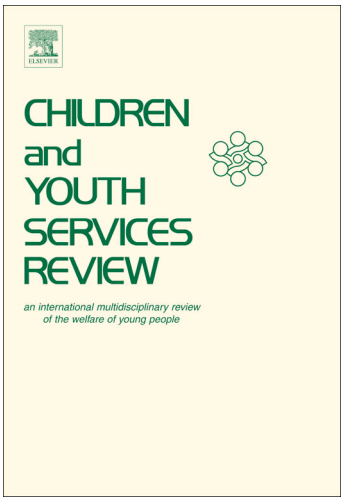

The evolution of priority for the care of orphans and vulnerable children in Cambodia

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The evolution of priority for the care of orphans and vulnerable children in Cambodia

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Declaration of interest statement

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Both authors were fully involved in all aspects of the research including conceptualization, conduct of interviews, analysis and writing of all drafts.

The evolution of priority for the care of orphans and vulnerable children in Cambodia

Abstract

In Cambodia, as elsewhere, many orphans and vulnerable children (OVC) are at risk for abuse and neglect. This article analyzes the evolution of national initiatives to care for and protect OVC. Four factors have shaped the evolution of the OVC care system: the restoration of political stability from the early 1990s; the emergence of pressing OVC issues, especially illicit intercountry adoption and orphanage tourism; calls from international agencies to prioritize child protection; and the gradual embrace of the issue by parts of the Cambodian state. Cambodia now has a robust set of OVC care policies on the books. However, priority and implementation require strengthening. Low government priority is due especially to weak demand from civil society and competing items on the government agenda. Weak implementation is due particularly to poor coordination among government agencies and lack of capacity at sub-national levels. Proponents for OVC care in Cambodia will need to address three challenges to strengthen priority for and governance of OVC care. First, the coalition of actors concerned with OVC care in Cambodia needs to push to expand priority well beyond the ministry where such priority is concentrated. Second, international agencies should calibrate support for the issue, ensuring that as they continue to promote child protection initiatives, they do not disincentivize state action. Third, OVC care proponents need to press the state to develop policy and capacity to address underlying drivers of child risk, such as poverty, migration and drug and alcohol abuse.

The evolution of priority for the care of orphans and vulnerable children in Cambodia

Highlights

- In Cambodia, many orphans and vulnerable children are at risk for abuse.
- Cambodian OVC policy is robust; priority and implementation, however, are weak.
- Weak priority is due to low demand from civil society, and competing agendas.
- Weak implementation is due to government coordination and capacity problems.
- Transcending these problems require political, not just technical solutions.

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Keywords

Cambodia; Orphans; Vulnerable children; Child protection; Political priority

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1. Introduction

Tens of millions of orphans and vulnerable children (OVC) in low-income countries find themselves at risk of or subject to various forms of neglect and abuse, including placement in poor-quality residential care institutions (RCIs); physical, sexual and emotional abuse; and marginalization due to physical or mental disabilities. Some governments respond decisively to these problems, establishing well-financed and effectively-governed systems to care for and protect orphans and vulnerable children (hereafter referred to as OVC care systems). Most governments, however, make minimal efforts to protect these socially marginalized children.

What factors facilitate and hinder the establishment of effective OVC care systems in low-income countries? Drawing on interviews and document analysis, we aim to offer some insight on this question through an in-depth case study of Cambodia. Historically, OVC in Cambodia have faced many problems. For instance, two-thirds of children aged 1-14 have experienced violent discipline (National Institute of Statistics et al 2023), 18 percent of women aged 20-24 were married or in a union before age 18 (National Institute of Statistics et al 2023), and while the figure has gone down since, as of 2015 nearly 80 percent of 13 to 17-year-olds living in residential care institutions had at least one living parent (MoSVY 2017a). As a country with a turbulent history, many children at risk, and a record of initiatives to protect children, Cambodia offers potential insight into factors that shape OVC care systems in low and formerly low-income countries.[1]

In the sections that follow we analyze the history of OVC care efforts in Cambodia with a view to examining the forces that have shaped this agenda, and offering insights for advancing OVC care in other low-income countries. We first present the study's methodology. Following that, we offer a narrative history of the evolution of OVC care policies and systems in the country. In the discussion and conclusion, drawing on an analytical framework, we point to the factors driving the system's evolution, and implications for strategies to develop OVC care systems in low-income countries.

2. Methods

This research is a qualitative, historical case study (Yin 2018). The article is part of a research project on the governance of OVC care systems in low-income countries (Shawar et al 2025; Shawar and Zulu 2025; Shiffman et al 2025; Shiffman, Min, Walakira, Zulu and Shawar 2025; Walakira et al 2025). By OVC care system, we mean the set of arrangements within a country designed to ensure the care and protection of children who have lost one or both parents, or who have experienced or are at risk of some form of serious harm or neglect (Shawar and Shiffman 2023).

2.1 Key informants and interview procedures

2.1.1 Key informants

We drew on key informant interviews and documents to piece together the history of OVC care policy and initiatives in Cambodia, and to analyze the factors that have shaped the evolution and effectiveness of the OVC care system. Between October 2021 and April 2023, we

[1] While the World Bank reclassified Cambodia as a lower-middle income country in 2015 (World Bank 2024), for most of its post-independence history Cambodia has been classified as low-income.

conducted 40 interviews with a total of 32 individuals (8 individuals were interviewed twice) directly involved in or with expertise on OVC care in Cambodia (Table 1). Of these individuals, 11 are women and 21 men. The key informants work in government, international agencies, non-governmental organizations (NGOs) and research institutions. Five of the key informants head their agencies; the rest are mid-level officials. All except six of the key informants are Cambodian nationals.

Table 1: Organizational affiliations of key informants

Organization	**Type**
Ministry of Economy and Finance	Government
Ministry of Education, Youth and Sport	Government
Ministry of Interior, district level	Government
Ministry of Interior, municipal level	Government
Ministry of Interior, provincial level	Government
Ministry of Planning	Government
Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), national level	Government
Ministry of Social Affairs, Veterans and Youth Rehabilitation, National Institute of Social Affairs	Government
National Committee for Sub-National Democratic Development (NCDD)	Government
International Organization for Migration (IOM)	International agency
UNICEF	International agency
United States Agency for International Development (USAID)	International agency
FCF|REACT	Network of multiple organizational types
3PC	Network of NGOs
Chab Dai	NGO – domestic

Children in Families	NGO – domestic
Children's Future International	NGO – domestic
Coalition for Partnership in Democratic Development (CPDD)	NGO – domestic
M'Lop Tapang	NGO – domestic
M'Lup Russey	NGO – domestic
Save Haven Cambodia	NGO – domestic
This Life Cambodia	NGO – domestic
Friends International – Cambodia	NGO – international
Hagar International - Cambodia	NGO – international
Holt International - Cambodia	NGO – international
Save the Children - Cambodia	NGO – international
Glocator Research and Consulting	Research institution

2.1.2 Interview procedures

Thirty-three of the interviews were conducted by one or both of the authors (the first author is a US citizen and English speaker; the second author is a Cambodian citizen and bilingual Khmer-English), and seven by a Cambodian research collaborator. Seventeen of the interviews were in Khmer, six in English, and 17 a mix of Khmer and English. For interviews in Khmer, the Cambodian author and the research collaborator created interview transcript syntheses in English. The interviews lasted on average one hour, and were conducted in-person in Phnom Penh and Siem Reap, and via zoom. The interview questions were open-ended and tailored to each individual's background, although some questions posed were consistent across all those interviewed, such as the nature and extent of their involvement in OVC care. We continued to interview key informants until we reached theoretical saturation—the point at which we obtained no new critical information from additional interviews (Morse 2004).

