Care Reform in Cambodia: Insight Analysis

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THIS LIFE CAMBODIA
COMMUNITY RESEARCH AND CONSULTANCY

INSIGHT ANALYSIS
CARE REFORM IN CAMBODIA

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Contents

Abbreviations and acronyms

3PC	Partnership Program for the Protection of Children
CEOP	Child Exploitation & Online Protection
CG	Collaborative Grant
CP	Capital and Provinces
CS	Commune and Sangkat
CSO	Civil Society Organisation
CCWC	Commune Committee for Women and Children
DWCCC	District Women's and Children's Consultative Committee
DoSVY	District Office of Social Affairs, Veterans and Youth Rehabilitation
D&D	Decentralisation and De-concentration
DP	Development Partner
DMK	District, Municipalities, Khan
ECPAT	End Child Prostitution, Abuse and Trafficking
FCF	Family Care First
HEF	Health Equity Fund
INGOs	International Non-Government Organisations
IOM	International Office of Migration
MEF	Ministry of Economy and Finance
MoI	Ministry of Interior
MoP	Ministry of Planning
MoWA	Ministry of Women's Affairs
MoSVY	Ministry of Social Affairs Veterans and Youth Rehabilitation
NGO	Non-Government Organisations
NGOCRC	NGO Coalition on the Rights of the Child
PoSVY	Provincial Department of Social Affairs, Veterans and Youth Rehabilitation
PWCCC	Provincial Women's and Children's Consultative Committee
PFMRP	Public Financial Management Reform Program
NCDD	National Committee for Sub-National Democratic Development
NSDP	National Strategic Development Plan
RCI	Residential Care Institutions
RGC	Royal Government of Cambodia
SPPF	Social Protection Policy Framework
SNA	Sub-National Administrations
USAID	United States Agency for International Development
WFP	World Food Program

1 Background

In the 1990s the Royal Government of Cambodia (RGC) began to rebuild its fragile child protection system, after decades of instability. Social problems such as dramatic increases in HIV/AIDS coupled with existing challenges of poverty, and lack of a social protection system led to high rates of children in need of care. However, widespread institutionalisation of Cambodian children was later linked to a number of relatively unrelated factors. By 2009, over 75% of children in orphanages were reported to have at least one living parent[1]. Three core drivers of institutionalisation - poverty, domestic violence and access to education – accompanied by a proliferation of residential care institutions (RCIs), originally supported by government as suitable alternative care and often established and funded by overseas donors, led to significant numbers of children with families residing in residential care of varying standards.

In addition to the documented harmful impact of institutionalisation on child welfare and development, the lack of controlled regulation, 'voluntourism' and exploitation of children as tourist attractions to generate donations to orphanages in Cambodia prompted significant development of policy and practice to protect children and reform childcare over the past decade.[2] Recent mapping studies seeking to assess the number of children living in residential facilities reveal large disparities, with estimates in 2017 ranging from 26,187 children[3] to 48,755 children[4] in care. Nevertheless, these studies are reflective of the focused action around care reform by the Royal Government of Cambodia (RGC) and civil society, which has gained momentum in the past five years alongside key coalition initiatives.

The 'Partnership Program for the Protection of Children' (3PC) was launched by UNICEF and the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) through Friends International in 2011, followed by 'Family Care First' (FCF) in 2014 which is funded through a public/private partnership initiated by the United States Agency for International Development (USAID) and implemented by Save the Children. In February 2016, MoSVY initiated a new Country Program Action Plan in collaboration with UNICEF setting a target to reintegrate 30 per cent of children living in residential care in five 'priority' provinces into family-based care by 2018.

Though not yet met, government and civil society collaborative action was galvanized around this target in pursuit of care reform, changing the landscape and operating context for key stakeholders. This focus inevitably engenders both progress and the evolution of challenges and gaps in meeting the needs of vulnerable children and youth. Meanwhile, a rapidly evolving Cambodian context raises questions around how increasingly prominent factors such as migration, substance abuse and foreign investment impact child protection, family welfare, family-based care and de-institutionalisation of children.

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[1] UNICEF, What is UNICEF's position on orphanages, group homes, or residential care for children...? Available at: https://www.unicef.org/cambodia/12681_23295.html

[2] UNICEF, Residential Care in Cambodia. Available at: https://www.unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf

[3] MoSVY, Mapping of residential care facilities in the capital and 24 provinces in Cambodia (2017).

[4] Stark, L. et. al., 'National estimation of children in residential care institutions in Cambodia: a modelling study' BMJ Open (2017).

