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Kingdom of Cambodia

NATION RELIGION KING

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PROVINCIAL ADMINISTRATION OF RATANAKIRI

**Provincial Action Plan
to
Prevent Child Marriage and
Teenage Pregnancy
in Ratanakiri
(2017-2021)**

APRIL 2018

**Provincial Action Plan
to
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in Ratanakiri Province**

2017-2021

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PREFACE

Violence against children happens almost everywhere around the world, regardless of wealth status. Even so, violence experienced by children is often invisible as it typically happens behind closed doors and is not formally documented. Without information on violence against children, it is challenging to assess its impact on economic and national development.

Cambodia has joined the global movement affirming that there is no justification for violence against children. Only when the root causes are identified can the issue truly be addressed. In 2013, the Cambodian Government conducted the Violence Against Children Survey, the first national study of its kind in East Asia. The survey provides evidence on the extent and type of violence – sexual, physical and emotional – experienced by girls and young women, boys and young men in Cambodia. It found that many Cambodian children experience multiple incidents of physical, emotional and sexual violence growing up.

Around the world, more than 14 million girls get married before their 18th birthday every year. Today, there are more than 700 million women who were married at a young age; almost half of them live in Asia. Child marriage has been defined by the United Nations as the formal or informal union of two children or one child under the age of 18 with an adult. An action plan to prevent child marriage and teenage pregnancy in Ratanakiri Province has been developed under the leadership of the Chairperson of the Provincial Women's and Children's Consultative Committee (P-WCCC), in collaboration with the Provincial Department of Women's Affairs (PDOWA) and support of the Ministry of Women's Affairs (MOWA) and UNICEF Cambodia. It is in line with Sustainable Development Goal (SDG) 16.1 (significantly reduce all forms of violence and related death rates everywhere) and the Action Plan to Prevent and Respond to Violence Against Children (2017-2021) of the Government of Cambodia.

This action plan is part of the Government's commitment to end child marriage and teenage pregnancy and achieve the SDG. It focuses on the indigenous community of Ratanakiri, which has the highest rate of child marriage in Cambodia, and aims to increase prevention, responsive intervention, multidisciplinary coordination and cooperation and to establish data collection and a monitoring and evaluation system. This plan also contributes to the Government's commitment to prevent and respond to all forms of violence against children.

As Governor of Ratanakiri Province, I am honoured and proud that the province developed this action plan for the benefit of our people, particularly for adolescents. I encourage all provincial department and stakeholders to continue to cooperate to effectively implement this action plan. Support from the Ministry of Women's Affairs and its provincial departments, civil society organizations and UNICEF is crucial to reducing child marriage and teenage pregnancy, which will help all of us meet our goal of ending violence against children.

Ratanakiri province, 20 ... April 2018

Governor of Ratanakiri Province



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ACKNOWLEDGEMENTS

The process of development of the Action Plan to prevent child marriage and teenage pregnancy in Ratanakiri Province started in 2016 and was based on consultations with national technical working groups, provincial departments, district/commune level stakeholders and relevant civil society organizations.

The Ratanakiri P-WCCC Chairperson led and coordinated the development of this action plan in collaboration with MOWA and PDOWA, with support from UNICEF.

We wish to express our special gratitude to the Secretary of State, Under Secretary of State, Director General and the technical working group of MOWA, PDOWA and members of all relevant provincial departments.

We would like to extend our appreciation to UNICEF for its technical and financial support, along with the NGO members of the Ratanakiri technical working group and the Plan International Cambodia, CARE and UNFPA team.

We would also like to thank the UNICEF consultants Chan Kanha and Juliana Snapp for conducting desk review and research, secondary data analysis and theory of change on violence against children in Cambodia, which serves as the basis for the development of this action plan.

LIST OF ACRONYMS

CCWC	commune committee for women and children
D-WCCC	district women's and children's consultative committee
EMIS	Education Management Information System
HMIS	Health Management Information System
IEC	information, education and communication
MOEYS	Ministry of Education, Youth and Sport
MOH	Ministry of Health
MOI	Ministry of Interior
MOSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MOWA	Ministry of Women's Affairs
NCDD	National Committee for Sub-National Democratic Development
NGO	non-governmental organization
NIS	National Institute of Statistics
P-WCCC	provincial women's and children's consultative committees
PDLVT	provincial department of labor and vocational training
PDOAFF	provincial department of agriculture, forestry and fisheries
PDOEYS	provincial department of education, youth and sport
PDOH	provincial department of health
PDOI	provincial department of Information
PDOP	provincial department of planning
PDOSVY	provincial department of social affairs, veterans and youth
PDOWA	provincial department of women's affairs
SDGs	Sustainable Development Goals
TOC	Theory of Change
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCCC	women's and children's consultative committee

1. INTRODUCTION

Globally, more than 14 million girls marry each year as children (under the age of 18). Many are younger than 15. Over 700 million women alive today were married as children and almost half of them live in Asia. 'Child marriage' is defined by the United Nations as the formal or informal union between two children or one child and an adult before the age of 18.¹ In Cambodia, according to criminal code, the legal age for marriage without parental consent is 18 for girls and 20 for males. However, two exceptions apply: girls and boys younger than 18 can be married if their parents or guardian consent and girls under the age of 18 who become pregnant may be married with consent of a parent or guardian².

Child marriage is a form of exploitation and violence against children and although rates of child marriage in Cambodia are not the highest in the region, they remain significant enough to be of interest and concern.

1.1 Global movement to end child marriage

In 2015, the UN General Assembly adopted the SDGs³ as the new primary global development framework and set of goals that UN Member States will use to guide priorities from 2016-2030. The Government of Cambodia has committed to furthering the SDG targets, which have a new emphasis on child protection and addressing violence against children, including:

- **SDG Target 3.7**, "By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes."
- **SDG Target 5.2**, "Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation."
- **SDG Target 5.3**, "Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation."
- **SDG Target 16.2**, "End abuse, exploitation, trafficking and all forms of violence against and torture of children."

Additionally, UNFPA and UNICEF's Global Programme to Accelerate Action to End Child Marriage (2015-2018) is working toward enhancing investments in and support for married and unmarried girls and highlighting the corresponding benefits; engaging key actors, including youth, as agents of change in catalyzing shifts towards positive gender norms; increasing political support, resources, positive policies and frameworks; and improving data on child marriage and the evidence base for effective intervention.

1.2 Relationship between child marriage and teenage pregnancy

Globally, child marriage is recognized as one of the strongest determinants of teenage pregnancy. This is also true in Cambodia, where contraception is rarely used to delay pregnancy after marriage. Girls who marry early are much more likely to have children after marriage than those who are not married at that age. Additionally, pregnancy out of wedlock is reported to be a significant prompt for early marriage as a way to protect family honour from serious social stigmas. In South Asia, studies have associated child marriage with a number of consequences for young

¹ Hamilton, Carolyn, 'Legal Protection from Violence: Analysis of domestic laws related to violence against children in ASEAN Member States', 2015.

² http://www.wvi.org/sites/default/files/report_SituationalanalysisCEFMVietnamLaosMyanmarandCambodia-FINAL.docx-2.pdf

³ UN General Assembly, 'Transforming Our World - The 2030 Agenda for Sustainable Development', 2015.

women, many of which may hinder a young woman's opportunity to govern her own body and/or realize her potential as a mature adult. They include:

- rapid repeat childbirth
- female sterilization
- non-use of contraception before the first childbirth
- pregnancy termination
- unintended pregnancy
- inadequate use of maternal health services
- higher prevalence of negative maternal health outcomes for females who married in early adolescence and those married in middle or late adolescence⁴

Recognizing the close relationship between child marriage and early pregnancy is important to understand so that interventions that address both issues simultaneously are established. Thus, both child marriage and teenage pregnancy are addressed in this Provincial Action Plan.

1.3 Cambodia's commitment to end child marriage and teenage pregnancy

The Provincial Action Plan to Prevent Child Marriage and Teenage Pregnancy is a part of the Government of Cambodia's commitment to end child marriage and teenage pregnancy and achieve the SDGs for 2016-2030. The plan focuses on the ethnic communities of Ratanakiri Province, which has the highest rate of child marriage in Cambodia. The plan also contributes to the Government's larger commitment to taking action to prevent and respond to all forms of violence against children in Cambodia.

