

**Kingdom of Cambodia  
Nation Religion King**



**Minimum Standards  
on  
Alternative Care for Children**



**May 2008**

## FOREWORD

Cambodia is located in Southeast Asia, and enjoyed a prosperous culture and civilization during the Angkorian Era. Geographically, it is situated along the Mekong River on wet land favourable to agriculture.

The majority of Cambodians are farmers who are honest, hardworking and traditionally friendly and supportive of each other.

However, war and the Pol Pot genocidal regime have severely shattered the country. The national social infrastructure, culture, tradition and social morality which used to be good, have severely declined. Trauma, the loss of spouses, children and relatives, and in particular, the deprivation of their rights, dignity and honour have been in the heart of the Cambodian population for a full generation.

These are causes affecting the daily livelihood of Cambodians' of all ages in this generation. Physically and mentally disabled people, orphans without any support and poverty are the legacies which the social affairs sector has to deal with.

Under the wise leadership of Samdech Akka Moha Sena Padei Techo **Hun Sen**, Prime Minister of the Royal Government of Cambodia, the Kingdom of Cambodia has ended the war forever, the country has been rebuilt within a peaceful and safe atmosphere nation-wide and many achievements have been made in all sectors.

In line with the Political Platform and the Rectangular Strategy of the Royal Government of the 3<sup>rd</sup> Legislature of the National Assembly, the Ministry of Social Affairs, Veterans and Youth Rehabilitation has also developed a 6 Points Strategy for implementation in 3 major sectors - social affairs, veterans and youth rehabilitation. Specifically, child welfare issues have been carefully taken into account and incorporated as the second priority of the Ministry. Policies, principles and legal instruments related to child welfare have gradually been reviewed and improved to suit the current context of the developments of the nation.

Alternative care is an essential service to all types of vulnerable children. So far, the Royal Government of Cambodia, the Ministry of Social Affairs, Veterans and Youth Rehabilitation, the relevant ministries and national and international organizations have conscientiously and fruitfully provided alternative care and have gained a number of experiences. To increase the protection of the 4 main rights of the children and to ensure the best interests of the child, the Ministry has established Alternative Care Advisory Committee and 4 Technical Working Groups to assist the Alternative Care Advisory Committee. Following this, the Ministry has put into effect the Policy on Alternative Care for Children. The Policy has highly been supported by Samdech Akka Moha Sena Padei Techo **Hun Sen**, Prime Minister of the Royal Government of Cambodia, the Kingdom of Cambodia. To ensure the effectiveness of child caring, the Ministry has issued Prakas No. 616 MoSVY dated November 22, 2006 on the Minimum Standards on

Residential Care for Children and Prakas No. 198 MoSVY dated March 11, 2008 on the Minimum Standards Applicable to Alternative Care for Children in the Community. The two Prakas detail conditions and minimum standards for the establishment of residential care facilities, community alternative care programmes and settings, caregiver's requirements and responsibilities as well as complaint procedures and legal protection in case of abuse. These minimum standards also establish a monitoring mechanism and punishments against perpetrators.

Simultaneously, the Ministry has established a National Multi-Sectoral Orphans and Vulnerable Children Task Force and has been preparing a number of laws, regulations and other legislations including:

- Draft Law on Inter-country Adoption
- Three Year National Plan of Action on Orphans, Children Affected by HIV/AIDS and Other Vulnerable Children (2008-2010)

The Ministry of Social Affairs, Veterans and Youth Rehabilitation would like to express its profound appreciation to relevant ministries, institutions and Non-Governmental Organizations that have always collaborated well with the Ministry to protect and promote the rights of the child. The Ministry would like to convey its special thanks to UNICEF that has financially and technically supported the development of and publication of the minimum standards.

The Ministry of Social Affairs, Veterans and Youth Rehabilitation is committed to effectively translate the minimum standards on residential care and community alternative care for children into practice in the best interests of all children.

The Ministry gladly welcomes any constructive feedback and criticism from all sectors to improve the effectiveness of the implementation of these minimum standards and to respond to the actual situation of Cambodian children.

Phnom Penh,.....  
**Minister**

**ITH Samheng**

**MINIMUM STANDARDS**

**ON**

**RESIDENTIAL CARE FOR**  
**CHILDREN**



**Kingdom of Cambodia**  
**Nation Religion King**  
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**Ministry of Social Affairs, Veterans and  
Youth Rehabilitation**  
**No. 616 MOSVY**

**Phnom Penh, 22 November 2006**

## **PRAKAS**

**on**

### **MINIMUM STANDARDS ON RESIDENTIAL CARE FOR CHILDREN**

#### **Minister of Social Affairs, Veterans and Youth Rehabilitation**

- Had seen the Constitution of the Kingdom of Cambodia
- Had seen Royal Krom No. 02/NS/94 dated 20 July 1994 which Promulgates the Law on the Establishment and Operation of Council of Ministers
- Had seen Royal Kret No NS/RKT/0704/124 dated 15 July 2004 on the Appointment of the Royal Government of the Kingdom of Cambodia
- Had seen Royal Krom No. NS/RKM/0105/001 dated 17 January 2005 which promulgates the Law on the Establishment of the Ministry of Social Affairs, Veterans and Youth Rehabilitation
- Had seen Sub-Decree No. 55 ANK dated 08 April 2005 on the Establishment and Operation of the Ministry of Social Affairs, Veterans and Youth Rehabilitation
- Had seen the United Nations Convention on the Rights of the Child declared by Supreme National Council of Cambodia on 22 September 1992
- Had seen Prakas No. 038 MOSVY dated 21 February 2005 of Ministry of Social Affairs, Veterans and Youth Rehabilitation on the Establishment of Alternative Care Advisory Committee for Children
- Had seen Prakas No. 217 MoSVY dated 26 April 2006 on the Enforcement of the Policy on Alternative Care for Children

## **DECIDES**

### **CHAPTER 1 GENERAL PROVISIONS**

#### **Article 1:**

The Minimum Standards on Residential Care for Children have been established to detail conditions of the creation and management of residential care facilities and care for children living in facilities in the Kingdom of Cambodia.