Employing a purposive rather than representative sampling strategy, we identified these individuals through our review of documents, and by asking key informants whom they considered to be most centrally involved in child protection work in Cambodia. We informed key

informants that we would protect their anonymity and confidentiality, but that we may use excerpts from interviews in the report in ways that do not allow for identification of the source. The study protocol underwent ethics review and received exemption from the Institutional Review Board of Johns Hopkins University (Baltimore, MD, USA), which deemed the research to pose minimal risk to key informants.

2.2 Documents

In addition to these interviews, we collected and reviewed 137 documents. These included published research articles, grey literature, government policy documents, NGO reports, international agency reports, statistical analyses and media reports. We gathered these documents from multiple sources, including online databases, web searches, and directly from key informants. A particularly useful source was the Better Care Network's online collection of documents pertaining to child protection in Cambodia (Better Care Network 2023). A document was included for review if it offered information pertinent to the history of OVC initiatives in Cambodia, or the conditions of OVC in the country (see analysis section below). We referenced the document in this article if we drew empirical information from it.

2.3 Analysis

To facilitate review, we grouped these documents and the key informant interview transcripts into categories, including Cambodian political history, government developments pertaining to social policy, government policy and initiatives on OVC care, drivers of child risk, international agency initiatives and NGO projects. We extracted pertinent information from the documents and transcripts into a word document, grouping the information into categories and sub-categories relevant for our analysis. The broadest categories included the situation on and drivers of child risk in Cambodia, policy developments and national initiatives on OVC care, initiatives by international actors, historical periods on OVC care in Cambodia, and present challenges in governance of the system. As we extracted and categorized information, we kept notes on drivers of OVC care policy and initiatives in the country, and on strategic challenges the OVC care system has faced. We solicited and incorporated feedback on the draft from two key informants who have detailed knowledge on the history of child protection initiatives in Cambodia, and from members of the project's research team who did not work on the Cambodian study.

2.4 Framework for analysis

To conduct the analysis, we used the research project's organizing framework on political factors shaping OVC care systems (Shawar et al 2025). The framework consists of three categories of factors—policymaking, governance and context—each with sub-components. Policymaking refers to the content and production of national legislation, regulations and strategies for OVC care and protection. It consists of two elements: policy content is the actual substance of policy; policy process concerns how policy is made. Governance refers to the quality of collective action on OVC care and protection. It consists of four elements. Commitment pertains to the extent to which government and other national actors prioritize the issue and set up strong accountability mechanisms. Leadership concerns whether or not strong individuals and institutions exist to guide action on the issue. Coordination pertains to the extent to which government, international, non-governmental and community actors work together on the issue. And capacity refers to the skills, resources and motivation of relevant agencies within the government bureaucracy that carry out policy. The third category—context—pertains to the socioeconomic and political environment in which OVC care systems are situated, and that

shapes both the problems the systems must address, and the effectiveness of the systems themselves. It consists of two primary elements. Social values pertain to the beliefs families and communities hold that shape their practices with respect to care and protection of OVC, such as attitudes on kinship care. Societal problems pertain to large-scale political, socioeconomic and health difficulties—for instance pandemics—that shape the problems OVC care systems must address.

2.5 Researcher reflexivity and bias

One author is a Cambodian national; the other is a citizen of the United States. Neither author has the same socioeconomic background as the majority of OVC in the country, who come predominantly from families of lower socioeconomic status. We did not interview OVC directly for this study, but rather policymakers, NGO leaders and others who are engaged with or knowledgeable about OVC issues in the country. Future research on this subject would be enhanced by inclusion of children's voices. These background features of the researchers and the absence of direct interviews with OVC represent limitations of the study, as they may have led to the exclusion of critical themes and potentially biased results.

3. Results

3.1 Four periods for child protection

Over the past three decades, attention to OVC care has grown, and a nascent national OVC care system is now in place. The dominant forces shaping the evolution of attention to OVC care have been restoration of political stability, emergent child protection problems, international support, and gradual embrace of the agenda by certain government agencies. However, progress has been slow, and government priority for the issue and implementation capacity remain weak.

We can identify four periods for priority for OVC care in Cambodia's post-independence history (see supplementary file no. 1 for detailed timeline of events): 1953 to 1992, when government paid minimal attention to OVC care; 1993 to 2007, when a measure of government attention to the issue appeared; 2008 to 2018, when the seeds of an OVC care system emerged; and 2019 to the present, when a formal plan for a child protection system was established.

3.2 1953-1992: Minimal priority for OVC care

3.2.1 Political turmoil

Cambodia experienced considerable political turmoil in its first four decades of independence (Chandler 2008), precluding any meaningful government attention to OVC care. After nearly a century under French colonial rule, the country became independent in 1953, and adopted a monarchical form of government led by King Norodom Sihanouk. Soon after ascending to power, Sihanouk's regime contended with civil war in neighboring countries. A coup in 1970 by general Lon Nol overthrew Sihanouk, which, along with a US bombing campaign, spurred the communist Khmer Rouge to take up arms against the ruling regime. The Khmer Rouge reached Phnom Penh in 1975 and seized power.

Khmer Rouge rule, which lasted until 1979, was a period of horror for the Cambodian people (Kiernan 2008). An estimated 1.7 million individuals perished as the regime sought to impose its radical agrarian vision on the country, one that combined Maoist-influenced Marxism-

Leninism with xenophobic Khmer nationalism. The regime's overthrow by the Vietnamese communist government—with whom the Khmer Rouge had border disputes and a falling out—did not lead to political stability but rather to a decade of civil war, as the Khmer Rouge retreated to Thailand and fought the Vietnamese-backed regime. In 1991, a peace accord was signed in Paris, officially ending the civil war, followed by two years of a UN peacekeeping mission and transitional authority.

3.2.2 Antecedents to subsequent OVC care initiatives

Amidst this ongoing political turmoil, the various regimes that ruled Cambodia from independence to the Paris Peace Agreement had little scope to prioritize OVC care. However, several problems and developments that emerged in these decades shaped subsequent OVC care initiatives. The Khmer Rouge separated many children from their families, carried out a genocide that produced thousands of orphans (Slocomb 2003), and caused psychological trauma that passed across generations and persists to the present (Van Schaack et al 2011). Intercountry adoptions began in 1987—many illicit (LICADHO 2018)—a problem the Cambodian political system began to address in the 1990s. Two agencies that in recent years have been central to OVC care policy in Cambodia established a presence in the country—UNICEF in 1952 (Hamilton et al 2018) and Save the Children in 1970 (Save the Children 2021)—although they and all other international agencies had to cease operations during the Khmer Rouge period. And in 1992, Cambodia ratified the UN Convention on the Rights of the Child (Nhep and Fronek 2021), in follow up to the landmark 1989 convention that brought together world leaders to address child protection and children's rights.

3.3 1993-2007: A measure of attention to OVC care appears

3.3.1 Restoration of political stability and a measure of attention to OVC care

The Paris Peace Accord initiated an era without armed conflict and, compared to the prior four decades, of relative political stability and economic growth, enabling the government to devote some attention to social policy. In 1993 the UN Transitional Authority in Cambodia (UNTAC) organized general elections, bringing to power Hun Sen, a figure who has dominated Cambodian politics for most of the past three decades. From 2000 to 2015, GDP grew at an average of 7.8% per annum, one of the fastest rates in the world, propelling the country into lower middle-income status (OECD 2017). During the same period, poverty rates fell from over 60% to 13.5% (OECD 2017).

