGOs) and community based organisations (CBOs) should use the *Standards* as a reference during the planning of programmes. The use of the *Standards* by all service providers will help to align and standardize support, increase coordination and collaboration, and improve the quality of care, support and protection for the maximum number of OVC in Cambodia. The *Standards* will guide all service providers during the design, implementation and monitoring of activities in the general areas and in the six components of support identified by the National OVC Taskforce. These components are: food and nutrition; health; education; economic strengthening; social, emotional and psychological support; and other (which address shelter, birth registration and succession planning).

THE COORDINATING ROLE OF MoSVY

The Standards create an environment for communication and collaboration among stakeholders so that the care, support and protection of OVC and their families can be standardized.

The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and its provincial and district departments have been mandated to take responsibility for coordinating and harmonizing the response to the needs of OVC. This includes coordinating with the Women's and Children's Consultative Committees at the provincial and district level and the Commune Committees for Women and Children at the commune level.

The National OVC Task Force and the provincial task forces, led by the Ministry, will continue to promote and coordinate national and sub-national efforts to provide care to OVC. This includes regularly collecting, aggregating and using relevant data and coordinating the mapping and delivery of services to those in greatest need.

USING THE STANDARDS AND GUIDELINES

All service providers should use the *Standards and Guidelines* to guide strategic planning, programme design, implementation and monitoring of their services and interventions.

At the community level, they can be used to provide a quick guiding reference for all service providers working directly with OVC and their families. These people include community volunteers, home based care teams, programme staff, health centre staff, social workers, teachers, volunteers, and representatives from commune councils and district authorities.

At national or sub-national level, they will help government, programme managers, and donors by providing rationale, guidance and resources for strategic planning and programme design.

Finally, the *Standards* should be used by all service providers to advocate to donors and government (at national or sub-national levels) when applying for programme funding or budget allocations.

1. GENERAL

Identification of the target group and an assessment of their individual needs must be the first steps to ensure programmes can meet the needs of OVC and their families. Monitoring of those receiving support will help to measure the impact and further tailor programmes to the needs of OVC. For long-term sustainable outcomes, collaboration with government is imperative. Government will play a key role in leading coordination efforts at national, provincial and commune levels, to ensure that quality support reaches the maximum number of OVC and their families.

These general Standards should form the foundation of all programmes and activities that support OVC and their families.

1.1 Programmes should work at community level to identify vulnerable children and their families. IDPoor data and commune profiles may be helpful. In addition, programmes should also engage other stakeholders such as home based care teams, community (including children) volunteers, local authorities, religious and village leaders, to ensure all vulnerable children and families are identified.

Rationale

A comprehensive assessment of poverty, called the IDPoor, was developed by the Ministry of Planning and is being used to assess poverty in rural areas across the country. When IDPoor data is available at the commune level, it provides a useful first step in identifying OVC households, who are often strongly impacted by poverty. However, this method should not be used alone to identify OVC. This is particularly important as some OVC are living in urban locations. Others may not have permanent locations or may move frequently, making IDPoor assessment challenging (for example, migrants and children living outside the family). Stakeholders such as community volunteers, home based care teams, local authorities and village leaders should be engaged to identify other OVC as well, such as those living with disabilities, in contact with the law or trafficked or children living outside of family care.

Guidance for Implementation

Programmes[10]should collaborate with commune councils to use existing IDPoor lists to identify and map possible OVC households needing support. Programmes should also collaborate with other stakeholders at the community level to identify other OVC that require support.

Resources

The Identification of Poor Households Programme (IDPoor), Ministry of Planning (http://www.mop.gov.kh/Projects/IDPoor/tabid/154/Default.aspx)

10 The term 'programmes' is used throughout the document and refers to any implementers and stakeholders providing services to OVC.

1.2 After identification, programmes must complete a basic assessment of the children and their families to identify needs before providing support and to assess each child's progress. Annual assessment is recommended. However, it may be done at shorter intervals when necessary.

Rationale

Often more OVC households need support than is available. To ensure the most vulnerable households are receiving support, an assessment of needs must be conducted. Support should only be given in areas where it is needed. Not all OVC and their families will need support in all six identified areas. Support should be given when and where the assessment indicates.

Assessment should be conducted annually or more frequently if necessary, to monitor the needs and progress of OVC and their families.

Guidance for Implementation

Programmes should develop a tool or use an existing one and work with existing volunteer groups (children groups if it has in the areas) to assess the needs of OVC households. Assessment does not need to be complicated or time-consuming. It should collect data that is directly relevant to the areas of support provided by the programmes. Two simple-to-use assessment tools, which may be used, can be found in appendices 1, 2 and 3. Programmes should train staff in contact with OVC on how to use these tools correctly to identify needs and conduct regular monitoring.

Resources

- **Project Hope Parenting Map (see appendix 1)**
  Child Status Index (see appendices 2 and 3 for the Khmer and English versions)

1.3 Programmes must comply with monitoring and evaluation requirements coordinated by the Provincial Department of Social Affairs, Veterans and Youth Rehabilitation every three months.

Rationale

At national level, monitoring and evaluation is essential to understanding the needs of Cambodian OVC and to direct future policy. Provincial Departments of Social Affairs, Veterans and Youth Rehabilitation (DoSVYs) are responsible for collecting data from programmes at the provincial level. It is important that programmes comply with the MoSVY monitoring and evaluation requirements and supply the necessary data when required.

Guidance for Implementation

Programmes should provide data as requested by the Provincial DoSVYs.

Resources

- **Quarterly Report on Services Provided to OVC, (MoSVY)**
- **Instruction Guide for NGOs on the Quarterly Report on Services Provided to OVC, (MOSVY)**

1.4 Programmes should not work outside their capacity and skill-set, but collaborate with partners to ensure that the needs of OVC and their families are met.

Rationale

In supporting children, it is important to first do no harm. Programmes must work only within their capacity to support OVC. It is important to collaborate with other partners, including NGOs, CBOs, government and communities to ensure OVC receive the quality care, support and protection that they need.

Guidance for Implementation

Programmes should take existing opportunities to establish and maintain relationships with commune councils, and with other organizations working with OVC. These relationships will be important for referrals when OVC and their families require services beyond the scope of any individual programme.

Programme managers should ensure that they are aware of the skills and capacity of their programme staff as well as that of other programmes.

Resources

- **Services Directory for Vulnerable People (http://www.sead-cambodia.org/)**
- **MEDICAM Cambodia (http://www.medicam-cambodia.org/)**
- **Khmer HIV/AIDS NGO Alliance (http://www.khana.org.kh/)**
- **HIV/AIDS Coordinating Committee (http://www.hacccambodia.org/)**
- **National OVC Task Force (http://www.novctf.gov.kh/)**

1.5 Mapping of programmes at Capital and Provincial level by DoSVY should be conducted to coordinate, prevent overlap, and identify gaps and opportunities for collaboration at least every two years. All programmes should have a Memorandum of Understanding with DoSVY.

Rationale

Collaborative mapping efforts at Capital and Provincial level are important to ensure that all stakeholders are aware of the services provided to OVC in their target area. Mapping can also be used to direct services and identify gaps.

Guidance for Implementation

Programmes should engage with mapping activities and take opportunities to meet and share information with other service providers.

Resources

- **National OVC Task Force (http://www.novctf.gov.kh/)**
- **Services Directory for Vulnerable People (http://www.sead-cambodia.org/)**

1.6 Programmes should share relevant information with commune councils and relevant committees in their target areas.

Rationale

Programmes need to ensure commune councils in their target areas are aware of the services they provide. Informing local authority partners about programme activities and involving them when appropriate will help to overcome barriers at the local level and increase buy-in from the community.

Guidance for Implementation

Programmes should attempt to meet regularly with local authorities, particularly commune councils, to identify local issues, get feedback and inform them of activities by sharing their work plans.

1.7 Programmes should provide technical support to sub-national government in their coordination efforts.

Rationale

Working with local and provincial government, which includes providing technical support and assistance to develop capacity, will enhance coordination and the overall quality of support provided to OVC and their families.

Guidance for Implementation

While working with provincial and local authorities, programmes can provide technical support by assisting them with developing agendas and clearly defining the roles and responsibilities of relevant council and committee members. This will ensure that meetings achieve their planned outcomes most effectively in order to efficiently support OVC in their communities.

2. FOOD AND NUTRITION

Every child has the right to food security[11]. Food security must include physical and economic access to sufficient, safe, and nutritious food and clean water[12].

For children, food and nutrition is vital for good health and development. Safe water and nutritious food contributes towards children having a stronger immune system and suffering fewer episodes of ill health[13]. Eating a nutritious diet also means children are healthier and have the ability to attend school, which increases their chance of reaching their full potential.

Significant progress has been made towards the Cambodian Millennium Development Goal, which aims to eradicate extreme poverty and hunger[14]. However, focus in this area must be sustained. The *Standards* therefore promote food security and improved nutrition strategies for OVC, with the aim of reducing malnutrition and child mortality.

[11] **United Nations General Assembly (1989). *Convention on the Rights of the Child.* Adopted and opened for signature 20 November 1989, (entered into force 2 September 1990).**
[12] **Council for Agricultural and Rural Development (November 1, 2010). *Food Security and Nutrition Information System.* Retrieved from http://www.foodsecurity.gov.kh**
[13] **World Health Organisation (October 29, 2010). *Nutrition.* Retrieved from http://www.who.int/topics/nutrition/en/**
[14] **Ministry of Planning (October, 2005).*Cambodian Millennium Development Goals.* Retrieved from http://www.mop.gov.kh/.**

2.1 Programmes must provide an emergency food package, food voucher or cash equivalent when the assessment identifies an urgent need; with a clear process for distribution so that the family receives it in the shortest time possible.