1.1   GHR Foundation

Through its Children in Families initiative, GHR Foundation seeks to transform child protection and shift the dominant care model from institutions towards prioritizing family care first. The Foundation began funding programs in Cambodia in 2015 through a two-pronged approach: funding of the FCF coalition and direct grants to seven local Non-Government Organisations (NGOs) through a Collaborative Grant (CG). FCF engages 35 partners and 16 implementing partners working across four thematic program areas and is currently expected to continue until September of 2020. The seven CG NGO partners are all FCF members who are funded independently by GHR to work at the local and provincial level to advance services and build capacity to deliver quality interventions to support children in families. GHR has pursued a collaborative process with these local partners who meet on a quarterly basis to share, learn and link direct services when appropriate, and have developed a collaborative shared measurement framework to track collective outcomes. GHR is at a point of transition in their grant making cycle with initial grants ending in December 2018 and a new three-year cycle commencing from January 2019 to December 2021.

To help understand advances made in Cambodia on care reform and current realities at the local, regional and national areas of implementation, the Foundation sought to complete a situational analysis of government as well as civil society systems for care and care reform to inform their grant making strategy from 2019 onwards. This insight study was undertaken in collaboration with Better Care Network's research to produce a Cambodia Country Care Profile, also funded by GHR during the same period, to provide complementary analyses of the status of care reform in Cambodia.

1.2   Objectives

The purpose of the study is to conduct an insight analysis of government and civil society systems for care and care reform in Cambodia to inform GHR's grant making strategy as they enter a new three-year funding period from 2019 to 2021. GHR and its partners will utilize research findings to collectively develop and implement project and program efforts which aim to support the development of a comprehensive systems approach for strengthening families and keeping children in safe, nurturing family and community-based settings.

The research seeks to gain a clear and up-to-date understanding of the progress the Royal Government of Cambodia has made in its care reform process, the gaps and challenges that remain, and the government stakeholders that it may be critical to engage for increased impact. This includes an analysis of the local Cambodian context and trends of drivers of institutionalisation. In addition, it aims to provide insight into the networks and major NGOs implementing care reform policy including existing mapping of government and service providers. In order to realize the aims of the study, the following research questions were identified for investigation:

1. What is current RGC policy on care reform and what progress has been made by actions to implement policy?
2. Which government and civil society stakeholders are required in pursuit of impactful care reform?

3. What are the successes and challenges of action/progress to date from different stakeholder perspectives?
4. What are the gaps, opportunities, threats and priorities for action to progress care reform over the next three to five years in Cambodia?
5. What are the recommendations for local and provincial level intervention?

1.3   Research methodology

The study adopted a qualitative approach to investigate the status of care reform in Cambodia through insights from existing documentation and data, and field research interviews with key stakeholders engaged in developing and implementing quality alternative care and family strengthening policy, guidelines and services.   The research questions were explored through the following:

- Review of existing literature to identify gaps in literature and data which informed the approach to key informant interviews
- Review of the latest data on children, RCIs, youth development and service providers
- Informal and semi-structured interviews with a range of key informant stakeholders at the national and sub-national level across seven provinces selected for this study
- Participation in workshops and review of documents and knowledge emerging from workshops and stakeholders during the period of the study

Findings were collaboratively reviewed by the research team in periodic workshops and meetings to identify gaps in information requiring further exploration. Regular collaborative meetings and knowledge sharing was also conducted with Better Care Network researchers to inform each other's studies in a complementary manner and minimize duplication across the two research projects.

1.3.1   Key data sources

The insight study utilized existing linkages with the seven GHR partners, Family Care First, relevant ministries as well as regional and local government entities and stakeholders to gather the necessary information. In addition to literature accessed by the research team, documents included in the review were sourced through requests to professional contacts and organisations working within care reform in Cambodia, which provided the primary source of mapping documentation.

- RGC policy documents, reports and officials with knowledge of care reform
- GHR Collaborative Grant reports, meeting notes and secondary data
- Family Care First and UNICEF documentation, research reports and mapping records
- Documents and knowledge emerging from workshops and stakeholders during the period of the study included:
    - Discussion on the new National Strategic Development Plan (NSDP) among key NGOs
    - Social protection donor-government working group meeting

- Workshop review of the National Guidelines on Kinship Care and Foster Care on September 5 and 6, 2018
  - FCF Knowledge Sharing Group on September 10, 2018
  - FCF Learning Summit on October 1, 2018
- Services mapping records through the above-mentioned sources and data extracted from the Commune Data Base of the National Committee for Sub-National Democratic Development (CDB-NCDD Data Base)

1.3.2 Sampling

Purposive sampling of research locations was adopted to include the five priority provinces - Battambang, Kandal, Phnom Penh, Siem Reap, Preah Sihanouk - where focused collaborative action toward the MoSVY national action plan for improving child care has been implemented since 2016, with the target of reintegrating 30 per cent of children in these provinces. Three additional provinces not included in this action were purposively selected for inclusion in order to gain comparative insight into the situational context beyond the five provinces above. Kampot, Takeo and Kampong Speu were selected because they have comparatively high rates of children under five living in RCIs and presented the opportunity for insightful understanding of influential factors in the institutionalisation of children, and the service provision needs and gaps. Within these provinces, purposive sampling of key informants was also adopted to incorporate a range of stakeholders including key government officials from Ministries through sub-national to commune-level, and local and international development partners and service providers. Due to time constraints and conflicting schedules, fieldwork in Kampot could not be undertaken and the sample was therefore reduced to seven provinces. A total of 44 key informant interviews were conducted across seven of the eight target provinces.

