

Full Length Research Paper

Addressing the special needs of orphans and vulnerable children (OVCs): A case study in Kien Svay district, Kandal province, Cambodia

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The impact mitigation for orphans and vulnerable children (OVC) has continued to be prioritized as an immediate measure and action which is clearly stated in a newly-launched comprehensive National Strategic Plan III (2011 - 2015). With an effort of the national response, OVCs have gained wider access to health services but only very little access to social supports such as educational and economic development. In a detailed study of HIV impacts and responses to OVCs in Kien Svay district of Kandal province, Cambodia, it was found that educational and economic development is the only way out to breaking a poverty cycle of OVCs and of their families. Since the educational and economic development support needs high and long-term investment, the government plays a very important role in coordinating and launching a nation-wide scheme with the insurance of sufficient funding.

Key words: Orphans, vulnerable children, Kien Svay district, Kandal province, Cambodia.

INTRODUCTION

HIV and AIDS have created humanitarian and development crisis of unprecedented scale in developing and least developed countries. In the developing world, 132 million have lost one or both parents, 25 million children have been orphaned by HIV and AIDS alone by the year 2010 (GAC, 2010). In Cambodia, thousands of children under the age of 17 years have lost one or both parents due to AIDS. Currently, there is no scientific model available to estimate the number of orphans and vulnerable children (OVC) affected by and infected with HIV. However, the 2007 National Consensus Building Workshop on Cambodia's HIV Estimates revealed that there were approximately 3,800 children¹ living with HIV and 142,715 AIDS-affected orphans representing one quarter of orphans in the country. The HIV epidemic, poverty and food insecurity are presently threatening the

survival of many children in Cambodia, especially orphans.

The extreme poverty of HIV positive households has much impact on children's vulnerability and uncertainty of their future (MoSVY and NAA, 2008). Out of the households that are short of vulnerability, discrimination and hunger are the two biggest predictors of signs of psychological distress among OVCs, especially those in rural communities. According to CDHS (2005), it was found that school attendance among orphans was much lower (76%) than among non-orphans (92%). Female orphans were somewhat more likely to attend school than male orphans. This school attendance was lowest among double orphans in 2000 and 2005.

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¹ According to NIS/ORC MACRO (2005), there were approximately 9% of all children aged 0-17 years are defined as orphans or otherwise vulnerable (loss of one or both parents), of whom 1% have lost both parents.

Conceptual theories

Children of the world are innocent, vulnerable and dependent. They are also curious, active and full of hope. Their time should be one of joy and peace, and of playing, learning and growing (Smart, 2003: 7). More than two decades into the AIDS pandemic, a cure for AIDS has not yet been found and the negative impact of adult AIDS mortality on child welfare has been potentially massive. Moreover, the impact of HIV and AIDS on rural livelihoods is insidious (Barnett and Whiteside, 2006). There is a particular fear that OVCs will obtain less education, thereby worsening their own life chances, as well as the long-term economic prospects of the countries in which they reside. UNICEF (2007) indicates that poverty leads to a major issue in contributing to low school attendance, low completion rates and low learning outcomes. Similarly, Curley et al. (2010) argues that it is difficult to obtain an education if children live in poverty and lack resources and access to opportunities, although education is a key factor to overcoming poverty and diseases.

Due to AIDS, OVCs are often more vulnerable than normal orphans because these OVCs have to deal with the psychosocial burden of caring for dying parents, while simultaneously bearing the family economic responsibilities stemming from the loss of parental income and increased health care expenses (Deters, 2008). Works by Bernstein (1973), DiMaggio (1982), Lareau (1989) and Mehan et al. (1985) illustrate how the operation of inequality in schools takes place in the micro-processes of school life; studies of the role of parents in education have been especially fruitful in explaining how privilege is perpetuated in schooling (Lareau, 1989; Wells et al., 1996). There are many factors that make OVCs vulnerable. Firstly, growing up without parental care and love deprives children of a family system of support. Family members rely on the family system to meet their individual and collective needs (Turnbull and Turnbull, 2001). Parents have an essential role in providing an intellectual, emotional and self-esteem support to their young children (Maxwell, 1998). Without parents, children are devoid of the support and care which helps them to develop a positive concept of who they are. They are also devoid of the self-care instruction which helps to prepare them for success in adult life.

