KINGDOM OF CAMBODIA

— NATION RELIGION KING —

Ministry of Social Affairs, Veterans and Youth Rehabilitation

REPORT

MAPPING OF RESIDENTIAL CARE FACILITIES IN THE CAPITAL AND 24 PROVINCES OF THE KINGDOM OF CAMBODIA

FOREWORD

The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) is pleased to publish the report of the mapping of residential care facilities for children in Cambodia. The ministry conducted mapping in five provinces – Phnom Penh, Siem Reap, Battambang, Kandal and Preah Sihanouk – between November 2014 and February 2015. The ministry published the preliminary data on 18 March 2016. With USAID and UNICEF assistance, MoSVY mapped the remaining 20 provinces between October and December 2015.

Our objective was to identify all residential care facilities, including those currently not registered with MoSVY, and collect basic information about them, such as the type of facility and the number of children living in them. Based on this important report, MoSVY endorsed the national action plan for improving child care, with the target of safely returning 30 per cent of children in residential care to their families by 2018. Newly identified centres will be included in MoSVY's regular annual inspection and all facilities have been asked to submit a notification form and apply for authorization with MoSVY based on sub-decree 119 dated 11 September 2015 on the management of residential care centres.

This mapping exercise identified 639 facilities, with a total of 35,374 children and young people (45 per cent female). Based on self-reporting from institution staff, these facilities can be categorized into five types: residential care institutions (406), transit homes/temporary emergency accommodation (25), group homes (71), pagodas/other faith-based care in religious buildings (65), and boarding schools (72). A total of 16,579 children (47 per cent female) younger than 18 were reported to be living in the 406 residential care institutions. The total number of children under 18 living in all 639 facilities was 26,187 (48 per cent female). A further 9,187 young people (36 per cent female) older than 18 were reported to be living in these facilities.

This report further analyzes the data, including from the five priority provinces, and provides recommendations to strengthen our alternative care system. The ministry welcomes and endorses the findings of this national report and commits to taking further necessary actions with relevant institutions civil society organizations, directors of residential care institutions and relevant local authorities to review and enforce the existing policies and legal framework. The ministry also commits to applying the principle of 'the best interest of the child' in all decisions concerning children.

The ministry would like to express profound appreciation to relevant ministries, authorities and institutions, and in particular to the Child Welfare Department; Department of Social Affairs, Veterans and Youth Rehabilitation and district offices of social affairs, veterans and youth rehabilitation; UNICEF; the Cambodian Mine Action and Victim Assistance Authority and the Partnership Programme for the Protection of Children (3PC) for providing technical support for the mapping exercise. The ministry would also like to convey special thanks to USAID for its ongoing commitment to supporting the child care reform process in Cambodia.

Finally, I would like to emphasize that the data on the number of children was self-reported and not verified by the data collectors. Therefore, the ministry would gladly welcome any feedback and constructive criticism from all relevant partners to make the best use of the data.

Phnom Penh, 27 February 2017

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DEFINITIONS

Residential care

Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes (UN Guidelines for the Alternative Care of Children, 2010).

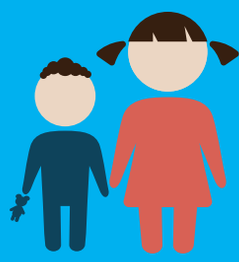
Residential care facility

A non-family-based centre run by paid staff, where children live and access services, as well as sleep at night. This definition includes all the settings defined as providing residential care in the UN Guidelines for the Alternative Care for Children. For the purposes of this study, however, only the following types of residential care facilities were considered: residential care institutions (or 'orphanages'), transit homes and temporary emergency accommodation, group homes, pagodas and other faith-based care in religious buildings, and boarding schools (see Figure 1). These facilities are commonly used in Cambodia.

Of the five types, this report focuses on the residential care institution as defined in Cambodia's Minimum Standards on Alternative Care for Children (2006). While all facilities should be monitored, due to the limited scope of the study residential care institutions were prioritized. Detailed information on other facilities is expected to be available in the future through processes such as the notification and authorization required by, rather than required of facilities identified in the mapping.

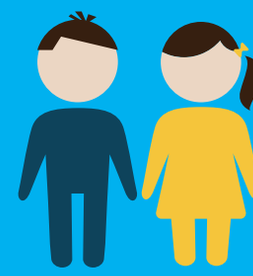
Residential care institution

A type of residential care facility that provides services to all types of children who have been abandoned or cannot stay with their biological families or relatives in communities, and that fits the standard definition of a residential care institution as defined in the Minimum Standards on Alternative Care for Children. These generally provide care in a non-family and structured environment for a large number of children.



Child

A child is any human being below the age of 18 unless, under the law applicable to the child, majority is attained earlier (UN Convention on the Rights of the Child, Article 1). In Cambodia, this means those aged 0 to 17 years are children.



Youth/young people

Organizations may define this group differently. For the purpose of this report, a youth/young person is any person aged between 18 and 24 years.

Figure 1: Other type of residential care facility

Transit home and temporary emergency accommodation

A form of residential care with limited duration of stay for children in the process of family permanency planning or whose families are experiencing acute crisis and require temporary housing for their children to achieve a stable family environment. While transit home and temporary emergency accommodations can also be further distinguished, this report uses them as a collective term.

Group Home

Care provided to a limited number of children in a family-like environment under the supervision of a small group of caregivers who are not related to the children. Typically, there is at least one trained, employed caregiver providing non-medical care and supervision 24 hours a day to children in a structured environment.

Pagoda (wat) and other faith-based care in a religious building

Care provided to children by monks, nuns, lay clergy and religious bodies, who attend to children's basic needs in the pagoda and other faith facilities.

Boarding school/ Boarding house

A housing arrangement for children to stay for a term or multiple terms of their studies to access education far from home. Boarding schools were included in the mapping as there was concern that some schools might in fact be residential care institutions.

SUMMARY

The rapid and uncontrolled increase in the number of institutionalized children in Cambodia, traditionally a country with community-based mechanisms for the alternative care of children, has long raised the concerns of government and child protection workers. The number of residential care institutions formally registered with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) expanded from 154 to 254 between 2005 and 2015, accompanied by a rise in the number of children living in them from 6,254 to 11,171. Ample global research and evidence demonstrate the detrimental effects of institutional care on a child's social, physical, intellectual and emotional development as opposed to family and family-based care.[1]

In the face of the challenges associated with the rising number of institutionalized children, Cambodia has been experimenting with different programmes and policies to regulate the residential and alternative care sector to better protect its children. One key structural reform has been the initiation of regular inspections of hundreds of residential care institutions scattered around the country by MoSVY. While these inspections have been providing the ministry with valuable information about the well-being of institutionalized children, they do not offer complete information, as the ministry inspects only those institutions that are officially known or have a memorandum of understanding with MoSVY.

The assumption has been that there are many more residential care facilities in Cambodia, some under the oversight of other ministries. Thus, in 2014 MoSVY and UNICEF recognized that a mapping exercise would be an effective way to identify all of them. Identification of all the facilities in the country has become a priority for the ministry and it has embarked on an ambitious plan to control the haphazard increase in residential care institutions and reintegrate institutionalized children into family and community-based forms of care. This policy was clearly stated in the recently launched sub-decree on the management of residential care (2015), which also names MoSVY as the primary authority to control all centres providing residential care.

The purpose of the mapping exercise was to collect rigorous baseline data on all residential care institutions to enable the Government to provide effective oversight over the residential care sector in Cambodia. The findings will be used to roll out appropriate programmes to reintegrate children living in residential care institutions and, importantly, achieve the UNICEF and MoSVY goal of 30 per cent reintegration of children from residential care institutions into family-based care 2016 - 2018. The ministry conducted mapping in two rounds: first, in five priority provinces between November 2014 and February 2015, followed by the remaining provinces from October to December 2015. The preliminary report on the five provinces was released in March 2016. This report combines data from both mapping exercises, covering the capital and 24 provinces of the kingdom of Cambodia.

The mapping significantly advances the current knowledge of the state of institutionalization of Cambodian children. For the first time, evidence-based data is providing MoSVY practical information that details where the facilities are and how many children live in them, offering an immense opportunity to access these places of care and assess their situation. This marks a critical first step in the long process of family- and community-based reintegration.

This report provides key data on the number of residential care facilities in the capital and 24 provinces of Cambodia, with a focus on residential care institutions ('orphanages') that fit the

[1] The Leiden Conference on the Development and Care of Children without Permanent Parents, 'The Development and Care of Institutionally Reared Children', Child Development Perspectives, vol. 6, no. 2, 2012, pp. 174-180; The Bucharest Early Intervention Project, 'Caring for Orphaned, Abandoned and Maltreated Children', http://www.crin.org/docs/PPT%20BEIP%20Group.pdf, accessed 15 October 2009; Myers, John E. B., Child Protection in America: Past, Present, and Future, Oxford University Press, New York, 2006, p. 77; Browne, Kevin, 'The Risk of Harm to Young Children in Institutional Care', Better Care Network Working Paper, Save the Children, September 2009; for a summary of related research, see Williamson, John and Aaron Greenberg, 'Family, not orphanages', Better Care Network Working Paper, September 2010.

Government's standard definition. Data were collected by the ministry's district-level staff, who physically visited all the facilities identified after consultations with village chiefs and commune committees for women and children. Unlike information on the number of facilities, which were physically visited by data collectors, data on the number of children was self-reported and not verified by data collectors.

SUMMARY OF KEY FINDINGS

There are more residential care facilities in Cambodia, including residential care institutions, than previously known to the ministry. There are 639 residential care facilities operating in Cambodia.

406

Residential care institutions

25

Transit homes and temporary emergency accommodation

71

Group homes

65

Pagodas and other faith-based care in religious buildings

72

Boarding schools

Based on self-reported data from institution staff, these facilities can be categorized into five types: The previous known data on residential care institutions[2] was 254 (based on the 2015 inspection report), as opposed to 406 recorded during the mapping, suggesting as many as 38 per cent were out of the ministry's regulatory framework. Furthermore, 21 per cent of all the residential care institutions do not have a memorandum of understanding with the Government and 12 per cent are not registered with any government agency. This reveals a significant gap in the regulation of a large number of residential care institutions, raising significant concerns for the well-being of the children living in them. However, huge variation exists between provinces, with the majority of unregulated institutions concentrated in the nine provinces with the highest number of children in residential care.

While there has been an overall increase in the number of residential care institutions in Cambodia, it has to be noted that, due to uneven distribution of the facilities, not all provinces recorded an increase. Some recorded only a slight increase. Comparing results to the 2015 inspection report, no previously unidentified institutions were recorded in 10 provinces. The data also shows that many provinces have relatively low numbers of institutions. However, the mapping confirmed that residential care institutions are more widespread than other non-family-based care facilities. Only one province recorded zero residential care institutions, whereas 19 provinces recorded zero transit centres, 11 provinces recorded zero group homes and 10 provinces recorded neither boarding schools nor pagodas and other religious buildings housing children.

The distribution of residential care institutions in Cambodia is highly uneven. Most are concentrated in nine provinces, which account for 83 per cent of the total, with the highest

[2] Residential care institutions refer to those institutions that fit the standard definition (generally referred to as an 'orphanage') and will be the focus of this report. Remaining facilities will be referred to as 'other' types of residential care facilities.