Table 1: Interviews with stakeholders

Stakeholder	Provinces	Total
Ministry departments: MOSVY, MoI, MoP, MoWA, NCDD	Phnom Penh	7
PoSVY and DoSVY officials	Six target provinces*	10
CCWC and WCCC officials	Six target provinces*	10
INGOs, DPs and coalition/network coordinators	Phnom Penh	7
CSO / NGOs *	Kandal, Phnom Penh, Preah Sihanouk, Siem Reap	6
Residential Care Institutions	Battambang, Kampong Speu, Takeo	4

* Not conducted in Preah Sihanouk
** Includes one transitioned RCI operating as a day center since 2016.

1.3.3 Limitations

The range of expertise, experience and network connections across the research team facilitated access to a broad range of key informants, knowledge and data sources. While leveraging existing relationships can enhance the sharing of insights and richness of data, it could equally influence the focus of conversations conducted through informal, semi-structured interviews and it was particularly necessary to avoid use of leading questions.

Collaborative action in pursuit of care reform has significantly evolved in recent years due to donor-funded partner networks bringing together a range of stakeholders working towards a common goal. However, cross-network collaboration is in its infancy and some organisations or network bodies may be reluctant to disclose full information on past, present and planned network action. To foster a spirit of sharing and collaboration, the researcher who oversees the GHR partnership oversaw data collection in this area. The potential shared value of research findings was highlighted and it was communicated that the report will be made available to stakeholders.

2 Findings

2.1 Policy and progress on care reform of the Royal Government of Cambodia

Over the past two decades, the Royal Government of Cambodia (RGC) has made steady and significant progress in developing a policy framework to promote family-based permanent care for children. These efforts have resulted in the RGC acceding to international treaties, and developing laws, policies, and action plans intended to rebuild Cambodia's child protection system made weak by years of isolation and political turmoil. The relevant laws, policies and actions plans are summarized in Appendix 1 'Policy Framework for Care Reform'.

Initially, in the early 1990s significant efforts to respond to the needs of children were uncoordinated and commonly driven by the missions of International Non-Government Organisations (INGOs), civil society organisations (CSOs), and religious organisations. The first response to provide protection and care was often to establish a RCI. In this environment of a weak infrastructure for child protection, coupled with documented high rates of poverty, positive attitudes toward residential care, lack of access to education in the community, alcohol and drug abuse, high rates of HIV/AIDs and domestic violence, RCIs flourished. At the same time the rates of children being placed into intercountry adoption grew rapidly. After a three-year period with dramatically increasing numbers of children placed into intercountry adoption, allegations of child trafficking and visa fraud resulted in the halting of visas to children placed in the USA from Cambodia in 2001. Other countries quickly followed suit.

With this backdrop, the RGC, with support of Development Partners (DPs), UN Agencies, INGOs, and CSOs have taken seriously their commitment to strengthen the child protection system and create permanency planning processes for vulnerable children. A key priority has been to develop and implement policies in line with best practice standards that have the primary goal of keeping a child with their birth family if safe and possible, placing the child with a domestic family, and finally with an international family as a last resort. Multiple research has shown, however, that high numbers of children remain in RCIs.

The current progress toward the development of a policy framework on care reform is outlined in Appendix 2 of this report.[5] Key policy progress includes acceding to the Hague Convention on Intercountry Adoption, the Intercountry Adoption Law and Regulations for its implementation,

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[5] The policy framework is detailed in the Cambodia Care Profile currently being developed by Better Care Network. This Profile details the policy framework, and gaps and challenges. As a result of that analysis, this report does not go into significant detail.

Minimum Standards on Alternative Care for Children in the Community and in Residential Care, and regulations and guidelines for their implementation, documentation of the current legal framework for domestic adoption process (based in existing Law on Marriage and Family, and the Civil Code) in the context of the Alternative Care Policy and others. To focus efforts to dramatically reduce children in care, the MoSVY developed the Action Plan for Improving Child Care that intended to reduce children in RCIs by 30 percent through reintegration into families or other permanent options.

Linked to these efforts, the RGC has also developed the National Social Protection Policy and the National Social Protection Policy Framework 2016-2025 that when fully implemented will provide improved social assistance. The RGC is also implementing care reform in the context of decentralisation and de-concentration reforms, as it transfers the management functions of government run institutions from the national level to the provincial and district levels. This includes transfer of the responsibility to identify and support children at risk in the community and the transfer of human and financial resources in accordance with the decentralised responsibilities.

This policy framework has also been developed in the context of a better understanding of the situation of violence against children based on a national prevalence study. Out of this a National Action Plan was developed to respond to violence against children. The Strategy on Positive Parenting (2017) addresses violence against children in the family.

