

Country Care Profile

Cambodia



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Acronyms

3PC	Partnership Programme for the Protection of Children
AHC	Angkor Hospital for Children
APSWC	Association of Professional Social Workers of Cambodia
BSW	Bachelor of Social Work
CCWC	Commune Committee for Women and Children
CNCC	The Cambodian National Council for Children
CPIMS	Child Protection Information Management System
CRC	United Nations Convention on the Rights of the Child
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CWD	Child Welfare Department
DoEYS	Department of Education, Youth and Sport
DoH	Department of Health (provincial level/ subnational)
DoSVY	Department of Social Affairs, Veterans and Youth Rehabilitation (provincial level)
ECPAT	Ending Child Prostitution in Asian Tourism
FAST	Families Are Stronger Together (Save the Children project)
FCF	Family Care First
HCCH	Hague Conference on Private International Law
ICA	Intercountry Adoption
ICSSP	Improving Cambodia's Society through Skilful Parenting
ILO	International Labour Organization
IOM	International Organization for Migration
ISS	International Social Service
MoCR	Ministry of Cults and Religion
MoEYS	Ministry of Education Youth and Sport
MoJ	Ministry of Justice
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation (national level)
MoWA	Ministry of Women's Affairs
MSW	Master of Social Work
NDSP	National Disability Strategic Plan
NCPC	National Child Protection Commission
NIS	National Institute of Statistics
NISA	National Institute of Social Affairs
OSCaR	Open Source Case-management and Record-keeping
OSVY	Municipal/District/Khan Office of Social Affairs Veteran and Youth Rehabilitation
PAPs	Prospective adoptive parents
RCI	Residential Care Institution
RGC	Royal Government of Cambodia
RUPP	Royal University of Phnom Penh
SSC	Social Service of Cambodia
UN	United Nations
UNICEF	United Nations International Children's Fund
WCCC	Women's and Children's Consultative Committee



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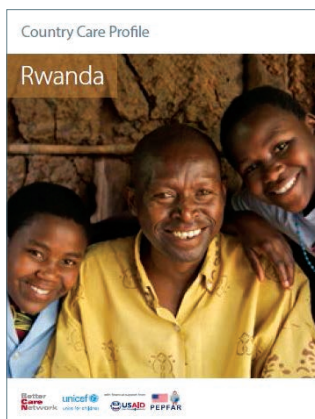


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1 Introduction

1.1 Purpose and objectives

The Cambodian Country Care Profile is one of a series of reports developed by the Better Care Network in cooperation with MoSVY to document care reform efforts and the implementation of the Guidelines for the Alternative Care for Children in various countries. This report examines care reform efforts undertaken by royal government and civil society partners in Cambodia highlighting progress made in the areas of policy and legislation, prevention of separation, reintegration of children from residential care, development of alternative care services and public campaigns. It further highlights promising practices, lessons learned, gap areas and makes recommendations to support ongoing reform efforts.



1.2 Methodology

The international child-rights instruments that framed the documentation of the country care profile included the UN Convention on the Rights of the Child (UN, 1989), the Guidelines for the Alternative Care of Children (UN, 2009), the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (UN, 1993), and the Convention on the Rights of Persons with Disabilities, and the full range of Cambodian laws, and policies relating to vulnerable children, prevention, reintegration, family strengthening and alternative care listed in Section 3.2.

The research was conducted in two stages. The first stage comprised of a review of the national and international scholarly and grey literature, legislation and policy documents, consultations with key informants including the sharing of research findings and recommendations, study reports, policies, action plans, draft reports, donor reports and draft policies. Due to the prioritization of care reform efforts by royal government, UNICEF, child protection NGOs and development partners, an abundance of reports were available for this country profile. Key reports include research and evaluations that document the views and experiences of children and families as well as program and policy evaluations. The second stage of the research comprised a field study, including interviews and focus group discussions held with key royal government stakeholders at the national and subnational level in Phnom Penh and in three selected provinces. Interviews took place with a range of actors working in urban and peri-urban contexts in each selected province. Interview data was collated, coded and analyzed and a field study findings report was produced. The findings were integrated into this report along with information drawn from the first stage of the research.

Two rounds of review were conducted with the members of the reference group. Detailed information on the process and the Data Collection Matrix is found in Annex 2.

1.3 Definitions

The glossary of international and national terms listed in Annex 1 and relevant to this Profile was informed by these key international and regional documents. Clarifying terms highlight where gaps or contradictions may exist between international and national definitions or where knowledge has progressed. Definitions are particularly important in the Cambodian context due to the multiple interpretations and diverse meanings possible when translating into Khmer. A glossary of terms to standardize translated meanings in Khmer is currently being developed.

1.4 Structure of the country profile

The Cambodian Country Care Profile begins with an overview of the context in which child care, child welfare and broader child protection reforms are taking place, including an examination of the data and research on children living outside of parental care or at risk of separation. Section two contains an overview of the child protection and care systems, including a summary of the key actors, institutions and Cambodia's progress with developing information management systems. Section three analyzes the current legal and policy framework, discusses progress and gaps in implementation as well as highlights further legal, regulatory and policy reform efforts underway. Section four discusses the policies and measures designed to prevent separation and recourse to alternative care and gives a summary of the reintegration efforts designed to scale back the use of residential care. Sections five and six give an overview of alternative care practices spanning both formal and informal care and discusses the ongoing efforts to develop new policies and procedures to govern kinship care, foster care and domestic adoption. Section 7 gives a brief overview of care in emergencies and the child protection provisions in domestic disaster management response frameworks. Section 8 describes the campaigns and awareness raising initiatives designed to address the behaviors and attitudes that contribute to separation and child institutionalization and discusses specific risks to children in alternative care. The concluding section captures the key learning and findings and makes recommendations to address identified gaps and support ongoing care reform efforts.

2 Executive Summary (Overview of national care-reform initiative)

2.1 Country context

The Kingdom of Cambodia, situated in South East Asia, reported a total population of 15.3 million in the 2019 preliminary census data.¹ Children make up 37% of the total population. Significant economic growth has been achieved over the last two decades and Cambodia met the World Bank's GNI threshold for a lower income country classification status in 2015.² While the overall poverty rate continues to fall in Cambodia dropping to 14% in 2014, approximately 4.5 million or 30% of Cambodians remain 'near poor' and vulnerable to worsened circumstances.³ Since 2014, it has been thought that poverty rate has dropped; but the COVID-19 pandemic may have made it risen again. This vulnerability is exacerbated by the poor and near-poor people are more vulnerable to the impacts of rapid urban development and increasing climate related hazards.

The Royal Government of Cambodia (RGC) has made significant gains in developing a social protection framework, including social assistance for poor and vulnerable populations who are identified through the IDPoor program. Despite these gains, social protection budget allocations to social assistance remains low, particularly when compared to other countries in the region. As such, existing social assistance schemes are unable to relieve the impacts of extreme wealth inequality for all of Cambodia's poor. Rapid economic development and complex social factors, including the social and educational repercussions of conflict and crimes against humanity, affect the traditional fabric of society, particularly as they relate to children and their families. Migration has become a necessary condition for survival for many Cambodian families. While bringing opportunities for some, it aggravates existing social problems and create new ones for others, particularly for those children and families who are already at a social and economic disadvantage. Although lots of remarkable measures are taken, violence against children is a concern in Cambodia with more than half of Cambodian children experiencing some form of violence from an adult before

the age of 18yrs¹. The problem of family violence is unsurprising given the impact of poverty, intergenerational trauma from periods of conflict, migration for work, reduced access to basic needs and social protection, and rapid societal shifts.

Cambodia relies heavily on traditional caregiving practices for the care of children, including kinship care and shared and intermittent care amongst extended family networks. 88% of children live with a parent, and of the 12% that live outside of parental care, 97% live with kin. Kinship care is the first priority in policy, and preference amongst sub national actors, when considering alternative placements for children unable to live with their parents as it maintains family relationships, identity, community and culture. Despite this, the needs of kinship carers have received far less attention than other alternative care options in the development of the Cambodian child protection system.

The use of residential care rapidly expanded between



2005-2010, with a 75% increase in the number of institutions in operation. There were 639 residential care facilities identified in the 2015 mapping, housing 26,187 children. 63% of these children were in settings classified as institutions. 79% of children in residential care facilities have parents, with poverty, or poverty related issues, including access to education, reported as the primary reason for admission in 75% of cases. Children with disabilities represented 5.6% of all children in RCIs and are more likely to spend longer periods in institutional care and be left behind in deinstitutionalization efforts.⁴ All of the residential care facilities, with the exception of state-run RCIs, identified in the 2015 mapping received financial support from foreign donors. Overseas funding, along with the popularity of orphanage tourism have been identified as significant drivers of the proliferation of institutions in the country. In light of the concentration of resources in residential care settings and the absence of sufficient social assistance and family support services, RCIs became a default social safety net.⁵

Other forms of alternative care exist in Cambodia, including those classified as 'community-based care' under the Alternative Care Policy. This covers other forms of residential care including small group homes and care provided in faith-based settings such as pagodas or churches. Some small group homes have been established in Cambodia in an effort to address the problem of large-scale institutions, however many remain 'small institutions' in terms of size and the regime of care. This categorization of small group homes as community-based care rather than residential care is misleading and could result in children moving from one institutional setting to another under the banner of deinstitutionalization. A fully integrated and comprehensive foster care system is in the embryonic stages of development in Cambodia, however, currently lacks a national framework, including adequate provisions within law and policy. Small scale NGO run foster care programs are promising and have successfully supported children with a range of needs, including children with disabilities, children who are HIV+ and children who have congenital health conditions. Two main types of adoption

¹ UNICEF (2019) UNICEF in Cambodia, Country Programme 2019-2023, retrieved 8 September, 2021 from <https://www.unicef.org/cambodia/reports/unicef-cambodia-country-programme>.

are allowable in Cambodia; domestic (simple and full adoption) and intercountry adoption. Domestic adoption, simple and full, is enabled by the Civil Code. Simple adoption creates a permanent parent-child relationship between the adopted child and the adoptive parent(s), without ending the relationship with the biological parents. Full adoption 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. Domestic adoption orders must be processed by provincial courts, however a lack of clarity regarding the process and requirements and irregular fees remain significant barriers. Intercountry adoption officially began in Cambodia in 1987 and continued up until 2009 when a moratorium was introduced in response to fraudulent adoptions. Since then Cambodia has taken developmental progress towards intercountry adoption reform, balancing obligations towards the rights of the child and external pressures from receiving countries of children to recommence ICA programs. Currently there are agreements with Italy, Spain and Malta in place, with a focus on older children with disabilities. However, at the time of writing this report, no child referred for ICA has been assessed as adoptable due to new, more rigorous gatekeeping processes.

Cambodia lacks a distinct child protection function, with responsibilities for child protection dispersed across a range of ministries as a part of a decentralized child welfare system. Key actors include the Ministry of Social Affairs, Veterans and Youth (MoSVY), which is the technical ministry with primary responsibility for child welfare, including child protection and children in alternative care. Services are overseen and delivered by District and Commune Administrations, which fall under the auspices of the Ministry of Interior (MoI). The Ministry of Women's Affairs and the Ministry of Justice also carry child protection related functions. The legal and policy framework governing child protection and care is fragmented and there is no overarching child protection law. The primary provisions for alternative care exist only at the supplementary law level and harmonization is needed to address inconsistencies resulting from a fifteen-year process of disjointed policy reforms. The current fragmentation has also resulted in confusion

regarding roles and responsibilities of subnational actors who are being given increasing responsibility for child protection and alternative care under decentralization and deconcentration reforms. This is compounded by the underdeveloped status of the social service workforce, with MoI estimates suggesting that there is only one social worker for every 25,000 people, with some districts having no access to social workers at all.⁶ There is a critical need for increased social service workforce investment, including in capacity building. These constraints are recognized by the Royal Cambodia Government and its civil society partners, and significant efforts are underway to develop a robust child protection system, in policy and practice, and enact reforms to improve children's care.

2.2 Care-reform results and promising practices

MoSVY, with the support of UNICEF and civil society, is taking the lead in developing a comprehensive and integrated child protection and care system. Important groundwork has been done to support a system strengthening approach to care reform. This includes:

- Enumeration of children in residential care.
- The digitization of inspection and case management systems.
- Preparatory work to increase investment in developing the social service workforce necessary to deliver both social protection and child protection interventions.
- Integration of prevention of separation strategies in the social protection framework, including the development of guidance to increase commune budget allocation to social service provision and improved targeting of at-risk populations within the national cash transfer program.
- The development of the Capacity Building Plan and Guidelines to support the scaling of family preservation and family-based care.
- Independent assessment of the Capacity Development Plan for Family Support, Foster Care and Adoption.

- The development of the Prakas on the Procedure to Implement Family Based Care, Kinship Care and Foster care.
- The draft Prakas on the Procedure to Implement Domestic Adoption.
- The Implementation Handbook supporting the two aforementioned Prakas and planned training for implementation and capacity development.
- The roll out of Primero and work underway to ensure the interoperability between Primero and OSCaR.
- The development of the CPIMS and national indicators for child protection.
- The development of networks of service providers.

MoSVY's Action Plan for 'Improving Child Care' 2016-2018 has acted as the strategic framework driving the government-led care reform efforts. The 3-year action plan, which was extended to the end of 2020, focuses on achieving a 30% reduction in numbers of children in institutional care across the five key provinces where 65% of the country's institutions and 71% of all children in RCIs are located.⁷ By mid 2019, MoSVY reported a total of 6,582 children and 1,762 youth remaining in residential care institutions, representing a 60.3% and 74% reduction respectively since 2015. The Action Plan introduced a moratorium on the registration of new institutions, which coupled with RCI closures and transitions have seen the reported number of RCIs in operation drop by 45% since 2015. Monitoring of children reintegrated with and without MoSVY involvement commenced in 2018. Whilst the vast majority of children were found to be stable, 8% and 7% of children were assessed as requiring additional support in 2018 and 2019 respectively. This was due to a range of factors including the lack of a standardized approach to reintegration and insufficient operational budgets available for subnational actors to outwork their functions, including family assessments and monitoring. This has resulted in a high degree of dependence on development partners for technical and financial support, creating challenges in ensuring equitable outcomes for

children across all regions of the country. Guidelines for Reintegration and Reunification of Children from RCIs have since been drafted and will enable DoSVY and partner organizations to adopt a consistent approach to reintegration. It is imperative that this is coupled with measures to increase the availability of public services and budget at the local level and ensure sustainability.

Significant work is underway to reform the legislative and policy framework governing children's care. An overarching child protection law is in the early stages of drafting, which will harmonize child protection provisions in existing legislation and address gaps, inconsistencies and provide greater clarity and detail regarding the specific functions of sub national administrations with respect to child protection. This will be supported by standard operating procedures for child protection and a child protection sectoral plan. A Capacity Development Plan for Family Support, Foster Care and Adoption was developed in 2016 to identify gaps and enhance family-based care. The Plan outlined specific actions for implementation supported by MoSVY, UNICEF and other partners. It was launched in September 2018 and included a recommendation to develop a national legislative framework for foster care.⁸ Numerous guidelines and SoPs are also being developed to ensure a consistent approach to the implementation of key policies, including those pertaining to reintegration, reunification, deinstitutionalization and closure or transition of residential care institutions.

Despite commendable progress, the implementation and enforcement of the legal and policy framework continues to be fragmented, particularly at the commune level.⁹ Efforts have been hampered by the slow pace of decentralization and deconcentration reforms and the general under resourcing of the social service sector. Important steps have been taken to address these challenges, including the development of the Social Service Expenditure Guidelines. Disseminated to the national and subnational level in 2018, these guidelines direct communes to increase budget allocation in the commune council budgets and commune investment plans for social services, in particular, to support families, prevent and respond to violence and separation, and

conduct family tracing where separation has already occurred.

Important progress has also been made with respect to the prevention of separation, including thorough strengthening gatekeeping measures, public awareness campaigns and the introduction of the MoSVY administered Conditional Cash Transfer Program. As a part of the 2019 Social Protection Framework, the cash transfer program targets households with children up to two years of age living below the poverty line and vulnerable pregnant women. It is expected to have a positive impact on childhood poverty, and as a result, prevent unnecessary recourse to alternative care for poverty related reasons. Extensive awareness raising efforts and behavior change campaigns underway have resulted in a shift in community attitudes towards residential care. The MoSVY study on attitudes towards residential care conducted in 2011 found that residential care received a high level of support from local officials and community members. 91.9% of family members surveyed agreed it was appropriate to send a child to an institution to access an education. By 2018, public campaigns had garnered critical government and community support for reforms, including the closure and repurposing of residential care institutions as providers of services and family-based care.

Huge gains have been made in the field of data, information management and monitoring of children in alternative care. The inspection system has been improved and digitized, and in 2019 inspections were expanded beyond residential care institutions to all residential settings. Inspections of other alternative care arrangements are limited to spot checks conducted primarily for the purposes of the MOU renewal processes and as such there is no comprehensive data on children in other forms of alternative care. Efforts are underway to address gaps in data with the establishment of the Child Protection Information Management System (CPIMS) and roll out of Primero case management system. This will initially be used to assess children in RCIs, however overtime, will expand to children in all forms of alternative care and other child protection concerns, making it the tool MoSVY will use for child welfare and child protection case management.

The Cambodian government has supported a number of projects to develop the social service workforce to meet the challenges of responding to the complex needs of children and families and to implement reforms. This included the development and release of Guidelines on Basic Competencies for the Social Workforce in Cambodia. A workforce assessment conducted as a part of a regional study led by the Global Social Service Workforce Alliance and UNICEF was released in 2019. A Social Work Code of Ethics was drafted and will be adopted by a sub-decree in the future. This will form a critical part of the country's quality assurance framework for social work, which is a key focus of the RGC-UNICEF 2019-2023 Country Programme.¹⁰ MoSVY, with the support of UNICEF, also developed a business case to document the current social service workforce including efforts to provide support and supervision to workers at the subnational level and to be adopted in the future. The business case was developed to support MoSVY efforts to secure the necessary resources required to enable full implementation of the legal framework for child protection and social protection.

These measures are critical to the overarching child protection and care reform agenda but will take time to have nation-wide effect. Provincial, district and commune level government have limited capacity to fulfil their child protection responsibilities in the interim and will require the support of civil society to continue to fill these gaps

2.3 Challenges and lessons learned

Whilst a strong commitment to care reforms has been made and significant progress achieved, the process of building a strong child protection and care system has not been without its challenges. Legal and policy reforms have been disjointed and have taken place over an extended period of time without harmonization, adding to the fragmentation and confusion around procedures, roles and responsibilities. This has been further exacerbated by the lack of a distinct child protection function and distribution of child protection responsibilities across a number of government agencies without a clear coordination mechanism in place. The slow pace and intermittent nature of decentralization and deconcentration reforms has added to these challenges,



in particular with respect to the transfer of functions and budget from the national to the subnational level.

Ambitious targets were set for reintegration however were not met within the initial timeframe set by the Action Plan. This was partly due to reintegration efforts stalling in 2018 to allow for monitoring, including of reintegration cases that took place without MoSVY involvement. The lack of standard operating procedures for reintegration and a clear criterion for case prioritization also impacted upon the success of reintegration efforts. Unsurprisingly, the monitoring of reintegrated children showed significant variance in the quality of reintegration processes and raised concerns about the appropriateness and sufficiency of the support services provided to children and their families. The availability, suitability and quality of social services at the local level remains a persistent obstacle to the development of a robust child protection and care system. The lack of national coverage of key child and family welfare services and social protection schemes, coupled with an overdependence on small scale NGO run services, results in disparate support and outcomes for children. These obstacles pose

a challenge to implementing a rights-based approach to care reforms, and unless addressed, threaten to leave certain groups of children behind. This risk is most notable for children with disabilities, special needs and children from remote communities, whose needs will be inadvertently deprioritized unless reform strategies are scrutinized for equitable impacts.

3 Overview of country context

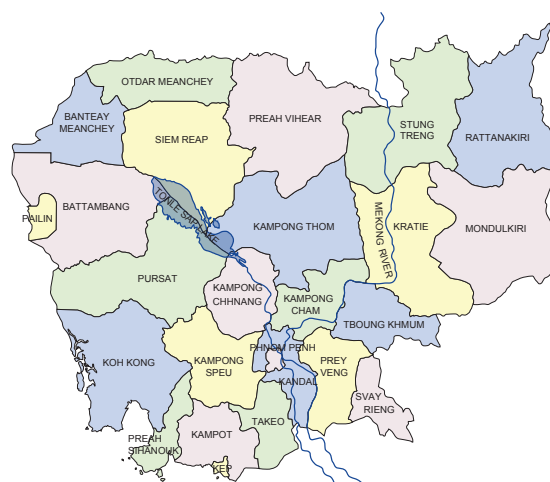
3.1 Country context

The Kingdom of Cambodia, situated in South East Asia, reported a total population of 15.3million in the 2019 preliminary census data.¹¹ This excludes the estimated 1.23million Cambodian people living abroad.¹² Cambodia's urban population is rising rapidly and is expected to reach 30% by 2050.¹³ While the population remains largely agrarian, with 79% living in rural areas as of 2017, Cambodia is experiencing an accelerated shift from an agricultural economy to one where opportunities are in industry and services.¹⁴ Significant economic growth has been achieved over the last two decades.