SUMMARY

number in Phnom Penh (117), followed by Siem Reap (80), Battambang (35), Kampong Thom (23), Kandal (20), Kampot (17), Kampong Chhnang (16), Preah Sihanouk (15) and Kampong Speu (15).[3] Phnom Penh and Siem Reap alone account for 49 per cent of the total. The number of residential care institutions ranged from one to nine in the remaining 15 provinces. No residential care institution (or any other facility) was recorded in Tboung Khmum. Of particular significance is the number of transit homes and temporary emergency accommodation, which constitute the least number of total facilities at 4 per cent, and they are found in only six provinces. Similarly, most children living in residential care institutions are also concentrated in the same nine provinces with the highest number of such institutions. Of the total children, 87 per cent, or 14,367 children, are in these nine provinces. The five priority provinces,[4] on the other hand, were found to have the most children if not the most centres, accounting for 11,788 children, or 71 per cent of the total children. Similar to the number of centres, Phnom Penh and Siem Reap alone account for 51 per cent of the total children, or 8,389 children. In addition, the majority (92 per cent) of institutions not inspected are in eight of the nine provinces with a high concentration of residential care institutions (all except Kampong Speu).

Most residential care institutions (72 per cent) provide long-term care (defined as more than six months) despite the well-known problems associated with keeping children in institutions for lengthy periods and the government guidelines stating that institutional care should be the last resort and a temporary solution, and that family-based care and community-based care are the best options for alternative care.

On average, there is one formal or contracted paid member of staff per three children living in residential care.

The majority of children (63 per cent) in residential care live in residential care institutions, or 'orphanages'. A total of 16,579 children (47 per cent female) were reported to be living in the 406 residential care institutions. Based on 2015 population figures, this means that nearly 1 in every 350 Cambodian children lives in a residential care institution.[5]

There are an additional 9,608 children (49 per cent girls) reported to be living in the 233 other types of residential care facilities. The combined total of children living in all the 639 facilities is 26,187 (48 per cent female). An additional 9,187 young people between the ages of 18 and 24 (36 per cent female) were reported to be living in the 639 facilities, of which the majority (74 per cent) were in residential care institutions. The combined total of children and young people reported to be living in the 639 facilities was 35,374 (45 per cent female).

Slightly more boys than girls are living in residential care institutions (53 per cent) and boarding schools (52 per cent). Approximately 50 per cent of the children in pagodas and other religious buildings are girls. Slightly more girls are living in transit centres (55 per cent) and boarding schools (52 per cent).

Additional information was gathered in the second round of data collection from 20 provinces. This showed that the majority of residential care institutions, 77 per cent of the 126 institutions in 20 provinces that provided this information, are run by a Cambodian. Most children living in these institutions were also reported to be school age, with 67 per cent aged between 11 and 17 and 32 per cent between 4 and 10. Children between 0 and 3 accounted for a relatively low percentage,

[3] Reference to nine provinces, from here onwards, refers to these provinces.

[4] The five priority provinces are Battambang, Kandal, Phnom Penh, Preah Sihanouk and Siem Reap, which are being targeted for a range of de-institutionalization and reintegration services by MoSVY and UNICEF, in collaboration with the 3PC partners and financial support from the Displaced Children and Orphans Fund-USAID.

[5] The total number of children under the age of 18, based on 2015 population projection, is estimated to be 5,850,000 (UNDESA, 2015).

2 per cent of the total children in residential care, or a total of 80 children. Of the 20 provinces, three (Takeo, Kampong Speu and Kampot) account for more than half (56 per cent) of all the children in this youngest group. All children aged 0 to 3 were found to be living in long-term residential care facilities.

There are also more faith-based residential care institutions (54 per cent) than non-faith-based centres in the 20 provinces. The majority of the faith-based residential care institutions are Christian (84 per cent), followed by Buddhist (11 per cent). In addition, there are 65 pagodas and other faith-based religious buildings (residential care facility) that provide residential care, and while the mapping does not classify these by faith, it is likely that most are Buddhist.

SUMMARY OF KEY POLICY IMPLICATIONS

Responding to an increase in number of residential care facilities, including residential care institutions, through de-institutionalization, reintegration and appropriate case management of all children:

The findings indicate that MoSVY needs to expand the scope of its work to respond to the increased number of residential care institutions in the country. The fact that many 'other' types of facilities that do not strictly meet the definition of a residential care institution also provide care for children shows the urgent need to bring them under greater policy and programmatic focus. Considering the limited number of family-based alternative care services available in the country, such services will also need to be expanded in conjunction with the increased number of children who will be de-instituionalized and reintegrated into family-based care.

The need to adopt a two-pronged strategy in response to the uneven distribution of residential care facilities across Cambodia:

While there has been an overall increase in the number of residential care institutions in Cambodia, the distribution of these facilities is uneven. The findings indicate a need to adopt a two-pronged strategy of reduction (in the provinces with a high number of residential care institutions) and containment (where a low number or no new institution was identified).

Review of five priority provinces:

Of the nine provinces where 83 per cent of the residential care institutions were found, only five are currently MoSVY priority provinces where the Government has committed to safely reintegrating 30 per cent of children from residential care. They are Phnom Penh, Siem Reap, Battambang, Preah Sihanouk and Kandal. The mapping confirms that the current geographical programmatic focus is correct and still relevant as these provinces have a high number of residential care institutions. Furthermore, the five priority provinces also have the highest number of institutionalized children and the majority of the unregulated facilities. However, the other four provinces (Kampong Chhnang, Kampot, Kampong Thom, Kampong Speu) demonstrate a high concentration of residential care institutions and should also be prioritized. Accordingly, the following provinces should fall under higher priority (blue representing current priority provinces, grey additional suggested focus provinces based on mapping findings):

SUMMARY

Along with these nine provinces, priority should also be given to areas with special circumstances: in Takeo Province, there is a relatively high number of children with disability, children with HIV/AIDS and children in group homes, while Banteay Meanchey contains the highest number of religious buildings with child residents and a greater number of transit centres and children living in them.

Prioritization of short-term and temporary care:

The high number of long-term care institutions suggest that these facilities are not being used as a temporary or a last resort, despite the well-known problems associated with keeping children in institutions for lengthy periods (research cited above). While there are more than sufficient long-term residential care institutions, facilities specializing in short-term care are lacking. MoSVY needs to promote short-term care where possible. The transformation of long-term care into short-term care facilities should also be considered as an option.

Government oversight and regulation:

Twenty-one per cent of the residential care institutions do not have a memorandum of understanding with the Government and 12 per cent are not registered with any government agency. Many are concentrated in the nine provinces that recorded a high number of residential care institutions. The mapping indicates the lack of effective government oversight is more pronounced in some provinces, indicating the need for additional resources for control and regulation. The sub-decree on the management of residential care was the right step in this direction. Continual coordination and cooperation is required between ministries for a harmonized response to children in different types of facilities.

Reintegration of children aged 0 to 3 years:

In the 20 provinces where this data was available, children 0 to 3 years old accounted for a relatively low percentage (2 per cent) of total children in residential care. However, research shows that living in residential care is more damaging for children younger than 3 as compared to older children.[6] Of additional concern is that all children in this age group were found to be living in long-term residential care facilities. This suggests that because there are fewer children aged 0 to 3 in residential care, and that they are concentrated in select provinces, it is possible and important to prioritize their reintegration, particularly given the heightened negative impact on their development of such care.

HOW WILL THE DATA BE USED?

Case management and inspections:

The mapping provides rigorous baseline data on residential care institutions in Cambodia and will be used for case management; accordingly, the methodology adopted was to identify all institutions and their precise locations to enable follow-up. Specifically, the newly identified residential care institutions will be added to the ministry's current register and included in future regular MoSVY inspections.

Review of policy and programmes :

The findings will be used to review current government policies and programming related to the reintegration of children from residential care, and in particular, towards the goal of 30 per cent reintegration of children from residential care institutions.[7] Broadly, the data will be used to assess the effectiveness of the sub-decree on the management of residential care in Cambodia.

[6] Browne, Kevin, 'The Risk of Harm to Young Children in Institutional Care', Better Care Network Paper, Save the Children, September 2009; Gudbrandsson, Bragi, 'Rights of Children at Risk and in Care', prepared for the Conference of European Ministers Responsible for Family Affairs, Lisbon, 16–17 May 2006.

[7] The 30 per cent reintegration programme (2016–2018) refers to the specific joint collaboration between MoSVY and UNICEF to reintegrate 30 per cent of children in residential care institutions in the five priority provinces (Battambang, Kandal, Phnom Penh, Preah Sihanouk, Siem Reap). The 30 per cent target is calculated based on this mapping report and the Government will individually track cases and institutions in these provinces to measure change.

Baseline and measuring trends over time:

MoSVY will use findings as a baseline to measure trends over time, towards the overall priority of promoting family-based care and specifically towards the goal of reintegrating 30 per cent of children from residential care institutions into family-based care. New initiatives such as the USAID-funded Family Care First, which has a similar objective of promoting family-based care, can utilize this data for planning and measuring trends over time.

Promotion and advocacy of family- and community-based care:

The data is publicly available and can be used by those interested in contributing towards the goal of de-institutionalization of children, along with the promotion of family- and community-based care in Cambodia.

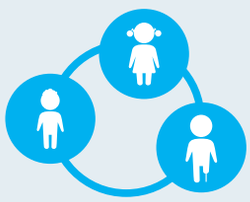
DATA GAPS AND FURTHER RESEARCH

As indicated earlier, this mapping significantly advances the current knowledge base on the residential care of children in Cambodia. However, it focuses only on the number of institutions, children living there and their basic characteristics. It does not examine the reasons for institutionalization or further analyze the findings. Based on discussions of findings with a select group of stakeholders, the following gaps were identified that could be reduced with further research:

Understanding from which provinces the majority of institutionalized children are coming from

Analysis of why more school-aged children are being institutionalized in contrast to younger children

Analysis of the observed gender ratio (slightly more boys than girls were observed to be living in residential care institutions and boarding schools)



Disability by type

Comprehensive breakdown of characteristics of children living in residential care (such as status of orphanhood, reasons for institutionalization, poverty level)

1. INTRODUCTION

MoSVY conducted a two-phase national mapping exercise between November 2014 and December 2015 to address the lack of complete information on the number of residential facilities providing care for children in Cambodia. The only information available to date was based on ministry-conducted inspections, limiting the picture of the situation to institutions officially known to or which had a memorandum of understanding with the ministry. The assumption was that there were many more residential care facilities in Cambodia and a mapping exercise would be an effective way to identify them. MoSVY conducted a first mapping in five provinces between November 2014 and February 2015 and a second of the remaining 20 provinces from October to December 2015.

This report is divided into seven sections: the executive summary; an introduction and description of the mapping exercise; background of the study; methodology; study findings, divided into five sub-sections (1. Number and type of residential care facility, 2. Residential care institutions, 3. Children living in residential care institutions, 4. Other types of residential care facilities and children living there, 5. Young people living in different types of residential care facilities); future implications of the study; and conclusions.

The ministry sincerely thanks UNICEF, the Cambodian Mine Action and Victim Assistance Authority and 3PC[8] for providing technical support for the mapping exercise. MoSVY also thanks USAID's Displaced Children and Orphans Fund for its ongoing financial contribution and commitment to supporting the improvement of child care in Cambodia.

[8] The Partnership Programme for the Protection of Children (3PC) is a collaboration between MoSVY, UNICEF and Friends-International. Additional nine civil society organizations and 40 local community groups are also part of the 3PC programme under the umbrella of Friends-International.

2. BACKGROUND

Although there is scientific evidence that living in residential care can harm a child's social, physical, intellectual and emotional development and has long-term impacts on adult life, including exposure to increased abuse and violence,[9] the proliferation of residential care in Cambodia has gone unabated.