Rationale

Twelve per cent of rural Cambodian households are food insecure[15]. OVC households are vulnerable to food insecurity. Health shocks, drought or loss of assets may cause a family to become food insecure. Addressing the immediate food and nutrition needs of OVC and their families, through the provision of adequate food, is the first step in supporting families to become more resilient. This is especially important for OVC households infected and affected by HIV.

Guidance for Implementation

An emergency food package (see below), food voucher or cash equivalent should be provided to OVC and their families when the assessment indicates a need. To ensure that the family receives the package quickly, programmes should have a clear process for distribution. When organizations are unable to provide an emergency food package they must coordinate with other services to ensure the family receives adequate support. The emergency support period should not be longer than one year.

It is important to be aware that children living with HIV require additional calories to stay healthy and should be provided with extra food.

When providing an emergency food package, food voucher or cash equivalent, programmes could consider a contract with the family to help ensure that certain conditions be met (e.g. regular school attendance, adherence to ARV).

When resources are limited the following households with OVC should be prioritized: with children under 5 years; who are infected or affected by HIV; where the primary caregiver is an older person and unable to work; or where the household is child-headed.

Resources

- **Ten Facts on Nutrition (World Health Organization, http://www.who.int/features/factfiles/nutrition/en/index.html)**

[15] **Cambodia Development Research Institute (2008). *Impact of high food prices in Cambodia*. Phnom Penh, Cambodia: Cambodia Development Research Institute.**

- **Food Security and Nutrition Information System Council for Rural Development and Agriculture, http://www.foodsecurity.gov.kh)**

This is a typical month's ration for a family with OVC (with a maximum of five members). The total cost of the food emergency package is estimated to be a minimum of USD15.00.

2.2 Programmes that suspect OVC are malnourished must promptly refer them to public health services[16].

Rationale

In Cambodia, one-third of children less than 5 years of age are chronically malnourished[17]. The poor nutritional status of Cambodian children is reflected in the high under-five mortality rates[18]. Childhood malnutrition can lead to wasting and stunted growth, and can have long-term effects such as reduced cognitive ability.

Staff, volunteers and community members who are in contact with OVC can potentially identify early signs of acute and severe malnutrition and make referrals to the nearest health centre for assessment, treatment and management. Early intervention minimizes the impact of malnutrition on OVC. This is especially important for those infants and children exposed to or infected with HIV.

Guidance for Implementation

Interventions should include training staff, communities and families about the effects of malnutrition on the health and development of children. Programmes must educate about signs of malnutrition and the importance of referral and treatment for those identified as acutely or severely malnourished. The visual warning signs of malnutrition should be taught to all staff. In addition to this, programmes may also provide training directly to CHBC teams and programme staff in contact with OVC on how to conduct and understand Mid-Upper Arm Circumference (MUAC) measurements. The MUAC should be used to screen for potential cases of malnutrition, which must be referred to the health centre for diagnosis.

Resources

- **National Nutrition Strategy 2009 – 2015 (National Nutrition Programme, National Maternal and Child Health Centre).**
- **National Interim Guidelines for the Management of Acute Malnutrition (draft 2010)**
- **National Nutrition Training Curriculum - Minimum Package of Activities (MPA) 10 (http://a2zproject.org/node/78)**
- **National Micronutrient Training Module and Job Aids for Village Volunteers (http://a2zproject.org/node/78)**
- **PonleuSokhapheap (Health Messenger, http://www.psp.org.kh/HM/index.php)**

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[16] **See Standard 3.1 on transport assistance**

[17] **National Institute of Public Health, National Institute of Statistics (Cambodia) and ORC Macro (2011).*Cambodia Demographic and Health Survey 2010: Preliminary Report*. Phnom Penh, Cambodia and Calverton, Maryland, USA: National Institute of Public Health, National Institute of Statistics and ORC Macro.**

[18] **Ibid**

2.3 Emergency food package provision must be implemented with a phase-out plan that enables the family to develop their own food security[19]. Child-headed and elderly headed households may be exempt from phase-out because of infirmity and labour constraints.

Rationale

The emergency food package is only an immediate short-term response to address the needs of food insecure OVC and their families. A long-term sustainable approach is needed to build the economic capacity of OVC households. For example, linking households with income generation activities (see *Standards* on economic strengthening) increases income, and therefore food security. Increasing the income of an OVC household is often the best approach for them to support themselves.

Guidance for Implementation

Programmes should include a phase-out plan when providing OVC households with the emergency food package, food voucher or cash equivalent. A component of the phase-out plan will include planning with families and supporting OVC households to participate in income generation activities either provided by the programme or partners. Interventions such as Homestead Food Production can improve family food security and could be included in the phase-out plans. Income generation activities should meet the *Standards* on economic strengthening. In the instance where programmes are supporting child and elderly-headed households, exceptions for the phase-out of the Emergency Food Package should be made, as education should be the priority and infirmity a consideration.

[19] **See Standard 6.1 on income generating activities**

2.4 Training on nutrition and food security must be provided (at least 2 to 3 days per year) to all staff and volunteers who are in contact with children. This must include guidance on how to identify children with malnutrition warning signs and information about a balanced diet.

Rationale

Information dissemination to communities about food and nutrition is an important part of the response to improving community nutrition and therefore health outcomes of OVC and their families. To ensure information is appropriate to the community, staff in contact with OVC must have a clear understanding of the nutritional needs of families, and how to identify malnutrition. Training should be provided directly to those who will be educating the community, to ensure key message are not lost.

Guidance for Implementation

Programmes should provide training directly to staff and volunteers who are in contact with OVC and their families about the nutritional needs of families and how to recognize malnutrition. Training should be interactive and participatory, and knowledge should be tested at the end of the training to ensure that those who will be disseminating the information to the community have a clear understanding. Staff and volunteers should receive training at least once per year. The training curriculum should be aligned with the National Nutrition Programme.

Resources

- **National Nutrition Training Curriculum - Minimum Package of Activities (MPA) 10 (http://a2zproject.org/node/78)**
- **Training modules on Management of Acute Malnutrition (National Nutrition Programme, Ministry of Health, draft 2010)**
- **National Micronutrient Training Module and Job Aids for Village Volunteers (http://a2zproject.org/node/78)**
- **The Good Food Toolkit: A Toolkit for Promoting Positive Nutrition Behaviours among Adults Living with HIV (email Catholic Relief Services at crskh@seapro.crs.org)**
- **PonleuSokhapheap (Health Messenger, http://www.psp.org.kh/HM/index.php)**

2.5 Programmes providing food and nutrition education must use a curriculum that is aligned with the National Nutrition Programme, and that focuses on using locally available food. This will ensure that key messages are consistent in the community.

Rationale

Providing OVC households and communities with the knowledge to meet the family's nutritional needs is an important step in improving the nutrition of OVC. This is especially important for those infants and children living with HIV. A focus on locally available food is important in helping families to meet their needs. To promote consistent key nutrition messages in the community, all programmes must align nutrition education with the National Nutrition Programme.

Guidance for Implementation

Education should be provided to all family members in a way that is appropriate to their learning. The Good Food Toolkit is an effective way of providing households and small groups with information about healthy eating. Other large-scale information, education and communication (IEC) materials such as posters and billboards can also be used. Existing opportunities to provide education should be used, for example health centre staff can discuss nutrition with clients whenever they attend the health centre.

Resources

- **National Nutrition Training Curriculum - Minimum Package of Activities (MPA) 10 (http://a2zproject.org/node/78)**
- **National Infant and Young Child feeding Policy year 2009, National Nutrition Programme**
- **Communication for Behavioural Impact (COMBI) for Complementary Feeding Campaign – 2011-2013 (National Centre for Health Promotion, Ministry of Health)**
- **National Micronutrient Training Module and Job Aids for Village Volunteers (http://a2zproject.org/node/78)**
- **The Good Food Toolkit: A Toolkit for Promoting Positive Nutrition Behaviours among Adults Living with HIV(email Catholic Relief Services at crskh@seapro.crs.org)**
- **PonleuSokhapheap (Health Messenger, http://www.psp.org.kh/HM/index.php)**

2.6 Families with children under 5, and pregnant or breastfeeding mothers should receive additional education about the benefits of breastfeeding, and appropriate complementary feeding.

Rationale

In Cambodia, 25% of neonatal deaths are among low birth weight infants[20]. During pregnancy, women need to maintain appropriate nutritional intake and to gain weight to reduce the risk of low birth weight in newborn babies and complications during childbirth. Promoting good nutrition during pregnancy is an essential strategy to prevent health problems that lead to families becoming vulnerable.

Breastfeeding is the best way to provide infants with nutrients needed for healthy growth and development. It is safe, protects infants and children from illness, and important for child survival. Between 6 and 24 months of age, children's need for iron and other micronutrients is high. At 6 months, complementary feeding must be initiated to help the child obtain vital nutrients. Multiple Micronutrient Powders (MMPs) should be promoted together with complementary feeding.

Guidance for Implementation

Programmes should identify those families with OVC under the age of five years, and pregnant or breastfeeding mothers. Education for these families should be conducted within the household, for example during CHBC team visits. While educating, it will be important to consider whether the family has the necessary supports to meet the nutritional needs of children under 5 and pregnant or breastfeeding mothers. Widespread community education should continue to be conducted about the benefits of breastfeeding for infants and good nutrition for pregnant or breastfeeding women. Promotion and support for pregnant women and postpartum mothers to receive iron/folic acid (IFA) supplements and de-worming medicine should be availed. Children should also be supported to receive vitamin A every six months from six months of age until five years of age. Programmes should, where possible, work with the Baby Friendly Community Initiative to further strengthen a community-based approach to promoting breastfeeding and adequate complementary feeding practices.

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[20]National Institute of Public Health, National Institute of Statistics (Cambodia) and ORC Macro (2006).*Cambodia Demographic and Health Survey 2005*. Phnom Penh, Cambodia and Calverton, Maryland, USA: National Institute of Public Health, National Institute of Statistics and ORC Macro.