Another challenge that OVCs face, whether they are infected or not, is stigma coupled with the ensuing ostracism. Stigma has terrible negative effects yet it is so clear that it has been considered an epidemic itself (Nyblade et al., 2003). As a result of stigma, OVCs are often discriminated, a problem that further intensifies their psychological distress. A mixture of challenges like anxiety, grief, trauma, depression, stigma and discrimination makes OVCs' educational needs exceptional. Their exceptionality makes general education efforts insufficient to meet their special needs (Mbugua, 2004). Hence, according to Pridmore et al. (2005), OVCs are one

group for whom the formal education system has failed. Regular schools are not meeting the educational needs of this group of children because "many affected young people are unable to access the national curriculum or to develop basic literacy and numeracy or livelihood skills" (Pridmore et al. 2005: 506).

STUDY AREA AND METHODS

This paper is based on work carried out at several administrative levels in Kien Svay district of Kandal province in January 2010. Kandal is one of the Cambodia's most populous provinces with 1.3 million people. With its territory surrounding the nation's capital, Kandal province really is at the center of the Cambodia's economy. Kien Svay, the study district (Figure 1), includes 12 communes and 46 villages. We studied all the communities of the district where OVCs reside. In the district, there are 34,474 households (NIS, 2009).

According to the Provincial AIDS Committee (2010), there are 169 people living with HIV and AIDS and 264 OVCs recorded in the district. A sample of 65 OVCs was selected for interview using stratified random sampling across gender (boys and girls) to see different impact and gender prospective of positive parents on children education. In data analysis, both qualitative and quantitative analyses were used. The study area was selected with a criterion of high density of impoverished people living with HIV and AIDS (PLHIV) with OVCs. The main qualitative analysis was made through group discussions, key informants and desk review using diversified sources from journal articles, national and international organizations. The quantitative data was derived from field survey. For quantitative analysis, the Statistical Package for Social Sciences (SPSS) software was used for data processing and analysis including descriptive analysis and statistical analysis.

The paper explores the special needs of OVCs by focusing more on educational and economic development and challenges in achieving a 9-year basic education. This case study could be reflected in conditions and similarities of various villages in Cambodia where OVCs live. From the research question of how educational development is important for OVCs to develop their future economic activities and what the main constraints in completing basic education, a concept of right-based approach (RBA) that is very suitable for the discussion (Jakob et al., 2007) with the findings of the study. The RPA concept can rectify many of the distortions that have arisen from a crisis-driven response to children affected by HIV and AIDS, poverty and vulnerability, and can provide a beacon for moving forward. The underlying principles of universality, invisibility, responsibility and participation provide a firm foundation for framing priorities and responses to vulnerable children and families (Linda et al., 2006).

RESULTS

HIV status of orphans and vulnerable children

Interviews with OVCs and group discussions with HIV positive parents provided more detailed information on HIV positive families and OVCs' infection. It was necessary that children with positive parents who were born during their parents' HIV positive status need to have their blood tested. Table 1 illustrates that more than half of boys (64%) and girls (57%) were not brought to get their blood tested even if they may face HIV transmission. A critical question raised is whether all

