



Cambodia

Kingdom of Cambodia

Geography

Capital

Phnom Penh

Global Positioning

Cambodia borders Vietnam, Laos, Thailand, and the gulf of Thailand

Geographical & Natural Outline

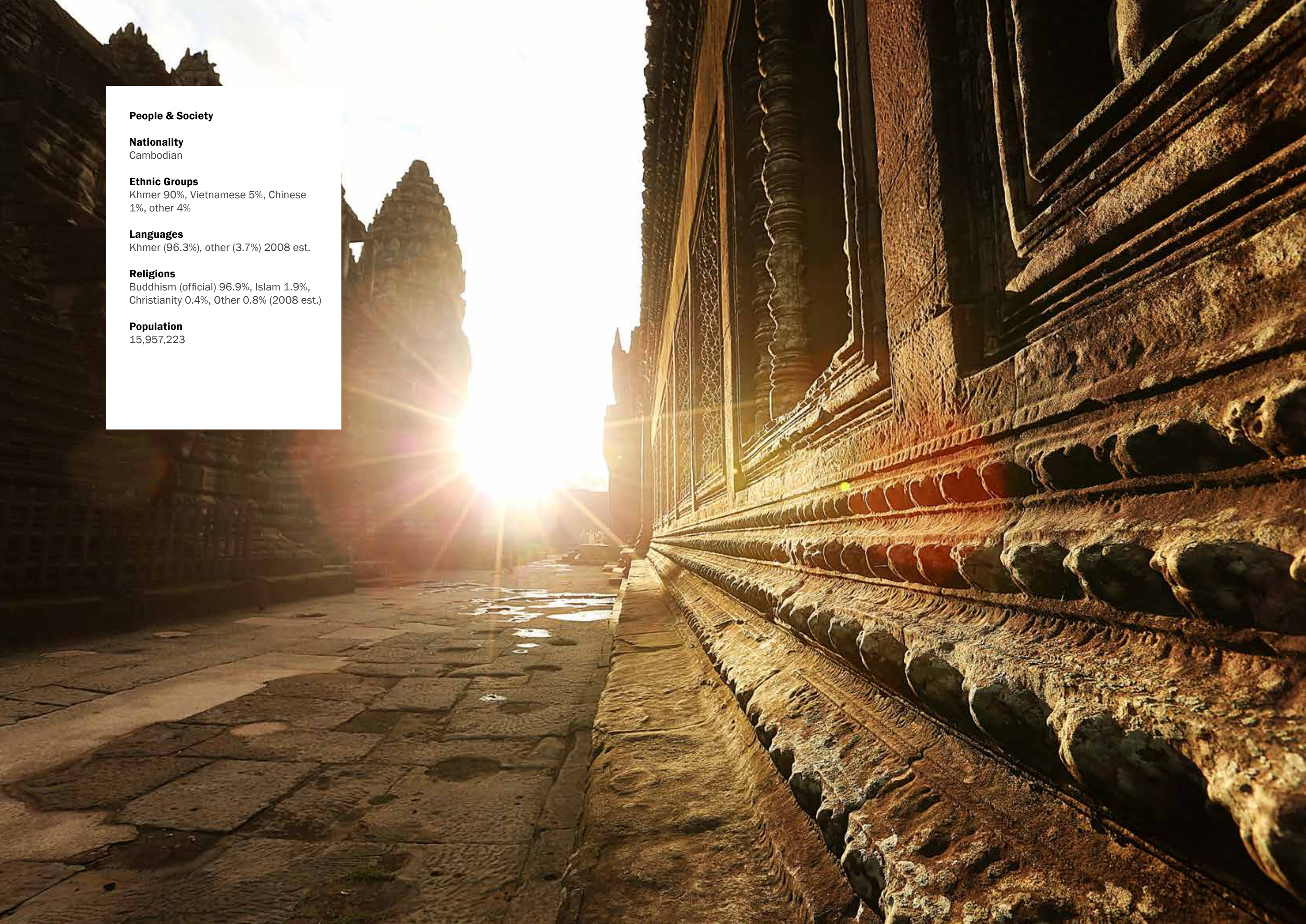
Cambodia is located in the southwestern area of the Indochina peninsula. The country is completely located in the tropics, with temperatures in some southern most parts of the country ranging approximately 10 degrees above the Equator. Cambodia borders Laos, Thailand and Viet Nam¹.

Major Cities/Urbanization

Urban population makes of 20.7% of Cambodia's population, with an annual urbanization rate of 2.65 (2010-2015). The major urban areas are Phnom Penh, followed by Battambang and Siem Reap.

¹ "Cambodia Geography." Tourism Cambodia. Accessed January 12, 2018. <http://www.tourismcambodia.com/about-cambodia/geography.htm>.
Date of publication unavailable.





People & Society

Nationality

Cambodian

Ethnic Groups

Khmer 90%, Vietnamese 5%, Chinese 1%, other 4%

Languages

Khmer (96.3%), other (3.7%) 2008 est.

Religions

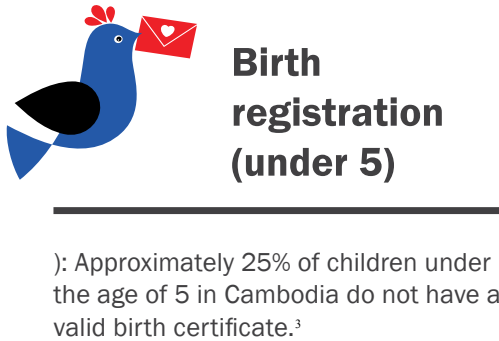
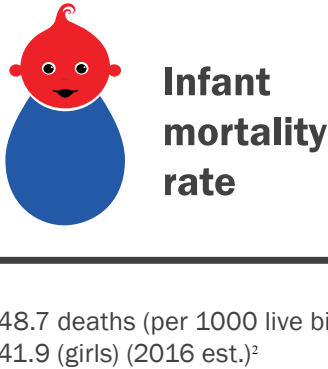
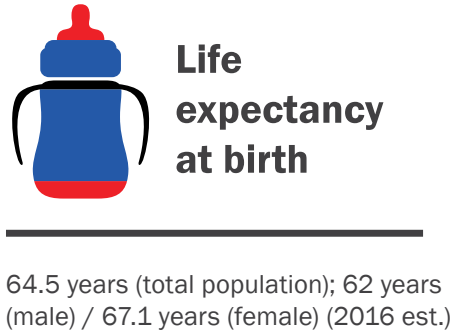
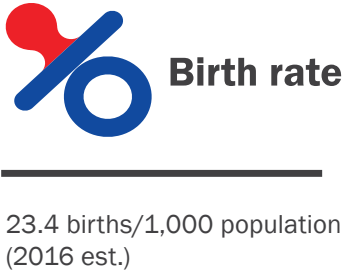
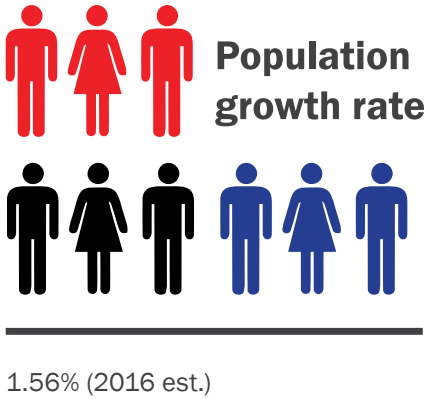
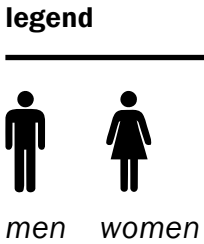
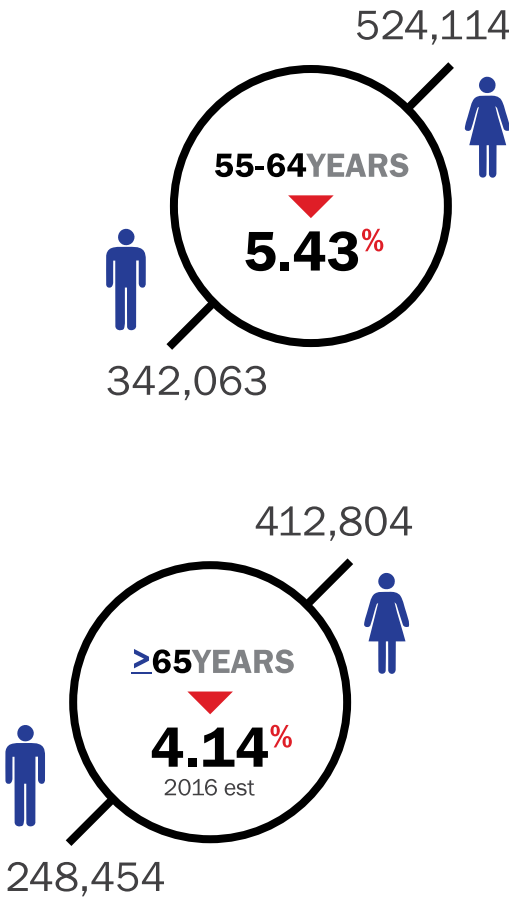
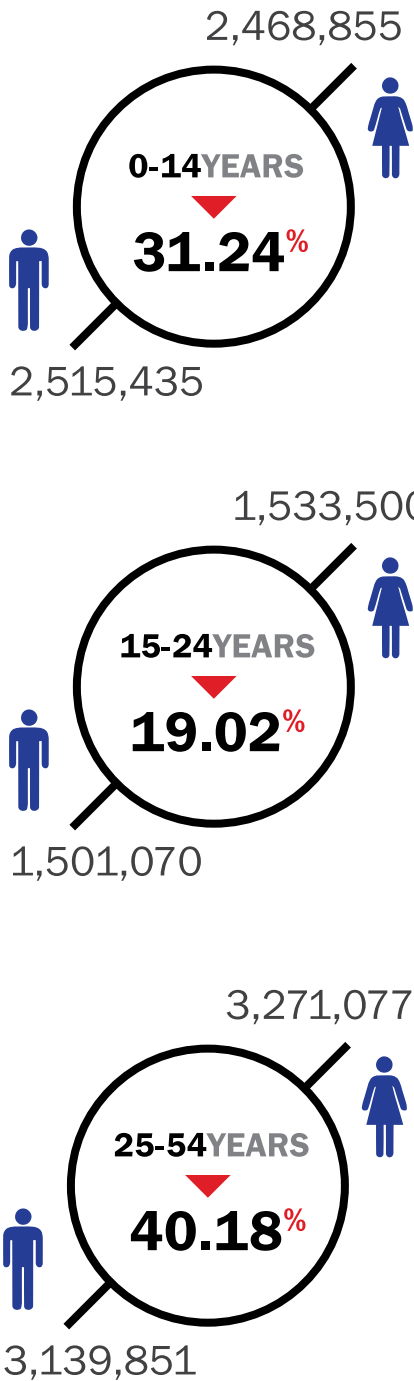
Buddhism (official) 96.9%, Islam 1.9%, Christianity 0.4%, Other 0.8% (2008 est.)

Population

15,957,223

demographics

The age group of men and women throughout the years.



² “Infant Mortality Rate.” Central Intelligence Agency. Accessed July 10, 2017. <https://www.cia.gov/library/publications/the-world-factbook/fields/2091.html>
Date of publication unavailable.

³ “Harnessing mobile technology to improve birth registration systems in Cambodia.” Stories of UNICEF Innovation. UNICEF, 27 Feb. 2017. Web. 10 July 2017. <http://unicefstories.org/2017/02/27/harnessing-mobile-technology-to-improve-birth-registration-systems-in-cambodia/>

government

type/political stance

Cambodia’s political system is defined as being an elective constitutional monarchy, wherein the King maintains the responsibility of reigning over the country (i.e. Head of State) without governing it.⁴ According to the Constitution of Cambodia, state powers are divided amongst three branches: the legislative branch, the judicial branch and the executive branch. The legislative branch is described as being a bicameral parliament, with legislative power vested in the National Assembly and the Senate. The National Assembly is made up of 123 members, all of whom are elected to serve a term of 5 years. It is described as being the lower house of the legislature. The Senate is significantly smaller, with a total of 61 members, all of whom serve a 6 year term. Two members of the Senate are elected by the lower house of government, another two members are appointed by the King, and the remaining members gain their position through popular election by functional constituencies.



The executive branch is headed by his Majesty Samdech Preah Baromneath Norodom Sihamoni (elected October 29, 2004), while the head of government is currently Prime Minister Hun Sen. As stated previously, the King is required to reign over Cambodia without participating heavily in matters concerning the way in which the country is governed. However, history suggests that the King’s influence is not to be underestimated, as his opinions are taken seriously by the other branches of the government. Therefore, the King may have significantly more political power than the Constitution of Cambodia suggests.⁵

Head of Government

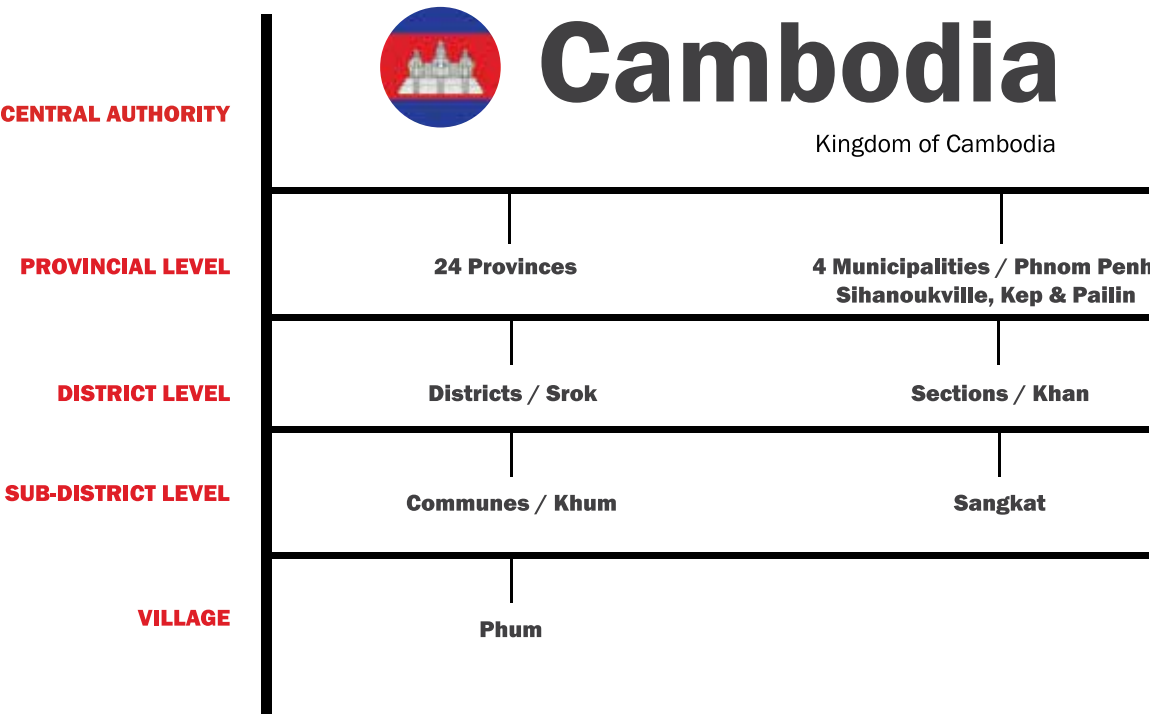
Prime Minister Hun Sen (appointed on January 14 1985, elected in 1998, 2003, 2008, and 2013) is in charge of overall execution of national policies and programmes, and is accountable to the National Assembly.

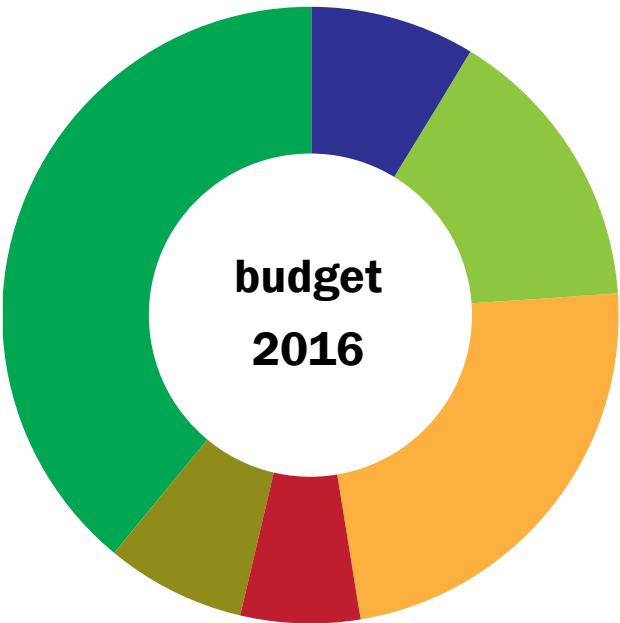
Is the governing party likely to change in the next election?

Cambodia is a one party dominant state, which suggests that a change in the governing party in the next election is unlikely.

administrative divisions

“The Constitution divides the territory of the Kingdom of Cambodia into provinces and municipalities. Currently, there are 24 provinces and four municipalities (Phnom Penh, Sihanoukville, Kep, and Pailin). Each province is divided into districts (*srok*), and each district into communes (*khum*). In addition, there are a group of villages (*phum*), although they are not considered formal administrative units. Each municipality is divided into sections (*khan*), each section into quarters (*sangkat*). The Ministry of Interior is in charge of administering provinces and municipalities.”⁶





- 9%** General Administration (1597.18 billion Riel)
- 15%** Defence and Security (2772.86 billion Riel)
- 24%** Social Sector (4291.44 billion Riel)
- 6%** Economic Sector (1154.56 billion Riel)
- 7%** Unallocated Expenditure (1340.95 billion Riel)
- 39%** Other (7126.73 billion Riel)

Economy

Gross Domestic Product (GDP)
\$54.21 billion (2015 est.)

Real growth rate
6.9% (2015 est.)

Composition by sector
Agriculture : 28.6%
Industry : 27.9%
Services : 43.6%

Unemployment Rate

The unemployment rate in Cambodia has increased significantly in the course of a year. In 2015 the unemployment rate was listed at 0.20, yet statistics from 2016 show that the employment rate rose to 0.30. ¹⁰

Population below poverty line
17.7% (2012 est.)

Inflation rate (CPI)
1.2% (2015 est.), 3.9% (2014 est.)

Budget

According to the full government breakdown report on Cambodia’s 2016 budget, the figures shown in the graph (above) are solely representative of funds pertaining to the operation of the Central Administration. Funds allocated to the operation of Provincial Administration are marked as “Other” in the graph, but not fully broken down into expenditures per sector. The complete budget breakdown report for 2016 is also inclusive of the total amounts allocated to various ministries and departments across the country.

Official reported figures for the distribution of the Central Administration Budget show that the main bulk of budget have been allocated to Social Sector and distributed to various different ministries. With that the Ministry of Education, Youth and Sport being the recurrent recipient of the largest percentage of overall yearly budget, with a total of 2,029.90 billion Riel or USD50.75 billion (2016). Followed by the Ministry of Health received the second largest distribution of government funds at 1,480.28 billion Riel (USD37.01 billion). The budget report also shows that the Ministry of Social and Veteran Affairs and Rehabilitation (MoSVY) received a total of 713.30 billion Riel (USD17.83 billion), while the Ministry of Labour and Vocational Training received 171.30 billion Riel (USD4.28 billion).