Resources

- **National Nutrition Training Curriculum - Minimum Package of Activities (MPA) 10 (http://a2zproject.org/node/78)**
- **National Micronutrient Training Module and Job Aids for Village Volunteers (http://a2zproject.org/node/78)**
- **The Good Food Toolkit: A Toolkit for Promoting Positive Nutrition Behaviours among Adults Living with HIV (email Catholic Relief Services at crskh@seapro.crs.org)**
- **PonleuSokhapheap (Health Messenger, http://www.psp.org.kh/HM/index.php)**
- **National Nutrition Strategy 2009 – 2015 (National Nutrition Programme, National Maternal and Child Health Centre, Ministry of Health).**
- **National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies among Women and Children in Cambodia, Ministry of Health, year 2009**
- **National Infant and Young Child Feeding Policy, Ministry of Health, year2009**

3. HEALTH

Poverty is a key contributor to illness, making OVC households particularly vulnerable. Many factors negatively impact the health of OVC and their families, including an inability to access basic health services, inadequate shelter, limited education, and poor nutrition. Poor hygiene and sanitation, and lack of access to safe water and improved sanitation are key contributors to poor health, particularly amongst the very poor (only 31% of Cambodian households have access to improved sanitation[21]).

Cambodia has achieved internationally recognized success in the national AIDS response. Programmes should continue to support the National Strategic Plan For Comprehensive and Multi-sectoral Response to HIV/AIDS III (2011-2015) to sustain this effort. For OVC and their families infected and affected by HIV, programmes should continue to support access to HIV counselling and testing, treatment for opportunistic infection and antiretroviral therapy, prevention of mother-to-child transmission (PMTCT), family planning and other support services.

For all OVC, a strong focus should be placed on preventing new HIV transmissions, especially from mother-to-child, which are reported to make up one-third of all new transmissions[22]. Preventing new transmissions within OVC households prevents additional burden on already vulnerable families.

For all OVC and their families, support is needed to ensure they have access to preventative and curative health care. Preventative health care includes immunizations, insecticide treated mosquito nets and clean water. Curative health care includes providing access to health services, whether primary or secondary. Cost of transport to health care is often prohibitive, thus transport to health facilities must also be considered.

The health of those who care for OVC, which may include older people, is important. Support for their wellbeing helps to protect OVC as well as by keeping them in their families. Women's health is particularly important, as it has significant impact on maternal and child health.

[21] **National Institute of Statistics (August 2009). *Housing Conditions 2007: Report based on the Cambodian Socio-Economic Survey.* Phnom Penh, Cambodia: Ministry of Planning.**
[22] **National AIDS Authority (2005).A Situation and Response Analysis of the HIV/AIDS Epidemic in Cambodia. Phnom Penh, Cambodia: NAA.**

3.1 Programmes must assist OVC and their families and caregivers with transport costs to promptly access preventative and curative public health services. This may be done through either paying transport costs (flexible based on distance) or through ensuring the entitlement of free transport when Health Equity Funds are provided.

Rationale

The cost of transport is one of the biggest barriers to accessing public health services. This is particularly true for OVC and their families. Health costs are very burdensome for the poor and vulnerable and can often drive families into irreversible poverty. It is essential that programmes ensure this barrier to accessing health care is removed. Ensuring access to maternal, new born and child health services is particularly important.

Guidance for Implementation

Programmes should provide financial assistance to cover transport to health facilities for those OVC and their families in need, especially families with pregnant women and young children under 5 years of age. All efforts should be made to provide this money on time and/or up front, especially to prevent families taking loans to cover the costs before being provided by the programme. However, appropriate measures must be taken to ensure funds are used for the intended purpose. Financial support for transport should be flexible, based on the distance to the required health service. For families who are already covered by Health Equity Funds, programmes do not need to pay transport costs but must ensure families receive their entitlements. Furthermore, programmes should assist OVC households to be assessed for IDPoor. This process can be initiated through the commune councils.

Resources

- **The Identification of Poor Households Programme (IDPoor). Ministry of Planning (http://www.mop.gov.kh/Projects/IDPoor/tabid/154/Default.aspx)**
- **Standard Operating Procedures for Implementing Social Care for Orphans and Vulnerable Children (NCHADS 2007, http://www.nchads.org/SOPs/SOP%20for%20Social%20Care%20for%20OVC.pdf)**
- **Health Equity Funds Referral Guidelines (Ministry of Health)**

3.2 Programmes must work with families to educate and ensure that OVC receive the full course of vaccinations, vitamin A and micronutrient supplements and regular deforming.

Rationale

Immunization can prevent many life-threatening diseases. The National Immunization Programme has increased access to essential vaccinations and vitamin A supplements for most Cambodian children through the Expanded Programme for Immunization. However, getting all children vaccinated in Cambodia remains a challenge, especially for the most vulnerable. Vaccinating children is often not a priority for vulnerable families. Through community education and the use of IEC materials, families become more aware of the importance of getting their children vaccinated. They are also made aware that the service is free, and the dates and location of immunization services or outreach in their communities. Micronutrient supplementation, if required and regular deworming every six months should also be supported. The families can be approached and contacted through outreach sessions or village health support groups (VHSGs) and village chiefs to help ensure they receive their vaccinations on time.

Guidance for Implementation

Programmes should conduct an assessment of OVC to identify if they have received their full course of vaccinations and vitamin A supplements. This can be done by viewing the yellow Child Health Card. Programmes should support the OVC and their care givers to ensure the required vaccinations are received.

Educating monks, other religious leaders, village elders at pagodas, commune council members, teachers and community volunteers (for example, village health support groups) will help to spread the message about the importance of getting children vaccinated throughout the village. Key messages can include the benefits of getting children vaccinated, dates and locations of immunization services or outreach in the community; that the service is free and that families should keep track with the yellow card.

Resources

- **National Nutrition Training Curriculum - Minimum Package of Activities (MPA) 10 (http://a2zproject.org/node/78)**
- **National Micronutrient Training Module and Job Aids for Village Volunteers (http://a2zproject.org/node/78)**
- **PonleuSokhapheap (Health Messenger, http://www.psp.org.kh/HM/index.php)**

3.3 Programmes must provide education on: 1) safe drinking water, 2) always using toilets, and 3) hand-washing with soap at key times. In order to keep water safe for drinking, programmes may promote activities such as boiling water, disinfecting using the sun's heat (solar disinfection), filters or purification tablets. Education and materials supporting basic hygiene, such as hand washing with soap and brushing teeth, and good sanitation practices should also be provided.

Rationale

In Cambodia, mortality for children under five years of age is 54 per 1000 live births[23] and diarrhoea is one of the major causes of these deaths. Forty seven per cent of Cambodian households have access to an improved source of drinking water (76% in urban and 41% in rural areas). Access to sanitation is particularly low, as only 23.3% of the rural population has a toilet[24]. The poorest households are more likely to not have access to an improved water source[25] , a toilet or soap. Diarrhoea causes malnutrition, and malnutrition makes children more susceptible to illness. Diarrhoea can also have implications for school attendance, and therefore learning. Education about the importance of clean water, always using a clean toilet for defecation and hand-washing with soap is key to decreasing the incidence of diarrhoea for OVC. This is especially important for those infants and children who are infected with HIV.

Guidance for Implementation

Programmes should conduct household and community education about the importance of using safe water, using toilets and hand-washing with soap to prevent diarrhoea. Safe water can come from improved sources like wells with hand pumps, piped water and collected rainwater. Education alone may not be enough as many OVC households will not be able to afford to buy fuel to boil water, a ceramic water filter or construct a toilet. When OVC households do not have access to the necessary resources, programmes should facilitate access to safe water, clean toilets and encourage hand-washing with soap. Programmes should encourage each household to have a clean, secure and affordable toilet, either a pit latrine sealed with a platform, pour-flush toilet or water closet.

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[23] **National Institute of Public Health, National Institute of Statistics (Cambodia) and ORC Macro (2011).*Cambodia Demographic and Health Survey 2010: Preliminary Report*. Phnom Penh, Cambodia and Calverton, Maryland, USA: National Institute of Public Health, National Institute of Statistics and ORC Macro.**

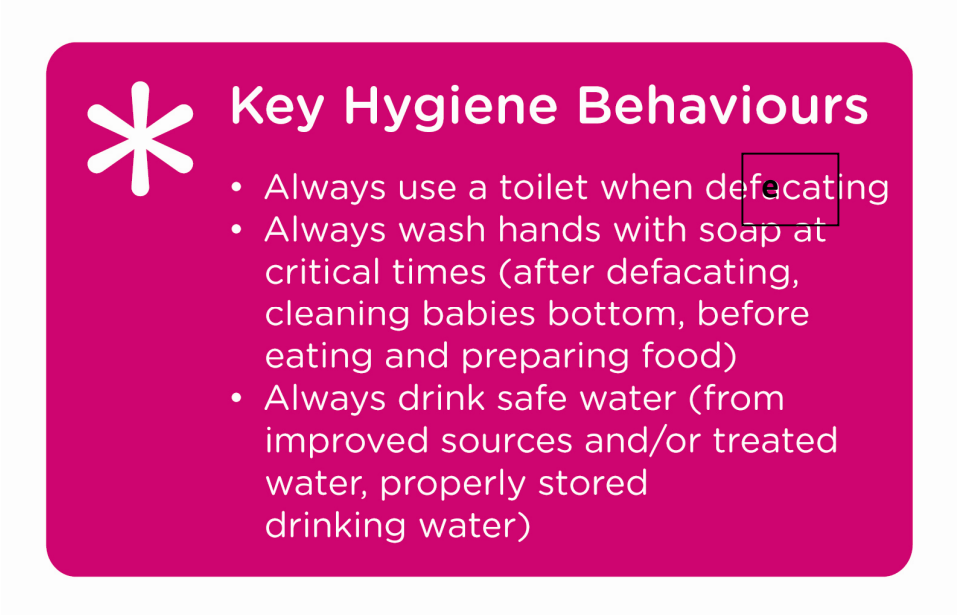
[24] **Ministry of Rural Development (Cambodia) (2010). Rural Water Supply, Sanitation and Hygiene Strategy(2010-2015); Phnom Penh, Cambodia**

[25] **National Institute of Statistics & Ministry of Planning (2009).*General Population Census of Cambodia 2008: National Report on Final Census Results*. Phnom Penh, Cambodia: Ministry of Planning.**

When providing water filters and toilets, additional education on their use and maintenance at the household level should be conducted and followed up. Efforts also need to be made to ensure ownership (e.g. families pay a small amount). Education and follow-up will be key in ensuring families have the knowledge to support and maintain key hygiene behaviours. When resources are limited, the following households with OVC should be prioritized: with children under 5 years; who are infected or affected by HIV; with pregnant or breastfeeding mothers; or where the primary caregiver is an older person.