2. SITUATION

In Cambodia, child marriage has steadily decreased over the last 25 years, with 19 per cent of young women aged 20 to 24 in 2014 married before age 18 compared to 28 per cent in 1989. Progress has been even faster when it comes to the marriage of girls younger than 15, which declined from 7 per cent in 1989 to 2 per cent in 2014.⁵ However, the 2014 Cambodian Demographic and Health Survey highlighted that child marriage is still an issue, with **one in four (23 per cent) females and one in 15 (6.5 per cent) males aged 18 to 49 reporting being married before their 18th birthday**.⁶ Additional research shows geographically remote and ethnic communities have significantly higher rates of child marriage than the rest of the country. Ratanakiri Province has been targeted for the specific interventions outlined in this provincial action plan as it has the highest rate of child marriage in the country.

Ratanakiri Province is located in the remote northeastern region of Cambodia; **36 per cent of its provincial population report being marriage before age 18**. To compare, more urbanized provinces such as Phnom Penh exhibit rates as low as 5 per cent. Additionally, Ratanakiri has the highest population of ethnic minorities in Cambodia, with about 75 per cent of the total population comprised of eight primary ethnic groups: Tampuan, Kreung, Cha Ray, Pnov, Pnong, Ka Vet, Ka Chak and Lun. A 2015 UNICEF household survey conducted among 80 ethnic minority mothers with children under age 5 living in the province's O'chum District found that 59 per cent

⁴ UNFPA and National Institute of Statistics (NIS), 'Sexual and Reproductive Health of Adolescents and Youth in Cambodia Analysis of 2000-2014', Cambodia Demographic and Health Survey data, 2015.

⁵ NIS and MOH, Cambodian Demographic and Health Survey, 2014.

⁶ NIS and MOH, Cambodian Demographic and Health Survey, 2014.

were married before the age of 18.⁷ Corresponding to the prevalence of child marriage, high rates of teenage pregnancy have also been indicated in Ratanakiri. A 2016 UNICEF analysis of health centre administrative data in the province found that nearly one in four (23 per cent) of antenatal care visits are with girls under 18 years old. Child marriage and teenage pregnancy rates in Ratanakiri Province, particularly among ethnic minority communities, are significantly higher than the national percentages, which is why Ratanakiri has been targeted for specific prevention and response supports and interventions.

3. DETERMINANTS⁸ OF CHILD MARRIAGE IN RATANAKIRI

A review of primary data and secondary analysis of existing datasets on child marriage and teenage pregnancy indicates a combination of determinants leading to Ratanakiri's high rates of child marriage and teenage pregnancy.

3.1 Gender

Global studies show that child marriage arises from and often perpetuates gender inequality. This is also true in Cambodia and Ratanakiri's ethnic minority populations, as demonstrated by the fact that child marriage in Cambodia is an issue that impacts girls in far larger numbers than boys and with more intensity. Girls marry before the age of 18 for a number of reasons, including social beliefs that when girls reach puberty (between ages 12 and 15, or younger) they are ready to marry; fears that older girls will not find spouses; distance and poor quality of lower secondary schools, which lead to high drop-out rates; concerns about the risks of sexual violence girls face in school and on their way to school; socio-economic needs of a girl's household; and concerns about premarital sexual behaviour that could result in pregnancy outside of marriage, HIV, and perceived dishonour to the family. Child marriage is often rooted in patriarchal beliefs that value girls less and confine them to traditional roles of motherhood and domestic labour. Additionally, girls are most impacted by the health and economic consequences of early pregnancy. In many cases, girls marry simply because they lack alternatives: where secondary schools, local employment and female role models are not available, child marriage becomes the default option.⁹

3.2 Social and cultural norms

The influence of community social and cultural norms (such as tradition, social acceptability of early initiation of sexual activity, widely held beliefs about children's sexual desire, and peer pressure) plays a strong role in determining the age of marriage for girls and boys in Ratanakiri.

Tradition and family honour: Traditional marriage practices in most ethnic groups in Ratanakiri are to marry after the onset of puberty. Marriage practices are an important part of ethnic identity, so many children follow the example of their parents, grandparents and community members. Child marriage in the province is most often employed as a 'coping strategy' in the face of early or unwanted pregnancy. As young girls are often initiating sexual activity as young as 13, and boys as young as 15, and access to and knowledge of contraception is very limited, early and unwanted pregnancy is common. Once a girl is pregnant, she is expected to marry in order to be able to fulfil the traditional role of a mother with the support of a nuclear family. This is reinforced by social acceptance of the early initiation of sexual activity by the community.

⁷ UNICEF, Cambodia Country Programme 2016-2018: Child Protection.

⁸ Determinant translated into Khmer for this document as កត្តាបង្ក.

⁹ Jones, Nicola, et al., 'Research brief: Surprising trends in child marriage in Ethiopia', UNICEF, 2016.

Child marriage as a choice: Parents, community leaders (known as *krak srok*) and local authorities state that child marriage is driven by the desire of adolescents to marry for love at an early age. When adolescent boys and girls fall in love, parents worry that rejecting their children's marriage proposal could lead to the children leaving home or committing suicide. These are reasons that lead parents to believe that it is better to marry their children (mainly girls) at a young age.

Peer pressure and discrimination: One significant difference between the global narrative about child marriage and actual practices in Ratanakiri is that adolescent girls and boys identify that it is their choice to marry (often against their parents' will) as opposed to a decision forced upon them. In fact, Plan International's action research (2013) in Ratanakiri indicates that in 90 per cent of cases, children said they made their own decision to get married, while the other 10 per cent of child marriages were arranged by the children's parents. Key informant interviews indicated this phenomenon may be due to social and peer pressure for girls to marry during their teenage years and potential discrimination for nonconformity, as opposed to direct coercion. Early marriage is equated with girls having value and being "beautiful", "good" and "modern". Alternatively, if girls decide to wait until a later age to get married, it is believed to show that they are undesirable, not beautiful, or "bad" girls. The community often discriminates against older girls and unmarried women and boys view girls over age 18 as too old to be of value. There are also social norms that prescribe that a person is not considered an adult in indigenous communities until they are a parent.

3.3 Poverty and socio-economic inequality

Traditionally, indigenous communities in Ratanakiri have been subsistence farmers and relied on gathering forest products for their livelihoods. While many communities are still involved in these traditional practices, the context is rapidly changing and the economy in Ratanakiri is increasingly moving towards a cash-/wage-based economy. Many indigenous people now work for a wage on plantations or in the logging industry. Despite this increase in the cash economy, there are limited opportunities for decent employment and career prospects in the province – particularly in more rural and remote regions – and families with sick, elderly or other members who cannot work may struggle to have sufficient food and basic necessities. Child marriage may be considered a strategy for economic survival and to decrease the burden of the families' responsibilities. Families may also encourage their child to marry early because they need more of a labour force to farm and help generate income. Families and children in Ratanakiri see limited employment opportunities for girls and lower secondary schools are often long distances over bad roads, so following a traditional path to early marriage is encouraged.

3.4 Access to education and information on sexual and reproductive health

Lack of education in general and regarding child sexual and reproductive health and family planning is the overwhelming contributor to the perpetuation of these practices in Cambodia. Cambodia has more than 20 ethnic groups, most of which live in the country's isolated, mountainous region in the northeast. Children from these ethnic groups face an uphill struggle to receive formal schooling due to the long distance to schools and instruction in a language that is not their mother tongue. These children also come from families who have traditionally practiced a semi-nomadic lifestyle, which also impacts their education as most schools cannot cater to this mobile way of life.¹⁰

Plan International reports that many children in Ratanakiri drop out of school around grades 7 to 9, after falling pregnant and then getting married, to help their family generate income or conduct household chores. Indigenous girls are socialized from a young age to believe that they are

¹⁰ UNICEF, UNICEF Toolkit: Inclusive Quality Education, UNICEF Country Programme 2016-2018.

responsible for maintaining the home, and by the age of 10, already feel a deep responsibility to support their mother and broader family in household chores. As most secondary schools in the province are in the district towns, far away from rural villages, it is impossible for girls to both fulfil these duties and attend school. Faced with this choice, most girls would choose to stay at home to support the family rather than travel to a district town to attend secondary school where they face unknown dangers and risks being away from their nuclear family. This decision is often supported by parents, who share the belief that a woman's first responsibility is to maintain the home and no motivation from their parent and community to complete their education. Early school dropout rates have a high correlation to child marriage and early pregnancy.