The remaining ministries that fall under the Social Sector category of the Government budget include: the Ministry of Information (61.95 billion Riel or USD1.55 billion), the Ministry of Culture and Fine Arts (70.92 billion Riel or USD1.77 billion), the Ministry of Environment (47.33 billion Riel or USD1.18 billion), the Ministry of Culture and Religion (44.66 billion Riel or USD1.12 billion) and the Ministry of Women Affairs (40.67 billion Riel or USD1.02 billion).¹¹

It was reported that the substantive amount of the allocated budget to MoSVY (of which field research sources indicated to be 98%) would be dispensed to war veterans/disabled officials as their retirement pension/annuity. It was further narrated that the cost of having these pensions distributed i.e. via engagement of bicycle dispatcher into the rural areas outweighs the amount being disbursed. Leaving only with few thousands allocated to child welfare/ protection. MoSVY apportionment of budget had also came into question when the Ministry of Economy and Finance called for the return of more than USD5 mil allegedly embezzled from government coffers through falsified budgets and pensions collected in the names of “ghost” veterans in 2011.¹²

The U.S. Department of State records show that 30-40% of the Cambodian government’s budget depends on foreign aid.¹³ Cambodia receives approximately USD799 mil annually in loans and grant money.¹⁴ In 2014, the U.S. donated USD77.6 million for the purpose of funding programmes in health, governance, economic growth, and the de-mining of land.¹⁵ Other substantial contributors include Australia (USD90 mil ODA for 2016-2017¹⁶), and China (the largest donor giving concessional loans to Cambodia¹⁷).

The World Bank also finances support USD232.7 mil to Cambodia for projects concerning health, education, trade facilitation, and public financial management.¹⁸ Additionally, an estimated 10% of development assistance is provided by NGOs.¹⁹ While there is no available figure to represent the exact amount of ODA allocated towards social services, it is clear that a substantial portion of the foreign aid received by Cambodia is supposed to go towards strengthening the social services system. In some cases, foreign aid that is put towards agricultural and economic stability, such as de-mining and rebuilding irrigation systems, etc., can ultimately be viewed as a form of strengthening the social care system in the sense that a stronger infrastructure provides the population with more support.

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¹⁰ “Cambodia Unemployment Rate 1994-2017.” Trading Economics. Accessed July 12, 2017. <https://tradingeconomics.com/cambodia/unemployment-rate>. Copyright 2017.

¹¹ Currency conversions made on 17/02/2018.

¹² Phann, Ana. “Social Affairs Ministry Probe Reveals Graft.” The Cambodian Daily. July 15, 2011. <https://www.cambodiadaily.com/archives/social-affairs-ministry-probe-reveals-graft-102092/>.

¹³ “U.S. Relations with Cambodia.” U.S. Department of State. February 12, 2016. Accessed October 12, 2016. <http://www.state.gov/r/pa/ei/bgn/2732.htm>.

¹⁴ “Cambodia Data.” The World Bank. Accessed October 12, 2016. <http://data.worldbank.org/country/cambodia>.

¹⁵ “U.S. Relations with Cambodia.” U.S. Department of State. February 12, 2016. Accessed October 12, 2016. <http://www.state.gov/r/pa/ei/bgn/2732.htm>.

¹⁶ “Overview of Australia’s Aid Program to Cambodia.” Department of Foreign Affairs and Trade. 2016. Accessed October 12, 2016. <http://dfat.gov.au/geo/cambodia/development-assistance/Pages/development-assistance-in-cambodia.aspx>.

¹⁷ Chanboreth, Ek, and Sok Hach. “Aid Effectiveness in Cambodia.” Brookings. December 29, 2008. Accessed October 12, 2016. <https://www.brookings.edu/research/aid-effectiveness-in-cambodia/>.

¹⁸ “Cambodia Projects & Programs.” The World Bank. Accessed October 12, 2016. <http://www.worldbank.org/en/country/cambodia/projects>.

¹⁹ Chanboreth, Ek, and Sok Hach. “Aid Effectiveness in Cambodia.” Brookings. December 29, 2008. Accessed October 12, 2016. <https://www.brookings.edu/research/aid-effectiveness-in-cambodia/>.



Foreign aid

According to a data analysis released by the Organisation for Economic Co-operation and Development (OECD), there was a 14% decrease in the amount of foreign aid received by Cambodia in 2015. However, data collected by the OECD does not take China’s donations to Cambodia into account.²⁰ As China is one of the largest donors of ODA to Cambodia, this may have caused the OECD’s published figure to be a false representation of the current financial state of the country. Sources state that China does not provide donations to Cambodia through the regular financial channels, which makes it almost impossible to account for the exact amount of financial aid from China. Based on the available data, it appears as though China donated and/or invested approximately USD4.92 billion to/in the Cambodian economy between 2011 and 2015.²¹ In October of 2016, China forgave USD90 mil of Cambodia’s debt, which was owed last year.²² China also gave the Cambodian defence ministry USD15 mil shortly after, in addition to making a trade expansion agreement for 2017.²³

International debt

In December of 2016, Cambodia had an external debt of USD8.46 billion. The country’s current amount of external debt is not available, as the fiscal year has not yet come to a close.²⁴

²⁰ Dickison, Michael. “Foreign Aid Drops in Latest OECD Update.” The Cambodia Daily. December 23, 2016. Accessed July 12, 2017. <https://www.cambodiadaily.com/news/foreign-aid-drops-latest-oecd-update-122374/>.
²¹ “Chinese aid.” Open Development Cambodia (ODC). July 28, 2016. Accessed July 12, 2017. <https://opendevelopmentcambodia.net/topics/chinese-aid/>.
²² Cheang, Sopheng. “China Forgives \$90 Million Debt Owned by Cambodia.” The Big Story. October 13, 2016. Accessed December 06, 2016. <http://bigstory.ap.org/article/86fc71d36d2741f4aa8b26fe3044be7a/chinas-leader-visits-ally-cambodia-cement-strong-ties>.
²³ Ibid.
²⁴ “Cambodia External debt.” Index Mundi. July 09, 2017. Accessed July 12, 2017. http://www.indexmundi.com/cambodia/debt_external.html.

social care sector

The social care sector can be broken down into the following divisions, each of which are responsible for monitoring specific information pertaining to their administration, and implementing the laws and procedures drawn up by the Cambodian government:

CNCC	Cambodia National Council for Children	MoLVT	Ministry of Labour and Vocational Training
CCWC	Commune Committee for Women and Children	MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
CDC	Council for the Development of Cambodia	MoWA	Ministry of Women’s Affairs
DAC	Disability Action Council	MoLVT	Ministry of Vocational Training
MEF	Ministry of Economy and Finance	NCDM	National Committee for Disaster Management
MoEYS	Ministry of Education, Youth and Sports	OSVY	Office of Social Affairs, Veterans, and Youth Rehabilitation (District/Khan/City)
MoH	Ministry of Health	WCCC	Women and Children Consultative Committee

The Cambodia National Council for Children (CNCC) was established as promulgated by Royal Decree NS/RKT/1209/1201 in 2009. Its main role is to act “as a mechanism that coordinates and provides comments to the Royal Government on the works related to the survival, development, protection, welfare improvement and contribution of the child.”²⁵ Headed by the PM Hun Sen as the Honorary President of the Council, CNCC is to hold meetings twice a year involving all “relevant ministries, institutions, child representatives, non-governmental organizations, international organizations and development partners.”²⁶

As accorded the CNCC has the following roles and duties:

- i. Consult and coordinate any activities related to children;
- ii. Control, monitor and evaluate the implementation of the Convention on the Rights of the Child, National Programme for Children in Cambodia, and submit a proposal for the needs and anything that ensure the best interest of the child to the Royal Government;
- iii. Engage in the oversight of and provide comments on a draft of law and other legal instruments related to children and provide recommendations in accordance with the convention and other international standards on children;
- iv. Disseminate the Convention on the Rights of the Child, policies and other legal instruments of the Royal Government that relate to child issues and encourage the movement for the effective support of children’s right;
- v. Develop policies, plans, programmes and other activities for the best interest of the child, such as respect for and implementation of children’s rights; child’s survival, development, protection, welfare improvement; contribution of the child; combating against violence; prevention and elimination of all forms of exploitation of children; and combating against drug trafficking;
- vi. Liaison with national and international communities that work for similar programmes in order to seek their assistance and support and exchange information and experiences as well as progressive views that share common goal to improve child status;
- vii. Conduct research and communicate with the Royal Government, competent institutions and organizations about the needs and issues related to Cambodian children;
- viii. Review and finalize internal regulations of the CNCC;
- ix. Prepare a report on the implementation of international conventions in respect of the rights of the child;
- x. Carry out other duties given by the Royal Government.²⁷

²⁵ “Royal Decree on The Establishment of the Cambodia National Council for Children.” December 24, 2009. <http://www.cncc.gov.kh/userfiles/image/download/Royal-decrees-B2%20Royal%20Decree%20on%20Establishment%20of%20CNCC-En.pdf>
²⁶ Ibid
²⁷ Ibid

No information was available on the specialized committee, working groups for children at ministries and/ or institutions nor the sub-national (municipal-provincial) level of CNCC to deliver the mandate as listed in the mentioned Royal Decree, Article 10 and 12. Though, it was noted that meetings to disseminate the National Action Plan on Child Development 2016-2018 and the establishment of Child Working Groups at the Ministry of Interior, Ministry of Cult and Religion, Ministry of Justice, Ministry of Environment, and Ministry of Posts and Telecommunications were recently held in Aug-Sep 2017.²⁸ Furthermore most of the information and documents i.e. progress/yearly report, legislative frameworks on the CNCC website are in Khmer and events were noted to be in force from 2016 onwards. Recent happenings included a consultative meeting (collaboration with and coordination from Plan International Cambodia and ChildFund Cambodia) with provincial and district Women’s and Children’s Consultative Committee (WCCC), Commune Committee for Women and Children (CCWC) in Kratie and Svay Rieng provinces in Jan 2018. It was attended by nearly 80 participants aimed to draw inputs and mapping exercise on local initiatives in the development of the National Policy on Child Protection System. And the 7th Extraordinary Meeting of the Cambodia National Council for Children on the Results of 2017 and 2018 in Dec 2017.²⁹ A separate budget has been allocated

to support CNCC activities i.e. within the annual budget framework of MoSVY as stipulated in Article 13. It further permits CNCC to “receive and manage funds obtained from financial international cooperation sources and other sources to fulfil their work.”³⁰

Perhaps the most active or relevant participants in the formation of laws pertaining to children’s rights, as well as programmes and strategies for both devising and implementing those laws, are WCCC and MoSVY. However, MoSVY is the most referenced group in government documents regarding alternative care for children. The role of MoSVY is significant in that they are “the key line ministry engaged in reducing the vulnerabilities facing the poor and vulnerable, assisting the most disadvantaged people and providing psychosocial and material support.”³¹

WCCC is in charge of implementing the delegated tasks from MoSVY at a sub-national level by means of dividing and assigning the tasks to various provincial/ municipal councils, as well as district and commune councils.³² The Commune Council (CC) and CCWC are responsible for visiting families who may be at risk. If CC or CCWC find that the child’s needs are not being met, or the child has experienced abusive situations, a case is opened and further assistance is provided by MoSVY.³³ The City/ District/Khan Office of Social Affairs, Veterans, and Youth Rehabilitation



(OSVY) is assigned the task of gathering information on children in locally based alternative care in order to consult with the district WCCC and create strategies for implementing social care.³⁴ Additionally, according to the Cambodian Government’s National Social Protection Strategy for the Poor and Vulnerable, “MoEYS carries the mandate to help achieve nine years of basic education, as aspired to in the Cambodian Constitution and Education for All (EFA) goals for 2003-2015.”³⁵ MoEYS role in the social structure is particularly significant due to the high number of children who are entered into the residential care system in order to have access to an education.³⁶ Ultimately, because there are so many divisions and sub-divisions of groups responsible for providing Cambodian families and children with assistance, collaboration and communication between district/city/khan councils, religious centres, NGOs, and municipal/ provincial councils is key in ensuring that the needs of families and children will be met by the social sector.³⁷

The relationship between the social care sector and the government is made complicated by the presence of laws that have been passed, but not implemented. The social care sector is divided into groups (such as MoSVY, CCWCs, etc.) that are responsible for assessing the need for care, providing children and families with care, monitoring the care that is given and the development of the child.³⁸ However, the rules and regulations pertaining to opening an alternative care facility are undefined,³⁹ which allows for confusion to result in unregistered private residential care centres and unaccounted children in institutions.

²⁸ “Past Events.” Cambodia National Council for Children. <http://www.cncc.gov.kh/scnce-event-3-34>

²⁹ Ibid.

³⁰ Royal Decree on “The Establishment of the Cambodia National Council for Children.” <http://www.cncc.gov.kh/userfiles/image/download/Royal-decrees-B2%20Royal%20Decree%20on%20Establishment%20of%20CNCC-En.pdf>

³¹ The National Social Protection Strategy for the Poor and Vulnerable, 57 (2011).

³² Ministry of Social Affairs, Veterans and Youth Rehabilitation Prakas on Procedures to Implement the Policy on Alternative Care for Children, 8 (2011).

³³ Ibid, 10.

³⁴ Ministry of Social Affairs, Veterans and Youth Rehabilitation Prakas on Procedures to Implement the Policy on Alternative Care for Children, 10 (2011).

³⁵ National Social Protection Strategy for the Poor and Vulnerable, 35 (2011)

³⁶ With the Best Intentions. Report. 2011. 9. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

³⁷ Ministry of Social Affairs, Veterans and Youth Rehabilitation Prakas on Procedures to Implement the Policy on Alternative Care for Children, 10 (2011).

³⁸ Ministry of Social Affairs, Veterans and Youth Rehabilitation Prakas on Procedures to Implement the Policy on Alternative Care for Children, 8 (2011).

³⁹ With the Best Intentions. Report. 2011. 35. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

institutional care

[Boarding School or House / Detoxification Centre / Group Homes / Institutions / Orphanage Care / Residential care institution without any specialization / Residential care centre specialized for children with disabilities / Residential care centre specialized on care for children with HIV/AIDS / Residential care provided in Pagodas (Wat) or religious groups or building / Recovery Centres / Protection Centres / Transitional Home / Temporary Emergency Accommodation]

The Cambodian government has not yet released a concrete definition of institutional care. Based on Cambodian child protection legislation and the latest residential care mapping report, it appears as though the terms ‘institutional care’ and ‘residential care’ are used somewhat synonymously or at times used selectively. Often leading to the confusion when verifying the actual number of children in institutional care as different entities would quote varying figures dependent on the type of residential/institutional care facilities.

Cambodia’s official definition of residential care is taken directly from the UN Guidelines for the Alternative Care of Children (2010), which defines residential care as: “Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short – and long-term residential care facilities, including group homes.”⁴⁰ It was further noted that the “Policy on Alternative Care for Children, April 2006”, “Minimum Standards of Residential Care for Children, May 2008” and “Ministry of Social Affairs, Veterans and Youth Rehabilitation Prakas on Procedures to Implement the Policy on Alternative Care for Children, October 2011” were limited to orphanage care and recovery/protection centres. Hence the regulations and the minimum standards of care set out were not applicable nor have the mandate to hold other existing varying types of residential/institutional care facilities which did not fall into the categorization accountable for the quality of care provided.

To broaden and defined the various forms of institutional based care in Cambodia, *the Mapping of Residential Care Institutions Report* (2015) published by UNICEF, USAID, 3PC NGO Partners and MoSVY marked the initial effort to review and proposed the classifications of institutional care which had expanded to ensure the children from the varying care facilities are accounted for and included in the official data for care reforms. (Please refer to Annex 1). The report identified the various types of care facilities as listed below

Types of Institutional Care Facility	No. of Institutional Care Facility
Residential Care Institutions without specialization	255
Group Homes	57
Boarding/Training School	52
Emergency Temporary Institutions	31
Residential Care Centres provided in Pagoda (Wat) / faith-based institutions	12
Care services provided for anti-human trafficking victims	36
Residential Care Centres specialized on care for children with disabilities	29
Residential Care Centres specialized on care for children with HIV/AIDs	21
Drug addicted victims & rehabilitations centres	9
Residential Care Centres providing care services for orphans & vulnerable children	Unknown
Total number of institutional care facilities	502 + unknown

Table 1. Types of Institutional care facilities operating in Cambodia / 2014

The results of the above mapping exercise (2015) in five provinces indicated there were a total of 39,110 children who are living in 407 institutions in 2014. With an estimation of 47,000 children with the inclusion of the remaining 20 provinces and a total of 497 care facilities.⁴¹

Subsequent mapping of residential care institutions reports published in 2016 and 2017 identified five main commonly institutional/residential care facilities

1. Residential Care Institution
2. Group Home
3. Transit Home & Temporary Emergency Accommodation
4. Pagoda & Other Religious Buildings housing children
5. Boarding School⁴²

No. of Institutional Care Facilities			No. of Children in Institutional Care			
Type of Institutional Care Facility	2016	2017	2016 (tabulated Nov 2014-Feb 2015) in 5 provinces		2017 (tabulated Oct-Dec 2015) in 25 provinces	
			0-17yrs	18-24yrs	0-17yrs	18-24yrs
Residential Care Institution	267	406	11,788	7,708	16,579	6,769
Group Home	20	25	951		628	321
Transit Home & Temporary Emergency Accommodation	57	71	1,292		1,592	544
Pagoda & Other Religious Buildings housing children	11	65	432		1,349	222
Boarding School	46	72	3,988		6,039	1,331
	401	639	18,451		26,187	9,187
Total			26,159		35,374	

Table 2. Number of children and institutional care facilities operating in Cambodia / 2015

⁴⁰ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Report. 6. February 27, 2017. Accessed July 11, 2017. https://www.unicef.org/cambodia/Mapping_Report_English.pdf.

⁴¹ Ministry of Social Affairs, Veterans and Youth Rehabilitation Report on the Mapping of Residential Care Institutions, 2015

⁴² Ibid.

To note, another study was also released in 2017 by Cambodia’s National Institute of Statistics, together with researchers from Columbia University and the consulting firm Moulathan which estimated the number of children (under the age of 18 years) to be at 48,775.⁴³ The study was conducted between Jun-Jul 2015 encompassing the whole Cambodia. Of which approximately 82% are between the ages 13-17 years old and lest than 4% to be under 5 years old. Boys made up 57% while girls 43% of the occupancy in the care facilities. And about 80% have either both or single living parent. The report also made inference to the “high levels of school attendance and literacy, low levels of reported work and illness, and high levels of reported safety and trust” among children in residential care.

While alternative and residential/institutional care NGOs are legally obligated to register with the Ministry of Foreign Affairs and/or the Ministry of Interior,⁴⁴ an estimated 12% of Cambodia’s 406 residential care institutions are operating without registration.⁴⁵ Slight change from 2016 statistics, where it was reported to be at 14%.⁴⁶ The recently published data in 2017 also shows that approximately 21% of the 406 children’s in residential care institutions are operating without a memorandum of understanding with the Government⁴⁷ in comparison to 32% in previous year.⁴⁸ Against Table 2 above, evidently the figure reported does not include the other four types of care facilities listed. Hence not a true representation of the sector.