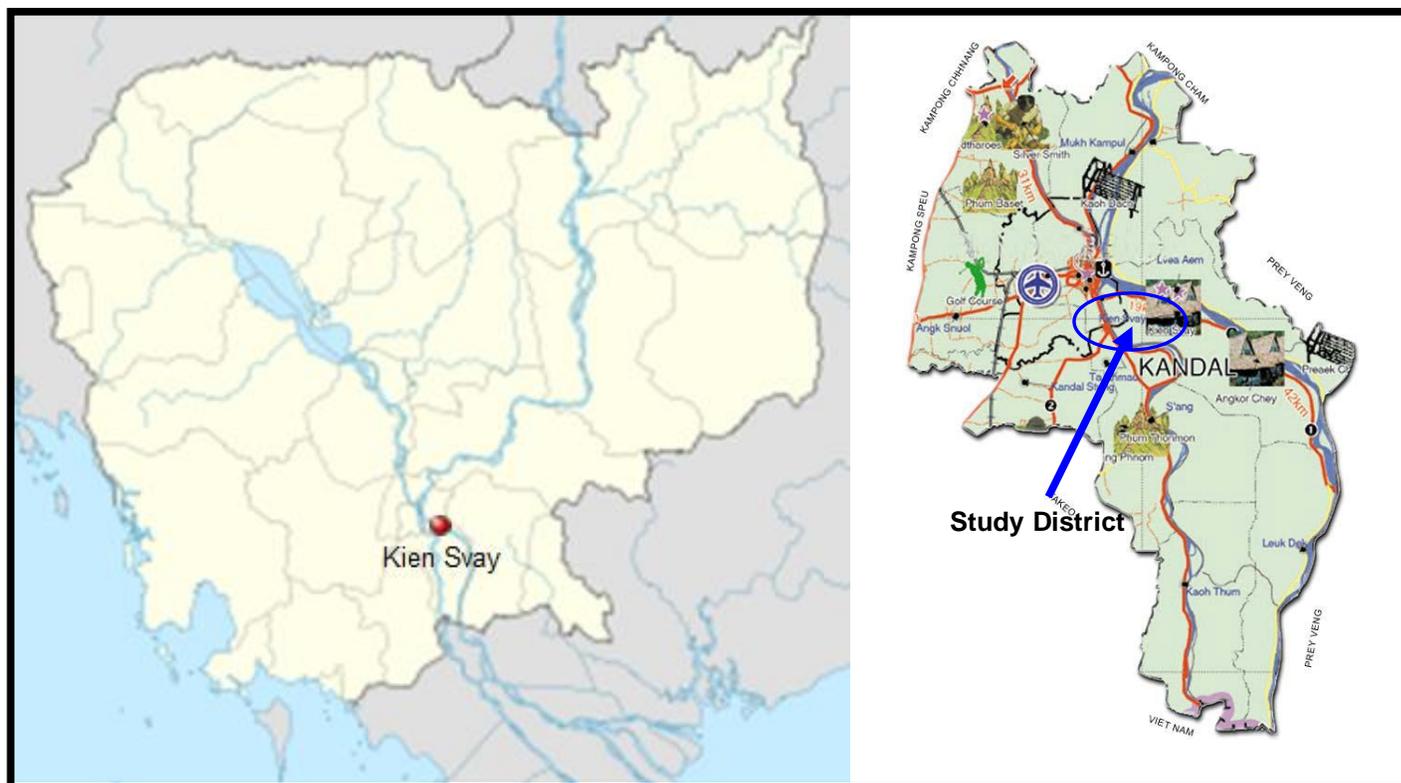


Figure 1. Map of Cambodia and study district.

Table 1. HIV status of OVCs stratified by girls and boys (no = 65).

HIV status	Percentage of orphans and vulnerable children (girls)	Percentage of orphans and vulnerable children (boys)
HIV positive	38	11
Non-HIV positive	19	25
Do not test	43	64
ART needed among HIV positive	43	71

those OVCs could be supplied with other prevention methods or not. Out of the total blood-tested children, more girls (38%) than boys (11%) were found HIV positive. In contrast, 71 percent of boys were on ART but only less than half (43%) of girls were using it.

In relation to these findings, the discussions with positive parents of the children gave many reasons why these children were not sent to get their blood tested. Almost all of the parents expressed that their children did not get the tests as these children were born before the revelation of their HIV positive status. There were also few positive parents that revealed that they could not send their children to have their blood tested on account of a financial reason, in particular, an inability to pay transportation cost to the testing centers. In the district under study, there was transportation support from some

local NGOs but such assistance was insufficient to all the HIV positive families. The communications among local NGOs in the district for HIV support were not well connected either. Some of HIV positive women received support from two NGOs at the same time, while others got nothing.

Education of orphans and vulnerable children

To reduce poverty through basic literacy, at least Grade 9 of lower secondary school is made accessible to all the children. Yet, the completion of a 9-year basic education has already been uneasy for children from non-HIV families. Results from the study in regard to the educational status of OVCs in the district, indicated that

Table 2. Motivators for OVCs' schooling stratified by girls and boys (no = 65).