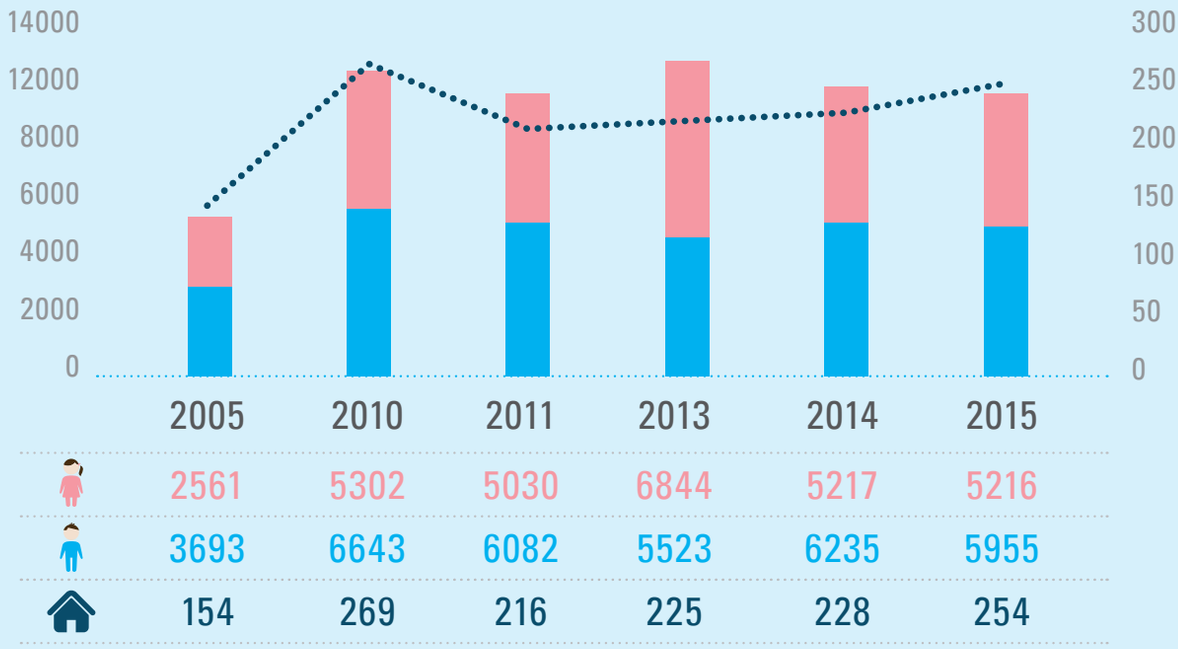
According to government data,[10] residential care has become increasingly common and many children are being unnecessarily separated from their families and placed in institutions. There was a 75 per cent increase in the number of residential care centres between 2005 and 2010 (from 154 to 269) accompanied by a 91 per cent increase in the number of institutionalized children (from 6,254 to 11,945). Between 2010 and 2015, the number of children and centres declined slightly but remained high, with 11,171 children (47 per cent female). In 2015, there were 254 residential care centres; 22 of these were state-run (Figure 2). However, this data only reflects institutions formally registered with MoSVY, meaning that there are likely many more children in such situations. In order to fully understand the scale of the problem, it was necessary to conduct mapping to identify all the residential care institutions in the country.

At the same time as the mapping exercise was launched, another study with similar intentions, the National Estimation of Children in Residential Care Institutions in Cambodia, by the National Institute of Statistics (NIS) and Columbia University,

[9] See footnote 1.

[10] MoSVY Alternative Care Database (2005–2010)

Figure 2: Number of residential care institutions and children living in them (2005-2015)



Source: Inspection Reports, MoSVY (2016)

was also initiated. This report was published, along with MoSVY's mapping report of the five provinces, in March 2016. The NIS study estimated that 48,775 children were living in approximately 1,658 residential care institutions in Cambodia. While both the NIS and MoSVY studies fill a critical information gap, their findings vary. Differences in the definition of a residential care institution and in methodology led to disparate results. The ministry used a mapping approach, surveying all institutions (see methodology section), while the NIS study was an estimate based on data collected in randomly sampled sites (data was collected at the commune level across 24 sentinel sites in 11 selected provinces). Moreover, the definition of a residential care institution used by the NIS is broader than the one used by MoSVY, which closely follows that used in the Minimum Standards on Alternative Care for Children. However, there are a few common findings: both studies show more boys than girls live in residential care (MoSVY: 53 per cent are boys; NIS report, 57 per cent). This data is also confirmed by the inspection reports. As Figure 2 shows, the number of boys in residential care has been consistently higher than the number of girls across years (with the exception of 2013). Similarly, both studies found that the vast majority of children are school age. The NIS study found that more than half of all children are between 13 and 17 years old. Similarly, the national mapping found that 67 per cent of children living in residential care institutions in 20 provinces are aged between 11 and 17 (see Table 1).

Table 1: Age of children in residential care

MAPPING*			NIS STUDY			
2%	32%	67%	4%	14%	31%	51%
0-3 YEARS	4-10 YEARS	11-17 YEARS	<5 YEARS	5 - <9 YEARS	9 - <13 YEARS	13 - <18 YEARS

**Data available for only 20 provinces; individual values do not total 100 per cent because of rounding off*

The NIS study also provides some additional information. It confirms that most children living in residential care in Cambodia are not orphans but have at least one living parent, with as many as 79 per cent of 13- to 17-year-old children, or just under four of five children in residential care homes, reporting at least one living parent. This is consistent with the 2013 inspection report, which reported that at least 77 per cent of children in residential care institutions have at least one living parent. The NIS study also reports that among children with at least one living parent, almost half reported that their parent(s) live in the same province as the residential care institution. For a complete picture of residential care in Cambodia, the mapping report should be read in conjunction with the NIS study.[11]

There is no extensive in-depth study on the reasons for institutionalization. Available reports suggest that while poverty and education are primary factors, not all poor families send children to residential institutions and there are additional factors that drive vulnerable families towards institutionalizing their children. For example, the NIS study reports that 75 per cent of 13- to 17-year-olds named either escape from poverty or educational opportunities as the primary reason for entering residential care. Similarly, a 2011 UNICEF study reported that all families with children in residential care said poverty had contributed towards their decision to place their children in care.[12] However, the same UNICEF report found that not all poor families send children to residential institutions, and additional factors such as the death of a parent, divorce, remarriage, alcohol abuse, the death of a child, illness, a large number of children, migration and lack of local social welfare services contribute to increased vulnerability and subsequent institutionalization of children. The report further writes that other deciding factors included knowing someone at the institution or hearing others talk about it, along with whether vulnerable families had access to a different form of support in the community to allow them to keep the child at home.

The rapid increase in placement of children in residential care is against government policy, which states that family- and community-based care are the best options for the alternative care of children, that institutional care should be a last resort and a temporary solution, and that the primary role in protecting and caring for children lies with their family. This is reflected in the Policy on Alternative Care for Children (2006) and the Minimum Standards on Alternative Care for Children (2008), which provide a regulatory framework and guidance on alternative care in Cambodia.

Despite the Government's strong stance against residential care, without adequate regulation the number of facilities continues to rise each year.

The growth in residential care is also attributable to the wealth of support from overseas donors, who with the best intentions provide support and funding to children in institutions ('orphanages'), unaware of alternative family- and community-based care options. While some residential care facilities are government-run, most are managed by private or faith-based non-governmental organizations, and almost all are funded by individuals from overseas. As a result, many centres turn to orphanage tourism to attract more donors, fuelling a system that exposes children to risk. Experience in the field of childcare is not an official requirement, nor is it a requirement under the Minimum Standards on Alternative Care for Children.

Since 2006, MoSVY has strengthened the alternative care framework to promote family- and community-based care and better regulate all forms for alternative care. Despite this effort, the ministry has only been able to verify compliance with the Minimum Standards on Alternative Care

[11] National Institute of Statistics and Columbia University, 'National Estimation of Homeless Children in Cambodia',2015.

[12] UNICEF, 'With the Best Intentions: A study of attitudes towards residential care in Cambodia', UNICEF, Phnom Penh, 2011.

for Children for a very limited number of facilities, specifically residential care institutions that have a memorandum of understanding with the ministry. Many children are currently living in services that fall outside MoSVY standards of care, meaning they are not subject to government scrutiny to ensure quality services are being provided. The ministry, together with UNICEF and the 3PC, has focused its programmatic responses in five priority provinces (Phnom Penh, Siem Reap, Battambang, Kandal and Preah Sihanouk), as these were found to have a high number of institutionalized children.

Adoption of the sub-decree on the management of residential care centres resulted in the requirement that all non-state residential care facilities (NGO-run, faith-based or other types) register to operate within Cambodia. Not all have done so with the same ministry, making thorough regulation and enforcement of minimum standards difficult due to unclear roles between ministries. Regulations and requirements for opening residential care centres were also unclear. However, in a breakthrough policy reform, the sub-decree and accompanying commitment statement on the management of residential care institutions were launched in 2015, providing a clear mechanism for regulating residential institutions and protecting children from unnecessary separation. Significantly, the new law names MoSVY as the sole authority to control all residential care (including facilities that have agreements with other ministries). The statement of commitment highlights key priorities regarding residential care, including reintegration of 30 per cent of children in residential care with their families or into family-based care, the decision not to accept applications for new residential care institutions until all existing institutions have been assessed, and a planning process to identify how many residential care institutions are needed nationwide, which should be concluded by the end of 2016. MoSVY will create a gatekeeping mechanism to control unnecessary requests to place children in institutions, and as stated in the commitment, starting in early 2016, no child has been admitted to a NGO-run institution without official MoSVY authorization. A child will not be placed into residential care if alternative care options have not yet been exhausted, with specific priority in cases of children younger than 3 years. MoSVY will establish a rapid response team to address reports of abuse and irregularities at residential care institutions. These teams will respond within 48 hours of a reported case of abuse or irregularity.[13]

To effectively implement the sub-decree, the gathering of rigorous data on all residential care facilities in Cambodia was deemed a critical step. The ministry therefore conducted this mapping of non-family-type facilities providing care for children, including those that were not registered and had not been inspected. MoSVY will use this data for case management and as a baseline to measure the impacts of its programmes.

Additionally, in September 2015, Family Care First, a USAID-supported initiative, was launched. The programme seeks to prevent unnecessary separation of children from their families and enable children outside of family care to be placed in appropriate family care. It is expected that the initiative will also utilize this report to tackle the issue of the burgeoning residential care sector in Cambodia.

Furthermore, as per the new law on management of residential care institutions and the MoSVY Statement of Commitment for its implementation, all residential care institutions were required to submit to MoSVY a completed notification form by the end of June 2016, along with basic background information. With UNICEF support, MoSVY has been verifying the list of submitted

[13] Article 14 of the MoSVY Commitment for the Implementation of the Sub-Decree on Residential Care Centres (2015).

2. BACKGROUND

forms against the mapping report to ascertain gaps and follow up on those who have not submitted the necessary paperwork. The notification form provides key data on the number and type of institutions and the children in them, including disability and orphanhood status, by gender and age. Given that it is a legal requirement for providers of residential care facilities to complete the notification process to be eligible for formal registration and assessment, it is likely to further fill the knowledge gap on Cambodia's residential care institutions.

3. METHODOLOGY

The methodology constituted the identification of all non-family-type facilities providing residential care for children in Cambodia. All provinces of Cambodia were covered. The facilities considered were residential care institutions, transit homes and temporary emergency accommodation, group homes, pagodas and other faith-based care in religious buildings and boarding schools. Facilities with no paid staff were excluded, as these do not fall under the definition of a residential care facility. See definitions of these facilities on page 6.

The information was collected based on key informants' knowledge and physically visiting the facilities. The primary key informants included commune chiefs, village chiefs and members of the commune committee for women and children, who identified non-family-type facilities providing care for children. They were selected based on their intimate knowledge of communes and villages and because they are part of the lowest level of government, which is closest to local communities. Data collectors visited each commune and consulted key informants to identify existing residential care facilities before physically visiting each identified institution for in-depth information. MoSVY inspection records were also reviewed to ensure all inspected institutions were captured during the mapping.

Data collection method

The data collectors interviewed directors or appropriate people in charge of facilities and filled in pre-developed, pre-tested and revised paper forms.