Under these relatively stable political and economic conditions, the government was able to offer a measure of attention to OVC care, although its initiatives were fragmentary and did not constitute a comprehensive effort to build an OVC care system. Measures included the establishment of several government coordinating bodies pertaining to children: in 1995, the Cambodian National Council for Children, to coordinate work on child well-being and rights (Ministry of Health and MoSVY 2010), and in 2006, the National Multi-Sectoral Orphans and Vulnerable Children Task Force (Kingdom of Cambodia 2013). Also, in 2004, the government established Commune Committees for Women and Children (CCWCs), local bodies charged with, among other responsibilities, reporting instances of child abuse in communities and acting as referral mechanisms to NGOs (Jordanwood 2016). In addition, the government adopted several pieces of legislation and regulations pertaining to child protection: in 1996 anti-trafficking legislation (Yasunobu 2004); in 2006, a prakas (ministerial proclamation) on minimum standards on residential care for children (Kingdom of Cambodia 2008); and in 2007, ratification of the

Hague Convention on Intercountry Adoption (LICADHO 2018). Moreover, during this period the government founded a number of state orphanages (Guiney 2015; i33).

3.3.2 Factors behind government attention in this period

Two primary factors stood behind government attention to OVC care during this period. First, several pressing child protection problems emerged in the wake of the Khmer Rouge genocide that required government action. One problem was the need to care for the many orphans arising from the Khmer Rouge period and thereafter (Slocomb 2003; Guiney 2015), prompting the government to establish state-run orphanages. Another problem was a significant rise in intercountry adoptions, especially in 1999 and 2000 (Kingdom of Cambodia 2018), many involving child trafficking, and children being taken away from their parents without informed consent (LICADHO 2018; Gwynn, Pak and Mauney 2018; Nhep and van Doore 2021).

A second factor driving government action on child protection were calls from international agencies. UNICEF reestablished a presence in the country in 1993 following the election (Hamilton et al 2018), and became a source of international appeal and resources for child protection measures, including offering vocal critique of orphanage tourism (Interview number (i)33; Guiney 2015; Kwon, Cook and Kim 2015). Also, the United States, demanding action on fraudulent adoptions, in 2001 closed its borders to adoptions from Cambodia; other industrialized countries soon thereafter followed suit (LICADHO 2018; Kingdom of Cambodia 2018).

These actions by UNICEF, the United States government and other international actors on child protection were part of a post-1991 peace accord surge in international involvement in Cambodia. Since 1993 foreign assistance has comprised as much as half of the government budget, and some observers have described the country as a 'donor playground' (Fforde and Seidel 2010; Kwon, Cook and Kim 2015).

3.4 2008-2018: Seeds of an OVC care system emerge

3.4.1 The seeds of a system

The decade from 2008 to 2018 marked the most active period on OVC care policy-making in Cambodia's post-independence history, a function of international appeals for the Cambodian government to act, and domestic socioeconomic problems requiring government action. During the decade, the government enacted a flurry of policies and established multiple task forces, international agencies stepped up support, and several child protection networks formed that linked NGOs, international agencies and government (see supplementary file no. 2). If at the beginning of 2008 OVC care initiatives in the country were a patchwork of disconnected regulations and programs, by 2018 they had evolved into a nascent OVC care system, national in scope.

The year 2008 was a major one for child protection globally and in the country. In that year, UNICEF enacted a global child protection strategy, calling on national governments to develop child protection systems (ECPAT et al 2014). In follow-up, UNICEF's child protection section at global headquarters approached USAID proposing a program on developing national child protection systems (Williamson and Gross 2012). Cambodia was one of three countries invited to submit a proposal; subsequently a three-year project was launched with just over one million US dollars in funding (Williamson and Gross 2012). Also in 2008, Prime Minister Hun Sen requested the Council for Agricultural and Rural Development (CARD)—an inter-ministerial

body—to act as a coordinator for government child protection work (Kwon, Cook and Kim 2015), the first time the Cambodian government had designated such a coordinating entity on child protection.

3.4.2 A proliferation of initiatives

Subsequent years saw a proliferation of legislation, regulations and government bodies concerning OVC care (see supplementary file no. 2 for a detailed list). These included initiatives on residential care institutions, family-based care, intercountry adoption, trafficking, juvenile justice, violence against children, children with disabilities, and social worker development.

One significant development in this period was the launch of two child protection networks linking NGOs, international agencies and government. Set up in 2011, the Partnership Program for the Protection of Children—3PC for short—links UNICEF, MoSVY and a network of NGOs led by Friends International in an effort to build NGO capacity, offer services, and establish a child protection system in Cambodia (Hamilton et al 2018; Nhep and Fronek 2021). As of 2024, it had 57 involved organizations (3PC 2023). FCF|REACT was launched by USAID as part of its global program on children in adversity (Strategy for Humanity LLC 2019; i23). It is facilitated by Save the Children, and links government agencies including MoSVY, international agencies, domestic NGOs and academic institutions to advance family-based care and reduced reliance on RCIs (Family Care First 2018). As of 2024, it brought together 57 organizations, of which 24 have received financial support from the network (Family Care First 2023; i23). Both networks—and especially FCF|REACT, the larger of the two—have shaped OVC care policy in the country. For instance, FCF|REACT was one of the entities advocating for the adoption of the 30 percent residential care institution reintegration target (see below) (i33).

Another significant development was the initiation of work in Cambodia in 2015 by the GHR Foundation, which has offered grants to seven organizations working on child protection (GHR Foundation 2018), all of which are now members of FCF|REACT (Gwynn, Pak and Mauney 2018; OPM 2021). These grants have focused on capacity building, and toward prioritizing family care. GHR's work, like that of the two networks noted above, has helped to build connections and collaboration among child protection NGOs in the country (This Life Cambodia 2019).[2]

3.4.3 Residential care reintegration

Another major development in this period was a government initiative launched in 2016 to reintegrate 30 percent of children living in residential care (initially by 2018, later extended to 2020) (Kingdom of Cambodia 2016; MoSVY 2017a; Kingdom of Cambodia 2022). The aim was to counteract a rapid rise in the number of children in institutions—91 percent between 2005 and 2009 (MoSVY 2011d). The government reported a decrease between 2015 and 2019 of 59 percent in the number of children in RCIs and by 43 percent in the number of RCIs (Kingdom of Cambodia 2020).

This reintegration initiative was sparked in part by a 2015 government mapping of children in residential care facilities, supported by USAID and UNICEF (MoSVY 2017a). This mapping showed that nearly 80 percent of 13- to 17-year-olds living in these institutions had at least one

[2] This study is funded by the GHR Foundation.

living parent, adding to evidence that challenged widespread presumptions that most children in RCIs were double orphans.

3.4.4 Orphanage tourism

Studies revealed several reasons for these placements, including poverty, alcohol and drug abuse, and migration (MoSVY 2011d; MoSVY 2017a; Gwynn, Pak and Mauney 2018; Nhep and Fronek 2021). In addition, parents desired better educational opportunities for their children (Nhep and Fronek 2021). Village leaders, too, held similar beliefs: one study revealed that 84.5% of village chiefs and commune council members surveyed agreed that very poor families should send their children to orphanages for better education opportunities (MoSVY 2011d).