Motivators for OVCs' schooling	Percentage of orphans and vulnerable children (girls)	Orphans and vulnerable children (boys)
Parents	67	64
NGOs staff	65	61
Local authority	81	82
Teacher	30	29
Neighboring	48	57

16% of girls and 11% of boys currently dropped out. Most OVCs were involved in supplementary income generation either full- or part-time. Those already dropping out, especially girls who migrated into the towns or cities, may need to go for full-time work in industries such as garment factories. The poverty and basic need of households led them to lose their long-term visions and future employment opportunity as soon as they quit their studies.

Motivational driving force for orphans and vulnerable children's studies

Participation and involvement of the community is very crucial in encouraging the HIV positive households to send and keep their children at school. The group discussion among HIV positive parents showed that education of their children was very significant but households' incomes were the most critical concern. Education is a long-term investment but daily subsistence is the basic need. All the HIV positive parents sent their children to school but they then seemed to prevent them from going when these parents were seriously ill or became unemployed due to HIV status. The households' economic crisis was the only current barrier that could not keep the HIV positive parents motivated to retain their children at school permanently.

Table 2 shows several important factors motivating the HIV positive parents to send OVCs to or keep them at school. The local authority (81%) was working very hard to support the initiatives. Additionally, parents and staff from NGOs contributed 66 and 63%, respectively. It was unfortunate that OVCs gained very small support from the most important people like teachers (29%). Most critical discussion with children and their parents revealed that teachers did not care whether their students were OVCs status, but that these teachers required them to pay for informal expenses; otherwise, they might not be allowed to study or they might get punishments. The communities where OVCs lived needed more attention and support from school management team in order to create a good favorable environment that facilitated OVCs with well understanding and enthusiastic manner to be at school.

Involvement in the supplementary income

The study showed that 20% of the OVCs were involved in employment, even those who were in the study age. In this sense, girls were employed up to 35% but only 21% of boys were employed. As soon as the household' heads were infected by HIV, children might have been challenged in continuing their study. They needed to seek for employment to earn supplementary income for their family. Families asked children to look for jobs because of two main facts. First, parents are chronic and could not work. Secondly, it might be easier for children than for adults to seek for unskilled work namely, domestic labour, selling along the street and self-business. Hawking along the streets and restaurants were the main employment for girls (22%) in particular. Boys were mainly engaged in self-business to replace the absence or sickness of parents who were infected with HIV. At the same time, girls were also involved in domestic labour (5%). Such a labour brought them away from home and therefore uncontrolled.

Supporting mechanisms for the orphans and vulnerable children

In supporting OVCs, the relevant governmental institutions and non-governmental organizations have developed effective supporting mechanisms such as outreach programme, comprehensive care and protection, etc. The three main existing documents: (1) the Multi-sectoral National Plan of Action 2008-2010 by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (March 2008); (2) the Standard Package of Activities for Orphans and Vulnerable Children (OVC) by the Khmer HIV/AIDS NGO Alliance (July 2008); and (3) Standard Operating Procedures (SOP) for Implementing Social Care for Orphans and Vulnerable Children (OVC) by the National Center for HIV/AIDS Dermatology and STD (July 2007) are all necessary to establish an enabling environment to support OVCs in both health and non-health sectors. The three-year Multi-sectoral National Plan of Action 2008-2010 was developed to strengthen the coordination, systems, coverage and quality of services needed to mitigate the impact of HIV on the lives and future of Cambodian children, while also addressing

Table 3. Types of educational support received by OVCs stratified by girls and boys (no = 65).

Types of educational support	Percentage of orphans and vulnerable children (girls)	Percentage of orphans and vulnerable children (boys)
Scholarship	35	36
Transportation	30	29
Clothes	38	39
Study materials	84	89
Exemption from extra payment	43	43

the underlying issues of vulnerable children. As a result, 79% of the communes throughout the country have at least one organization to help provide care and support to households with OVCs. The scaling-up of both social and health services could gradually mitigate their impact.