The MoSVY is responsible for registering residential care facilities and carrying out routine facility inspections. Understaffing and insufficient financial support from the government prevents MoSVY from effectively monitoring residential care centres’ implementation of the Minimum Standards. This is indicative of the limited extent to which duties, such as monitoring the wellbeing of children in residential care, can be carried out. If the child is living in an unregistered residential care centre, it is possible that CCWCs or MoSVY would not even be aware of the existence of the facility, let alone the dynamics of situation that lead the child to seek out alternative care options. Technically there is no existing legal requirement for organizations that provide overnight accommodations to children to register with MoSVY,⁴⁹ which limits the government’s capacity for monitoring and/or intervention services. In an attempt to redress the issue, a sub-decree was issued for all child care institutions to notify MoSVY of their existence by February 28, 2016 or risk closure.⁵⁰ Of which the deadline was subsequently extended to a few months later until June when only half of the 641 orphanages known to the government registered by the date. Field research was unable to establish the outcome of the operations ran by MoSVY nor yield any information on the consequences i.e. legal action taken against, the care facilities which fail to register as stipulated in Article 16 of “Sub-decree on the Management of Residential Care” (2015). Field sources indicated that only 11 orphanages have been closed past 5 years (2011-2016) as they

had approached MoSVY for the lack of funding to continue operations.

Additional sub-decrees were eventually crafted as means of oversight of the residential/institutional care facilities alongside with the “Sub-decree on the Management of Residential Care Center” (2015). The statute aimed “to establish the management arrangements for residential care centres”⁵¹ as means of improving the quality of care provided in the residential setting and MoSVY appointed as the “competent institution” at point of time. As Article 4, indicated that the function/role “could be transferred in a phase by phase manner, to sub-national administration.”⁵² In 2017, another sub-decree was passed on handing over the functional transfer in the i) managing residential care centres, ii) inspecting NGO residential care centres and iii) managing care services for vulnerable children to the sub-national administrations (SNAs) throughout Cambodia. No further details i.e. policy guidelines/prakas has since been developed in articulating the new legislation into actual implementation or instructions for the transfer of financial, property and human resources between central authorities as well the various ministries to the provincial/district units (SNAs) to realize their roles. Furthermore, putting into question the central government commitment in taking on the duty of care and responsibility in developing care reforms. The more pertinent question remains on whether the SNAs have the capacity and been equipped with the necessary skills to determine in the best interest of the child.

Nonetheless, both sub-decrees must be lauded for clarifying the children who may be reside in the institutional setting as specified below

- a) Children without parents or guardians living with them
- b) Children separated from family or under threatening conditions that can cause children to be separated from their families by abandonment, imprisonment, trafficking, or migration
- c) Children suffering from violence, or threats from domestic violence, sexual or physical abuse, or all forms of exploitation including sale or hiring of children etc.
- d) Children whose parents or guardians are unable to fulfil obligations of caring due to their lack of capacity to meet basic needs, services, shelter, food, clothes, education, and health care
- e) Children or caregivers of children with chronic illness or disabilities which make children unable to get proper care
- f) Children whose families are addicted to alcohol, gambling, and drug and therefore cannot provide appropriate care to children
- g) Children who are facing or in conflict with the law⁵³

More notably, Article 9 in Sub-Decree (2015) commanded clear documentation upon the child’s admission into care as well as a dossier maintained in a clear database for regular reporting. It further reiterated the order to “*prepare a family reunification plans and integrate children into their family and community.*” While Article 11, reinforced that institutional care “*is the last and temporary option and it may be made possible only after the search for parents or parent, relative or guardian or foster parent has been exhausted.*” To date, there is no information or evaluation available on the implementation of the announcements nor verify whether they are put in place. Further study on the effectiveness of the law would throw light on the receptiveness as well as realities of residential care centres in working alongside the government in improving the quality of care in their centres.

In addition, Article 30 of the “Prakas on Procedures to Implement the Policy on Alternative Care for Children” (2011) stated that “*For children who reach age 15 in residential care, the Child Welfare Department and Provincial/Municipal DoSVY shall collaborate with residential care directors and relevant NGOs to provide services to prepare them for adulthood including life skills, occupational/vocational skills, plans for further education and resource management skills.*” Field research was unable to ascertain whether the provision was put into practice at the provincial or district level. Once again a review would be beneficial in determining the extent of guidelines being implemented as well as understanding the challenges in putting the provisions in place.

Various mapping reports concurred that less than 5% of the children in institutional care are under the age of 5 years old. Substantiating poverty and lack of educational opportunities as the main reason for children being placed in institutional care. It was reported that 39% and 40% of children were separated from families because of poverty and to secure an education respectively.⁵⁴ Another field researcher had shared about an on-going study about private tutoring where it was inferred that public school teachers would only pay attention to students whom parents have paid them for private lessons. Hence, deliberately putting the other pupils at a disadvantage as not all syllabus are taught to them. There is a School Support Committee (SSC) stipulated in Prakas No 45 EYS-GSE (2002) to bridge between school authorities and community to develop the education sector however this mechanism does not appear to be implemented and have fail to ensure the children’s right to education. Hence, giving parents no choice to place their children in institutions to have access/secure an education. In addition, culturally, the parents are of the thinking that the foreign operated care facilities are the “experts” in ensuring a “brighter future” for their children.

⁴³ Lindsay Stark, Beth L Rubenstein, Kimchoeun Pak and Sok Kosal. “National estimation of children in residential care institutions in Cambodia: a modelling study.” 1. May 5, 2017.

⁴⁴ With the Best Intentions. Report. 2011. 34. http://www.unicef.org/eapro/Study_Attributes_towards_RC.pdf.

⁴⁵ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Report. 27. February 27, 2017. Accessed July 11, 2017. https://www.unicef.org/cambodia/Mapping_Report_English.pdf.

⁴⁶ Preliminary Data Compilation and findings – Mapping of Residential Care Institutions. 15. Mar 2016.

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ With the Best Intentions. Report. 2011. 34. http://www.unicef.org/eapro/Study_Attributes_towards_RC.pdf.

⁵⁰ Kimsay, Buth and O’Connell, Taylor. “Half of nation’s orphanages fail to register.” The Cambodian Daily. June 1, 2016. <https://www.cambodiadaily.com/news/half-of-nations-orphanages-fail-to-register-113320/>.

⁵¹ Royal Government of Cambodia Sub-decree on the Management of Residential Care Center (2015).

⁵² Ibid.

⁵³ Ministry of Social Affairs, Veterans and Youth Rehabilitation Sub-decree on the functional transfer on the Assignment of Function of Managing State Residential Care Centers to Capital and Provincial Administration, 2017

⁵⁴ National estimation of children in residential care institutions in Cambodia. 6. 2017.



2.1 Government / state-run child care facilities

According to the latest residential care mapping report compiled by MoSVY and UNICEF, the vast majority of institutional and/or residential care facilities in Cambodia are operated by private organizations/companies/agencies or faith-based NGOs. In fact, the Cambodian government operates very few residential care facilities for children in need of alternative care. This phenomenon may be partly due to the way in which private organizations and/or NGOs are funded. Reportedly, most of the funding received by NGOs and privately run facilities comes directly from overseas donors.⁵⁵ It is dictated by the Ministry of Social Affairs, Veterans and Youth Rehabilitation “Prakas on Procedures to Implement the Policy on Alternative Care for Children” (2011) that the use of the Child Welfare Fund, the State Budget, and various applicable donor resources are delegated to

MoSVY, although the terms of fund distribution are not mentioned in the text.

Limited research has been conducted on the allocation and usage of government funds that are supposed to be invested in the alternative care system. However, one notable statistic shows that 90% of the MoSVY budget goes towards the Veteran Rehabilitation Fund, which indicates a disproportionate distribution of government funding. This may suggest that the Cambodian government does not perceive a need to establish government-funded facilities – especially given the overwhelming number of residential care centres that already exist across the country. The current number of government operated care facilities is not available. Statistics from 2010 indicate that there were 21 government-run institutions at the time of data collection.⁵⁶

2.2 Private child care facilities

While private child care facilities may comprise the vast majority of the alternative care system in Cambodia, it can be difficult to differentiate between non-profit care facilities/ organizations/agencies and private residential facilities. Mainly, this is due to the fact that a substantial number of NGO operated care facilities are privately funded. The 2017 mapping report on residential care states that there are 639 residential care facilities across Cambodia. This figure includes residential care institutions, transit homes and temporary emergency accommodations, group homes, pagodas and other faith-based care centres, as well as boarding schools or boarding houses. However, the mapping report does not provide information regarding the percentage of private facilities versus non-profit facilities, which leaves a significant gap in the available information on institutional/residential care.⁵⁷

One of notable local agency, Komar Rikreay Cambodia (Battambang province) which was established in 1998 provides shelter for children between the ages of 3 months to 18 years. The residential care centre, known as Poipet Transit Centre is a short-term care facility for children who were victims of domestic violence, trafficked or from poor households. The maximum length of stay in the care facility is limited to 3 years whilst the organization work towards family reintegration by working alongside with the family for the eventual return of the children. The shelter is made up of five houses and overseen by 8 care takers. There is no information on the number of children in care facility though it was noted that the children are supported with psychological counselling to overcome past trauma and have access to public education or provided with vocational training. A Case Manager is also appointed to look into family tracing and preparation for reunification.⁵⁸

2.3 Non-profit & community child care facilities

National and international NGOs tend to be the major providers of residential/institutional care services for vulnerable children in Cambodia. Most of these organizations receive funding from private overseas donors, while others engage in exploitative activities such as volunteer orphanage tourism in order to profit from caregiving.⁵⁹ Sources indicated that the increase number of “orphanages” coincided with the tourism boom in mid 2000s. This occurrence

was further capitalized by Australian and European counterparts in promoting volunteer placements i.e. “voluntourism” where inexperience volunteer as young as 16 years old were assigned with the care of the children. In other instances, it was reported that the children were made to perform to welcome visitors and in low-season tourist season, they were made to work in the fields to support the care facilities operations. Accounts about the recruitment of children into residential/institutional care by village leaders as well as government officials were also recounted supporting Save the Children report in 2009 which surmised that some parents received money in exchange for giving away/placing their child into care facilities.

Based on 2017 data, residential care institutions are the most common or popularly used form of residential care in Cambodia. There are currently 406 residential care institutions, in addition to 25 transit homes/temporary emergency accommodation, 71 group homes, 65 faith based care buildings (including pagodas) and 72 boarding schools.⁶⁰ Data shows that 63% of children in institutional care are placed in residential care institutions. Moreover, young adults or “young people” (as defined in section 5) in care tend to be placed in residential institutions. In fact, approximately 74% of the young people in need of alternative care in Cambodia are ultimately placed in residential care institutions.⁶¹ The latest data mapping report on residential care found that 2% of the children in residential care were

0-3 years old, 32% were between the ages of 4 and 10, and 67% were 11-17 years old. With this data in mind, it is clear that there is a direct correlation between institutionalization and school-aged children/young people.⁶² However, thus far there has never been an in-depth study on the reason(s) for mass institutionalization of vulnerable children, which makes it difficult to accurately assess the leading causes behind institutionalization.⁶³

It is crucial to note that Cambodia is a signatory of the United Nations Child Rights Coalition (UNCRC), which effectively advocates for the use of family-based care. Every child has a right to a family and an identity, and the use of institutional care in unnecessary circumstances is a direct violation of those rights. However, despite the Cambodian government’s outspoken commitment to pursuing a more child-focused and family-based alternative care system, the number of residential care facilities continues to rise every year.⁶⁴

⁵⁸ “Reception, Rehabilitation and Reintegration.” Komar Rikreay Cambodia. <https://komarrikreaycambodia.wordpress.com/our-programs/reception/>
⁵⁹ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Report. 16. February 27, 2017. Accessed July 11, 2017. https://www.unicef.org/cambodia/Mapping_Report_English.pdf.
⁶⁰ Ibid. 21.
⁶¹ Ibid. 10.
⁶² Ibid. 15.
⁶³ Ibid. 16.
⁶⁴ Ibid. 16.

⁵⁵ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Report. 16. February 27, 2017. Accessed July 11, 2017. https://www.unicef.org/cambodia/Mapping_Report_English.pdf.
⁵⁶ “Orphanages.” ConCERT Cambodia. Accessed July 13, 2017. <http://concertcambodia.org/useful-information/orphanages/>Copyright 2017.
⁵⁷ Ibid. 21.

2.4 Faith-based care facilities

According to the mapping report published in 2015, 11 pagodas and other faith based care facilities volunteered in the mapping exercise and verified that there were 432 children with residential care under their care.⁶⁵ Monks, nuns, and other religious bodies tend to the basic needs of the children in care.⁶⁶ Pagodas and faith based care facilities that offer non-residential care were not documented by the report.⁶⁷ There are some noticeable discrepancies here, because there are at least 100 FCOP care facilities in Cambodia.⁶⁸ The FCOP is only one of many religious based care providers that operate in Cambodia, which implies that the official number of faith based residential care facilities should be much higher than what was stated in the 2015 Mapping Report. The lack of information on pagoda based care was also highlighted by a report titled *With the Best Intentions*, in which the research findings indicated that there have only ever been two small scale studies that focused on pagoda based residential care.⁶⁹

Since 2015, a broader mapping exercise has been executed by MoSVY and UNICEF (2017), which exhibits drastically different findings in regards to the prevalence of faith-based care. The 2017 mapping report states that faith-based care accounts for 54% of the residential care institutions across 20 provinces of Cambodia. Although over 95% of the population of Cambodia

is Buddhist, the vast majority of faith-based care is provided by Christian organizations. According to the mapping report, 84% of the faith-based residential care facilities are Christian, while only 11% of faith-based care facilities are Buddhist. For reasons left unstated in the mapping report, the 65 religious buildings (pagodas and other faith-based residential care centres operating in Cambodia) are not classified by faith in the mapping exercise. The report claims that these faith-based facilities are most likely Buddhist, which stands in contrast to the previous statistic that suggests most faith-based residential care centres are Christian.⁷⁰

In recent years, there have been reports of sexual and physical abuse of children taking place in pagoda care institutions. A monk named Vong Chet was charged with at least 11 accounts of rape following his time served as a residential monk in a pagoda institution in Siem Reap. However, the topic is treated delicately or left unmentioned by most major child protection agencies and local law enforcement teams. In many cases it has been clear that pagodas have received significantly less monitoring by local child protection agencies as well as international child protection organizations. This is largely due to the positioning that Buddhist monks have acquired in Vietnamese society. With 95% of Cambodia’s population being Buddhist, the pagoda has been said to function as “the beating heart of traditional Cambodian society.” Due

to the stature of Buddhist monks, the young boys in pagoda care who have been abused or raped by monks are often terrified of reporting the incident(s), as the monks are so highly revered it can cause the children to believe that the abuse was their own fault. Moreover, pagodas are supposed to be sacred places of meditation, learning and tranquillity, so the issues within pagodas tend to be downplayed or covered up because the reputation of the pagoda is at stake.⁷¹

Since the push for non-residential has grown stronger, some faith based organizations that operate residential care facilities and a number orphanages, such as Foursquare Church (FCOP), have begun to advocate for the institutionalization of children. In response to a video that exposed the misappropriation of funds donated to some residential care centres, an FCOP official released an article calling the video a “devilish lie.”⁷² The author bases his argument on the notion that family and/or community based care is not a viable option in Cambodia because “orphaned, abused, deformed, or abandoned children are seen as possessing ‘bad karma,’ or are “cursed.”⁷³



2.5 Are there any cartels/strategic alliance?

In 2014, USAID created a programme called Family Care First (FCF/FCFC), which was designed to provide assistance to vulnerable children and their families. FCF proposed an approach to family care that used a “Collective Impact” model. By “collective impact” FCF refers to a structure of social care that requires stakeholders from different sectors to collaborate together. This approach would require combining efforts and aligning agendas in order to strengthen the various sectors’ ability to provide vulnerable children with family based care.⁷⁴ There are two major projects being carried out by FCF, the Catalyst Project and Cambodia Families are Stronger Together (FAST). While the Catalyst Project acts more as a step towards information sharing and communication strengthening project, Cambodia Families are Stronger together plans to develop four projects that focus on alternative child care reform. FCF Cambodia was launched in 2015 and mainly funded by USAID and the Royal Government of Cambodia. USAID has provided FCFC with USD 6.5 million in funding thus far.⁷⁵

The Global Alliance for Children (GAC) was spearheading the FCFC initiative before its cessation late 2017. A Knowledge Sharing Working (KSWG) was initiated as means to support the various Technical Working Group for Implementation (TWGI) and the thematic Sub-groups (TSG) made up of more than 20 international and local experts to ensure an overall shared vision/ agenda and undertake joint problem

solving with the common understanding of the issues in the sector. Discernibly, there were challenges in pulling the various different entities together to work towards a common goal. As each member/partner of the bigger collective have set agendas which attributed to the lack of openness/trust given the limited resource i.e. funding and issue in determining main lead for the initiative. Obviously, there will be conflict of interest for implementing partners to also be responsible in determining the fund allocation for newly developed programmes/services for the targeted children and families. Save the Children has since taking the helm in overseeing the TWGIs and TSGs made up about 50 partners from the government, NGOs and community-based organizations to further restructure care reforms to increase the number of children living in safe and nurturing family based care options.

Robert Common, Child Protection Specialist from Save the Children shared that a group of 30 organizations came together at the initial launch of FCFC in mulling over existing care placements concerns in Mar 2015. The group delved into issues such as system strengthening, social workforce development, family preservation and transforming the dominant care model. They were given nine months to develop the best appropriate services and programmes for the vulnerable children. Some of the organizations consequently implemented the new initiatives while other remain as contributors. In-depth research were also on-going under a separate funding from USAID and private organization.

⁶⁵ Mapping of Residential Care Institutions. Report. 10. March 2016.

⁶⁶ Mapping of Residential Care Institutions. Report. 14. March 2016.

⁶⁷ Mapping of Residential Care Institutions. Report. 14. March 2016.

⁶⁸ “Church Homes.” FCOP International. Accessed October 10, 2016. <http://fcopi.org/church-homes/>.

⁶⁹ With the Best Intentions. Report. 2011. 68. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

⁷⁰ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Report. 11. February 27, 2017. Accessed July 11, 2017. https://www.unicef.org/cambodia/Mapping_Report_English.pdf.

⁷¹ Millar, Paul. “The sound of silence: sexual abuse in Cambodia’s Buddhist pagodas.” Southeast Asia Globe Magazine. February 12, 2018. Accessed February 13, 2018. <http://sea-globe.com/the-sound-of-silence-sex-al-abuse-in-cambodias-buddhist-pagodas/>.

⁷² “Devilish Lie.” FCOP International. November 4, 2015. Accessed October 11, 2016. <http://fcopi.org/devilish-lie-2/>.

⁷³ “Devilish Lie.” FCOP International. November 4, 2015. Accessed October 11, 2016. <http://fcopi.org/devilish-lie-2/>.

⁷⁴ “Collective Impact.” Family Care First. Accessed July 19, 2017. <http://familycarefirst.com/> Copyright 2016.