Another reason for these placements was orphanage tourism (MoSVY 2011d; Guiney 2015; Ursin and Skalevik 2018). Many if not all RCIs were run by profiteers (Better Care Network 2014), and nearly all received international financial support (Nhep and Fronek 2021). Children performed musical and dance numbers and were sent out late at night to recruit visitors in order to capture the sympathy of tourists (Better Care Network 2014), and were required to show affection to tourists in order to solicit donations (Miller and Beazley 2022). The most pernicious effect of orphanage tourism was that it incentivized orphanage trafficking—the recruitment of children to live in RCIs for purposes of profit-seeking, sexual and labor exploitation, and illicit intercountry adoption (Nhep and van Doore 2021; United States Department of State 2018).

3.4.5 International and domestic forces shaping OVC care

As in periods prior, international and domestic forces interacted to shape OVC care policy in Cambodia during this period. One such force was a global wave for de-institutionalization—a push to close down residential care institutions and to reintegrate children into families, on the belief that such institutions were inherently harmful to children (Shawar and Shiffman 2023). The push for preventing family separation and advancing de-institutionalization and reintegration was a major impetus for the establishment of USAID's Children in Adversity program from which FCF|REACT emerged, underpinned many of UNICEF's child protection policies, and shaped the government's decision to adopt the 30 percent reintegration target (i33; Strategy for Humanity LLC 2019; i23).

Another such force was pressure on national governments to establish social protection policies, of which OVC care was a part. A 2008 global economic and food crisis put pressure on the Cambodian state to address social protection. Shortly thereafter an alliance emerged between several global agencies, most notably UNICEF, and a number of government agencies, including MoSVY, pushing for social and child protection policies and programs (Kwon, Kim and Cook 2015). The Cambodian state responded, in 2011, establishing a National Social Protection Strategy with assistance targeted toward, among others, children and the disabled (Kwon, Cook and Kim 2015).

3.5 2019-present: A formal plan is established for a child protection system

3.5.1 A formal plan for child protection

The period since 2019 marks the first time the country formally has moved to build a cohesive national child protection system. In 2020, the government adopted the National Policy on Child Protection System for 2019-2029 (Kingdom of Cambodia 2022). To carry out this policy, in 2022 the government adopted an implementation plan that specifies detailed costed activities

for MoSVY, the Ministry of Interior (MoI) and other ministries (Kingdom of Cambodia 2022). The implementation plan identifies the need for US$30 million over the period 2022-2026, and delineates how these funds ought to be allocated (Kingdom of Cambodia 2022)—although it is unclear how much financing has been secured. In addition to the policy and implementation plan, as of 2024 the government was circulating a draft law on child protection, the most encompassing piece of legislation on this subject in the country's history (The Star 2024; i40).

3.5.2 Ongoing initiatives for OVC care

Beyond these formal plans on establishing a child protection system, the government since 2019 has undertaken several other initiatives that have enhanced OVC care. In 2019 with UNICEF support, the government scaled-up nationally a cash transfer program targeted at poor pregnant women and children under two years of age, a program that was expanded in 2020 beyond this population group in response to the Covid-19 pandemic (Tran 2022; UNICEF 2022b). Also in 2019, the government signed a country program with UNICEF covering the period 2019 to 2023, which, among other priorities, supports MoSVY in further reintegrating children in RCIs, and builds social worker capacity (Nhep and Fronek 2021). In addition in this period, Cambodia established a national plan on child sexual exploitation (Kingdom of Cambodia 2022; The Phnom Penh Post 2021), launched a strategic plan on social services workforce development (Phnom Penh Post 2022; i23), and became a focal country for the Global Partnership to End Violence Against Children (Nhep and Fronek 2021).

3.6 Present challenges and progress surrounding priority and implementation

While there has been marked progress in developing policy on OVC care in the seven decades since Cambodia's independence, priority to address the issue remains low, a function of competing government priorities, weak demand from civil society, and competing demands within the child protection agenda itself. Also, implementation has been problematic, a result of fragmentation among OVC care actors and weak sub-national government capacity. These problems concerning priority and implementation have resulted in an OVC care system heavily dependent on development partners and NGOs. These difficulties notwithstanding, several recent developments portend well for transcending challenges on priority, implementation and dependence, including a detailed government implementation plan for child protection and government initiatives to build the social workforce.

3.6.1 Weak priority

An indicator of weak government priority is the small budget it allocates for child protection issues. It is difficult to identify an aggregate figure as budgets are dispersed across many ministries and the government does not have a separate line for child protection (UNICEF 2018). However, data that do exist indicate minimal public resources. Excluding pension funds, MoSVY's overall budget in 2023 was only about US$34 million (135,241 million riels), less than 0.5 percent of the total national budget. Of the US$34 million, only US$0.27 million (1,090 million riels) was for child protection (under sub-program 1.2) (Royal Government of Cambodia 2023b).

An NGO leader conveys one of the reasons for difficulties in securing funding for child protection:

> …convincing the Ministry of Finance to dedicate budget to the Ministry of Social Affairs. It's harder to sell child protection than education or health because all in life need the latter but not the former (i32).

Provincial, district and local officials inside and outside MoSVY with child protection responsibilities express frustration at their limited budgets, indicating that they have to rely on NGOs and their own money for travel and other expenses (Gwynn, Pak and Mauney 2018; OPM 2021).

Limited funding for OVC care is reflective of a larger problem: the government's low priority for social protection more generally. A study by the Asian Development Bank (ADB 2013) found that in the Southeast Asian region in the early 2010s, only Indonesia spent a lower percentage of GDP on social protection: 0.5 percent compared to Cambodia's 0.6 percent. However, post-COVID-19 the government has heightened its commitment to social protection, encompassing both social assistance and security. As of February 2023, the government disbursed cash transfers to approximately 700,000 impoverished households, benefiting around 2.7 million citizens, using about US$ 932 million from the national budget (NSPC 2023).

Factors behind limited funding for OVC care include competing government priorities, and weak demand from citizens and civil society organizations, despite large child OVC care needs. A national government official responsible for local government capacity building puts it this way:

> I have visited many communes. Citizens [ask for] roads, irrigation systems, schools, healthcare…. What people really want is infrastructure rather than social services. With infrastructure the majority benefit; with social services only a small group of people who are vulnerable benefit (i20).

An NGO official concurs that demand for child protection from civil society institutions is not strong, stating that:

> There is not a lot of civil society pressure – [child protection] is not a hot button issue (i18).

This official notes NGO fear in pressing government forcefully because of concern about being perceived as not aligning with the government.

The problem of weak civil society demand is compounded by the fact that cultural norms value children's obeisance. Cultural studies show that children are expected to listen to adults and show them respect, are given lower status than adults, and are understood to owe a debt to their parents. These norms preclude children openly expressing concern, revealing harm, participating in decisions, and engaging in public action to secure rights (Jordanwood 2016; Gourley 2009; O'Leary and Nee 2001).

Aside from weak civil society demand, priority is hampered also by the focus on one dimension of child protection—reintegration—to the neglect of other dimensions. Hamilton (2018) quotes an NGO official who speaks of a side effect of the 30 percent RCI reintegration policy:

> The shift went totally off of children on the streets, off of children in communities, just to orphanages, and it was all anyone was talking about.

Another NGO official says:

> The family support preventative agenda has slipped because of the focus on closing orphanages and returning children home. This neglects the bread-and-butter social work of working with families…Lots of NGOs agree there is a need to focus on core work. But it's not sexy enough (i34).