Plan International reports low levels of education on adolescent sexual reproductive health in Ratanakiri. Nearly half (49 per cent) of parents have no access to adequate adolescent sexual reproductive health services and have poor access to reproductive rights services.¹¹ Resources on sexual and reproductive health and family planning are largely absent. There are many misconceptions and erroneous beliefs around contraception that contribute to very low rates of contraceptive use, such as the belief that condoms will cause irritations and rashes and should be avoided. There is also a lack of understanding of sexually transmitted infections. These factors lead to high rates of teenage pregnancy and subsequently the belief that there is no other option for girls who fall pregnant but to marry; without education, girls lack the confidence and knowledge to make a different choice from those dictated by tradition and social norms.

Staff at a health centre in Ratanakiri found it difficult to communicate effectively with teenage mothers during medical visits, encountering shyness and embarrassment while medical staff discussed sexual and reproductive health-related issues. There are also language issues: some staff are Khmer and do not speak any indigenous languages, while others might communicate in one indigenous language (e.g., Kreung), but not in another (e.g., Jarai) and therefore are only able to communicate to half of their target population. The staff also identified being concerned about chronic illness and health issues occurring for teenage mothers in this population after giving birth.¹²

3.5 Coordinated prevention and response services

Child marriage and teenage pregnancy in ethnic communities have been difficult to address in Ratanakiri due to challenges in reaching the ethnic communities resulting from geographic remoteness, lack of reliable infrastructure (paved roads, well-resourced health centres, etc.), and language barriers. Though some NGOs have worked to provide interventions to delay marriage and pregnancy in the province, logistical challenges of reaching the target populations have acted as barriers to service provision and resulted in a lack of buy-in, coordination and cooperation among stakeholders in addressing child marriage and teenage pregnancy within Ratanakiri. Additionally, due to the strong traditional cultural norms, there is a lack of community participation – especially by the most-affected ethnic minority communities – in planning and project preparation.

3.6 Understanding the impact of child marriage

Knowledge of the impact of child marriage has increased in some communities where awareness-raising programmes have been implemented, but such activities have been limited to a few communities.

¹¹ Plan International, action research in Kampong Cham, Siem Reap, and Ratanakiri provinces, 2013.

¹² UNICEF, Ratanakiri Joint Field Visit Report, July 2016.

In communities where awareness programmes have been conducted among both male and female indigenous adults, there is a clear understanding that early marriage and teenage pregnancy are not desirable and can lead to serious issues for the young people involved. The main concerns expressed by adults relate to the following:¹³

Young men will not be able to make money, either because they had not studied enough or developed job-relevant skills. Parents seemed very focused on a son's ability to work for money rather than his general ability to work in the traditional economy. They may be assuming that anyone over the age of 10 already has an understanding of slash-and-burn agriculture, but they may also be reflecting a deep anxiety about the advance of the cash economy in their communities.

Young men will not be able to help around the house properly. This response was found in Jarai communities, where it is the man who changes his residence to live with his wife's family. Ideally, an incoming husband should already be mature enough to assume his duties, which include helping his in-laws and contributing to the household. Few parents desire educating a son-in-law not ready for his duties.

Young women do not have the ability to maintain a home. Parents frequently say that young wives are simply not practiced enough in the arts of homemaking, which involve very labour-intensive activities, such as fetching water, weeding fields, chopping firewood and food preparation. This should also be done while watching over the children and with enough time left over to go into the swiddens and weed the fields.

Young women are not healthy (strong) enough to give birth. This was the most common answer given in all communities and reflects the anxieties that surround pregnancy and the safety of the mother. Villagers have observed that younger women are more likely to suffer from complications during birth, which cannot be managed in the village setting with only a traditional midwife as support. The question of women being healthy enough to survive childbirth came up continually during any interview that touched on the topic of pregnancy or birth. The primary fear is that the mother will die. A child dying as a result of complications of pregnancy is a tragedy, but it can be overcome – many families have seen children die very young. However, a dead mother is much more difficult to recover from as there will be no more opportunities to have children and the relationship between families created by the union is effectively over.

This clear understanding on behalf of indigenous parents of the negative consequences of early marriage and teenage pregnancy is an important existing social norm that can be built upon in order to step up initiatives to prevent these practices. It suggests that the root cause of early marriage is teenage pregnancy and the root cause of teenage pregnancy is a lack of understanding and knowledge of sexual and reproductive health, a lack of access to contraception and reproductive health services, and a social acceptance of early initiation of sexual activity.

3.7 Awareness of legal protection against child marriage

Children, parents and local authorities often lack knowledge about marriage and family law, which makes it difficult to enforce legal limitations on child marriage. Ethnic group community members often regard the term 'marriage' (as stated by law) as referring to Khmer ceremony practices with modern music and a big party. Their own traditional wedding is a very simple ceremony and ancestral offering, which allows a couple to be officially recognized as married by the community, and which they do not believe needs to be authorized as 'marriage' by any authority. In response,

¹³ Perez, Alberto, 'Indigenous Parenting Practices across the Generations', Plan International Cambodia.

local authorities do not intervene to stop any traditional marriage, even when they include children. Additionally, it is common for members of these communities not to know their own age or have a birth certificate, which can make it difficult to establish a child's age and be a challenge to enforcing legal standards for child marriage. Local authorities and NGOs working in the field identify that they usually confirm a child's age from their own judgment or record.

4. IMPACTS OF CHILD MARRIAGE AND TEENAGE PREGNANCY

Child marriage has a multifaceted and profound impact on children's lives, affecting their health, education, psychological development, social life and relationships, and risk for future adversities throughout a girl's life and for generations after.¹⁴ Child marriage is demonstrated to have shown increased rates of social isolation, teenage pregnancy and cessation of education, thereby limiting future livelihood opportunities. Impacts observed in Ratanakiri include:

4.1 Violation of children rights

Though marriage at a young age is common and widely accepted among ethnic groups in Ratanakiri, children are too young to make an informed decision about their marriage partner or the implications of marriage itself. Child marriage is a violation of human rights, including the right to education and the social supports children need for healthy development and a safe and successful transition to adulthood. Additionally, teenage pregnancy as a key driver of child marriage can also prevent girls from exercising their rights due to adverse impact on education, health and status.

4.2 Education and livelihood

Child marriage contributes to economic hardship and leads to under-investment in girls' educational and health care needs, which undermines economic productivity, threatens sustainable growth and development, and contributes to persistent poverty.¹⁵ Young mothers do not have the opportunity to return to school and face severely limited employment opportunities.

4.3 Health

Child marriage is a main contributing factor to teenage pregnancy in Cambodia and both are major health concerns that put mothers and children at high risk of illness and death. In 2014, the Cambodia Demographic and Health Survey found that 20 per cent of young Cambodian women aged 15 to 19 were already mothers or pregnant with their first child. The percentage of teenagers who have begun childbearing varies greatly among provinces, with the highest in Mondulkiri/Ratanakiri (36 per cent).¹⁶ Child marriage leads to increased health risks associated with childbearing and increased rates of domestic violence, sexual abuse and social isolation.

Early pregnancy and childbirth have severe consequences for adolescent girls as compared to young women, including an increased risk of miscarriage and complications at birth, obstetric fistula and death. Despite progress in overall rates around the world, maternal mortality remains a leading cause of death among girls aged 15 to 19. In general, the vast majority of maternal deaths are preventable when women have access to quality antenatal and postnatal care and safe delivery attended by skilled personnel, backed by emergency obstetric care. However, adolescent girls in Ratanakiri do not always have access to these forms of care or information

¹⁴ UNFPA, 'Girlhood, not Motherhood: Preventing adolescent pregnancy', New York, 2015.

¹⁵ International Center for Research on Women, 'How to end child marriage: Action strategies for prevention and protection,' 2007.

¹⁶ NIS and MOH, Cambodian Demographic and Health Survey, 2014.

about the importance of these services due to a lack of sexual and reproductive health education and living in remote locations far from well-equipped health centres, schools and service providers.