These efforts are significant and as can be noted in Appendix 1, demonstrate a continuing focus and priority by the RGC to improve the care of children. However, it is widely understood, that there are gaps, inconsistencies and conflicts within the existing framework and as a result further analysis and policy development will be required to align practice with international standards in alternative care. This list is not exhaustive, but was identified by the key informants in this assessment as some overall gaps:

- National guidelines that are being developed are 'ideal' and hard to implement practically due to complexity and gaps in resources

- High-level policy language creates complexities for implementation on the ground and excludes certain groups (challenges due to use of high-level Khmer and translation from English to Khmer)

- There is no overall Child Protection Law/System

- There is inadequate focus on permanency (for example long-term foster care is seen as a permanent placement and domestic adoption commonly is not formalised)

- The Explanatory Note on Domestic Adoption does not provide a central system for referral of children for domestic adoption in an organized manner. It describes how to do domestic adoption but is not systematic and in line with alternative care priorities. Successful implementation of the draft domestic adoption guidelines will require review to ensure alignment with the Cambodian context and other parallel processes.

2.1.1 Care reform implementation

Effective and accountable implementation of the existing policies has been consistently raised as a key challenge for care reform. Although there are still specific policies and guidelines that need to be developed, the main challenge now is ensuring that the many **existing policies and guidelines are understood, funded, delivered, and monitored.** This implementation challenge has been particularly serious at the sub-national level where most of the actual service delivery is expected to happen. It has been even more noticeable around childcare and child protection issues, mainly because it is one of the least funded sub-sectors.

Figure 1: A framework for assessing different types of capacities
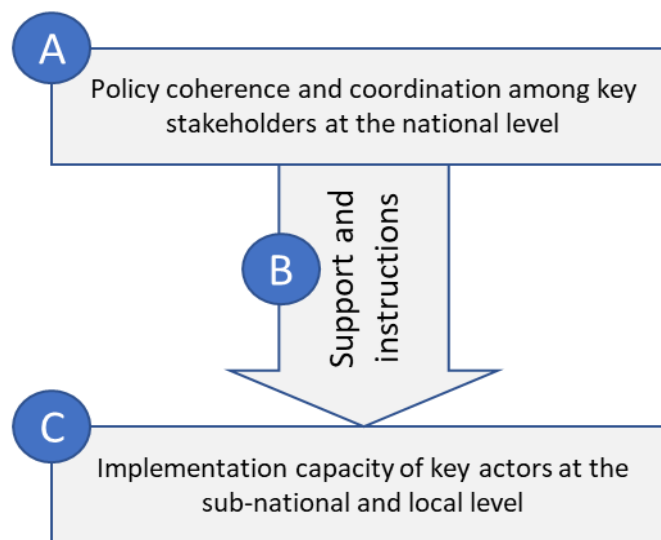
Legitimate arguments have been made on the need to develop necessary capacities at the sub-national/local level (in Figure 1, these capacities are called 'C'). Nevertheless, root causes of implementation challenges do not entirely relate to capacity of the people at the sub-national and local level. This study and others[6] have found that the lack of policy coherence and coordination among key actors at the national level ('A' in Figure 1) and the limited and un-coordinated instruction and supports that these actors provide to the sub-national/local implementers ('B' in Figure 1) contribute equally if not more to implementation challenges.

2.1.2 Gaps in services to support care reform

Successful care reform is also hindered by inadequate child protection/services system. Efforts to provide services have been led significantly by CSOs and INGOs in partnership with the government through the MoSVY, the Provincial Department of Social Affairs Veterans and Youth Rehabilitation (PoSVY) and the District Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY). This has resulted in a patchwork of services. Some organisations are highly specialized, and others are providing comprehensive prevention, protection and care services. There is an overall lack of understanding of what works best. What is clear is that there are gaps in the availability of required services and in the quality of services. This study and recent reviews by UNICEF and Family Care First identified several common themes related to supportive services. These are as follows:

- Prevention is targeted to education support to enable children to go to school, some livelihood support, alcohol abuse reduction, reduced violence
- Service providers have limited capacity, resources and skills to deliver much-need economic strengthening to families[7]

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[6] Unicef and ILO (2017) Capacity assessment for the coordination and implementation of cash transfer programs in Cambodia

[7] CSO interview, GHR CG Secondary Data

- Prevention and harm reduction services are required to tackle increased drugs and alcohol challenges in recent years[8]

- Assessments of children and families are not comprehensive in all settings, therefore care plans do not necessarily meet the needs of the child/family

- Care plans are more commonly based on the mission of the organisation than the needs of the family or child[9]

- Reintegration is driven by availability and willingness of parents to care for the child or the forced closing of an RCI rather than an adequate assessment and planning[10]

- Families and children are navigating complex and multiple problems while they care for children. (debt, drug abuse, domestic violence, chronic illness, disability, housing Insecurity)[11]

- Follow-up support for families is limited. There are gaps in crucial support (health care, income, parenting skills, specialized services, etc.) and a limited social safety net.