Support received by orphans and vulnerable children

In order to send children to school, families must pay for stationeries, uniforms and books. Sometimes a bicycle can also be a great help because of the school's distance from home. However, it then is another burden. In addition to those costs, OVCs who are not in school could help to support their family by working to earn additional income. In this sense, they could earn more income and do not have to spend any of this income on schooling. HIV positive parents, though they could not afford to send their elder children to school, could therefore manage to send their younger ones for education. Since OVCs households are mostly unable to fully afford for their children' education, external support from various institutions are needed.

Support from all the relevant agencies in terms of scholarship, educational materials and transportation means (bicycle) are required. Without such support, most OVCs would find it difficult to strive for the completion of the basic education. In 2003, the government of Cambodia launched the government scholarship program² for lower secondary schools to increase the enrolment for the poor. This scheme has been financially and technically supported by various international agencies and organizations with partial contributions from the government of Cambodia. The scholarship was also very significant for OVCs in the sense that it can keep them to stay at school upon the completion of basic education.

OVCs received several types of support for their impact

² The Scholarship Programme is provided to poor students from Lower Secondary (grade 7 – 12) to the completion of compulsory education. According to Serey et al (2007), The 30 scholarships are available per year for each school through out the country shared by 18 for girls and 12 for boys. The poor children are able to apply at the end of their Grade 6. The applications have to be completed by both the children and their parents. The committee will be recruited based on their poverty through a direct visit at their home and examine the household background. Children might be provided around 180,000 or 240,000 Riels per year (Serey, 2007 and 2010).

mitigation especially those children who were HIV positive. Both government and the civil society have put their strong effort in supporting such initiatives. As a result, OVCs gained support such as nutrition (86%), study materials (43%), clothes (38%) and bikes (29%). It was very supportive that the government of Cambodia provided OVCs with scholarship. This was very essential for OVCs to remain in school, in particular, after the primary school. In contrast, OVCs seemed to be ignored by the teachers with 43% of them been asked to pay for extra fee, as indicated in Table 3.

Future education expectation of OVCs

Education is currently used as motivation to break the poverty cycle of rural households. In addition, children strive to complete high degrees as possible because they are motivated to get well-paid jobs and enjoyment for their future. However, sending children to school is generally based on the households' affordability or the economic status of the households. Parents wish to provide their children with high education but it would be a very heavy responsibility. Poor households have many constraints in sending their children to school because their income is very low.

The education expectation of OVCs might be based on their current households' resource available as well as external support. On average, OVCs are expected to complete Grade 10, where boys are expected to get 1st Grade higher. More than half (54%) wished to go up to university and 43% wanted to finish upper secondary school (Table 4). Girls had higher expectation than boys. In this fashion, boys seemed to be more prone to dropping out than girls. It might be easier for boys to move to construction work while girls might possibly move to garment work.

DISCUSSIONS AND CONCLUSIONS

There has been some literatures reviewed or documents on RBA implementation for OVCs in Cambodia (ActionAid-Cambodia, 2007; UNAIDS, 2004; Joachim, 2004). However, recently there have been a lot more emerging interests stemming from governmental

Table 4. Educational expectation by OVCs stratified by girls and boys (no = 65).

Expectation of future educational level	Percentage of orphans and vulnerable children (girls)	Percentage of orphans and vulnerable children (boys)
Primary	0	4
Low secondary	15	11
Upper secondary	43	31
High education	52	54
Average grade to be expected	Grade 10	Grade 11

agencies and national and international NGOs to increase the implementation of the concept. The latest existing National Plan of Action 2008-2010 developed by the Ministry of Social Affairs, Veterans and Youth Rehabilitation, with technical and financial support from UNICEF, DFID, Save the Children Australia and Family Health International (MoSAVY and NAA, 2008) includes the initiative of RBA implementation. The National Plan of Action utilizes five key strategies adopted and adapted from the Global Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS. Moreover, the plan is linked to the other national strategies and targets as well as contributions to achieving the Cambodian millennium development goals (CMDG).

