

2019



Mapping Child Protection Services in Battambang Province

This Child Protection Services Mapping project was initiated by Children’s Future International (CFI) and Komar Rikreay (KMR) and carried out in Battambang Province with the support of the World Childhood Foundation during 2019.

The aims of this project were to:

- Identify and document child protection stakeholders/actors in Battambang;
- Generate a sound understanding of service availability, service accessibility, and service gaps;
- Document information in a useable format.

The focus of this work was on tertiary or specialist services¹/service providers, identifying gaps in the current provision of child protection services and areas where the sector can make the greatest contribution.

CHILD PROTECTION RISKS IN CAMBODIA

Unfortunately, there is no data available for Battambang Province in relation to child protection. However, it might be expected the national figures can be extrapolated to the situation in Battambang.

Children living in poverty

Poverty is the most significant risk factor in relation to child protection. It is estimated 2.4 million Cambodians currently live in poverty. Around 575,000 households, or 19 percent of the rural population, are ranked as Level 1 (very poor) or Level 2 (poor). (Source: Round 8 – round 10, 2014 – 2016).

Battambang Province is one of the poorest. A 2011 review in Cambodia² found 34% of Battambang households were at either Level 1 or 2 (poor or very poor) compared with the national average of 27.2%.

Poverty continues to be the underlying cause of many of the child protection risks confronting communities in Battambang that suffer malnutrition, unsafe migration, and exploitative experiences such as child labour, physical and sexual abuse, underage sex work, abuse and family violence, substance misuse and neglect, as well as ongoing untreated trauma from the Khmer Rouge genocide. Unsafe migration is a particular risk in the Battambang region, with children either migrating with their parents or left with other family or social carers.

Violence

A Violence Against Children Survey (VACS) conducted in Cambodia found high levels of violence physical, emotional and sexual violence against children. Results indicated 53 percent of females and 54 percent of males aged 18-24 experienced at least one incident of physical violence prior to age 18, and 15 percent of girls and 13 percent of boys aged 13-17 reported physical violence within the previous 12 months.

Emotional violence against children was also widespread. Among those aged 18-24, 19 percent of females and 25 percent of males reported experiencing emotional violence before the age of 18, while for 13-17-year-olds, 10 percent of both boys and girls had experienced emotional violence.

In the previous 12 months, 4 percent of girls and 6 percent of boys aged 18-24 reported sexual violence prior to age 18, and among 13-17-year-olds, 3 per cent of girls and less than 1 per cent of boys reported incidents of sexual violence in the previous 12 months.

Children living in Institutional Care

In 2015, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) conducted a national mapping survey supported by UNICEF and USAID³. It found 16,579 children aged under 17 years (47 per cent female) were living in 406 Residential Care Institutions (RCIs) across Cambodia and a further 9,608 (49 per cent female) were living in other

¹ For the purposes of this report primary services are those universally available for all children, secondary services are targeted services for prevention or an identified need, and tertiary services are specialist services reserved for those with the highest level of risk.

² 2011. Identification of Poor Households, Cambodia. Ministry of Planning, Cambodia.

³ MoSVY (2017) Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Ministry of Social Affairs Veterans and Youth, Phnom Penh.

residential facilities⁴. In the same report they noted in Battambang there are 35 RCIs with a total of 1,468 children, of which 47% are female.

DATA COLLECTION

Both primary and secondary data sources were used to develop a broad understanding of the existing mechanisms, structures, systems and networks providing support in Battambang Province. The mapping process involved a desk review of existing documentation, and consultation with key stakeholders.

A number of methods were applied to identify relevant target groups including phone calls, emails and official letters. For NGOs, the consultants called and made appointments for an interview either at their offices or at another suitable location.

There are around 40 national and international NGOs providing child-based services in Battambang Province, and 15 Government agencies involved in this area. With such a small number, the research team decided to target all the NGOs and Government agencies delivering child protection activities.

Face-to-face interviews were conducted with representatives of 15 Government agencies and thirty-four NGOs. Forty-seven parents (40 females) and 33 children (17 girls) were also interviewed to assess their knowledge of available child protection services. In total, 129 people (83 females) were interviewed.

AVAILABILITY OF CHILD PROTECTION SERVICES IN BATTAMBANG

Cambodia has ratified the United Nations Convention on the Rights of the Child (UNCROc) and has a nascent child protection system, with the Government providing child-focused services at both a local and national level. While budget allocations to social services have increased in recent years, they remain insufficient, leaving critical programs underfunded.⁵ The exact figures are not publicly reported. Some Government-funded services are available in local communities, including support provided by the Commune Councils for Women and Children, however, they are poorly resourced. Within a nascent statutory child protection system, these services are usually provided either by international or Cambodia-based Non-Government Organizations (NGOs), to meet the shortfall between demand and the support provided by Government.

A number of well-established NGOs operate in Battambang providing a mixture of child protection and other services. Only a small number provide specialist child protection interventions including child protection officers, safe migration, prevention workshops, foster care or emergency support, disability support, specialist medical care, and family-based care. Wider interventions include strength-based support, supplementary education, vocational support, and support with higher education.

There is no universal access to specialist services in Battambang, and areas of coverage vary depending on the NGO's areas of operation. NGOs support a range of target groups which may or may not meet a community need. NGOs on occasion work together regarding complex situations.