Two rounds of data collection

The ministry conducted the mapping in two rounds. The first round covered the five priority provinces of Phnom Penh, Siem Reap, Battambang, Kandal and Preah Sihanouk, where the data was collected between November 2014 and February 2015, and the remaining 20 provinces were covered in the second round, from October to December 2015.

Data collection, training and supervision

The data collectors were government district staff from MoSVY's Office of Social Affairs, Veterans and Youth Rehabilitation. They were responsible for collecting information from their own respective districts. A total of 195 staff were mobilized as data collectors, with at least one staff from each district. All data collectors were required to submit a certified form

signed by commune chiefs with the commune stamp on it to confirm they had consulted with commune chiefs and visited the reported residential facility.

MoSVY, 3PC partner NGOs and UNICEF staff jointly conducted a three-day training for the data collectors and supervisors. The training covered topics such as explanation of types of residential care facility and skills on interviewing, triangulation, observation and data entry. The data collectors were supervised by provincial focal points from the Department of Social Affairs, Veterans and Youth Rehabilitation at the sub-national level and by the national inspection team from the ministry's Child Welfare Department, who provided ongoing support during data collection. Partner NGO staff in the five priority provinces provided additional support.

Data entry and verification

After data were collected, completed forms were verified by provincial focal points, who sent the forms back to the data collectors for correction in case of errors and gaps. These forms were then sent to ministry staff, who checked the manual forms for possible gaps and errors. If any were found, data collectors were instructed to correct them. The ministry also verified the reports against the inspection reports. The verified manual forms were then sent to the Cambodian Mine Action and Victim Assistance Authority to be entered into a database; this agency was selected for its expertise in database design, development and analysis.

Before data analysis began, UNICEF and MoSVY verified the entered data for 10 per cent of the forms, covering all provinces. Two rounds of data verification took place before further analysis.

Data was then compiled and analyzed by the Cambodian Mine Action and Victim Assistance Authority and MoSVY's Child Welfare Department, with support from UNICEF.

Refinements based on lessons learned from the first round of data collection

Lessons learned from the first round of data collection were used to improve the mapping of the remaining 20 provinces. The primary refinements included the following:

- Age disaggregation of children and young people living in residential care institutions, and other additional data
- Longer training for data collectors and supervisors, including practical training and a session with selected key informants on interview techniques
- Orientation for Department of Social Affairs, Veterans and Youth Rehabilitation focal points on data verification
- Additional layer of verification at the ministry level before entering information into the database, including cross-checking the mapping report with the inspection report to ensure no institution that had been included during earlier inspections was omitted
- Additional triangulation of the data by the ministry study team, who verified data provided in sample institutions by phoning the reported institutions and triangulating key data; focus was given to communes with a high number of institutions, as well as those that are geographically remote

Limitations

Despite the various quality control processes adopted by the study team, there were certain limitations.

The study team decided to use self-reported data on the number of children living in residential care facilities and the type of facilities, acknowledging that this was not verified data. The self-reported data may be subject to the personal bias of the reporting party. The study team made this decision due to limited human and financial resources, as well as time constraints and safety concerns for the data collectors if they had to travel at night. The strengths and weaknesses of such an approach will be analyzed for future reference.

- While the ministry is confident that the vast majority of facilities have been identified, it is possible that key informants may not have been aware of all non-family-type facilities in their areas, especially small, informal and newly established ones.
- New data, such as age disaggregation and whether or not a facility was faith-based, were not included in the mapping of the five priority provinces. This limits the generalization of data coming from the 20 provinces where additional data were collected.
- Facilities with no paid staff were excluded, as these do not fall under the definition of a residential care facility. This excludes many children who may be living in such informal facilities and may be exposed to child protection-related risks.

4. FINDINGS AND DISCUSSION

4.1 OVERALL FINDINGS ON NUMBER AND TYPE OF RESIDENTIAL CARE FACILITY

Table 2: Number and type of facility providing care for children

						TOTAL
PERCENTAGE	64%	4%	11%	10%	11%	100%
NUMBER OF FACILITIES	406	25	71	65	72	639
TYPE OF FACILITY	Residential care institution	Transit home and temporary emergency accommodation	Group home	Pagoda (wat) and other faith-based care in a religious building	Boarding school/ Boarding house	

Individual values do not total 100 per cent because of rounding off

Table 2 shows the number and type of facilities providing care for children in all of Cambodia. It shows that there are 639 facilities providing residential care for children in the 25 provinces (Figure 3). Based on self-reported data from institution staff (the staff were verbally provided with definitions of type of facilities), these facilities can be categorized into five types: residential care institutions (406), transit homes and temporary emergency accommodation (25), group homes (71), pagodas and other faith-based care in religious buildings (65), and boarding schools (72).

The table reveals that the majority of the facilities (64 per cent) fit the standard definition of a residential care institution. Boarding schools constitute the second largest of the facilities, closely followed by group homes and pagodas and other religious buildings housing children. Transit centres, at 4 per cent, account for the lowest share of the facilities.

Figure 3: Number and type of facilities providing care for children

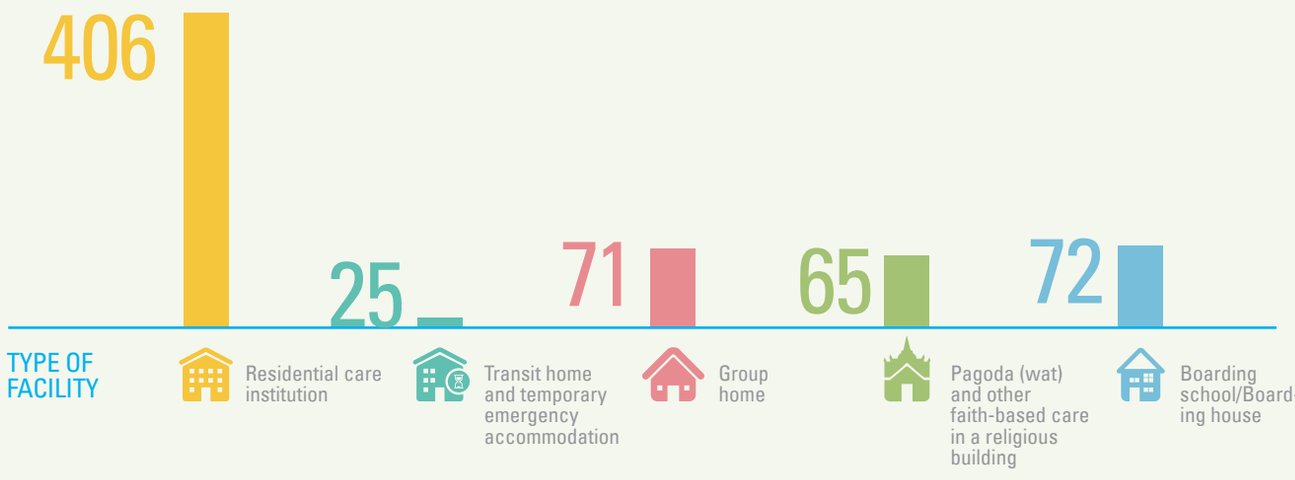


Table 3: Number of provinces and types of facilities by range

TOTAL PROVINCES	25	25	25	25	25
NUMBER OF PROVINCES WITH DIFFERENT TYPES OF FACILITIES BY RANGE					
MORE THAN 10	9	1	3	1	3
6 - 10	6	0	1	1	0
1 - 5	9	5	10	13	12
0	1	19	11	10	10
TYPE OF FACILITY	 Residential care institution	 Transit home and temporary emergency accommodation	 Group home	 Pagoda (wat) & other faith-based care in a religious building	 Boarding school/ Boarding house

Table 3 shows the number of provinces and types of facilities by range. The data is divided into four groups: provinces recording zero, 1 to 5, 6 to 10 or more than 10 facilities. It shows that residential care institutions are more widespread than other facilities, with only one province recording zero residential care institutions whereas 76 per cent of provinces recorded zero transit centres, 44 per cent recorded zero group homes and 40 per cent recorded neither boarding schools nor pagodas and other religious buildings housing children.

The table reveals that except in the case of residential care institutions, other facilities are thinly spread across provinces, with many provinces recording zero (Table 3). Even residential care institutions are concentrated in select provinces. Some other important findings from cross-comparison among these facilities are summarized below.

Phnom Penh, which has the highest number of most of the facilities, is notable for having a very low number of pagodas and other religious buildings housing children. Banteay Meanchey, which has a relatively lower number of residential care institutions, has the highest number of pagodas and other religious buildings housing children, a total of 21, accounting for 32 per cent of all pagodas and other religious buildings housing children.

A relatively high number of group homes are found in Phnom Penh, Siem Reap and Battambang, while a higher number of boarding schools are found in Siem Reap and Banteay Meanchey.

Of particular significance is the number of transit homes and temporary emergency accommodation, which constitute the least number of total facilities, at 4 per cent. This type of facility is absent in 19 of the 25 provinces, while the remaining provinces show the existence of only a small number (one to five) of such facilities, except Phnom Penh, which has 14 transit facilities.

Table 4: Number of children and young people living in residential care facilities

TYPE OF FACILITY	NUMBER OF CHILDREN (0–17 YEARS OLD)		TOTAL	NUMBER OF YOUNG PEOPLE (18–24 YEARS OLD)		TOTAL	TOTAL CHILDREN & YOUNG PEOPLE
Residential care institution	7,776	8,803	16,579	2,056	4,713	6,769	23,348
Transit home & temporary emergency accommodation	348	280	628	185	136	321	949
Group home	820	772	1,592	320	224	544	2,136
Pagodas and other religious buildings	673	676	1,349	43	179	222	1,571
Boarding school	2,909	3,130	6,039	719	612	1,331	7,370
TOTAL	12,526	13,661	26,187	3,323	5,864	9,187	35,374

Table 4 shows that there are 16,579 children (47 per cent female) under the age of 18 reported to be living in the 406 residential care institutions. There are an additional 9,608 children under the age of 18 (49 per cent female) reported to be living in the other 233 care facilities. The combined total of children living in all the facilities is 26,187 (48 per cent female). Based on the 2015 population, this means nearly 1 in every 350 children in Cambodia is currently living in a residential care institution.[14]

An additional 9,187 young people (36 per cent female) between 18 and 25 years of age were reported to be living in the 639 residential care facilities. The majority of these young people were living in residential care institutions, accounting for 74 per cent of the total young people.

The combined total children and young people reported to be living in the 639 facilities was 35,374 (45 per cent female).

The table reveals that the majority of the total children living in residential care facilities (61 per cent) live in residential care institutions.

Slightly more boys than girls are living in residential care institutions (53 per cent) and boarding schools (52 per cent). Approximately 50 per cent of the children in pagodas and other religious buildings are girls. Slightly more girls are living in transit centres (55 per cent) and boarding schools (52 per cent).

[14] The total number of children under the age of 18, based on 2015 population projection, is estimated to be 5,850,000 (UNDESA, 2015).