In the guiding principle of National Plan of Action 2008-2010, Cambodia has a very strong political will and commitment in supporting the national and international NGOs to deliver service through the application of Child-centered approach, Convention on the Rights of the Child (CRC), child involvement and gender equity. In particular, children themselves have to be involved in any decision-making forum and they should be represented by an OVCs/child representative. By taking part in development activities, children often acquire skills and confidence that help them not only now but also in the future. Yet, the implementation of the RBA to HIV and AIDS requires clarity on concepts and processes. Based primarily on the findings in Kien Svay district, Kandal province but with some additional insights from impacts and national and international responses to OVCs at larger jurisdictional levels in Cambodia, we concluded that the policy of OVCs due to HIV is closely linked to RBA; nevertheless, the effectiveness of actions by government and NGOs to support OVCs from vulnerability especially through educational development is modest.

OVCs have faced several challenges in completing a basic or higher education even if there is the national and international policy to support a 9-year basic education. It is not different from other regions like Africa; OVCs due to HIV/AIDS in Cambodia have not been ensured to be in school up to the basic education yet. Results from our study showed that OVCs' expectation to attend at least Grade 10 was high but they could not attain this wish. There are two main reasons of uncertainties in school for

OVCs. The first of which is due to family's economic status and another could be linked to the lack of social support. Besides, some key factors such as local authority, NGOs staff, people around OVCs in the communities and especially teachers are not much supportive to OVCs to be in school. The informal daily payment to attend class is one of the most constraints for OVCs. Additionally, there is yet another issue concerning gender. It was found that parents of OVCs still prefer to send boys rather than girls to school if they have limited affordability and family problems.

Due to family poverty, OVCs need external support such as that from NGOs as well as from communities; however, most people in the communities are also poor so they could only support socially and psychologically. In our study, it was found that OVCs needed more support such as scholarship, transportation, clothes and exemption from daily extra payment at school, so that they could attain the 9-year basic education. Request for study materials such as bags, books and pens were highly provided by local NGOs in the communities. Based on the Standard Minimum Packages of Support, OVCs in the study areas as well as in various villages throughout Cambodia have received modest educational and economic supports. OVCs need a long-term educational support with insurance of family's economic stability. Parents of OVCs have to make a trade-off between education of their children and their basic and urgent need of daily foods. That is why NGOs' work could slightly contribute the initiative because it requires a nation-wide scheme.

How to make the RBA practical is not easy when the domestic and international funds are insufficiently available (NAA, 2008, 2009). The most recent Resources Requirements, Resources Available and Financing Gap of the Cambodia National Strategic Plan (NSP) III for HIV/AIDS shows that an estimated total of US\$ 521.1 million will be required for the period of 2011 to 2015 to implement this 5-year plan. To support OVCs, an estimated amount of more than US\$ 7 million per year is needed within this timeframe. Based on data provided by major financing sources and on documents related to the remaining funding of two rounds of financing of HIV programmes by the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) for Cambodia, resources available

for the 2011-2015 periods were estimated at US\$ 272.0 million, which means that on average there is a funding gap of US\$ 49.8 million per year (NAA, 2010a, b).

The policy and political will of MoSVY and NAA is important to coordinate the adequate funds to implement a nation-wide OVCs development scheme by focusing on educational and economic support. The funding gaps may be one of the most significant barriers. These gaps have made it difficult for more funds to reach OVCs impact mitigation as revealed by the experience of the expenses in 2006, 2007 and 2008 where only less than one percent of the funds went to social protection and social service, while a lot more funds were for care and treatment, prevention and programme management and administration. The availability of GFATM Round 7 could be used to scale up the intervention to support OVCs. More importantly, the efforts to get the approval of the next round from GFATM and other international sources, then it will enormously contribute to the national response as a whole. The programme intervention in the implementation of NSP III to mitigate impact on OVCs could be cost-effective when more programme would be allocated to educational and economic development support.

In a short note, economic and educational development support is found to be a special need of OVCs. From the political will and commitment of the government, the cost-effective programme intervention is needed to be put into actions in a long-term and nation-wide scheme. Yet, the implementation of a nation-wide OVCs support has faced various constraints. At the household level, OVCs are constrained by family's economic instability and income generation involvement. At the national level, supporting mechanism due to lack of sufficient funds (either domestic or international sources) does not guarantee OVCs with a long-term educational and economic development. Most of social support and services provided to OVCs by NGOs are currently still in small scales, which could not sufficiently support OVCs at school, while income generation is highly motivating parents to rather send them to work.

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