Resources

- **Water-related diseases (World Health Organization, http://www.who.int/water_sanitation_health/diseases/diarrhoea/en/index.html)**
- **PonleuSokhapheap (Health Messenger, http://www.psp.org.kh/HM/index.php)**
- **Handbook on Community-led Total Sanitation http://www.communityledtotalsanitation.org/resources/handbook-community-led-total-sanitation**
- **PATH (2009) DIARRHEAL DISEASE: Solutions to Defeat a Global Killer http://www.path.org/vaccineresources/details**
- **Wateraid (2009) Fatal neglect- How health systems are failing to comprehensively address child mortality, http:www.wateraid.org/documents/wateraid_fatal_neglect_web.pdf**
- **WHO and UNICEF (2009) Diarrhoea: Why are children still dying and what can be done www.unicef.org/media/.../Final_Diarrhoea_Report_October_2009_final.pdf**



3.4 Programmes must continue to focus on preventing unwanted pregnancies, new HIV transmissions and other sexually transmitted infections through education and ensuring access to and promotion of relevant services (e.g. birth spacing, voluntary confidential counselling and testing) for OVC and their families that require this support.

Rationale

Over recent years, Cambodia has achieved internationally recognized success in combating HIV[26]. Continuing efforts include preventing new infections, especially through mother-to-child transmission. Prevention and HIV counselling and testing services are a key part of the Continuum of Care. HIV and AIDS have long-lasting and significant effects on OVC and their families. The prevention of new transmissions is vital to protect OVC households from further vulnerability.

Guidance for Implementation

All programmes should work towards the prevention of new HIV transmissions. Community education about HIV transmission should be done. Working with volunteers such as village health support groups, religious leaders or Buddhist monks can help to spread key messages to the community. Programmes should engage credible people in the community to help ensure acceptance of key messages. Programmes should identify OVC and their families that need support in accessing voluntary, confidential counselling and testing (VCCT), antenatal care (ANC), PMTCT and care and support. Promoting VCCT is particularly important for pregnant women so that HIV positive women promptly access PMTCT services. Programme should ensure linkages with health centres, VCCT and treatment centres so families including women and children can access key lifesaving services. Couple counselling should be promoted to ensure the participation of men.

Resources

- **Standard Operating Procedures for the Continuum of Care for People Living with HIV/AIDS (NCHADS), http://www.nchads.org/SOPs/sop%20coc%2008%20kh.pdf**
- **Standard Operating Procedure to Initiate a Linked Response for Prevention, Care and Treatment of HIV/AIDS and Sexual and Reproductive Health Issues (NCHADS), http://www.nchads.org/SOPs/SOP%20to%20Initiate%20a%20link%20respose%20kh.pdf**

[26] **National AIDS Authority (March, 2010). Cambodia Country Progress Report: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS. Phnom Penh, Cambodia: NAA.**

3.5 Programmes should collaborate with public health services to ensure a Continuum of Care is provided for those OVC and their families infected and affected by HIV, including prompt access to treatment for opportunistic infections and antiretroviral therapy.

Rationale

A key factor in the success of the National Centre for HIV/AIDS and Sexually Transmitted Diseases (NCHADS) Continuum of Care for People Living with HIV is the collaboration among government, non-government organizations and communities. Community based prevention, care and support (CBPCS) teams can support links and referrals to services. This ensures people requiring support and treatment are well informed and have timely access to appropriate care, including diagnosis and counselling, antiretroviral treatment (ART), while reducing barriers to needed services.

Guidance for Implementation

Programmes should align with the NCHADS Standard Operating Procedures for Linked Response and the NCHADS Standard Operating Procedures for the Continuum of Care for People Living with HIV. This will ensure the most efficient collaboration takes place and therefore improve the uptake of services. Programmes should establish and maintain relationships with health centre staff, village health support groups, CBPCS teams and commune councils.

Resources

- **Standard Operating Procedures for the Continuum of Care for People Living with HIV/AIDS (NCHADS), http://www.nchads.org/SOPs/sop%20coc%2008%20kh.pdf**
- **Standard Operating Procedure to Initiate a Linked Response for Prevention, Care and Treatment (NCHADS), http://www.nchads.org/SOPs/SOP%20to%20Initiate%20a%20link%20respose%20kh.pdf**
- **Standard Operating Procedures for Implementing the Three I's in the Continuum of Care (CoC) Settings (NCHADS), http://nchads.org/index.php?lang=en**
- **PonleuSokhapheap (Health Messenger, http://www.psp.org.kh/HM/index.php**

3.6 Programmes should establish and maintain relationships with staff of public health services to encourage exemptions from fees and ensure OVC and their families receive the same care as others.

Rationale

Access to treatment and preventative health care is vital for the care, support and protection of OVC and their families. Treatment costs are a significant barrier for OVC and their families to accessing needed health care. Developing relationships or a referral system with health centre staff has helped programmes to advocate for the elimination of costs at the health centre for OVC and their families.

Guidance for Implementation

Programmes, health centre staff and Village Health Support Groups (VHSGs) should develop and maintain relationships and regular contact with each other. For families able to access Health Equity Funds, programmes should work with the hospital or health centre staff to ensure that the services they require are accessed free of charge. For those OVC and their families not eligible for Health Equity Fund support or an IDPoor identification card, it may be beneficial for programmes to work with the Commune Council to gain verification of the family's OVC status and advocate for free health care.

3.7 Programmes should provide health education to improve the knowledge of both OVC and their families on a full range of health issues, particularly HIV&AIDS, reproductive, maternal, newborn and child health, basic hygiene and sanitation. Curricula must be aligned with relevant Ministry of Health curricula to ensure key messages are consistent in the community.

Rationale

Knowledge is an important step in the behaviour change process, which improves the health of individuals and families. A collaborative approach is needed to gain the maximum benefit from community education and IEC materials. Any health education that is provided to communities should follow the Ministry of Health's strategies, guidelines and curriculum to promote correct and strong key messages.

Guidance for Implementation

Programmes should conduct community education directed at OVC and their families about disease prevention and health promotion. Programmes conducting community education events should address barriers to participation for OVC and their families such as distance to event, time of day and discrimination. Programmes should work with monks, pagoda committees, other religious leaders, village leaders and commune councils to help provide health education. Additional education can also be provided at the household level. This will be especially important for particularly vulnerable or house-bound families (for example, those suffering from recent illness and households with older caregivers). Staff conducting health education should be trained annually in the curriculum and facilitation skills.

Resources

- **PonleuSokhapheap (Health Messenger), http://www.psp.org.kh/HM/index.php**
- **National Centre for Health Promotion, http://www.nchp.gov.kh/**

3.8 Programmes should support Village Health Support Groups and public health service staff to provide health education during community outreach, particularly during monthly immunization activities.

Rationale

Programmes do not need to initiate new village meetings to provide health education, as there are many existing points of contact with the community that can be used. For example, programmes should collaborate with health centre staff during regular immunization outreach to plan and deliver community health education on a range of topics. Additionally, key messages about disease prevention and health promotion can be provided during health centre and routine community or home-based care visits. The related topics can be included in the VHSG bi-monthly meetings with health centre staff in which key issues can be discussed and VHSGs can receive on time support and guidance.

Guidance for Implementation

By developing and maintaining relationships with the health centre staff, VHSGs and CHBC teams, programmes can collaborate to deliver community health education. Programmes may develop agendas in collaboration with the health centre staff and VHSG to scale up existing community education. Existing opportunities should be identified and used by programmes before planning new community education events.

Resources

Guidelines for Behaviour Change Communication Activities in Health (National Centre for Health Promotion, Ministry of Health),
http://www.nchp.gov.kh/printed-materials/item/121-guidelines-for-behaviour-change-communication-activities-in-health.aspx

4. EDUCATION

The UN Convention on the Rights of the Child recognizes that every child has an equal right to education[27] and one Cambodian Millennium Development Goal is to achieve universal access to nine years of basic education. The Royal Government of Cambodia has long been committed to improving access to education, and the Constitution mandates the State to provide 9 years of free and compulsory education to all citizens.

Education is pivotal to improve the lives and prospects of OVC. While access to education is improving in Cambodia, with enrolments in primary education in 2010 as high as 94.8%[28] and close to gender parity, progression through the higher grades remains a challenge.

Orphans and children infected with HIV have lower attendance rates than other children[29]. Additionally, very few children living with disabilities have access to basic services such as education. Other OVC, including children from ethnic minority groups, also require specific targeting to support universal access to education. The growing incidence of families with children migrating for work in Cambodia also has a strong effect on drop-out from education.