4.2 FINDINGS ON RESIDENTIAL CARE INSTITUTIONS

Figure 4: Number of residential care institutions by province

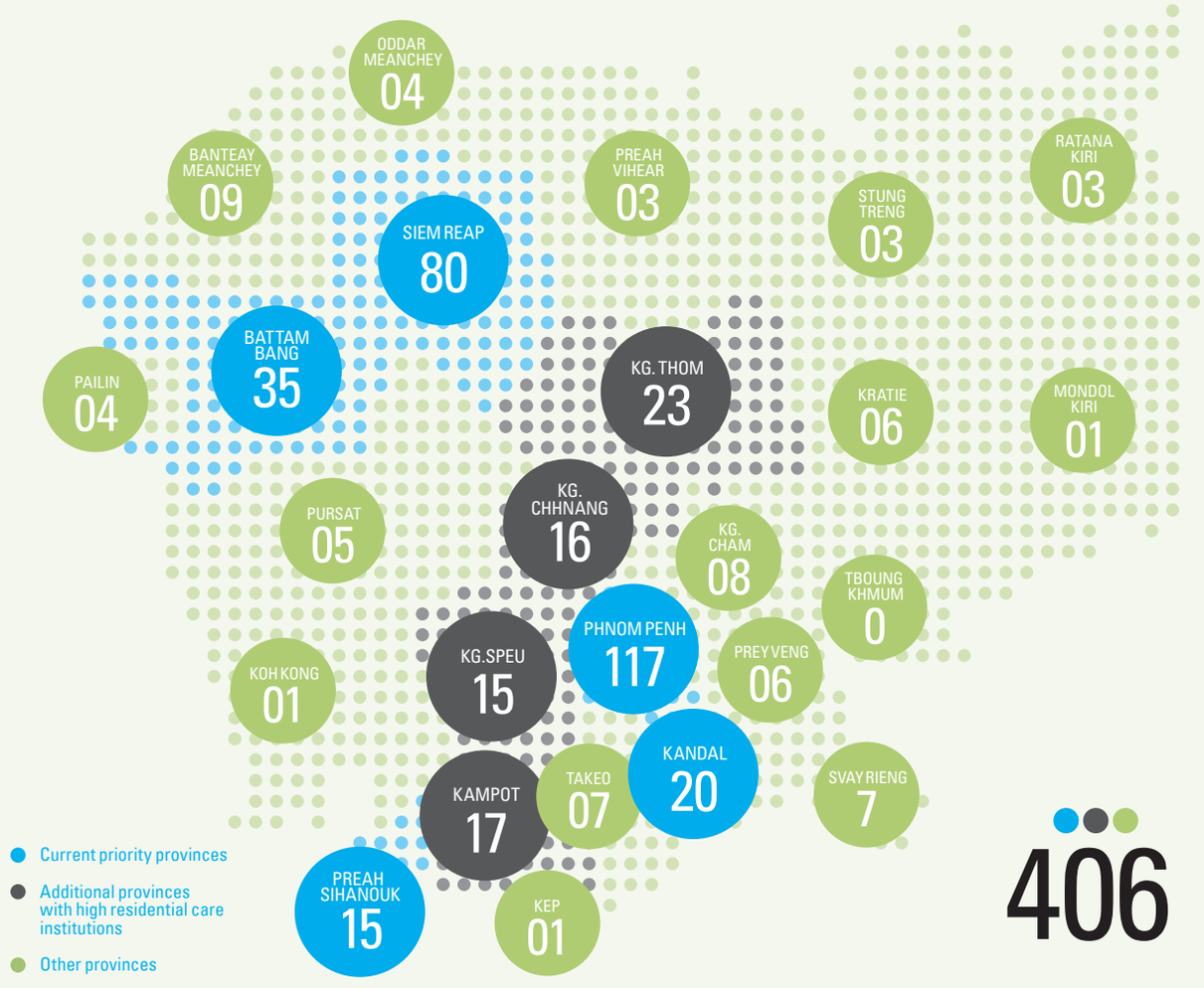


Figure 4 shows the number of residential care institutions per province. The number of institutions ranged from zero in Tboung Khmum to 117 in Phnom Penh. The figure reveals that the majority of the institutions are in Phnom Penh (44 per cent) followed by Siem Reap (30 per cent). Residential care institutions are concentrated in nine provinces, which account for 83 per cent of the total, with the highest number of residential care institutions recorded in Phnom Penh (117), followed by Siem Reap (80), Battambang (35), Kampong Thom (23), Kandal (20), Kampot (17), Kampong Chhnang (16), Preah Sihanouk (15) and Kampong Speu (15). Phnom Penh and Siem Reap alone account for 49 per cent of the total residential care institutions in Cambodia. The number of institutions ranged from one to nine in the remaining 15 provinces. No residential care institution (or any other facility) was recorded in Tboung Khmum.

Table 5: Residential care institutions by inspection status

PERCENTAGE	62%	38%	TOTAL 100%
NUMBER	250	156	TOTAL 406
TYPE OF INSTITUTION	 Residential care institutions inspected by MoSVY in 2015	 Residential care institutions not inspected by MoSVY and identified during the mapping (2015)	

Table 5 shows that 38 per cent of residential care institutions were newly identified during the mapping process. The table confirms that that there are differences between the actual (406) and reported/inspected (250) number of residential care facilities in Cambodia. This reveals a significant gap in the regulation of a large number of residential care institutions, as 38 per cent have never been inspected or brought under appropriate government oversight and regulation. This is mainly due to the fact that only institutions with a memorandum of understanding with the ministry had been inspected. This reveals the stark gaps in Cambodia's care system, confirming long-held concerns of the Government and child protection workers for the well-being of children living in unmonitored institutions and of the uncontrolled increase of 'orphanages' in the country. At the same time, it also provides the ministry with complete information on the institutionalized children and an opportunity to access them so as to assess their situation, a critical first step towards a long process of family and community-based reintegration.

Furthermore, Table 6 shows the status of inspection by province. All of the residential care institutions were inspected in 10 provinces. The status of inspection varies in other provinces. Phnom Penh has the highest number of institutions that have not been inspected, followed by Siem Reap, Kampong Thom, Battambang, Kampot and Kampong Chhnang. In terms of percentage of institutions that are not inspected within provinces, in six provinces 50 per cent or more institutions have not been inspected. This is highest in Kampot (71 per cent) followed by Kampong Thom (70 per cent) and Kampong Chhnang (56 per cent). All these institutions are outside of the five priority provinces, but fall within the nine provinces that have a high concentration of residential care institutions.

The table reveals a variation between provinces, showing that the overall control and regulation is more effective in 10 provinces, where all the institutions mapped were also inspected. However, regulation was less effective in 14 provinces, where many institutions identified during the mapping had not been inspected. The majority of the institutions that have not been inspected, 92 per cent, are in eight of the nine provinces that have a high concentration of residential care institutions.

Table 6: Comparison between number of residential care institutions known before and after the map-

PROVINCE	Total residential care institutions mapped in 2015	Residential care institutions inspected by MoSVY in 2015 based on inspection records[15]	Residential care institutions not inspected by MoSVY identified during the mapping (2015)	Percentage of institutions not inspected
PHNOM PENH	117	59	58	50
SIEM REAP	80	52	28	35
BATTAMBANG	35	23	12	34
KAMPONG THOM	23	7	16	70
KANDAL	20	15	5	25
KAMPOT	17	5	12	71
KAMPONG CHHNANG	16	7	9	56
PREAH SIHANOUK	15	11	4	27
KAMPONG SPEU	15	15	0	0
BANTEAY MEANCHEY	9	9	0	0
KAMPONG CHAM	8	6	2	25
SVAY RIENG	7	4	3	43
TAKEO	7	7	0	0
KRATIE	6	3	3	50
PREY VENG	6	5	1	17
PURSAT	5	5	0	0
ODDAR MEANCHEY	4	2	2	50
PAILIN	4	3	1	25
PREAH VIHEAR	3	3	0	0
RATANAKIRI	3	3	0	0
STUNG TRENG	3	3	0	0
KEP	1	1	0	0
KOH KONG	1	1	0	0
MONDOLKIRI	1	1	0	0
TBOUNG KHMUM	0	0	0	0
TOTAL	406	250	156	38

[15] According to the inspection report, 254 residential care institutions were inspected in 2015. Four of these institutions were however found to fall under a different type of facility during the mapping and hence the total number of residential care institutions refers to those inspected excluding the four which fit under other types of facilities. Hence this section uses the figure of 250 for a comparative analysis between inspected and non-inspected residential care institutions. However, for any other reference to the 2015 inspection report, such as in the background of this report, the figure of 254 RCIs is used.

- Current priority provinces
- Additional provinces with high residential care institutions

Table 7: Residential care institutions providing short- and long-term care

RESIDENTIALS CARE INSTITUTION PROVIDING SHORT- AND LONG-TERM CARE	NUMBER	PERCENTAGE
<6 MONTHS	26	6%
>6 MONTHS	293	72%
NO SPECIFICATION IN TERMS OF AVERAGE DURATION	87	22%
TOTAL	406	100%

Individual values do not total 100 per cent because of rounding off

Of the 406 institutions, 293 (72 per cent) provide long-term care (more than six months) and 26 institutions (6 per cent) provide short-term care (less than six months). There are 87 institutions (22 per cent) where no data is available on the duration of stay. The table reveals that the majority of residential care institutions provide long-term care, which contradicts both the Guidelines for the Alternative Care of Children[16] and the Policy on Alternative Care for Children,[17] which clearly state that institutional care should be the last resort and a temporary solution, and that family care and community care are the best options for alternative care.

Table 8: Situation on the registration of residential care institutions

TYPE OF REGISTRATION	REGISTERED WITH AT LEAST ONE BRANCH OF GOVERNMENT	STATE ORPHANAGES UNDER MOSVY (REGISTRATION NOT REQUIRED)	UNREGISTERED INSTITUTIONS	
PERCENTAGE	82%	5%	12%	TOTAL 100%
NUMBER	334	22	50	TOTAL 406

Individual values do not total 100 per cent because of rounding off

Table 8 shows there are 334 residential care institutions registered with at least one branch of the Government.[18] There are also 22 residential care institutions run by MoSVY, which therefore do not require any registration. There are 50 unregistered institutions spread across 10 provinces. Residential care institutions are registered with the Ministry of Interior, the Ministry of Foreign Affairs or local authorities. The state residential care institutions do not require registration.

[16] Resolution adopted by the United Nations General Assembly in February 2010, page 4, point 14.

[17] Policy on the Alternative Care for Children, Royal Government of Cambodia, April 2006, Chapter IV, page 12.

[18] Please note that registration with MoSVY was not a requirement for residential care institutions. The situation has changed recently with the adoption in September 2015 of the sub-decree on the management of residential care institutions. This provides that all institutions must be authorized by MoSVY.

Figure 5: Number of unregistered institutions by province

Figure 5 shows that the 50 unregistered institutions are found in 10 provinces. The figure reveals that a majority of them, 92 per cent, are in seven of the nine provinces that recorded a high number of residential care institutions (except Kampot and Battambang), with 37 unregistered institutions in four of the five priority provinces, accounting for 74 per cent of total unregistered institutions. The highest number of unregistered institutions are found in Phnom Penh (40 per cent) followed by Preah Sihanouk (22 per cent) and Kampong Thom (10 per cent).

Table 9: Residential care institutions with a memorandum of understanding with a government agency

STATUS OF MEMORANDUM OF UNDERSTANDING WITH THE GOVERNMENT	Institutions with one or more memorandums of understanding	Institutions with no memorandum of understanding	State orphanages (memorandum of understanding not required)	
PERCENTAGE	73%	21%	5%	TOTAL 100%
NUMBER	297	87	22	TOTAL 406

Individual values do not total 100 per cent because of rounding off

Table 9 shows that 297 residential care institutions (excluding state orphanages, which do not require one) have one or more memorandums of understanding with a government ministry, while 87 institutions do not. The table reveals that approximately one in five institutions operate without any formal agreement, indicating a loophole in the legal system. Institutions with no memorandums of understanding by province are given in Figure 6.