⁷⁵ “Family Care First.” Family Care First. Accessed July 19, 2017. <http://familycarefirst.com/> Copyright 2016.

politics of care

3.1 What is the current political stance / approach to care?

The MoSVY was put in charge of implementing the minimum standards as described by the “Policy on Alternative Care for Children” (2006) and all NGOs that provide alternative care services are required to register and sign an agreement with the MoSVY.⁷⁶

The Policy states that children who are exposed to vulnerable situations (such as orphans, abandoned children, children affected by AIDS/HIV, abused children, street children, children in conflict with the law, child victims of exploitation, children with disabilities, children addicted to drugs, children whose basic needs are not being met) are seen as being in need of special protection.⁷⁷ Similarly, children at risk from “extreme poverty, break-up of the family, alcoholism, gambling, domestic violence, dropping out from school, life in newly-resettled areas, internally displaced people/migrants, returnees, demobilised soldier families,” would also be in need of special protection.⁷⁸

The Policy (2006) averred that children in need of special protection may have to enter some form of alternative care. The Cambodian government acknowledges the need for alternative care for children, and emphasizes the importance of prioritizing family-based care over long term institutional care.⁷⁹ Despite the Policy’s assertion that residential and long term institutional care should only be utilized as a last resort, the number of residential care centres in Cambodia continues to grow.⁸⁰

In addition, the development of family-based alternative care options has been overshadowed by the precedence to deinstitutionalization i.e. literally “shutting down” of care facilities without development of other appropriate care reforms. It was reported that a disproportionate of funds been channelled to “returning the children home/back to families” without proper assessment, preparation for the children’s transition nor additional family support services offered to avoid re-admission of the children placed into another institutional care at a different province/district (or worst case scenario causing death and further exploitation/abuse i.e. sex trafficking). This current approach to care has been donor-driven and sources had shared their fears of NGOs claiming i.e. “willing to exaggerate their skills/knowledge of deinstitutionalization ” to be field experts as it is not only dangerous but irresponsible practice in returning the children back to families whom are not “ready/prepared” or have the capacity to care.

⁷⁶ Minimum Standards on Alternative Care for Children. May 2008.

⁷⁷ Policy on Alternative Care for Children, 7 (2006).

⁷⁸ Policy on Alternative Care for Children, 7-8 (2006).

⁷⁹ Policy on Alternative Care for Children, 13 (2006).

⁸⁰ Policy on Alternative Care for Children, 13 (2006).

H.E. Vong Sauth, Minister of Social Affairs, Veterans and Youth Rehabilitation cited “I would like to request donors to consider re-directing their support from centre-based care to family and community-based care and to support domestic permanency placement, fostering and kinship care. MoSVY stands ready to collaborate with development partners to transform residential care centres into community-based centres in the country and reintegrate 30% of children from residential care institutions to families and communities in five provinces: Battambang, Siem Reap, Kandal, Phnom Penh and Preah Sihanouk, by the end of 2018.”

(in joint press release with UNICEF, 2015)

3.2 What is the social policy agenda and how advanced are developments? - what policies exist and how important are they perceived within the country?

After the Khmer Rouge regime came to an end, Cambodia was faced with the task of almost completely rebuilding the infrastructure that was destroyed during the civil war. This prompted the formation of a National Programme to Rehabilitate and Develop Cambodia (NPRD) in 1994, which focused mainly on reconstructing the social, institutional, and physical infrastructure.⁸¹ The First Five Year Socio-Economic Development Plan (SEDP I, 1996-200) was then put into place in an effort to set and reach the goals established by the NPRD.⁸² In 2001 the Second Socio-Economic Development Plan (SEDP II) was formed, serving as a continuation of SEDP I with a stronger emphasis on economic growth and poverty reduction.⁸³ There is insufficient information and documentation on the socio-political and socio-economic effects that these policy changes had on Cambodia. Shortly after these initial steps towards redevelopment were taken, the Cambodia Millennium Development Goals (CDMGs) and the National Poverty Reduction Strategy (NPRS) were drafted, marking a shift towards the prioritization of alleviating poverty.⁸⁴ When the government developed the Rectangular Strategy (RS I) in 2004, the focus of the policy changes that were addressed by the document pertained mainly to ensuring economic growth (7% annually),

creating more jobs (especially for youth), reducing the rate of poverty (down by 1% annually), and improving governance at national and sub-national levels.⁸⁵

The National Strategic Development Plan (NSDP) for 2014-2018 does not initially refer to the social welfare system or the protection of children as key points of interest in the proposed agenda, although the need for social safety nets, as well as the implementation of said social nets does arise at a later point in the document. The first priority in the creation of social safety nets is described as an effort to “strengthen and expand social welfare to the vulnerable and poor,”⁸⁶ by means of launching emergency programmes to assist victims affected by natural disasters, assistance for the homeless (according to the NSDP, 1,000 homeless families were provided with health care and rehabilitation services in an effort to foster reintegration into the community), the creation of MoSVY Gender Working Group, the preparation of policies, minimum standards and programmes designed to accommodate the needs of victims of human trafficking (according to NSDP, Cambodia was evaluated at TIR 2 in the fight against human trafficking), and finally the implementation of programmes that handle family integration and domestic abuse/violence. Priority 2 is described as efforts to “strengthen and expand child welfare and youth rehabilitation.” NSPD claims to have implemented survival rights, protection rights, development

rights, and participation rights (as per the UN Convention on the Rights of the Child), they also claim to have “promoted the Millennium Development Goals related to the child, such as: reducing maternal and child mortality rate, and increase the school participation rate of children.”⁸⁹

The establishment of the “Policy on Alternative Care for Children” is also listed as one of the major accomplishments in the creation of a social safety net, as well as the establishment policies regarding the minimum care standards pertaining to residential care and community based care for children.⁹⁰ Other notable developments include, but are not limited to: approval of the law of intercountry adoption of children (Dec. 3rd, 2009), implementation of Youth Rehabilitation and Juvenile Justice Programmes, drafted policy on drug abuse rehabilitation services, plans to develop child protection laws, the creation of the National Plan for Child Development, to improve Child Rights in Cambodia, implementation of child rights, implementation of community based rehabilitation for children with disabilities, the creation of programmes for blind and deaf children (special education to meet the needs of children with disabilities), and strengthened monitoring systems.⁹¹



In addition, the National Social Protection Strategy (NSPS) was developed to assist in the operational logistics of the aforementioned social policies/strategies/plans, and with it came a broader discussion of the need to fortify the social welfare system. As stated in the NSPS document, “the NSPS focuses on social protection for the poor and vulnerable. The poor and vulnerable are defined as: “People living below the national poverty line; and - People who cannot cope with shocks and/or have a high level of exposure to shocks (of these, people living under or near the poverty line tend to be most vulnerable).”⁹² The primary aim of the NSPS is the development of sustainable social safety nets that provide vulnerable groups (i.e. people affected by HIV, including orphans living with or affected by HIV) with access to social welfare free of charge.⁹³

In considering the NSPS, it is important to note that regardless of the country’s ability to both meet and exceed the Millennium Development Goals associated with poverty reduction, the near-poor population in Cambodia is still at risk.⁹⁴ A ten year scale would show that the poverty rate in Cambodia has dropped from 50.2% (2003), to 45% (2004), to 34% (2005), to 23.9% (2006-2009), to 22.1% (2010), to 20.5% (2011), and then a final drop to 17.7% (2012).⁹⁵ The Cambodian government has been able to advertise the recent drop in poverty levels, with the claim that poverty rates have been halved between 2004 and 2011. While the 58% poverty rate of 2004 has lowered considerably to 20.5% (2011), the statistics on poverty rates systematically exclude the number of Cambodians who are “near-poor” or living right above the poverty line. Recent data shows that there are approximately 6.9 million Cambodian people living in poverty, plus an additional 8.1 million Cambodians who are living on less than USD2.30 per day -- just barely placing them above the poverty line. Those living in near poverty are in an extremely vulnerable economic position, as the risk of falling back into poverty is high.⁹⁶

⁸¹ Promulgation of the Law on the Adoption of the National Strategic Development Plan, 1 (2014).

⁸² Ibid, 1.

⁸³ Ibid, 1.

⁸⁴ Ibid, 1.

⁸⁵ Ibid, 4.

⁸⁶ Ibid, 60.

⁸⁷ Ibid, 61.

⁸⁸ Ibid, 61.

⁸⁹ Ibid, 61.

⁹⁰ Ibid, 61.

⁹¹ Ibid, 61.

⁹² National Social Protection Strategy for the Poor and Vulnerable, 5 (2011).

⁹³ Ibid, 5.

⁹⁴ “Poverty Has Fallen, Yet Many Cambodians Are Still at Risk of Slipping Back into Poverty, New Report Finds.” The World Bank. February 20, 2014. Accessed December 06, 2016. <http://www.worldbank.org/en/news/press-release/2014/02/20/poverty-has-fallen-yet-many-cambodians-are-still-at-risk-of-slipping-back-into-poverty>.

⁹⁵ “Poverty Headcount Ratio at National Poverty Lines.” The World Bank. Accessed December 6, 2016. <http://data.worldbank.org/indicator/SI.POV.NAHC?locations=KH>.

⁹⁶ “Poverty Has Fallen, Yet Many Cambodians Are Still at Risk of Slipping Back into Poverty, New Report Finds.” The World Bank. February 20, 2014. Accessed December 06, 2016. <http://www.worldbank.org/en/news/press-release/2014/02/20/poverty-has-fallen-yet-many-cambodians-are-still-at-risk-of-slipping-back-into-poverty>.

child protection

Reports show that there is a vast range of child protection issues that pose a threat to vulnerable children and families in Cambodia. Violence and physical abuse of children (under the age of 18) is becoming a pervasive child protection issue. Statistics from 2016 indicate that 50% of children in Cambodia have experienced a violent incident before the age of 18. Statistics also show that 1 in 20 children report experiencing an incident of sexual abuse. A study on the economic exploitation of children in Cambodia also found that 19.1% of children between the ages of 7 and 15 are employed or “economically active,” 56.9% of whom are officially classified as child labourers. In approximately 31.3% of these cases, child labourers are exposed to harsh and/or hazardous working conditions that pose a risk to their safety and health.

While major child protection groups such as UNICEF, Save the Children, Child Fund, etc. have highlighted the prevalence of the aforementioned child protection issues in Cambodia, the social care and legal systems of Cambodia have enough loop holes for these issues to persist despite reports of progress. Although numerous child protection plans, strategies, committees, etc. have been proposed and approved by MOSVY, these groups often fail to properly implement monitoring services and/or child protection policies. Moreover, the legal system has been found at fault in numerous cases where the court has failed to persecute child abusers. Without the full support of the legal and social care system, the policies, laws, regulations and committees tasked with child protection cannot establish or uphold a strong child protection framework.⁹⁷

In an effort to implement a stronger child protection system, MoSVY established Commune Committees for Women and Children (CCWCs) in 2004. These CCWCs were to operate in a decentralized manner, acting as an advisory board to the Commune Council while simultaneously providing services to women and children in need of social care. As culturally, elderly pious women are most revered by the Cambodian society and further incorporating communal value of collectivism. Other members in the CCWCs include teachers, police, village head etc. In 2009, the Cambodian government also launched the Cambodia National Council for Children (CNCC), which was designed to be responsible for advising the government on matters concerning child protection, implementation, legislation, etc. (See Section on Social Care Sector for more information on the CNCC.)

The responsibilities of the CCWC are described in depth in the Cambodian Government’s (MoSVY) document titled “Prakas on Procedures to Implement the Policy on Alternative Care for Children”. Based on the terms stipulated by the Prakas, it is the CCWC’s duty to carry out the vast majority of child protection procedures, including the initial check up on children/families who are considered to be “at risk.” Article 7 of the Prakas also states that the Commune/Sangkat Councils with the CCWC are to facilitate all communication necessary to implement the Prakas – this includes communication within the commune, with NGOs, with Pagodas and other religious centres, as well as communication with government groups such as DoSVY (provincial/municipal level) and OSVY (city/district level).

The CCWC’s duties include collecting data on vulnerable children in the Commune, which will later be used to inform those who are constructing the development/investment plans for the coming year. However, the CCWC is also expected to identify and assess children in at risk families, provide service plans for the children in need of alternative care (including follow up reunification, reintegration and/or preservation services), and arrange short term care placements within the community for abandoned children.⁹⁸ Article 7 essentially implies that all case management of children in need of alternative care lies in the hands of CCWC workers, and Article 14 of the Prakas reiterates this, with the added note that the Commune Council is to contact OSVY for additional support in “difficult cases.”⁹⁹ Or should there be a crime committed against children/abuse, CCWC are to report to the district level which will then brought to the attention at province level. Adding bureaucratic layers to response to a crisis or in taking immediate action.

The list of CCWC’s responsibilities continues later in the Prakas to include “primary responsibility for searching for parents or guardians of an abandoned child at the commune level” (Article 19). The placement and monitoring of children placed in kinship care also falls under the list of CCWC duties (Article 22).¹⁰⁰ While these duties are to be carried out in collaboration with OSVY, the Prakas clearly states that the CCWC has a wide range of other critical responsibilities to carry-out in the community. Moreover, the Prakas does not provide substantial information on the training process that the CCWC



members are to undergo before being considered qualified to handle case management of vulnerable children and families. The Prakas merely states that OSVY oversees and provides training to CCWC members.¹⁰¹ In addition, it was cited in a local newspaper article that MoSVY will be giving a yearly budget of at least USD150,000 per residential care facility in the provinces.¹⁰² However, there was no mention how would the fund be utilized or disbursement will monitored.

Given the high level of responsibility assigned to CCWC members and the subsequent unrealistic expectations placed upon them, other organizations have sought to intervene and provide assistance or training to the CCWC in order to strengthen the country’s child protection framework. For example, Social Services of Cambodia (SSC) has launched a programme titled Strengthening Community Systems for Child Protection (SCSCP), which aims to increase the availability of care and support to vulnerable families in target

communities. The project brief write up for the SCSCP stated the following about the current care system:

“ In 2007, the Cambodian government mandated the Commune Committees for Women and Children (CCWC) to function as a community based child protection mechanism, but they lack knowledge, capacity and resources. Furthermore, District Social Affairs Departments are poorly staffed and existing social workers spend limited time in communities and are largely ineffective in supporting prevention, early intervention and case management to ensure care and protection of children.”¹⁰³

The SSC’s criticism of Cambodia’s social care system structure is shared by other major child protection organizations, including UNICEF, which recently released an country briefing on Cambodia that referred to the child care system as being “underfunded and understaffed.” Plan International has since expanded its Family Protection Network initiated since 2006 to develop

and build in community-based child protection mechanisms in three main provinces Siem Reap, Tboung Khmum and Ratanak Kiri. Creating somewhat informal community grid where there is early detection of a case of a child being abused and referred to relevant centres/ NGOs for intervention. Sovannary Ty, Country Child Protection Specialist for Plan also shared that the organization have been working with the Department of Social Affairs, Women Affairs as well various NGOs in furthering community engagement with the provision of other social services. He mentioned about Plan involvement in providing the technical assistance to enabl CCWCs to play the various roles stipulated. The Chairman of the CCWC received a stipend of USD100 while the village chief receives USD50. The term of appointment of the CCWC member is for 5 years where elections are behind closed doors. Two social workers by right should be supporting the CCWC for each province level. However, many prefer to work with NGOs earning a better pay of USD300-500 instead of the USD250 offered by MoSVY.

⁹⁷ Protecting Cambodia’s Children Report. Better Care Network, 2016. 5-7. Accessed February 9, 2018. <https://bettercarenetwork.org/sites/default/files/Protecting%20Cambodia%27s%20Children.pdf>.
⁹⁸ Prakas on Procedures to Implement the Policy on Alternative Care of Children. Report. Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2011. 10-11. Accessed February 9, 2018. <https://bettercarenetwork.org/sites/default/files/Prakas%20on%20Procedures%20to%20Implement%20the%20Policy%20on%20Alternative%20Care%20for%20Children%20Cambodia.pdf>.
⁹⁹ Ibid. 14.
¹⁰⁰ Ibid. 16.

¹⁰¹ Ibid. 11.
¹⁰² Phearun, Chhom and Retka, Janelle. “Orphanage Oversight Passed to Provincial, Local Authorities.” The Cambodia Daily. July 28, 2017. <https://www.cambodiadaily.com/news/orphanage-oversight-passed-to-provincial-local-authorities-132968/>
¹⁰³ “SCSCP Prey Veng Program.” SSCSocial Services of Cambodia. Accessed February 09, 2018. <http://www.ssc.org.kh/pep/>.

In light of the weak points in the Cambodian child protection system, the government is currently in the process of drafting a sub-decree that aims to further clarify the roles and responsibilities of both government and non-government agencies in child protection. However, an overarching issue within the care system remains, which is that the number of trained social worker in Cambodia is extremely low. Despite the clear need for the Cambodian Government to further clarify the roles of child protection groups, there is a larger question at hand as to how the government can recruit and properly train enough social workers to meet the needs of the system.¹⁰⁴ Equally important, how to address/challenge the cultural and traditional values at the sub-national level with regard to issues of safeguarding children given the CCWC’s imperative role in child protection and welfare.

Surrogacy

Cambodian legislators are also in the process of tightening laws that pertain to surrogacy services. Due to the comparably low cost of surrogacy in Southeast Asia, Cambodia has proven to be a popular destination for American and European families in search of affordable surrogacy options. However, serious complications with international surrogacy agreements have arisen, posing a threat to both the surrogate mother(s) and the child (ren). There have been cases wherein surrogate mothers have been forced to raise the client’s baby(ies) against their will, and cases wherein the surrogate mother has refused to give up the baby to his/her biological parents.¹⁰⁵

In November 2016, the Cambodian Ministry of Justice issued a Prakas stating that Embryo Transfers for surrogacy was prohibited. While official legislation banning surrogacy has not yet been passed, the Health Ministry has also issued a decree (as of November, 2017) that states “surrogacy services combined with assisted reproduction technology are strictly prohibited.” As this decree was only recently instated, authorities are not yet able to determine whether the decree is being enforced or not. Moreover, the decree has created a complex grey zone. Despite the surrogacy “ban” there are a number of surrogate mothers who are currently pregnant. Therefore, there are looming questions as to what potential harm could be inflicted upon surrogate mothers that are pregnant after the ban takes full effect.¹⁰⁶

There have also been cases in which surrogacy clients have impregnated large numbers of women at once, with no intention of raising the children. This phenomenon has been referred to as “baby-farming” or a “baby-factory” by various child protection groups and news sources. There has been one case of baby-farming thus far that has caused legal authorities to seriously question the potential motives behind impregnating large numbers of women at once. A Japanese businessman was found to have 16 surrogate babies, as well as plans laid out to have more surrogate children in the near future. Although this particular surrogacy scandal took place in Thailand, authorities in Cambodia, Laos, Hong Kong, and India have been involved in the case because the perpetrator owns properties/businesses there. The man’s motive(s) remains somewhat unclear, however, authorities believe he may have been fathering large numbers of children as part of a trafficking scheme.¹⁰⁷

However, more recently there seems to have been a change of direction for the Cambodia government. “Cambodian government relevant institutes are preparing to draft a new law to make surrogacy legal in order to control and prevent Cambodian children who are born via surrogacy from becoming victims,” according to the Cambodian Foreign Ministry, who was quoted in the Khmer Times Feb 2017. Sok Somoni, a cabinet chief in the Women’s Affairs Ministry, confirmed that discussions about surrogacy were taking place, but declined to say more.¹⁰⁸ The extent of surrogacy within Cambodia is difficult to identify with different governmental agencies/ ministries taken a different stand on the matter.