In addition to the harm placed on teenage mothers, their children also face numerous hardships. Children of young mothers have higher rates of infant mortality and malnutrition and are less likely to be educated than children born to mothers older than 18. Lack of access to contraception is a challenge to approximately 225 million women worldwide, who would like to avoid pregnancy but are not using a modern method of contraception.¹⁷ This is a particular challenge for girls who would like to stay in school.

Beyond the physical harm, the developmental and mental health impact of child marriage is tremendous. Child marriage signifies the complete loss of childhood. Children who marry do not play with their friends, are often not attending school, do not have access to opportunities for their future, and are confined within roles that bring responsibilities that they did not choose and often do not understand. These factors can cause significant impediments to social development, as well as having psychological consequences and a loss of sense of hope for the future.

4.4 Family preservation

Child marriage and teenage pregnancy foster conditions that enable or exacerbate violence and insecurity, including domestic violence. Lacking status and power, girls are often subjected to domestic violence, sexual abuse and social isolation. Boys in Ratanakiri unready or lacking maturity to take on the pressures of supporting a family often turn to use of drugs and alcohol to cope. The pressures on these relationships can lead to divorce or separation of the couple, and with limited economic opportunities it is then difficult for single mothers to support their children. Additionally, teenage parents lacking positive parenting skills often use corporeal punishment to discipline children. Some children are placed in orphanages and residential care institutions because poor families cannot provide the support they need or because the children are being harmed by the parents.¹⁸

5. STRATEGIC FRAMEWORK FOR DEVELOPMENT OF THE PROVINCIAL ACTION PLAN

The Provincial Action Plan to Prevent Child Marriage and Teenage Pregnancy was developed and particular strategic areas and activities for the key results framework were selected following an examination of primary and secondary datasets including: key stakeholder interviews; provincial and national consultations with government and civil society organizations in Ratanakiri; a systematic review of global literature on child marriage; Plan International's research on indigenous parenting practices (2017); World Vision's Situational Analysis on Child, Early and Forced Marriage in Vietnam, Laos, Myanmar and Cambodia (2016); the Cambodia Violence Against Children Survey; and development and review of a Theory of Change (TOC) on child marriage in Cambodia.

¹⁷ Singh, Susheela, Jacqueline Darroch and Lori Ashford, 'Adding it Up: Costs and benefits of investing in reproductive health,' Guttmacher Institute, 2014.

¹⁸ Field interview with staff of residential care institution in Ratanakiri.

5.1 Theory of Change on child marriage in Cambodia

A TOC on child marriage in Cambodia was developed to support the provincial action plan strategy based on a systematic review of primary data, relevant global, regional and national literature, and a secondary analysis of the existing datasets on child marriage and teenage pregnancy in Cambodia. The TOC identified six major determinants of violence against children to be addressed in the plan: gender, social and cultural norms (such as tradition, social acceptability of early initiation of sexual activity, peer pressure and discrimination), poverty and socio-economic inequality, lack of access to education and information on sexual and reproductive health, lack of awareness about legal protection against child marriage, and lack of coordinated prevention and response services.

In developing interventions to address child marriage determinants, the TOC referenced existing best practices in child marriage prevention and response, including the UNICEF-UNFPA 'Report of the Inception Phase of the UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage', the UN 'Study on Violence against Children',¹⁹ UNICEF's 'Six Strategies for Action',²⁰ Plan International's '18+ Global Theory of Change for Tackling Child Early and Forced Marriage' and the Global Partnership to End Violence Against Children's 'INSPIRE: Seven Strategies for Ending Violence Against Children'. Furthermore, the priorities and initiatives included in the TOC are articulated in a way that is consistent with UNICEF's global theory of change for its 2014-2017 strategic plan,²¹ the UNICEF Child Protection Country Programme (2016-2018),²² the National Action Plan to Prevent Violence Against Women (2014-2018),²³ the National Action Plan for Child Development (2016-2018), and the Action Plan to Prevent and Respond to Violence Against Children (2016-2021).

Development of the TOC took place at sub-national-level workshops in Ratanakiri and one in Phnom Penh, with the participation of key stakeholders including local authorities from Ratanakiri, national government ministries, UN agencies (UNICEF, UNFPA) and civil society organizations (Plan International, CARE). These participants engaged in an in-depth participatory process developing, reviewing and amending the TOC for Ratanakiri. The results from this TOC helped determine the strategy in this action plan. To see the full TOC document for violence against children in Cambodia developed in July 2016, please refer to **ANNEX I: Theory of Change on Child Marriage and Teenage Pregnancy in Ratanakiri**.

5.2 Scope of the plan

The action plan covers:

- All relevant ministries and institutions
- National and sub-national administration
- Development partners
- Civil society
- Faith-based organizations
- Children and youth
- Parents and caregivers
- Vulnerable persons
- Community members and general public

¹⁹ UN General Assembly A/61/299, 'Promotion and Protection of the Rights of the Child', 2006.

²⁰ UNICEF, 'Ending Violence Against Children: Six strategies for action', 2014.

²¹ UNICEF, Revised Supplementary Programme Note on the Theory of Change for the UNICEF Strategic Plan (2014-2017), 2014.

²² UNICEF, UNICEF Cambodia Country Programme 2016-2018: Child Protection.

²³ Ministry of Women's Affairs, National Action Plan to Prevent Violence Against Women, 2014-2018.

Target beneficiaries

Primary: Adolescent girls, adolescent mothers from ethnic minority groups in Ratanakiri

Secondary: Adolescent boys, youth, young parents, parents/guardians, service providers, local authorities in Ratanakiri

Engagement goal

According to Ratanakiri administrative data in 2016, there are 53,921 adolescents and youth (10 to 24 years of age) in the province, of whom 28,528 are between the ages of 12 and 17. The action plan would target at least 30 per cent of adolescents (aged 10 to 19) and youth (aged 15 to 35) in Ratanakiri with prevention and response interventions.

5.3 Overall objective

The action plan has the following overall objective and objective indicators:

- Contributing to the Government of Cambodia's commitment to end child marriage and teenage pregnancy as part of implementing the SDGs by reducing adolescent pregnancy and child marriage in ethnic communities of Ratanakiri Province through increased prevention and response interventions; multi-sectoral coordination and cooperation; and development of a data collection, monitoring, and evaluation system.

Overall objective indicators:

- Percentage of adolescent girls married/in-union before age 18 in Ratanakiri
- Percentage of adolescent girls married/in-union before age 15 in Ratanakiri
- Among all women aged 20 to 24 married/in-union before age 18, percentage who gave birth before age 20 in Ratanakiri
- Among all women aged 20 to 24 married/in-union before age 15, percentage who gave birth before age 18 in Ratanakiri

5.4 Key strategies

The overall strategic priority objective of the provincial action plan is to reduce child marriage and teenage pregnancy in Ratanakiri Province through interventions in four priority areas of focus:

- I. Coordination and Cooperation
- II. Data Collection, Monitoring and Evaluation
- III. Primary Prevention
- IV. Response

Based on these priorities, the Provincial Government of Cambodia has introduced the following key strategies and actions:

5.4.1 Strategic Area I: Coordination and Cooperation

Objective: To reduce child marriage and teenage pregnancy in Ratanakiri through increased and effective coordination of interventions and actions between local authorities, UN, NGOs and international organizations.

Outcomes:

- Coordination and cooperation between sector departments, local authorities, community elders, UN agencies, NGOs and international organizations increases so as to scale up interventions and actions addressing child marriage and teenage pregnancy in Ratanakiri.

5.4.2 Strategic Area II: Data Collection, Monitoring and Evaluation

Objective: To reduce child marriage and teenage pregnancy in Ratanakiri by developing a system for data collection, monitoring and evaluation in order to assess prevalence and establish an evidence base for prevention and response strategies.

Outcomes:

- Data collection system and monitoring and evaluation framework on child marriage and teenage pregnancy in Ratanakiri is effectively implemented and reviewed to inform policy and programming, track progress and document lessons.

5.4.3 Strategic Area III: Primary Prevention

Objective: To reduce child marriage and teenage pregnancy in Ratanakiri through a multi-sectoral coordinated primary prevention strategy with institutions targeting key actors.