Cambodia met the World Bank's GNI threshold for a lower middle-income country classification status in 2015 and is now listed in the top fourteen world economies.^{15 16} Foreign Direct Investment (FDI) has exploded in Cambodia, particularly from other Asian countries. Investment is primarily in banking, real estate and construction, including the concentrated development of one hundred casinos in the regions.

While the overall poverty rate continues to fall in Cambodia dropping to 14% in 2014, approximately 4.5 million or 30% of Cambodians remain 'near poor' and vulnerable to worsened circumstances.¹⁷ This vulnerability is exacerbated by rapid urban development and increasing climate related hazards, most notably floods and irregular rainfall patterns¹⁸. The Royal Government of Cambodia (RGC) has made significant gains in developing a social protection framework including social assistance for poor and vulnerable populations who are identified through the IDPoor program. Social assistance includes a number of schemes such as the Maternal and Child Health and Nutrition Scheme, the Health Equity Fund (HEF) the Education Scholarship Program, the Food Reserve System, school feeding programs, the conditional cash transfer scheme and a disability allowance.¹⁹ While budget allocation to social sectors has increased in absolute terms due to government revenue expansion, there has been no increase in the percentage allocation.²⁰ The RGC only allocates 10% of its social protection spending to social assistance for poor and vulnerable populations compared to an average spend of 36% in the region.²¹ This underinvestment in social protection mechanisms, a vital means of wealth and resource distribution, has done little to relieve the impact of extreme income inequality. There are limited statutory provisions for workers outside the public sector, and inadequate social protection limits the capacity of many families to withstand poverty and climate related stressors. These factors, in turn, impact on the ability of families and communities to care for their children.^{22 23} Emergency relief funds are available, however only on an ad-hoc and limited basis resulting in a marginal impact on mitigating the impacts of poverty and disasters.^{24 25}

With rapidly changing social conditions, migration to



urban areas and other countries has become a necessary condition for survival for many Cambodian families. While bringing opportunities for some, the combination of rapid economic growth, migration and limited social protection are likely to aggravate existing social problems and create new ones particularly for those children and families who are already at a social and economic disadvantage.. These shifts in Cambodian society overlay a national history of colonization, crimes against humanity and conflict that has contributed to low educational attainment, affected social structures and the health and well-being of many Cambodians emphasizing the need for investment in social protection, health, education and vocational infrastructure.^{26 27} Rapid economic development and complex social factors affect the traditional fabric of society particularly as they relate to children and their families.

In responding to these conditions, the Cambodian government works closely with civil society, which seek to address gaps in service delivery. The vast majority of services delivered to children and families are donor driven and NGO delivered, which has resulted in a fragmented system comprised of 'small uncoordinated schemes or pilot schemes with different implementers and different sources of finance'.²⁸ Faced with these and other significant challenges, the Cambodian government with the support of UNICEF and civil society is making significant gains in developing laws and policies that address social issues, especially those for the care and protection of children.

3.2 Population of children living outside of parental care, family care or most at risk

Children make up 5.9 million (37%) of the total Cambodian population, with 30% under the age of four, 28% between the ages of five and nine years and 42% aged between ten and seventeen years.²⁹ (See figure 1)

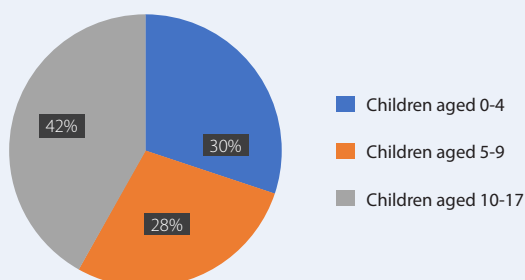
According to the Cambodia Democratic Health Survey (CDHS) conducted in 2014 (the latest available statistics), 88% of Cambodian children lived with at least one parent, with 77% percent residing with both parents.³⁰ Of the 11% of children who lived with only one parent, 9% lived with their mother and 2% with their father. The death of a parent was a factor in only 36% of single-parent cases. The 2014 CDHS statistics identified 5.7% of Cambodian children as 'orphaned' although only 0.6% had lost both parents.

The RGC defines an 'orphan' as a child who has lost one or both parents.³¹ Although in alignment with some international definitions, defining orphan-hood through the loss of only one parent gives a false reading on the state of orphan-hood. Defining orphan-hood by the loss of only one parent is only applied in low to middle-income countries where child protection systems are underdeveloped. Social understandings of true orphan-hood require two deceased parents.³² When issues are not properly defined such as accurate numbers of true orphans, interventions developed are ill equipped to properly respond to the real problems and their failure can lead to the unnecessary separation of children from

Figure 1:

Cambodian child population by age group

source CDHS 2014



families and communities.

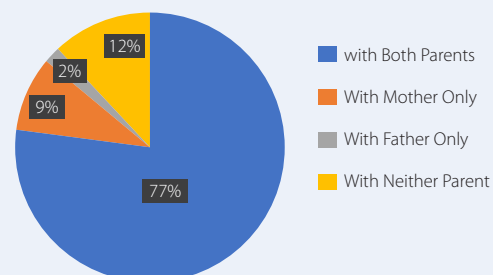
In 2014, 12% of children lived with neither parent. Of these, both parents were living in 84% of cases and one parent living in 10% of cases. This indicates that factors other than orphan-hood contribute to the majority of situations where children are deprived of parental care. Of the 12% of children living outside of parental care, 97% of these children lived with extended family, while only 3% of households reported caring for a child unrelated to the head of the household. It is not known how many of these children were related to another member of the household and therefore in kinship care. These figures do

not systematically capture children living outside of

Figure 2:

Figure 2: Children's living arrangements CDHS 2014

source: CDHS 2014



family-based care, including children living on the streets, in all forms of residential care and children in detention.

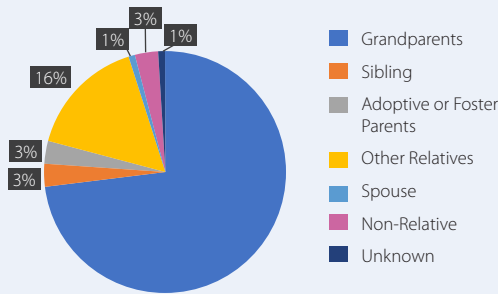
Children outside of family-based care are amongst the categories of children who experience particular vulnerabilities, which will be further examined below. Sub-decrees and Prakas also provide formal definitions of vulnerable children and child victims (see Definitions, Annex 1 on page 61).

Child abuse and exploitation

Violence against children is a concern in Cambodia with more than half of Cambodian children experiencing some form of violence from an adult before the age of 18yrs. The Cambodian Violence Against Children Survey conducted in 2013 found that around one quarter of

Figure 3:**Living arrangements of children outside of parental care**

source: CDHS 2014



children between the ages of 13-17 reported experiencing emotional abuse, and 6.4% of girls and 5.2% of boys reported some form of sexual abuse.³³ More recent prevalence data released by the National Institute of Statistics (NIS) showed that 8% of children between the ages of 13-17 had experienced physical violence from a parent, caregiver or relative in the last month and over 45% had experienced emotional abuse. Children from ethnic minority groups are classified as vulnerable under the social protection framework and are more likely to experience rights violations and a higher exposure to violence.^{34 35}

Children in Cambodia are also vulnerable to experiencing exploitation linked to trafficking. Cambodia is a source, transit and destination country for child trafficking. In the majority of cases, Cambodian child victims are trafficked from rural to urban areas and to other countries such as Thailand and Vietnam for sexual exploitation or hazardous child labor.^{36 37} Child trafficking and the sale of children has also been linked to orphanages and inter country adoption.³⁸ These issues are discussed further in latter sections of the report.

Children living in poverty

Poverty is the primary underlying cause of vulnerability in Cambodia and has a disproportionate and wide-reaching effect on children. Analysis of the 2014 CDHS shows that 16% of children were living below the monetary poverty

line with 48% of children classified as multidimensionally poor, experiencing deprivation in at least three dimensions of wellbeing.^{2 39} The Royal Government of Cambodia has made good progress pushes to in providing children with birth certificates but there are still many children from poor families who haven't got birth certificates. This challenge which in turn impedes access to essential services and undermines protection efforts in the event of abandonment, separation, abuse or with respect to age related crimes such as child labor and child marriage.⁴⁰ Children affected by poverty are more likely to experience a range of threats to their wellbeing, including violence, trafficking, fraudulent adoptions, child labor, other forms of exploitation and deprivation of parental or family care.

Children left behind due to migration

Although migration for work may bring positive, economic benefits for some families, it has negative implications related to separations and the care of children. It is not uncommon for both parents to seek work outside their communities resulting in children being left behind. IOM research conducted in 2019 found that in 63% of sampled migrant households, both parents migrated and in only 14% of households, were children being cared for by a parent.⁴¹ According to the 2015 study on left behind children, of the 46% of cases of children deprived of parental care, 20% live with elderly grandparents and 0.6% live in child-headed households.⁴² Child-headed households are associated with poorer living conditions, heightened vulnerability and lower educational attainment rates when compared with other households in their communities, indicating a greater need for the provision of formal and informal support systems in the community.⁴³ Institutionalization has been a means of social protection to house and feed children and to access education and healthcare during periods of parental absence. This is exacerbated by the limited capacity of poor communities or elderly kin to provide for all the needs of left-behind children.⁴⁴ Increasing social assistance is critical to preventing recourse to alternative care for poverty related reasons as well as the development of mechanisms to address pull factors, including orphanage tourism, that encourage the institutionalization of children.⁴⁵

2 Deprivation dimensions include nutrition, health, ECD, water, sanitation and housing.

Children in Residential Care

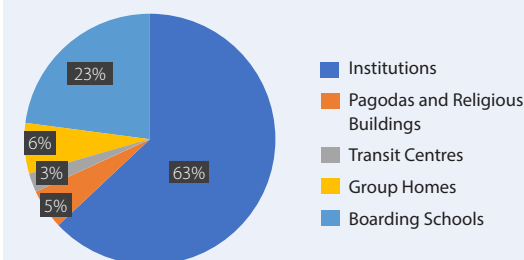
In 2015, the first full enumeration study of children in residential care was conducted. 26,187 children were reported to be living in 639 residential care facilities across the country. 406 of these facilities were classified as ‘institutions’ housing 63% or 16,579 children of the total number of children in residential care.⁴⁶ 79% of children in institutions were found to have at least one living parent with poverty or poverty related issues, including access to education, the cause of admission in 75% of cases.⁴⁷ Only 9% of children stayed six months or less in institutions while the rest remained in long-term care or for unspecified periods.⁴⁸ The majority of children were of school age with 2% aged three years of age or under.⁴⁹ ⁵⁰ In terms of children in need of specialized support, 6% of children in residential care institutions had disabilities, 3.5% were living with HIV/AIDS, 1.6% had required detoxification services and 1.5% were victims of trafficking.⁵¹ While some institutions were established specifically to cater for certain special needs, most do not provide specialized services or have adequately trained staff.⁵² ⁵³ Proponents of institutional care purport that meeting children’s specific needs including for HIV treatment, rehabilitation from sexual exploitation, or care for children with disabilities, constitute legitimate reasons for admission into long-term institutional care, particularly in the absence of other more appropriate services. Such approaches raise concerns about discrimination, segregation and lack of evidence-informed practices. They furthermore inhibit effective gatekeeping and the development of more appropriate services and contribute to unnecessary child institutionalization. Of children residing in other types of residential care settings, 6.5% were in transit centers, 16.5% in group homes, 63% in boarding schools and 14% in faith-based care, including Pagodas.

By the end of 2018, MoSVY reported that the number of residential care institutions (RCIs) had been significantly reduced to 265 and the number of children in institutions to 7,634. Data from the first round of inspections in 2019 suggests a further 13% reduction across all forms of residential care, with a total of 9,382 children in residential care, 6,582 of whom are in RCIs.

Interrelated factors that have contributed towards decisions to place children in residential care included death of a parent, divorce and/or remarriage, death of a child, illness, disability, substance abuse, poverty, violence

Figure 4:

Children in residential care by setting 2015



and migration. A more recent MoSVY study suggests that violence may be an underreported contributing factor to the institutionalization of children. The report suggests that parents cite poverty as the reason for admission to avoid the loss of face associated with disclosing family violence.⁵⁴ It has been reported that some village chiefs use RCIs as a child protection mechanism in response to family violence, despite awareness of the negative impacts associated with institutional care.⁵⁵ The problem of family violence is unsurprising given the impact of poverty, intergenerational trauma from periods of conflict, migration for work, reduced access to basic needs and social protection, and rapid societal shifts.

In the absence of social safety nets and family support services, RCIs became a default social safety net.⁵⁶ A number of pull factors that contribute to the institutionalization of children include the promise of opportunity by connecting families to a new quasi-patronage line with overseas donors (foreigners or Cambodian diaspora) that promises access to a higher standard of living and resources, and prospects for education and employment for children throughout various life stages. Whether these opportunities are perceived or actual, placing a child in residential care can be seen as a means of improving the prospects of the whole family due to the constitutional and cultural

obligation of adult children to provide for parents. Orphanage tourism and donor preferences are also strong pull factors.

Street Connected Children

In 2015, 3,545 children were identified as homeless or living on the streets in the seven key hot spots, Poipet, Battambang, Kompong Cham, Prey Veng, Preah Sihanouk, Phnom Penh and Siem Reap.⁵⁷ The full extent of homelessness in Cambodia is likely to exceed this number given only select provinces were included in this research.⁵⁸ An earlier study conducted in 2007 suggested up to 24,700 children across the country were street connected. This study included children who worked on the streets and returned to their families at night.⁵⁹ Updated national figures on street connected children were due to be released at the end of 2020 and will be based on the findings from a nationwide survey. Street connected children living on the streets are at higher risk of being trafficked, exploited, subjected to violence or engaged in the worst forms of child labor.⁶⁰ These children constitute one of the groups most vulnerable to sexual exploitation particularly by foreign sex offenders and tourists who engage in opportunistic abuse.⁶¹ Police and authorities regularly sweep the streets rounding up these children ahead of important events such as visits from foreign dignitaries. These actions whether aimed at prevention or cleaning up the streets risk further harm to children through arbitrary detention or institutionalization.⁶²

Children in Conflict with the Law

In 2019, 1540 children in conflict with the law, assumed to be between the ages of 14-17, were incarcerated in adult prisons across the country in the technical limitation of specialized youth correctional facilities.⁶³ Figures have risen rapidly since 2015 with the rise linked to the enforcement of stringent measures to combat drug related offenses.⁶⁴ Attempts are made to separate juveniles from adult offenders in some prisons, subject to occupancy rates, however this does not occur in all prisons where children are detained.⁶⁵ Poverty is a contributing factor as child incarceration rates are known to increase where families cannot afford legal counsel.⁶⁶ Despite the progress made, in some cases, incarcerated

children are denied family visits, access to education, recreation and nutritious food, that may compromise their development and prospects for rehabilitation. Children in prisons are at high risk of abuse by adults, particularly prisoners with whom they enter into client-patron relationship as a means of securing money and protection.⁶⁷

Children with Disabilities

Children living with disability are vulnerable to experiencing rights violations, violence, exploitation, stigma and institutionalization.⁶⁸ While true prevalence rates of disability across the total child population are unknown, 15.6 % of children between the ages of two and nine years of age were found to have an impairment and 10.1% were found to have a disabling condition.⁶⁹ Disabilities are underdiagnosed particularly those disabilities that are not physical and visible. Early detection and access to intervention programs pose challenges due to stigma (limited knowledge in the general population about disabilities and cultural beliefs about merit, karma and shame), few and unevenly dispersed programs, cost and caregiver uncertainty.⁷⁰ Children with disabilities also experience more incidents of abuse within families due to additional stress, perceived burden and other factors, and experience family and community exclusion. Similar to other low and middle-income countries, the priority of many services is on ensuring survival, with limited capacity to focus on community-based rehabilitation that promote inclusion, development and functioning.

Due to the limited availability of community-based rehabilitation programs, stigma, poverty, and access to education and healthcare, children with disabilities are in some instances admitted to RCIs. As noted in the 2016 MoSVY mapping exercise, children with disabilities represented 5.6% of all children in RCIs and are more likely to spend longer periods in institutional care and be left behind in deinstitutionalization efforts.⁷¹ In a 2015 survey conducted by Friends International, 26.3% of civil society organizations providing residential care services stated that they did not think children with intellectual disabilities could be reintegrated back into their communities, and a further 12.3% indicated that they

were unsure. Recommendations made in a report to MoSVY suggested that children with mild to moderate disabilities should be considered for family-based care whereas group home living should be considered for children with severe disabilities. These recommendations were made in response to limited and appropriate support services currently available, however did not recognize that many small groups homes remain institutional in terms of the regime of care. Whilst recognizing the challenges of limited services, such recommendations threaten to deprive children with disabilities of the opportunities that should be afforded to all children regardless of abilities. Placement with immediate families, kin and communities should be first explored with the provision of appropriate supports. As with other children, the best placement based on assessment of their unique needs, best interests, family circumstances and case managed support should always be explored.⁷² Recommendations that circumvent these interventions divert attention from the prioritization of family-based care for children with disabilities and investment in the expansion of disability services that remove barriers to inclusion and the rights of these children. MoSVY is alert to the need for family-based care for children with disabilities and further work is planned to include the access of children with disabilities to kinship care, foster care and domestic adoption, and to revise the definition of small group homes. Small group homes that provide individualized care in a family setting, rather than institutional care, and enable children to maintain contact with their families and communities, can best meet the needs of some children of all abilities and ages in exceptional circumstances. This may in some instances including sibling groups who may not necessarily be able to live with their families. However, all forms of residential care should remain last resort and temporary and the exceptional use of residential care, including for children with disabilities, needs to be appropriately regulated.

Compared with their peers, children with disabilities are twice as likely to be denied education, in part, due to community attitudes. Further barriers to education for children with disabilities include poverty, physical barriers, transport, additional support within the classroom for

physical care or learning needs including assisted technologies, and teacher knowledge about disabilities, skills and suitable pedagogies⁷³. Inclusive education is being promoted by the Ministry of Education (MoEYS) and inclusive and integrated classrooms have been introduced into some government schools. A national approach is yet to be achieved.

These programs are often supported by NGOs, such as Save the Children and The Rabbit School Organisation, who partner with the Ministry of Education, Youth and Sport (MoEYS) to support children with disabilities to achieve their right to education. Short courses on inclusive education have been integrated into the national level teacher training, which is promising. The need for degree level courses to address deficits in technical expertise, knowledge and skills related to the education of children with disabilities in integrated classrooms are identified gaps.⁷⁴ There are no evaluations on how well anti-discriminatory and empowerment strategies are being adopted into schools or research that explores the challenges faced by principals and teachers and their attitude towards meeting the needs of children with disabilities in environments with limited resources and the additional workload inclusive education entails. As one informant noted, 'principals' attitudes towards inclusive education and the lack of incentive for teachers to engage in professional development or to put in the effort required to support children with disabilities remain significant challenges to inclusive education'.