- Foster families showed greater satisfaction as care providers than kinship care providers. The gap was related to resources and support provided as carers[12]

- There is a lack of adequate temporary foster homes and placements for children with special needs (disability, children in conflict with the law)[13]

- There is a lack of adequate resources at the subnational level (government and CSOs) to provide adequate services[14]

- While the intercountry adoption system has been reformed, there are yet to be any children placed. The children that have been referred for home finding are children with special needs, however the documentation (legal and social history including family tracing) has been inadequate, requiring the Intercountry Adoption office to conduct their own investigation to ensure the Alternative Care process was adequately followed.

2.1.3   RGC work in progress and priorities for action

The RGC's efforts to continue to improve the policy environment are currently focused on strengthening existing policy through the development of Guidelines and Standard Operating Procedures that support the implementation of Alternative Care and improve the quality of care and supportive services. These efforts include Draft Standard Operating Procedures to Guide the Closure of Residential Care Institutions, De-institutionalisation and Reintegration; Reintegration Guidelines; Kinship Care, Foster Care, Domestic Adoption Guidelines; Social Work Generalist Practice and Specialized Levels; National Child Protection Policy. Each of these efforts has been supported by UN agencies or DPs through care reform collaborations with the MoSVY. All are in progress and will likely require substantial time for the

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[8] INGO interview, GHR CG Secondary Data
[9] Family Care First (2018)
[10] UNICEF interview
[11] UNICEF
[12] Family Care First (2018)
[13] ibid
[14] PoSVY interview, CSO interviews

validation and implementation processes. These are important tools that can be used as guidance for the continued implementation of the Alternative Care Policy.

As the key government ministry leading efforts at care reform, MoSVY works in partnership with UNICEF, FCF, Plan International and others in the implementation of its care reform agenda. The care reform agenda builds on the successes of the past, and is focused on completion of the work in process. The MoSVY identifies as its priorities for the coming three-year period the following:

- Further develop and approve guidelines to implement procedures (foster care, kinship care, domestic adoption);

- Continue to build social work capacity with a focus on strengthening work with the Ministry of Economy and Finance (MEF) to increase the government budget for social workers;

- Strengthen and implement sub-decree 119 on the Management of RCIs to improve the quality of existing RCIs;

- Work on the issue of children abandoned at hospitals and the prevention of abandonment;

- Follow-up and monitor children that have been reintegrated;

- Establish/improve the Child Protection Information System (will support tracking, monitoring, follow-up children that have been reintegrated). This could include adopting the OSCaR system currently supported by Family Care First.

- Cooperate to facilitate other ministries to implement the National Action Plan on Violence Against Children (VAC) particularly the Ministry of Interior (MoI) and Ministry of Women's Affairs (MoWA).

In addition to these priorities around care reform, the MoSVY has a role in the implementation of the Social Protection Strategy, particularly social assistance. Currently, a high-level Secretariat is studying the policy and will make recommendations for its implementation.

2.2   Care reform and linkages to parallel reform processes

An effective and accountable implementation of care reform requires that it be linked to a number of other cross-cutting reforms, including: Decentralisation and De-concentration (D&D), Public Financial Management Reform Program (PFMRP) and the Social Protection Policy Framework (SPPF), especially the social assistance side. To summarize the relevance of each to care reform implementation:

- **D&D** guides the transfer of functions, budget and personnel from the national to sub-national levels
- **PFMRP** dictates how the national budget is allocated and spent
- **SPPF** is a new and politically backed reform aiming at supporting vulnerable groups, including children

2.2.1   Decentralisation and Deconcentration reform

Decentralisation involves the transfer of function, along with budget and personnel from a line ministry such as MoSVY to Sub-National Administrations (SNAs) i.e. the Capital and Provinces (CPs), District, Municipalities, Khan (DMK) or Commune and Sangkat (CS). Meanwhile, Deconcentration involves the re-arrangement of roles and responsibilities among different tiers i.e. MoSVY, PoSVY and DoSVY, but in terms of service delivery, accountability remains with the Ministry. Service delivery under decentralisation, however, entails a shift in accountability, budget and attached personnel from the Ministry to SNAs. Furthermore, while in some cases the SNA will become the service provider, in others the same provider will continue to perform the function.

Conceptually, D&D is a complicated reform, which can be easily confused and misunderstood by different stakeholders jointly implementing it. Decentralisation and deconcentration are not necessarily exclusive nor conflicting with one another. In practical terms, deconcentration can be considered a step closer to decentralisation and debate is more about reform pace rather than its direction. However, basic conceptual misunderstandings are found amongst key ministries and a few supporting DPs.

Findings from key informant interviews identified that some of the officials within MEF, for instance, perceive decentralisation as a move to shift the whole budget to SNAs, and that once transferred the provincial or district officials will deliver the services by themselves. Similar misconceptions might also be shared by some of the key development partners and their experts who are supposed to support and advise on the direction of the D&D. The misunderstanding has led to disagreement on whether to push for decentralisation or deconcentration. Combined with lack of political will and vested interest, these misunderstandings have contributed to the slowing down of the whole reform agenda.