Outcomes:

- Local authorities, community members, parents/caregivers and adolescents demonstrate positive attitudes and increased knowledge on the benefits of investing in adolescent girls and effective, feasible strategies for preventing teenage pregnancy and the positive impacts of delaying marriage until after age 18.
- Adolescent girls (aged 10 to 19) are supported to enroll and remain in formal and non-formal education, including through the transition from primary to secondary education.
- Health care system provides increased access for adolescent girls and boys (aged 10 to 19) to quality service, sexual and reproductive health education and youth-friendly counselling on early pregnancy prevention.

5.4.4 Strategic Area IV: Response

Objective: To respond to child marriage and teenage pregnancy in Ratanakiri by strengthening social service providers' (health, economic empowerment, education) capacity to provide quality services and alternative empowerment opportunities to girls and boys married or pregnant before age 18.

Outcomes:

- Adolescent girls, young adult women (aged 15 to 24), and women with children from ethnic minorities and their families have access to alternative economic opportunities, including increased job opportunities in the fields of agro-farming and small entrepreneurship.
- Health sector system provides increased access to and quality of youth-friendly sexual and reproductive health services for adolescents from ethnic minorities in target communities.
- Adolescent mothers and their families from ethnic minorities in target communities have increased ability to care for children within the family and community.

5.5 PROVINCIAL ACTION PLAN MATRIX

STRATEGIC AREA I: COORDINATION AND COOPERATION

Strategic Objective: To reduce child marriage and teenage pregnancy in Ratanakiri through increased and effective coordination of interventions and actions between local authorities, UN, NGOs and international organizations						
Outcome 1: Coordination and cooperation between sector departments, local authorities, community elders, UN agencies, NGOs and international organizations increases so as to scale up interventions and actions addressing child marriage and teenage pregnancy in Ratanakiri						
Outcome Indicator 1: % of participating institutions at the provincial and district levels incorporating child marriage and teenage pregnancy indicators from the action plan into their annual work plans						
Output	Indicator(s)	Activities	Lead Institution(s)	Secondary Supporting Institutions	Timeframe	Resources
1.1. Strengthened roles, duties and responsibilities of WCCCs at the provincial level to coordinate implementation of the action plan at sub-national levels	1.1.a. Child marriage, teenage pregnancy and related issues added to the WCCC monthly meeting agendas	1.1.1. Endorsement and launch of the Provincial Action Plan to Prevent Child Marriage and Teenage Pregnancy	P-WCCC	MOWA; Plan International Cambodia	2018	Gov't budget; development partners
	1.1.b. Regular meeting between WCCC and NGO partners	1.1.2. Develop a work plan and instruction outlining implementation of the Provincial Action Plan to Prevent Child Marriage and Teenage Pregnancy in Ratanakiri	P-WCCC	MOWA	2018	Gov't budget; development partners
		1.1.3. Issue a letter instructing P-WCCC, D-WCCC and WCCC to incorporate child marriage, teenage pregnancy, and	P/D-WCCC; CCWC	Provincial administration; PDOWA (Secretariat of WCCC)	2018 - 2021	Gov't budget; development partners

	conducted and meeting minutes documented	related issues into their monthly meeting agenda				
			1.1.4. Conduct quarterly, semester, and annual meeting with P-WCCC and related bureaus, NGOs and international organizations to discuss progress of implementing measures to prevent child marriage, teenage pregnancy	P-WCCC	Provincial administration; PDOWA and other related departments	2018-2021 Gov't budget; development partners
			1.1.5. Conduct a study visit to learn about existing interventions proven to be effective for reducing child marriage and teenage pregnancy in the region	P-WCCC	MOWA	2018 Gov't budget; development partners
			1.1.6. Promote sustainability with relevant sector departments, provincial administrations, local authorities, and NGOs with information and engaged discussion related to key problems on child marriage and teenage pregnancy, drivers leading to the practices, consequences and impact	Provincial administration/ P-WCCC	MOI; MOWA; WCCC	2018 Gov't budget; development partners

STRATEGIC AREA II: DATA COLLECTION, MONITORING AND EVALUATION

Strategic Objective: To reduce child marriage and teenage pregnancy in Ratanakiri by developing a system for data collection, monitoring and evaluation in order to assess prevalence and establish an evidence base for prevention and response strategies						
Outcome 2: Data collection system and monitoring and evaluation framework on child marriage and teenage pregnancy in Ratanakiri is effectively implemented and reviewed to inform policy and programming, track progress and document lessons						
Outcome Indicator 2: # data collection reports with progress analysis and lessons learned						
Output	Indicator(s)	Activities	Lead Institution (s)	Secondary Supporting Institutions	Timeframe	Resources
2.1. A comprehensive system in place for data collection and monitoring, evaluation, and reporting on the nature and extent of child marriage and teenage pregnancy, and existing services addressing the issue	2.1.a. Finalized mapping report on current government, NGO and international organization interventions on child marriage and teenage pregnancy	2.1.1. Conduct mapping of government agencies, NGOs and international organizations interventions linked to child marriage and teenage pregnancy	P-WCCC	PDOWA; D-WCCC CCWC; Plan International Cambodia; development partners	2018	Gov't budget; development partners
		2.1.2 Conduct baseline studies on situation and impacts of child marriage and teenage pregnancy in Ratanakiri	P-WCCC	WCCC; MOWA; PDOWA; PDOP	2018	Development partners
	2.1.b. Completed baseline studies and analysis reports	2.1.3. Review the administrative data collection form and mechanism to incorporate reporting on child marriage and teenage pregnancy issue in the quarterly, semester and annually of D-WCCC and CCWC	P-WCCC	PDOWA; MOI; NCDD; provincial administration	2018	Gov't budget; development partners
	2.1.c. Incorporation of indicators to					

	measure prevalence of child marriage and teenage pregnancy into key sectoral information management systems (i.e., EMIS and HMIS)	2.1.4. Integrate indicator for data collected on child marriage and teenage pregnancy into the existing data collection systems of the Provincial Department of Planning (book on provincial economic and social situation): - Data on child marriage/age desegregate - Data on teenage pregnancy 2.1.5 Request MOH to include an indicator for teenage pregnancy under age 18 in the client form and first antenatal care check up (ANC1)	PDOP	PDOWA; provincial administration	2018-2019	Gov't budget; development partners
			MOWA	PDOWA PDOH	2019	Gov't budget
2.2. Effective and timely monitoring, evaluation and reporting on the implementation of the action plan	2.2.a. Publishing of an annual meeting progress report 2.2.b. Finalized end review summarizing progress on the implementation of the action plan and related data collected	2.2.1. Conduct annual meeting to monitor and evaluate the progress of the work plan	P-WCCC	PDOWA	2018-2021	Gov't budget; development partners
		2.2.2 Conduct mid-term review on the implementation of the action plan	P-WCCC	PDOWA;	2020	Gov't budget; development partners
		2.2.3. Conduct final term review on the implementation of the action plan	P-WCCC	PDOWA;	2021	Gov't budget; development partners
		2.2.4 Develop monitoring and evaluation framework outlining indicators, source of information, collection methodology and tools,	P-WCCC	PDOWA; provincial administration; PDOP	2019	Gov't budget; development partners

	frequency of data collection and agencies responsible to collect data				
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STRATEGIC AREA III: PRIMARY PREVENTION

Strategic Objective: To reduce child marriage and teenage pregnancy in Ratanakiri through a multi-sectoral coordinated primary prevention strategy with institutions targeting key actors