Figure 6: Number of residential care institutions without a memorandum of understanding with a government agency by province

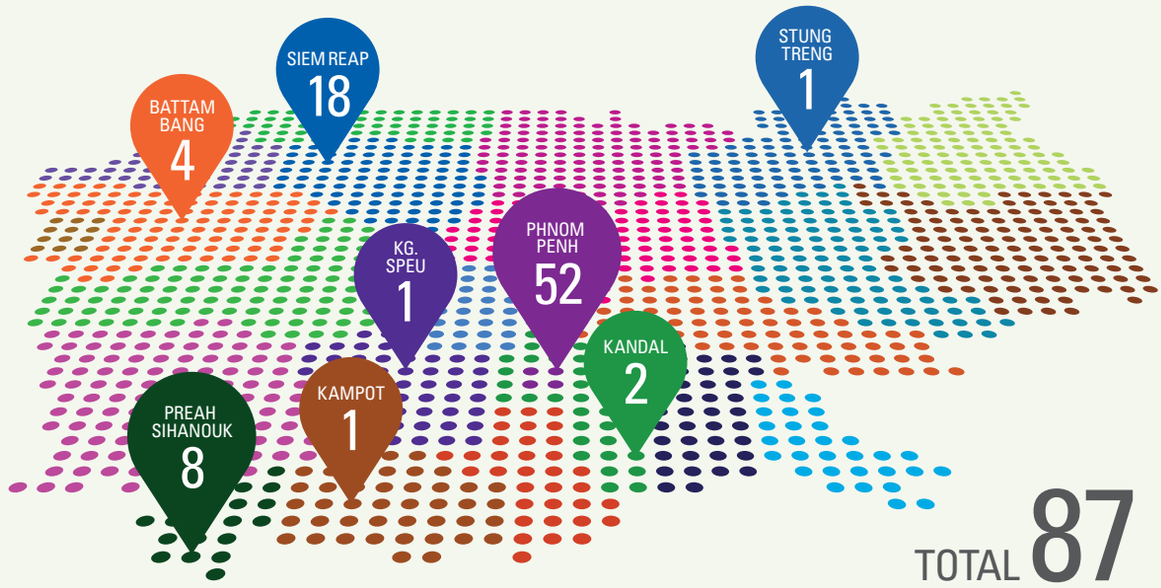


Figure 6 shows there are 87 residential care institutions with no memorandum of understanding with the Government. The figure reveals that the majority of these, 97 per cent, are in the five priority provinces. The highest number of institutions with no memorandum of understanding with the Government are found in Phnom Penh (60 per cent) followed by Siem Reap (21 per cent) and Preah Sihanouk (9 per cent), indicating that regulation is less effective in these provinces.

Table 10: Number and type of staff working in residential care institutions

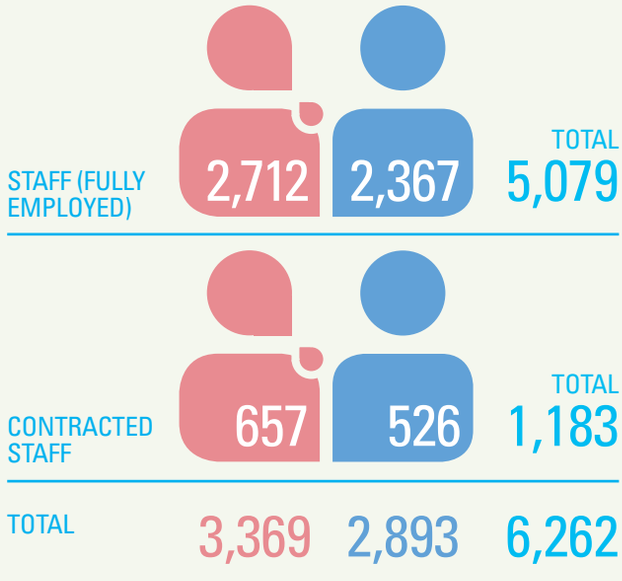


Table 10 shows that there are a total of 6,262 staff (54 per cent female) working as fully employed or contracted staff in the 406 residential care institutions. On average, this means that there is one formal or contracted paid member of staff per three children living in residential care institutions. In addition, 463 staff (45 per cent female) are working in an informal capacity.

Individual values do not total 100 per cent because of rounding off

Table 11: Number of volunteers working in residential care institutions

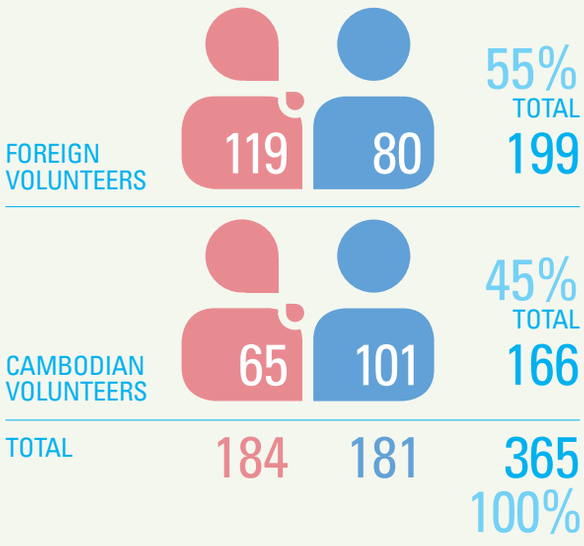


Table 11 shows that there are a total of 365 volunteers (50 per cent female) working in the 406 residential care institutions across Cambodia.

There are more foreign volunteers than Cambodian volunteers (55 per cent versus 45 per cent). Of the 24 provinces that have at least one residential care institution, residential care institutions in seven provinces (Kep, Koh Kong, Oddar Meanchey, Preah Vihear, Prey Veng, Pursat and Ratanakiri) did not report having any volunteers working for them. Battambang, Kampong Thom, Kandal, Phnom Penh and Siem Reap had the highest number of volunteers. Phnom Penh had the highest number of volunteers (155) working in different institutions, accounting for 42 per cent.

It should be noted that the number of volunteers will vary depending on when the data is collected. This figure represents the total volunteers that were working for the residential care institution when the mapping was undertaken.

Table 12: Number of residential care institutions by management type

PERCENTAGE	78%	22%	TOTAL 100%
NUMBER	98	28	TOTAL 126
MANAGEMENT TYPE	RUN BY A CAMBODIAN	RUN BY A FOREIGNER	

Individual values do not total 100 per cent because of rounding off

Cambodians run the majority of the residential care institutions that provided this information, representing 78 per cent of the 126 institutions in 20 provinces. It should be noted that this question was not asked in the five priority provinces and therefore this information cannot be generalized for Cambodia.

Table 13: Number of residential care institutions by faith

	FAITH-BASED	NON-FAITH BASED	TOTAL
PERCENTAGE	54%	46%	TOTAL 100%
NUMBER	75	64	TOTAL 139

Information available for only 139 residential care institutions in 20 provinces

There are more faith-based organizations (54 per cent) than non-faith based organizations in the 20 provinces for which this data was collected. The table reveals that faith plays an important role in the provision of residential care for Cambodian children. Table 14 gives the details of different types of faith-based institutions by province.

Table 14: Number of faith and non-faith based residential care institutions by province

PROVINCE	CHRISTIAN BASED	BUDDHIST BASED	ISLAM BASED	NON-FAITH BASED	TOTAL
BANTEAY MEANCHEY	4	0	0	5	9
KEP	0	0	0	1	1
KAMPONG CHAM	5	1	0	2	8
KAMPONG CHHNANG	9	0	1	6	16
KAMPONG SPEU	6	1	0	8	15
KAMPONG THOM	18	0	0	5	23
KAMPOT	2	0	0	15	17
KOH KONG	0	0	0	1	1
KRATIE	4	0	1	1	6
MONDOLKIRI	0	0	0	1	1
ODDAR MEANCHEY	3	0	0	1	4
PAILIN	3	0	0	1	4
PREAH VIHEAR	1	2	0	0	3
PREY VENG	3	0	0	3	6
PURSAT	1	1	0	3	5
RATANAKIRI	1	0	0	2	3
STUNG TRENG	1	0	0	2	3
SVAY RIENG	0	3	0	4	7
TAKEO	3	0	1	3	7
TBOUNG KHMUM	0	0	0	0	0
TOTAL	64	8	3	64	139

Data available for only 20 provinces

Table 14 shows that the majority of faith-based organizations are Christian (85 per cent), followed by Buddhist (11 per cent) and Islam (4 per cent). However, it should be noted that Cambodia is a Buddhist country and, as the mapping shows, there are many pagodas that provide residential care for children. This mapping identified a total of 65 pagodas in all the 25 provinces reportedly providing residential care to 1,349 children (50 per cent female), most of which are Buddhist (exact figure unknown). The table further shows that most non-faith based residential care institutions are in Kampot (23 per cent). Most faith-based institutions are in Kampong Thom (24 per cent), all of which are Christian.

4.3 FINDINGS ON CHILDREN LIVING IN RESIDENTIAL CARE INSTITUTIONS

Information on children living in residential institutions was self-reported by staff or other responsible persons of the residential care institutions and was not based on a direct count of children living there.

Table 15: Number of children living in residential care institutions as reported by the institutions

PERCENTAGE	47	53	TOTAL 100%
NUMBER	7,776	8,803	16,579

Table 15 shows that 16,579 children under the age of 18 are reported to be living in the 406 residential care institutions in all of Cambodia. There are 8,803 (53 per cent) boys and 7,776 (47 per cent) girls. This is higher than the previous government estimate based on the 2015 inspection reports, which was 11,171 children (47 per cent female) living in residential care institutions. This reveals that a third of the children living in residential care institutions are living in an unregulated residential care arrangement and are therefore not on the radar of the Government, exposing them to possible risks.

Table 16: Number of children living in residential care institutions by province (in descending order)

PROVINCE			
PHNOM PENH	3,164	3,077	6,241
SIEM REAP	1,019	1,129	2,148
BATTAMBANG	691	777	1,468
PREAH SIHANOUK	334	735	1,069
KANDAL	399	463	862
KAMPONG SPEU	365	465	830
KAMPOT	385	426	811
KAMPONG THOM	278	295	573
KAMPONG SPEU	184	181	365
BANTEAY MEANCHEY	149	181	330
KAMPONG CHAM	131	182	313
PREY VENG	111	114	225
TAKEO	93	103	196
KRATIE	56	120	176
PREAH VIHEAR	75	87	162
PURSAT	73	79	152
RATANAKIRI	62	85	147
SVAY RIENG	51	82	133
PAILIN	49	74	123
ODDAR MEANCHEY	32	62	94
MONDOLKIRI	33	21	54
STUNG TRENG	28	26	54
KEP	13	28	41
KOH KONG	1	11	12
TBOUNG KHMUM	0	0	0
TOTAL	7,776	8,803	16,579

- Current priority provinces
- Additional provinces with high residential care institutions

Table 16 shows the total number of children living in residential care institutions. The table reveals that the majority of these children reside in the same nine provinces recorded to have the highest number of such institutions. Of the total children, 87 per cent, or a total of 14,367 children, are in these nine provinces. While the number of institutions and the number of children do not always match exactly in these provinces, Phnom Penh, Siem Reap and Battambang are the three highest provinces, both in terms of residential care institutions and the number of children reported. This data also reveals that the five priority provinces have the most children if not the most centres, accounting for 11,788 children, or 71 per cent of the total children. Similar to the number of centres, Phnom Penh and Siem Reap alone account for 51 per cent of the total children, or 8,389 children.

Table 17: Number of children living in residential care institutions by duration

TYPE OF RESIDENTIAL CARE INSTITUTION					%
>6 MONTHS	Residential care institution providing long-term care	4,522	5,604	10,126	61%
<6 MONTHS	Residential care institution providing short-term care	685	767	1,452	9%
NO SPECIFICATION IN TERMS OF AVERAGE DURATION		2,615	2,386	5,001	30%
TOTAL		7,822	8,757	16,579	100%

Table 17 shows that of the 16,579 children reported to be living in residential care institutions in the five provinces, the majority (61 per cent) are in long-term institutions, while only 9 per cent are reported to be living in short-term institutions. The duration for the remaining 30 per cent of the children was not specified. The percentage of children living in long-term care institutions (61 per cent) is less than the percentage of long-term care institutions (72 per cent). Comparatively, more children are found to be living in unspecified residential care institutions than the number of unspecified institutions (22 per cent unspecified institutions versus 30 per cent of children living in unspecified institutions).