Deconcentration and budgetary issues within MoSVY
MoSVY has the mandate over three important sub-sectors[15]: social (where Child Welfare sits), veterans and youth rehabilitation, and has deconcentrated offices at the provincial (PoSVY) and district (DoSVY) levels. The main challenge for MoSVY is its limited capacity especially in terms of budget at both the national and sub-national level. In 2016, for instance, the total budget of MoSVY was estimated at US $178.5 million. However, a detailed analysis suggests that out of that amount, almost 94% is allocated for pension (87%) and social benefits/ intervention (7%), leaving only about 6% for personnel and operations.[16] Although the MoSVY 2018 budget was increased to $222.7 million, of the total amount 0.75% ($1.65 million) is allocated to child welfare and youth rehabilitation programs.[17]

At the PoSVY level, limited and unpredictable budget has been a chronic problem, which in turn shapes how many PoSVY officials perceive their roles. The interviewed PoSVY officials see their work as focusing on three areas: management of state orphanages, acting as referral agents between local authorities/people and NGOs, and conducting residential care and community visits. Besides the state orphanage management work, the officials largely view themselves as referral agents. This perception is mainly driven not by their understanding of their official roles but their experience in accessing and disbursing their limited budget, especially the travel allowance. All the PoSVY officials interviewed

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[15] RGC Sub-decree #54 (2011)
[16] RGC (2016) National budget law for 2016, Phnom Penh, Cambodia
[17] RGC (2018) National budget brief for 2018

indicate that they are not aware how much travel allowance they have each year. They also report that in many cases, they have to spend their own money for travel and that it takes a very long time to be reimbursed. As a result, they have had to rely on NGOs to cover such spending.

The budget and human resource situation at DoSVY level is equally problematic and has seen little progress despite small changes in the past five years. As was the case five years ago, most DoSVY still have two to three staff. While the introduction of a banking system a few years ago significantly reduced paperwork relating to veteran pension and entitlement payments, the new alternative care policy has increased DoSVY officials' workload with NGOs, on RCI visits and on child reintegration cases. Despite the busier schedule, most of the officials interviewed expressed confidence that they can handle the workload as long as they are provided with sufficient operational budget – a travel allowance in particular. As with their PoSVY superiors, DoSVY officials have been given no such budget and thus almost solely rely on NGOs for support.

With no staff at the Commune Sangkat level, the Commune Committee for Women and Children (CCWC), originally having a mandate of an advisory body to the Commune Council, have taken on the role of child protection.[18] The CCWC is a multi-sectoral committee with membership from health, justice, commune, education and other institutions. A similar committee operates at the district level - the District Women's and Children's Consultative Committee (DWCCC), and at the provincial level - the Provincial Women's and Children's Consultative Committee (PWCCC).

The CCWC has a Focal Point who is the key child protection person in the community and links with PoSVY and DoSVY for community-based work including service provision, reporting and coordination. PoSVY and DoSVY also work closely with the WCCC. However, WCCC and CCWC are also very poorly funded yet are increasingly asked to do more work, which limits PoSVY and DoSVY's ability to rely on these functions.

Decentralisation and functional transfer
While still weak on deconcentration (especially in fiscal terms), in 2017 three regulated[19] MoSVY care reform functions were decentralised to the CP, DM and CS administrations under Sub-decree #34[20](i) management of state orphanage centers to the CP, (ii) the inspection of NGO RCI to the Capital, Districts and Municipalities, and (iii) the community-based care of vulnerable children to the Capital, Municipalities and communes. Subsequently, with financial and technical support from development partners, MoSVY developed guidelines and conducted training for PoSVY, DoSVY and respective SNAs nationwide.

Findings reveal that, so far only the first functional transfer has been implemented, i.e. the management of state orphanage centers. What remains untransferred however is the budget, which is still under PoSVY, though interviewees expect that from next year funding will also be transferred. The delay in the current year is considered to be mainly due to mismatch in the budgeting cycle, and not to any systematic attempt to resist the move. Meanwhile, in relation to the other two functions virtually no progress has been noticed both at the DM and CS level. Although trainings were conducted two years

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[18] Jordanwood, M. (2016). Protecting Cambodia's Children?. World Vision Cambodia.
[19] Those include: Prakas #217 (2006), Prakas #616 (2006), Prakas #198 (2008), and Prakas #2280 (2011).
[20] RGC Sub-decree #34 (dated 07 March 2017)

ago, interviewed DoSVY and SNA officials have not applied the training and learnings have largely been forgotten. They were not sure how the transfer would affect their daily work and do not think the transfer has happened.

The CSF and DMF combined account of 3.8% (2.8% for the CSF) of the total government budget, which increases to 8.5% if provincial level is included but remains low compared to other countries of similar situation. Furthermore, the CSF and DMF allocation to social services i.e. those under the mandate of WCCC and CCWC has also been meager. This allocation challenge has been the subject of many years of advocacy by the MoI/NCDD-S together with development partners (especially UNICEF).