#### **Article 2:**

Institutional or residential care is a group living arrangement for children in which care is provided by remunerated adults for service provision, eg. orphanages, recovery centres and child protection centres. Children in such settings receive full-time care for an appropriate length of time.

### **CHAPTER 2 CONDITIONS OF ESTABLISHMENT OF RESIDENTIAL CARE FACILITIES**

#### **Article 3:**

##### **WELFARE AND DEVELOPMENT**

##### **1. Health, Hygiene, Clothing and Food**

Residential care facilities shall provide children or provide them access to:

- Health care, including immunisations in and outside the facility.
- Hygiene including dental care.
- Safe drinking water at all times.
- Clean personal glass or shared glasses.
- At least three meals per day.
- Balanced nutrition with protein (meat, fish, soy bean, carbohydrate, cereal, vegetables, etc).
- Special nutrition for children with special needs such as babies, children with disabilities, sick or malnourished children, and children who require a specific diet to profess their tradition, belief or religion.
- First aid kit, and trained staff who can easily access the kit.
- Sufficient water for bathing and washing every day.
- Bathing materials such as soap, towel or scarf, toothpaste and personal toothbrush.
- Sleeping materials such as mats, pillow, blanket, mosquito net, etc.
- Two sets of regular clothes, one set of school uniform, and a pair of shoes, socks and flip flops every 6 months, and in case they are in bad condition or stolen, they shall be replaced.
- Instructions in plain language the full facts of how, when and why medicines are used at an age-appropriate level (for children on medication).

- Information and understanding on cleaning principles and personal and living hygiene as well as food preparation.

## **2. Social and Cultural Development**

Residential care facilities shall provide children:

- A caring, attentive and supportive environment in which they are free to express their emotions, thoughts, ideas and creativity.
- Opportunities to participate in religious, educational and social activities organised in the community or by the facility.
- Opportunities to participate in age-appropriate recreational activities with children from the surrounding community.
- Adequate time for safe sport, leisure, recreation, cultural, art and traditional activities, etc., and the facilities shall support children with disabilities to safely participate in all activities.
- The right to know and assert their identity including name, ethnicity, nationality, religion and languages, and full right to choose their own religion without any discrimination, and the children are not forced to profess any religion in exchange for care.
- Education and advice to respect the beliefs, religion, culture and tradition of others.
- Opportunities to meet with a trained counsellor, for children who have gone through traumatic experiences such as death of parents, violence, abuse, etc.
- Encouragement to form love and emotional attachment with other children without any coercion, and to maintain contact with their biological parents, relatives or friends and community under the supervision of the facility, if the contact (face-to-face or telephone) does not place the children at risk of harm.
- Permission to contact their family, even when the child is at risk of harm by the family, if it is the wish of the child, if it is in his/her best interests and if the visit takes place under the supervision of the staff.
- Budget for visiting relatives if possible.
- Freedom to go out of the facility to make friendship with neighbours, school friends and the community, and meet with their family or friends who visit them during the appropriate hours, except in some special circumstances where the safety of the children is threatened.

## **3. Education**

Residential care facilities shall provide children or provide them access to:

- Basic education for at least 9 years.
- Formal or non-formal education, either in local government, private or centres. Non-formal curricula should include at least literacy and numeracy classes to prepare the child for formal education or vocational training.
- Their own choices and vocational training which are not discriminated by gender.

- Education on rights of the child, social morality, hygiene, HIV/AIDS, general and reproductive health and other topics which are appropriate to the age of the child and favour the child's development.
- Training on self-protection methods to avoid being trafficked, abused and exploited.
- Books and materials for their education and vocational training and a quiet place to study.
- Further education and vocational training according to their age, choice and market needs for children who drop out of school but who want to study.

#### **4. Participation**

Residential care facilities shall give children:

- Right to participate in the process of planning their future.
- Right to express their own views which are reasonable and achievable for their future.
- Right to participate in decision-making on their family and reintegration, and the child's opinions are carried out as far as their security, safety and wellbeing allow.
- Right to participate in arranging their living space and making major changes in the facility such as daily activities, sleeping arrangement, sudden influx of new children or leaving of caretaker, and their opinions are carried out as far as their security, safety and wellbeing allow.
- Right to be aware of and understand the Minimum Standards as well as the Convention of the Rights of the Child, and the facility shall teach them about their own rights.
- Right to have full access to their personal information, files or records, including life history and medical records, but the files shall be kept confidential.
- Encouragement to form a Children's Committee to discuss and exchange ideas in the facility on rules and regulations and any other decisions and issues relating to their living.
- Permission for a representation from the Children's Committee to regularly report to the facility director/board, and the children's opinions must be taken into account when decisions are made.
- Education to participate in daily chores that are appropriate to their age and capacity, and which are not hazardous to their health or development or affect time devoted to education and leisure. The facility shall provide adequate supervision when the children learn essential life skills, eg. boiling water, cooking rice, etc.
- Protection from discrimination against their participation in daily life in the facility.
- Right to access their own files within office hours. If the files are traumatic, the facility shall provide counselling before and after letting the child read the files. Visitors are only told a child's information if the child gives his/her permission. Giving child's information on abuse, HIV/AIDS and family



background to visitors shall be limited and the best interest of the child must be taken into account.

- Free time every day to read books, newspapers, magazines; watch TV and listen to radio appropriate to their age, in particular information on child-related events. However, the children must not be allowed to access pornography or other materials harmful to them.
- Encouragement to participate in national and international holidays, such as Khmer New Year, Pchum Ben, Water Festival, International New Year, International Children's Day, etc, and other religious ceremonies noted by the government.
- Encouragement to take part in certificate presentation ceremonies, field trips and other activities related to their education and training.
- Permission to attend family ceremonies, such as weddings and funerals, if they wish and if it will not jeopardize the child's safety and wellbeing.
- Encouragement to learn about and exercise their own cultural identity, as well as to understand cultures from around the world, and children are provided the opportunity for at least one hour per day to exercise and play games in an open yard.
- Ability to choose activities they wish to be involved in, with no activities compulsory except those which are the child's daily responsibilities.
- Permission to stop any activity whenever their health, safety and development do not allow.
- Assistance to children with disabilities according to their needs for their movement and to participate in education and daily activities.