Four provinces have a significantly high number of children (more than 1,000 children) living in residential care institutions providing long-term care. These are Siem Reap (1,781), Phnom Penh (1,451), Battambang (1,269) and Preah Sihanouk (1,069). It should be noted that although Preah Sihanouk ranks eighth among the provinces with a high number of residential care institutions, it ranks higher (fourth) in relation to children staying in long-term care, with all its 1,069 children living in long-term care. While Phnom Penh has the highest number of residential care institutions, Siem Reap has the highest number of residential care institutions providing long-term care as well as children living in them.

Table 18: Number of children living in residential care institutions by age in 20 provinces

AGE				%
0-3 YEARS	27	53	80	2%
4-10 YEARS	603	912	1,515	32%
11-17 YEARS	1,539	1,657	3,196	67%
TOTAL	2,169	2,622	4,791	100%

Data available for only 20 provinces; individual values do not total 100 per cent because of rounding off

Table 18 shows that the majority of children living in residential care institutions are school age, with 67 per cent between 11 and 17 years of age and 32 per cent between 4 and 10 years of age. Children aged between 0 and 3 accounted for about 2 per cent.

Table 19: Number of children living in residential care institutions by age and province

PROVINCE	0-3 MONTHS		4-10 YEARS		11-17 YEARS		TOTAL	
	TOTAL	FEMALE	TOTAL	FEMALE	TOTAL	FEMALE	TOTAL	FEMALE
BANTEAY MEANCHEY	3	1	95	37	232	111	330	149
KEP	0	0	11	3	30	10	41	13
KAMPONG CHAM	0	0	124	36	189	95	313	131
KAMPONG CHHNANG	7	3	81	34	277	147	365	184
KAMPONG SPEU	16	4	313	119	501	242	830	365
KAMPONG THOM	6	2	147	54	420	222	573	278
KAMPOT	10	5	295	150	506	230	811	385
KOH KONG	0	0	0	0	12	1	12	1
KRATIE	3	1	29	13	144	42	176	56
MONDOLKIRI	0	0	5	2	49	31	54	33
ODDAR MEANCHEY	5	2	46	19	43	11	94	32
PAILIN	1	1	61	14	61	34	123	49
PREAH VIHEAR	0	0	59	26	103	49	162	75
PREY VENG	2	1	56	22	167	88	225	111
PURSAT	0	0	31	11	121	62	152	73
RATANAKIRI	3	0	67	27	77	35	147	62
STUNG TRENG	5	2	13	4	36	22	54	28
SVAY RIENG	0	0	35	10	98	41	133	51
TAKEO	19	5	47	22	130	66	196	93
TBOUNG KHMUM	0	0	0	0	0	0	0	0
TOTAL	80	27	1,515	603	3,196	1,539	4,791	2,169

Data available for only 20 provinces

Table 19 shows that of the 20 provinces, three account for more than half (56 per cent) of all the children aged 0 to 3. These are Takeo (19), Kampong Speu (16) and Kampot (10). All children in this age group were found to be living in long-term residential care facilities. This should be seen in the context that research shows that living in residential care is more damaging for children younger than 3 years old.

Table 20: Number of children who need specialized support[19] living in residential care institutions

TYPE OF SPECIALIZED NEEDS			
CHILDREN WITH DISABILITIES	403	522	925
CHILDREN WITH HIV/AIDS	236	340	576
CHILDREN WHO HAVE RECEIVED DETOXIFICATION SERVICES	174	96	270
CHILD VICTIMS OF TRAFFICKING	201	51	252

Note: One child may have more than specialized need

Table 20 shows the number of children who need specialized support reported to be living in the residential care institutions.[20] The data reveals that the majority of the children who need specialized support have disabilities,[21] followed by children with HIV/AIDS. Children with disabilities account for 925 children (44 per cent female), 576 children (41 per cent female) are living with HIV/AIDS, 270 children (64 per cent female) have received detoxification services and 252 children (80 per cent female) have been victims of trafficking. Significantly, more girls than boys are found to be victims of trafficking. More girls than boys were also reported to be receiving detoxification services. Table 21 provides the data on the number of children who need specialized support by province.

[19] For the purpose of this report, children who need specialized support include children with disabilities, children with HIV/AIDS, children who have received detoxification services and child victims of trafficking.

[20] Not all the children who need specialized support and are living in residential care institutions may have access to specialized support. Some institutions do focus on specialized care, however, this data was not collected by the mapping.

[21] Disability was not disaggregated by type.

Table 21: Number of children who need specialized support living in residential care institutions by sex and province

PROVINCE	CHILDREN WITH DISABILITIES		CHILDREN WITH HIV/AIDS		CHILDREN WHO HAVE RECEIVED DETOXIFICATION SERVICES		CHILD VICTIMS OF TRAFFICKING	
	TOTAL	FEMALE	TOTAL	FEMALE	TOTAL	FEMALE	TOTAL	FEMALE
BANTEAY MEANCHEY	0	0	0	0	0	0	8	1
BATTAMBANG	13	5	13	7	54	43	32	16
KEP	1	0	0	0	0	0	0	0
KAMPONG CHAM	182	75	7	5	0	0	13	13
KAMPONG CHHNANG	81	44	11	3	11	2	0	0
KAMPONG SPEU	4	2	154	61	0	0	0	0
KAMPONG THOM	12	6	2	1	0	0	1	0
KAMPOT	74	32	4	1	0	0	0	0
KANDAL	48	28	27	12	13	9	0	0
KRATIE	1	0	0	0	0	0	0	0
MONDOLKIRI	2	1	0	0	0	0	1	1
PAILIN	0	0	1	1	0	0	0	0
PHNOM PENH	398	168	241	99	179	117	156	143
PREAH SIHANOUK	4	2	49	26	0	0	6	0
PREY VENG	1	1	0	0	0	0	0	0
SIEM REAP	34	9	34	8	12	3	30	24
SVAY RIENG	1	1	2	1	0	0	5	3
TAKEO	69	29	31	11	1	0	0	0
TOTAL	925	403	576	236	270	174	252	201

Note: one child may have more than one specialized need

Table 21 shows that at least 18 of the provinces have children with at least one special need living in residential care institutions.

There are 925 children with disabilities (44 per cent female) living in residential care institutions in 16 provinces, 72 per cent of whom are in the same nine provinces where the highest concentration of residential care institutions is found. However, of the remaining provinces, Takeo and Kampong Cham, which have a relatively low number of residential care institutions (7 and 8, respectively) have a relatively high number of children with disabilities, both accounting for 27 per cent of the total children with disabilities living in institutions. The range of children with disabilities also differs significantly between provinces, with the highest number of children with disabilities recorded in Phnom Penh (which has 398 children, or 43 per cent of the total children with disabilities), followed by Kampong Cham (182 children, or 20 per cent of the total children with disabilities) and the lowest (one to four children with disabilities) recorded in seven provinces.

There are 576 children with HIV/AIDS (41 per cent female) living in residential care institutions in 13 provinces, 93 per cent of whom are in the same nine provinces where the highest concentration of residential care institutions is found. Phnom Penh has the highest number of such children, accounting for 42 per cent of the total children with HIV/AIDS. Of the remaining provinces, Takeo records a relatively higher number of children with HIV/AIDS, at 31.

There are 270 children (64 per cent female) who have received detoxification services in six provinces. All except one fall within the nine provinces where the highest concentration of residential care institutions is found. Phnom Penh has the highest number of such children, accounting for 66 per cent of total children who have received detoxification services.

There are 252 child victims of trafficking (80 per cent female) in nine provinces. Phnom Penh has the highest number, accounting for 62 per cent of total child victims of trafficking.

The data reveals the uneven distribution of children with specialized needs living in residential care institutions, with a small number of provinces recording a high number of children. Phnom Penh has the majority of children with different kinds of specialized needs living in residential care institutions.

4.4 FINDINGS ON OTHER TYPES OF RESIDENTIAL CARE FACILITIES AND CHILDREN LIVING THERE

As pointed out earlier, this mapping focuses on data on residential care institutions ('orphanages'). Information is limited on other types of residential care facilities. There were 233 such facilities recorded (transit homes and temporary emergency accommodation, group homes, boarding schools and pagodas and other faith-based buildings), accounting for 36 per cent of the total facilities. Their basic characteristics are described below.

4.4.1 Findings on transit homes and temporary emergency accommodation and children living there

Table 22: Number of transit homes and temporary emergency accommodation and number of children living there (in descending order)

PROVINCE	Number of transit homes			
PHNOM PENH	14	224	108	332
BANTEAY MEANCHEY	5	66	52	118
PREAH SIHANOUK	2	41	89	130
KANDAL	2	10	19	29
SIEM REAP	1	6	10	16
TAKEO	1	1	2	3
TOTAL	25	348	280	628

Transit homes and temporary emergency accommodation are a form of residential care with limited duration of stay. They are for children in the process of family permanency planning or whose families are experiencing acute crisis and require temporary housing for their children to achieve a stable family environment.

Six of 25 provinces have transit homes and temporary emergency accommodation facilities. Table 22 shows that there are 25 such facilities in Cambodia providing alternative care for a total of 628 children (55 per cent female). The majority of these centres (56 per cent) are in Phnom Penh, followed by Banteay Meanchey (20 per cent), Preah Sihanouk (8 per cent) and Kandal (8 per cent). Phnom Penh also has the highest number of children living in transit homes and temporary emergency accommodation (53 per cent), followed by Preah Sihanouk (21 per cent) and Banteay Meanchey at 19 per cent of the children.

4.4.2 Findings on group homes and children living there

Table 23: Number of group homes and number of children living there

PROVINCE	Group homes			
BATTAMBANG	19	54	72	126
PHNOM PENH	17	243	179	422
SIEM REAP	14	79	61	140
KAMPONG CHAM	6	30	11	41
KANDAL	5	85	71	156
PREAH SIHANOUK	2	201	247	448
KAMPONG CHHNANG	1	10	10	20
KAMPONG THOM	1	7	7	14
KAMPOT	1	9	6	15
KRATIE	1	48	62	110
PAILIN	1	8	1	9
PREY VENG	1	5	4	9
PURSAT	1	2	5	7
TAKEO	1	39	36	75
TOTAL	71	820	772	1,592

A group home is defined as care provided to a limited number of children in a family environment under the supervision of a small group of caregivers not related to the children.

Fourteen of 25 provinces have self-identified group homes. Table 23 shows there are 71 such group homes reportedly providing alternative care for a total of 1,592 children (52 per cent female). The majority of the group homes, 89 per cent, are in six provinces, including the five priority provinces (Phnom Penh, Siem Reap, Battambang, Preah Sihanouk and Kandal), and Kampong Cham. While the greatest number of group homes is in Battambang, providing care for a total of 126 children, most children living in group homes are in two homes: in Preah Sihanouk, where there are 448 children (45 per cent female), and Phnom Penh, where there are 422 children (58 per cent female).

4.4.3 Data on boarding schools and children living there

Table 24: Number of boarding schools and number of children living there

PROVINCE	Boarding schools			
PHNOM PENH	22	1,179	1,036	2,215
SIEM REAP	16	539	768	1,307
BANTEAY MEANCHEY	11	312	260	572
BATTAMBANG	3	4	101	105
KANDAL	4	39	91	130
KAMPOT	3	133	295	428
KAMPONG CHHNANG	2	163	104	267
KAMPONG SPEU	2	11	19	30
KAMPONG THOM	2	113	128	241
PREAH VIHEAR	2	35	13	48
MONDOLKIRI	1	56	30	86
PREAH SIHANOUK	1	103	128	231
PURSAT	1	6	5	11
RATANAKIRI	1	204	133	337
STUNG TRENG	1	12	19	31
TOTAL	72	2,909	3,130	6,039

Technically, a boarding school is defined as a housing arrangement for children to stay for a term or multiple terms of their studies to access education far from home. Boarding schools were included in the mapping as there was concern that some schools might in fact be residential care institutions.