Children Affected by HIV

Cambodia has made significant progress reversing its HIV epidemic and has achieved near universal access to treatment.⁷⁵ As a result both prevalence and mortality rates are in decline. In 2015, an estimated 4,046 Cambodian children under the age of 14 were living with HIV and the vertical transmission rate was down to 6%.⁷⁶ An estimated 85,000 have been made vulnerable by HIV with children from HIV affected households 1.7 times more likely to live below the poverty line and be more vulnerable to child labor, food insecurity and the impacts of migration.⁷⁷ In 2013, one third of all HIV affected households were caring for a child who had lost at least one parent to AIDS, placing them at greater risk of being

separated and placed in institutional care.⁷⁸

Children Engaged in Child Labor

Due to poverty and limited access to social protection, Cambodian children are made vulnerable to engagement in child labor, including labor classified as the 'worst forms', to supplement family income. An ILO and NIS study in 2012 found that 11% of all children were involved in child labor, with 55% of these children working in hazardous conditions.⁷⁹ While the overall number of working children dropped between 2012-2017 from 23.6% to 18.5%, this does not necessarily reflect a decline in the number of child labor cases.⁸⁰ In 2018, 400 children were removed from plantations during labor inspections and 39 violations reported through criminal law enforcement efforts.⁸¹ Identifying cases of child labor and rescue efforts are hampered by the low impact of labor inspections which are carried out infrequently and rarely focus on high risk industries in rural areas, such as brick kilns and plantations, where the majority of child labor takes place.⁸² Gaps also exist in the operational procedures of law enforcement which inhibits the full enforcement of child labor laws.⁸³ Sanction and penalties for violations found are rarely and inconsistently imposed, significantly weakening the deterrent effect.⁸⁴

4 Child protection and child-care system

4.1 Stakeholders and groups

A wide range of actors are involved in children's care and protection, including numerous Ministries and their respective sub national structures, INGOs, NGOs, faith-based organizations, community volunteers, community and religious leaders, parents and children themselves. Even though there is up to date definitive number, there are between 3,000 to 4,000 NGOs, associations and community service organizations in Cambodia. Many programs are donor driven and delivered at the commune level. MoSVY has the primary mandate for social welfare and vulnerable children, including child protection and children in alternative care.

There are numerous intersections between MoSVY's mandate and the functions of other ministries. For example, the Ministry of Interior (MoI) oversees the District Administration and Commune/Sangkat Administration, including the Commune Committees for Women and Children (CCWC). These subnational administrations have an important role to play in gatekeeping, frontline child protection and social service delivery at the community level. The Ministry of Cults and Religion (MoCR) oversee Pagoda-based care and faith-based organizations that provide residential care for children. The Ministry of Justice (MoJ) makes legal decisions and issues court orders pertaining to termination of parental rights, guardianship and adoption. The fragmentation of child protection responsibilities across a range of ministries has led to a lack of clarity around roles and responsibilities with respect to child protection and care reform efforts. This has been exacerbated by the absence of an overarching child protection law and the limited implementation of decentralization reforms, including incomplete transfers of functions and budgets from the MoSVY to the subnational administrations. Examples include:

- Gaps in enforcement of the care sector regulatory framework, in particular the registration, inspection and enforcement of minimum standards across all care settings and service providers.
- Role confusion between CCWCs, Office of Social Affairs and Social Welfare and the Department of Social Affairs, Veterans and Youth (DoSVY) with respect to reintegration, gatekeeping, child protection and family preservation interventions still consists of gaps by a limited clear referral system. The impact is most pronounced in cases involving multiple geographical jurisdictions.

A significant body of work is underway to address these gaps and streamline functions, particularly through the development and implementation of new laws, coordination structures and the ongoing transfer of functions as a part of decentralization and deconcentration reforms. Measures include:

- The implementation of Sub Decree 119, which gave MoSVY the mandate to inspect all residential care settings, including those under the jurisdiction of other Ministries. Expanded inspections commenced in 2019.
- The implementation of Sub-Decree 184 on the Functions and Structure of the District Administration, which was enacted in December 2019. This enables the full transfer of child protection and welfare service delivery to the sub-national level administrations and provides greater clarity regarding the delineation of responsibilities and interaction between MoSVY and Mol at the national level and the subnational administrations.
- The development of supplementary regulations on family-based care which will address the accreditation of providers of family-based alternative care services.
- The drafting of a new overarching child protection law which will bring together the provisions in existing legislation and address gaps, inconsistencies and provide greater clarity and detail regarding the specific functions of sub national administrations with respect to child protection. This is due to be completed in 2020.
- The development of a high-level coordination structure at the national level led by the Minister of MoSVY and with the Cambodian National Council for Children (CNCC) acting as Secretariat. This will facilitate improved coordination between government, UN bodies and civil society and have oversight over the implementation and monitoring of a new child protection sectoral plan currently under development.⁸⁵
- The development of a new sub-decree detailing the organisation and functions of MoSVY in light of the significant changes resulting from decentralization and from the creation of the aforementioned high-level national coordination structure.⁸⁶

Table 1:

Stakeholders

	Stakeholders	Primary Responsibilities
Government		
National	Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)	MoSVY is the ministry with the overarching responsibility for the protection and wellbeing of children nationally. MoSVY has the primary responsibility for children in alternative care and for the development of the laws, policies, sector and strategic plans and technical standards to guide care reforms and social service provisions nationally.

	<p>MoSVY houses a number of key departments with responsibilities over specific aspects of children's care and protection, including the, Department of Rehabilitation, Inter Country Adoption Administration (ICAA) and the Child Welfare Department (CWD). The CWD is comprised of 5 offices, including Child Protection, Alternative Care, Adoption, M&E and Database Management and Communication and Administration.</p> <p>MoSVY is the lead ministry in the implementation of the cash transfer program to poor families and the coordinating ministry for the Violence Against Children (VAC) National Action Plan; and the lead Ministry for the implementation of the Juvenile Justice Law. The Minister of MoSVY will also lead the new high-level national coordination mechanism for child protection and oversee the implementation of the child protection sectoral plan with Mol.</p>
National Child Protection Commission (NCPC)	<p>The NCPC has the mandate to ensure the cooperation and coordination of all government and non-government actors involved in child protection. The NCPC is further responsible for identifying and addressing gaps in the legal framework, promoting its implementation and providing the technical assistance to aid implementation. The NCPC will have the lead responsibility to implement the National Child Protection System Policy once developed and adopted.</p>
Cambodian National Council for Children (CNCC)	<p>Has the mandate to ensure compliance with international human rights instruments and coordinate the 'survival, development, protection, improved welfare of children and child participation'. Along with the National Child Protection Commission, the CNCC is responsible to developing the national child protection system.</p> <p>CNCC works with nine other ministries at the national level and has sub national structures in twenty-two provinces. CNCC will act as the Secretariat for the new high-level national coordination mechanisms for child protection and will be responsible for the development of the new overarching child protection law.</p>
Ministry of Interior (Mol)	<p>Mol has the mandate to oversee the subnational administrative structures responsible for social service provision and frontline child protection and child welfare. This includes the district and commune councils, their administrations and respective consultative committees (CCWC and WCCC). Mol has joint responsibility with MoSVY and MoJ over the implementation of the Juvenile Justice Law and will have joint responsibility with MoSVY for the development and implementation of the Child Protection Sectoral Plan.</p>
Ministry of Women's Affairs (MoWA)	<p>MoWA is the lead ministry for the implementation of the National Positive Parenting Strategy, which includes amongst its objectives, the prevention of separation.</p>
Ministry of Cults and Religion (MoCR)	<p>MoCR is the ministry responsible for all faith-based organizations providing care for children, including in Pagodas and churches or church-run facilities. MoCR is also responsible for overseeing the implementation of the Pagoda Child Safeguarding Policy.</p>
Ministry of Justice (MoJ)	<p>MoJ is the Ministry overseeing the system of provincial courts responsible for making decisions and issuing court orders pertaining to the divestment of parental rights, appointment of guardians for children and domestic adoption. MoJ also has joint responsibility along with MoSVY and Mol for the implementation of the Juvenile Justice Law.</p>
Ministry of Education (MoEYS)	<p>MoEYS plays key role in providing education to children as well as young adolescence. It also works to promote sport activities and provide dormitory to young students, especially those migrating to study in urban areas or in Phnom Penh.</p>

	Ministry of Labor and Vocational Training (MoLVT)	MoLVT works on the issue of child labor through its 2008-2012 National Action Plan to Eliminate the Worst Forms of Child Labor, and the 2016-2025 NAP on the Reduction of Child Labor and Elimination of Worst Forms of Child Labor
Sub-national	Provincial Department of Social Youth and Veteran Affairs (DoSVY)	DoSVY is the capital/provincial line office of MoSVY and is responsible for the oversight of State run RCIs, data collection on children in alternative care and the preparation of budgets for the provincial and district offices of social affairs. DoSVY officials have a critical role in the reintegration of children under the 'Action Plan' and are expected to provide technical support to Office of Social Affairs and Social Work officials and CCWCs regarding the implementation of laws, policies and sector technical plans developed by MoSVY.
	Women and Children Consultative Committees (WCCC)	The WCCC is one of three consultative committees established at the provincial level to support the Provincial Council. The WCCC is mandated to support the implementation of the Alternative Care Policy primarily through resource mobilization and capacity building, including the analysis of provincial data and inclusion of child protection issues and service needs in provincial plans.
	District Administration ³	The District Administration is comprised of 13 offices and is the main mechanism for public service delivery and local development at the district level. As a part of decentralization reforms, line offices of technical ministries that formerly existed at the district/municipal level, have been integrated into the relevant offices of the District Administration. The District Administration relates to a wide range of technical ministries however is managed by Mol
	Social Affairs and Welfare Office (OSVY)	OSVY is an office within the District Administration which acts as the Secretariat for the administration of social affairs and social service provision at the district level. As a part of the decentralization reforms, the former district line office of MoSVY was integrated into OSVY as of January 2020. As a result, OSVY has absorbed all former DoSVY district-level responsibilities, including for district level data collection on children in alternative care, liaising with Commune Councils to ensure the protection of children in alternative care and child victims accessing community-based services within the district and facilitating collaboration between service providers and tracking referrals. OSVY is also responsible for the case management of new child protection cases and cases that fall outside of the mandate of the CCWC, including complex cases, non-kin placements and children in institutions or at risk of institutionalization. OSVY is also responsible for conducting inspections of residential care facilities.
	Commune Committee for Women and Children (CCWC)	CCWCs are the commune level entities responsible for women and children. CCWCs provide frontline child welfare services, including prevention, referral, gatekeeping and reintegration. CCWCs are empowered to place a child in kinship care within the same commune or refer a child to OSVY/DoSVY in instances where local family-based placements cannot be facilitated. CCWCs play a critical role in the reintegration of children, including monitoring, resource mobilization and reporting on the status of reintegrated children during Commune Council meetings.
Local	Village-Based volunteers	Village-Based Volunteers are overseen by Mol as a component of local administrations and support the functions of the CCWC.
Social Work Higher Education Institutions and Professional Associations		

² At the time of writing the transfers of these functions from had been enacted in supplementary law, however, were yet to be fully implemented.

Association of Professional Social Workers of Cambodia (APSWC)	The APSWC was founded 2014 and registered with the Ministry of Interior in 2015. It is the professional association for qualified social workers and students and accepts membership from workers from the field without a degree. Its vision to professionalize social work in Cambodia with high code of conduct, excellence in practice and a strong support network. Currently in Cambodia, there is no legal protection for the title “social worker”, no certification, licensing, registration or accreditation for qualified social workers.
National Institute of Social Affairs (NISA) (Phnom Penh)	NISA was established 2011 by MoSVY and is under its jurisdiction. The Institute offers a Bachelor of Social Work (BSW), provides short courses, training seminars, and conducts research.
Royal University of Phnom Penh (RUPP)	The RUPP/ University of Washington Social Work Partnership was established in 2004 to support the development of the Department of Social Work within the university. The University offers a Bachelor of Social Work (BSW) and a continuing education program that focuses on child protection and child welfare and conducts research. Studies focus on child welfare, mental health and healthcare sectors. The BSW has a relationship with the University of Washington and the MSW has a relationship with Ewha University, South Korea.
St Paul Institute	St Paul Institute, a Catholic institute of higher education founded in 2013 is located in Takeo Province and delivers a Bachelor of Social Work (BSW). It is a member of the Association of Southeast and East Asian Catholic Colleges and Universities (ASEACCU).

UN Agencies, Non-Government Organizations and Coalitions

National	UNICEF	UNICEF is the key technical partner to the RGC in the development of the child protection sector, supporting MoSVY at the national and sub-national level, but also supporting the Ministry of Women's Affairs, Ministry of Justice, Ministry of Cults and Religion and the Ministry of Interior in child protection and care reform related interventions.
	Save the Children Cambodia	Save the Children Cambodia acts as the facilitator for Family Care First as well as co-leads the CPIE cluster.
	Family Care First (FCF)	FCF is an initiative using a collective approach backed by USAID which fosters cross sector collaboration towards a shared goal of increasing the number of children living in safe and nurturing families.
	The Partnership Program for the Protection of Children (3PC)	3PC is a tripartite partnership between MoSVY, UNICEF and Friends International, who further coordinate a network of 10 NGOs. 3PC was established to facilitate social services, capacity building for NGOs, and royal government and creation of children protection system in Cambodia
	NGO Coalition on the Rights of the Child (NGOCRC)	Advocates for and monitors the Rights of Children in Cambodia. The NGOCRC submits the alternate report on the implementation of the CRC and its optional protocols to the Committee on the Rights of the Child.
	Plan International Cambodia	Supporting the government to develop the National Child Protection System Policy

Key Care Sector NGO Service Providers	Angkor Hospital for Children, APLE, Cambodian Children's Trust, Children in Families, Children's Future International, Damnok Toek, First Steps Cambodia, Friends International, Hagar, Holt International, Kaliyan Mith, Komar Rikreay, Mith Samlanh, M'lop Tapang, Mothers Heart, Mlup Russey, Safe Haven Medical, Outreach This Life Cambodia.
Major Donors	Cornerstone Foundation, DFAT, EU, First Fruits Foundation, GHR, Oak Foundation, Stars Foundation, UNICEF, USAID, World Childhood.

Numerous other small NGOs and Faith-Based Organizations provide alternative care services in Cambodia with the vast majority still providing residential care services. Almost all of the privately-run residential care services receive funding from individuals and charities overseas.⁸⁷

4.2 Information management system

Although MoSVY and other national and subnational departments have had data collection systems in place for some time, these systems have been limited, fragmented, relied mainly on paper-based documentation, and to date have concentrated on the five targeted provinces (Phnom Penh, Siem Reap, Battambang, Preah Sihanouk and Kandal). Between 2017-2018, significant steps were taken to improve data collection, with the introduction of the MoSVY digital inspection system and the 'checklist for child safety and wellbeing update' to monitor children undergoing reintegration. In 2018, a mapping exercise was conducted that assessed existing data collection and information management mechanisms across agencies and identified systemic gaps. The mapping exercise culminated in a report which was used to guide the ongoing development of a Child Protection Information Management System (CPIMS). In 2019 the development of the CPIMS took significant strides forward and evolved at two distinct levels:

1. Sectoral monitoring
2. Operational/individual case management.

To enable sectoral monitoring, a Child Protection Monitoring Framework was developed. The framework comprises of core indicators important for monitoring the functioning of the child protection system. These were identified in consultation with sector stakeholders and endorsed by the Minister of MoSVY in 2019.⁸⁸ A data dashboard, which will display aggregated and

anonymized centralized data, has been prepared and launched. The standardized data collection tool will be digitized and linked to the dashboard via a user-interface, allowing for a streamlined process of ongoing data collection. Whilst the overall responsibility for coordinating the CPIMS lies with MoSVY, data focal points have been appointed from other partner ministries along with the relevant technical departments within MoSVY. Data focal points have identified the lack of harmonization across ministries with respect to information systems as a key challenge that will impede data collection unless adequately addressed.

At the operational level, Primero was introduced in 2019 as the case management system to be used by government. This will allow for individualized assessments and tracking of children across agencies and enhance monitoring. Whilst the assessment of children in residential care settings is being prioritised in 2020, overtime Primero will be expanded to encompass the whole social and child welfare sector. A second component being prioritised within Primero's roll out is the interoperability with OSCaR, the locally developed open source digital case management system widely used by Family Care First members and other child protection NGOs in Cambodia.

These represent critical developments, as comprehensive and coordinated data will provide the basis for identifying need, evaluating future services, prioritization of investment and monitoring the progress of children who come into contact with the care and child protection system.

4.3 Interface of care and child protection systems

MoSVY, with the support of UNICEF and civil society, is taking the lead in developing a comprehensive and integrated child care and protection system. It is well recognized that meeting the care and protection needs of Cambodian children requires a critical review of the existing child welfare system, the identification of strengths and weaknesses, inter-ministerial collaboration to address gaps and contradictions and the harmonization of laws, policies and practices. The end goal must be the formation of a distinct and clearly articulated child protection system which is inclusive of children's care. Currently child protection, including care, is a dispersed function within the child welfare system, and there is no specific line item in the government's budget for child protection or children in care.

With respect to children's care, how various programs (family strengthening, kinship care, foster care and adoption) in the emerging child protection system work together, remains uncertain. Developing clarity around responsibilities in practice are important aspects of reform. The Capacity Development Plan for Family Support, Foster Care and Adoption made three broad recommendations for reform:

- Clearly identify responsibilities, promote enhanced co-operation and ensure adequate budget for alternative care and adoption related actions.
- Create a comprehensive coordinated nationwide database of children who are at risk of separation and of children in care.
- Build up social workforce and ensure comprehensive training of all professionals
- Led by MoSVY, the government has taken important steps in progressing reforms, particularly in the area of legislative and policy reforms, with significant gains made (see Reforming the legal and policy framework section).

5 Legal and policy framework

5.1 Ratification of key international instruments

The Royal Government of Cambodia (RGC) has ratified a wide range of international treaties, including eight of the nine core human rights treaties. Table (1) provides an overview of Cambodia's ratification status.

Table 2:

Cambodia's Ratification of International Treaties

Convention or Protocol	Ratification Status
Universal Declaration of Human Rights	Recognized in the Cambodian Constitution
International Covenant on Economic, Social and Cultural Rights (CESCR)	Ratified 26th of May 1992
International Covenant on Civil and Political Rights (ICCPR)	Acceded to 26th May 1992
Convention on the Rights of the Child (CRC)	Ratified 15th of October 1992
Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)	Acceded to 15th October 1992
ILO convention 138. on the Minimum Age	Ratified 23rd August 1999
The Protocol to Prevent, Suppress and Punish trafficking in Persons, Especially Women and Children.	Ratified 11th of November 2001 and brought into effect on the 1st of August 2007
Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Prostitution and Child Pornography (OPSC)	Ratified 21st February 2002
International Convention on the Protection of the Rights of all Migrant Workers and their Families	Signed 27th September 2004
Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (OPAC)	Ratified 16th of June 2004
ILO Convention No.182 on the Worst Forms of Child Labor	Ratified 14th of March 2006
Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption	Acceded 1st August 2007

Optional Protocol on the Convention on the Rights of Persons with Disabilities	Signed 1st October 2007
Optional Protocol to the Convention on the Elimination of all Forms of Discrimination Against Women	Ratified 12th January 2011
Convention on the Rights of Persons with Disabilities (CRDP)	Ratified 20th of December 2012

5.2 Laws, policies, guidelines and regulations

While there is currently no comprehensive, overarching child protection Act in Cambodia, the basics of a child protection legal framework exists, and offers protection to children in a wide range of situations. This framework consists of articles in the Constitution, domestic legislation, supplementary legal documents or regulations, supporting policies, guidelines and action plans. These are summarized below.

5.2.1 Constitution of Cambodia

The Cambodian Legal system is hierarchical and consists of eight distinct tiers, with each law drawing its legitimacy from the instrument placed above it in the hierarchy. The Constitution of the Kingdom of Cambodia sits at the highest tier and acts as the supreme law with which all other laws and legal documents must comply. Chapter 3 of the Constitution contains a comprehensive Bill of Rights and states that Cambodia shall recognize and respect human rights as stipulated in the Universal Declaration of Human Rights. Articles 31 and 48 serve to enshrine the principles of the CRC in domestic law and specifically recognize children's right to life, education, and protection. A Constitutional Council Decision issued on the 10th of July 2007 affirmed the constitutional protection of children's rights, ruling that judges must consider the rights enshrined in international treaties, in particular child rights, in their application of national laws.⁸⁹ The decision was welcomed by the Committee on the Rights of the Child although concern was expressed in their 2011 Concluding Observations, as "the Convention has rarely been invoked and enforced in domestic courts and tribunals."⁹⁰

In accordance with Article 18 of the CRC, the Constitution of Cambodia recognizes parents as the primary caregivers of children, responsible for their development and wellbeing. Furthermore, Articles 46 and 73 of the Constitution place an onus on the State to provide adequate social protection and support to women and children, with a focus on ensuring disadvantaged mothers are afforded the necessary assistance to fulfil their caregiving responsibilities.⁹¹ The provision of support for fathers to fulfil their parental responsibilities is not specifically mentioned, however Article 36 establishes the right of all Cambodian citizens to access social protection and benefits in accordance with the law.

5.2.2 Child protection and care provisions in domestic legislation

The second tier of the Cambodian legal system is comprised of laws called 'Kram' or 'Chbab'. National laws are adopted by the Legislature and must comply with the norms established by the Constitution. The term 'laws' can also be taken to mean international laws to which the RGC is party.⁹²

Cambodia has passed a number of laws pertaining to child protection, as summarized in the table below.