## **5. Discipline**

- Discipline should not affect the child's physical, mental, emotional and social development. The following discipline must be avoided:
  - Corporal punishment
  - Locking a child in solitary confinement
  - Tying the child up
  - Keeping away from school
  - Deprivation of food, drink or sleep
  - Requiring a child to wear distinctive or inappropriate clothes
  - Withholding medical treatment
  - The use of children to discipline other children
  - Threats or scolding the children with impolite and obscene words
  - Punishment beyond their physical capacity, for example forcing a small child to carry something heavy
- Children are encouraged to be well-behaved, polite, and gentle and to have solidarity and dignity.
- Children are only disciplined when they disobey the rules.
- Negative comments about the child's behaviour must not take place in front of other people or children.

#### **Article 4:**

##### **PREMISES AND BUILDING**

###### **1. Premises shall have**

- A plot of land which is at least 2,000 square metres of land, the bigger the better, for provincial/municipal and rural facilities. For crowded places, in particular Phnom Penh, monitoring and evaluation by and permission from the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) are needed.
- Good environment both inside and outside the facility.
- A garden, flag mast and space for children to do exercise, recreation and sports. Ponds and lakes, if any, should be fenced off.
- Land for home gardening to serve daily life of the facility, and the facility shall educate children to love doing agriculture and raising animals.
- A rubbish dump and proper and regular disposal of rubbish.
- A sewerage and drainage system.
- Animal raising area which is far from the office and living area.
- A fence and lights to ensure safety of the facility.
- A gate and full name of the facility with the address.

###### **2. Buildings shall have**

- Good condition which is in keeping with the average standard of living in Cambodia.
- Windows that favour light and ventilation.
- Protective system to ensure safety of the children, including proper installation of electricity and gas, and sewerage system.
- Proper rubbish bins.
- Toilet and bathroom facilities that can be accessed at any time by children including children with disabilities, and separate toilets and bathrooms for girls.
- Bedroom of an appropriate size to install 10 to 12 beds of children.
- Age and gender appropriate sleeping arrangements.
- Space for closets to properly store all the children's belongings.
- Hall for children to study together in their free time such as foreign languages or for children to watch TV.
- Kitchen and joint dining room for children living in each house.
- Health consultation room for minor sickness.
- Easy access for children with disabilities.

### **CHAPTER 3 FACILITY MANAGEMENT**

#### **Article 5:**

##### **RESPONSIBILITIES OF MANAGEMENT**

As a representative of government's institutions, NGOs and charitable benefactors providing care to children, the facility management shall:

- Have primary responsibility to ensure children's safety from violence, exploitation and abuse as well as being responsible for the physical, mental, emotional and spiritual wellbeing of the children under their care.
- Prepare monthly reports and submit them to MoSVY every month. For MoSVY orphanages, the report shall be submitted to the MoSVY through the Child Welfare Department every month.
- Prepare a written agreement with the child's previous caregiver and the child, whenever possible, when the child is transferred or admitted to the facility. The agreement shall be certified by commune/sangkat authorities.
- Inform the commune/sangkat authorities immediately when the child leaves the facility or in case of death, abduction or the child going missing, in order to take appropriate action. At the same time, the provincial/municipal Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY) shall immediately be informed in order to collaborate in taking action.
- Have written guidelines to ensure the child's background files are kept confidential.
- Implement Policies and Procedures of MoSVY, in particular Policy and Minimum Standards on Alternative Care for Children and Guidelines on Monitoring and Evaluation.
- Have written guidelines with the approval of MoSVY which set out procedures for recruitment of employees, board of directors/advisory council candidates, volunteers and interns.
- Provide orientation training for newly-recruited employees, and all new staff shall serve a probation period.
- Have regulations for management, staff and children. The regulations shall set out what is appropriate behaviour to protect children from abuse and management and staff from false accusation of inappropriate behaviour or abuse, as well as the disciplinary action that shall be taken with management and staff in case of wrongdoing, including action that may be taken under the law.
- All visitors wishing to enter the facility must obtain permission from management first. Management will appoint one staff-member to accompany the visitor all the time.
- Have staff members to meet the following rules:
  - There is regularly one caregiver for 3 babies under the age of 1 year.
  - There is regularly one caregiver for 5 children from 1 to 3 years old.
  - There is regularly one caregiver for 10 to 15 children over the age of 3 year.
  - There is regularly one caregiver for 2 babies or children with serious disabilities or AIDS.
- Collect adequate information on the child from:
  - Parents
  - Other members of the family
  - Guardian
  - Child him/herself
  - Neighbours

- Authorities
- Assess family circumstances and reason why the child is brought to the facility such as vulnerable children, abused children, orphans, abandoned children, children with HIV/AIDS, children who abuse drugs, etc.
- Take into account information on the child's situation which is collected from the assessment to prepare a case plan for the child's development, including plans such as contact with family members, relatives, friends, foster parents, adoptive parents, etc.
- Keep collected information of the child confidential except when it is in the child's best interest.
- Evaluate the possibility of reintegration every year.
- Arrange for the child to obtain birth registration immediately, if the birth of child is unregistered.

#### **Article 6:**

##### **CAREGIVERS' REQUIREMENTS**

- Caregivers shall:
  - Be from 25 to 55 years of age and healthy.
  - Have at least finished primary school.
  - Have good behaviour and be pro-active in providing care to children
- Caregivers for children under 6 shall be women or married couples.
- Caregivers shall be given training on:
  - Orientation related to child-care skills and regular capacity-building on child development and caring, in particular specialised care for vulnerable children such as training on disabilities, abuse, HIV/AIDS, etc. The caregivers shall also receive training on counselling and the importance of listening and how to listen to children.
  - Basic rights of the child, law and other legal instruments related to child abuse, neglect and exploitation.
  - Identification of child abuse.
  - Possible impact of abuse on children and actions to be taken when it is suspected that abuse has occurred or is occurring.
- Caregivers shall build good relationship and trust with children in order to meet their psychological needs and shall keep children's history confidential.
- Caregivers shall respect and implement the staff roster in accordance with their contract and regulations of the facility.
- Caregivers and cooks shall be provided with training and understanding on how to provide a nutritionally balanced diet.