Fifteen of 25 provinces have self-identified boarding schools providing residential care for children. Table 24 shows there are 72 such schools providing care for 6,039 children (48 per cent female). The majority of the boarding schools (82 per cent) are in six provinces – four priority provinces (all except Preah Sihanouk), Kampot and Banteay Meanchey. Phnom Penh and Siem Reap alone account for more than half (53 per cent), where 3,522 children (49 per cent female) are living. These children in Phnom Penh and Siem Reap account for 58 per cent of the total children living in the boarding schools.

4.4.4 Findings on pagoda and other faith-based care provided in religious buildings

Table 25: Number of pagodas and other faith-based buildings providing residential care and number of children living there

PROVINCE	Pagodas and other faith-based care in religious buildings (in descending order)			
BANTEAY MEANCHEY	21	178	173	351
PURSAT	6	39	47	86
KAMPONG SPEU	5	26	36	62
PREAH VIHEAR	5	54	72	126
KAMPONG THOM	4	29	44	73
MONDOLKIRI	4	32	43	75
PREAH SIHANOUK	4	165	132	297
KAMPONG CHHNANG	3	2	10	12
KAMPOT	3	17	28	45
BATTAMBANG	2	74	3	77
KANDAL	2	2	11	13
SIEM REAP	2	14	18	32
TAKEO	2	11	21	32
PHNOM PENH	1	4	9	13
PREY VENG	1	26	29	55
TOTAL	65	673	676	1,349

Pagoda (wat) and other faith-based care in a religious building is defined as the care provided to children by monks, nuns, lay clergy and religious bodies who attend to their basic needs in the pagoda and other faith facilities. It should be noted that there are many pagodas and religious buildings in most provinces, however not all provide residential care. The mapping team only counted those pagodas and religious buildings that do.

Of 25 provinces, 15 have pagodas and other faith-based buildings providing residential care for children. The mapping identified 65 such facilities reportedly providing residential care to 1,349 children (50 per cent female). The majority of these buildings, 85 per cent, are located in seven provinces, of which only one is a priority province (Preah Sihanouk). Banteay Meanchey alone accounts for 32 per cent of the pagodas and other faith-based buildings.

4.5 YOUNG PEOPLE LIVING IN DIFFERENT TYPES OF RESIDENTIAL CARE FACILITIES

Table 26: Young people living in different types of residential care facilities by sex

TYPE OF RESIDENTIAL CARE INSTITUTION			
Residential care institution	2,056	4,713	6,769
Transit home and temporary emergency accommodation	185	136	321
Group home	320	224	544
Pagodas and other religious buildings	43	179	222
Boarding school	719	612	1,331
TOTAL	3,323	5,864	9,187

As explained in earlier sections, there are 639 facilities providing residential care for children in the 25 provinces. The mapping found that 9,187 young people 18 to 24 years old (36 per cent female) are living in these facilities. Pagodas and other religious buildings have a particularly low percentage of females (19 per cent) living there. The majority, 6,769 (74 per cent of young people), including 2,056 women, are living in residential care institutions.

5. POLICY IMPLICATIONS

Following are the key policy and programmatic implications from the mapping data:

1 RESPONDING TO AN INCREASE IN NUMBER OF RESIDENTIAL CARE FACILITIES, INCLUDING RESIDENTIAL CARE INSTITUTIONS:

There are more residential care facilities (639), including residential care institutions, or 'orphanages' (406 or 64 per cent of the total facilities), in Cambodia than previously known to MoSVY. Prior data had put the number at 254. Furthermore, many facilities fall beyond the strict government definition of a residential care institution. There were 233 such 'other' types of facilities, accounting for 36 per cent of the total facilities. Of the residential care institutions, 38 per cent were newly identified during the mapping, which means that they had never been inspected by MoSVY and therefore had no government oversight, indicating significant concerns for the well-being of children living in such institutions.

The findings indicate that the ministry needs to expand the scope of its work to respond to the increased number of residential care institutions. The fact that many 'other' types of facilities that do not strictly meet the definition of residential care institutions exist shows the urgent need for greater policy and programmatic focus. Specifically, the newly identified institutions and facilities need to be included in the MoSVY inspection system, so that they are regularly monitored. The ministry also needs to devise a system, preferably a reporting system linked to commune committees for women and children or women and children's consultative committees, to identify any new residential care facility that may open so that the inspection list can be regularly updated.

2 UNEVEN DISTRIBUTION OF RESIDENTIAL CARE FACILITIES ACROSS CAMBODIA AND THE NEED TO ADOPT A TWO-PRONGED STRATEGY:

While there has been an overall increase in the number of residential care institutions in Cambodia, the distribution is uneven. Compared with the inspection report (2015) results, no previously unidentified or uninspected institution was recorded in 10 provinces. The data also shows that many provinces have a relatively low number of institutions. Except in the case of residential care institutions, other facilities are thinly spread across provinces, with many provinces recording zero facilities. Even the distribution of residential care institutions in Cambodia is highly uneven. Most (83 per cent) are concentrated in nine provinces (Phnom Penh, Siem Reap, Battambang, Preah Sihanouk, Kandal, Kampong Thom, Kampot, Kampong Chhnang and Kampong Speu). The number of residential care institutions ranged from one to nine in the remaining 15 provinces. No residential care institution (or any other facility) was recorded in Tboung Khmum.

2

The findings indicate a need to adopt a two-pronged strategy of reduction (in the provinces with a high number of residential care institutions) and containment (where a low number or no new institution was identified). This will ensure that all the provinces are on the Government's radar and that gatekeeping mechanisms are in place so that any new institution opening in the future has to immediately notify the ministry. The mapping data will also guide the Government to determine the optimal number of residential care facilities, including residential care institutions in different provinces, before accepting applications for new residential care institutions.

3

REVIEW OF FIVE PRIORITY PROVINCES

Of the nine provinces where 83 per cent of the residential care institutions are found, only five are priority provinces (Phnom Penh, Siem Reap, Battambang, Preah Sihanouk, Kandal). Similarly, the majority of the children living in residential care institutions, 87 per cent of the total children, are living in those same nine provinces. Of these, the five priority provinces account for 71 per cent of the total children. However, other provinces require specific efforts, for example, those with a majority of children under 3 years of age or more children with special needs.

The findings suggest that the current geographical programmatic focus in the five priority provinces is correct and still relevant as they have a high number of residential care institutions and children. However, the remaining four provinces with a high concentration of residential care institutions should also be prioritized. Focus should also be placed on those provinces that may be special cases, such as having a high number of young children, children with specialized needs or a high number of pagodas housing children. Priority provinces should be regularly reviewed and re-prioritized.

4

PRIORITIZE SHORT-TERM AND TEMPORARY CARE

Most residential care institutions (72 per cent) provide long-term care (defined as more than six months) despite the well-known problems associated with keeping children in institutions for lengthy periods. Government and international guidelines state that institutional care should be the last resort and a temporary solution and that family care and community care are the best options for alternative care. Every child and young person has the right to live in a supportive, protective and caring environment that promotes his or her full potential. Of particular significance is the number of transit homes and temporary emergency accommodation, which constitute the least number of total facilities (4 per cent) and are found in only six provinces.

The high number of long-term care institutions suggest that these institutions are not being used as a temporary or a last resort. There are more than sufficient long-term residential care institutions while there may not be enough facilities specializing in short-term care. The ministry needs to promote short-term care where possible. The transformation of long-term care into short-term care facilities should also be considered as an option.

5 GOVERNMENT OVERSIGHT AND REGULATION

Twenty one per cent of the residential care institutions do not have a memorandum of understanding with the Government and 12 per cent are not registered with any government agency. The majority of residential care institutions, 92 per cent, are in seven of the nine provinces that have a high number of institutions (except Kampot and Battambang), with 37 unregistered institutions (74 per cent of the total unregistered institutions) in four of the five priority provinces. Similarly, the majority of residential care institutions, 97 per cent, are in the five priority provinces.

The mapping confirms the assumption that there are many more residential care institutions in Cambodia, some under the oversight of other ministries, that need to be brought under one regulatory framework. The mapping also indicates that regulation is less effective in nine provinces that have a high concentration of residential care institutions and indicates the need for additional resources for control and regulation in these provinces. The sub-decree on the management of residential care was a right step in this direction. Continual coordination and cooperation is required between ministries for a harmonized response to children in different types of facilities.

6 PRIORITIZE REINTEGRATION OF CHILDREN AGED 0 TO 3 YEARS

In the 20 provinces for which this data was available, children aged 0 to 3 accounted for a relatively low percentage of total children in residential care (2 percent). However, this should be seen in the context that research shows that living in residential care is relatively more damaging for children younger than 3 years old. Of additional concern is that all 0- to 3-year-olds were found to be living in long-term residential care facilities. Of the 20 provinces, three (Takeo, Kampong Speu and Kampot) account for more than half (56 per cent) of all the children aged 0 to 3 years. This data was collected for only 20 provinces, excluding the five priority provinces. Other studies, primarily the NIS enumeration, also found that the vast majority of children are school age.

The data suggest that because there are relatively fewer children aged 0 to 3 years in residential care, and that they are concentrated in select provinces, it is possible to prioritize their reintegration.

7

SPECIFIC OVERSIGHT FOR INSTITUTIONS THAT ARE PROVIDING SERVICES FOR SPECIALIZED NEEDS

There are many residential care institutions where children with specialized needs are living, with at least 18 of the provinces reporting children with at least one specialized need living in the residential care institutions. However, a small number of provinces record a high number of such children.

The data suggest that children with specialized needs are living in residential care institutions across Cambodia, and that their distribution is uneven. Specific support and oversight for institutions providing services for specialized needs is required as there are additional layers of vulnerability. Considering that they are concentrated in select provinces, this additional oversight is possible.

6. CONCLUSION

The Ministry of Social Affairs, Veterans and Youth Rehabilitation conducted this mapping exercise to address a lack of information on the number of residential facilities providing care for children. Despite limited resources, and allowing for methodological limitations, this mapping exercise has enabled the ministry to ascertain that there are differences between the actual and reported number of residential care facilities in Cambodia. This reveals the stark gaps in Cambodia's care system, confirming long-held concerns of the Government and child protection workers for the well-being of children living in unmonitored institutions and of the uncontrolled increase of 'orphanages' in the country. At the same time, it also provides the ministry with complete information on the institutionalized children and an opportunity to access them so as to assess their situation, a critical first step towards the long process of family and community-based reintegration.

The ministry reiterates its commitment to promoting family and community-based care and preventing institutionalization of children whenever possible. The recent endorsement of the sub-decree on the management of residential care in Cambodia is a critical achievement that will help enforce the existing regulatory frameworks and the minimum standards on alternative care. To achieve this target and ensure the implementation of the existing alternative care framework in Cambodia, the ministry is committed, by 2018, to reintegrate 30 per cent of children from residential care and prevent any child younger than 3 years from being placed in residential care. This mapping exercise is critical to enable the ministry to fulfil this policy and control the unregulated increase of residential care facilities in the country.

Findings from this mapping exercise will be used to review current policies and programming by the Government with regards to reintegration of children from residential care, and in particular, towards the goal of 30 per cent reintegration of children from residential care institutions. Broadly, the data will be used to assess the effectiveness of the sub-decree on the management of residential care in Cambodia.

NUMBER AND TYPES OF FACILITIES PROVIDING RESIDENTIAL CARE FOR CHILDREN

406
RESIDENTIAL CARE INSTITUTION

25
TRANSIT HOME AND TEMPORARY EMERGENCY COMMODATION

71
GROUP HOME

65
PAGODA (WAT) AND OTHER FAITH-BASED CARE IN A RELIGIOUS BUILDING

72
BOARDING SCHOOL/BOARDING HOUSE

unicef
for every child

3PC
Together, building stronger child protection systems

USAID
FROM THE AMERICAN PEOPLE