The Government employs some social workers, but they are usually involved with reintegration. NGOs work in partnership with both DOSVY and local authorities, assessing, supporting and providing services and advice to families, support and capacity building interventions to local authority staff. This includes training in child protection identification, assessment and intervention planning and review. However, while some NGOs work together and partner with Government, these arrangements are sporadic.

There is not a dedicated child protection network in operation in Battambang, although there are two related local networks in operation. The Women and Children's Safety Network, organised by Bantaey Srey attended by approximately ten organisations and the Battambang Education Support Team (BEST), currently organised by

⁴ Other residential facilities include Group Homes, Transitional Homes and Pagodas

⁵ UNICEF in Cambodia Country Programme For 2019-2023 <https://www.unicef.org/cambodia/reports/unicef-cambodia-country-programme-p2>

Community Action for Development (CAD). These networks offer opportunities for agencies to share best practice, update on progress and jointly address challenges.

There are no established referral pathways or processes operating in Battambang. This is beginning to be addressed with the commencement of a UNICEF contract which will establish a referral pathway regarding violence against children. At the time of writing this report workers were being trained to identify children who have experienced violence and develop collaborative partnerships with local authorities to implement this work.

Interview highlights - Child protection concerns

Interviewees in each of the four groups - Government, NGOs, parents and children, were asked to select the most important issues in relation to child protection:

- NGO representatives identified 10 concerns, whereas Government representatives identified 6, children 5 and parents 4⁶.
- Migration was reported as a concern by all groups, suggesting either it is a strong issue or that awareness is high in each of the groups.
- The most important issues identified by parents and children were alcohol and drug use, poverty, domestic violence, parent migration and HIV.
- Domestic violence was identified by NGOs, parents and children; this concern was not identified by Government representatives.
- Disability and mental illness were not identified as issues by Government representatives, and few NGOs mentioned this issue.
- Other issues such as HIV, trauma was identified by some Government representatives.
- Drug misuse was identified by representatives of Government, NGOs and parents, but not by many children.
- Poverty was not highlighted by participants; this may indicate how this significant risk is accepted within this context.

Interview highlights - Child protection services

The interviewees were also asked to identify available child protection services:

- While others were able to identify 9 or more different types of child protection services, most children did not identify any⁷
- General education was identified by almost all interviewees, except for children, and scholarships were identified by people in all groups except Government representatives.
- Services such as socio-psychological or vocational training were generally not identified by the parents who had problems identifying services outside general education.
- Most parents did not identify medical care services.
- Government representatives did not identify rehabilitation services.

⁶ Areas identified: Government: migration, youth offending, domestic violence, HIV, drug misuse, alcohol misuse.

NGOs: migration, youth offending, trauma, perpetrators, domestic violence, disability, mental health, HIV, drug misuse, alcohol misuse.

Parents: migration, domestic violence, drug misuse, alcohol misuse

Children: school non-attendance, migration, domestic violence, drug misuse, alcohol misuse.

⁷ Services identified:

Government: education, vocational training, mental and physical rehabilitation, early education, welfare, conflict resolution, health care, legal support, psychosocial support.

NGOs: education, vocational training, mental and physical rehabilitation, health care, legal support, psychosocial support, higher education, other (WASH / nutrition services)

Parents: health care, legal support, safety house, support domestic violence victims, construct schools, awareness trainings, sponsorships, education, psychosocial.

Children: scholarships, education materials.

- NGOs tended to identify a wide variety of available services, but this tended to reflect their area of service provision.
- Parents identified education more than other types of services, revealing their concerns regarding children's education.

CONCLUSION

Areas for improvement

- Lack of information sources about institutions and the types of services provided by them; especially how to approach and access these services for vulnerable families and children in remote areas.
- Lack of professional social workers available in the community to provide psychosocial and counselling support regarding, domestic violence, school dropout, mental health rehabilitation and safe migration.
- Lack of coordination and Child Protection Networks
- Lack of NGO and Government consultation platforms to regularly update on children issues and to develop a common understanding of ways to address the issues.
- Lack of a realistic directory of NGO and government agencies working and supporting child protection services in Battambang province.
- Lack of community activists or volunteers to link information between service users and service providers such as technical line departments, non-governmental organizations, schools, health centers, commune councils, and private sectors who are responsible for providing child protection services.
- Lack of mechanisms to promote and encourage local actors to become involved or to make referrals such as a Community-Child Protection Committee (CPC) or Child Welfare Committee (CWC).

RECOMMENDATIONS

Enhance community awareness and Knowledge on Child Rights

- Provide capacity building and awareness raising to parents and children in schools and communities
- Encourage and motivate existing community-based organisations to develop community action platforms

Improve Coordination and Networking of Child Protection

- Continue to strengthen existing NGO networks to engage with government such as the Women and Children Network led by Banteay Srey and Battambang Education Support Team (BEST) led by Khmer NGO for Education (KHEN).
- Establish and test Case Conferences at a provincial level consisting of government agencies, NGOs and community representatives.
- The existing networks such as Women and Child Network and BEST can play a role to organizing consultation meetings and involve technical line departments to discuss and agree to establish A Child Protection Network (CPN)

Improve Quality of Child Protection Services Delivery

- Improve and expand child protection services to support universal access particularly in remote areas and continue to work with local authorities and NGOs
- Consider establishing and/or expanding the existing community-based child protection committees.
- Consider how to strengthen the capacity of all actors, within two distinctive groups, professionals (health workers, teachers, social workers) and non-professionals (e.g. parents, traditional and religious leaders).