#### **Article 7:**

##### **COMPLAINTS AND LEGAL PROTECTION**

- Management and staff of the facility must ensure that children are informed of their rights and procedures to make a complaint.
- An incident management plan for handling any allegations or suspicions of misconduct toward children is established by the facility.

- This incident management plan will consist of:
  - Comprehensive consistent legal complaint procedures.
  - Referral process to give children access to counselling and/or other services.
  - The nomination of a Case Management Officer, who is responsible for overseeing the full investigation of each allegation to ensure that the due legal process is followed through. Results of the investigations cannot be settled through compensation.
  - The nomination of an independent adult observer for the child, to provide support throughout the investigation.
- When the incident is alleged to have taken place in a facility managed by an NGO or charitable benefactor, the Case Management Officer must be an official in Provincial/ Municipal DoSVY. When the incident is alleged to have taken place in a state orphanage, the Case Management Officer must be an official from the MoSVY.
- It is the responsibility of the Case Management Officer to ensure that the children are protected from harm when filing a complaint or taking legal action.
- This incident management plan ensures that:
  - The child knows clearly who to talk to if there is misconduct.
  - Actions are taken to protect the child and ensure that he/she is not re-victimised.
  - There is a thorough investigation of the suspected abuse, and that the rights of the alleged perpetrator are respected pending the outcome of the investigation.
  - In cases of serious allegations against a staff member, the management of the facility shall apply temporary suspension pending the outcome of the investigation.
- Children's complaints are listened to and dealt with promptly and seriously, in accordance with the regulations of the facility or institution and the Convention on the Rights of the Child.
- When a complaint is made, the child and the independent adult observer are informed by the facility's management as to how their complaint is being dealt with, and the process and the outcome of the complaint.
- The case file and investigation is kept confidential from non-essential personnel.
- When the investigation of the incident is completed, the Case Management Officer reports to MoSVY through Provincial/Municipal DoSVY Director who will make decisions on action to be taken such as disciplinary or legal action against the staff/management of the facility involved.

## **Article 8:**

### **RECORD KEEPING**

- The facility shall make and maintain an individual case file for each child, which must be kept in a safe and confidential place, and must have a staff member responsible for it.

- Individual case file for each child consists of the following information:
  - Child's full name and other names the child may be called, photograph, sex and date and place of birth.
  - Name, age, address and occupation of parents, siblings, relatives or previous caregiver.
  - Date and reason(s) the child was brought to the facility or the child left the previous facility.
  - Personal information about the child related to visits from or to the child's family, education, behaviour, discipline and why it was given, medical status or accidents, treatments, vaccinations or advice from doctors who provided treatment.
  - Date of exit from the facility and the destination after leaving the facility.
  - The child's individual case file must be up-to-date and when the child leaves the facility, a copy of the file must be given to the child or to his/her next guardian.
- Assessment of family/home circumstances of the child to ascertain whether abuse has occurred or if there is a risk of abuse in the future.
- Information obtained from family assessments is included in case plans for the child, including plans for contact with family members or friends.
- Information is gathered from parents, other family members, the child, neighbours and local authorities; strict attention is paid to maintaining confidentiality.

**Article 9:**

- Special attention is taken to protect children's identities, their location or any other information that could identify them.
- In all circumstances, communication about and disclosure of child victims' information shall respect and protect the best interest of the child and make it clear that child abuse is wrong, and the child shall not be presented as a victim except when it is in the best interest of the child and the child allows to do so.

**CHAPTER 4  
FACILITY MONITORING AND EVALUATION**

**Article 10:**

- MoSVY monitors the implementation of the Minimum Standards on Residential Care for Children in the residential care facility once a year or more if necessary.
- Provincial/Municipal DoSVY are obliged to regularly monitor the implementation of the Minimum Standards in the residential care facilities in their respective province/municipality and the Child Welfare Department is obliged to monitor MoSVY's orphanages. In case the facilities do not

comply with the Minimum Standards, Child Welfare Department or DoSVY shall notify the facility and give the facility 3 months before re-monitoring.

- After this 3 month period, if the facility is still not complying with the Minimum Standards, the Child Welfare Department or DoSVY shall make a report to MoSVY to suspend the facility or take legal action.

## **CHAPTER 5 FINAL PROVISIONS**

### **Article 11**

Provisions contradicting this Prakas shall be deemed null and void.

### **Article 12:**

Chief of Minister's Cabinet, Director-General of Administration and Finance, Director-General of Technical Affairs, Director of Child Welfare Department, all Directors of Provincial/Municipal DoSVY, directors of residential care facilities, directors of relevant national and international organisations and relevant charitable benefactors have a duty to implement this Prakas.

### **Copied to:**

- Ministry of Royal Palace
- General Secretariat of the Senate
- General Secretariat of the National Assembly
- Council of Ministers
- Prime Minister's Cabinet
- H.E. Deputy Prime Minister Tea Banh's Cabinet "For information"
- All relevant ministries, institutions and organisations "For information and collaboration"
- As in Article 12 "For implementation"
- File – Chronicle

**MINIMUM STANDARDS**  
**ON**  
**ALTERNATIVE CARE FOR**  
**CHILDREN IN THE**  
**COMMUNITY**





**Kingdom of Cambodia**  
**Nation Religion King**  
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**Ministry of Social Affairs, Veterans  
and Youth Rehabilitation**