Table 3:**Summary of Child Protection and Child Care Provisions within Domestic Legislation****The Civil Code 2011**

Book Seven of the Civil Code titled 'Relatives' contains provisions for simple and full domestic adoptions as well as guardianship of children. The Civil Code also allows for the suspension of parental rights in cases of abuse or neglect and for parents to resign their parental powers on 'unavoidable grounds' with permission from the court. It permits corporal punishment as a means of parental discipline of children.

The Law on Marriage and Family 1989

Included in the stated purposes of the Act is 'to strengthen the responsibility of parents in raising up and taking care of their children'.⁹³ It contains several articles pertaining to adoption and further states that parents shall not mistreat their children. It sets out the conditions under which parental rights can be revoked by the Court, however, creates no requirement for assessment or exploration of family preservation measures to prevent unnecessary separation.

The Law on the Prevention of Domestic Violence and Protection of the Victims 2005

Contains specific provisions for the protection of child victims of domestic violence, however, only relates to 'dependent children' which may mean that some children who experience domestic violence are inadequately protected by this law. The law primarily seeks to protect victims of domestic violence through civil protection orders and through interventions that seek to separate the victim from the perpetrator, which for a child victim, can include the removal of a child and placement in temporary shelter. The law does place a responsibility on authorities to uphold the best interests of children and protect their welfare, however, lacks an explicit requirement to assess and monitor a child's safety and the suitability of care. In the event of separation, there is no requirement for social workers or social services to work with the family to change behavior to aid reunification.

The Law on Education 2007

Establishes the right of all Cambodian children to access a minimum of 9 years free education in public schools and the rights and responsibilities of parents with respect to their children's education. Article 39 importantly establishes the rights of children with disabilities to access special education and support at community schools within their own locality. The actualization of these provisions is critical to preventing unnecessary recourse to institutional care for reasons related to access to education. This is a common 'push' and 'pull' factor resulting in the admission of children into residential care.

The Law on Suppression of Human Trafficking and Sexual Exploitation 2008 (TIPSE Law)

Purposed to implement the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, the Act criminalizes child trafficking and constituent forms of exploitation including child sexual exploitation. It exempts children from criminal liability with respect to prostitution related offences, recognizing children as victims of exploitation not offenders. It does not however mandate referrals to child protection services to assess the need for further interventions to prevent harm.

The Law on Intercountry Adoption 2009

The Law on Intercountry Adoption was urgently put into effect following cases of fraudulent adoptions in Cambodia to protect the basic rights of children and to guarantee their best interests in accordance with the UN CRC and the Hague Convention on Intercountry Adoption. The law outlines the principles, conditions, procedures, formalities and effects of inter-country adoption as they apply to children, adopters, the central authority, administration and the courts. The law prohibits profit making businesses operating in intercountry adoption and the sale of children and enables the views of children to be considered (Art.5).

The Law on the Protection and Promotion of the Rights of Persons with Disabilities 2009

The purpose of this law is to protect the rights and freedoms of all persons with disabilities, prohibit all forms of discrimination and ensure persons with disabilities are able to participate fully and equally in society. It prohibits the neglect or abandonment of a person with a disability by a parent or guardian and places an onus on the State to provide funds for services, including inclusive education, to persons with disabilities to enable their full participation. Article 49 explicitly states that the provisions contained within international treaties pertaining to the rights of persons with disabilities to which Cambodia is party form part of domestic law and have primacy over provisions of the Act in the event of a contradiction.⁹⁴ The CRPD in turn establishes the importance of families and in further articles establishes the right of children with disabilities to be cared for by their parents as far as possible. It places an onus on the State to support families of persons with disabilities and provide a range of services to enable living in the

community and to prevent social exclusion or the obligation to live in a particular setting. This is highly relevant to care reform efforts, in particular to ensure children with disabilities who reside in RCIs are neither left behind in the deinstitutionalization process due to a lack of investment in community-based services nor excluded from accessing family-based care due to discrimination.

The Law on Juvenile Justice 2016

This relatively new piece of legislation represents a significant step forward to address long standing concerns regarding the treatment of children in conflict with the law. It places an emphasis on diversion and rehabilitation and makes detention of a minor a measure of last resort which can only be considered for minors over the age of 14. The Act further establishes the rights of minors in conflict with the law, details the child friendly procedures to be followed at all stages of a criminal proceeding and includes the legal basis for the establishment of youth detention facilities.

5.2.3 Other legal instruments

National laws pertaining to children are augmented by a broader suite of national level supplementary legal documents. In order of legal force, these include Royal Decrees, Sub-Decrees, Ministerial Proclamations, Decisions and Circulars. These legal documents serve to clarify provisions within higher laws to which they relate, establish the responsibilities of government bodies and officials, enact policy, enhance implementation and

create the regulatory framework. With the exception of domestic and intercountry adoption, the majority of legal provisions pertaining to alternative care exist only at this lower level, including the legal, policy and regulatory basis for deinstitutionalization. Sub-Decrees and Prakas also establish MoSVY as the line Ministry with primary responsibility for the welfare of vulnerable children, including children in need of protection and in alternative care. The key supplementary laws and policies pertaining to children's care are summarized in the table below:



Table 4:**Summary of Supplementary Laws Relating to Children's Care****Sub-Decrees**

Sub-decree 34 on the Transfer of Functions to the Sub National Level (2017)	<p>In accordance with the RGC decentralization and deconcentration reforms, the Sub-Decree transfers the management functions over government run institutions from MoSVY to DoSVY and the monitoring and inspection functions over NGO run residential care facilities to OSVY. It assigns function of managing state residential care centres to the capital and provincial administration (C/P); assigns the function of inspecting non-governmental organization (NGO) residential care centres to the capital, municipal, district administration (C/DM); and assigns the function of managing care service for victimized and vulnerable children in the communities to the capital, municipal and commune administrations.</p> <p>The Sub-Decree modifies the definition of children in need of protection from 'children in need' as found in the 2011 Prakas, to 'child victims and children at risk' and clarifies the categories of children considered at risk. As this is a higher order law than the previous Prakas, it overrides the previous definition.</p> <p>To push and improve childcare at sub-national administration, the government issued Sub-Decree 182, 183 and 184 in 2019 on functions and structure of municipality, district and khan administration. Based on these sub-decrees, social affairs, veterans and youth rehabilitation is transferred into the new roles and responsibilities of district level called Office of Social Affairs and Social Welfare.</p>
Sub-decree 119 on the Management of Residential Care Centre December (2015)	<p>The Sub-decree on the Management of Residential Care Centers establishes MoSVY as the competent authority to manage all residential care institutions. It sets out the powers of MoSVY to register, inspect, regulate and revoke the license of RCIs who operate in contravention to the law and Alternative Care Policy</p> <p>It sets out a clear child and system-centric criteria for registering new RCIs and basis for rejecting applications. The criterion includes finance, human resources, capacity of caregivers, code of ethics, and most importantly a requirement for the institution to target a geographical area where there is a lack of existing services. This is an important means of preventing general overinvestment in RCIs and an overconcentration of services in certain geographical areas.</p> <p>It establishes a gatekeeping mechanism, including a criterion for admitting children into residential care and states that residential care is an option of last resort when all family-based care options have been exhausted.</p>
Sub Decree 90 on the Food Regime for Children Living in State Institutions October 2015	Includes a provision for a onetime financial package of \$270 for care leavers from state run institutions. This is made available once the young person turns 18 and leaves the institution.
Sub Decree 184 on the Functions and Structure of District Administrations December 2019	<p>In accordance with the Decentralization reforms, Sub Decree 184 transferred case management functions relating to orphaned and vulnerable children to the Office of Social Affairs under the District Administration. This includes case management responsibility over:</p> <ul style="list-style-type: none"> • orphaned and vulnerable children, • victims of trafficking and exploitation • the identification and support of vulnerable families • monitoring and support of children reintegrated from institutions.

Ministerial Proclamations (Prakas)

Prakas on the Procedure to Implement the Policy on the Alternative Care of Children (2011)	<p>Defines a child in need of protection and establishes the roles and responsibilities of relevant agencies at the sub national and national level to identify and respond to children in need of protection.</p> <p>It establishes a clear preference for family-based care with procedures for family preservation, family tracing in the event of abandonment, placement of a child in alternative care prioritizing family-based settings and reintegration of children out of residential care. It places a responsibility on government to prepare care leavers for independent living through the provision of life skills and vocational skills training.</p>
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	<p>It contains provisions for permanency planning, including encouraging long-term foster care and kinship care placements to be recognized as permanent and/or pursue legal guardianship. It places short timeframes on family tracing and locating a domestic adoptive family before referring a child to inter-country adoption, which is of concern. Tracing and reunification can take time and as alternative care decisions are complex and should be developed around the needs of a particular child. It is also important to ensure this does not create a linear pathway to domestic, then intercountry adoption.</p>
<p>Prakas on the Enforcement of the Policy on the Alternative Care for Children (2006)</p>	<p>As the name suggests, the Prakas brings into enforcement the Policy for Alternative Care. The policy aims to promote the family as the optimal environment for children and establishes as responsibility to support parents, families and communities to be able to provide care for children and avoid unnecessary institutionalization or other forms of separation. It outlines a range of strategies to further develop and strengthen the alternative care sector while recognizing the challenges that may inhibit progress.</p> <p>The Policy identifies specific groups of vulnerable children who are more likely to require alternative care and defines the range of alternative care settings under two classifications; residential and non-residential care settings. It further establishes a hierarchy of options with priority given to family solutions, national solutions and permanent solutions for children. It expresses a commitment to place children's rights at the center of decision making with respect to the implementation of the Policy and all decisions pertaining to children's care.</p> <p>There are a number of areas of contradiction between the policy and higher-level legal norms, including national laws and international treaties. Most notably and of greatest concern is the criteria for adoption eligibility, which according to this policy, is based on the child being resident in an orphanage or other RCI, with no reference made to the existence of family or reason for admission. This is in contradiction to the requirements of CRC and the more recent Law on Intercountry Adoption and Sub-Decree 34 and is over-ridden due to its inferior status in the legal hierarchy. Similar to other Ministerial Proclamations, the Policy's definition of group homes as non-residential care setting without properly defining what constitutes small family-like group homes is problematic and inconsistent with the norms established in the Guidelines. Such discrepancies along with the significant progress that's been made since the Policy was released point to the need for the Policy to be reviewed and harmonized with the broader legal framework.</p>
<p>Prakas on the Minimum Standards on Residential Care for Children (2008)</p>	<p>Details the conditions for the establishment and management of residential care facilities and the standards of care that are to be afforded to all children in residential care. It outlines the scope of child rights to be ensured by the service provider. This Prakas lacks robust gatekeeping and admission procedures, placing the onus on service providers to assess the reasons for admission without establishing a requirement to demonstrate necessity or suitability based on the needs of the child. However, according to the order of legal force, the Prakas must defer to the Sub-Decree on the Management of Residential Care Centers which contains stronger provisions and a clearer admission criterion.</p> <p>The Standards are largely in accordance with the CRC and Alternative Care Guidelines; however one notable exception is the inclusion of group homes with a large number of children as a form of community-based rather than institutional or residential care and the lack of definition for small family-like group homes.</p>
<p>Prakas on the Minimum Standards on Alternative Care for Children in the Community (2008)</p>	<p>Sets out the minimum standards for family and community-based forms of alternative care. This includes the conditions for establishing an alternative care service, the responsibilities of service providers, including the requirement to be registered with MoSVY and regularly inspected. It requires service providers to evaluate the prospect of reintegration or reunification on an annual basis and establishes a minimum two-year post reintegration monitoring period.</p> <p>The Prakas details the rights of children in alternative care consistent with the CRC and Guidelines. It diverges from the Guidelines in its treatment of group homes as community-based care setting, rather than as a form of residential care.</p>

Prakas on Inter-country Adoption (2013) and (2014)	<p>There are a number of Prakas pertaining to the implementation of Cambodia's Law on Inter-country Adoption. These include:</p> <ul style="list-style-type: none"> • Joint Prakas on Determination of Expenses, fees and Contributions for Inter-Country Adoption (2013) • Prakas on Procedures to Authorize Inter-Country Adoption Agencies (2014) • Prakas on The Guide to Implement Inter-Country Adoption Procedure for Child who needs Special care and Child with Special Needs (2014) • Prakas on the Guide to Implement Relative Inter-Country Adoption Procedure (2014).
Prakas on the Implementation of the Watsangkahak Komar Policy (2018)	Brings into enforcement the Pagoda Child Safeguarding Policy which is designed to enhance the protection of children in pagodas, including in pagoda-based care. The policy requires pagodas providing residential care to children to abide by the MoSVY Policy on Alternative Care for Children and Minimum Standards for Alternative Care for Children. It mirrors the prioritization of family-based care in the Policy on Alternative Care for Children stipulating that pagoda care as a form of residential care should be a last resort measure and mandates Monks to act as gatekeepers to prevent unnecessary recourse to residential care.
Prakas on the Procedure of the implementation on kinship and Foster Care (2021)	The Prakas was intended to guarantee the highest interest the protection of basic right of children separated from biological parents and receiving kinship or foster care. The Prakas also defines procedure of management, roles and responsibilities of relevant ministries, institutions, entities and services providers on the implementation of kinship and foster care by complementing the Prakas on the procedure of implementation of policy on alternative care.
Decisions	
Decision on the Establishment of National Child Protection Commission (2015)	Sets out the roles and responsibilities of the National Child Protection Commission, which includes coordinating efforts to ensure gaps in the child protection legal framework are addressed, providing technical support to aid implementation, coordinate awareness raising on child protection and monitor the child protection situation including ensuring there are mechanisms in place to capture data on child protection indicators.

5.3 Reforming the legal and policy framework

Considerable progress has been made in strengthening the legal and policy framework, including the introduction of new laws such as the Juvenile Justice Law (2016). The addition of Sub-Decree 34 to the previously existing suite of Prakas created a basic child protection legal framework, however gaps still exist which leave children unprotected in certain circumstances. Notable examples include the lack of protection afforded to non-dependent children in situations of domestic violence, sexual exploitation of children in the context of travel, tourism and online grooming of a minor⁹⁵. Other issues that compromise the effectiveness of the child

protection legal and policy framework include lack of clarity around how roles intersect at the sub national and local level, poor harmonization of laws and policies within and across ministries, and an over reliance on supplementary regulations in lieu of a higher hierarchical regulation.

The responsibility for addressing gaps and promoting the development of an overarching child protection law rests with the National Commission for Child Protection which sits within the Cambodian National Council for Children (CNCC), who released a new 5-year action plan in 2019⁹⁶. A Child Protection Sector Strategic Plan is being drafted

by MoSVY and MoI with support from UNICEF. It is anticipated these key high-level initiatives will begin to address some of the most persistent gaps including the clarification of roles and responsibilities, coordination of actors, the delivery of social protection services and will further outline a costing of the National Child Protection System.⁹⁷

The need for an overarching Child Protection Law was first flagged in a report to the Committee on the Rights of the Child in 2011. After a delay, drafting commenced early 2020 and is included as a priority action in the new RGC-UNICEF Country Programme for 2019-2023⁹⁸ This will be supplemented with the development of Standard Operating Procedures for child protection.

Under MoSVY's leadership, a significant number of policy reforms as of Jan 2020 are in progress and intended to address gaps in the child protection framework and to strengthen provisions for family-based care. The sheer scope of work underway is evidence of the strong commitment of MoSVY and key stakeholders to care reform. New policies, guidelines and standard operating procedures include:

- Guidelines on the Procedures for the Closure of RCIs, De-institutionalization and Reintegration
- Guidelines for the Reunification and Reintegration of Children from Residential Care
- The Capacity Development Plan for Family Support, Foster Care and Adoption
- Business Case for Social Service Workforce Development.
- Prakas on the Procedures of the implementation on Kinship Care and Foster Care
- Regulations on the Procedures to Implement Domestic Adoption
- The Implementation Handbook: Two Prakas on the Procedures to Implement Kinship Care and Foster Care (Prakas on Family-Based Care) and Domestic Adoption (Prakas on Domestic Adoption)

- Cambodia Child Protection Monitoring Framework
- Review of Sub-Decree 116 (2006) on the allowance policy for victims staying in state RCIs and Sub-Decree 90 (2015) on the amendment of Article 7 of Sub-Decree 116 for the government to provide a daily allowance for children under 18 years, after they leave state RCIs to live with their families and communities until they reach the age of 18; provide a daily allowance for children under 18 years who are at risk of unnecessary family separation, so they can continue living with their families and communities and provide a daily allowance for children under 18 years who are living under kinship and foster care
- Review of the Guidelines on the Functioning of the Commune/Sangkat Committee for Women and Children (CCWC)
- Prakas on the Appointment and Accreditation of Social Agents' to officially appoint two provincial DoSVY staff as social agents to assist children who come into conflict with the law.
- Establishment of Child Protection Office within the Child Welfare Department in MoSVY

MoSVY's Action Plan for 'Improving Child Care' 2016-2018 is key to the enactment of Sub-decree 119 and acted as the strategic framework driving the government-led care reform efforts. The 3-year action plan, which was extended to the end of 2020, focuses on achieving a 30% reduction in numbers of children in institutional care across the five key provinces where 65% of the country's institutions and 71% of all children in RCIs are located.⁹⁹ The Action Plan included 11 strategic actions, with key outcomes including but not limited to:

- Instituting a moratorium on the opening and registration of new RCIs.
- Scaling down of the number of children in existing RCIs to achieve an overall reduction in the number of children in institutional care.
- Strengthening existing and developing new gatekeeping mechanisms, including tightening the admission procedures by ensuring that only

competent government authorities are permitted to make referrals and authorize admissions. This action is important to combat active recruiting, a practice that has been widespread in Cambodia amongst privately run and funded RCIs.

- Ensuring no children under three years of age remain in or are admitted into institutional care.
- Expanding family support and family-based care services.
- Improving data collection including the development of the CPIMS.
- Preventing separation through the delivery of behavior change campaigns.
- Strengthening the capacity of the social service workforce, including national and subnational government and social service providers, to implement the legal and regulatory framework for children's care and to protect children separated from their families or at risk of separation.

5.4 Enactment and implementation of the legal and policy framework

While recognizing that Cambodia is yet to develop a fully functioning, integrated child protection system in accordance with article 19 of the CRC, government commitment to strengthening the child protection system and to care reform is strongly evident and commendable progress in policy development has been made. In 2016, the RGC signed the 2016-2018 UNICEF Official Country Program which included amongst its five sub program areas; Early Childhood Survival, Care and Development, and Protective Environment.¹⁰⁰ This incorporated expected outcomes such as the 30% reduction of children in RCIs detailed in MoSVY's 2016-2018 Action Plan for Improving Children's Care (herein called the Action Plan), improved social protection for children at risk and improved child protection services to prevent and respond to separation¹⁰¹. As previously mentioned, the implementation of the 2016-2018 Action Plan has since been extended to December 2020.

By mid 2019, MoSVY reported a total of 6,778 children and 1,792 youth remaining in residential care institutions. The number of children who have been reintegrated from residential care institutions and placed in family or community-based care as part of the Action Plan for Improving Child Care is reported as 1,419 as of December 2019.

In 2018 two further exercise were undertaken to evaluate the safety and wellbeing of reunified children. This included the MoSVY case status update and UNICEF formative evaluation conducted by CORAM. The case status update report showed that 92% of children were found to be in stable situations, and 8% were identified as requiring addition support including 36 cases where significant concerns were identified¹⁰². These concerns were attributed to a number of factors:

- Insufficient services available to meet the individual needs of children and their families in their communities;
- a lack of standard operating procedures to guide reintegration practice;
- varied understandings of case management practice affecting quality;
- resource issues affecting the functionality of sub national structures; and
- lack of involvement of parents and caregivers in conversations about reintegration

Monitoring of reintegrated children conducted in 2019 identified 73% of children as stable, 5% as requiring additional support and significant concerns were reported in 2% of cases. 18% of cases could not be located, and in a further 2% of cases, the child's status was not recorded. With respect to the 18% of cases that could not be located, sub-national actors noted the prevalence of migration for work purposes amongst reintegrated boys 15 years old and above.¹⁰³

The evaluation and subsequent monitoring have raised questions about the adequacy of support provided to

families prior to the reunification of their children. Based on its Action Plan, MoSVY will continue the reintegration and reunification plan.