The official raises concerns about the reintegration agenda's origins and legitimacy:

> Where did this deinstitutionalization agenda come from? There was a first wave in Anglophone countries, a second wave in the Soviet bloc and the horror show of Romanian orphanages. And a third wave in low-income countries. But Romania is very unlike Cambodian residential centers—two qualitatively different things.

3.6.2 Problematic implementation

Low priority for the issue contributes to the many problems in implementing OVC care policy. The country's child protection information management system does not detect many children at risk of or experiencing abuse or neglect (UNICEF 2018). At-risk populations lack awareness of and access to protective services: only 11.1% of respondents in a child protection survey, for instance, knew how to reach family preservation services in their community, and less than half of children reported that they were aware of where to go for help if they had concerns about their safety or welfare (Angkor Research 2020). Children with living parents linger for years in residential care institutions (MoSVY 2017a). Of those reintegrated, few receive adequate government follow-up; data from one survey revealed that only 2.6% of children who were reintegrated received effective monitoring for service needs (Angkor Research 2020).

One factor behind these implementation difficulties is fragmentation among government actors with OVC care responsibilities, a problem common in Cambodia's public sector (Asia Foundation 2022). Numerous ministries and government agencies have OVC care roles, as do several national committees and provincial, district and commune-level bodies (Hamilton et al 2018; Nhep and Fronek 2021). These include MoSVY, the Ministry of Interior, the Ministry of Women's Affairs, the Cambodian National Council for Children (CNCC), the subnational Women and Children's Consultative Committees (WCCC) and the Commune Committees for Women and Children (CCWC). This involvement across government sectors and levels is an advantage; the problem is that no single entity—including MoSVY, which might be the logical steward—has the authority or power to orchestrate a comprehensive government response to OVC care. Moreover, the lack of such a single entity means that government agencies evade responsibility for the issue. One NGO leader wonders:

> Why all these different committees? Why not have a specialized ministry? (i8)

Another contributor to implementation problems is weak sub-national government capacity. Subnational actors with OVC care responsibilities lack the staffing, budgets, and training to effectively carry out functions such as reintegration and monitoring (Nhep and Fronek 2021). A 2014 study, for instance, found only 1017 sub-national personnel in MoSVY to cover 1633 communes (the lowest administrative unit of the Cambodian state), and these personnel spent the majority of their time on activities unrelated to OVC care such as veterans affairs (Harachi 2014 cited in Jordanwood 2016). As of 2022, MoSVY had only 1810 personnel in total, with 973 at the national level and 837 at sub-national levels (MoSVY 2022).

The problems are particularly acute for Commune Committees for Women and Children (CCWCs), whose charge is the well-being of these groups at local levels. CCWC work is

viewed as unpaid duty, and many CCWCs barely function (Jordanwood 2016). Many CCWC Focal Points—individuals with special responsibility for women and children—are women, and they report considerable gender discrimination when conveying to Commune Councils the child protection problems that they observe (Jordanwood 2016). A commune council worker speaks about the difficulties of her job (quoted in Hamilton et al 2018):

> It's so hard – I am the only woman in this council – the only one dealing with women's issues – how can I deal with this on top of everything else?

An NGO leader comments:

> CCWC sometimes lack capacity to take care of children. They've got a lot of things to do…Not all have the ability to identify and assess children…CCWC focal persons are mostly old and too exhausted to move around their communities and resolve all problems (i27).

A particularly problematic aspect of sub-national capacity is the dearth of trained social workers. A 2019 UNICEF study reported only 3,764 social work positions in government, or a ratio of 64.4 social service workers per 100,000 children (UNICEF East Asia 2019). Some districts have no social workers at all (UNICEF 2016).

Weak priority and sub-national capacity for OVC care are due in part to incomplete enactment of a national government decentralization program, initiated in the early 2000s to bring services closer to citizens (ADB 2018). Despite intended reforms, overall government finances have remained concentrated at the national level. According to the financial law of 2024 approved by the cabinet, total expenditure for subnational administration will be US$1.065 billion, accounting only for 11.7 percent of total expenditures, although this figure represents a 6.6 percent increase over 2023 (Royal Government of Cambodia 2023a). This phenomenon is stark in MoSVY, whose national officials are reluctant to advocate for funds for localities for fear that the Ministry of Economy and Finance will reduce their own central funds (i20).

Another problem that shapes implementation are the effects on kinship care of Khmer Rouge rule, and more recently urbanization and the rise of the nuclear family, which have exacerbated challenges in caring for at-risk children. Historically, Cambodian society has valued kinship care, and extended family networks have played major roles in such care (Nhep and Fronek 2021). However, during the Khmer Rouge era many kinship networks and family ties were shattered as the regime promoted a radical egalitarian vision that devalued familial relationships (Brickell 2011). More recently, as more and more families have moved from rural to urban areas, these networks have suffered. One child protection researcher puts the problem as follows:

> In urban areas children are struggling and homeless…these are not really safe places…but in rural areas there is a close-knit society; one extended family lives close to another so there is no worry about neglect. The community is safe for children. They can go to a nearby house to ask for food. Even if the mother or father is not there the auntie or grandmother is (i21).

3.6.3 Dependence on development partners and NGOs

Problems in priority and implementation have resulted in an OVC care system heavily dependent on donors and NGOs. One indicator of this dependence is funding. For instance,

while aggregate child protection figures are hard to come by, MoSVY's budget in 2018 for child welfare and youth rehabilitation was $1.65 million (UNICEF 2018). By contrast, in 2017 funds for UNICEF's Cambodia child protection program, one development program among several in the country, amounted to $3.35 million (Hamilton et al 2018) – insufficient given the country's needs, but double the MoSVY budget.

More than any other agency, UNICEF has played a central role in advancing OVC care in the country and in pushing government to act. UNICEF was a central actor in a coalition—one that included MoSVY—that emerged in 2008 during a global economic crisis and pressed government to prioritize social and child protection (Kwon, Cook and Kim 2015). UNICEF was behind the first major donor-funded child protection project in the country, a system strengthening initiative begun in 2009, which arose following the adoption by UNICEF global headquarters of a global child protection strategy (ECPAT et al 2014; Williamson and Gross 2012). UNICEF played a central role in establishing 3PC, the first network of child protection organizations in the country (Nhep and Fronek 2021). A centerpiece of child protection policy in Cambodia – reintegrating children in RCIs – is included in UNICEF's 2019-2023 Cambodia country program (Nhep and Fronek 2021).

In addition to UNICEF, several networks have played central roles in advancing OVC care in the country. 3PC, FCF|REACT, and GHR's Children in Families program have brought together NGOs with government and international agencies to seek to advance a cohesive response to child protection. FCF|REACT, with USAID funding and Save the Children guidance, provides financial support to NGOs, as does the GHR Foundation.

While pushing for their policy priorities, NGOs and the networks that link them have had to manage their relationships with government carefully. An NGO leader states:

> We're definitely not acting politically externally…. We do some behind the door advocacy for technical strengthening of policy, but we want to make sure government owns the policy…we haven't pushed in directions they don't want to go (i32).

NGOs have played a crucial role in OVC care, especially by filling in service provision gaps given limited government sub-national capacity (Nhep and Fronek 2021; Hamilton et al 2017; Hamilton et al 2018). Hamilton and colleagues (Hamilton et al 2018) report that government authorities, including those within MoSVY and in CCWCs, affirm that when they encounter child protection cases, they refer them to NGOs.

A government official notes how donors contribute to this NGO dependence:

> Donors normally think of NGOs rather than government for their funding. As a result, even though the work is meant to be done by the government's institutions, it is mostly carried out by NGOs in the form of a joint program (i3).