Sub-area 1: Awareness raising

Outcome 3: Local authorities, community members, parents/caregivers and adolescents demonstrate positive attitudes and increased knowledge on the benefits of investing in adolescent girls and understand the positive impacts of delaying marriage until after age 18 and harmful impact of child marriage and teenage pregnancy						
Outcome Indicator 3: % of local authorities, community members, parents/caregivers and adolescents demonstrating increased positive attitudes and/or knowledge about the benefits of investing in adolescent girls and understand the positive impacts of delaying marriage until after age 18 and harmful impact of child marriage and teenage pregnancy						
Output	Indicator(s)	Activities	Lead Institution(s)	Secondary Supporting Institutions	Timeframe	Resources
3.1. Households are increasingly aware of the benefits of investing in adolescent girls and ending child marriage and effective, feasible	3.1.a. # of households with at least one member (among girls/boys/women/men) in target areas who regularly participate in local capacity-building activities promoting gender equitable social	3.1.1 Develop training on a modular curriculum and guidelines for local capacity-building activities on child marriage and effective, feasible strategies for preventing teenage pregnancy and positive impact of delayed marriage until 18 to enable local authorities (i.e., commune council, village chief, deputy village chief, village	P-WCCC	MOWA; MoH; MOH; MOEYS; MOI; MOSVY; Provincial Administration Police Military D-WCCC;	2018-2019	Gov't budget; Plan Int'l Cambodia; development partners

strategies for preventing teenage pregnancy	<p>norms, including delaying child marriage</p> <p>3.1.b. % of targeted groups (local authorities, community members, parents/caregivers, and adolescents) who can give at least one reason why child marriage and teenage pregnancy are harmful</p> <p>3.1.c. # of role models identified and performing advocacy activities</p>	<p>volunteers and commune police), teachers, and health centre staff to work with targeted groups in communities, including elders (<i>mekantreanh</i>) and traditional midwives, to:</p> <ul style="list-style-type: none"> ▪ Change attitudes and social norms on sexual reproductive health and family planning ▪ Educate community members about the law/legislation outlawing child marriage ▪ Promote birth registration and use of a village record book ▪ Target out-of-school children and youth to raise awareness about effective, feasible strategies for preventing teenage pregnancy and ending child marriage and alternative options for young couples ▪ Disseminate IEC in public community celebrations (Bon Phoum, Bon Rong and other ceremonies in the communities) ▪ Enhance and implement the 'Positive Parenting Programme' focused on 			CCWC; UNFPA; Krousar Yoeung, Bandos Komar, NGOs	
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		3.1.3. Capacity building to local authorities, teachers and health centre staff and involved stakeholder to use the curriculum	P-WCCC	POWA; relevant provincial departments; NGOs	2018-2019	Gov't budget; development partners
		3.1.4. Implement village-based activities to raise awareness and change social norm and harmful practice using IEC materials	P-WCCC	MOWA; D-WCCC; Police Military; District Office of Education CCWC (including police administrative post, health centres); NGOs	2018-2021	Gov't budget; development partners
		3.1.5. Develop and implement role model communities and groups, including: <ul style="list-style-type: none"> ▪ A future community leaders programme that cultivates young leaders by providing scholarships, training, skills workshops and job opportunities to promising students ▪ Role model families that send children to school, use good hygiene practices and do not have 	P-WCCC	PDOWA; PDOSVY; PDOEYS PDLVT; Plan Int'l Cambodia CARE International Khmer Youth Association Krousar Yoeung; Bandos Komar; CARE;	2018-2021	Gov't budget; Plan Int'l Cambodia; development partners

		violence in the home, and school enrollment to other parents and families in villages		International Cooperation Cambodia		
		3.1.6 Public awareness campaign, including radio programme on round table discussion and debate at national and provincial level on child marriage and teenage pregnancy and, use Child Helpline to answer children's inquiries and referral to appropriate services for selected communities	MOWA; MOSVY	PDOWA; PDOSVY PDOH; Provincial Police Commissariat, Police Military Child Helpline Cambodia; NGOs	2018-2021	Gov't budget; development partners
		3.1.7. Implement Level 1 of the Positive Parenting Toolkit: <ul style="list-style-type: none"> Train social service providers to provide awareness raising on basic positive parenting concepts for the general public, including gender equality 	MOWA	PDOWA	2018-2019	Gov't budget; development partners

Sub-area 2: Education

Outcome 4: Adolescent girls (aged 10-19) are supported to enroll and remain in formal and non-formal education, including through the transition from primary to secondary education						
Outcome Indicator 4: Girls' retention rate at primary or lower-secondary school/Girls' transition rate from primary to lower-secondary school						
Output	Indicator(s)	Activities	Lead Institution(s)	Secondary Supporting Institutions	Timeframe	Resources

4.1. Strengthen capacity of the education system, CCWC and WCCC to further implement and expand existing programmes targeting school enrolment and retention and reduce child marriage and teenage pregnancy	4.1.a # of adolescent girls in programme areas supported to access and remain in lower and upper-secondary school	4.1.1. Expand student access (including translation to minority languages and adaptation to indigenous cultural and social norms related to sexuality) to materials in lower and upper secondary schools province-wide, which promote awareness of the benefits of education, sexual health and reproduction, delaying marriage and pregnancy	PDOEYS	PDOA; PDOH; primary and secondary schools; CARE; Khmer Youth Association; Bandos Komar	2018-2021	Gov't budget; CARE; development partners
		4.1.2. Establish and train youth peer education groups to conduct awareness on sexual reproductive health and prevention of teenage pregnancy	CCWC	PDOA; Plan Int.I CARE, Bandos Komar; Non-timber forest products; Khmer Youth Association; NGOs	2018-2021	Gov't budget; development partners
4.2 Adolescent girls (aged 10-19) actively participating in a life skills programme (with an emphasis on health information)	4.2.a # of students in schools receiving life skills education on vocational skill training and sexual and reproductive	4.2.3. Implement health education programming in schools, including use of the MOEYS life skills book on vocational training, adolescent reproductive health, and peer education	PDOEYS	PDOH; DOLVT; Ockenden; NGOs	2018-2021	Gov't budget; development partners
		4.2.2 Construct school and increase scholarships and dormitory spaces to poor students at primary, lower and upper secondary schools	PDOEYS	Plan Int'l Cambodia; CARE; UNICEF	2017-2021	Gov't budget; development partners

	ve health education					
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Sub-area 3: Health

Outcome 5: Health care system provides increased access for adolescent girls and boys (age 10–19) to quality service, sexual and reproductive health education and youth-friendly counselling on child marriage and early pregnancy prevention						
Outcome Indicator 5: # and proportion of adolescent girls in target areas that have utilized counselling or family planning services in the previous 12 months						
Output	Indicator(s)	Activities	Lead Institution(s)	Secondary Supporting Institutions	Timeframe	Resources
5.1 Adolescent girls (10–19) and youth actively accessing sexual and reproductive health education, including HIV/AIDS, STD and youth-friendly counselling at health centres	5.1.a. # of adolescent girls (aged 10–19) received sexual and reproductive health education and counselling at health services 5.1.b. Parents, guardians and caregivers in target communities with increased knowledge on reproductive health and family planning	5.1.1. Strengthen the capacity of health centre staff to further implement and expand existing prevention and health programmes, including: <ul style="list-style-type: none"> Provision of nutrition, sexual and reproductive health education information to children, especially girls Provision of access to quality services such as a health centre hotline by communities (in ethnic languages) 	PDOH	MOH; PDOWA; Referral Hospital; Operational Districts; Health Centres; local authorities; Marie Stopes Int'l; Plan Int'l Cambodia; Phnom Srey for Development; Child Helpline; Khmer Youth Association; NGOs	2017–2021	Gov't budget; Phnom Srey for Development; Plan Int'l Cambodia; development partners

		knowledge on potential risks and harm from early pregnancy						
		5.1.3. Produce/develop IEC materials on adolescent reproductive health and nutrition to reinforce existing awareness on health impacts from early pregnancy for health education activities	PDOH;		PDOWA; National Child Health Promotion; local authorities; National Health Promotion, Plan Int'l Cambodia; Khmer Youth Association; UNFPA;	2017-2018	Gov't budget; development partners	
		5.1.4. Provide special counselling to teenage pregnant girls under 18 years old on health care by mainstreaming the activities through health care staff and midwives	PDOH		Operational districts; health centres; CCWC; NGOs	2017-2021	Gov't budget; development partners	

STRATEGIC AREA IV: RESPONSE

Overall Objective: To respond to child marriage and teenage pregnancy in Ratanakiri by strengthening capacity of social service providers (health, economic empowerment, education,) to provide quality services and alternative empowerment opportunities to girls and boys, who are married or pregnant before age 18.