In a bid to reduce the overall number of RCIs while repurposing resources and investment, and based on the RCI standard compliance compared to inspection benchmark there are fully complied, poorly complied, and seriously-substandard complied RCIs. The seriously substandard institutions were earmarked for closure. The majority of these closures have been staged and since 2016 there have been fewer forced emergency closures. The poorly complied RCIs were to transition to provide family and community-based services, and the fully complied RCIs were to provide the last resort residential care services while still scaling back the number of children. In 2019, MoSVY reported a total of 232 institutions still in operation, which represents a 43% reduction since 2015. It is unclear to what extent this reflects a net reduction due to reports of reclassification of some institutions resulting in omissions from the count.

The number and frequency of RCI inspections have overall increased, however remains irregular in some areas of the country due to a lack of staff and travel budget hampering functions at the sub-national level. RCI directors noted that inspections were detailed, thorough and included conversations with the children. The inspections did not include detailed investigations of gatekeeping measures to ensure RCIs are only being used as last resort and temporary care option. The questionnaire does require the verification of the number of children placed in care authorized by DoSVY.

One significant achievement with respect to gatekeeping efforts is MoSVY's enforcement of the moratorium on the registration of new RCIs. Whilst the moratorium, along with closures and RCI transitions, is resulting in declining numbers of RCIs in operation, there are reports of a limited number of new RCIs that have been established since the moratorium, without official MoSVY permission or registration. Clandestine RCIs in operation at the time of the 2015 mapping were counted in official statistics and included in the monitoring and inspection framework. Inspections include verifying the authorization status of RCIs and monitoring RCIs that are

yet to submit applications to MoSVY for approval. Of the 252 RCIs inspected in 2018, 55 were granted authorization to operate as of December 2018. RCIs that have opened without royal government approval since the mapping are being identified and tracked through the inspection framework. Greater socialization of the royal government's policy orientations on family-based care across all facets of government, and within the private sector, may be necessary to prevent the opening of new institutions under the auspices of powerful benefactors.

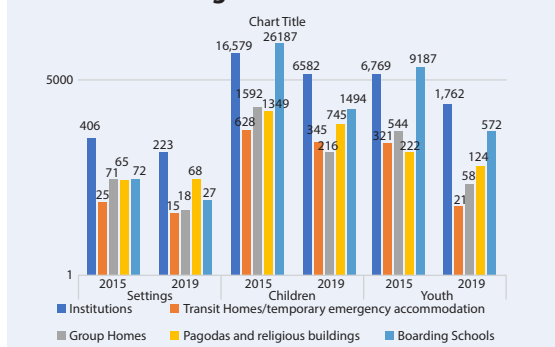
In 2019 inspections expanded beyond RCIs to include all forms of residential care, including group homes, boarding schools, transitional care, pagodas and other faith-based care settings. As a result of data collected during the 2019 March-April inspections, MoSVY reported a total of 9,578 children and 4,592 youth living in care institutions (including RCIs and community-based care institutions). The overall number of all residential care facilities in operation has also decreased to 351, a 45% reduction since 2015. MoSVY continues to be supported by UNICEF to expand this work into other provinces in Cambodia as a key action under the 2019-2023 Cambodia Country Program, which has been signed by the RGC.¹⁰⁴

Community and family-based care settings, including foster care, Pagoda and faith-based care are less systematically and regularly inspected. Inspections rarely occur in Pagoda-based care even though standards have been reported to be sub-par and a clear requirement for regular monitoring is set out in Prakas.¹⁰⁵ This gap is influenced by a number of factors including:

- The reliance of Pagodas on charitable donations, which results in inconsistent and unpredictable sources of funding which limits the ability of Monks to improve standards of care.
- The oversight and inspection responsibilities fall on the Ministry of Cults and Religion (MoCR) whose primary mandate is religion rather than child welfare.
- The lack of mandatory requirements for Pagodas to report to the MoCR or DoSVY on the number of children in their care and the ongoing status of the children.¹⁰⁶

Figure 5:

Reduction of residential care: comparison of 2015 and 2019 figures.



The issuance of Prakas on family-based care will help improve family-based care and the effectiveness of inspection.

Despite commendable progress, the implementation and enforcement of the legal and policy framework continues to be fragmented, particularly at the commune level.¹⁰⁷ Efforts are hampered by the slow pace of decentralization and deconcentration reforms and the general under resourcing of the social service sector.

Subnational actors pointed to the implementation of the Action Plan, in particular the reintegration of children from RCIs, as a key area of progress in care reforms. Success was attributed to the setting of a clear 30% reduction target, the provision of simple instructions by the central government and sufficient support for awareness raising. The quality of reintegration efforts however is inconsistent and is impacted by the lack of operational budgets. Informants noted this affected their ability to outwork key functions such as family assessments and monitoring. This has resulted in a high degree of dependence on development partners for technical and financial support, creating challenges in ensuring equitable outcomes for children across all regions of the country.

At the provincial level, limited and unpredictable budget has shaped the way many DoSVY officials perceive their roles. Aside from the management of State-run institutions, informants described themselves as 'referral agents', facilitating contacts between local authorities, families and NGOs. Whilst recognizing this was far from

the sum total of their job descriptions, it was viewed as a practical reality driven by their experience of resource constraints.

While most CCWCs were found to be adept at fulfilling basic procedural roles and straightforward child protection responses such as responding to school dropout, they are challenged by more complex cases, including those situations which lead to family separation and admission into alternative care.¹⁰⁸

Understanding the legal and policy framework and the capacity and resources required to implement the framework varies from commune to commune. Some communes are better equipped to respond to children at risk, referring families to available services and advocating at a provincial level for material resources for families. Barriers in some communes include:

- Continued practice of referring children to RCIs for non-child protection related reasons;
- A lack of knowledge, skill and resources to properly assess and act on risk
- A dependence on NGO social workers to lead cases;
- The discrepancy between operational budgets and increasing responsibilities transferred under the decentralization and deconcentration reforms.

Important steps have been taken to address the lack of operational budgets including the development of Commune/Sangkat Social Service Implementation Manuals. Disseminated to the national and subnational level in 2018, these manuals direct communes to increase budget allocation in the commune council budgets and commune investment plans for social services, in particular, to support families, prevent and respond to violence and separation, and conduct family tracing where separation has already occurred. Increased social service spending at the commune level will significantly increase the effectiveness of gatekeeping measures to prevent separation. CCWCs have access to small funding schemes to support children and families in accordance with their mandate. Schemes include a small allocation in the Commune Council budget as well as Commune

Investment Plans which can be accessed for educational expenses and to support livelihoods, and the Commune Development Plan (CDP) through which CCWCs can propose social service projects.¹⁰⁹ Although there have been improvements, adequate resourcing remains a problem. Due to scarcity of funding, development partners often have to cover the travel costs of DoSVY and CCWC personnel to enable their participation in key aspects of case management such as family assessment and monitoring.

The degree to which civil society service providers interpret policy and legal frameworks varies from NGO to NGO. There are many examples of good practice, strong adherence to the legal requirements and close collaboration between NGOs and MoSVY. Innovative collaborations including the 3PC network, powered by a tripartite partnership between MoSVY, UNICEF and Friends International, and Family Care First/REACT (FCF/REACT), a USAID backed multi sector collective initiative facilitated by Save the Children. With financial support from FCF/REACT, Plan International Cambodia played an important lead role in supporting the CNCC to develop the National Child Protection System Policy. While these examples of collaboration and good practice are

promising, it is important to note that these partnerships do not represent all service providers. Smaller and less structured organizations often lack the technical expertise, resources and in some cases, the will, to align their practice with the legal and policy framework governing children's care.¹¹⁰

Textbox 1

Promising Practice: Holistic Family Preservation Model - Cambodian Children's Trust (CCT) and Family Care First (FCF).

CCT's Holistic Family Preservation Model was developed as a part of FCF and piloted in 11 villages. The model engaged community-based workers from within the local community, whose main function was to prevent separation by identifying families at risk, connecting those families to existing services and mobilizing communities to engage in community-led initiatives that identify and employ community assets to address factors leading to separation. Initiatives include addressing material constraints as well as facilitating community groups and workshops to enable knowledge sharing, awareness raising, behavior change and to strengthen social networks. The strengths-based approach is key to the program's success as it enables sustained change by allowing families to identify risk factors, identify their own solutions and set their own goals. A strengths approach in community work increases the relevance and effectiveness of interventions, fosters ownership and empowers families. Complex cases are referred to a senior social worker for more intensive support while low risk cases are managed by the village-based workers. The formative evaluation conducted by CCT pointed to the important role village chiefs play in community-based child protection efforts and the need to ensure referral systems that support existing service delivery mechanisms rather than creating parallel systems that result in duplication and cannot be sustained. This is critical to ensuring continuity of service particularly for families experiencing extreme disadvantage and who



6 Development of the social service workforce

The Cambodian social service workforce has undergone a period of growth and expansion. In terms of size, the greatest increases have been seen in the NGO sector which tends to attract the professionally qualified and specialized social workers. There were 3400 NGOs involved in the provision of social services as of 2014¹¹¹ There has been less quantitative growth in the government sector. This has been attributed to a number of factors including low salaries that fail to attract qualified social workers and a recent suspension imposed on hiring for new positions.¹¹² For social service workers in the government sector, roles are broad and there is often little or no separation between child welfare, child protection and social welfare workers' roles. This is reflective of the state of child protection in Cambodia, which lacks a distinct function and operates as a poorly differentiated component of the child welfare system. At this stage, there are no qualified social workers, known as professional social workers, at the commune level but workers do receive basic training. Some qualified social workers hold positions in civil society organization. The professional title, social worker, is not legally protected in Cambodia and social service workers are known by different titles such as para social workers, community workers, case managers and social workers regardless of qualifications.

Social service workforce development efforts at the national, sub-national level and commune levels, including recent training on basic social work and child protection provided to provincial focal points, WCCC and MoSVY line department staff, aim to enhance the quality and consistency of responses to children and their families. The Mol estimates that there is only one social worker for every 25,000 people, with some districts having no access to social workers at all.^{113 114} There are numerous examples of NGO programs filling immediate gaps by supporting villages to develop community-based child protection mechanisms. These programs often include a para social worker whose role is to assist the CCWC in prevention and responses to child protection incidents, build capacity to meet gatekeeping responsibilities, and to prevent unnecessary recourse to

alternative care. Most of these programs are localized, focusing on specific populations, and do not provide national coverage.

In recognition of the need to further develop the social service workforce to meet the challenges of responding to the complex needs of children and families and to implement reforms, the Royal Cambodian Government supported three projects. The first, led by the Global Social Workforce Alliance in collaboration with UNICEF, was a regional study assessing the workforce in seven countries, including Cambodia. This report was published in early 2019. The second, MoSVY, with the support of UNICEF, developed the Social Service Workforce Strategy focusing on child protection, including a case study on the support provided to DoSVY social service workers in the five target provinces during the last three years and the work with partners to develop a system of supervision for these workers who, in turn, support workers at the local commune level. The aim was to understand strengths and weaknesses, and to plan investment in building the capacity of the social service workforce in Cambodia. The business case will be presented to the Ministry of Economy and Finance (MoEF) with the view of securing the necessary resources for implementation and will include projections of the numbers of social service workers and professional social workers required to enable full implementation of the legal framework for child protection and social protection. Thirdly, a Social Work Code of Ethics was drafted and will be converted into a sub-decree and form part of the country's quality assurance framework for social work.¹¹⁵

In 2018, Guidelines on Basic Capabilities for Social Workforce in Cambodia were developed to establish standards for training and practice for the social service workforce. They were designed to inform generalized practice and for specialized social work in leadership and management. In addition, social service workforce strengthening, including the development of an overall social work quality assurance system, is a focus of the 2019-2023 UNICEF- RGC country program, and is being led by the Department of Social Welfare within MoSVY. The system comprises four key criteria covering a normative framework for outlining and defining functions, responsibilities and procedures, a formal system of social service workforce supervision, accreditation and a social

services workforce human resource information system. Save the Children/FCF/REACT and UNICEF have partnered to develop the capacity of both government agencies and civil society organizations to conduct professional social work supervision. These measures are critical to the overarching child protection and care reform agenda but will take time to have nation-wide effect. Provincial, district and commune level government have limited capacity to fulfil their child protection responsibilities in the interim and will require the support of civil society to continue to fill these gaps.

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In terms of ongoing professional development and higher education, there are three higher education institutions in Cambodia that offer social work programs at the bachelor's level; the Royal University of Phnom Penh (RUPP), Phnom Penh, the National Institute of Social Affairs (NISA), Phnom Penh, and the St Paul Institute, Takeo Province. These programs reportedly produce low numbers of social workers, very few of whom practice field work upon graduation.¹¹⁶ NISA, in partnership with UNICEF, are currently developing a standardized training package and strategy for the existing and future social service workforce.¹¹⁷ There is a professional association, the Association of Professional Social Workers of Cambodia (APSWC). The association has a small membership base to date and is not currently a member of the International Federation of Social Work Associations (IFSWA). Developing



pathways to higher education, including diploma level courses as pathways to Bachelor degrees, the promotion of social work as a desirable profession, including appropriate remuneration, and support for student retention in social work higher education are important facets of building a qualified workforce in the long term.

7 Preventing the need for alternative care

Social protection and support services for families are key to preventing child-family separation and unnecessary recourse to alternative care. Current social protection provisions remain limited and hamper the development of a robust child protection system. As reflected in current and developing policy, the Cambodian government, key partners and collaborative coalitions are committed to the prevention of family breakdown and separation through family strengthening, tracing and reunification as the first action in child protection as reflected in the constitution, laws and policies. Albeit in a resource poor environment, various national, subnational and local direct practice programs are aimed at strengthening the capacities of families to care for their children. Programs across the range of services are heavily influenced by donor mandates or priorities. While these programs may be positive, challenges to preventing family breakdown and separation, support family reintegration and prevent institutionalization exist. These are:

- Lack of national coverage with respect to available social protection and family strengthening services.
- The lack of a cohesive overarching child protection law and policy and resulting fragmentation.
- Discrepancies between laws, sub-decrees, Prakas and other policies.
- Disparities in the quality of service delivery and resourcing between provinces.
- At the community level, scarce human and material resources, lack of role clarification and responsibilities, a training gap for social service workers to address complex family contexts at a basic level, the absence of professional social workers, and scarcity of referral services;

- The need for skilled individual child and family assessment and planning that creates a coordinated network of services around every child according to their unique needs.
- The lack of a coordinated, comprehensive data management system on which to first understand need and the true cost of social care, and to then address deficits through policy, budget allocation and service delivery.
- The sustainability of a system reliant on foreign donor designed, funded and delivered programs.
- Services lack co-ordination and outside networks of organizations working together and there are few mechanisms to address any duplication of services and ensuring services are appropriate and properly directed to areas of need.
- Organizations that deliver alternative care services are not all accredited or registered.

Each of these challenges (many previously noted by UNICEF Innocenti Resource Centre¹¹⁸) are acknowledged by government and partners and are being addressed in current policy development and systems building efforts, which are moving forward at a rapid pace. Cohesive policies must be followed by adequate resources to enable coordinated, fiscally supported and measurable implementation.

7.1 Policies and services available to prevent family breakdown and separation

The 2018-2023 Capacity Development Plan for Family Support, Foster Care and Adoption outlines several key recommendations for family support. These are:

- Encourage and support parents to care for their children so that families can remain together (i.e., primary prevention measures)
- Develop safety net measures to protect children at risk, when primary prevention has not worked (i.e. secondary prevention measures)
- When entry into the alternative care system is unavoidable, efforts should focus on a “re-start” (i.e. tertiary prevention measures and reintegration)

- Introduce effective gatekeeping mechanisms

The onus is on the State to provide adequate social protection and support for families in need, in particular women and children as expressed in Articles 46 and 73 of the Constitution. The current Social Protection Framework, which commenced implementation in 2019, outlines a vision to expand coverage and increase coherence between social assistance, social insurance and labour market schemes¹¹⁹. The Framework includes the MoSVY administered Cash Transfer Program that targets households with children up to two years of age living below the poverty line and vulnerable pregnant women. The program is expected to have a positive impact on childhood poverty and vulnerability and to prevent unnecessary separations. This is an important first step in the context of marked poverty and disadvantage.

Roles and responsibilities for social service workers in direct practice, the flow down effect of resource provision, variation between districts and the skills and support needed to manage complex problems such as addictions, family violence, abuse, mental health and other social problems remain significant barriers. Overwhelmingly resources available for family preservation, an area where there is high need, remain limited and resource allocation has not been prioritized in real terms ahead of non-relative care, such as adoption and institutional care although as a matter of policy, sending children to institutional care is considered the last option, especially in policy making and resource allocation. While a range of alternative care programs are needed, funding of services should prioritize family strengthening work that builds a strong and secure base within Cambodian families and communities and prevents recourse to alternative care. Without sufficient attention to the planning and resourcing of family preservation, including kinship care, and investment in the skill base of workers to properly assess psychosocial conditions, vulnerability and risk, and how to intervene, alternative care programs such as adoption can expand disproportionately to need at the expense of related family care.

Gatekeeping has an important function in preventing family separation. Gatekeeping measures operational at the subnational level designed to prevent children

entering residential care have not been effective in all cases due to the practicalities of resource deficits and the unequal provision of services across the country, especially as these measures relate to emergency care and unregulated institutions. The pull effect of some residential institutions in relation to subsistence, and access to health care and education remains strong. WCCCs are engaged with gatekeeping processes reflected in the provincial action plans for the five provinces. While past training has been provided to CCWC, the development of new training and of an accompanying handbook on their role is proceeding. Sufficient resourcing and advanced practice expertise remain barriers at the commune and subnational level. The new Guidelines on Social Service Expenditure 2018 for the Commune Investment Plan provide guidance and allows for the allocation of more resources at the commune level. This is sorely needed for the delivery of a range of services for families at risk and represent an important shift from primarily funding infrastructure. Provinces not currently included are marked for future attention. Progress is developmental in an environment of scarce material resources.

In 2017, the Ministry of Women's Affairs (MoWA) in collaboration with eight other ministries and with the support and collaboration of key stakeholders, UNICEF, Save the children, FCF, 3PC, RUPP, and ICSSP committed to the promotion of the Positive Parenting Strategy. The strategy is aimed at behavior change that builds communication, respect and healthier family relationships while reducing violence against children and preventing family separation and support for reintegration. Implementation tools at the primary and secondary level were developed by ICSSP. The program currently targets the five provinces and some disadvantaged communities in the northeast. UNICEF's 2019-2023 Cambodia Country Program seeks to support the expansion of MoWA's Positive Parenting Strategy with the purview of achieving national coverage. As of December 2019, 14,661 mothers, fathers and caregivers had been reached through parenting programs¹²⁰. In September 2019, Cambodia commitment to ending violence against children was further reinforced as Cambodia became a Pathfinder Country under the Global Partnership to End Violence Against Children. A national behavior change campaign to prevent and respond to violence against children and

unnecessary family separation, called Cambodia PROTECT, was developed and launched in February 2020.

Complementing these programs is the Positive Discipline in Schools program led by the MoEYS and supported by UNICEF and key NGOs. As of December 2018, teachers in 409 schools had been trained in positive discipline benefiting 122,700 students¹²¹. Given the role of education in family separation, the Ministry of Education's school scholarship program is an important advancement. The current coverage rate of 2.3-5% as of 2017, provides a limited reach.

Examples of promising practices in the prevention of child-family separation include abandonment prevention programs in Angkor Hospital for Children and Mother's Heart Crisis Pregnancy Service. The National Pediatric Hospital is in the early stages of developing a multi-disciplinary disability program which will further contribute to the prevention of separation of children with disabilities from their families.¹²²

Textbox 2

Promising Practice: Abandonment Prevention and Response

Angkor Hospital for Children provides comprehensive services to prevent and respond to cases of abandonment at the hospital. The social work unit staffed by qualified social workers identifies families at risk of separation due to multiple stressors, including in response to feeling unable to care for a child who has been diagnosed with complex needs or a disability. A multidisciplinary team of doctors, specialists, therapists, nutritionists, and social workers are mobilised to address the medical needs of the child and the psychosocial and economic needs of the family. Long-term comprehensive support plans are put in place which include referrals to external services. Providing long term, appropriately targeted support for families is key to preventing abandonment, and in some cases, the cessation of treatment that results in the death of a child or a decline in health. In cases where a child is abandoned, social workers conduct family tracing while emergency caretakers provide care for the child in hospital in lieu of the family. Tracing efforts have been successful in 94% of cases, and in the vast majority of cases have resulted in successful reunification. A small number of cases have resulted in domestic adoption.

7.2 Policies and services available to promote and support family reintegration

Efforts to promote and support family reintegration are closely linked to Cambodia's deinstitutionalization and reintegration policies, including that of child sex trafficking victims.