Birth Registration

Cambodia’s legal system requires that parents register their child within 30 days of birth in order to complete the registration process free of charge. After the first 30 days have passed, parents are asked to pay an additional fee of 10,000 Riel (USD2.50). Notably, birth registration is necessary in order to attend school, apply for jobs, receive medical care, etc. Although this law is likely meant to incentivize Cambodian parents to register their children almost immediately after the birth, statistics show that only 73.3%of children under the age of 5 are registered in Cambodia. However, these statistics are a vast improvement in comparison to those of 2012-2013, which found that only 30% of new-borns were registered in Cambodia. Still, issues with the birth registration remain a hindrance to some parents’ ability to register their child. In many cases, parents live far from the commune wherein they can register the baby/child. The trip to register the baby/child can cost families several thousands of Riel, which systematically excludes parents with low income jobs from being able to register their child.¹⁰⁹

Reports on birth registration have also noted that some parents are actually refused or wait listed by the communes, because the communes frequently run out of the materials (especially the documents) required to register a child. In cases where this occurs, parents are even less likely to return to register their child or new-borns, as the cost of transportation to the commune may be a financial setback without any guarantee of registering the child after all. In order to prevent this issue from reoccurring in birth registration offices, UNICEF has partnered with the General Department

of Identification (GDI) for the sake of launching a pilot IVR platform. The technology proposed by UNICEF is called RapidPro, a programme designed to monitor the number of forms issued in order to calculate the number of forms needed in the next supply order. If the commune begins to run out of stock, a notification is automatically sent the GDI and restocking can commence before the commune runs out of supplies entirely. Further information on the success and reliability of RapidPro in Cambodia is not yet available.¹¹⁰



¹⁰⁴ Kohlbacher, Sonia, and Sek Odom. “Government Seeks Greater Child Protection Measures.” The Cambodia Daily. October 22, 2016. Accessed February 09, 2018. <https://www.cambodiadaily.com/news/government-seeksgreater-child-protection-measures-119606/>.
¹⁰⁵ “Cambodia wants to put an end to surrogacy.” Equal Times. December 19, 2016. Accessed February 09, 2018. https://www.equaltimes.org/cambodia-bans-surrogacy?lang=en#_Wn26La6nHIV.
¹⁰⁶ Ibid.
¹⁰⁷ Gecker, Jocelyn, and Thanyarat Doksone. “Father of 16 probed for baby-farming.” Stuff. August 23, 2014. Accessed February 09, 2018. <http://www.stuff.co.nz/world/asia/10416937/Father-of-16-probed-for-baby-farming>.
¹⁰⁸ “Draft law will le galize Surrogacy in Cambodia.” Sensible Surrogacy. Copyright 2014. <http://www.sensibleurrogacy.com/surrogacy-in-cambodia-law-to-become-legal/>

¹⁰⁹ Yamaguchi, Mariko. “With birth registrations in hand, local families secure rights for their children.” UNICEF Cambodia. February 01, 2017. Accessed February 13, 2018. <http://unicefcambodia.blogspot.se/2017/02/with-birth-registrations-in-hand-local.html>.
¹¹⁰ “Harnessing mobile technology to improve birth registration systems in Cambodia.” UNICEF. February 27, 2017. Accessed February 13, 2018. <http://unicefstories.org/2017/02/27/harnessing-mobile-technology-to-improve-birth-registration-systems-in-cambodia/>.

HOTLINE

There is no dedicated national hotline to report child abuse. The community could however could direct their concerns/suspicious to the National Police Hotline at 1288 to report suspected sexual abuse or trafficking. Highlighting the lack of attention and resource to address critical concern in protecting children.

The closest to having an alternative “platform” to alerting child abuse is the creation of ChildSafe Agents. Friends-International (FI) is presently the only entity that has created a nationwide ChildSafe Movement, one of the pioneering child protection initiatives in the region. The campaign was launched in 2015 substantiated by the organization of more than two decades experience supporting street children with social enterprise approach ensuring they stay out of the streets by gaining access to education/vocational training. James Sutherland, International Communications Coordinator of Friends-International mentioned that it started in 2005 when the agency began engaging the community to take responsibility of caring for children within families. The Agents are trained to identify

- i. child abuse;
- ii. risk of the abuse; and
- iii. means of response

The Agents comprised of common folks such as village chiefs, teachers, market sellers, taxi/tuk-tuk drivers etc certified with child protection training and participated in behaviour change campaigns. The sellers and drivers are noted to be usually more mobile and familiar with the happenings in their surroundings. In return for their involvement, businesses that support the movement enjoy commercial collaboration with one other and utilize the ChildSafe branding to their benefit in gaining more visibility and for some personal prestige i.e. higher status/recognition in their community. The campaign owed its success to the unsophisticated approach of distributing T-shirts, raincoats and banners enlisting 7 tips to travellers with a hotline to call in 15 languages should one suspect child abuse. The hotline is open 24/7 with social workers attending to the calls. The movement maintained a network of 800 Agents in 2015 and has plans to expand to train 30,000 Agents throughout South-east Asia with yearly refresher session in coming years.

The movement is further supported by other partners forming the Partnership Programme Protection for Children (or known as 3PC). James exalted the 3PC as a Cambodian initiative which evolved from the Family Plus programme assisting families who were struggling and on the verge of giving up the care of the children to orphanages. The programme was initiated in 2011 after identifying the gaps in child protection especially in the rural areas. Should there be a child abuse/protection issues alert from ChildSafe Agents, Friends-International would then either take on a rescue mission or refer the case accordingly to the partners whom is best able to assist the children and families and meet their needs. To date, the alliance has 10 implementing partners with even an outstretching network across the state. All parties work towards a common goal of family preservation and strengthening to avoid institutionalization of the children.

workforce for care

4.1 Who/which agencies are offering social work qualifications?

Social work has only recently been accepted as a topic of study and a serious profession in Cambodia. In 2004, the University of Phnom Penh (RUPP) and the University of Washington formed a partnership.¹¹¹ Through the partnership, Cambodian social workers were able to undergo graduate level social work training in with professionals in Washington. After the course was completed, Cambodian social workers that studied at the University of Washington returned to RUPP in order to establish and staff a strong social work department. Prior to the collaboration between the Royal University of Phnom Penh (RUPP) and the University of Washington, there were no official social work programmes in Cambodia. In fact, the first class of social work students in all of the country enrolled in 2008-2009.¹¹² The first batch of 22 local social workers graduated from RUPP in 2012. Since then, the university has seen to the graduation of about 20 social workers on a yearly basis. (Please refer to Annex 2 for full curriculum details.) National Institute of Social Affairs (NISA) was established in 2012 and offering similar programmes. Often the lecturers were graduates from RUPP.

Kimkanika Ung, Acting Head of Department of Social Work of RUPP shared that criteria were set in selecting students who are referred by the Ministry of Education from the various provinces. The annual fee is USD600 per year with have an admission of 25-30 students during first year. However, not many are able to continue on with programme as they have limited allowance to support living in capital city, Phnom Penh.

Kimkanika mentioned that the varsity assists about 10-15 students with scholarships upon approval of selection panel.

To note that the total of qualified social workers in Cambodia is unascertained as the figure cited in the above para does not include local Cambodians who have studied abroad and secured post-graduate qualifications/MA scholarships in the field over the years. During field research, the “collective” understanding amongst INGOs quoted that there were only 25-27 qualified Social Workers across Cambodia. The 25-27 were regarded “qualified” having attended a 6-month training programme conducted by UNICEF after graduating from the local university BA programme.

The two learning institutions mentioned appear to be the epicentres offering social work qualifications in Cambodia. However, additional training programmes are available through a select number of organizations that specialize in developing social work standards and establishing cross-sectoral communication/collaboration. For example, Chab Dai International, an organization that is focused on research, prevention, advocacy and coalition-building, offers training programmes to social workers. While the full list of training courses/programmes offered by Chab Dai is not available, the website states that the organization offers advanced counselling training, conflict-resolution training, as well as parenting skills training.¹¹³

¹¹¹ “Cambodia Partnership.” UW School of Social Work. 2017. Accessed July 17, 2017. <https://socialwork.uw.edu/programs/cambodia-partnership>.
¹¹² “Background.” RUPP - Department of Social Work background. Accessed July 17, 2017. http://www.rupp.edu.kh/fssh/social_work/?page=Background Copyright 2016.
¹¹³ “Training the next generation of Cambodian social workers.” Chab Dai. July 20, 2015. Accessed July 17, 2017. <http://chabdai.org/blog/socialworkers>.

Another recognisable organization, Social Service of Cambodia (SSC) started offering social services training for village volunteers in 1992. The programme was quickly well-received and the 5-month intensive training expanded its outreach to 200 trainees within 2 years; which included 130 community leaders from eleven provinces.¹¹⁴ Since then, SSC have been engaged to train personnel from MoSVY with the support by PACT/USAID as well as UNICEF in the mid-1990s. Presently, the training for government officials are conducted by NISA. SSC subsequently opened a Training Center for Counsellors and Social Workers in 2004 in response to equip NGOs staff with necessary social work skill-set to work with women and girls who have experienced gender-based violence. The course consists of six sessions over a period of 6-month; with each session lasting for five days. The intervals in between sessions provided the trainees the opportunity to put into practice what they have learnt in the classroom to their work setting. To date, the Centre has trained nearly 200 staff from over 50 organizations.¹¹⁵ A more notable training module was developed specifically for Community Social Workers (CSW) working with the CCWCs to respond to child protection needs under the Strengthening Community Systems for Child Protection (SCSCP) programme. In which the CSWs learnt how to “accept referrals from community stakeholders; meet children; assess their needs, problems and strengths; make plans to assure their safety, and help them recover from abuse they have experienced, by providing counselling and referral to medical and justice systems”¹¹⁶ under the supervision of SSC. CCWs would then report to CCWC according on the progress of the cases. Distinctively, in staying true to its mission to *“Develops and demonstrates innovative, effective and affordable social service models that are then adopted by other service providers”*,¹¹⁷ SCC also render direct services and programmes to the community which include psychosocial services, (as mentioned) technical support to case management/intervention to families under the SCSCP programme which further value add to the in-house supervision of trainees for those who have completed their course/s.

Field research noted that training programmes/workshop were offered in abundance in Cambodia. However, feedback from the ground and local participants gathered indicated that they were often confused because of the language barrier. Trainers were not apologetic in using “google translator” nor heedful in elaborating further new concepts/terminologies which effectively made learning ineffectual as attendees were disengaged unable to actively participate/contribute to the discussion. (In reference to RUPP’s BA curriculum Annex 2, English is taught till the 3rd year of the four-year programme). At times, translators engaged for the sessions does not have knowledge about the sector to give an accurate renditions/interpretations. Some attendees also have questioned on whether a local more experienced practitioner would have been more appropriate to deliver the training in order to contextualize the local setting and made relevance of some of the case study/references presented at the training sessions.

4.2 Is there an association/accreditation body for the social workers?

The answer to this question is somewhat unclear, as there is an existing unit called the Association of Professional Social Workers Cambodia (APSWC), but there is limited information regarding the importance or role of the association. A website for the APSWC has not yet been established, which means that all available information concerning the association can only be derived through third-party sources. Moreover, the objectives of the association remain unclear, as APSWC does not have a mission statement that is available to the public. It was reported that APSWC was officially registered with the Ministry of Interior on May 05, 2015 with the vision “to see social work become a profession in Cambodia with a high code of conduct, a strong support network and a commitment to excellence in practice”.¹¹⁸

There has been a recent push from international organizations and MoSVY to create the first Social Work and Training Standards. The minimum Social Work and Training Standards are going to be developed by FCFC, but the standards will be based on the knowledge and expertise of a Multidisciplinary Advisory Group that is assembled by Save the Children and Hagar.¹¹⁹ As the social work practice currently stands, there are no standards that are strictly enforced or legally recognized. However, aside from the lack of a legislative framework for social work, there are severe deficiencies of financial resources and social workers. Technically, Cambodia also has no form of accreditation for social work service providers, which makes the task of developing the sector significantly more complicated.¹²⁰

4.3 How is the social work profession perceived in the country?

Due to the fact that social work was only recently recognized as a profession in Cambodia, the country’s perception of social work may still be forming. With a limited understanding and exposure to the scope of social work practice, many still limit the work at community level often negating the continuing professional development, social policy and advocacy component in advancing more social service provisions for the community at large. Legally, as defined in the Prakas on Procedures to Implement the Policy on Alternative Care for Children (2011), Article 4, 11

“ A social worker is a person who has been trained and has a career at the Krong/District/Khan and Provincial/capital levels to provide supervision to family support workers and assists with managing difficult cases.

Yorn Pich who was amongst the first graduate from RUPP said that his learning journey was intense crammed with topics on leadership, project management and Cambodia’s national laws and social policies. He recalled having accumulated 800hrs of field placement thou lamented that it was not relevant to social work practice as most often the students were tasked to develop booklet/brochure/training materials/toolkit etc during the attachment rather than being involve in direct work/actual practice. Students were asked to indicate their field of interest thou placements were decided by the Field Coordinators either to be sent to a local or international NGOs. Upon graduation, about 30% of the cohort was reported to join in workforce in the government or private sector while majority remaining 70% opted to work in NGOs in order to “work freely from politics and corruption”.

Yorn said that he is proud to be a Social Worker as he is able to help a lot of people and is respected among his community. And is presently pursuing a MA Social Work Programme under the Australia Awards, Monash University. He added that he is often called “teacher” i.e. seen as someone with substantive knowledge. Thou, he also noted that generally many of the social work graduates do not remain in the sector because of the low pay or rather differential wage between a local and international staff. He shared that an average salary of a fresh university graduate in Cambodia is about USD250-300 month at local firm. While those, for instance with 3 years of experience in a position of a Technical Officer working in an INGO would be able to secure double of the pay. Though, he disclosed that an international staff holding such similar position might likely secure a pay check of USD2,500 including benefits. An international volunteer could also be earning more than a full-time local employeee.

Another returning local social worker who holds an overseas MSW qualifications and lead a team under an INGO with more than 12 years of experience disclosed her earnings to be less than USD2,000 per month in comparison to foreign/international social workers employed between USD5,000-10,000 per month (with inclusion of house rental, children school fees, internet allowance etc). Furthermore, it was observed that many agencies seem to be lacking trust of the local employees as most often foreign social workers are allowed to work on their own without supervision but not otherwise. Indeed, many of latter are be able to communicate and exude confidence when dealing with donors being native of the language. However, most often fail to relate to the beneficiaries as they lack the understanding of local

context and unable to engage with the community. The local social workers interviewed lamented the same issues have persisted since the influx of NGOs into Cambodia since early 1990s.

It was further reported that many of the local/national NGOs or civil society organizations often were unable to secure grant application from existing funding options because of the language barrier i.e. lack the sophistication to submit a good proposal as well as in-depth reporting of project status/activities. Once again, highlighting the need to build on the capacity of the local human resources as means of empowerment and more importantly ensure sustainability with the development of appropriate relevant services/programmes. As well as showcasing the good work which could promote the value of the profession.

On the work front, Marko Ivkovic, International Development-Partnerships Coordinator of Friends-International related that it was common for local staff would stay in a job for 3-6 months before insisting that they receive a promotion of a ‘Manager’. He commented that despite the social work qualifications and good demand of English, many still lack the field experience. It was conceded that it would take a minimum of 3 years for a social work graduate to gain sufficient field experience to have a firm grasp of understanding of the situation on ground. This was also concurred by local practitioners who noted that the existing social work programmes offered does not allow social work students to gain field experience nor allow students to experience practice i.e. direct service. It was further noted, the concept of mentoring and clinical supervision is foreign. In addition, there is no scope/mention about advocacy and development of social initiatives.

¹¹⁴ “Our History.” Social Services of Cambodia. <http://www.ssc.org.kh/about/>

¹¹⁵ “Training Center.” Social Services Cambodia. <http://www.ssc.org.kh/eyes/>

¹¹⁶ “SCSCP Prey Veng Program.” Social Services of Cambodia. <http://www.ssc.org.kh/pcp/>

¹¹⁷ “Our Vision & Mission” Social Services of Cambodia. <http://www.ssc.org.kh/our-vision-mission-goal/>

¹¹⁸ “Presentation by Chun Bora, President of APSWC. “Establishing the Association of Professional Social Workers of Cambodia (APSWC).” Conference for direct social service August 16-17, 2016, Diakonia Center.

¹¹⁹ “Hagar and Save the Children Launch Family Care First First Multidisciplinary Advisory Group.” Hagar International. 2017. Accessed July 18, 2017. <http://www.hagarinternational.org/international/family-care-first-first-multidisciplinary-advisory-group/>.

¹²⁰ Greig, Jonathan. “Social services to be improved.” Khmer Times. February 10, 2017. Accessed July 18, 2017. <http://www.khmertimeskh.com/news/35326/social-services-to-be-improved/>.

More notably, the incursion of foreign entities and experts have created a “dependency” in addressing the social issues in Cambodia.

“You can see that after U.N. times, there’s a lot of aid dependency coming to Cambodia. There’s a lot of foreigners, they call experts, coming to help support Cambodia as well. Those who are experts are not Cambodian themselves. So I think to have the Cambodian-trained social workers be our own social workers by ourselves is very important. Because the situation is Cambodian and only Cambodian or Khmer people would understand the situation well.”

said Kimkanika Ung, Acting Head of Department of Social Work of RUPP¹²¹

Some organizations, such as Family Care First (FCF) and the United States Agency for International Development (USAID), have been actively trying to increase people’s awareness of social work. FCF and USAID have funded and launched an 18-month project that is headed by Social Services of Cambodia (SSC), which aims to educate and inform high school students about the value of social work. Other major social events, such as Social Work Day, have been created and celebrated in the name of honouring the social work profession.¹²²

In 2017, it was estimated that there were 6,646 children per one social worker in Cambodia. An improvement to a 2009 UNICEF report which indicated that there are two social workers for every 25,000 persons.¹²³ Given the current ratio of children to social workers, it is clear that there is a strong need to advocate for the social work practice(s) and encourage youth to study the subject. There have also been reports of extremely limited government funding, which may act as a hindrance to the development of the social work profession in Cambodia. It appears as though the main source of social work funding comes from USAID.¹²⁴ In addition, there is concern about the government’s understanding of the profession which seem to render as an “obstacle to the development of the sector as a whole.”¹²⁵ More dauntingly, there has been no criteria made available nor social work as a recognized work profession in the civil service.¹²⁶ Field research was unable to establish whether provincial department of social affairs/sub-national administrations recently directed to take on the development of alternative care, in particular with the duties listed in the sub-decree on the functional transfer (2017), has initiated the recruitment of suitable candidates to implement the care reforms.

¹²¹ Loy, Irwin. “Cambodian School Educates New Generation of Social Workers.” Voice of America. October 21, 2013. <https://www.voanews.com/a/cambodian-school-educates-new-generation-of-social-workers/1773638.html>

¹²² “Social Work Day Celebration in Cambodia.” Social Work Day Celebration in Cambodia. 2016. Accessed July 18, 2017. <http://www.familycarefirstcambodia.org/detail?id=19>.

¹²³ Henderson Simon. “Experts Examine Social Work Issues in Cambodia” The Cambodia Daily. June 26, 2013. <https://www.cambodiadaily.com/archives/experts-examine-social-work-issues-in-cambodia-32010/>

¹²⁴ Handley, Erin. “NGOs push for tougher standards.” Phnom Penh Post. February 10, 2017. Accessed July 18, 2017. <http://www.phnompenhpost.com/national/ngos-push-tougher-standards>.