Sub-area 1: Economic empowerment

Outcome 6: Adolescent girls, young adult women (aged 15-24), and women with children from ethnic minorities and their families have access to alternative economic opportunities, including increased job opportunities in the fields of agro-farming and small entrepreneurship						
Outcome Indicator 6: # and proportion of children, adolescents and young adults (age 15-24) from ethnic minorities in target communities that have utilized career development, vocational training, or capital support services in the previous 12 months						
Output	Indicator(s)	Activities	Lead Institution(s)	Supporting Institutions	Timeframe	Resources
6.1. Increased access to career development and vocational skills training for out-of-school adolescent girls and boys and young mothers (aged 15-24) from ethnic minorities and their families	6.1.a. # of out-of-school adolescent girls and boys and young mothers (aged 15-24) and women with children from ethnic minorities participating in vocational training	6.1.1. Provide vocational training to out-of-school adolescent girls and boys and young mothers (aged 15-24): <ul style="list-style-type: none"> Develop training curriculum with subjects that fit to status of the province (conduct study on potential market and resources) Provide vocational training 	PDLVT/ Provincial Training Center; PDOWA	PDOEYS; WCCC; Plan Int'l Cambodia; Khmer Youth Association ; Bandos Komar, NGOs	2017-2021	Gov't budget; Plan Int'l Cambodia; development partners
		6.1.2. Provide agriculture technique trainings that fit to status of the province (potential resources) and market: <ul style="list-style-type: none"> Livestock (chicken, pork, fish, etc.) animal feed and 				
			PDOAFF;	PDLTY; PDOWA; Provincial Training Center; PDOEYS; Bandos Komar; Okenden;	2017-2021	Gov't budget; development partners

		<p>natural vaccine for animals</p> <ul style="list-style-type: none"> ▪ Technical crop planting and composting ▪ Technical and rubber plantations ▪ Linking products to markets ▪ Compile sales team 		NGOs			
		<p>6.1.3. Developing career counselling through a hotline and app to assist students in learning about possible career paths, introduce 21st century skills and introduce new methodologies for teachers on career counselling</p>	PDOEYS	PDOAFF; PDOL; CARE; NGOs	2017-2021	Gov't budget; development partners	
6.2. Adolescent girls, young adult women (aged 15-24) and women with children from ethnic minorities and their families received capital support for starting business	6.2.a # of adolescent girls and youth adult women received capital to start business	<p>6.2.1. Provide capital support for starting business to children, adolescents and young adults from ethnic minorities, including provision of special credit package with no/low interest rate</p>	PDOEYS	PDOAFF; WCCC; Plan Int'l Cambodia; Krousar Yoeung; NGOs	2017-2021	Plan Int'l Cambodia; MFI; development partners	

Sub-area 2: Health services

Outcome 7: Health sector system providing increased access to and quality of youth-friendly sexual and reproductive health services for adolescents from ethnic minorities in target communities

Outcome Indicator 7: # and proportion of adolescent girls from ethnic minorities in target areas that have utilized health services in the previous 12 months						
Output	Indicator(s)	Activities	Lead Institution(s)	Secondary Supporting Institutions	Timeframe	Resources
7.1 Line ministries adapt and implement guidelines, instructions and standards for youth and adolescent girl-friendly sexual and reproductive health centre services	<ul style="list-style-type: none"> 7.1.a. # of girls under age 18 receiving prenatal and antenatal care at health centres and referral hospitals 7.1.b. # of boys and girls under age 18 participating in Adolescent Reproductive Health programme 	<p>7.1.1. Enhance and implement pre-service and in-service training programme for staff in Ratanakiri health facilities on:</p> <ul style="list-style-type: none"> Adolescent and youth-friendly services Basic Emergency Obstetric and Newborn Care and Comprehensive Emergency Obstetric and Newborn Care skills Support to maternal death investigations Training and implement the Clinical Handbook: Health Care for Children Subjected to Violence or Sexual Abuse in referral hospitals and health centres 	PDOH; PDOWA	MOH; MOWA; Referral Hospital; operational districts; health centres; UNFPA; UNICEF	2017-2018	Gov't budget; UNFPA; UNICEF; development partners

		7.1.2. Enhance and expand the existing Adolescent Reproductive Health programme for better access to quality services for children and adolescents	PDOH	PDOHA; UNFPA; Plan Int'l Cambodia; Phnom Srey for Developmen t; Khmer Youth Association	2017- 2021	Gov't budget; Plan Int'l Cambodia; UNFPA
		7.1.3 Awareness raising on mother and child's health in communities	PDOH	P-WCCC; PDOHA; PDOEYS	2017- 2021	Gov't budget; development partners

Sub-area 3: Social services

Outcome 8: Adolescent mothers and their families from ethnic minorities in target communities have increased ability to take care of children within the family and community						
Outcome Indicator 8: # of families and children receiving community-based care, family reunification and family preservation services						
Output	Indicator(s)	8Activities	Lead Institution(s)	Secondary Supporting Institutions	Timeframe	Resources
8.1. Increased support for adolescent mothers and young families from ethnic minorities to keep children in community and family-based care	<ul style="list-style-type: none"> 8.1.a. # of families with a DOSVY plan for family reunification and/or family preservation 	8.1.1. Community-based care programmes for families with young mothers focused on family preservation, positive parenting skills, and education about domestic violence and substance abuse 8.1.2. Family reunification for children in residential care programmes	DOSVY	MOSVY; CCWC; NGOs	2017- 2021	Gov't budget; development partners
			DOSVY	MOSVY; CCWC; NGOs	2017- 2021	Gov't budget; development partners

ANNEX I: Theory of Change on Child Marriage and Teenage Pregnancy in Ratanakiri

Super Impacts	<p>Development goals are met as key barriers to their success are eliminated:</p> <ul style="list-style-type: none">- SDG Target 5.3, “Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.”- SDG Target 3.7, “By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.”- SDG Target 5.2, “Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.”- SDG Target 16.2, “End abuse, exploitation, trafficking and all forms of violence against and torture of children.”						
Impacts	<p>Girls and boys in Ratanakiri are able to delay marriage and pregnancy until after the legal minimum age and young mothers have access to prevention and response services</p>						
Outcomes	<table><tr><td><ul style="list-style-type: none">• Girls, boys and young mothers have access to economic opportunities</td><td><ul style="list-style-type: none">• Girls, boys and young mothers have access to primary and secondary education, vocational training, and sexual and reproductive health education</td><td><ul style="list-style-type: none">• Child marriage and early pregnancy are deemed undesirable, unacceptable and not culturally appropriate</td><td><ul style="list-style-type: none">• Young women and girls will have more access to education, economic opportunities, and a better understanding of their rights to make more informed choices about marriage, family planning and livelihood; girls and boys exercise agency and autonomy over their bodies and lives</td><td><ul style="list-style-type: none">• Local authorities, government officials, teachers, parents, children and other key stakeholders are aware of and understand the positive impacts of delaying marriage until after age 18; children and adolescents engaged in child marriage and early pregnancy can access health</td><td><ul style="list-style-type: none">• Provincial, district and commune-level coordination on the child protection mechanism and family-strengthening interventions in place that are adequately tracked, funded, staffed, documented, and have appropriate access to services and facilities in line with UN Convention on the Rights of the Child</td></tr></table>	<ul style="list-style-type: none">• Girls, boys and young mothers have access to economic opportunities	<ul style="list-style-type: none">• Girls, boys and young mothers have access to primary and secondary education, vocational training, and sexual and reproductive health education	<ul style="list-style-type: none">• Child marriage and early pregnancy are deemed undesirable, unacceptable and not culturally appropriate	<ul style="list-style-type: none">• Young women and girls will have more access to education, economic opportunities, and a better understanding of their rights to make more informed choices about marriage, family planning and livelihood; girls and boys exercise agency and autonomy over their bodies and lives	<ul style="list-style-type: none">• Local authorities, government officials, teachers, parents, children and other key stakeholders are aware of and understand the positive impacts of delaying marriage until after age 18; children and adolescents engaged in child marriage and early pregnancy can access health	<ul style="list-style-type: none">• Provincial, district and commune-level coordination on the child protection mechanism and family-strengthening interventions in place that are adequately tracked, funded, staffed, documented, and have appropriate access to services and facilities in line with UN Convention on the Rights of the Child
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					and economic empowerment services	
<p>Outputs</p>	<ul style="list-style-type: none"> Programmes that respond to child marriage, teenage pregnancy and poverty reduction through livelihood empowerment interventions, vocational training, and employment opportunities 	<ul style="list-style-type: none"> Children have increased access to free, quality education at primary and secondary schools, vocational and technical training, and sexual and reproductive health education and services 	<ul style="list-style-type: none"> Programmes at scale that raise awareness about the consequences of child marriage and early pregnancy and practical prevention methods reach an increasing audience (adolescents, parents/caregivers/local authorities) Positive parenting programme and service prevention and service activities promote keeping girls and boys in school, family planning and delaying marriage 	<ul style="list-style-type: none"> Programmes raise awareness about gender norms and non-discrimination, comprehensive sexuality education, prevention and service activities, promoting gender and economic empowerment and access to education 	<ul style="list-style-type: none"> Programmes raise awareness about laws prohibiting child marriage reach an increasing number of local authorities, teachers, village leaders, parents and children Training in the law provided to an increasing number of relevant actors in the justice sector 	<ul style="list-style-type: none"> Government policies, budgets and human resources are in place to deliver prevention and response services Girls and boys have increased access to coordinated prevention and response social and health services Reliable and consistent data to analyze efforts to prevent child marriage and teenage pregnancy