Phnom Penh, March 11, 2008

No. 198 MoSVY

## **PRAKAS**

**ON**

### **MINIMUM STANDARDS ON ALTERNATIVE CARE FOR CHILDREN IN THE COMMUNITY**

#### **The Minister of Social Affairs, Veterans and Youth Rehabilitation**

- Had seen the Constitution of the Kingdom of Cambodia
- Had seen Royal Krom No. 02/NS/94 dated 20 July 1994 which Promulgates the Law on the Establishment and Operation of Council of Ministers
- Had seen Royal Kret No NS/RKT/0704/124 dated 15 July 2004 on the Appointment of the Royal Government of the Kingdom of Cambodia
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- Had seen Sub-Decree No. 55 ANK dated 08 April 2005 on the Establishment and Operation of the Ministry of Social Affairs, Veterans and Youth Rehabilitation
- Had seen the United Nations Convention on the Rights of the Child declared by Supreme National Council of Cambodia on 22 September 1992
- Had seen Prakas No. 038 MOSVY dated 21 February 2005 of Ministry of Social Affairs, Veterans and Youth Rehabilitation on the Establishment of Alternative Care Advisory Committee for Children
- Had seen Prakas No. 217 MoSVY dated 26 April 2006 on the Enforcement of the Policy on Alternative Care for Children
- Had seen Prakas No. 149 MoSVY dated 20 March 2007 on the Revision of Composition and Role and Responsibilities of the Alternative Care Advisory Committee

## **DECIDES**

### **CHAPTER 1 GENERAL PROVISIONS**

#### **ARTICLE 1:**

This Prakas aims at setting minimum standards for alternative care for children in the community supported by government institutions, national and international non-government organizations (NGOs) and charitable benefactors in the Kingdom of Cambodia.

#### **ARTICLE 2: FORMS OF ALTERNATIVE CARE FOR CHILDREN**

This Prakas covers three forms of alternative care in the community:

##### **1. Family Based Care**

Family Based Care is a temporary care provided to children by extended family members, child-headed households or foster families.

##### **2. Pagoda and Other Faith Based Care**

Pagoda and Other Faith Based Care is a care provided to children by monks (Preah Sang, nuns (Donjis), lay clergy (Achars) and religious bodies who provide the children their basic needs in the pagoda and other faith facilities.

##### **3. Group home Care**

Group Home Care is a care provided to a limited number of children in a family environment under the supervision of small group of caregivers unrelated to the children.

#### **ARTICLE 3: REGISTRATION**

All agencies providing and supporting Community Alternative Care Programmes or Pagoda and Other Faith Based Care Programmes shall register with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY).

### **CHAPTER 2 CONDITIONS OF ESTABLISHMENT OF COMMUNITY ALTERNATIVE CARE PROGRAMMES AND FACILITIES**

#### **ARTICLE 4: WELLBEING AND DEVELOPMENT**

##### **1. Health, Hygiene, Clothing and Food**

Children receiving community alternative care shall be provided with access to:

- Sufficient and appropriate health care and dental care
- Immunization and treatment
- Safe drinking water all the times
- Clean personal glass or shared glasses
- Sufficient water for bathing and washing every day.

- Bathing materials such as soap, towel or scarf, toothpaste and personal toothbrush.
- At least three meals per day.
- Balanced nutrition with protein (meat, fish, soy bean, carbohydrate, cereal, vegetables, fruit, etc).
- Special nutrition for children with special needs such as babies, children with disabilities, sick or malnourished children, and children who require a specific diet to profess their tradition, belief or religion.
- Information and understanding on basic personal hygiene
- Instructions in plain language on the full facts of how, when and why medicines are used at an age-appropriate level (for children on medication).
- Instructions on how to use the toilet facilities correctly
- Appropriate clothes and shoes
- Education in taking care of their personal belongings
- Clean sleeping materials and sleeping space
- First Aid materials shall be available and trained staff shall have easy access to it (for children living in group home).

## **2. Social and Cultural Development**

Children receiving community alternative care shall be provided:

- A caring, attentive and supportive environment in which they are free to express their emotions, thoughts, ideas and creativity.
- Placement into families within, or close to their own communities, where possible.
- Encouragement to form loving and emotional attachments with other family members, but the children shall not be forced to do so
- Encouragement to know and maintain contact with their biological family and extended family, caregiver and community and the contact should be under supervision of the programme staff to protect the best interest of the children if necessary
- Encouragement to preserve friendships from their previous living situation.
- Instruction on where to report to and to go for help outside the family or community care situation (Village chief, commune police, etc)
- Opportunity to interact and establish relationships with their neighbours and other community members, and to make friends.
- Opportunity to participate in religious, educational and social activities organized in the community.
- Rights to know and to assert their identity including name, ethnicity, nationality, religion and languages.
- Adequate time for safe sports, leisure, cultural, art and traditional activities, and support for the equal and non-discriminated participation in the activities
- Rights to choose and practice their religion and beliefs free from discrimination.
- Encouragement that their life has value and good future.

- Fair and equal treatment. The child in foster family and extended family shall be treated as an equal member of the family and is not discriminated by other family members
- Education and advice to respect the beliefs, religion, culture and tradition of others.
- Opportunities to meet with a trained counsellor, for children who have gone through traumatic experiences such as death of parents, violence, abuse, etc.
- All the same rights as children who are under the care of their biological parents.

### **3. Education**

Children receiving community alternative care shall be provided:

- Basic education for at least 9 years.
- Formal or non-formal education, either in local government, private, pagoda or other faith based facilities or Non-Governmental Organizations. Non-formal curricula should include at least literacy and numeracy classes to prepare the child for formal education or vocational training of the children's choice.
- Their own choices of vocational training free from discrimination.
- School uniforms, books and materials for their education and vocational training and a quiet place to study.
- Education on general and reproductive health, hygiene, HIV/AIDS, rights of the child and social morality which are appropriate to the age of the child
- Training on self-protection methods to avoid being trafficked, abused and exploited.
- Further education and vocational training according to their age, choice and market needs for children who drop out of school but who want to study.