¹²⁵ Henderson, Simon. “Experts Examine Social Work Issues in Cambodia.” The Cambodia Daily. June 26,2013. <https://www.cambodiadaily.com/archives/experts-examine-social-work-issues-in-cambodia-32010/>

¹²⁶ Ibid.

alternative care



The Royal Government of Cambodia defines alternative care of children as “*care for orphaned and other vulnerable children who are not under the care of their biological parents*” as stipulated in the Policy on Alternative Care for Children (2006). This definition of alternative care for children includes both residential/ institutional/ group home care and foster care/ kinship care (both formal - ordered by competent administrative body - and informal care). The Minimum Standards on Alternative Care for Children in the Community (2008) expanded alternative care to include three forms of alternative care

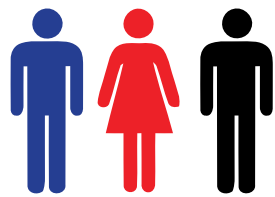
1. Family-based Care – Family-based care is a temporary care provided to children by extended family members, child-headed households or foster families.
2. Pagoda and other Faith-based Care – Pagoda and other faith-based care is a care provided to children by monks (Preah Sang, nuns (Donjis), lay clergy (Achars) and religious bodies who provide the children their basic needs in the pagoda and other faith facilities.
3. Group Home Care – Group Home Care is a care provided to a limited number of children in a family environment under the supervision of small group of caregivers unrelated to the children.

Call for common definitions and further categorization were proposed in the *Mapping of Residential Care Institutions Report* (2014). Terms listed are collated from the various by-laws. (Please refer to Annex 3 for the definitions of “orphans” and “vulnerable children”)

Terms	Definition
Child	A child is any human being below the age of 18 unless, under the law applicable to the child, majority is attained earlier (UN Convention on the Rights of the Child, Article 1). In Cambodia, this means those aged 0 to 17 years are children.
Child who needs special care	A child who has a serious physical disability or mental disability, or has a chronic illness.
Child in need of special protection	Includes an orphan, an abandoned child, a child infected or affected by HIV/AIDS, a child victim of abuse, exploitation or harmful labour, a child living on the street, a child in contact with the law, a child living with a disability, a child addicted to drugs or a child whose basic needs are not met.
Abandoned Child	A child who has been found by the competent authorities or reported by the public to the competent authorities, and whose parent(s) or guardian for minor are unknown or have deserted the child, and cannot be found for at least five consecutive months.
Youth/Young People	Organizations may define this group differently. For the purpose of this report, a youth/young person is any person aged between 18 and 24 years.
Orphan	A child below the age of 18 who has lost one or both parents. A child who has lost both parents is referred to as a double orphan. A child who has lost his/her mother is a maternal orphan. A child who has lost his/her father is a paternal orphan.
Birth Parent	A child’s biological parent, who may or may not be looking after the child.
Family	Includes the biological parents of a child, legal guardians, and blood relatives of the child who has a close relationship with the child
Kinship Care	The Royal Government of Cambodia Alternative Care Policy describes kinship care as the full-time care of a child by a relative or another member of the child’s extended family. The UN Guidelines extend this definition to include “ <i>close friends of the family known to the child</i> ”. Kinship care can be informal, a private arrangement, or formal, ordered through a competent administrative body or judicial authority.
Legal Guardianship	A placement effected through a “will” left by the parents, or a court-approved placement appointing a person to exercise the rights and obligations of a parental power holder when there are no holders of parental rights, in accordance with the Civil Code.
Guardian	Person designated by the parents by will or appointed by the court to exercise the rights and obligations of a parental power holder in accordance with the Civil Code.
Foster Care	The Royal Government of Cambodia Alternative Care Policy describes foster care as the formal or informal care of the child by a family unrelated to the child. This relates most closely to the UN Guidelines definition of kinship care.
Adoptive Parents	A married couple who are formally entrusted by the competent court with the right to be the new parents of an adopted child in accordance with the provisions of this law.
Full Adoption	Legal process resulting in a court-approved placement that creates a permanent parent-child relationship between the adopted child and the adoptive parent(s) and terminates the respective rights and obligations between the child and his/her biological parents or guardian.
Simple Adoption	Legal process resulting in a court-approved placement that creates a permanent parent-child relationship between the adopted child and the adoptive parent, without ending the relationship with the biological parents, and in which the adopted child can be a minor or an adult.

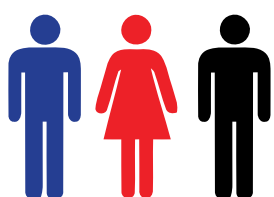
Terms	Definition
Community-based care	Any kind of support given to families with vulnerable children that helps them to support their children within their families.
Inter-country adoption	An agency which has been authorised by both the Ministry in charge of Social Affairs of the Kingdom of Cambodia and the competent institutions of the country receiving an adopted child to operate in any inter-country adoption procedure.
Permanency Planning	The effort to provide a permanent family for a child using permanent kin placements, domestic guardianships and adoptions, and intercountry adoption.
Orphanage	A centre run by the State or by a non-governmental organization which is recognized by the Ministry in charge of Social Affairs, which provides care and all basic developmental needs of children who have lost one parent or both parents, who have been abandoned, or whose parents or guardians are incapable of providing adequate care for them.
Residential care institution without any specialization	A centre that provides services to all types of children who have been abandoned or cannot stay with their biological families or relatives in communities.
Transit home and temporary emergency accommodation	A form of residential care with limited duration of stay for children in the process of family permanency planning or whose families are experiencing acute crisis and require temporary housing for their children to achieve a stable family environment.
Group Home	Care provided to a limited number of children in a family environment under the supervision of a small group of caregivers who are not related to the children.
Pagoda (Wat) and other faith-based care in a religious building	Care provided to children by monks, Preah Sang, nuns, lay clergy and religious bodies, who attend to their basic needs in the pagoda and other faith facilities.
Boarding School/Boarding House	A housing arrangement for children to stay for a term or multiple terms of their studies due to accessing education far from home.
Closing case	Refers to the return of child to live with parents or guardians, a situation in which family support services will be provided within specific duration; the relevant case holders can close the case based on the specific circumstances of each case and the availability of resources.

Statistics of children in alternative care



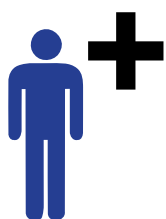
Total number of children in alternative care

Data unavailable. There is currently no public access to comprehensive (country wide) data pertaining to the number of children in non-residential institutions/other alternative care options i.e. family-based care in Cambodia.



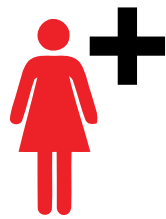
Total number of children in residential / institutional care

The total number of children and young people in residential care is 35,374 (0-24years) according to most recent mapping exercise released in 2017. With another report indicating the figure to be at 48,775 (0-18years). Please refer to Section on Institutional Care for the actual breakdown.



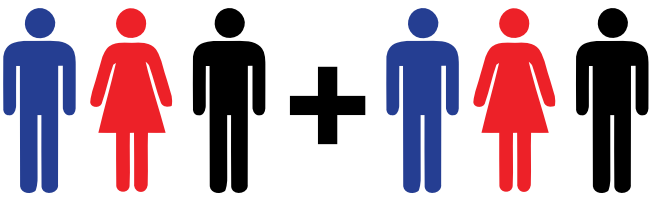
Total number of boys in care

13,661 children (in residential care)
5,864 youths (in residential care)



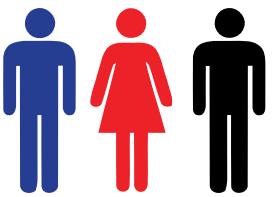
Total number of girls in care

Data unavailable
12,526 children (in residential care)
3,323 youths (in residential care)¹²⁸



Total number of children adopted

4 based on available data reported in 2013.¹²⁷ No data available on inter-country adoption placements.



Total number of children in family based care - foster care / kinship care

Data unavailable



Legal age of leaving care

18-24, depending on the institution/facility.

structure of care for children & young persons with disabilities



There is limited information on the structure of care for children and young people with disabilities. Some alternative care NGOs offer information regarding their respective work with children and young people who are living with disabilities. However, official information from the government on the structure of alternative care for children and young people with disabilities lacks specifics, and poses as more of a general description of the services that *should* be provided. Presently, 90% of the MoSVY budget goes towards the Veteran Rehabilitation Fund, leaving the needs of abandoned and orphaned children, as well as children and young people with disabilities, unmet.¹²⁹

The Cambodia Country Report (2010) provides a list of responsibilities assigned to the Disability Action Council (DAC), which includes monitoring and evaluating policies, as well as communicating with national and international communities for the sake of developing and maintaining resource exchange.¹³⁰ However, there is little available information regarding the changes that have actually been implemented by the DAC. Additionally, according to the official description of the role and purpose of the Cambodian National Council for Children (CNCC), the CNCC is in charge of both monitoring and implementing Child Rights, which essentially involves the CNCC in all matters concerning Cambodian children.¹³¹ If progress has been made

by DAC and CNCC, it has gone largely unmentioned by official government documents and articles/reports.

In response to the severe need for care for children and young people with disabilities, the Australian Government and the UN have jointly developed/ launched the Disability Rights Initiative, a financial assistance scheme for persons with disabilities. The programme aims to provide children with disabilities and their families with income-generating activities and home based rehabilitation services. The programme also offers trolleys and wheelchairs to those in need, and it provides caretakers with advice. Thus far, the Disability Rights Initiative has assisted 484 families in Cambodia.¹³²

¹²⁷ “Country Situation.” ISS Geneva. June 2017. http://www.iss-ssi.org/images/country-situation/KHM_ENG_SITU.pdf

¹²⁸ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Report. 23. February 27, 2017. Accessed July 11, 2017. https://www.unicef.org/cambodia/Mapping_Report_English.pdf.

¹²⁹ UNICEF: Cambodia Issue Brief.

¹³⁰ Cambodia Country Report. Report 2010. Accessed October 7, 2016. <http://www.mhlw.go.jp/bunya/kokusaigyomu/asean/2010/dl/cr02-cambodia.pdf>.

¹³¹ Cambodia Country Report. Report. 7. Accessed October 7, 2016. Cambodia Country Report. Report. 2010. Accessed October 13, 2016. <http://www.mhlw.go.jp/bunya/kokusaigyomu/asean/2010/dl/cr02-cambodia.pdf>.

¹³² Ream, Rin. “Simple measures, big changes for Cambodian children living with disability.” UNICEF Cambodia. 2015. Accessed July 17, 2017. <http://unicefcambodia.blogspot.se/2016/02/simple-measures-big-changes-for.html>.

family based care.....

6.1 What is the definition of family-based care? How is it defined? Is there emphasis on/priority given to it?

There is no available definition of family-based care in Cambodia, as the legal framework for family based care is almost entirely undeveloped. With the Minimum Standards on Alternative Care for Children (2008) acting as the main frame of reference for child protection guidelines and policies, the subject of institutional care is addressed in much greater depth than family based care. There are nearly no laws on foster care or kinship care included in, or referenced by, the Minimum Standards on Alternative Care for Children. However, the document does state: “Foster parents or extended family members who are caring for the child, shall take responsibility for the child as guardians. The legal guardianship and responsibility of the foster parents or extended family members shall be made in writing and issued by the commune authorities and witnessed by the District Social Workers.”¹³³ In part, the lack of legislation pertaining to foster and kinship care may be due to the informal nature of the practice in Cambodia.

6.2 Is there a need for family based services? Justify answer; what indicators suggest this?

Studies have shown that children who are placed in long term residential care can be exposed to exploitation and discrimination, which is detrimental to the child’s development. An estimated 30% of the Cambodian population are living below the poverty line,¹³⁴ and those who are living in poverty often cannot afford to send their children to school.

With food and education cited as the major benefits of residential/institutional care, families are economically forced to enter their children into residential care institutions in order for their children’s needs to be met.¹³⁵

Due to the public presence and availability of residential care institutions for children, families are more likely to seek out residential/institutional care for their children because information regarding community and family care options is not made readily available.¹³⁶ Children in residential care institutions miss their families, and are often deprived of parental figures or role models. Additionally, when a child is put under the legal care of an institution, they lose the rights to their family’s land, which can be a major economic setback once they begin the process of reintegration.¹³⁷

According to the Cambodian Policy on Alternative Care for Children (2006), foster care is a practice that is “deeply rooted in Cambodian society and generally does not involve any legal agreement.”¹³⁸ Without a legal agreement and thorough documentation of the foster arrangement, foster children could be subjected to a harmful family environment without any legal, communal or social support to protect them. This fact is indicative of the need for a more structured family based service system, as well as additional reform of the Cambodian Policy on Alternative Care for Children (2006) and stronger implementation of the Minimum Standards (2008).



6.3 Is there poor practice or short-fall of service? Are standards very high; is the sector strong? If there is a need; then why? – Short-falls come from; govt/private/NGO?

The disproportionate ratio of children to caretakers within long term residential institutions is cause for great concern.¹³⁹ A lack of care takers means that the needs of children in residential care facilities are not being met by the establishment, which can negatively affect the children’s health, education, and sense of community. Additionally, residential care institutions are reportedly disorganized and negligent of the laws put in place to protect children in long term residential care. Only 73% of residential care institutions in Cambodia have a MoSVY Memorandum understanding,¹⁴⁰ and child care protection policies are often absent from residential care facilities. This can be partly attributed to the regulations and requirements for opening shelters in Cambodia, which are unclear. Although the Minimum Standards Guidelines are in effect, only 64% of residential care centres are compliant.¹⁴¹ Registration with the Ministry of Foreign Affairs or the Ministry of Interior Affairs is technically required, but children’s service providers are not given guidance.¹⁴² According to the most recent MoSVY Mapping Report, 12% of the residential care institutions are unregistered.¹⁴³ In a separate local newspaper reporting, it was cited Social Affairs Minister Vong South that 38%

i.e. 156 care facilities out of the 406 residential care institutions were not registered or inspected.¹⁴⁴ This indicates that the children in unregistered residential care facilities (including those unaccounted for, please see note) are not being properly or legally cared for by the administration, and they could be subjected to abusive, unhealthy living environments without any official monitoring services made available to them. Moreover, the Cambodian Policy on Alternative Care for Children states that children living in long term residential care facilities that are not recognized by the Ministry of Social Affairs cannot legally be adopted, and are thusly not given the right to reintegrate.¹⁴⁵

NOTE: Residential care institutions is listed as one of the five types of institutional care facility or residential care centres; figures cited above are not inclusive of the other 4 other types of care facilities.

6.4 If there is a need; then is this politically and professionally acknowledged? Or is the need resented and concealed?

The need for more family based care is acknowledged by various international organizations that work with alternative care for children (including, but not limited to UNICEF, FCF/USAID- Save the Children, CCT, Aziza’s Place/Global Fund

for Children). Although the government’s Policy on Alternative Care for Children (2006) states that residential care can negatively impact abandoned/orphaned children and should be treated as a last resort, there has been a staggering increase in the number of residential care institutions.¹⁴⁶

The government had since 2015 pledged under a UNICEF-supported Action Plan for Improving Child Care for the return of 30% i.e. 3,500 children in residential care to their families by 2018.¹⁴⁷ Furthermore, it was reported that 34 social workers from various NGOs have been tasked to meet the targeted outcome with anticipation of more personnel from the government sector. Thus far, 250 children and 80 youths have been integrated back home early 2017.¹⁴⁸ Peculiarly, the number does not correspond with the either the latest figure of 35,374 (0-24years) based on a mapping exercise released in 2017 nor another report indicating the figure to be at 48,775 (0-18years). As it appears that the Action Plan is to be rolled out in four provinces and the capital reaching out to only 11,788 children across 267 identified institutions.¹⁴⁹

¹³³ Minimum Standards on Alternative Care for Children. May 2008. 9.

¹³⁴ Policy on Alternative Care for Children, 7 (2006).

¹³⁵ With the Best Intentions. Report. 2011. 9.

¹³⁶ With the Best Intentions. Report. 2011. 45-46.

¹³⁷ With the Best Intentions. Report. 2011. 44.

¹³⁸ Policy on Alternative Care for Children, 10 (2006).

¹³⁹ With the Best Intentions. Report. 2011. 24. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

¹⁴⁰ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Report. 28. February 27, 2017. Accessed July 11, 2017. https://www.unicef.org/cambodia/Mapping_Report_English.pdf.

¹⁴¹ Residential Care in Cambodia. Report. UNICEF. 3. http://www.unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf.

¹⁴² With the Best Intentions. Report. 2011. 35. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

¹⁴³ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Report. 12. February 27, 2017. Accessed July 11, 2017. https://www.unicef.org/cambodia/Mapping_Report_English.pdf.

¹⁴⁴ Hawkins, Hannah. “Social Affairs Ministry Says 38% of Orphanages Were Unregistered.” The Cambodia Daily. April 21, 2017. <https://www.cambodiadaily.com/news/social-affairs-ministry-says-38-of-orphanages-unregistered-128386/>

¹⁴⁵ Policy on Alternative Care for Children, 11 (2006).

¹⁴⁶ Mapping of Residential Care Institutions. Report. March 2016. Accessed October 6, 2016.

¹⁴⁷ Hawkins, Hannah. “Social Affairs Ministry Says 38% of Orphanages Were Unregistered.” The Cambodia Daily. April 21, 2017. <https://www.cambodiadaily.com/news/social-affairs-ministry-says-38-of-orphanages-unregistered-128386/>

¹⁴⁸ Ibid.

¹⁴⁹ Sothery, Pech. “Ministry cracks down in orphans scandal.” Khmer Times. April 21, 2017. <http://www.khmertimeskh.com/news/37654/ministry-cracks-down-in-orphans-scandal/>

6.5 What model (s) of family-based care is used?

Family preservation / strengthening i.e. preventing admission into institutional care

Due to the structural reliance on residential care in Cambodia, there is limited information on family preservation services. Although the country’s care system appears to be shifting towards a more family-based care approach, the literature that is currently available tends to be highly focused on the state of child institutionalization and the potentially detrimental effects it may have on vulnerable children. However, a few individual organizations offer family strengthening and preservation services. As of 2015, Family Care First Cambodia (FCFC) and Save the Children have created an alliance in order to execute the “Cambodia Families Are Stronger Together” (FAST) initiative. According to the FCFC website, FAST will develop and test a number of family strengthening programmes and care models. The alliance is mainly based on the need to strengthen the government care/welfare system and provide vulnerable families with direct response services through an improved social service workforce. FCFC is able to launch these programmes as a result of USAID’s substantial funding donation, which ultimately amounted to 6.5 million USD.¹⁵⁰ As the programme(s) have only recently been launched, the efficacy of FCFC’s involvement in establishing community and family-based care is still in question. Results and reviews of the programme have yet to be published.

Since the cessation of adoption from the United States in 2001, Holt International known for adoption services have focussed their work in “keeping children in families, and out of institutions.” Partnering with a local NGO, Pathways to Development, Holt have supported families with various range of services including income generating programmes by administering grants for the cultivation of crops and livestock enabling the family to be self-sustaining. English classes, nutrition and education assistance are also given to the families to prevent the children being institutionalized.¹⁵¹

Family assistance i.e. family tracing / reintegration / reunification etc

A number of family reunification and reintegration programmes have been established as a response to the mass institutionalization of vulnerable children in Cambodia. It was reported that only 5-7 agencies from the FCFC alliance have taken on the task to look into family reintegration. However, few of these programmes disclose the number of children that have been reunited with their families, so it is difficult to accurately assess the scope and efficacy of these programmes. In some cases, such as the Cambodian Children’s Trust (CCT) “Reintegration Programme,” family reintegration can also refer to kinship care. In this sense, the general definition of reintegration in Cambodia can include reunification with parents, siblings, extended family, grandparents or aunts and uncles.¹⁵² In some cases, reunification and reintegration became the focal point of organizations that were once community child care centres and/ or residential care facilities.