The *Standards* focus on improving access for all OVC by eliminating barriers, particularly financial difficulties. Establishing and maintaining relationships between programmes, community leaders, school directors and teachers is essential to improving access to education for OVC. Relationships help with monitoring attendance and performance, increasing the capacity of teachers in identifying and removing barriers for OVC.

[27] United Nations General Assembly (1989). *Convention on the Rights of the Child.*adopted and opened for signature 20 November 1989, (entered into force 2 September 1990).
[28] United Nations (November 1, 2010). *What are the Cambodia Millennium Development Goals?* Retrieved from http://www.un.org.kh/undp/mdgs/cambodian-mdgs
[29] National Institute of Public Health, National Institute of Statistics (Cambodia) and ORC Macro (2006).*Cambodia Demographic and Health Survey 2005.* Phnom Penh, Cambodia and Calverton, Maryland, USA: National Institute of Public Health, National Institute of Statistics and ORC Macro.

4.1 Programmes must encourage and support OVC to enrol and attend nine years of basic education, especially girls, orphans and children infected or affected by HIV and children from ethnic minority groups.

Rationale

Every child has the fundamental right to access education, and one of the Cambodian Millennium Development Goals is for universal access to nine years of basic education by 2015. Orphans and particularly girls are less likely to attend school, as are children living with HIV or affected by AIDS[30]. Enrolment can be a challenge to OVC for many reasons. Often OVC do not have documents such as birth certificates that are required for enrolment. Other times OVC households are simply unable to pay the costs associated with schooling.

Guidance for Implementation

Programmes should educate people about the benefits of education for both boys and girls. Programmes should provide support to enrol OVC in school and monitor attendance and performance. This will include working with local stakeholders to remove barriers, such as working with commune councils to obtain birth certificates and by building a culture in communities that values education for both boys and girls. Supporting activities in schools and collaborating with the School Support Committee will help achieve this. Relationships with OVC and their families, who are at risk of dropping out of school, it will help with the early identification of barriers that programmes can help to alleviate.

Resources

- **Cambodian Millennium Development Goals. (Ministry of Planning), http://www.mop.gov.kh/**
- **Education Strategic Plan, (MoEYS), http://www.moeys.gov.kh/Includes/Contents/Education/EducationStrategicPlan/Education%20Strategic%20Plan%202006-2010.pdf**
- **Education for All National Plan 2003-2015 (MoEYS), http://www.moeys.gov.kh/Includes/Contents/Education/EducationAll/Education%20for%20All%20National%20Plan%202003-2015.pdf**

[30] **National OVC Task Force (2008).Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia: A Situation and Response Assessment, 2007. Phnom Penh, Cambodia: NOVCTF.**

4.2 Programmes must provide OVC with the Education Package if the assessment identifies a need for support for both formal and non-formal education.

Rationale

Cost is a significant barrier to education for OVC. While nine years of public education is free for all children, indirect costs such as for writing materials, transport and uniforms can exclude some children from accessing education. When assessment indicates that these costs are stopping OVC from attending school, the provision of the Education Package will help OVC and their families to overcome some of these barriers to education.

Guidance for Implementation

Programmes should assess OVC and their families to identify those who require material support to access school and may directly provide the Education Package. Programmes may also work with other organizations, commune councils and local communities to ensure OVC receive the items listed in the Education Package or provide conditional educational scholarships.

4.3 Programmes should establish and maintain relationships with public school directors and teachers to ensure all costs associated with school attendance are waived.

Rationale

Maintaining relationships with school directors and teachers can help to overcome financial costs that prevent OVC from attending school. Regular contact also provides the opportunity to monitor attendance, performance and address challenges that OVC face as they arise.

Guidance for Implementation

Programmes may formally collaborate with schools through involvement in School Support Committees. Programme staff should also make efforts to engage and build long-term relationships with school personnel, whenever possible, for example, by regularly attending the school or meeting teachers to directly discuss the needs of OVC students. Sustaining relationships with school staff provides the opportunity to respond to the needs of OVC and highlight the issues facing these children that affect access to education.

4.4 Programmes, in collaboration with schools, student councils and families, must monitor the attendance and performance of OVC at least once per month.

Rationale

OVC who are attending school are at a high risk of dropping out. Poverty, gender, food insecurity and poor health often challenge the ability of families to keep their children in school for the long-term. Continued and consistent attendance is important for children's learning and regular monitoring helps to identify barriers quickly and respond readily, getting children back into the classroom without large gaps in their schooling.

Guidance for Implementation

Programme staff and volunteers should conduct home visits to families to monitor school attendance and performance. These visits can also be used to talk with OVC and their families to identify problems the family is experiencing. Maintaining relationships with school directors and teachers will also provide opportunities to discuss OVC who are being supported.

4.5 Programmes that provide non-formal education should target out-of-school youth and focus on reintegrating them to state education where appropriate.

Rationale

Youth who have not attended school for a number of years need support to re-engage with education, not just encouragement to re-enrol. Youth need opportunities to attend school and get used to the learning process and catch up on the basic numeracy and literacy and social skills necessary for educational development.. Where possible non-formal education programmes should be intended as a short-term strategy to re-engage young people and prepare them for formal schooling or long-term to complement public school classes.

Guidance for Implementation

Short term programmes that target out-of-school youth need to be tailored to meet the needs of the target group. Programmes that incorporate basic numeracy and literacy with skills and topics that appeal to the target group will be most successful. Numeracy and literacy training may also have a focus on practical use (for example English classes in areas related to work). For those who have recently dropped out, programmes should focus on reintegration and completion of nine years of basic education. To enhance the potential for reintegration, non-formal schooling should align with National curriculum. Students, for whom reintegration is not realistic, should be offered vocational apprenticeship.

Resources

- **Education Strategic Plan, (MoEYS),** **http://www.moeys.gov.kh/Includes/Contents/Education/EducationStrategicPlan/Education%20Strategic%20Plan%202006-2010.pdf)**
- **Education for All National Plan 2003-2015 (MoEYS),** **http://www.moeys.gov.kh/Includes/Contents/Education/EducationAll/Education%20for%20All%20National%20Plan%202003-2015.pdf)**
- **National Policy on Non-Formal Education (MoEYS),** **http://www.moeys.gov.kh/Includes/Contents/Education/NationalPoliciesEducation/National%20Policies%20in%20Non%20Formal%20Education.pdf**

4.6 Vocational training programmes should provide job placement and follow-up. Where possible, placements should be in existing businesses in local communities.

Rationale

Vocational training programmes need to focus on teaching skills that are in-demand in local communities and will lead to sustainable work for graduates. Job placement assistance at the completion of programmes is important, and support for new graduates to join existing businesses to gain experience and develop clients in their communities should be the priority rather than establishing their own small businesses.

Guidance for Implementation

Programmes should provide vocational training in skills that are in demand in local communities. While a participatory approach that involves young people in selecting training topics is important for engagement, care should be taken by programme staff to ensure that training will lead to sustainable employment. In particular, in rural areas training in agricultural skills that align with income generating activities provided to OVC households may be most successful. All programmes providing vocational training should assist graduates with job placement and follow-up.

Resources

National Policy on Non-Formal Education (MoEYS),
http://www.moeys.gov.kh/Includes/Contents/Education/NationalPoliciesEducation/National%20Policies%20in%20Non%20Formal%20Education.pdf

4.7 Programmes should engage community leaders such as monks and local authorities to promote the benefits of education in the community, especially for girls, orphans and children living with HIV or affected by AIDS.

Rationale

Religious leaders promote compassion in their communities and play a significant role in reducing community discrimination against marginalized groups. Monks and others are well respected and have the ability to effectively disseminate important information. Monks and other community leaders should be engaged to promote the importance of education for all.

Guidance for Implementation

Programmes can engage monks and other religious leaders, and respected community leaders to assist with community education activities such as village meetings and home visits. Simply engaging monks and respected leaders to work with OVC families can provide a model for inclusion, which reduces discrimination. Engaging monks to encourage free enrolment for OVC at schools could be an effective strategy as they are well-respected in the community.

4.8 When building the capacity of teachers, programmes should provide training and on-going support for child-friendly schools that encourage participatory learning and critical thinking skills.

Rationale

While enrolment and regular attendance of OVC is an important goal for programmes, support must also be provided to improve the quality of teaching in schools by building teacher capacity. A focus on creating child-centred classrooms that encourage participatory learning is a key factor in improving Cambodian education, which traditionally has focused on rote learning strategies. As part of phase two of its Expanded Basic Education Programme[31], the Ministry of Education, Youth and Sport (MoEYS) is implementing the national Child Friendly Schools programme[32]. Programmes should align with these principles when supporting the capacity development of teachers.

[31] **Ministry of Education, Youth and Sport (2007). *Child Friendly School Policy*. Phnom Penh, Cambodia: MoEYS.**
[32] **Ministry of Education, Youth and Sport (2005).*Education Strategic Plan, 2006-2010*. Phnom Penh, Cambodia: MoEYS.**

Guidance for Implementation

Programmes may provide direct support to assist school staff to achieve full qualifications. Financial and material support for training activities related to child-centred learning techniques should also be considered. Child support groups that focus on learning and critical thinking skills may be initiated by programmes outside of school hours.

Resources

- **Child Friendly School Policy (MoEYS),** **http://www.moeys.gov.kh/Includes/Contents/Education/NationalPoliciesEducation/PolicyonChildFriendlySchools.pdf)**
- **Expanded Basic Education Programme – Phase II (MoEYS& UNICEF)** **http://www.moeys.gov.kh/Includes/Contents/Education/ExpandedBasicEducationProgramme/Programme_2006_2010.pdf**
- **Education Strategic Plan, (MoEYS),** **http://www.moeys.gov.kh/Includes/Contents/Education/EducationStrategicPlan/Education%20Strategic%20Plan%202006-2010.pdf**

4.9 Programmes should use relationships with schools to ensure age-appropriate life skills based education, including HIV&AIDS and sexual reproductive health education, are being taught in public schools in adherence with the National Curriculum.