MoSVY set a target of reintegrating 30% of children living in RCIs with their families and communities by 2018 and later extended the timeframe to December 2020.¹²³ As of December 2019, 1,419 children had been reintegrated under the Action Plan. This represented 41% of the overall target set by the Action Plan, with Kandal Province closest to achieving the provincial level target, followed by Battambang and Siem Reap.¹²⁴ Some 43 per cent of these were verification cases, where children had left RCIs without the involvement of DoSVY and were subsequently monitored. Informants report that engagement with DoSVY social workers relies heavily on the completion of paperwork.

When introduced, reintegration targets were ambitious and there was no universally accepted standard to ensure quality practice. Therefore, some local government officials and institutions adopted target numbers as the primary outcome measure rather than quality outcomes for children and interpreted policy accordingly. In some cases, RCI directors selected difficult or 'disobedient' children for reintegration as the identification criteria for reintegration rather than carefully planned, prepared and supported reintegration that considered the best interests of the child in all decisions. As with all policy translation, the reintegration of children is influenced by understandings of need, the training of the workforce, available resources and the distribution of those resources across regions. Policies and bureaucratic processes have been developed to guide the mechanics of reintegration but due to the fragmentation and the variation in the delivery of services, how well children and families are prepared and supported depends on the focus and work of institutions and NGOs present in particular regions. The deficit in the provision of services to support families has meant reintegration proceeded prior to the establishment of need and the community services to meet that need. This has resulted in some children returning to communities where no supports

were available. In communities where services are available, the work of NGOs span a range of services such as the provision of practical supports including food and shelter as well as access to medical, educational and vocational services, psychosocial support, case management, preventing child abuse and neglect, mental health services and services that address issues such as addiction and family violence.

7.3 Care Leavers

Young people who age out of institutional care must cope with the transition to unsupported adult life, are likely to lack social networks in the community, and are particularly vulnerable to exploitation, including human trafficking.¹²⁵ The state of institutionalization and for some, abuse within those institutions, means young adults have not developed lasting familial and social networks of support in the community, may lag behind their peers in a number of areas and generally have fewer opportunities. Sub-Decree No. 90 ANKr.BK, dated 26 October 2015, on the food regime for children living in state institutions, provides specific support for children leaving care once they reach eighteen years of age. This equates to a monetary sum of 1,080,000 riels (US\$270) intended to support care leavers to return to their families and communities. The current provisions in law for care leaver support provide no guarantees for care leavers exiting private institution, which constitute the vast majority of care leavers. Furthermore, limiting support to care leavers over 18 years of age discourages reintegration and is therefore inconsistent with the government's prioritization of family-based care. Efforts are underway to amend the Sub-Decree to guarantee a daily allowance for three groups of children; children reintegrating out of state-run institutions, children at risk of separation and children living in family-based alternative care.¹²⁶

Some organizations provide ongoing support for young adults aging out of private and state-run institutions, however psychosocial support, establishing social networks and vocational training services are not equally delivered throughout the country and remain dependent on the focus of funders and service providers. Addressing psychosocial and vocational needs for care leavers requires further development.

Textbox 3

Promising Practice: Vocational Training for Young People in The Community

A number of NGOs run vocational programs for vulnerable young people usually developed in response to local need or a target group of young people such as care leavers, victims of trafficking, and children affected by incarceration. Programs typically include life skills training, vocational training, assistance in finding community accommodation and social work support. Hagar Cambodia's vocational training program is one such program, supporting trafficking survivors through the provision of counselling and rehabilitation. Hagar is also accessible to young people preparing for semi-independent living from NGO-run RCIs, running a 6-week vocational training and job readiness course, which includes work etiquette, life skills, and social skills amongst its topics. Participants can also access one-on-one career counselling and work experience placements once they've completed the training. Another example is Friends International's FUTURES program, which is a specialized employment project delivering practical solutions that help youth and caregivers to gain confidence and achieve their full potential through training, employment and entrepreneurship opportunities. FUTURES offers youth an opportunity to access vocational training, apprenticeships, soft skills training, employment and/or small business development. This is facilitated through one-on-one coaching and group training and can be complemented with psychosocial support if relevant.

The combination of practical support, building social networks and life skills, counselling and preparing for work is important for igniting hope for the future, building on strengths and developing self-esteem and purpose. A greater investment in Cambodian young people is protective against social problems and mitigates certain risks. The extensions and development of such services as well as access to education is an investment in the country.

Textbox 4

Promising Practice: Care Leavers Support Network

A number of small NGO run care leaver support programs in operation assist young people to transition from residential care in independent living. One such promising practice is M'lup Russey's Care Leavers Support Network, a network of small care

leaver run self-help groups located in four geographical areas and are accessible to care leavers from any institution via a simple application process. Each group is self-determining and sets their own meeting times and agenda. M'lup Russey provide staff to support the leaders of each group, as well as a trained counsellor whose role is to conduct periodic welfare checks and provide counselling to care leavers when needed. Larger trainings are conducted twice a year and cover life skills topics selected by the care leavers. M'lup Russey also provide vocational training scholarships and emergency support, which may include referrals to external services. Staff of M'lup Russey noted that "Care leavers often lack the life skills to cope with stressors or crisis situations and need support to think through solutions. When this support isn't provided it can result in suicidal ideation. With the counsellor in place, not only do care leavers have a means of discussing issues before they become overwhelming, they also inform the counsellor when they are concerned about one of their peers". The promising aspect of this program is that it is user-led (with professional support) drawing on community leadership principles where care leavers can identify issues from their own perspective and experience, share with peers, seek peer support and problem solve together.

8 Kinship care

Kinship care is a form of family preservation. Family relationships are culturally bound in Cambodian society and are not restricted to the western concept of the nuclear family or even consanguineal relationships. Kinship can be based on blood and lineage, marriage (affinal) or social ties. The latter is typical referred to as 'thoa', denoting an adoptive relationship, which can be adult-child or sibling-based. In some cases, these social ties become formalized through the listing of members in the Family Record Book. Relationships are tied to collectivism which places considerable importance on formal and culturally determined family networks. There is an obligation on extended family to provide a social security function for its members which includes responsibilities for the care of children and to provide material support in times of crisis. Failing to meet these responsibilities is shameful, however can be difficult to

fulfil in contexts of extreme poverty. Not receiving this support connotes 'being disowned' which mitigates shame for the members unable to discharge their duty, by removing responsibility but has negative consequences for children. This dynamic emphasizes the importance of government and donor investment into developing and providing comprehensive services that support kin to care for children in need in their family networks.

Cambodian citizens are entitled to a birth certificate, entry into the Family Record Book registered to the head of the household and an ID card issued at the age of 15. The formalities of registering a child confirms citizenship and access to all other services. Most Cambodians rely on the Family Record Book¹²⁷. The Family Record Book records date of birth, date of marriage, children born, children adopted, date of death and the registered address of the family. When a couple marry, they create their own Family Record Book and in most cases are crossed out of the Book in which their birth was recorded. Requests for changes are made at the commune office, with authorization required at the provincial level under the authority of the Ministry of Interior. In the past, there have been problems registering a child in the Family Book for families affected by poverty due to costs and in some cases additional fees demanded. The Government has worked towards ensuring all Cambodians are recorded in their Family Record Book. It is rare, even with abandoned children, not to be able locate family members and the commune of their birth. With migration trends, a parent may be more difficult to locate if working outside Cambodia. Groups of children, particularly migrants and others without citizenship rights, are at risk of exploitation and separation without documentation¹²⁸. Kinship related social processes are of considerable importance in Cambodia and links to the strength of informal care in families and communities.

Ninety-seven percent of children not in the care of their parents live with extended family¹²⁹. Children enter kinship care for a range of reasons including:

- Reintegration from residential care

- Migration for work due to rapid, societal changes many parents migrate to the city or a neighboring country for work. This trend has shifted from one-parent migration to two-parent migration resulting in many children being left in the care of elderly grandparents
- The illness or death of one or two parents
- An unsafe home environment
- Shared care or intermittent caring
- To allow a child to go to school
- Remarriage of a parent. The "rejection" of a child in a remarriage is often misunderstood by those outside Cambodia. This phenomenon is usually linked to obligations and responsibilities connected to the extended family and the responsibilities of providing social safety nets rather than a material rejection of a child.

Informal kinship care is a private arrangement that does not involve NGOs, the CCWC or DoSVY. It is an acceptable and often effective practice that reflects cultural norms with respect to children's care and does not always indicate deficits in parental care or family breakdown, nor does it require external intervention unless there are concerns about child wellbeing. When organizations and government are involved, usually related to child abuse or neglect, potential kinship living situations and kinship family needs are not always adequately assessed. The lack of support available for kinship caregivers, in particular grandparents with no stable source of income or physical limitations, results in unmet needs for many children in informal care.¹³⁰ Decisions to care for children, for many potential kinship carers, are influenced by poverty. Many more would likely be willing and able to care for children in their families with adequate practical (such as income support, education allowances, access to healthcare, respite and disability support) as well as psychosocial preparation and support to assist in their caring role. The provision of these supports is critical to prevent the unnecessary separation of children from their families and communities.

Where there is a need to formalize kinship care in circumstances such as removing children from a home due to abuse, death or illness, or simply to access services, a statutory basis for the placement and the provision of adequate supports are necessary. Searching for kin must be comprehensively conducted by the relevant organizations if the parents have not nominated a suitable kinship carer and complete searches should be measured by exhausting comprehensive search procedures including in other provinces, not by time. Comprehensive assessments should be conducted to determine that the placement will meet the needs of the child and to identify and provide the supports needed for carers to fulfill their role.

Kinship care is the first priority in policy, and preference amongst sub national actors, when considering alternative placements for children unable to live with their parents as it maintains family relationships, identity, community and culture. Poverty, age and a child's disability are not reasons to deprive children of care provided by their kin. In cases of family separation, ongoing assessment and concurrent family strengthening strategies should occur with parents if the reasons for separation are related to parenting and protection. The development of kinship care programs and the provision of the range of needed supports are essential to a robust child protection system. The needs of kinship carers have received far less attention than other alternative care options in the development of the Cambodian child protection system perhaps due to assuming family obligation will address need while underestimating the impact of poverty on care decisions or quality of care. MoSVY with key partners support the development of kinship care through the draft Prakas on the Procedure for Implementing Family Based Care, Kinship Care and Foster Care. The provision of adequate budget allocations to all levels of service delivery and across provinces is needed to properly support families providing various types of kinship care. By doing so, Cambodian cultural practices will be upheld, children's connections to their families and communities will remain intact, and children's identities and social relationships will be preserved.

9 Formal alternative care

Formal care for children is provided in RCIs and other residential care facilities for children, such as non-registered institutions, transitional care facilities, boarding schools, group homes and Pagoda care. Simple and full adoptions are practiced in Cambodia, and intercountry adoption is allowed under Cambodian law. Foster care programs are few and small scale. Further expansion and development of a comprehensive, robust system that includes the various types of foster care (emergency, respite, short term, long term and permanent) requires investment into the promotion of foster care at the subnational level, recruitment, training and ongoing support of approved foster carers, standardized processes and the accreditation of agencies providing foster care services.

9.1 Formal alternative care data

Statistics are kept for children living in residential care settings by MoSVY with initial data captured through the mapping process and updated through the inspection, referral and reintegration verification systems. In 2017, 38% of RCIs had not been inspected, 12% were not registered with any branch of government, and 21% did not have a memorandum of understanding with a line ministry¹³¹. One third of all children were in unregistered or unregulated centers. The lack of oversight, monitoring and accreditation provided no information on risks to the safety and wellbeing of children.¹³² Significant progress in the development of the inspectorate has since been made. By the end of 2019, all RCIs were reportedly registered with at least one government institution, all residential care settings had been inspected and data included into the dashboard recently developed by MoSVY with support from UNCIEF⁴. Furthermore, subnational structures, including DoSVY and CCWCs, are required to alert MoSVY to the existence of any RCIs that were not captured in the 2015 mapping or have since been established for incorporation into inspection rounds.¹³³

The expansion of the inspectorate and focused efforts to trace and verify cases where reintegration took place

4 There is some evidence to suggest that this may not have included some residential care settings that were reclassified.

without MoSVY involvement, has addressed the challenges to enumeration posed by NGOs who continue to admit and reintegrate children outside of the formal gatekeeping mechanism. According to the inspection data from 2019 (March/April), there are a total of 6,778 children and 1,792 youth in RCIs. When factoring in other types of residential care settings, namely group homes, transit centers, pagodas and other religious institutions and boarding schools, there are 9,382 children in residential care and 2,537 youth.¹³⁴ As the manual inspection system was digitalized in 2017, RCI inspectors can now use a digital inspection application to carry out their role more efficiently and to monitor fluctuations within RCIs. Inspections of other alternative care arrangements are limited to spot checks conducted primarily for the purposes of the MOU renewal processes between organizations and MoSVY. As such, at present there is no comprehensive data on children in other forms of alternative care. Efforts are underway to address gaps in data with the establishment of the Child Protection Information Management System (CPIMS) and roll out of Primero case management system. This will initially be used to assess children in RCIs, however overtime, will expand to children in all forms of alternative care and other child protection concerns, making it the tool MoSVY will use for child welfare and child protection case management. This will allow DoSVY to capture individual case file information improving MoSVY's ability to monitor the wellbeing and whereabouts of individual children.

9.2 Formal alternative care practice (institutional care, small group homes and pagoda care)

Prior to the promotion of deinstitutionalization and reintegration, institutional care was the main form of social protection in Cambodia. "Orphanages", a past charity support of institutional care imported from the West, proliferated in Cambodia and across Asia¹³⁵ Although there are some positive aspects to some forms of institutional care such as access to education in well run institutions, the harms of institutionalization are well documented. The push and pull effects of institutions tend to eclipse other forms of development in communities that can be less attractive to many foreign

donors and fundraising campaigns¹³⁶ While Cambodia has made significant strides in relation to reducing the number of children in institutional care, significant investment is needed in developing a range of family-based alternative care.

Some small group homes have been established in Cambodia in an effort to address the problem of large-scale institutions. Although smaller, some have been established as separate houses within larger institutions or are still the size of small institutions. In many cases the nature of the care provided remains institutional, is not individualized and does not reflect a family environment. To complicate matters, The Cambodian Alternative Care Policy classifies group homes as community-based care, even when the group home is structured as an institution or within an institution.¹³⁷ The classification of group homes as a form of community-based care is misleading in this context. Work is needed to ensure group homes are non-institutional; family-like in size and providing care orientated around the individual needs of the child. Unless addressed, deinstitutionalization efforts will be undermined with children moved from one form of institutional care to another. Internationally, small group homes typically house ten to fifteen children which do not provide family-like settings and have developed to meet staffing needs and cost effectiveness rather than building alternative family-like environments responsive to each child and their unique needs.¹³⁸ To follow such trends is not useful. It is also a false premise to assume that small group homes are suited primarily to children with disabilities who are entitled to the same opportunities as all other children to live with their families or kin with the needed supports. Small family-like group homes of four to six children with appropriate non-institutional care arrangements in place can provide appropriate environment and individualized child-centered caregiving for older children, sibling groups and some other children based on their individual circumstances, as it allows for the preservation of family and community connections. Whilst maintaining a priority on family-based care, Cambodian law supports and specifies family-like environments in small group homes.¹³⁹ Efforts are needed to ensure small group homes are indeed family-like in all aspects and are considered in the range of alternative

care options as a last resort and temporary option, determined according to the needs of particular children.

Children in Pagoda-based care are usually boys over the age of ten. While Pagodas provide care in communities and access to education for children separated for reasons of poverty, child protection related issues, or challenging behaviors, monks also care for boys who have taken novice vows. This is a customary practice not uncommon for boys between the ages of 10-15 years to earn 'merit' for parents, in other words, the belief that earning merits will lead to the alleviation of hardship through improved circumstances in this life or the next^{140 141}.

9.3 Reforms to strengthen and expand formal family-based alternative care services

A Capacity Development Plan for Family Support, Foster Care and Adoption was developed in 2016 to identify gaps and enhance family-based care. The Plan outlined specific actions for implementation supported by MoSVY, UNICEF and other partners. It was signed by MoSVY in June 2018, launched in September 2018 and included a recommendation to develop a national legislative framework for foster care.¹⁴² In 2018, MoSVY, with support from UNICEF and ISS, began development of the Prakas on Family Based Care that outlines procedures for kinship care, foster care and adoption including family strengthening and the Handbook for practitioner and administrators implementing the Guidelines. These remain in draft form at the time of writing. This has subsequently led to the development of the draft Prakas on the Procedures to Implement Family-Based Care, Kinship Care and Foster care, the draft Prakas on the Procedures for Implementing Domestic Adoption and the Implementation Handbook to support both policies. Strengthening the legal and procedural basis for family-based care is an important undertaking given the ongoing reintegration efforts and widespread promotion of alternative family-based care.

9.4 Foster care

A fully integrated and comprehensive foster care system is in the embryonic stages of development in Cambodia and lacks a national framework. Currently, there are no national standards and no accreditation or monitoring

processes. Differentiating and supporting different types of foster care (emergency, respite, short and longer term, and permanent foster care) in policy and practice with particular attention to recruitment, training and support of foster carers, and caring for children with disabilities are needed. Foster care is currently the most underdeveloped of the formal alternative care program and is still met with skepticism by many sub-national actors. The Cambodian term used for 'foster care' denotes the non-relative relationship between the child and caregiver and is used to differentiate from care provided by parents or extended families. It has no strict association with formalized alternative care and has furthermore been used to describe a range of care arrangements, including 'small group homes', guardianship and domestic adoption. This has resulted in confusion and conflation between forms of residential and family—based care.

The Capacity Development Plan for Family Support, Foster Care and Adoption outlined several key recommendations for foster care:

- The issuance of Prakas on the procedure of implementation on kinship care and Foster Care as part of a comprehensive child welfare system and legal protection for children, which is currently underway through the development of the new Prakas
- Adequate foster care financing to implement the legislative and policy framework
- Equip professionals to support foster carers in their care-giving role
- Foster carers require adequate evaluation, preparation and follow up support
- Children require adequate evaluation, preparation and follow up support.

Some small foster care programs have been run by NGOs over the last twelve years. The largest program, run by CIF, has placed 144 children in foster care, primarily long-term. CIF also provide emergency foster care focusing on equipping foster families to care for infants. M'lup Russey oversees an interagency emergency foster care program operated with the support of at least five NGOs. Generally, respite care tends to be provided for children in care

rather than as part of family preservation strategies. Some NGOs facilitate family reunification out of foster care. Referrals to foster care from DoSVY and the CCWC have increased in last three or four years supported by the interagency foster care network. The network, formed prior to the action plan, aims to prevent children entering residential care through the provision of foster care and when substandard RCIs were closed.

There is variation in how foster care programs are run including the amount of financial support provided to foster families depending on the model adopted by NGOs. Some agencies are providing support and education to foster carers in group settings while maintaining individual monitoring and support of children in care. Within communities, children often identify their own alternative informal carer, the person or family they can turn to when needed. Such 'safety' plans are important for a range of reasons including strengthening community responsibility and mobilizing communal sanctioning of undesirable behavior.

Recruitment of foster carers is influenced by sociocultural factors. Informants report that foster care recruitment is generally more successful in rural areas due to links to informal traditional practices, intact extended family relationships and a stronger sense of geographically based community which offer networks of support and shared material resources. Rural families are reported to be more open to fostering children with disabilities with needed supports whereas families in urban areas generally are reported to seem more interested in adoption and choice regarding the type of child. Village elders, community-based organizations and community associations have been useful in locating potential foster families. Modelling and family networks are also useful to the recruitment of foster carers as watching foster care in action sparks the interest of relatives and neighbors in communities resulting in foster care clusters.

This helps counteract traditional beliefs held by some where accepting the care of a child who is unrelated outside of existing kinship social ties may disrupt karma and bring disharmony to the household, shifting negative perceptions to those where foster caring attracts merit.

Textbox 5

Promising Practice: Supporting Children with Disabilities to Access Family-Based Care

ABLE is a community-based rehabilitation program run by Children in Families (CIF), that supports children with disabilities to be cared for in foster care, kinship care and to prevent separation. The ABLE team provide direct therapy services, including physiotherapy and occupational therapy, education support, medical support, supplementary nutritional support and ensure families have the necessary support aids to appropriately support the children in their care. ABLE staff facilitate referrals to other services, including screening and medical services, and provide a support person to accompany the child and caregiver to any appointments and assist them to understand and integrate treatment or therapy into their daily care routines. CIF has found that the key to recruiting families willing and able to provide care for children with disabilities is role modelling. Srey Ny, ABLE's program manager explains, 'Once one family has modelled caring for a child with a disability in a given community and been well prepared and supported, other families come forward to volunteer. Lisa, ABLE's Technical Advisor explains that 'It is critical to recognize the stress caring for a child with a disability can place on a family and provide sufficient support from the beginning of the placement. If support is only forthcoming once that stress is evident, it can place the placement at risk of breakdown which ultimately harms the child.' The five-person multidisciplinary ABLE team currently support 46 children with a range of disabilities in family based-care, including children with cerebral palsy, down syndrome, autism, vision impairments, hearing impairments and children with concomitant impairments.