For example, Aziza’s Place is an NGO, in Phnom Penh, which developed and implemented a reintegration programme that effectively transferred all of their “residents” back to the care of their families between 2014 and 2016. According to the Aziza website, the NGO staff worked closely with family members in order to establish a set of conditions for reintegration. Some of these conditions would include maintaining the child’s access to education from home, providing a suitable living environment for the child, having stable employment, etc. Aziza also insisted on treating the reintegration process with patience, as some of the children under the NGO’s care have been there for almost ten years and reintegration could come as a shock. With this in mind, the process starts with organized weekly visits between the child and their family, and then (usually months later) the child can begin to spend 2 or 3 nights a week at their family’s house until they feel settled in and safe/comfortable again. Aziza also offers to provide families with support wherever/whenever necessary. However, it is unclear as to exactly what kind(s) of support they can offer, and it is unclear as to whether the NGO would be capable of providing financial assistance.¹⁵³ Notably, the majority of reintegration programmes seem to be established by non-government organizations and funded by private donations.

Tara Winkler, Co-Founder & Managing Director of Cambodian Children’s Trust (CCT) based in Battambang province lamented that the traditional family structure (which include kinship care) have been eroded with the booming of orphanages set up by foreigners after



the end of the Khmer Rouge regime. CCT has been a strong campaigner in keeping families together through its family tracing and reunification as well as crisis intervention programmes since its establishment in 2007. To date, CCT has been working across 11 villages in the province working with local communities and families in empowering them with the various social support provisions such as community workshops on parenting skills, life skills, medical outreach, early childhood education, ICT literacy etc to name a few.¹⁵⁴ The CCT Community Centres form a solid base in making available services and support to the families in need hence enabling them with resources to prevent family separation. In addition, CCT staff have been actively engaging the community as well as the government bodies in strengthening the local systems to prevent children from entering institutions. CCT has seen expanded to creating satellite centres to extend such similar social provisions to more families.

Naturally, CCT is one of the NGOs working with the provincial and local-level officials in assisting the return of 440 children out of the 35 orphanages in the province.¹⁵⁵ Tara highlighted some of the challenges in family reunification where families are not near where the “orphanages” where their child is being placed complicated further should their children be sent away in different institutions. CCT approach is to offer families with re-settlement support i.e. the social support services listed to the vicinity as to enable them to have more frequent contact with their children as well as among siblings to maintain their family ties. Inevitably, creating a change of behaviour and their motivation to work towards the eventual reintegration.

In a more ground-breaking effort, CCT has developed several Practice Guidebook detailing the reason for specific care placement, step-by-step care practice framework of various alternative care options which include Child Reintegration, Foster Care, Independent Living etc, In addition to helpful planning tips as well as budget allocation to final review and closure of service provisions. The Guidebooks were developed with Friends-International.

Kinship & foster care

In Cambodia, kinship and foster care are the most common forms of alternative care for children who have been separated from their parents. The private sector provides fostering services but the foster care system in Cambodia is mostly undocumented/ unregulated (no legal agreement required), which makes it difficult to obtain a comprehensive description of the relationship between the private sector and the foster care system.

In Cambodia foster care and kinship care are traditionally unregulated forms of family based care.¹⁵⁶ Due to the lack of regulation and monitoring services surrounding families practicing foster care, there is limited information on the role that foster caring plays in alternative care provision for children in Cambodia. Although it is somewhat unclear as to whether or not the Cambodian government provides foster and kinship carers with funding, there are national and international organizations/agencies that support foster families and kinship carers. The support provided by NGOs and INGOs takes different forms depending on the situation at hand, but common forms of support would include assistance with access to educational opportunities (including the payment of school fees), foster care training, as well as stipends to cover the medical and nutritional needs of the child.¹⁵⁷

¹⁵⁰ “Family Care First Cambodia.” Family Care First. Accessed July 14, 2017. <http://familycarefirst.com/>. Date of publication unavailable.

¹⁵¹ “Cambodia – The Need.” Holt International. Copyright 2018. <http://www.holtinternational.org/about/cambodia.shtml>

¹⁵² “Community Outreach / Reintegration Program.” Cambodian Childrens Trust Reintegration Program Comments. Accessed July 15, 2017. <https://www.cambodianchildrenstrust.org/projects/community/reintegration-program/> Date of publication unavailable.

¹⁵³ “Reintegrating our Children with their Families.” Aziza’s Place. Accessed July 15, 2017. <https://www.azizasplace.org/reintegration-1> Date of publication unavailable.

¹⁵⁴ “Social Impact & Reports.” Cambodian Children’s Trust. <https://cambodianchildrenstrust.org/making-a-difference/impact/>

¹⁵⁵ Retka, Janelle and Phearun, Chhom. “Project Aims to Send Children in Orphanages Home.” The Cambodia Daily. July 26, 2017. <https://www.cambodiadaily.com/news/project-aims-to-send-children-in-orphanages-home-132890/>

¹⁵⁶ Policy on Alternative Care for Children, 10 (2006).

¹⁵⁷ “Foster Care.” Children in Families. Accessed December 05, 2016. <http://www.childreninfamilies.org/foster-care/>.

Kinship care is mainly funded by NGOs and the families or caregivers of the child in need. Because the government has limited funds available to support kinship care/family assistance, there is a heavy reliance on the presence of residential care facilities that are funded by individuals from overseas.¹⁵⁸ Studies have shown that residential care costs approximately 6 times as much as providing welfare services/support to the family of a child in need.¹⁵⁹ Families living in rural areas are often visited by residential recruitment teams, who aim to convince the parents or caretakers of the child in need that residential care will provide the child with better opportunities. Oftentimes these recruiters or participants in residential care outreach programmes are local government officials.¹⁶⁰ Residential care is made much more accessible than funded kinship care or foster care, which causes some families to institutionalize their children without knowing that there are other care and support options. Village Chiefs, who play an active role in assisting families who live in rural areas with access to care, are also often reportedly unaware of the existence of livelihood support programmes.¹⁶¹ According to *With the Best Intentions: A Study on Attitudes towards Residential Care*,

“Cambodia has a long tradition of caring for vulnerable children within kinship care, and to this day, the majority of Cambodia’s orphans live within the extended family. The rapid increase in residential care facilities threatens to erode these existing systems, and places children at risk.”¹⁶²

It should be noted that a majority of the kinship care that takes place in Cambodia is informal and undocumented, which renders the available statistics on kinship care funding incomplete.¹⁶³

“Foster parents” were mentioned in the Sub-decree on the Management of Residential Care (2015) where it is stipulated as one of three pre-requisites for a child to be discharged from a residential centre; “*Children whose foster parents are living in the country or overseas.*” Field research was unable to secure details of such arrangement or verify whether the practice is in place. Mia Camilla Jordanwood, Evaluation Consultant for Childcare Reform shared from her experience that foster care arrangement would likely should the children be placed with respectable families within the community and with carers whom own children have grown up as they would likely treat the children well in care. As historically, children whom were fostered typically from poor rural families, end up being domestic helpers in the household of affluent families in townships. And the age of the children could be as young as 7 years old where the “payment” would then be handed over to the parents of the child in the villages.



Privately operated organizations/NGOs identified to offer kinship care and/or foster care:

- Cambodian Children’s Trust - <https://cambodianchildrenstrust.org/>
- Children in Families (CIF) <http://www.childreninfamilies.org/>
- Hagar International <https://www.hagarinternational.org/international/our-work-where-we-work/cambodia/our-work-in-cambodia/>
- Komar Rikreay Cambodia <https://komarrikreaycambodia.wordpress.com/>

Cambodian Children’s Trust (CCT) highly regards its foster parents whom have been trained in Child Protection and Skilful Parenting and attends fortnightly peer support meeting facilitated by social workers. Tara mentioned that the development of the foster care provision has been organic which started with the placements of 20 children. The foster parents are also involved in CCT Community Centres assisting with meals preparation and supervision of the children and participant in building up of new homes for children to thrive in a home environment.

Children in Families (CIF) is another significant provider of family-based care and support services. CIF (Phnom Penh) is a non-profit NGO that has been advocating for the use of family-based care over institutional care for over 10 years. It appears to be a religious organization. There is minimal information regarding to extent to which patients are able to maintain religious freedom under their care. Although Children in Families claims to be focused on family strengthening, their website indicated that the organization offers a wide variety of family-based care placement services as well (i.e. foster care, kinship care, etc.). The following services are offered by CIF: family-based emergency relief care for children in crisis situations, screening and training families for both long term and short term kinship/foster care, support services for children with disabilities and their families, as well as on-going training and support for vulnerable families. Information regarding Children in Families’ funding is not made available for public access.¹⁶⁴

Jesse Blaine, General Manager for Children in Families (CIF) shared foster care placements referrals are received from various levels of the government including the police and other NGOs. Of which 75% of them are under the age of 5 years old and more boys rather than girls being. It was noted that culturally, it would be easier to manage a girl who will likely help with the household chores rather than boys who were deemed as “spoilt”. CIF provides kinship care/ long-term foster care having exhausted all means of firstly identifying a child status of either being abandoned/ relinquished or still with some families ties. Jesse mentioned there were about 28 official forms to be completed before ascertaining whether the child needs to be placed in alternative care. However, not many organizations nor government officials are aware of the procedures. CIF will make the initial attempt in tracing the family and work towards family reintegration before considering kinship care or long-term foster care placement. Realistically adoption could be considered as a permanent care solution for the children instead of long-term foster care placement however the workings of domestic adoption is rife with rampant corruption i.e. common for bribes to be asked to secure the care placement. In one incidence, CIF was asked to make out a payment of USD8,000 in order to obtain an official stamp/signature on adoption papers. Framework for domestic adoption is still being discussed (please refer to Section on Adoption), CIF (similarly with CCT) foresee more foster to full adoption placements to happen once the safeguard structures for the children are put in place.

The foster carers are supported with the allowance of USD45 per month in addition training and additional expenses if need be. The cost of recruitment, assessment and selection of foster carer are all borne by CIF or other NGOs offering similar service provision. Allowance for foster carers caring for a child with special needs could amount to USD70 while emergency, short term placements and children with disabilities/chronic health needs at USD100-110 under its ABLE (“Accepted, Belonging, Loved, Empowered”) programme. The service is available only in a single province. Nonetheless, revolutionary Jesse has begun developing a database in collate in streamlining foster care within organization capturing essential details with regard to child’s profile, needs, case recording etc to further improve the quality of care and help rendered to the families. Other organizations have indicated their interest to learn more and participate in the exercise.

¹⁵⁸ With the Best Intentions. Report. 2011. 8. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

¹⁵⁹ With the Best Intentions. Report. 2011. 26. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

¹⁶⁰ With the Best Intentions. Report. 2011. 62. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

¹⁶¹ With the Best Intentions. Report. 2011. 38. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

¹⁶² With the Best Intentions. Report. 2011. 8. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

¹⁶³ With the Best Intentions. Report. 2011. 38. http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf.

¹⁶⁴ “Children in Families, Cambodia.” International Institute for the Rights of the Child. August 01, 2014. Accessed July 14, 2017. <http://www.childsrights.org/en/news/ngos-of-the-month/328-children-in-families>.

Hagar International, Executive Director Mike Nowlin mentioned that the foster care placement period with the organization is usually over a 2 period placement. About 80% of the foster children are girls between the ages of 8-18 years. At times needing the care option of having to place a young mother and her child under one foster carer household. In recent years, the referrals have come in for children who had been abused in orphanages/ residential care centres. A Case Manager sees to the assessment of the child and treatment needs before determining the placement with the most suited families. Counselling and education support i.e. for child to catch up with the school performance is a given support in ensuring a successful placement. Mike added that the churches have been integral in the recruitment of community foster families. The organization supported 40-50 foster care placements and plans to open a group home. Recovery shelters are considered should there be no family/kinship network where they are then community-based recovery programme.

In addition to offering kinship and foster care, Komar Rikreay Cambodia also provide group home care where 5 children are placed under a household, cared by villagers and independent living supporting a child living in a household with his/her siblings in providing a continuum care options alongside with its Transit Centre i.e. short-term care facility

Adoption

The Civil Code 2007 is the only principle law governing family law issues including parent-child relationship, adoption and guardianship. This Code sets out general rules governing family law and

it supplements the law on inter-country adoption in case this latter special law does not set out a specific issue.¹⁶⁵ Cambodia developed and approved a law on inter-country adoption in 2009. Thou intercountry adoption has been happening since 1987. Due to child trafficking and abuse concerns, the Cambodian government has put a hold on inter-country adoption.¹⁶⁶ The government has stated that the hold on intercountry adoption is temporary, but will remain in place until new intercountry adoption procedures and policies are formulated.¹⁶⁷

There are several types of adoption which include domestic adoption, intercountry adoption, simple adoption, full adoption, step-parent adoption and relative adoption. They are governed by the listed laws

- Law on Marriage & Family 1989
- Directive Circular 013 – Administration of the Orphanage Baby & Infant at the Orphanage Center 1999
- Sub-decree No. 29 The Adoption of Infant/Child Orphans Abroad 2001
- ANUKRET No. 29 The Adoption of Orphan Baby/Child by a Foreigner 2001
- Prakas 74 Procedure & Documents Required for an Adoption of an Orphan Baby Infant from Cambodia to a Foreign Country 2001
- Prakas 91 Conditions & Legal Procedure for Taking Abandoned Orphan Baby Infant to live in Government Center 2001
- Prakas on the Minimum Standards applicable to Residential Centres of Care for Children
- Civil Code 2007
- Law on Inter-country Adoption (ICA) 2009
- Prakas on Procedures to Implement the Policy on Alternative Care for Children
- Prakas on Procedures to Authorize Inter-Country Adoption Agencies 2011
- Explanatory Note on Domestic Adoption
- Other regulations issued by Ministry of Social Affairs Veteran and Youth Rehabilitation (MoSVY)

Regulations are necessary to fully ensure the implementation of the law in practice. Due to the absence of a functioning regulatory system, there have been a number of alleged abuses in intercountry adoption, leading both the government and selected receiving countries (USA, UK, Netherlands, and France) to place a moratorium on the adoption of Cambodian children.¹⁶⁸ The moratorium was issued in 1996 however intercountry adoptions continued with certain countries. In 2009, 72 intercountry adoptions from were facilitated, notably 50 with Italy.¹⁶⁹ The ban on such adoptions was officially lifted in January 2013.¹⁷⁰ As of 2015 Italy, was the only and first country to have re-established its memorandum of understanding on inter-country adoptions. The following year, mid 2016 the Minister of Social Affairs’ discussed and signed of adoption agreement with Spain.¹⁷¹ However, the terms of the memorandum was not made available/shared to public.¹⁷² International adoption to the US has been stopped since 2001, and has not since resumed.¹⁷³ Alongside, with France and the United Kingdom.

Ahead of the ban’s lifting, then Foreign Affairs Ministry Secretary of State Long Visalo announced a quota of 100 to 200 adoptions per year would be enforced, with only children under 8 years eligible. Similarly in 2009, Social Affairs Minister Ith Sam Heng had said that they would cap adoptions at 150 to 200 each year.¹⁷⁴ UNICEF supports limiting the number of international adoptions each year to prevent overburdening authorities who also have to address the problems of falsified documents and child abduction. Furthermore, key aspects of the inter-country adoption procedure have also improved in the recent Law and Prakas. However, the matching stage, a clear probationary period and access to ones origins are all important aspects that require further support according to the ISS IRC Recommendations.¹⁷⁵

Before the ban in 2009, there were reports of impoverished parents being tricked into handing over their children. These children would be taken to orphanages under the belief that they would return to their families when their parents had the means to support them. Instead, they were adopted by foreign couples who would pay thousands of dollars in processing fees, most of which would go into the pockets of brokers and corrupt government officials. The birth parents who later contact these orphanages find out that their children are gone.¹⁷⁶ While other sources mentioned how some government officials had falsified birth certificates and sold off babies from unwanted pregnancies.

According to the ISS-IRC it is time to put an end to the reasoning that “*poverty alone is sufficient for relinquishment, abandonment and finally, for an adoption*”. In many cases, relinquishment and abandonment wrongly turn into adoption, with/without the proper consent of birth parents.¹⁷⁷ Many of the issues affecting intercountry adoption happen before adoption processes begin. As noted by the ISS-IRC the key point of concern is the way a child enters the adoption process. At this point there is risk of hidden illegal actions motivated by financial gain taking advantage of the unclear child protection systems in order to make children appear legally adoptable.

Of note in 2015, US Adoption officials met in Cambodia with the MOSVY, Intercountry Adoption Administration (ICAA); the Ministry of Justice (MOJ); a group of adoption receiving country representatives; and UNICEF to discuss Cambodia’s plans to base intercountry adoption practice on Convention principles. A multi-day, USAID-hosted Co-Creation Workshop involving 30 non-governmental organizations (NGOs) also met to discuss “broad issues related to child welfare, such as the efforts in place to support Cambodian families to care for their children at vulnerable times and find permanent placements for children if they are removed from the family” and in also acknowledging “the importance of maintaining intercountry adoption as a small but important part of the overall action plan for seeking permanency for Cambodia’s children”. The workshop was part of Family Care First Cambodia initiative, rooted in the U.S. government’s Action Plan for Children in Adversity.¹⁷⁸

The Intercountry Adoption Authority (ICAA) director Roeun Rithyroath stated that Cambodia “wouldn’t be ready to commence adoptions until the ICAA, with the help of UNICEF and other partners develop a procedure for adoptions within the country” – these procedures were to be finalised by Mar 2015. Improvement of case management was amongst a key goal alongside with a focus on children with special needs.

“ *These checks and balances should ensure that... domestic options have indeed been exhausted and that an intercountry adoption does not result in improper financial gain for those involved; to assess the proposed adopting parents and ... be certain that they can care for the child, UNICEF communication chief Denise Shepherd-Johnson said.*¹⁷⁹

Ex-patriate adoption was also made illegal, so long as the ex-patriate lives outside of Cambodia.¹⁸⁰ Some agencies and organizations that were previously connected to the Cambodian adoption system now support the social care sector by other means, such as providing alternative forms of family based care as a continued effort to keep vulnerable children out of institutions (i.e. Holt International).¹⁸¹

The adoption fees for foreign adoptive parents was set at USD5,000¹⁸² however both desk review and field research were unavailable to identify accredited adoption agencies to facilitate the care placement. UNICEF Child Protection Specialist, Lucia Soleti highlighted that there is “a lack of social workers who could ensure safe adoption practices meant that Cambodia was not prepared

¹⁶⁵ The Truth about Adoption in Cambodia, Kingdom of Wonder, 2015, Keo Sokea, <http://www.skpcambodia.com/>.

¹⁶⁶ “Cambodia Adoption.” Cambodia International Adoption. Accessed December 05, 2016. <http://cambodia.adoption.com/>.

¹⁶⁷ “Cambodia Adoption.” Cambodia International Adoption. Accessed December 05, 2016. <http://cambodia.adoption.com/>.

¹⁶⁸ UNICEF. “Cambodia Inter-Country Adoption (ICA) Assessment and Action Plan.” 1 June 2008, Better Care Network. <https://bettercarenetwork.org/library/the-continuum-of-care/adoption-and-kafala/cambodia-inter-country-adoption-ica-assessment-and-action-plan>.