For various technical reasons (e.g. which budget line items, what report formats to use, etc.), negotiation on the issue has been pushed back when presented to the MEF. This research makes no comment on the tension, except to question whether it is a technical matter that has blocked fiscal decentralisation in the last decade, or more a lack of political will compounded by vested interest.

2.2.2 Budget management reforms

Despite the many remaining challenges, the budget reform has made some good progress and offers some noticeable opportunities. At the macro-level, the ruling party has been under increasing political pressure to ensure its ongoing legitimacy through improved public services. This has propelled the RGC to generate more revenue and allocate more budget to priority sectors and, more recently, social assistance schemes.

Between 2013 and 2017, for instance, the total recurrent revenue has increased almost two fold (from US$2.264 million to US$4.080 million) and so has the total expenditure (from US$3.348 million to US$5.240 million). Priority sectors such as education and health have seen huge proportional increases – education by 250% and health by 110%. However, there has been concern about the increasing wage-share in the total recurrent budget (at 52% in the 2018 budget).[21] Controlling this wage increase, it is said, will be a key MEF focus in the years to come.

Seeking to ensure the value of money has become a chicken and egg tension between the MEF and line ministries, including MoSVY. Interviews with both the MEF and line ministries confirm that there is now more national budget to be spent. But the challenge is how to access and spend it. The MEF has been seeking 'good enough' justification and evidence from line ministries before agreeing to fund a certain activity. The line ministries, have had problems developing the budget plans as expected by the MEF and documenting sufficient evidence of what has been achieved with the allocated budget. In explaining the situation, both sides agree that if they had more reliable evidence to show what works and what does not work, their budget negotiations would have run more smoothly and money spent more productively.

What remains unclear and yet very relevant to this discussion is who has the most influence over the budget allocation to PoSVY and DoSVY (i.e. budget deconcentration). As discussed earlier, the key institutional challenge for MoSVY is its limited operational budget especially at PoSVY and DoSVY levels. The interviewed MEF official claimed that the Minister of MoSVY is legally the 'budget manager' for MoSVY and therefore, in accordance with rules and regulations, has more authority on the budget

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[21] MEF (2018) Presentation on the National Budget 2018; Budget in brief Fiscal Year 2018

allocation to its deconcentrated offices. The interviews with PoSVY and DoSVY, on the other hand, provide little insight on this question, given their generally limited knowledge and engagement in the whole budgeting process. Nevertheless, this key area should be explored to identify the bottleneck and right entry points for future advocacy work.

2.2.3   Social assistance under the new Social Protection Policy Framework

Officially adopted in 2017, the Social Protection Policy Framework 2016-2025 (SPPF) is a long-term roadmap focusing on two main pillars: Social Assistance (SA) and Social Insurance (SI). Under social assistance, the SPPF seeks to ensure better protection for the poor and vulnerable through: (i) nutrition support program for pregnant women and children in response to malnutrition, (ii) scholarship programs in primary and secondary schools, (iii) vocational training programs, specifically for youth from poor and vulnerable households, (iv) the implementation of cash transfers for people with disabilities, and (v) the possibility of implementing protection mechanisms for the elderly. Social Insurance has five components: (i) pension, (ii) health insurance, (iii) employment injury, (iv) unemployment, and (v) disability.

The more relevant to this report is the Social Assistance side. According to a recent report by OECD, several social assistance schemes have been implemented in Cambodia, e.g. Health Equity Fund (HEF), school scholarship, school meals and allowances for persons with disabilities. However, their implementation and funding has been highly fragmented through different sectors and development partners.[22] Government funding to social assistance is also found to be limited at around 0.25% of GDP, which is lower than the ASEAN average of around 0.5%.[23]

To be sustainable, care reform needs to be connected and synergized with SA policy. Firstly, the policy targets similar beneficiary groups as those of the former, namely: vulnerable children, persons with disabilities and elderly people (who often take care of children left behind). The move to implement cash transfer schemes for these vulnerable groups fits well with the prevention side of care reform. Secondly, SA seeks to build a national system that can comprehensively and sustainably target those vulnerable groups. Thirdly, the policy has received strong political backing from the Government, which in turn offers a better chance of a higher state funding commitment.

However, even with such political support, the SA agenda still has many implementation challenges to overcome. After more than two years of initiation, the RGC and development partners are still debating how the coordination mechanisms at the national level should be structured. One particular question is the expected role of MoSVY in the implementation of SA schemes. An assessment is being initiated to look into this question. There seems to also be some disagreement on the actual implementation arrangement at a local level, the capacities that need to be built and the support that needs to be provided. Whatever the final decisions might be on these questions, it is sure that MoSVY, its de-concentrated offices and SNAs at various level will have a role to play. Yet, it was found that many of these sub-national level officials are not aware of this important policy.