### **4. Participation**

Children receiving community alternative care shall be provided:

- Right to participate in the process of planning their future.
- Support to express their own views which are reasonable and achievable for their future.
- Right to participate in decision-making about placement with relatives or foster family and other place, and the child's opinions are carried out as far as their security, safety and wellbeing allow.
- Right to participate in their living arrangement such as daily activities, sleeping arrangement and caretaker, and their opinions are carried out as far as their security, safety and wellbeing allow.
- Right to be aware of and understand the Minimum Standards as well as the Convention of the Rights of the Child
- Right to choose their own study, vocational training, occupation and leisure as long as their choice is in the best interest of the child and in line with the ability of the caregiver, and ensure the security, safety and wellbeing of the child
- Opportunity to participate in daily chores that are appropriate to their age and capacity, as other family members. Caregiver shall provide adequate supervision

to avoid accident while learning essential life skills such as boiling water, cooking rice, etc.

- Protection from being forced to do chores that are hazardous to their health and development
- Permission to stop any activity whenever their health, safety and development do not allow
- Assistance to children with disabilities according to their needs to increase their mobility and to participate in education and daily activities
- Time to do domestic chores which does not affect time devoted to health care, education and leisure.
- Right to full access to their own personal records, including life history and medical records, but the file shall be kept confidential. If the files are traumatic, the social worker in charge of the child shall provide counselling before and after letting the child read the files.
- Encouragement to participate in national and international holidays, such as Khmer New Year, Pchum Ben, Water Festival, International New Year, International Children's Day, etc
- Encouragement to participate in any special activity organized by and for their caregivers such as ceremony at the pagoda, picnic and other trips
- Permission to attend family ceremonies, such as weddings and funerals, if they wish and if it will not jeopardize the child's safety and wellbeing. This includes, for children who are fostered, the ceremonies of the child's foster family
- Encouragement to learn about and exercise their own cultural identity, as well as to understand cultures from around the world
- Free time every day to read books, newspapers, magazines; watch TV and listen to radio appropriate to their age, in particular information on child-related events. However, the children must not be allowed to access pornography, cruel and horror movies or other materials harmful to them
- Encouragement to take part in certificate presentation ceremonies, field trips and other activities related to their education and training.

## **5. Discipline**

- Discipline is not intended to affect the physical, mental, emotional and social development of the child. Therefore, the following discipline must be avoided:
  - Corporal punishment
  - Locking a child in solitary confinement
  - Tying the child up
  - Keeping away from school
  - Deprivation of food, drink or sleep
  - Any requirement that a child wear distinctive or inappropriate clothes
  - Withholding of medical treatment
  - The use of children to discipline other children
  - Threats or scolding the children with impolite and obscene words
  - Punishment beyond their physical capacity, for example forcing a small child to carry heavy thing; and

- Other disciplines which affect the physical, emotional and social development of the child.
- Children are encouraged to be well-behaved, polite, and gentle and to have solidarity and dignity.
- Children are only disciplined when they disobey the rules.
- Negative comments about the child's behaviour do not take place in front of other people or children.

**ARTICLE 5: PREMISES**

For pagoda and other faith base cares and group homes supported by government institutions, National and International NGOs and charitable benefactors in the Kingdom of Cambodia shall comply with the following conditions:

- The buildings shall be in good condition which is in keeping with the average standard of living in Cambodia.
- The facility shall have an effective sewage system
- The facility shall ensure that rubbish is disposed of properly and regularly
- The facility shall ensure that children, including those with disabilities, have unrestricted access to toilet and bathroom facilities 24 hours per day
- Children shall have access to a mat, pillow, blanket, mosquito net and storage space
- Children shall have age and gender appropriate sleeping arrangements
- Children shall be given sufficient space to sleep comfortably
- Buildings shall have enough light and ventilation
- The facility shall have space for children to play.

**The group home shall additionally comply with the following conditions:**

- The group home shall have a protective system to ensure the safety of the children, including proper installation of electricity and gas. Ponds and lakes, if any, should be fenced off.
- Each group home shall have sufficient space to accommodate a maximum of 15 children.
- Children who are over 6 years of age shall be separated by sex.
- Animal raising area shall be far from the living area.
- Existing group homes shall ensure that all children with disabilities have easy access to all facilities

**CHAPTER 3:  
MANAGEMENT**

**ARTICLE 6: RESPONSIBILITIES OF THE ALTERNATIVE CARE PROVIDERS**

**1. Foster Care or Kinship Care Supported or Managed by Alternative Care Providers**

- In all cases, social workers of MoSVY or Alternative Care Providers shall conduct an assessment to ensure suitability of the potential foster family. The assessment

criteria of foster caregivers and responsibilities of duty bearers will be outlined in the Guidelines for Community and Family Based Care

- Social workers or Alternative Care Providers shall consider continuity of care in deciding whether a particular child shall be placed within a similar family setting, considering wherever possible cultural, religious, lingual and regional similarities
- Children receiving foster or kinship care shall have rights to protection as determined by the law. Alternative Care Providers shall inform the children of the sources of legal assistance where violation of such rights take place
- Alternative Care Providers shall provide families with the skills required to care for children.
- Alternative Care Providers shall provide families caring for children with diseases or disabilities specific knowledge on treatment and daily care to help the child reach their potential
- A special needs child assigned to the care of a foster family shall receive adequate and regular health care to provide for his/her needs, and this health care shall be paid by the Alternative Care Providers or DoSVY
- Social workers of the Alternative Care Providers shall regularly conduct follow-up visit to the children and the caregivers in the foster or kinship care to ensure that the children are safe
- Alternative Care Providers shall annually evaluate the possibility of reintegration into the adoptive family or biological family, if any. Within the first two years, social workers shall conduct follow up visit on a quarterly basis
- Alternative Care Provider shall arrange for the child to obtain birth registration immediately, if the birth of the child is unregistered.