9.5 Adoption

The Capacity Development Plan for Family Support, Foster Care and Adoption made a number of recommendations on adoption, among them enhancing inter-ministerial cooperation, establishing clear criteria for domestic and intercountry adoptions, creating a national database, publishing an annual report on all adoptions establishing clear matching procedures and the provision of training. Cambodia must be commended in taking steps to properly regulate adoption and to prioritize care in children's immediate and extended families. Two main types of adoption are allowable in Cambodia, domestic

(simple and full adoption) and intercountry adoption. The exact numbers of Cambodian children adopted within Cambodia and internationally are difficult to determine due to its unregulated history, past conflicts across southeast Asia, the previous presence of private adoption agencies, and decentralized and fragmented practices relating to domestic adoptions. The majority of children adopted domestically and through intercountry adoption have been babies. Ensuring the rights of the child and acting in their best interests in Cambodian law, policy and practice is a priority for the Cambodian government and its partners.

9.5.1 Domestic adoption and its practice

The Prakas on the Procedures to Implement Domestic Adoption and supporting Implementation Handbook, which will guide its practice, are still in draft form. Domestic adoption, simple and full is enabled by the Civil Code. Simple adoption creates a permanent parent-child relationship between the adopted child and the adoptive parent(s), without ending the relationship with the biological parents, and in which the adopted child can be a minor or an adult. Full adoption 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. According to an internal report of the Department of Court Administrative Affairs, there were approximately fifteen cases of domestic adoption between 2018-2019 that were formalized through the courts. However, as with other alternative care practices, not all organizations and individuals report to MoSVY and so little is known about practice of adoptions that are not approved through the courts. There remains a tendency to process domestic adoptions at the Sangkat level, rather than through the courts. This is due to a lack of clarity around the domestic adoption procedures amongst sub-national level actors and barriers created by the current operations of the courts.

The management of domestic adoption at the local and subnational levels rather than centrally as with intercountry adoption brings several disadvantages. These include limiting the pool of prospective adoptive parents (PAPs) for matching against the needs of the

child, inconsistent practices in the monitoring of agencies and the recruitment, education and assessment of PAPs, and makes audit trails opaque. Variances in interpretation of Prakas and Sub-Decrees in the absence of a domestic adoption law leads to different practices. The process for domestic adoptions is PAP driven rather than placing the child at the centre of planning and decision making. PAPs who experience a failed adoption placement in the first six months are eligible for a second adoption placement. This is of concern regardless of whether this takes place before a formal court order and raises issues about how approval and preparation of PAPs, matching processes are conducted and follow up support and monitoring are conducted.

While acknowledging progress has been made and that there are case examples of adoption done well, there remains a range of systemic issues that still need to be addressed to strengthen the integrity of the domestic adoption system. These are:

- Strengthening of gatekeeping processes where children are at risk of permanent separation from their families and communities. Some children are being referred for adoption without adequate attention to ensuring children are adoptable, consent procedures are properly carried out, and that family preservation strategies and kinship care (subsidiarity principle) are fully explored especially in the deinstitutionalization process.
- Decentralization of adoption leads to fragmented practices and limits placement opportunities for children.
- Perceptions that movement to adoption from other forms of alternative care is an inevitable and linear process.
- Lack of social, legal and financial support for parents to be represented in consent, legal processes or withdrawal of consent.
- Lack of clarity about 'openness' in adoption, access to information and support for search and reunion.

- The need to improve the capacity of social workers through training on the social, psychological and life-long implications of adoption including assessment processes and education and preparation of PAPs. Social workers involved in all aspects of adoption should be qualified.
- The need to establish post-adoption support systems for parents, adoptive parents, adoptive families and adoptees over the lifespan.
- Establishing outcome measures that establish quality interventions rather than timeframes
- the collection of data concerning adoption including long term outcomes and adverse events such as adoption disruptions.
- Include children with disabilities in mainstream adoption processes.
- Improve financial transparency in adoption processes.
- Accreditation standards and processes should be established.

9.5.2 Intercountry adoption and its practice

Although intercountry adoption in Cambodia officially began in 1987, orphanages in Cambodia were arranging international adoptions since their operation leading up to and during the Vietnam War and Khmer Rouge era.¹⁴³ MoSVY reports 3,800 Cambodian children were adopted overseas between 1997 and 2009 when a moratorium was introduced in response to fraudulent adoptions. Since then Cambodia has taken developmental progress towards intercountry adoption reform, balancing obligations towards the rights of the child and external pressures from receiving countries of children to recommence ICA programs.

The Law on Intercountry Adoption largely reflects the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, except for insufficient emphasis on family preservation strategies. Although present in the law, the primacy of care in the child's family including kinship care is constrained by a

five-month time limit for search and reunion pertinent when presently many parents are engaged in employment outside their community. ICA is not declared as the last resort in alternative care in the law although this is specified in policy. Although donations directed to a specific orphanage where a child resides are rightly not permitted, general donations to state-run institutions are permitted.¹⁴⁴ Links between adoption and money remain problematic internationally as are donations to institutional care that support institutionalization and an ICA driven system¹⁴⁵. Article 29 allows PAPS to reject a child matched to them and to be eligible for a second offer. As with domestic adoption, this in practice can lead to a PAP-centered approach to adoption rather than adoption as a service for children which properly relies on rigorous assessment, screening and matching according to the needs of the child and the capacity and commitment of PAPs.

An independent assessment of the Capacity Development Plan for Family Support, Foster Care and Adoption conducted by the Permanent Bureau of the Hague Conference on Private International Law (HCCH) and International Social Service (ISS) which was commissioned by MoSVY and facilitated by UNICEF presented 23 short term, medium term and long-term recommendations to be addressed prior to the commencement of ICA programs, indicating a significant step in reform. This assessment identified two main challenges, namely integration into the domestic child protection system and the prioritization of domestic adoption over intercountry adoption, and second the existing legal framework should ensure all authorities have the necessary powers, resources, knowledge and experience. Cambodia is not yet in a position to resume ICA especially when considering the international context where ICA numbers are steadily declining due to sending countries' compliance with the Hague Convention and the prioritization of domestic alternative care programs.

The intercountry adoption system is currently managed by a centralized ICA authority and is directly accountable to the Minister of MoSVY. Currently there are agreements with Italy, Spain and Malta with a focus on older children with disabilities. At the time of writing this report, no child

referred for ICA has been assessed as adoptable due to new, more rigorous gatekeeping processes. These processes have identified practice issues particularly the referral of children for ICA without consent of parents, and a lack of due attention to search and reunion strategies, family preservation work, or exploration of in-country alternatives particularly kinship care. Although an international trend, caution should be exercised when adopting older children with disabilities to other countries. PAPs require particular qualities, parenting capacities and strong networks of support. Being older and having a disability further compounds adjustment for adopted children and their adoptive parents. Particular attention needs to be paid in assessments of PAPs and their capacities to meet the additional needs of older children with disabilities. It cannot be assumed that ICA is always in their best interests as losses of relationships, community and identity are also part of any adoption. Poor outcomes for children (including adoption breakdowns and, in some cases, death) can eventuate when PAPs are not rigorously assessed, ill prepared or poorly matched.¹⁴⁶ Countries that engage in ICA should pay close attention to these assessment and preparation processes in receiving countries of children.

Importantly, the domestic adoption team are providing support and information to adult adoptees returning to Cambodia, an important and necessary development in the ICA program.

9.5.3 Reforms to address concerns about adoption practices

The government is taking its responsibilities towards adoption practices as part of a robust child protection system seriously and is supporting needed reforms. MoSVY, MoJ, other Ministries and civil society are supporting three important actions informing these reforms: The Capacity Development Plan for Family Support, Foster Care and Adoption; the independent assessment conducted by the Permanent Bureau of the Hague Conference on Private International Law (HCCH) and International Social Service (ISS); the draft Prakas on the Procedure to Implement Domestic Adoption and accompanying Implementation Handbook.

The Capacity Development Plan and the independent assessment highlighted several key objectives to:

- Identify achievements and challenges to family support, foster care and adoption frameworks;
- provide recommendations that capitalize on the achievements, address challenges and prevent possible illicit practices;
- propose a capacity development plan to build on the momentum of considerable reforms occurring within Cambodia; and
- share promising practices from other countries.

The two draft Prakas on family-based care present a number of proposed reforms including the prioritization of family strengthening and kinship care, the development of foster care programs which includes emergency, intermittent, short term, longer term and permanent, small family-like group homes, the centralization of domestic adoption, and the prioritization of domestic adoption before intercountry adoption. An important recommendation is the establishment of an additional gatekeeping measure, the Alternative Care Interprofessional Panel (ACIP) whose members, qualified and experienced child protection specialists, will bring together advanced expertise in child protection. The panel with practitioners working with children and families will review cases of children assessed as requiring permanent separation from their families. The Panel will:

- support the work of community workers, case workers, case managers and social workers through advice and consultation with practitioners working with children and families;
- provide comprehensive information that supports decision making at sub-national and national levels, in particular to the Judiciary and MoSVY;
- have an important gatekeeping function; and
- fulfil a professional consultative role which makes recommendations with respect to permanent placements, as well as assisting with challenging cases.

10 Care during an emergency

Cambodia is highly exposed to the effects of climate change, ranking the eighth most at-risk country in the world according to the 2015 World Risk Index (WRI).¹⁴⁷ Weather related hazards are becoming more frequent and disaster preparedness, disaster resilience and supported recovery remains low. The country is particularly vulnerable to hydro-meteorological hazards including drought, flash flooding, tropical storms and riverine flooding, all of which wreak havoc on livelihoods and food security due to the high dependency on agriculture and fisheries.¹⁴⁸ Disasters generally pose the greatest risk to those already vulnerable due to poverty related factors, and in their aftermath pose a variety of risks to children such as separation from caregivers and community, death or injury of parents, institutionalization, trafficking or exploitation, as well as health risks and failure to have basic needs met.

The RGC has made significant progress in the area of emergency management. The new Disaster Management Law, adopted in 2015, created a legislative mandate for disaster response and management and formalized the role of the National Committee for Disaster Management. It further outlines the hazard risk prevention programs required to promote climate adaptation, relevant to family strengthening given the role climate change and associated hazards play in destroying livelihoods and diminishing families' ability to care for their children.¹⁴⁹ There is no clear provision for child protection in emergencies in the disaster management legislation or framework. NGO responders reported training local response teams in prevention of separation and family tracing, however noted that separation in the midst of an emergency is uncommon due to the nature of hazards that typically affect Cambodia. NGO and development partner responses are coordinated through the Humanitarian Response Forum, which was established in 2011. UNICEF, Save the Children and World Vision are the sector leads for child protection within this framework and ensure that response plans and emergency preparedness incorporate the international child protection standards.¹⁵⁰

At the time of writing, The Cambodian government was in the early stages of responding to the COVID-19 emergency. MoSVY issued a number of guidelines and directives specific to responding to children in alternative care and the prevention of separation, and with support from UNICEF and Save the Children, developed guidelines on case management during COVID-19. A significant focus was on the provision of support to children at risk of separation, including through cash transfer programs, the protection of children in quarantine centres, the prevention of mass movement of children from RCIs, responding to returning migrant workers and their children, and increasing the capacity for family-based care in partnership with FCF and 3PC member organizations. The pre-existence of networks that facilitated government-civil society collaboration and the recent transfer of child protection functions to the subnational level were important factors that allowed for rapid policy dissemination, mobilization and response coordination.

11 Public awareness and advocacy

There are a number of awareness raising and behavior change campaigns being developed and delivered in Cambodia that contribute to children's care and care reform efforts. These campaigns seek to affect attitudinal change amongst key stakeholders including, families, community members, service providers, donors and volunteers/ voluntourists. Public awareness campaigns on issues that affect the safety and well-being of children have been conducted across sectors in Cambodia. These include but are not limited to:

- Think ChildSafe Campaign: A suite of campaigns delivered by Friends International with the support and endorsement of Ministry of Tourism (MoT) and MoSVY. Aimed to address foreign donor support of orphanages, orphanage tourism and promote child safe tourism.

- Rok Kerng: Children in Families. Awareness raising campaign addressing orphanage tourism in the Christian faith-based sector.
- Cambodia PROTECT: A Communication Strategy to End Violence Against Children and Prevent Unnecessary Separation. It includes the 'Strong Family' communication campaign launched by MoSVY in February 2020, which includes amongst its objectives, addressing the social and cultural beliefs regarding the merits of institutional care for children.
- Keeping Families Together Campaign: Delivered by 3PC (MoSVY, UNICEF and Friends International), the campaign focuses on raising awareness of the importance of family care in the 5 key target provinces.
- The Good Men Campaign (2015): Aims to transform gender norms and perceptions of violence against women in Cambodia and is delivered by MoWA and the United Nations Population Fund (UNPF) with other key partners
- Positive Parenting Strategy (2017): Developed by MoWA with UNICEF and other key partners, the strategy is aimed at behavior change in families in particular violence and the preventing the separation of children from their families.
- Disability campaigns – by individual NGOs and Charities e.g. Epic ARTs raising awareness of children and adults with disabilities in Cambodia through the arts, music and theatre with the full participation of people with disabilities.

Other INGO and NGO led campaigns have focused on literacy, disease, clean water and other health promotion.

11.1 Public perception

The MoSVY study on attitudes towards residential care conducted in 2011 found that residential care received a high degree of support from all stakeholders. 70.7% of village chiefs and commune council members were in support of placing a child without parents in residential care, and often encouraged families unable to meet their

children's needs due to poverty to place them in institutions.¹⁵¹ 91.9% of family members surveyed agreed that it was appropriate to send a child to an institution in order to access education.¹⁵² With extensive awareness raising efforts and behavior change campaigns underway, attitudes towards residential care are shifting demonstrated by the increasing government and community support for reforms that support RCI closures, RCIs repurposing as providers of services and family-based care. By 2018, the shift in attitudes against institutional care at the local, subnational and national levels points to the success of the various behavior change campaigns, awareness raising initiatives and training in the five targeted provinces.

A community campaign targeting family preservation called 'Keeping Families Together' was originally launched in March 2015 by 3PC and re-launched in December 2019 as a part of the REACT project. The campaign is delivered by 3PC partners in the five key provinces identified in the Action Plan¹⁵³.

There are a number of awareness raising and advocacy campaigns targeting tourists and voluntourists. These campaigns were developed in response to the popularity of orphanage tourism in Cambodia, which has given rise to the 'orphanage industry' and led to a 75% increase in the number of RCIs in Cambodia between 2005- 2010.¹⁵⁴ Initiatives designed to raise awareness of the harms associated with orphanage tourism include Friends International's Think ChildSafe Tourism initiative, including the high profile 'children are not tourist attractions' campaign, World Vision's ChildSafe Tourism awareness raising campaign and accompanying materials, and Children in Families 'Rok Kerng' advocacy program, which focuses on decreasing the prevalence of orphanage tourism in short-term missions. Friends International's Think Child Safe program works in close collaboration with the Ministry of Tourism (MoT), in particular MoT's Child Safe Tourism Department. Information on the harms of orphanage tourism have been included in the accreditation training for tourism providers to combat the role tourism sector actors, including tour guides, tuk tuk drivers and hotels, who were playing a role in advertising and facilitating orphanage tourism.¹⁵⁵

Foreign donors and tourists perceived orphanages as an appropriate first response to child vulnerability and poverty in developing countries, with 100% of RCIs identified in the 2011 mapping receiving funding from overseas private donors.¹⁵⁶ Shifting foreign donor behavior on orphanage tourism and targeting real need is complex as fund-raising campaigns rely on donations from countries and communities outside of Cambodia. There are a number of promising practices targeting donor and volunteer sending countries underway, including through the ReThink Orphanages Network and associated country level hubs. ReThink Orphanages efforts in Australia have resulted in legislative and regulatory reforms, including charity sector regulation that makes ineligible the funding or support of RCIs operating in non-conformity with international norms and domestic law. Similar efforts are underway in the UK, and extensive cross sector advocacy and awareness raising is ongoing. This has resulted in a number of major tourism companies and charities who previously facilitated orphanage tourism in Cambodia, divesting of all orphanage tourism products.

Nation-wide public campaigns are needed to educate the population about children and adults with disabilities to change public attitudes and reduce stigma; a campaign that focuses on the recruitment non-relative foster carers; and public health strategies to address addictions, mental health and diversity campaigns.

11.2 Abuse and exploitation in alternative care

In 2014 Action Pour Les Enfants (APLE), an organization that investigates child sexual exploitation and abuse crimes and a key technical partner of MoSVY, reported a rise in child exploitation offenses taking place in residential care institutions, with 17 arrests made between 2014-2018.¹⁵⁷ The types of exploitation included sexual abuse, child labor and illegal removal of a child. Perpetrators included 3 Cambodian nationals and 14 expatriates, some of whom were working in the capacity of directors of RCIs. A number of the expatriates had prior convictions, raising concerns about the lack of screening and background checks conducted by NGOs and the challenges with blacklisting and border protection

mechanisms. Whilst RCIs are a known target of child sex offenders, authorities have noted a shift towards targeting children by infiltrating child focused NGOs and schools in rural areas where there is less knowledge of child protection and child abuse.¹⁵⁸

MoSVY officials have responded to disclosures or allegations of abuse in RCIs, resulting in the closure of a number of RCI and removal of the children. Based on sub-decree 119, when there are irregular cases, an inter-ministerial committee is to be formed within 24 hours to conduct necessary investigation. In reality, the formation of such committee had been challenging, un-timely, and not guided by any clear procedures.

11.2.1 Orphanage trafficking and modern slavery

Orphanage trafficking and child exploitation in institutions in Cambodia have been highlighted in prominent publications, including the 2016 Global Slavery Index and the 2018 Trafficking in Persons Report.^{159 160} Orphanage trafficking includes the active recruitment or transfer of children from their families and communities into residential care for the purpose of exploitation. It typically involves 'paper orphaning' whereby the child's status as an orphan is falsified through fraudulent documentation or false claims of parental death and/or abuse and abandonment.¹⁶¹ In many cases of orphanage trafficking, new birth certificates are fraudulently obtained, which serve to change the child's name and the names of their parents. This aids in the establishment of 'orphan-hood' on paper and frustrates tracing efforts. Children are subsequently harbored in RCIs, held in conditions that constitute modern slavery and subjected to various forms of exploitation. Forms of child exploitation in institutions that have been documented in Cambodia include child labor on farms, orphanage tourism, including performing for tourists, selling goods produced by the orphanages, begging, and sexual exploitation.¹⁶² In other cases, children in institutional care are used as commodities, which enable RCI directors to profit from child sponsorships funds and other forms of foreign donations.

Orphanage tourism and trafficking has been enabled by a number of factors, including attitudes towards residential

care amongst families and donors, the lack of enforcement of registration of RCIs and weak gatekeeping. Whilst there have been a number of prosecutions of RCI directors for the constituent crime of sexual exploitation of children in care, there have been no prosecutions for orphanage trafficking. It remains a poorly understood crime, and in some instances, evidence of orphanage trafficking, including deceptive recruitment and falsification of birth certificates has been deemed ‘irregular admission’ rather than components of an act of trafficking.

A 2018 Universal Periodic Report (UPR) submitted by Ending Child Prostitution in Asian Tourism (ECPAT) identified gaps and/or definitional issues that puts the TIPSE Law at odds with Cambodia’s State party obligations under the Palermo Protocol and OPSC.¹⁶³ In particular, recruiting a child for the purpose of exploitation is only criminalized under the Cambodian TIPSE Law where coercive means are used. The element of force or coercion is not required by either the Palermo Protocol or OPSC both of which criminalize the recruitment of children for the exploitative purposes regardless of means. This is of particular concern with regards to the efficacy of the Act in combatting the active recruitment of children into institutional care for the purpose of exploitation and orphanage tourism.

Scaling up existing government efforts to inspect and close clandestine RCIs and curtailing investment in residential care in conjunction with campaigns aimed at discouraging donor participation in orphanage tourism are key to disrupting the orphanage industry. Further attention should be given to educating and building the capacity of police and prosecutors to identify, investigate and ensure prosecution of orphanage trafficking crimes.