NGO leaders offer observations on the heavy involvement of international agencies and NGOs in the policy process, and express concerns about the extent of the government's role.

> Generally in Cambodia guidelines, procedures, key legal frameworks usually develop in partnership with the UN, NGOs, and the Ministry, most often mediated by the development partner. Like UNICEF, Save the Children and other key child protection stakeholders, realizing the issue, discuss the gap, propose an idea, get an agreement, then provide technical assistance to develop guidelines (i23).

> Things really have to change. I would love to see government put more funding into child protection…Child protection ought to be a high priority and appears to be lacking (i30).

An NGO leader also expresses a concern about too much international influence:

> Support needs to be contextualized and we need to be supported to do our work. Not their own agenda on foster care from a western country. Come and ask us what needs to be done so we can apply this to our context, our culture (i26).

And a report on an NGO-donor summit on child protection in Cambodia identifies tensions between donors and NGOs (This Life Cambodia 2019, p. 12), noting a:

> …power imbalance between donors and NGOs—some partners are afraid to raise challenges, provide feedback, share information about mistakes, etc. as a result of this imbalance.

3.6.4 Positive developments on priority, implementation and reducing donor dependence

These problems of priority, implementation and dependence notwithstanding, a number of recent developments point in positive directions. As noted above, the government expanded the household cash transfer program in response to the Covid-19 pandemic, and in 2016 launched the National Social Protection Policy Framework that extends to 2025. In addition, strong economic performance (with the exception of 2020 due to the Covid-19 pandemic) has facilitated a decline in the number of people living in poverty—from 33.8% to 17.8% over the ten-year period to 2019/2020 (Karamba, Tong and Salcher 2022). And as a means of building legitimacy, the government faces pressure to augment spending on public services (Gwynn, Pak and Mauney 2018). An NGO leader expresses optimism about trends in government priority for child protection:

> The government shows great commitment in the last six to seven years…Even the Prime Minister spoke strongly that Cambodia must be a safe place for children…Twenty years ago it was diabolical (i31).

With respect to implementation and reducing donor dependence, as noted above, in 2022 the government enacted an implementation plan on child protection. Also, MoSVY has adopted PRIMERO, a digital child protection case management tool that is compatible with a system used by NGOs, greatly enhancing its ability to detect and manage child protection cases (UNICEF 2022a). Moreover, WCCCs have now been created for all districts in the country (Kingdom of Cambodia 2021), a potentially important mechanism for ensuring sub-national attention to OVC care. In addition, the government is moving forward on plans for decentralization and public sector reform, estimating resource needs at US$875 million over the period 2021-2030 (Kingdom of Cambodia 2021), thereby increasing the likelihood sub-national agencies with OVC care responsibilities can function effectively.

Also, the government is undertaking several initiatives to build the social service workforce, including the release of Guidelines on Basic Competencies for the Social Workforce in Cambodia, the creation of a quality assurance framework for social work as part of its country program for UNICEF (Nhep and Fronek 2021; Kingdom of Cambodia 2019), and participation in a UNICEF-led regional study on the social workforce (UNICEF East Asia 2019). Furthermore, university-degree granting social work programs exist within MoSVY, at the Royal University of

Phnom Penh, and at St. Paul Institute, a Catholic institute in Takeo Province (UNICEF East Asia 2019; Hamilton et al 2018; Nhep and Fronek 2021). In addition, in 2015 a social worker professional association formed (UNICEF East Asia 2019).

4. Discussion

Cambodia's OVC care system has strengthened since independence, although at a slow pace. Presently, the country has a robust set of policies on the books, and a nascent system in place. Several factors have facilitated the strengthening of the system, including the restoration of political stability in the early 1990s; the need to address growing OVC care problems—particularly illicit inter-country adoption and the growing number of children in institutions; international calls for the state to act; and the government's gradual embrace of the importance of OVC care. However, priority for the issue—as evidenced especially by minimal public financing—remains weak, and implementation problematic. Weak civil society demand and competing government priorities have precluded the emergence of strong government attention to the issue; fragmentation among OVC care actors and inadequate sub-national capacity have hampered implementation.

4.1 The state of the system

The framework (Shawar et al 2025)—consisting of the three categories of policymaking, governance, and context each with sub-categories—helps in identifying the state of the system, and in delineating the factors that have shaped the system's evolution, strengths and inadequacies.

4.1.1 Policymaking

With respect to *policy content*, Cambodia now has the most comprehensive and cohesive set of policies on the books in its post-independence history, particularly with the 2020 enactment of the National Policy on Child Protection and the 2022 adoption of a costed implementation plan on child protection. However, as evidenced by low spending on social protection compared to most other countries in Southeast Asia, the government's commitment to addressing the underlying drivers that put children at risk—such as poverty and drug and alcohol abuse—is insufficient.

With respect to *policy process*, international actors, particularly UNICEF, USAID and Save the Children, have had strong influence in shaping policymaking, especially with respect to reintegration. Parts of the state, particularly senior officials in MoSVY, have also been influential. Many domestic NGOs, which are very close to affected populations and can represent their interests and convey their needs, also have voice in the policymaking process; they have been able to influence policymaking in ways that better reflect the needs of these populations, particularly in instances when the priorities of international actors and state institutions have not fully taken these needs into account. However, there is little evidence of extensive grassroots consultation by international actors and the state of affected populations—the children who suffer or are at-risk of experiencing neglect or abuse, and their families. This lack of grassroots voice in the policy process may mean that policy content and programs are insufficiently tailored to their needs.

4.1.2 Governance

Insufficient *commitment* may constitute the most problematic and consequential among all framework factors, underpinning inadequacies surrounding many of the other factors, such as weak implementation capacity. Certain actors in state and society—MoSVY, several national child-focused commissions, and a handful of child protection-oriented NGOs—consider OVC care to be of critical importance, as do a number of international agencies operating in the country. Beyond this relatively small group of actors, however, concern for OVC care is minimal. Inadequate priority may be a function of competing government priorities such as transport and security, weak demand from civil society for OVC care, and the fact that those affected—vulnerable children and their families—have little political and social power so they cannot make their voices heard in the political system.

Strong individual and institutional *leadership* for OVC care might help to address the problem of weak commitment, but such leadership has yet to emerge. While national leaders do periodically comment on OVC care issues, no national political figure does so regularly and prominently. Moreover, no government body, including MoSVY, has the power to bring together the multiple state and social actors to work in tandem to address OVC care issues. Coordination networks exist and several international agencies play central roles in OVC care in the country, but these efforts cannot substitute for insufficient leadership within the state.

Difficulties in *coordination* arise from insufficient commitment and leadership. Numerous government ministries and councils are involved in OVC care at national and sub-national levels, but as just mentioned, none has the power to bring them together to work in tandem. Still, there are several positive developments with respect to coordination. FCF|REACT, 3PC and GHR Foundation initiatives link actors, at least for the purposes of information sharing and policy and program harmonization, and as noted above, the National Policy on Child Protection and costed implementation plan are steps forward with respect to policy coherence.

Capacity remains a persistent problem, although trends here are also positive. The country does not have enough social workers. Provincial, district and commune level governments do not have the human or financial resources or expertise to address all the OVC care problems that are present at local levels. Incomplete decentralization contributes to these difficulties. Weak capacity results in a system heavily dependent on donors and NGOs for delivery of services at local levels. Yet the number of trained social workers is growing, as several institutes are producing more and more graduates; and capacity at local level is increasing as the decentralization agenda advances.