<p>Barriers/ Bottlenecks</p>	<ul style="list-style-type: none"> • Lack of industry and job opportunity • Norms around intergenerational debt • Changing economic landscape in Ratanakiri resulting in increased poverty for vulnerable groups • Lack of adequate provision of relevant vocational training opportunities 	<ul style="list-style-type: none"> • Lack of qualified local teachers and health care providers • Low salaries; perceptions of the relative value of education, particularly for girls, when weighed against labour demands • Lack of adolescent and youth health-friendly services • Material deprivation and norms around intergenerational debt pushing children into the labour market and decreasing the relative appeal of continued education • Lack of knowledge on positive parenting 	<ul style="list-style-type: none"> • Long-standing dominant social and family structures and age hierarchies • Lack of knowledge of risk of child marriage and its impacts • Different cultural practices among ethnic groups, such as night visits to young women in 'girl residences', and typical marriage age • Social acceptability of early initiation of sexual activity for boys and girls 	<ul style="list-style-type: none"> • Resistance to adapting long-standing, socially dominant gender-discriminatory practices • Low importance given to education • Life skills reproductive health curriculums not being implemented in Ratanakiri and not available in indigenous languages • Very low levels of awareness of sexual and reproductive health rights in all ages and levels of society 	<ul style="list-style-type: none"> • Lack of knowledge on child rights and national laws • Non-implementation of laws • Difficulty identifying age due to lack of birth registration • Penalties for child marriage most often lead to the further disadvantage of the children involved • Desire to resolve issues within the family or community 	<ul style="list-style-type: none"> • Lack of support services and commitment of staff in those services • Lack of facilities and structures to provide appropriate ongoing assistance and care; privacy and confidentiality of services provided • Reluctance among individuals to openly seek services for pregnancy prevention, family planning, domestic violence, legal protection, and divorce due to stigmatization
		<ul style="list-style-type: none"> • Lack of political will and acknowledgement by local authorities, coordination, capacity and resources at all levels 	<ul style="list-style-type: none"> • Communication issues due to diversity of indigenous languages and lack of knowledgeable among interpreters, indigenous public servants, particularly at higher levels 	<ul style="list-style-type: none"> • Cross-cutting issues, including poverty, access to reproductive health education, drug use, strong social norms/peer pressure 	<ul style="list-style-type: none"> • Lack of infrastructure to support access to schools and other services 	

<p>Initiatives²⁴</p>	<p>Implement programmes to reduce economic deprivation and inequality (livelihood empowerment interventions; vocational training, especially for out-of-school adolescent girls, boys, youth and young mothers; employment opportunities, etc.)</p>	<p>Implement initiatives to facilitate access to secondary education, increasing school attendance, inclusion of sexual and reproductive health education in school curriculums</p>	<p>Implement community-based activity programmes to raise awareness on the health consequences of child marriage and teenage pregnancy and change social norms that are supportive of delaying marriage and preventing early pregnancy, enhance the role of parents and families (including boys and girls) in changing social norms, sending girls and boys to school, enhancing child rights in the community, promoting sexual and reproductive health education and family planning, and economically empowering young mothers</p>	<p>Implement programmes aimed at changing discriminatory gender norms, economic empowerment, access to education, and gender empowerment (sexual and reproductive health education)</p>	<p>Implement programmes to raise awareness about laws prohibiting marriage before age 18 and health rights and family planning; build capacity of commune councils, health centre workers, judiciary members, teachers, village chiefs, and school support committees to educate on laws as a medium-term achievement and enforce the laws as the long-term achievement</p>	<p>Establish a coordination mechanism between key stakeholders addressing child marriage and teenage pregnancy; build political will and acknowledgement by local authorities, as well as legal and institutional capacity to prevent and respond to child marriage and teenage pregnancy; gather data to provide evidence on prevalence to guide development of effective interventions</p>
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²⁴ For a more detailed discussion of key prevention and response initiatives at the household, school, community and governmental level, see the Provincial Action Plan to Prevent Child Marriage and Teenage Pregnancy in Ratanakiri 2017-2021. The plan also includes key activities to be undertaken in terms of coordination of key stakeholders and monitoring/data collection.

Determinants	Poverty and socio-economic inequality	Lack of access to education and information on sexual and reproductive health	Social and cultural norms supportive of early marriage (family honour; children's sexual desire; peer pressure)	Gender roles	Lack of awareness about legal protection against child marriage	Lack of coordinated prevention and response services
Evidence	<p><u>Provincial Action Plan on Child Marriage and Teenage Pregnancy Initial Findings</u></p> <p>Primary data: Key stakeholder interviews, provincial and national consultations with government and civil society organizations, systematic literature review, and secondary analysis of existing datasets on child marriage and teenage pregnancy in Ratanakiri.</p> <p>Secondary data:</p> <p>Child marriage</p> <ul style="list-style-type: none"> 1 in 4 (23%) of females and 1 in 15 (6.5%) of males aged 18-49 in Cambodia reported being married before the age of 18²⁵ 15.6% of adolescents aged 15 to 19 were in a union²⁶ 7.6% of women and 1% of men aged 18-24 identify that they married before 18²⁷ In O'chum District of Ratanakiri, 59% of mothers in ethnic minority communities married before the age of 18²⁸ In Jarai villages, the typical marriage age was 15-18 for women and 18-20 for men, while in Brao-Kreung villages, it was 14-16 for women and 17-18 for men²⁹ <p>Teenage pregnancy</p> <ul style="list-style-type: none"> More than a third of all rural women aged 15-24 had begun childbearing³⁰ 					

²⁵ NIS and MOH, Cambodia Demographic and Health Survey, 2014.

²⁶ NIS and MOH, 'Sexual Reproductive Health of Adolescents and Youth in Cambodia', 2016, p. 17.

²⁷ UNICEF, Cambodia Violence Against Children Survey, 2013.

²⁸ UNICEF, Cambodia Country Programme 2016-2018: Child Protection, 2015.

²⁹ Breogán Consulting and Plan International, 'Research on Indigenous Parenting Practices across the Generations' (draft), 2016, p. 55.

³⁰ NIS and MOH, 'Sexual reproductive health of adolescents and youth in Cambodia', 2016, p. 57.

	<ul style="list-style-type: none"> ▪ Percentage of women aged 15-24 who had begun childbearing and had no education doubled between 2000 and 2014 from 28.8% to 62.2%.³¹ ▪ 33.8% girls aged 15-19 in Ratanakiri and Mondolkiri have started childbearing (either pregnant or have had a live birth)³² ▪ Analysis of Kechon Health Center administrative data from the first half of 2016 (1 January to 18 July) showed that nearly 1 in 4 (23%) of antenatal care visits were with girls younger than 18, indicating high rates of teenage pregnancy³³
Problem	<p>Children in Ratanakiri, particularly those in ethnic minority communities who make up the majority of the population, experience high rates of child marriage and teenage pregnancy, which violates a range of their rights and negatively impacts maternal and infant health, level of education, livelihood potential, rates of poverty, and rates of domestic violence.</p> <p>Child marriage in Ratanakiri is rooted in gender roles and social norms and exacerbated by poverty, the early onset of sexual activity for boys and girls, and limited access to essential health and education services. It denies girls their rights, choice and participation, and undermines numerous development priorities, hindering progress towards a more equal, healthy and prosperous society.</p>

³¹ NIS and MOH, 'Sexual reproductive health of adolescents and youth in Cambodia', 2016, p. 58.

³² NIS and MOH, Cambodia Demographic and Health Survey, 2014.

³³ UNICEF internal report, 2016.