12 Conclusion

12.1 Child-care reform successes

The Cambodian government has made a strong commitment to developing a robust child protection system and improving children’s care. Significant progress has been made in the development of policy. A number

of challenges lie ahead in relation to implementation, including those resulting from the delays in the full implementation of the decentralization and deconcentration reforms.

Concerted action has been taken to better regulate residential care and scale back the use of institutions. The moratorium on new institutions and introduction of stronger gatekeeping mechanisms has enabled government to reverse the concerning trend which saw a rise in numbers of institutions, driven by donor funding and orphanage tourism between 2010-2015. A net reduction in both the number of institutions and children in institutional care has since been reported.

Important groundwork has been done to support a system strengthening approach to care reform. This includes:

- Enumeration of children in residential care.
- the digitization of inspection and case management systems.
- Preparatory work to increase investment in developing the social service workforce necessary to deliver both social protection and child protection interventions.
- Integration of prevention of separation strategies in the social protection framework, including the development of guidance to increase commune budget allocation to social service provision and improved targeting of at-risk populations within the national cash transfer program.
- The development of the Capacity Building Plan and Guidelines to support the scaling of family preservation and family-based care.
- Independent assessment of the Capacity Development Plan for Family Support, Foster Care and Adoption.
- The development of Prakas on the Procedure of Implementation on Kinship Care and Foster Care.

- The draft Prakas on the Procedure to Implement Domestic Adoption.
- The Implementation Handbook supporting the two aforementioned Prakas and planned training for implementation and capacity development.
- The roll out of Primero and work underway to ensure the interoperability between Primero and OSCaR.
- The development of the CPIMS and national indicators for child protection.
- The development of networks of service providers.

Another notable success is the NGO collaboration galvanized in support of government-led reforms. Both 3PC and FCF have played critical roles in enabling NGO collaboration and reducing fragmentation. UNICEF and Save the Children have provided an important interface between the networks and MoSVY, enhancing the ability of both networks to support government efforts. The support provided by Friends International and Save the Children to network members has resulted in capacity development, particularly amongst smaller NGOs. While challenging at first, both networks have developed means of sharing information across networks and engaging in productive collaboration with common goals. The awarding of EU funding under a joint grant proposal with co-applicants from both networks furthered collaborative efforts, resulting in the development of a shared objectives under the REACT project.

There are positive examples of RCIs transitioning their programs, demonstrating the success of government policy socialization and awareness raising campaigns as catalysts for change. RCI transitions have enabled resources in some cases to be repurposed and reinvested in the development of community and family-based programs. Concerns around the quality of reintegration case work and transitions are being addressed through the release of standard operating procedures (SoP) and trainings, including the RCI transition training program developed by Friends International.

Awareness raising and behavior change campaigns designed to address some drivers of institutionalization have been a central component of care reform efforts. Campaigns have targeted a range of stakeholders and attracted widespread inter-ministerial and NGO collaboration.

12.2 Key findings and areas of learning

Legislation and policy framework

While recognizing considerable progress in child protection legislative and policy reforms, there remain gaps in the legislative framework and a high dependence on lower level legal documentation for alternative care. Discrepancies in the policy and regulatory framework have been noted and can be attributed to the progressive introduction of new pieces of regulation or policy over a twelve-year period without harmonization.

As the legal and policy framework continues to develop, more attention needs to be directed towards the long-term goal of ensuring that child protection legislation and policy is cognizant of structural causes of risk to children, in particular those that impact the ability of parents and families to provide adequate care. An approach that promotes and pursues equity, the removal of structural barriers affecting parents and families' ability to provide adequate care and includes an appropriate focus on prevention should be pursued. This is critical to avoid attribution of risk stemming from structural inequity to neglect and parental deficit resulting in the pathologizing of parents, high rates of removal, and overrepresentation of minority and marginalized groups of children in alternative care. The entrenchment of discrimination in child protection and care systems is an issue that plagues many countries, in particularly middle- and high-income countries, and needs to be proactively avoided in the Cambodian context.

Recommendations

- The drafting of an overarching law would signal an opportunity to review and harmonize the whole child protection legal and policy framework to address gaps, inconsistencies and bring Cambodia's laws and regulation into full alignment with the CRC and Guidelines.

- To integrate disparate aspects of child protection policy into a cohesive framework that ensures family strengthening and kinship care is prioritized
- Implement the recommendations made in the Capacity Development Plan for Family Support, Foster Care and Adoption to strengthen the legal framework and implementation of sound practices in domestic adoption
- To align Cambodian Alternative Care Policy with the international Guidelines on Alternative Care for Children concerning the classification of group homes ensuring group homes are classified as residential care and that care provided in group settings should be arranged around the individual needs of the child. Group settings that do not meet family-like conditions should be recognized as institutions.
- To take a national approach to children (under 18 years of age in Cambodia) in conflict with the law, including the implementation of the recently launched Strategic Operational Plan of the Juvenile Justice Law to strengthen the juvenile justice system and increase the focus on diversion programs.
- To ensure support for aftercare for all children ageing out of alternative care is mandated in law and policy irrespective of whether children are cared for in state or NGO run programs and does not incentivize long-term institutionalisation.
- Empower and support parent advocacy and participation in decision making and facilitate their involvement in shaping policy and practice.
- Empower and support children and care leavers to participate in decision making and facilitate their involvement in shaping policy and practice.

Children with disabilities in care reform

While there are promising practices with respect to supporting children with disabilities and their families, there is still work to be done in relation to addressing discrimination, educating the workforce, developing

specialized support systems and ensuring children with disabilities are considered alongside all other children in law, policies and practices. The draft procedure on labor rehabilitation for people and children with disabilities is a promising development and is designed to improve access to social, health and vocational training services.

Recommendations

- Mainstream disability in all care reform efforts to prevent situations of functional discrimination in policy and practice.
- Foster greater collaboration between the child protection, health, education and disability sectors to further develop community-based rehabilitation services and to support the reintegration of children with disabilities into family-based care and family preservation.
- Prioritize investment in community-based rehabilitation programs and inclusive development over investment in residential settings to remove barriers to inclusion.
- Develop a national campaign about children with disabilities to address discrimination
- Ensure the participation of children with disabilities in all decisions made about them.

Decentralization and sub national level functionality

The decentralization reforms represent a critical step towards achieving national coverage for child protection services. Whilst notable progress has been made, delays and the incomplete transfer of functions to the district level has affected service delivery and is a key concern raised by subnational actors. The reforms aimed to transfer oversight of services, including regulation of residential care services, responsibilities and resources to the subnational level. The transfer of some workloads, namely management over state-run institutions, inspections of RCIs, and some gatekeeping functions, have occurred, however without commensurate capacity

building and budget transfer. As a result, subnational actors lack the operational budgets and staffing levels to effectively fulfill their child protection related roles, including those that relate to reintegration, monitoring and gatekeeping, and the required level of training to respond to the needs of children and families in resource poor environments.

The transfer of budget from DoSVY to the Provincial Governor's Office has also occurred, however resulted in challenges and increased bureaucracy affecting the release of funds. This was felt most keenly by state-run institutions who experienced up to 6-month delays in funding disbursements. Simplification and digitization of budget processes is underway, however will take time to come into effect.

The transfer of functions for the oversight of NGO run RCIs to the capital and district level has been slower to take effect. Whilst RCI inspections are now being carried out by OSVY, subnational actors interviewed were unclear as to what the full transfer comprised and what it would mean for their roles. They further indicated that information disseminated during training in preparation for the transfer had not been retained due to the amount of time lapsed and lack of opportunity for implementation. The combined impact of restraints has meant CCWC and OSVY engagement in most cases is reduced to administrative functions limiting the capacity for the development of knowledge and skills in child and family work.

Budget reforms and the streamlining of administrative structures at the district/municipality level came into effect in early 2020 in policy. Once fully implemented, this should result in an increase in human resource capacity, Commune/Sangkat Funds for social service provision and streamlined services and decreased bureaucracy.

Recommendations

- Ensure budget disbursement accompanies the functional transfer of roles to minimize negative impacts on front line service delivery and the ability of subnational level actors to perform their roles.

- Address budget constraints faced by district level technical staff in the context of the newly restructured district/municipality administration.
- Ensure sufficient attention is given to training and the relevance of training, including awareness of the overarching purpose and picture of decentralization reforms, training on the implementation of program-based budgets, enhanced opportunities for on the job training and supervision of practice.
- Ensure effective monitoring of the gatekeeping system and collection of data that can inform the allocation of social service funding.
- Address in practice any outstanding role confusion, in particular through collaboration between Mol and MoSVY with respect to the oversight and responsibilities of CCWCs.



Reintegration

Reaching the target of 30% reduction in the five key provinces where the majority of RCIs were located was largely based on two RCI centric criterion (1) location in one of the focal provinces, and (2) willingness to reintegrate children. Clear criteria for prioritizing which children should be reintegrated, how they should be integrated, and what preparations and services needed was neglected in part due to the delayed release of the Guidelines on Reintegration. The reintegration of children under three years of age and those in RCIs where abuse was suspected were prioritized but insufficient training and guidance led to varied implementation and quality. The evaluation of reintegration and outcomes for children found mixed results.

Recommendations

- Reintegration processes require a national evidence informed approach to policy that centers around the unique needs of each child supported by standard operating procedures, resourcing and training.
- Using information drawn from rapid assessments, community service maps, RCI inspections and ultimately CPIMS once fully developed and operational to analyze areas of need to form an overall strategy and guide investment.
- Ensure standard operational procedures include:
 - o case management practices, assessments, interventions, planning and service co-ordination built around the unique needs of each child and their families
 - o case planning that assesses needs and captures information related to the vulnerability indicators in social assistance schemes and for the IDPoor Program to ensure access, including to education scholarships, cash transfers and health equity funds.
 - o early involvement of immediate family or kin in assessment, preparation and education

- o preparation of the child and inclusion in decision making
- o providing and properly resourcing professional guidance and support on evaluating and prioritizing children for reintegration based on individual assessments of risks (physical, emotional, psychological and developmental) associated with ongoing institutionalization
- o a focus on quality
- Extend reintegration efforts beyond institutions located in the five target provinces.
- Review national outcome measures ensuring they are based primarily on quality outcomes rather than timelines.
- Build practice capacity through staff training and resources in search and reunification and properly preparing children and families, coordinating services and providing extended follow up support and services consistently applied throughout Cambodia.
- Provide training to ensure understandings of developing family-based alternative care processes.
- Improve NGO compliance and cooperation with government, in particular amongst those involved in reintegration and the provision of alternative care service.

Family preservation and kinship care

Family preservation that includes kinship care is challenged by some of the same factors that led to practices such as institutionalization. Complex problems such as poverty, intergenerational trauma, marginalization and access to social protection, education and health services require short and long-term approaches, adequate resources, capacity development and training. Preserving family relationships includes strengthening immediate families, kinship carers and communities and having clear guidelines for search and reunion,

psychosocial assessments and interventions, and creative thinking in casework. All service providers should focus on the elimination of service duplication and develop interventions based on assessed need of children, families and communities through collaboration.

Recommendations

- Develop accreditation standards and accreditation processes for service providers.
- Ensure family preservation including kinship care is a clear priority and consistently documented in all policies and law.
- Resource kinship care, for example, including kinship carers in the cash transfer program.
- Increase the focus on community development interventions that mobilize the strengths inherent in communities to support, care and protect their children.
- Support the expansion of programs delivered at the local level that address the root causes and psychosocial consequences of poverty through approaches that educate and empower parents, caregivers and communities.
- Expand the use of support groups at the local level.
- Strengthen grass roots community level child protection mechanisms that respond to risks and prevent separation through training, improved case management and resourcing.
- Expand the concept of case management from predetermined service packages to individualized package of services tailored to the unique needs of individual children and their families. Case management plans enable multiple government and NGO organizations to work together to provide services that adequately respond to each child, family and community.

- Expand training on case management that includes assessment of needs, child protection knowledge, and developing knowledge and skills on assessment, collaborative problem identification and planning in partnership with families and children, providing carer education, mobilizing informal as well as formal networks around children and families, monitoring and evaluation.
- Further develop and invest in a qualified social service work workforce.

Non-relative family based care (foster care and adoption)

Harmonization of laws and policies are important for all forms of non-relative care. Addressing the barriers to implementation that protects the rights of all children in Cambodia rest on the development of national policies that are clear, evidence informed, address lessons from past experiences and the provision of adequate training of the workforce. This must include building their capacity in terms of practice knowledge and skills as well as resourcing and developing the professional social work workforce over time.

Recommendations

- Develop accreditation standards and accreditation processes for family-based care service providers.
- Develop and expand a fully integrated foster care program that caters for short and long term, intermittent and permanent foster care arrangements with sufficient provisions for care leavers, and adequate screening, selection and training, and ongoing support of foster carers.
- Address financial barriers for ordinary Cambodians to become foster carers and adoptive parents, including barriers that stem from administrative/court related costs.

- Address openness in adoption and the provision of post adoption services for adoptive families and adoptees across the lifespan.
- Create a centralized approach to domestic adoption that includes a national approach to selection and approval, education and matching as decentralization does not provide the optimum service for children to be adopted domestically.
- Resist pressures from receiving countries of children to open intercountry adoption programs prematurely.

Group care settings

Both Cambodian laws and international standards present conflicts and confusing definitions with regards to small groups homes. Currently many small group homes are the size of small institutions, have institutional characteristics and are still staffed like institutions. Having small family-like settings where care is organized around the individual needs and characteristics of the child available for children in limited cases is important. This may be particularly pertinent when considering factors such as keeping siblings together, where care cannot be

provided in their families, the age of the child, their abilities, and importantly staying connected to their families and communities.

Recommendations

- Develop accreditation standards and accreditation processes for all residential care service providers, including those that provide non-institutional residential care.
- Clarify the distinction between institutional and non-institutional residential care in policy, focusing on the regime of care and orientation of care around group or individual needs rather than on size alone.
- Address the current issues with small group homes operating as small institutions through inspection and the provision of support to service providers to move towards family-like rather than institutional care conditions
- Only approve new services that are non-institutional, meet family-like conditions and orientate care around the individual needs of the child.



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Annexes

Annex 1: Glossary of international and national terms developed for the draft Guideline on the Procedure for Family Based Care

Annex 2: Country Care Profile Matrix

Annex 1:

Glossary of international and national terms developed for the draft Guideline on the Procedure for Family Based Care

Note: To be taken from the Guidelines on the MoSVY Procedures for Family-Based Care once released and included here.



Annex 2:

Country Care Profile Matrix

Availability of reports, research and general information about alternative care			
	Question	List and Describe	Sources
1*	Are there country-level child protection systems or child care assessments; reports, studies, research, websites on alternative and childcare available for the country?		
2*	If reports are available what are the main issues, challenges and successes highlighted in the reports about child care reform in the country?		
Country Level Legal and Policy Framework			
	Question	List and Describe	Sources
3*	Has the country ratified key child protection human rights instruments (CRC, Hague Convention etc.)? Please list the instruments and dates of ratification		
4*	Are there laws, policies, guidelines and regulations and standards specific to childcare and alternative care?		
5*	In general, is the country's legal and policy framework in line with the CRC and Alternative Care Guidelines principles (i.e., best interests of the child)?		
6*	Does the legal and policy framework reflect the Hague Convention for the Protection of Children and Cooperation in Respect of Adoption especially the subsidiarity of intercountry adoption to domestic family-based care options?		
7*	Is there a government-approved strategy for bringing about deinstitutionalization of the alternative care system? <ul style="list-style-type: none"> • In general • For children under 3-5 years • With a target timeframe 		
8*	Are there existing efforts to reform the child care/alternative care policy and legal framework?		
9	Does legislation require the implementation of specific measures and services to prevent family separation?		
10	Does legislation require the implementation of given processes and measures to ensure that the suitability of family-based alternative care for a child is considered before envisioning placement in a residential facility?		
11	Is the process of leaving and after care supported in the law?		
Description of Child Protection/Child Care System			
	Question	List and describe their roles and responsibilities in service delivery, advocacy and networking.	Sources
12*	Description of the population of children living outside of family care or at risk. This should conclude description of the particular threats to children and families that lead to children living outside of family care (i.e., HIV, disability, armed conflict, disaster, trafficking, labour, abuse etc.)		

13*	Description of the key social welfare workforce groups/cadres and service providers of children in alternative care, including government, NGOs, FBOs, for profit. Also mention if these service providers work together and if there are collaborative mechanisms in place for this type of coordination		
14*	Description of other actors involved in alternative care: alternative care networks; youth or care leavers network; foster parent association; etc.		
15	Are children and caregivers actively engaged in policy and programming that directly affect them and does the legal and policy framework support this?		
16	Description of key donors supporting child protection and alternative care		
17	Describe the political will and commitment of the government in relation to child care/alternative care. E.g., Executive Branch leadership; alternative care in national development plans etc.		
18	Does the national budget include line item on child protection and specifically alternative care?		
19	Is there a national information management system specific to child protection, in particular collecting data on children in alternative care?		
Preventive services			
	Question	List and Describe	Sources
20*	Describe the range of services and the quality of services that are available to prevent family breakdown and separation. E.g., cash transfers, day care, respite care, income generating activities, PSS, etc.		
Formal alternative care services			
	Question	List and Describe	Sources
21*	Are there data or credible estimates of the number of children placed in formal alternative care? E.g., Residential care, formal foster care, small group homes, etc.		
22*	How many children are in residential care versus family-based alternative care (i.e., formal foster care, formal kinship care)?		
23*	What is the range of formal alternative care options available to children?		
24*	Are there legally recognised alternative care options specifically for: emergency care; short-term care, long-term care?		
25*	Are there national reform efforts in place to try to strengthen and expand family-based alternative care service provision?		
26	In general, what is the capacity of government and non-government actors to properly carry out various forms of alternative care service delivery?		
27	Are there training and capacity building initiatives to address capacity/skill gaps for the social welfare workforce and for caregivers?		
28	What are the main reasons/driving factors for placement in alternative care? How and who has documented this?		

29	Are there clear gatekeeping mechanisms and admission policies and procedures in place for residential care? Foster care? Other types of alternative care?		
30	Are children given clear care plans and monitored throughout placement? Residential care? Foster Care? Other types of alternative care?		
31	To what extent are children in alternative care being reintegrated into their families or communities of origin?		
32	To what extent do reintegrated children remain in those placements, 6 to 12 months after placement.		
33	Are children/youth provided with preparation and support upon leaving/exiting care? Please include who provides this preparation and support, if known. Proportion of children/youth provided with what type of support.		
34	Are formal alternative care facilities authorized, registered, inspected, and monitored by authorizing bodies on a regular basis?		
35	Are there standards of care developed, disseminated and utilized in the formal alternative care facilities?		
36	What type of formal alternative care services are available for children with special needs?		
37	What is the quality of formal foster care in general?		
38	What is the quality of residential care in general?		
39	Are there general and widespread concerns about rights violations of children's rights in formal care settings?		

Informal alternative care services

	Question	List and Describe	Sources
40*	Are there data or credible estimates of the number of children placed informally outside the parental home? E.g., with grandparents, with other relatives, with local community, in sibling groups (child headed households) etc.		
41*	Has the State taken any initiatives to establish or improve support or oversight of informal arrangements? E.g., <ul style="list-style-type: none"> • Voluntary registration of informal carers • Provision of financial allowances • Making available/increasing access to support services • Combating exploitative practices 		
42	Are there general and widespread concerns about rights violations of children in informal care settings?		

Adoption (Domestic and Intercountry)

	Question	List and Describe	Sources
43*	Are there data or credible estimates of number of children placed in domestic adoption? Intercountry adoption?		

44*	How widely is domestic adoption practiced? If practiced widely, what are the reasons and good practices? If not practiced widely, what are the challenges?		
45*	How widely is ICA practiced? What are the main issues and concerns in terms of ICA?		
46*	If there are concerns with adoption practices, are there reform efforts to address these issues?		
Care During an Emergency			
	Question	List and Describe	Sources
47*	Has the country recently experienced an emergency? If so, how has it responded in terms of alternative care? Challenges? Successes?		
48*	Has the emergency resulted in childcare reform efforts? If so, please describe.		
Public Awareness and Advocacy			
	Question	List and Describe	Sources
49*	What are the key childcare advocacy initiatives in place?		
50*	Is there any national awareness raising campaign specific to childcare? If yes, please describe.		
51*	What is the role of media in childcare and awareness raising? Role of government? Civil society?		
52	Has the government and/or civil society organized conferences or workshops on this issue for key stakeholders?		
53	What is the general public perception on childcare provision, role of residential care, availability and acceptance of other alternative care options, etc.?		
54	Has there been any documented and publicized abuse, exploitation and neglect of children in alternative care?		