Rationale

Life Skills and HIV&AIDS education has been added to the National Curriculum and children in primary and secondary education. Out-of-school youth should also be targeted for these activities. Established relationships between organizations, government and school staff allow for monitoring at the local level to ensure this important component is being taught, and to identify and remove barriers.

Guidance for Implementation

Programmes can provide support and develop the capacity of staff to provide age-appropriate HIV&AIDS and life skills education to students. Programmes may also work with schools to target out-of-school youth to participate in HIV/AIDS and life skills education activities.

Resources

The National Life Skills Programme (MoEYS), http://www.moeys.gov.kh/

5. SOCIAL, EMOTIONAL AND PSYCHOLOGICAL

Ensuring that basic physical needs are met will reduce distress that may be felt by children. However, all children may need to be additionally supported to develop socially, emotionally and psychologically. For OVC and their families, pressures such as food insecurity and unmet health needs are often great or more apparent, and little focus is given to the other areas of children's development. However, these areas are just as important to healthy child development.

Programmes often concentrate their activities on the provision of material support which is tangible and for which indicators are easy to measure. Social, emotional and psychological support is often about the way support is provided and how staff interacts with children. It involves all our interactions with children. The *Standards* focus on the most important types of support that should be provided to OVC.

Children go through different stages during their development that require different ways of interacting with others, particularly caregivers. People working with children need to learn about different ways of communicating with children that are related to their age and developmental needs and to contribute to creating a protective environment where children can grow, enjoy their rights and express their opinions freely while their privacy is respected.

All children need opportunities to be social with other children and support to develop emotionally. Children who have experienced trauma require additional specialized psychological support. It is important to understand that there are differences between social and psychological support.

5.1 OVC who have suffered trauma, including victims of violence, abuse and trafficking, should be referred to specialized counselling services for children.

Rationale

OVC are at a high-risk of experiencing trauma due to their exposure to risk factors such as poverty, unstable living situations and unsafe migration. Trauma is also caused by physical, sexual or emotional abuse, neglect, and experiencing or witnessing violence. Victims of trafficking have generally experienced one or more of these traumas. While it is clear that at this stage there are very few specialized counselling services for children in Cambodia, the *Standards* highlight the importance of providing access to specialized care whenever possible.

This is because traumatic experiences in childhood can have severe and long-lasting effects, such as depression, attention-deficit/hyperactivity disorder, and antisocial or violent behaviour as well as post-traumatic stress disorder (PTSD). Without treatment, children who experienced traumas may have violent behaviour, extremes of passivity and re-victimization, suicidal or self-endangering behaviour, and anxiety disturbances even in their adulthoods.

Guidance for Implementation

Programmes should collaborate with MoSVY, Provincial DoSVY and District Offices of Social Affairs, Veterans and Youth Rehabilitation (OSVY) as well as other relevant organizations at national and sub-national levels in order to learn about services that may be available in their target/coverage areas. Establishing relationships with relevant local services will be important so that children who need specialized counselling services may be referred.

Resources

Services Directory for Vulnerable People (http://www.sead-cambodia.org/)

5.2 Where OVC are suspected of needing additional emotional support, programmes should help them access individual or group support specific to their needs.

Rationale

OVC may at times need additional emotional support, for example prior to or following the death of a parent. This support is often provided when a family or community member takes time to talk with the child. However, volunteers, staff or social workers may need to actively arrange these conversations. Providing opportunities for children to play, talk and express their emotion can help them to overcome pain and cope better.

Children infected or affected by HIV, children with disabilities, children who have experienced abuse, or children in contact with the law may also experience discrimination that requires a direct response from volunteers, staff, social workers or community leaders (such as monks and other religious leaders).

Guidance for Implementation

When emotional support is needed, staff, volunteers, and social workers should actively ask a family or community member to spend time talking with the OVC so that they have a chance to share their feelings. In some cases, properly trained staff, volunteers and social workers might do these themselves and ensure that all information shared by the children is kept confidential. It will be also important to let the children know that the information they share is secured (please refer the standard 5.7).

Programmes should connect children with established support groups (for example, “mmm” or ‘modul mith chouy mith’ meetings) to help meet their social and emotional needs.

Resources

- **Services Directory for Vulnerable People (SEAD), http://www.sead-cambodia.org/**
- **Transcultural Psychosocial Organization (TPO), http://www.tpocambodia.org/**
- **Playgroup Resource Book (FHI Cambodia), http://www.fhi.org/en/HIVAIDS/pub/guide/res_Playgroup_Resource_Book.htm**
- **SOPs for Implementing Modul Mith Chuoy Mith (mmm) for Children HIV Infected in Cambodia, (NCHADS), http://nchads.org/index.php?id=21**

5.3 Programmes should provide OVC with opportunities for both structured and free-play recreation and socialization at their communities and at provincial and national level by facilitating social groups/networks for children. These groups should be grouped according to age and include both OVC and non-OVC to increase close relationships and decrease discrimination and stigma.

Rationale

For healthy development, all children need opportunities for social play. OVC may lack opportunities to spend time with other children, particularly if they are not attending school or suffer discrimination because of HIV or disability. Structured, supervised activities that are age-appropriate, with similar aged peers, provide safe opportunities for socialization. Including OVC and non-OVC in groups also has the effect of breaking down stigma against OVC that may exist in the community.

Guidance for Implementation

Play groups should be led by adults or supervised youth who have received training in working with children. Sessions should be structured, and consist of activities that include children and are age-appropriate. Sometimes groups may also need to be separated by gender to ensure both boys and girls have an equal opportunity to participate. Play needs to be supervised to ensure all children have opportunities to safely participate as much (or as little) as they want. Interactions between children should be monitored and opportunities to reward positive behaviours and discourage negative ones should be taken.

Resources

- **Playgroup Resource Book (FHI Cambodia, http://www.fhi.org/en/HIVAIDS/pub/guide/res_Playgroup_Resource_Book.htm)**
- **SOPs for Implementing Modul Mith Chuoy Mith (mmm) for Children HIV Infected in Cambodia, (NCHADS), http://nchads.org/index.php?id=21**

5.4 Programmes must focus on keeping children in their families and communities. If kinship care, foster care or other community based care is not possible, residential care may be arranged. Staff training and community awareness raising activities should be conducted about the benefits and impacts of keeping children in their communities.

Rationale

Worldwide, there is strong historical and contemporary research evidence that children are better cared for in families, foster families or other community based care than in residential care facilities[33]. Children do not receive the love, and emotional support that is provided by families when they live in residential care. When children grow up in a family they feel better connected, which helps them to develop a sense of safety and belonging that is important for their healthy development. Children grow and develop best in their homes and communities when families are supported to care for them.

It is often perceived that children receive better food, clothing and access to education in residential care than they would in households that cannot afford to raise them. However, if the money that centres received was provided directly to the children's families to care for them in their homes, they are likely to receive adequate care. In fact, as well as meeting their basic needs, families provide love and support that is often lacking in residential care. Programmes need to focus on supporting families to care for their children in their homes rather than in residential care. This is the policy of the Royal Government of Cambodia, which is in line with the United Nations Convention on the Rights of the Child.

Guidance for Implementation

Programmes should focus on activities that provide financial and other support needed to keep OVC in their homes and communities. At all times, efforts should be made to keep children in families or community-based care, with residential care as a last resort and a temporary arrangement. Direct financial support may be provided to kinship and foster families to assist households to care for additional children. Programmes should provide training to staff and communities in order to increase awareness about the benefits, particularly psychological and social, of keeping children in their communities and the possible negative impacts of institutional care on children.

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[33] **Richter, L., Sherr, L. & Desmond, C. (Eds.) (December 2008).** ***Joint Learning Initiative on Children and HIV/AIDS 1: Strengthening Families.*** **Joint Learning Initiative on Children and HIV/AIDS.**

Resources

- **Policy on Alternative Care for Children, (MoSVY)**
- **Minimum Standards on Alternative Care for Children (MoSVY)**
- **Prakas on the Procedures to Implement the Policy for Alternative Care for Children (MoSVY)**

5.5 Residential care facilities must have a reintegration policy that is clear to staff so that individual, child-centred reintegration plans can be applied. Additionally, residential care must comply with the Policy on Alternative Care for Children, the Minimum Standards on Alternative Care for Children, and the Prakas on Procedures to Implement the Policy on Alternative Care for Children.

Rationale

As stated in standard 5.4, worldwide, historical and contemporary research has demonstrated that children grow and develop best among family and community. When children are placed in residential care facilities, it should be considered a temporary arrangement. A plan for the reintegration of the child into the family and community should be made and regularly reassessed. The aim is to seek permanent placement and to avoid protracted institutionalization.

Guidance for Implementation

Residential care facilities should have documented plans for reintegrating children in their care. Options should be explored in close consultation with DoSVY/OSVY at least annually to place children with family, kinship care or foster care in their community or other types of community based care.

Resources

- **Policy on Alternative Care for Children, (MoSVY)**
- **Minimum Standards on Alternative Care for Children (MoSVY)**
- **Prakas on Procedures to Implement the Policy on Alternative Care for Children (MoSVY)**

5.6 Organizations that support OVC must have child protection policies and reporting processes. Staff in contact with OVC must be provided with regular training (at least once per year) about child protection and appropriate response to abuse and violation.

Rationale

A child protection policy is necessary in order to establish clear rules that guide how staff, volunteers and social workers behave with children professionally and personally. A policy can also protect children when they have been abused by describing the process of what to do. It is also an important tool to prevent children from becoming victims of violence and abuse. When dealing with children, your conduct should be based on the ethical principles and values enshrined in the Convention on the Rights of the Child.