## **2. Pagoda or Other Faith-Based Care Supported or Managed by Alternative Care Providers**

- Pagoda-based care programmes shall seek permission from the head of the pagoda and the Ministry of Cults and Religion and care shall be in line with the tradition, culture and Buddhist's advices
- The Alternative Care Providers are responsible for the physical, mental, emotional and spiritual wellbeing of children in care
- The Alternative Care Providers shall have written agreement established with the previous caretaker and, whenever possible, the child. A copy of the agreement is then submitted to the commune authorities
- When a child lives the care of a facility, the Alternative Care Providers shall inform the commune authorities. In cases of death, abduction or missing child, the Alternative Care Providers shall inform the commune authorities immediately in order to take appropriate action
- The Alternative Care Providers shall comply with existing policies and procedures in particular with the Alternative Care Policy, the Minimum Standards and the Monitoring and Evaluation Guidelines
- The Alternative Care Providers shall provide caregivers with the skills required to care for children, including children with special needs such as children with disabilities, etc

- Social workers of the Alternative Care Providers shall regularly conduct follow-up visits to the children and the caregivers in the pagoda and other faith based care to ensure that the children are safe
- Alternative Care Providers shall annually evaluate the possibility of reintegration into their biological family, extended family or foster family in the community. Within the first two years, social workers shall conduct follow up visits on a quarterly basis
- Alternative Care Providers shall arrange for the child to obtain birth registration immediately, if the birth of the child is unregistered.

### **3. Group Homes Supported or Managed by Alternative Care Providers**

- Caregivers in group homes shall protect the physical, mental, emotional and spiritual wellbeing of children under their care
- Alternative Care Providers shall have written guidelines which set out procedures for recruitment of caregivers in group homes
- Alternative Care Providers shall have regulations for programme staff, caregivers and children. The regulations shall set out what is appropriate behaviour to protect children from abuse and protect Alternative Care Providers and their staff from false accusation of inappropriate behaviour or abuse. The regulations shall also set out disciplinary action, including action that may be taken under the law, that shall be taken with the Alternative Care Providers and their staff and staff in case of wrongdoing and someone else who abuse the child
- Each group home shall have 2 caregivers (as mother and father) for taking care of a maximum of 15 children. If there are children in need of special protection, the group home shall additional caregivers as follow:
  - There is regularly one caregiver for every 3 babies under the age of 1 year.
  - There is regularly one caregiver for every 5 children from 1 to 3 years old.
  - There is regularly one caregiver for every 2 children with serious disabilities or AIDS.
- Alternative Care Providers shall provide caregivers with the skills required to care for children, including children with special needs such as children with disabilities, etc
- Social workers of the Alternative Care Providers shall regularly conduct follow-up visits to the children and the caregivers in the group homes to ensure that the children are safe
- Alternative Care Providers shall review all group homes once a month of the opening and annually then after.
- Alternative Care Providers shall annually evaluate the possibility of reintegrating children under their care into their biological family, extended family or foster family in the community. Within the first two years, social workers shall conduct follow up visit on a quarterly basis
- Alternative Care Providers shall arrange for the child to obtain birth registration immediately, if the birth of child is unregistered.



## **ARTICLE 7: RESPONSIBILITIES OF CAREGIVERS**

- Caregivers shall protect the children from child labour, trafficking, exploitation, abuse, neglect, violence, discrimination, use of drugs and other substances, and traditional practices that put them at risk of HIV/AIDS infection, etc
- Caregivers shall be responsible to initiate any appropriate action to protect children
- Caregivers shall build a good and trusting relationship with children in order to meet their psychological needs
- Care providers shall be aware that for the psychological wellbeing of the child, it is important to keep their history confidential.
- Caregiver shall:
  - Be from 25 to 55 years of age and in good health.
  - Have at least finished primary school.
  - Have good behaviour and be pro-active in providing care to children.
- Caregivers for children under 6 shall be women or married couples.
- Caregivers shall have basic parenting skills
- Caregivers shall be committed to improve their ability to:
  - Communicate well with children
  - Make decisions relating to children they are caring for, based on the best interests of the child
  - Understand the specific needs of children they are caring for
  - Understand that all children are to be treated with dignity.
- Caregivers shall ensure that the children are registered and have a birth certificate
- Caretakers shall take a designated training course provided by DoSVY or other Alternative Care Providers. The topics of the training shall include:
  - Orientation related to child-care skills and regular capacity-building on child development and caring, in particular specialized care for vulnerable children such as training on disabilities, abuse, HIV/AIDS, etc.
  - Counselling and the importance of listening and how to listen to children.
  - Basic rights of the child, law and other legal instruments related to child abuse, neglect and exploitation.
  - Identification of child abuses, possible impacts of abuses on children and actions to be taken when it is suspected that abuse has occurred or is occurring.
- All caregivers such foster parents, extended family members, group home caregivers, Monk and Nuns shall be expected to be a good example for the children

### **The Foster and Kinship Care shall additionally comply with the following conditions:**

- Foster parents or extended family members who are caring for the child, shall take responsibility for the child as guardians
- The legal guardianship and responsibility of the foster parents or extended family members shall be made in writing and issued by the commune authorities and witnessed by the District Social Workers

- Foster parents or extended family members shall accept the responsibility for payments of any fees or fines incurred by the child
- Children shall accept and respect the foster parents or extended family members as legal guardians.

#### **ARTICLE 8: COMPLAINTS AND LEGAL PROTECTION**

- Children are informed about their rights and procedures to make a complaint
- Children's complaints are listened to and dealt with promptly, in accordance with the placement policy, the guidelines for alternative care and the Convention on the Rights of the Child
- Alternative Care Providers who support pagoda and other faith-based care, group homes, foster care and kinship care and/or local authority shall ensure that children are protected from harm when filing a complaint or taking legal action, removing the child from the placement if necessary and providing adequate care for him/her elsewhere
- All complaints shall be taken seriously, including those made against a person living in the same household or in the close neighbourhood, especially complaints involving abuse and violence
- Children shall be informed as to how their complaint is being dealt with, the outcome of the complaint, and their rights to appeal the outcome
- Alternative Care Providers shall establish an effective incident management plan for handling any allegations or suspicions of alleged misconduct toward children. This plan will consist of:
  - The nomination of a Case Management Officer, who is responsible for overseeing the full investigation of each allegation to ensure that due legal process is followed, and ensuring that the children are protected from harm when filing a complaint or taking legal action. Results of the investigations cannot be settled through compensation. When the incident has allegedly taken place in a facility or programme managed by an NGO or charitable benefactor, the Case Management Officer must be an official in Provincial/ Municipal DoSVY. When the incident is alleged to have taken place in a facility or programme managed by DoSVY, the Case Management Officer must be an official from the MoSVY
  - The nomination of an independent adult observer for the child, to provide support throughout the investigation
  - Comprehensive consistent legal complaint procedures
  - Referral process to give children access to counselling and/or other services
- The incident management plan shall ensure that:
  - Children know clearly who to talk to if there is misconduct
  - Steps are taken to protect the child and ensure that they are not re-victimised
  - There is a thorough investigation of suspected abuse and the rights of the alleged perpetrator are respected until the outcome of the investigation is clear
- When a complaint is made, the child and the independent adult observer are informed by the management of the programme or facility as to how their complaint is being dealt with, and the process and the outcome of the complaint
- The case file and investigation are kept confidential