4.1.3 Context

With respect to *social values*, urbanization and the rise of the nuclear family may be eroding norms with respect to community care of children, and traditional beliefs that children owe obeisance to adults may limit the capacity of children to reveal harms they are experiencing. Also, beliefs among adults and village leaders that residential care facilities offer children educational and economic benefits facilitated the growth of these facilities, and may be slowing reintegration efforts.

And on *societal problems*, the evolution of Cambodia's OVC care system has been a function not just of decisions of actors concerned with OVC care but of broader socioeconomic and political developments. For instance, the restoration of political stability in the early 1990s was a pre-condition for the state to have the scope to attend seriously to OVC care. Persistent poverty and inequality have created conditions of deprivation that have necessitated the creation of such a system. Also, Cambodia's sustained economic growth since 2000 likely means that

fewer children have been subject to neglect and abuse than if the country's economy had stagnated; and the Covid-19 pandemic, while temporarily increasing poverty levels, put pressure on the state to enact social support measures for impoverished families.

4.2 Implications for sustaining progress

In addition to helping to clarify the state of the OVC care system, the framework also facilitates the identification of implications for sustaining progress.

With respect to *policy content*, the enactment of the National Child Protection Policy is evidence of momentum on policy coherence; the need is for OVC care actors to continue to support this growing policy cohesion. Particularly critical is to promote adoption and implementation of preventative social protection policies that address underlying drivers of child risk—poverty, migration, and drug and alcohol abuse among others—that create the conditions that necessitate a strong OVC care system in the first place. The evidence indicates that the government has not attended sufficiently to policymaking concerning these underlying drivers.

With respect to *policy process*, a critical need is greater consultation than presently occurs with affected population groups—at-risk children and their families—as well as the domestic NGOs that understand and serve their needs. Presently, the actors with greatest influence on OVC care policy are international agencies, especially UNICEF, and national government bodies, particularly MoSVY. Consultation with affected populations is difficult to bring about given the difficulties the poor have in accessing the political system, and the insufficiently consultative nature of that system. The advance of decentralization reforms may help in transcending some of these difficulties concerning grassroots input.

Undoubtedly the most critical need of all is greater government *commitment* to OVC care through augmented public financing for the issue and institutionalization of priority within government bodies beyond MoSVY, such as the Ministry of Economy and Finance. Government commitment is growing, but slowly. Commitment will not emerge of its own accord: a coalition of actors centrally involved with OVC care must continue to encourage the government to act more forcefully.

Such commitment will be facilitated by stronger *leadership*, which would in turn lead to better *coordination.* MoSVY—the logical steward for child protection in Cambodia—lacks the authority to bring together all relevant actors, a difficulty that creates coordination problems. Numerous government commissions on child well-being have not been able to transcend these coordination difficulties. The emergence of a powerful national political champion who is willing to devote political capital to the issue would undoubtedly be of considerable help in bringing government agencies together.

Like commitment, sub-national *capacity* is growing, but slowly. A measure of patience is called for; such capacity will not emerge overnight. The advance of the decentralization agenda will help as will growing capacity in the country's social worker training institutes. A critical need is for donors and NGOs to calibrate support in ways that sustain services, but do not incentivize ongoing state dependence on non-state resources.[3]

[3] The research for this paper was conducted prior to the dismantling by the Trump administration of USAID, historically a major source of support for OVC care in Cambodia. Undoubtedly US disengagement will affect this issue of dependence in Cambodia and elsewhere.

OVC care proponents do not exercise much control over *societal problems* and *social values*—factors such as economic inequality, political instability, pandemics, and eroding kinship care norms—as these are large-scale social forces predominantly beyond the reach of these actors. Still, the coalition of actors concerned with OVC care must attend to these factors, as they shape priority for OVC care and present windows of opportunity for action. For instance, the Covid-19 pandemic resulted in hardship for impoverished households, and the government responded with an income transfer scheme. With a strong coalition in place, OVC care proponents can respond rapidly when social crises emerge to encourage government to adopt policies that mitigate adverse effects.

4.3 Implications for other countries

Given Cambodia's particular history, including its turbulent politics and receipt of extensive development assistance, one must be cautious in drawing out implications for strengthening OVC care systems in other low and formerly low-income countries. Still, some elements of the Cambodian case suggest broader patterns on how OVC care systems develop in these settings.

First, these systems likely evolve in incremental rather than punctuated ways. Tipping points are unlikely—moments in time when states suddenly and wholeheartedly embrace OVC care as a major priority. Rather, these processes are likely protracted, requiring ongoing engagement of civil society, the state, and international actors, and strategic patience.

Second, strong policy does not automatically lead to effective implementation. Countries across the world have beautiful policies on the books, not just for OVC care, but also a variety of other social concerns including health, education and human rights. Good policy is only the starting point; building meaningful state commitment and capacity to carry out policy are equally crucial for delivering OVC care outcomes, and require time.

Third, inclusiveness is critical for the effective design and implementation of policy. Government and international actors contribute critical resources and expertise. However, the policymaking process may often exclude affected population groups, whose knowledge of their own needs is essential for effective policy and implementation. Coalitions that include state and international actors but that center grassroots actors may be the ones most likely to achieve effective OVC care outcomes.

5. Conclusion

Despite numerous difficulties, Cambodia's OVC care arc has been upwards, unlike that of many other low and formerly low-income countries. Policy on OVC care is now more cohesive, commitment greater, and capacity stronger than at any point in Cambodia's post-independence history. There remains a long way to go to ensure that all Cambodian children at risk of or experiencing abuse and neglect are adequately protected. However, Cambodia's experience in advancing OVC care offers grounds for hope, both within the country, and for other low and formerly low-income countries.

Supplementary file no. 1: Major developments in OVC care in Cambodia

Period for OVC care in Cambodia	Year	International and domestic political and social policy developments	Domestic developments that concern OVC care specifically
1953-1992: *Minimal priority for OVC care*	1952		UNICEF begins working in Cambodia
	1953	Cambodia gains independence from France and becomes Kingdom of Cambodia under King Sihanouk	
	1966	North Vietnamese Army and Viet Cong establish bases in Cambodia	
	1969	US covert bombing of Cambodia	
	1970	Lon Nol overthrows Sihanouk in coup	Save the Children begins working in Cambodia
	1975	Khmer Rouge regime comes to power; Cambodian genocide begins; International agencies cease work in Cambodia	
	1979	Vietnamese intervene and Khmer Rouge overthrown	
	1985	Hun Sen becomes prime minister. Cambodia plagued by guerrilla warfare.	
	1987		Intercountry adoption begins
	1989	Passage of UN Convention on the Rights of the Child	
	1991	Paris Peace Agreement on Cambodia	
	1992		Cambodia ratifies UN Convention on the Rights of The Child
1993-2007: *A measure of attention to OVC care appears*	1993	General election brings to power three-party coalition	UNICEF rekindles work in Cambodia
	1995		Cambodian National Council for Children established
	1990s		Cambodian government founds state orphanages, which grew to 22 in number