Guidance for Implementation

Programmes must ensure that organizational child protection policies are developed and in place. All staff must receive training that explains the child protection policy; the principles and processes for action, and the roles and responsibilities of staff. The child protection policy should be discussed at regular meetings, during which time should be allocated for participants to raise child protection issues. The policy should be prominently displayed for easy reference by all staff and beneficiaries. Educating children about their rights will also encourage reporting of behaviours and situations that violate the child protection policy.

Resources

- **Social Services Cambodia offers a three week Basic Training Course for NGOs to Develop and Implement a Child Protection Policy (http://www.ssc.org.kh/english/index.asp, phone: (855)23 881-432, e-mail: info@ssc.org.kh)**

5.7 Programmes should develop and maintain systems for protecting the confidentiality of OVC. This should include using locked files, a policy on photography and visitor contact, and sensitising staff and commune council members accordingly.

Rationale

Protecting the confidentiality of OVC who are being supported by programmes is often overlooked. It is important that programmes develop systems for protecting the personal information of children in their care. Breaching confidentiality means that children's privacy is not protected and children can be harmed and discriminated against. The impact and negative consequences that OVC might suffer when their confidentiality is not respected is often not fully recognized by carers.

Guidance for Implementation

Programmes can develop separate policies on confidentiality or include the topic in their child protection policies. This should include keeping files locked and training staff on what is and is not appropriate to share with others. Photographs of children should not be taken without ensuring informed consent is first obtained. Thought should also be given to how consented photos will be used (for example, posting photos of children in a HIV programme online reveals their HIV status publicly).

A formal policy that is written and displayed helps staff to feel comfortable with enforcing its provisions, particularly in situations where they may feel pressured to comply to demands and requests during visits from donors.

5.8 Organizations and Capital and Provincial DoSVY must collaborate to ensure local authorities and community leaders receive high quality training on child protection.

Rationale

A key to successful child protection systems is that they are well known by target communities. This has a preventative effect and ensures that processes are known in the event of reporting and responding to abuse and violence. There is a high likelihood that village and commune leaders and community leaders (such as respected elders) may be involved in the early stages of identifying child protection issues, including children disclosing abuse. So it is essential that these 'front line' people understand the issues, and the processes to follow for their resolution.

Guidance for Implementation

Programmes should educate commune and community leaders to recognise the signs of abuse, neglect and violence. These leaders must refer cases to trained staff, including District Social Workers. Programmes should also work closely with existing child protection networks and other mechanisms that protect and promote the rights of the child.

Programmes that maintain relationships with local leadership create opportunities to provide continued technical assistance on this area. For example, ensuring that child protection is on the agenda for commune council meetings raises awareness and creates opportunities to identify possible OVC at risk, arrange for trained staff to respond, refer cases to appropriate services and mobilize resources within the commune and prioritize child protection in commune investment plans.

5.9 Programmes providing any form of psychological support, such as individual or group counselling, must ensure that staff receive appropriate, quality training and regular opportunities to discuss cases.

Rationale

Individual and group counselling services should only be provided by people who have had appropriate training. Quality psychological care requires a good understanding of theory and techniques, particularly when working with children. While it is acknowledged that the demand for psychological care is much higher than the number of people who are trained to provide it, services must be realistic about their capacity to provide psychological support. Programmes have the duty to first do no harm.

While important, engaging children in social support groups is not the same as providing psychological care or counselling. Because capacity in this area is low, the focus should be on dramatically increasing the skills of those providing psychological care.

Regular opportunities for staff to discuss and debrief about their cases is important for all those who work with OVC. Without opportunities to discuss cases, caregivers can feel hopeless, burdened and frustrated, states which lessen their effectiveness.

Guidance for Implementation

Programmes should link with the existing well established and quality training courses in social work and counselling available in Cambodia that are conducted by Social Services Cambodia and Transcultural Psychosocial Organization[34]. The Royal University of Phnom Penh has recently begun teaching Bachelor degrees in Social Work and in Psychology which include both theoretical and practical training.

Creating time for staff to 'debrief' with each other on cases is an important part of their own self-care. Encouraging work environments where staff discuss cases and collaborate to solve problems can help share difficult burdens.

Resources

- **Social Services Cambodia offer a 'Basic Training Course for Staff Working with Vulnerable Children' (http://www.ssc.org.kh/english/index.asp, phone: (855)23 881-432, e-mail: info@ssc.org.kh)**

[34] National OVC Task Force (2008).Orphans, Children Affected by HIV and other Vulnerable Children in Cambodia: A Situation and Response Assessment 2007. Phnom Penh, Cambodia: NOVCTF.

- **Transcultural Psychosocial Organization runs various psychosocial training (TPO, http://www.tpocambodia.org/ email: admin@tpocambodia.org)**
- **Psychosocial Care and Counselling for HIV Infected Children and Adolescents: A Training Curriculum. (Catholic Relief Services, www.crsprogrammequality.org)**

5.10 Programmes should educate families and communities about child development and parenting techniques such as positive discipline and careful communication with children.

Rationale

In recent years an enormous amount has been learnt about child development throughout the world, and we now know that some practices are clearly beneficial for healthy child development and that some are psychologically damaging to children. It is important that basic lessons about child development and parenting techniques that best support children are shared with families and communities. Providing families with the right information will help families to best support their children's development.

Guidance for Implementation

Programme staff who have been properly trained in child development and parenting techniques should provide education to groups and individuals. Existing support groups and self-help groups (like those referred to in standard 5.2 and 5.11) are a good structure for the dissemination of this information. Staff can also model these behaviours in children's groups and through interactions with OVC and their families.

Resources

- **Parenting Club Curriculum (FHI Cambodia),** http://www.fhi.org/en/HIVAIDS/pub/guide/res_Parenting_Club_Curriculum.htm
- **Positive Discipline: What it is and How to Do It' by Joan E Durrant (Save the Children Sweden, Maryknoll Cambodia)**

5.11 Programmes should provide social support for caregivers through home visits and support groups.

Rationale

Social support for caregivers is important and can reinforce the success of other components of support. Social support for caregivers who face challenges can also be used for early identification of problems that might affect care and protection of OVC. Support groups like self-help groups are effective means by which individuals can receive and give support to each other, with minimal input from programmes.

Guidance for Implementation

Programmes may help to establish and maintain support groups, including self-help groups in communities. Support group facilitation training is essential as the traditional hierarchical nature of Cambodian society can help or hinder free exchange of ideas and equal participation. It is important to establish self-help groups that are focused on encouraging equal participation where members share experiences. Care should be taken to establish sustainable groups that require minimal input from programmes.

Social support can also be provided in non-structured informal settings. For example, during home visits that may be for other reasons, staff and volunteers can make time to enquire about how the family is feeling about challenges they may be facing and about their ability to cope and access local social support. Staffs should be trained in approaches for providing quality social and emotional support to OVC and their families.

Resources

- **Parenting Club Curriculum (FHI Cambodia), http://www.fhi.org/en/HIVAIDS/pub/guide/res_Parenting_Club_Curriculum.htm**
- **SOPs for Implementing Modul Mith Chuoy Mith (mmm) for Children HIV Infected in Cambodia (NCHADS), http://nchads.org/index.php?id=21)**

5. 12 Programmes should work with local pagodas and monks, and other religious or community leaders, to prevent discrimination in the community and to promote family based care as well as to prevent family separation.

Rationale

Monks and other religious leaders are respected in Cambodian communities and can strongly influence community attitudes. Religious leaders have played a significant role in reducing stigma, caring for orphans and responding to HIV, particularly in the early days of the Cambodian HIV epidemic. In 2002, the Royal Cambodian Government approved a National Policy on the Religious Response to HIV and AIDS, the first of its kind in the world. Monks have continued to be instrumental in reducing stigma in the community and helping people living with HIV to remain in their communities.

Guidance for Implementation

Programmes should establish and maintain relationships with the head monks of local pagodas and other religious leaders. Religious leaders and monks may also be invited to participate in planning programme activities such as community awareness raising meetings. Programmes could link activities to the work of the Buddhist Leadership Initiative, run by the Ministry of Cult and Religion. These links should be used to mobilize religious leaders to work in the care and prevention of HIV, to provide moral support and to reduce discrimination and stigma for all OVC[35]. Programmes should collaborate with pagoda head monks to promote family based care and to prevent family separation. Programmes may also work with pagoda head monks to provide additional assistance to those OVC who are supported by the pagodas.

[35] **Williams, C. & Saroeun, S. (2007). Mapping the Response: Protecting, Caring for and Supporting Orphans and Vulnerable Children in Cambodia. Phnom Penh, Cambodia: NOVCTF & Save the Children Australia.**

Resources

National Policy on the Religious Response to HIV and AIDS (Ministry of Cults and Religions)

6. ECONOMIC & LIVELIHOOD STRENGTHENING

The core problem facing OVC and their families in Cambodia is poverty. Strengthening the economic situation of OVC households is a key component of comprehensive support. Improving the capacity of OVC households to generate income increases food security, improves nutrition and health outcomes and increases school attendance, which all help to keep OVC supported within their families.

Income generation activities can greatly improve families' capacity to become self-sufficient. In order to be sustainable, income-generating activities should be based on the skills and resources of families and local demand for goods and services in the community. They should be based on sound business principles.

Conditional and unconditional cash or social transfers may be needed when OVC households cannot generate their own income due to ill health, age or disability.

The *Standards* focus on implementing relevant and sustainable income generating activities in OVC households, including developing the necessary skills to manage finances.

6.1 Income generating activities should be provided to OVC households based on family skills, resources, motivation and local demand. Activities should aim to develop households to be self-sustainable.