- When the investigation of the incident is completed, the Case Management Officer reports to MoSVY through Provincial/Municipal DoSVY Director who will make decisions on action to be taken such as disciplinary or legal action against the staff/management of the facility or programme involved as well as against the person/s who has abused the child.

#### **ARTICLE 9: RECORD-KEEPING**

- The child shall have a personal file that shall be kept by the Alternative Care Providers responsible of the placement. This file shall include:
  - Child's full name and nicknames if applicable, photograph, sex, date of birth and place of birth
  - Date and address of the children before and after and reasons for leaving previous placement
  - Name, date of birth, address and occupation of parents, siblings and other close relatives
  - Assessment of family/home circumstances of the child to ascertain whether abuse or neglect has occurred or if there is a risk of abuse or neglect in the future. Information is gathered from parents, other family members, the child, neighbours and local authorities; strict attention is paid to maintaining confidentiality. Information from family assessments is included in case plans for the child, including plans for contact with family members or friends.
  - Medical records, including information on vaccinations, accidents, prescriptions, advice from doctors who provided treatment.
  - Personal information about the child related to visits from or to the child's family, education, behaviour, discipline and why it was given
  - For foster or kinship care, the file shall contain the names and biography of the foster/kinship caregivers and an assessment of the caretakers as well as other information where applicable
- The file shall be kept up to date
- Disclosure of information, including their HIV status and family background, is subjected to the child's approval and must be in the best interests of the child
- It is advisable that individual records are stored securely and kept confidential
- Children have full access to their own personal file, including life history, personal documents and medical records. Where access to files may be traumatic, caregivers shall provide the child with emotional support
- When a child leaves the facility or placement, a copy of the file is given to the child or to her/his legal guardian

#### **ARTICLE 10: MEDIA**

- In all circumstances, communication about and disclosure of child victims' information shall respect and protect the best interest of the child and make it clear that child abuse is wrong, and the child shall not be presented as a victim except when it is in the best interest of the child and the child allows to do so.
- Special attention is taken to protect children's identities, their location or any other information that could identify them.

**CHAPTER 4**  
**COMMUNITY ALTERNATIVE CARE INSPECTION**

**ARTICLE 11: MONITORING AND EVALUATION OF FOSTER OR KINSHIP CARE**

- Alternative Care Providers supporting foster care and kinship care are responsible for regularly and continually following up child placements, to ensure that the foster families or extended families comply with these Minimum Standards
- All foster families and extended families shall be evaluated annually to ensure an adequate quality of care. Evaluations shall include a file review and home visit where the family, neighbours, village chief and child shall be interviewed
- If after evaluation, foster parents or extended family members are shown to be failing to meet the Minimum Standards, the Alternative Care Providers which made the placements shall remove the child to another pre-assessed foster family or other approved form of alternative care
- Child Welfare Department and Provincial/Municipal DoSVY shall carry out monitoring of the implementation of the Minimum Standards at least once a year. These monitoring visits will include field visits to a random sample of children places in foster/kinship care
- In case the foster family or extended family is found not comply with the Minimum Standards, Child Welfare Department or DoSVY shall notify the Alternative Care Provider, and give it 3 months before re-monitoring
- After this 3 month period, if the Minimum Standards are still not complied with, the Child Welfare Department or DoSVY shall make a report to MoSVY to provide constructive instructions or suspend the programme.

**ARTICLE 12: MONITORING AND EVALUATION OF PAGODA AND OTHER FAITH-BASED CARE AND GROUP HOMES**

- Alternative Care Providers supporting pagoda and other faith-based facilities and group homes are responsible for regularly and continually following up child placements in the pagoda and other faith-based care and group homes, to ensure that the facilities comply with these Minimum Standards
- Child Welfare Department and Provincial/Municipal DoSVY shall carry out monitoring of the implementation of the Minimum Standards at least once a year. In case the facility does not comply with the Minimum Standards, Child Welfare Department or DoSVY shall notify the Alternative Care Provider supporting it, to improve the facility and give it 3 months before re-monitoring.
- After this 3 month period, if the Minimum Standards are still not complied with, the Child Welfare Department or DoSVY shall make a report to MoSVY to provide constructive instructions or suspend the programme.

**CHAPTER 5**  
**FINAL PROVISIONS**

**ARTICLE 13**

Provisions contradicting this Prakas shall be deemed null and void.

**ARTICLE 14:**

Government institutions, national and international NGOs and charitable benefactors who have supported or are supporting the community alternative care programmes shall implement the Minimum Standards.

**ARTICLE 15:**

Chief of Minister's Cabinet, Director-General of Administration and Finance, Director-General of Technical Affairs, Director of General Inspection, Director of Internal Audit Department, Director of Child Welfare Department, all Directors of Provincial/Municipal DoSVY, relevant units of MoSVY have a duty to implement this Prakas from the date of signing.

**Minister**

**Ith Samheng**

**Copied to:**

- Ministry of Royal Palace
- General Secretariat of the Senate
- General Secretariat of the National Assembly
- Council of Ministers
- Prime Minister's Cabinet
- H.E. Deputy Prime Minister Tea Banh's Cabinet
- All ministries and institutions
- National and International NGOs
- As in Article 15
- File – Chronicle

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