¹⁶⁹ ISS IRC Country Situation Report Cambodia Australian Intercountry Adoption Network, <http://www.aican.org/>

¹⁷⁰ Taguam, Sarah and David, Sen.” New step towards adoptions.” The Phnom Penh Post. March 4, 2015. <http://www.phnompenhpost.com/new-step-towards-adoptions>

¹⁷¹ David, Sen. “Gov’t to talk adoptions on visits to Spain, Malta.” The Phnom Penh Post. June 7, 2016. <http://www.phnompenhpost.com/national/govt-talk-adoptions-visits-spain-malta>

¹⁷² Retka, Janelle & Sovunthy, Khy. “Adoption Agreement Signed – With Catalonia.” The Cambodia Daily. June 9, 2016. <https://www.cambodiadaily.com/news/adoption-agreement-signed-with-catalonia-113847/>

¹⁷³ “Holt International Children’s Services.” Holt International. Accessed December 05, 2016. <http://www.holtinternational.org/about/cambodia.shtml>.

¹⁷⁴ Woodside, Amelia and David, Sen.” Gov’t looks to 2014 for adoptions.” The Phnom Penh Post. December 5, 2013. <http://www.phnompenhpost.com/national/gov%E2%80%99t-looks-2014-adoptions>

¹⁷⁵ ISS IRC Country Situation Report Cambodia. June 2017. http://www.iss-ssi.org/images/country-situation/KHM_ENG_SITU.pdf

¹⁷⁶ Kubo, Angela Erika. “Cambodia to Lift Ban on International Adoptions.” The Diplomat. December 10, 2013

¹⁷⁷ Boéchat, Hervé and Fuentes, Flavie. “Investigating the Grey Zones of Intercountry Adoption, ISS/IRC.” 2012 https://www.iss.nl/fileadmin/ASSETS/iss/Guests/Adoption___surrogacy/Publications/Herve_Boechat_Pub.pdf

¹⁷⁸ “Cambodia Adoption Notice: Update on Status of Intercountry Adoptions from Cambodia.” Travel.State.Gov. February 17, 2016. <https://travel.state.gov/content/travel/en/News/Intercountry-Adoption-News/adoption-notice--update-on-status-of-intercountry-adoptions-from0.html>.

¹⁷⁹ Tagulam, Sarah & David, Sen. “New step towards adoption.” The Phnom Penh Post. March 4, 2015. <http://www.phnompenhpost.com/new-step-towards-adoptions>.

¹⁸⁰ “Adoption Laws in Cambodia.” Australian Embassy - Cambodia. Accessed December 05, 2016. <http://cambodia.embassy.gov.au/penh/CambodiaAdoptionLaws.html>.

¹⁸¹ “Holt International Children’s Services.” Holt International. Accessed December 05, 2016. <http://www.holtinternational.org/about/cambodia.shtml>.

¹⁸² Henderson, Simon & Sovuthy, Khy. “Government to Start Small as It Moves to End Adoption Ban.” The Cambodia Daily. March 4, 2015. <https://www.cambodiadaily.com/archives/government-to-start-small-as-it-moves-to-end-adoption-ban-79038/>

to relaunch adoption programmes.”¹⁸³ Referring to qualified social workers who have been trained to conduct a proper assessment equivalent to i.e. Home Study/Child Report in determining the origin of the child, pulling together the necessary documentation i.e. birth registration, parental consent etc in verifying the child is eligible for adoption. In summation, it does not seem that the requirements for the full resumption of inter-country adoption have been met in addressing the pending concerns of several countries.

Some domestic adoption seems to be happening using the Civil Code 2007, however many remain unaware of how to pursue this option due to a lack of clarity on process and requirements.¹⁸⁴ Notably, the laws and policies regulating domestic adoption have highly influenced domestic adoption rates. Debora Comini, a UNICEF Cambodia representative, was quoted by The Cambodia Daily, in saying: “*There are prospective parents that would like to legally adopt in Cambodia, but they find legal obstacles or they don’t know how to go about it.*”¹⁸⁵ Comini’s comment illustrates that the lack of clarity around the legal processes and obligations that must be carried out by adoptive parents is a setback to further developing domestic adoption as a viable form of family based care in Cambodia. The current state of domestic adoption may pose a significant threat to permanency planning options in Cambodia, with permanency placement

defined by MoSVY as being achieved when “a child has been incorporated into a family and a Court has decreed legal guardianship, domestic adoption or inter-country adoption.”¹⁸⁶

The legal system requires that domestic adoptions are processed through an official government agency (run by MoSVY) or an NGO that is registered and recognized by MoSVY. The process requires a court petition between the adoptive parents and the child’s biological parents/legal guardian.¹⁸⁷ Although it is not written into the Policy on Alternative Care for Children (2006), some sources claim that children must be under the age of 8 in order to be considered eligible for adoption.¹⁸⁸ Adoptive parents/families can only adopt children over the age of 8 if the child is accompanied by a younger sibling (under 8 years old).

Without clear legal and practice frameworks for domestic and inter country adoption, it is difficult to ensure that permanency in this form is in a child’s best interest. It is harder as such to ensure that all domestic options have been explored before intercountry adoption is considered for a child and hence in their best interest. Past intercountry adoptions have been seen to be fraught with examples of illegal documentation, bribery and a lack of due diligence. An Explanatory Note on Domestic Adoption was unveiled in Oct 19, 2016 by the Ministry of Justice and UNICEF at a 3-day national workshop.¹⁸⁹

Attempts to obtain an English version copy/ details of the Explanatory Note were not successful. It was advised that “technical errors” were present in the translation and it was not possible to circulate. Hence it has not been possible to access more concrete information on the use of the Explanatory Note in current adoption practice.

Guardianship

Research yielded minimal information on the use of guardianship as a form of alternative care for vulnerable children and young people in Cambodia. This may be due predominantly to the fact that family-based care practices such as foster and kinship care are culturally considered to be more informal caring practices.

legal considerations

The Policy on Alternative Care for Children states that foster care in Cambodia is a deeply rooted tradition in communities, and therefore it is often unregulated.¹⁹⁰ This stands in contrast to the government implementation of the Law on Associations and Non-Governmental Organizations (LANGO), which requires that all private organizations/associations and NGOs register with Ministry of Interior (responsible for national NGOs) or the Ministry of Foreign Affairs (responsible for international NGOs).¹⁹¹ Reportedly, LANGO can effectively allow the government to shut down any NGO or community/volunteer run organization or group that was not “politically neutral.” Some have viewed this shift in the law as the government’s way of controlling the Cambodian people’s right to form unions and express political opinions / push for reform.

Unlike foster care or kinship care arrangements in the family-based care sector, residential care tends to be at least somewhat regulated. However, formal registration of residential care facilities only became a legal requirement when the Sub-decree on the Management of Residential Care Institutions was passed in 2015. The sub-decree requires that all facilities providing residential care to children must register with MoSVY. As this law is fairly new, the 2015 residential care mapping report found that a high number of care institutions were not registered with MoSVY. The vast majority of institutions/residential care facilities (across the 5 provinces studied in the report) were registered with the Ministry of Interior. Approximately 18% of the care institutions included in the preliminary mapping report were registered with the Ministry of Foreign Affairs, while only a few institutions were registered with local authorities. The report also indicated that 14% of the institutions included in the mapping research were operating without any form of registration.¹⁹²

Despite the reported implementation of the Sub-decree on the Management of Residential Care Institutions, the latest residential care mapping report (2017) found that there are still at least 50 institutions operating without any form of registration. The report also states that 82% of institutional facilities in Cambodia are registered with “at least one branch of government,” which stands in contrast to other reports that proclaim MoSVY to be the government unit responsible for the registration of residential care facilities.¹⁹³ Residential care facilities are also required to have at least one Memorandum of Understanding with the government. However, research shows that at least 21% of the child care institutions operating in Cambodia do not have a Memorandum of Understanding with MoSVY.¹⁹⁴

¹⁸³ Retka, Janelle & Sovunthy, Khy. “Adoption Agreement Signed – With Catalonia.” The Cambodia Daily. June 9, 2016. <https://www.cambodiadaily.com/news/adoption-agreement-signed-with-catalonia-113847/>
¹⁸⁴ Kubo, Angela Erika. “Cambodia to Lift Ban on International Adoptions.” The Diplomat. December 10, 2013. <https://www.cambodiadaily.com/news/new-guidelines-expected-boost-domestic-adoptions-119514/>
¹⁸⁵ Kohlbacher, Sonia. “New Guidelines Expected To Boost Domestic Adoptions.” The Cambodia Daily. October 20, 2016. Accessed December 05, 2016.
¹⁸⁶ Ministry of Social Affairs, Veterans and Youth Rehabilitation Prakas on Procedures to Implement the Policy on Alternative Care for Children. 2011. 20. <http://www.bettercarenetwork.org/sites/default/files/Prakas%20on%20Procedures%20to%20Implement%20the%20Policy%20on%20Alternative%20Care%20for%20Children%20Cambodia.pdf>
¹⁸⁷ Ibid. 10.
¹⁸⁸ “Cambodia Adoption.” Cambodia International Adoption. Accessed December 05, 2016. <http://cambodia.adoption.com/>.
¹⁸⁹ “Ministry of Justice and UNICEF Launch Explanatory Note on Domestic Adoption.” AKP Phnom Penh. October 19, 2016. <http://www.akp.gov.kh/?p=89484>

¹⁹⁰ Policy on Alternative Care for Children, 10 (2006).
¹⁹¹ “Civic Freedom Monitor: Cambodia.” Cambodia. June 2016. Accessed October 12, 2016. <http://www.icnl.org/research/monitor/cambodia.html>.
¹⁹² Mapping of Residential Care Institutions. Report. 11. March 2016. https://www.unicef.org/cambodia/MAPPING_REPORT_5_provinces_ENG.pdf
¹⁹³ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Report. 27. February 27, 2017. Accessed July 11, 2017. https://www.unicef.org/cambodia/Mapping_Report_English.pdf.
¹⁹⁴ Ibid. 28.
¹⁹⁵ “CAMBODIA: National Laws.” CRIN. Accessed October 10, 2016. <https://www.crin.org/en/library/publications/cambodia-national-law>

7.2 What are the regulations / standards governing practice?

There is not an existing Comprehensive Children’s Act in the Cambodian legal system, rather there are a number of laws that form what could potentially be viewed as equivalent to a Comprehensive Children’s Act.¹⁹⁵ The list of laws includes but is not limited to:

National Laws, Policies, Regulations, Codes Etc.

Penal Code
Law on Marriage and Family
Law on Khmer Nationality
Social Security Law
Law on the Prevention of Domestic Violence and the Protection of Victims
Policy on Alternative Care for Children
Civil Code

Law on Education
Law on Suppression of Human Trafficking and Sexual Exploitation
Minimum Standards on Residential Care for Children
Minimum Standards on Alternative Care for Children in the Community
Law on the Protection and the Promotion of the Rights of Persons with Disabilities
Law on Inter-Country Adoption
Royal Decree on the Establishment of the Cambodia National Council for Children
Prakas on Procedures to Implement the Policy on Alternative Care for Children
Prakas on Procedures to Authorize Inter-Country Adoption Agencies
Prakas on Recognition of Child Safe Organization Qualifications
Prakas on Procedures to Implement the Policy on Alternative Care for Children
Standards and Guidelines for the Care, Support and Protection of Orphans and Vulnerable Children
Sub-Decree on the Management of Residential Care Center
Sub-Decree on the Assignment of the

- i) Function of Managing State Residential Care Centers to Capital & Provincial Administration
- ii) Function of Inspecting Non-Governmental Organization (NGO) Residential Care Centers to the Capital, Municipal, District Administration
- iii) Function of Managing Care services for Victimized & Vulnerable Children in the Communities to the Capital, Municipal, District Administration

Enacted 1956, revised 2009
Enacted 1989
Enacted 1996
Enacted 2002
Signed 2005

Adopted 2006
Adopted 2007, revised 2011 (otherwise referred to as the New Civil Code)
Enacted 2007
Enacted 2008

Adopted 2008
Adopted 2008

Enacted 2009

Enacted 2009
2009

Adopted 2011

2011

2011

2011

Adopted 2011

Enacted 2015
2016



¹⁹⁵ “CAMBODIA: National Laws.” CRIN. Accessed October 10, 2016. <https://www.crin.org/en/library/publications/cambodia-national-law>

International Treaties/Acts/Conventions

The Universal Declaration of Human Rights
United Nations Convention on the Rights of the Child (UNHCR)
The Convention on the Elimination of all Forms of Discrimination Against Women
The International Covenant on Economic, Social and Cultural Rights
The Convention on the Rights of Persons with Disabilities

Date unavailable
Acceded 1992

Ratified 1992

Acceded 1992

Signed 2007 (never ratified, succeeded or acceded)



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ANNEX 1

Proposed Categorization of Types of Institutional Care in Cambodia, 2015

(Source: Ministry of Social Affairs, Veterans & Youths, Report on the Mapping of Residential Care Institutions 2015)

I. TYPES/CATEGORIES OF RESIDENTIAL CARE INSTITUTIONS			
Type/category	Description	Target group	Facility
Residential care institution without any specialization	A residential care institution without any specific specialization, which receives children who for different reasons cannot stay with their biological families.	Children rescued from abusive situations (including trafficking).	Safe, reassuring, not too comfortable in order to facilitate transition back to family / community home. In some extreme cases for the protection of the individual child the center facilities may be secured and closed until any external threat to the child can be reduced or eliminated.
Transitional Home	A form of residential care with limited stay for children who are in the process of family permanency planning. To stay for a limited duration of time during permanency planning and/or preparation of reintegration back to biological family.	Children waiting for AC options to be explored, decided and prepared.	Safe, reassuring, not too comfortable in order to facilitate transition back to family / community home.
Temporary emergency accommodation	A form of residential care for children/(and mothers?) whose families are experiencing acute crisis and requiring temporary housing for their children to achieve a stable family environment. Sometimes also called respite care. This type of emergency care will last from a couple of days to a couple of weeks.	Children in situations of immediate risk/danger. Families experiencing acute crisis with few social support options. Children requiring specialized medical care that cannot be access close to home and when they cannot be accompanied by a parent.	Safe, reassuring, not too comfortable in order to facilitate transition back to family / community home.
Boarding School / Boarding House	A housing arrangement for to children to stay for the duration of their studies – Boarding schools do not constitute alternative care as such, but since they have a responsibility to care for children, the AC policy and regulation should also govern these schools.	Children needing access to education that is too far from their home or families.	Functional and home-like but in line with national realities to ensure balance with real homes. For students from the ages of 16 and above: Dormitory style living encouraging the development of essential life skills leading into adulthood and independent living.
Residential care center specialized on care for	A residential care center accepting children with disabilities which can provide specialist services and treatment.	Children with profound physical or mental disability / impairment who require specialist	

children with disabilities	<p>Specialist care and rehabilitation staff to individually assess each child and link them with in house or referral services required. Often long term care for children abandoned because of their disability, or children experiencing stigmatization in their community because of disability.</p> <p>During the stay, outmost effort should be undertaken to find long term family-based care solutions for the children.</p>	care, assistance and therapy to increase life opportunities who for different reasons cannot live with their family reasons.	
Residential care center specialized on care for children with HIV/AIDS	<p>A residential care facility which receives children with HIV/AIDS. Specialized care and treatment provided by trained staff.</p> <p>During the stay, outmost effort should be undertaken to find long term family-based care solutions for the children. Families should be trained on how to provide the care and treatment required by the children.</p>	Children affected by HIV/AIDS who for different reasons cannot stay with their biological family or who are in the process of case-management for long term family-based care solutions.	
Residential care provided in Pagoda (Wat) or religious groups or building	<p>Residential care provided to children living at a Wat (pagoda) or in other religious groups or building with monks or other clergy people Or Residential care provided by Wat(pagoda) or in other religious groups or building with paid staff to children in a center inside</p> <p>This should be whilst children are waiting for other AC options however currently there is not the capacity to undertake this process in the setting of Pagoda or other faith- based care.</p>	Children requiring temporary emergency care, transitional care or longer term care.	<p>Accommodation in one or several different buildings of the wat or religious building.</p> <p>or</p> <p>A residential center built on the ground of the Pagoda or religious building.</p>
Detoxification Center	<p>Individual and group treatment center for detoxification from drugs alcohol or other substances provided by NGO or faith-based organizations.</p> <p>These centers are not alternative care as such, however since they are in charge of the care of children, the AC framework and minimum standards should be applied in order to enhance the protection of children.</p>	For youth requiring medical and psychosocial support to detox and stop using drugs, alcohol and other substances.	Medical style treatment facility to meet physical needs of detox and private boarding school style rooms for period of intensive psychosocial support.

ANNEX 2

Curriculum for Bachelor of Arts in Social Work

Source: Department of Social Work, Royal University of Phnom Penh brochure

Year 1: Foundation Year

First Semester	Second Semester
English	English
Social Work Foundation I	Social Work Foundation II
Cambodian History	Statistics
Fundamentals of Sociology	General Psychology
Demography & Economic Geography	Fundamentals of Environment
Introduction to Philosophy	Khmer Civilization

Year 2

First Semester	Second Semester
English	English
Interpersonal Skill I	Interpersonal Skills II
Community Empowerment Practice I	Community Empowerment Practice II
Causes & Consequences of Poverty	Governance
Development Psychology I	Development Psychology II
Community Service Learning I	Community Service Learning II

Year 3

First Semester	Second Semester
English	English
Community Empowerment Practice III	Introduction to Social Work Research Methods
Interpersonal Skills III	Introduction to Mental Health
Introduction to Organizational Development	Group Work: Task & Treatment Group
Practicum I	Practicum II

Year 4

First Semester	Second Semester
Senior Project	Senior Project
Advance Practice: Problem based Learning / Micro Case Study	Advance Practice V: Problem based Learning / Macro Case Study
Advance Practice II: Building	Practicum II
Advance Practice III: Monitoring & Evaluation	
Advance Practice IV: Trauma	

ANNEX 3

Defining Orphans & Vulnerable Children

(SOURCE: Standards and Guidelines for the Care, Support and Protection of OVC, 2011)

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

1. Orphans, who are children who have lost one or both parents (maternal, paternal or double orphans).
2. Children with chronically ill parents or caregivers, including children with parents or caregivers living with HIV are:
 - i. children who had one or both parents who had been very sick for at least 3 of the last 12 months;
 - ii. children living in a household where at least one adult who had been very sick for at least 3 of the last 12 months; and
 - iii. children living with at least one chronically ill caregiver (defined as a care giver who was too ill to carry out daily chores during 3 of the last 12 months).
3. Children who live outside of family care, including children in institutions and street children, such as:
 - i. children living on the street who have usually cut ties with their families and live all their time unsupervised on the streets;
 - ii. children who spend a significant amount of time on the streets (i.e. they usually have a home to return to at night); and
 - iii. children who are members of homeless families and live with them on the streets
4. Children living in a poor household; that is, a household living below the poverty line.
5. Abused and exploited children, including:
 - i. children who are victims of sexual exploitation (e.g. prostitution or involvement in the pornographic industry);
 - ii. children who work long hours each day for a petty wage;
 - iii. children who are systematically prevented from going to school;
 - iv. children who are seriously hurt through physical or emotional abuse;
 - v. children who are victims of sexual abuse such as rape, incest, indecent exposure or sexual relations with an adult
6. Children in contact with the law, including children alleged to have been accused or convicted of committing a crime.
7. Children addicted to drugs and children of illicit drug users.
8. Children with disabilities, including children who are physically, visually, hearing or mentally impaired.
9. Children affected by AIDS, who include:
 - i. children living with HIV;
 - ii. children living in a household with a parent or adult living with HIV;
 - iii. children whose parent(s) died of HIV; and
 - iv. children whose parents are at higher risk of HIV infection (e.g. children of entertainment workers).
10. Other children the community identifies as vulnerable.



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