	2000	Cambodia initiates sustained period of economic growth	
	2000s	De-institutionalization agenda being enacted globally	
	2001	Government initiates fiscal decentralization reforms	US stops adoption from Cambodia after allegations of child trafficking
	2002	National social protection strategy for the poor and vulnerable approved	
	2005	Paris declaration on policy ownership; Hun Sen reportedly asks donors to give back sovereignty	
	2005-2010		75% increase in number of RCIs
	2006	Cambodian National Strategic Development Plan for 2006-2010 stipulates development of social safety nets	
	2006		MoSVY issues prakas on minimum standards on residential care for children
	2007		Cambodia adopts Hague Convention on Intercountry Adoption
2008-2018: *Seeds of an OVC care system emerge*	2008	UNICEF endorses a global child protection strategy and calls for strong national child protection systems	Prime Minister requests an inter-ministerial body to coordinate child protection work
	2008	Global food and financial crisis places pressure on Cambodian state to address social protection	
	2008	Major legislation in Cambodia on decentralization	
	2009		Funded project to protect vulnerable children begins, supported by UNICEF and USAID
	2009		Moratorium on intercountry adoptions, and adoption of law on intercountry adoptions
	2011		Launch by UNICEF and MoSVY of 3PC—Partnership Program for Protection of Children
	2012	US governments launches global program to assist children in adversity	

	2013		UNICEF and government survey reveals high levels of violence against children in Cambodia
	2013		Cambodian national strategic plan on orphans and vulnerable children 2013-2018
	2014	USAID launches Family Care First, a global initiative to reduce number of children growing up outside of families	
	2014	Founding of Association of Professional Social Workers of Cambodia	
	2015		As part of children in adversity initiative, USAID selects Save the Children and GAC for Family Care First
	2015		GHR Foundation begins funding child protection initiatives in Cambodia
	2015	World leaders adopt SDGs, which unlike MDGs, have a focus on child protection, including violence against children	
	2015		Decision to establish National Child Protection Commission, influenced by Save the Children
	2015		First full enumeration of children in RCIs reveals almost 80% of 13–17-year-olds have at least one living parent
	2015		Sub-decree establishes MoSVY as authority to manage all RCIs
	2016	Cambodia crosses middle-income threshold with one of world's largest poverty declines in past decade	
	2016	Cambodia develops National Social Protection Policy Framework for 2016-2025	
	2016		MoSVY adopts national action plan for improving child care with target of returning 30% of children in residential care to families by 2018
	2016		Government signs UNICEF country program for 2016-2018 that includes 30% reintegration aim for children in RCIs

	2016		Adoption of Law on Juvenile Justice
	2017		Action plan on violence against children for 2017-2021
2019-present: *A formal plan is established for a child protection system*	2019		Government signs UNICEF country program for 2019-2023
	2019		Preliminary discussions on a Child Protection Sector Implementation Plan
	2019		MoSVY reports 43% reduction in number of RCIs since 2015
	2019		Government launches cash transfer program for pregnant women and children under two
	2020	Covid-19 pandemic; government allocates $300 million for emergency household benefits	
	2020		Government adopts National Policy on Child Protection System, 2019-2029
	2021	UNICEF develops global Child Protection Strategy 2021-2030	
	2022	Government drafts new version of National Social Protection Policy Framework, and establishes National Social Assistance Fund	
	2022		Government adopts Child Protection Sector Strategic Implementation Plan for 2022-2026
	2022	National Strategy for Social Service Workforce 2022-2031	
	2023		Draft law on child protection circulated
	2023		Most recent renewal of Family Care First
	2023		Action plan on improving alternative care for children being developed
	2023	After parliamentary elections, Hun Manet becomes prime minister. He is the son of Hun Sen who has been in power for nearly four decades.	

	2023		Government adopts Child Online Protection Guidelines
	2024		Government launches Handbook for Child Protection Standard Operation Procedure for Municipal and District Administration

Sources: Hamilton et al 2018; Save the Children 2021; LICADHO 2018; Nhep and Fronek 2021; Ministry of Health and MoSVY 2010; i33; ADB 2018; OECD 2017; Kwon, Cook and Kim 2015; Kong 2005 in Kwon, Cook and Kim 2015; Kingdom of Cambodia 2008; ECPAT et al 2014; Emerging Markets Consulting 2015; Gwynn, Pak and Mauney 2018; Ministry of Women's Affairs et al 2014; Kingdom of Cambodia 2013; Family Care First 2023; Strategy for Humanity LLC 2019; ILO 2022; Kingdom of Cambodia 2016; Kingdom of Cambodia 2022; Kingdom of Cambodia 2020; Kotoglou 2020; Tran 2021; UNICEF 2021; Kingdom of Cambodia 2023; i23; i40.

Supplementary file no. 2: Major developments on child protection in Cambodia between 2008 and 2018

Year	Type of Development	Development
2008	Government body	Hun Sen designates Council for Agricultural and Rural Development (CARD) to coordinate government child protection work
2008	Policy	Policy on minimum standards of care for orphanages
2008	Policy	Law on Suppression of Human Trafficking and Sexual Exploitation
2009	International initiative	Launch of USAID-funded project titled Strengthening Systems to Protect Vulnerable Children and Families in Cambodia
2009	Policy	Moratorium on and adoption of a law on intercountry adoptions
2009	Policy	Law on protection and promotion of the rights of persons with disabilities
2009	Government body	Establishment of Women's and Children's Consultative Committees, provincial and district-level bodies to empower women and children
2011	Network establishment	Launch of 3PC, a child protection network linking NGOs with UNICEF and government
2011	Policy	Prakas on implementing alternative care for children, establishing a preference for family-based care
2013	Policy	National Strategic Plan on Orphans and Vulnerable Children for the years 2013 to 2018
2013	Data gathering	First systematic survey on subject reveals very high levels of violence against children in Cambodia
2015	Government body	Establishment of National Child Protection Commission
2015	Network establishment	Launch of USAID-supported FCF|REACT, a network of organizations in Cambodia focused on family-based care
2015	Data gathering	First full enumeration of children in residential care

2015	Government body	MoSVY designated the authority to manage all RCIs
2015	International initiative	GHR Foundation begins funding programs in Cambodia
2015	Government body	Establishment of Association of Professional Social Workers Cambodia (APSWC)
2016	Policy	Action Plan for Improving Child Care with the target of safely returning 30 percent of children in residential care to their families
2016	International initiative	UNICEF official country program with a major child protection component
2016	Policy	Law on Juvenile Justice
2016	Policy	Capacity Development Plan for Family Support, Foster Care and Adoption 2017-2023
2016	Policy	Action plan to promote a family setting for children with disabilities without parental care
2017	Government body	Management responsibility for state child care centers transferred from MoSVY to capital and provincial administrations
2017	Policy	Action Plan to Prevent and Respond to Violence against Children 2017-2021
2017	Data gathering	MoSVY takes major steps to improve data collection on child safety and well-being
2018	Policy	Guidelines on Basic Capabilities for Social Workforce in Cambodia

Sources: Family Care First 2023; Guiney 2015; Gwynn, Pak and Mauney 2018; Hamilton et al 2017; Hamilton et al 2018; Jordanwood 2016; Kwon, Cook and Kim 2015; Kingdom of Cambodia 2009; Kingdom of Cambodia 2013; Kingdom of Cambodia 2016; Kingdom of Cambodia 2022; LICADHO 2018; Ministry of Health and MoSVY 2010; Ministry of Women's Affairs et al 2014; MoSVY 2008; MoSVY 2011a; MoSVY 2011b; MoSVY 2011c; MoSVY 2017a; Ministry of Justice and MoSVY 2018; Nhep and Fronek 2021; Save the Children 2021; UNICEF East Asia 2019; Emerging Markets Consulting 2015; Williamson and Gross 2012.

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Both authors were involved in the study design, data collection, key informant interviews, and analysis and interpretation of the data. Jeremy Shiffman wrote the first draft of the manuscript, and Seiha Min contributed to manuscript revisions.

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