Rationale

OVC and their families often do not have sufficient economic resources to meet their needs. Income generating activities (IGA) are important for resilience and long-term sustainability of OVC households. To enhance the prospects of success, an assessment needs to be conducted before conducting IGA. Skills, resources (e.g. land and time), motivation and local demand for goods and services should be assessed. Only after this is known can an appropriate IGA be offered to the family. Programmes should ensure that IGAs are operating on sound business principles.

Guidance for Implementation

Programmes should develop basic questionnaires to gather data about skills and resources of OVC and their families (see Appendix 4 for an example). Data should include skills, health and age of the persons participating in the IGA. Staff in contact with OVC should receive education on how to administer the questionnaires and the importance of the information generated. Programmes should then use the information as the basis to select the IGA most appropriate for the family. Programmes may directly provide IGAs to families or link households to IGAs conducted by other organizations. Because most Cambodians are rural subsistence farmers, IGAs that focus on increasing agricultural productivity may be the focus.

Resources

Caritas Social Economic Profile Form (see Appendix 4)

6.2 Programmes that provide income generating activities must regularly follow-up and support OVC households by providing monitoring and technical support for all economic strengthening activities including micro-credit.

Rationale

OVC families will require long-term support to sustain any IGA. Long-term monitoring will help OVC families to overcome crises such as health shocks and continue participating in IGA activities. During such times, it will be important that families are supported to help them deal with their short-term needs while keeping the long-term goal in focus. Through regular monitoring programmes can prevent families from jeopardizing the success of IGAs.

Guidance for Implementation

Programme staff should conduct monthly follow-up with all OVC households who are participating in IGAs. Follow-up should consist of household visits. During the follow-up, programme staff should discuss any challenges that the families may have and make immediate plans to address them. It will be important to ensure families do not take out unmanageable loans or multiple loans. When initiating any IGA with an OVC household,

programmes should explain the process through which families report difficulties or concerns that they may have about the IGA.

6.3 In conjunction with income generating activities, programmes must train OVC households in basic skills such as managing household budgets and savings.

Rationale

IGA must be based on sound financial management to sufficiently strengthen the economic capacity of OVC households. Financial management and basic business skills, best use of resources and basic numeracy and literacy are needed to support any IGA. With these skills, families can increase their ability to further manage and generate income in the short and long term.

Guidance for Implementation

Programmes should educate OVC households participating in IGA about basic business, financial management and numeracy and literacy. Establishing small groups for this education is ideal as group members can support each other. Staff providing training to OVC households should have received training in these areas. Some families may need additional household level education.

Resources

- ***Financial Education: Trainers Manual*** **(International Labour Organization, Ministry of Women Affairs & Ministry of Industry, Mines and Energy, Cambodia, http://www.ilo.org/asia/whatwedo/publications/lang--en/docName--WCMS_108269/index.htm)**
- **GET Ahead for Women in Enterprise: Training Package and Resource Kit (International Labour Organization, http://www.ilo.org/empent/Whatwedo/Publications/lang--en/docName-WCMS_116100/index.htm)**

6.4 Programmes should encourage OVC households to protect their assets. Short-term emergency assistance may be required in crisis situations such as for funeral costs.

Rationale

OVC households are particularly vulnerable, especially during crisis situations such as health shocks. During these times, costs may send families into irreversible debt. Often families will sell land or livestock, which they rely heavily on for their livelihood. Protecting the assets of OVC households is a top priority. This is especially important for families affected by AIDS who sometimes have a lower capacity to generate income.

Guidance for Implementation

Programmes should allocate small emergency funds annually for the protection of the assets of OVC households in crisis in their target population. These funds should be allocated to families based on each individual situation. Measures should be taken by programmes to prevent any family that they support from selling assets to cope with a crisis. Rice banks have been successful in providing simple short-term solutions to food insecurity.

Community support for families can also be mobilized through pagoda chiefs, monks, village elders and commune councils during times of crises. Conditional cash transfers may be appropriate in some cases.

Resources

- **Cambodian Centre for Study and Development in Agriculture (CEDAC, http://www.cedac.org.kh/)**
- **Provincial Departments of Agriculture (Office of Agricultural Extension)**

6.5 Programmes should only promote income generating activities that are locally relevant, particularly those that focus on agriculture.

Rationale

More than 80% of Cambodians are rural subsistence farmers[36]. By increasing agricultural productivity, OVC households can strengthen their income capacity and increase food security. Those IGAs not focused on agriculture must be based on local demand and relevant to the family.

Guidance for Implementation

Most IGAs should focus on increasing agricultural productivity for OVC households. Where necessary, links should be made with other organizations, the Department of Agriculture or the Department of Rural Development who are best placed to provide agricultural training.

Animal banks may be a cost-effective option for support. However, it is important to make families aware how long it will take to see results from these activities. These activities should only be used when resources and skills are suitable.

Motivating OVC households while they participate in IGA is important, especially for those IGAs where results may not be seen in the short term. It is also important to market the idea of IGAs in the community to encourage participation. Families who have successfully strengthened their capacity through agricultural IGAs should be used as role models to promote the benefits and motivate other families.

Resources

- **Cambodian Centre for Study and Development in Agriculture (CEDAC, http://www.cedac.org.kh/)**
- **Provincial Departments of Agriculture (Office of Agricultural Extension)**

[36] **National Institute of Statistics & Ministry of Planning (2009). *General Population Census of Cambodia 2008: National Report on Final Census Results*. Phnom Penh, Cambodia: Ministry of Planning.**

6.6 Programmes should prioritize income support and income generating activities for older caregivers. Activities should be appropriate for their age and physical abilities.

Rationale

Families and communities are the best place for children. Often due to migration for work or the death of parents, OVC are raised by grandparents. Often older people need support to meet all the needs of the children in their care. When these households need economic support, it should be provided based on assessments of the older persons' physical abilities, health and ages.

Guidance for Implementation

Programmes should work with OVC households where elderly grandparents are the primary caregivers. When economic strengthening is needed, programmes should first assess the skills, resources and local need for goods and services. Activities need to take into account the physical abilities and health of older people. IGAs should not be labour intensive and should be close to the home. Where the health or physical capabilities of older persons prevent them from participating in IGAs, programmes should consider alternative support such as conditional cash transfers.

7. OTHER AREAS

This section includes three other standards for the care, protection and support of OVC, which concern shelter, birth registration and succession planning.

7.1 Programmes should provide small grants for adequate living condition and shelter repairs for OVC households where assessment identifies a need.

Rationale

Small grants and assistance to carry out minor housing repairs are a simple way of reducing the vulnerability of OVC households. When families are experiencing food insecurity or poor health, housing repairs and maintenance becomes difficult. Neglecting minor maintenance usually results in major and more costly repairs later. Additionally, inadequate shelter can lead to poor health outcomes like infections.

Guidance for Implementation

Programmes should directly provide small grants for shelter repairs. Some families may require assistance for housing equipment such as bedding and treated mosquito nets. Programmes should ensure that funds are used by families only for the intended purposes. Community support to provide assistance for repairs may also be mobilized.

7.2 Programmes should work with DOSVY and local authorities to arrange birth registration documents for OVC, encouraging exemptions from fees.

Rationale

Birth registration documents are important for the legal status of children and may be difficult for OVC to obtain or may have been lost or destroyed. Without these documents, OVC may not be able to access some basic services such as education, as they are requirements for enrolment in schools. Further, children who cannot prove their ages cannot prove their status as minors and may be treated as adults (for example in the justice system). Obtaining these documents can be too expensive for OVC families to afford.

Guidance for Implementation

Programmes should establish and maintain relationships with commune councils so that they can quickly arrange birth registration documents for OVC when needed. Programmes should encourage free birth registration for OVC.

7.3 All programmes should collaborate with partners and local authorities to provide OVC and their families with opportunities to create wills and succession plans. Efforts should be made to protect the assets and land titles of OVC households, particularly newly orphaned children who are vulnerable to land grabbing.

Rationale

Wills and succession plans should be developed, particularly for people living with HIV so that land and other assets are passed to the dependent children in the event of their parents' deaths. Collaboration with local authorities is important to ensure the succession plans are followed. OVC often do not have the resources to defend their rights in these matters. Working together with local leaders helps to protect these rights.

Guidance for Implementation

Working with local authorities will help OVC protect their assets by following the succession plans of their families. Educating OVC and their families and the community about legal rights and strategies to protect them will also be important.

GROUPS THAT REQUIRE SPECIAL ATTENTION

Among those defined as OVC, there are children who require additional attention and who are often more vulnerable. Additionally to ensuring the *Standards* are met, programmes should take into account the following considerations when supporting children in these groups.

CHILDREN IN CONTACT WITH THE LAW

Programmes should work with communities and Commune Councils to identify and refer CICL to diversion programmes.

Programmes should work with the police, courts, prisons and DoSVY to support CICL by providing access to legal and social support services during the investigation and trial process.

Programmes should plan for and support the reintegration of CICL on release. This should include facilitating contact with family while children are in prison. Programmes should advocate for the separation of juveniles from adult prisoners.

Programmes should also provide direct assistance to children under 6 who are staying with their mothers in prison.

CHILDREN LIVING WITH DISABILITIES

Programmes should work with communities and Commune Councils to identify and refer children with disabilities to specialist disability services.

Programmes should provide ongoing support in the community to children living with disabilities and their families; particularly by ensuring disability access (e.g. ramps or handrails) is made available in schools and homes.

Programmes should work in communities to raise awareness of the needs of children living with disabilities and to reduce discrimination.

CHILDREN WHO ARE VICTIMS OF ABUSE, EXPLOITATION AND TRAFFICKING

Programmes should work with communities and Commune Councils to identify and refer children who have been affected by abuse, exploitation or trafficking.

Programmes should prevent abuse, trafficking, and unsafe migration and reduce discrimination by raising awareness of these issues in communities.

Programmes should advocate at all times for the prevention of child labour in compliance with Cambodian Labour Law.

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