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[22] OECD (2017)
[23] IMF FAD Expenditure assessment tool (EAT)

Another specific area for consideration is targeting. Under the planned SPPF cash transfer program, the ID Poor system, which by the end of 2019 will cover both rural and urban areas, will be used as a targeting tool to identify eligible beneficiaries starting with pregnant women and children under 5 years, people with disabilities, and elderly people. ID Poor focuses on the household and uses two poverty levels (Poor 1 and Poor 2) as the primary selection criteria. For instance, any pregnant woman or child under five will be eligible for the cash transfer only when they belong to a household categorized as poor. This study does not explore how compatible the ID Poor selection criteria are with those under care reform. For instance, it is not clear if definitions of vulnerable children are the same between the various systems. In terms of targeting, further exploration of the potential synergy between care reform and social assistance is required.

2.3   Emerging issues in child vulnerability

2.3.1   Factors affecting children

While absolute poverty was significantly reduced to around 13% in 2015, one third of the Cambodian population still qualifies as poor and about an additional 22% are vulnerable to poverty.[24] A recent study found that 16% of children still live below the nationally defined poverty line (18.6% in urban and 15.5% in rural areas) with significantly higher rates of child poverty in Phnom Penh (25.3%).[25] Poverty intersects with the ongoing and increasingly identified drivers of family separation mentioned above: access to education, domestic violence, drugs and alcohol abuse, etc. GHR CG partners frequently highlight the need for specialist interventions to support income generation in vulnerable families, and economic strengthening is a priority for improved child welfare and effectiveness of complementary family strengthening initiatives. Meanwhile, migration, especially rural-urban and cross-border, has become a key social and economic factor potentially affecting child-family separation.

Figure 2: Migration destination trends in 2013 and 2018
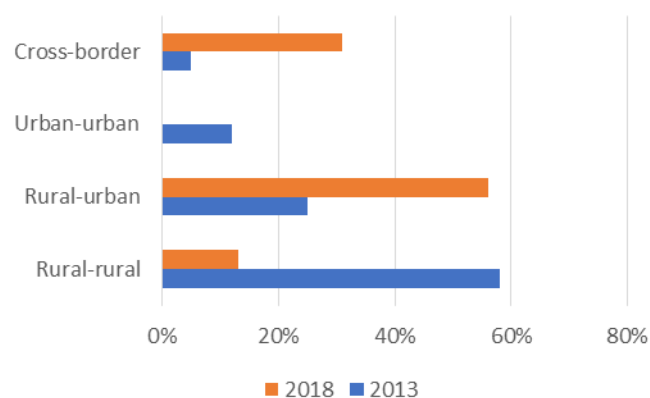
The Ministry of Planning (MoP) indicates that 25% of the Cambodian population (3.7 million) migrated in 2013, 58% of which was rural-rural, 25% rural-urban, 12% urban-urban, and the rest cross-border. Five years later, this pattern has drastically changed. A recent World Food Program (WFP) survey shows that rural-rural migration accounts for only 13%, rural-urban for 56% and cross-border for 31% (Figure 2).

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[24] Multi-dimensional Poverty Index (2017)
[25] Karpati et al (2017) Child poverty in Cambodia (using CSES 2014)

Distance plays a key role in determining the destination of migration. Those from the Northern provinces (Battambang, Banteay Meanchey, Odor Meanchey, Siem Reap, Pursat) tend to migrate to Thailand, while those in the provinces, in the plains and Tonle Sap areas tend to migrate to Phnom Penh. Limited farming and poverty are the two main push factors, but even stronger are the pull factors, which include higher income prospects and better transportation and connectivity.[26]

Rising rural indebtedness may also be a key factor, though the relationship between migration and indebtedness is unclear given that about 55% of both migrant and non-migrant households have debt. However, recent studies suggest that there might be a two-way causation between migration and indebtedness. A household sees an opportunity to migrate and make money, so they borrow money to fund their family members to migrate; when those family members find work and earn money, relatives at home are more likely to borrow money, expecting that they will use remittances to pay off the debts.[27] Because of the significance of migration and indebtedness in Cambodia, more research is needed to better understand the correlation and causation between the two phenomena as well as its impact on children, if any.

Despite some research, the impact of migration on children is still little known. The WFP survey indicates that migration is a key factor leading to school dropout among children aged 13-18 years who decide to migrate and find jobs. The findings on the migration impact on children left behind, however, are much less conclusive. It is known that a majority of those children are cared for by their grandparents. Most adult caretakers are grandmothers (77%) of an average age of 62 years old, with primary-level or no education. They often have to care for around three children while relying either solely on remittances or farming/casual labor for income.[28]

Concerns have been raised about the poor quality of care that children of migrants might receive but there are also reports of positive impacts of migration (through remittances) on children's school attendance, prevention of school dropout, better food consumption and medical care affordability.[29] Thus, migration can be positive and negative for children, depending on other associated factors. More will be learned from an upcoming study by the International Organisation for Migration (IOM). Meanwhile, fieldwork for this study suggests avoiding the use of a broad brush to discuss its impacts. Further research should go beyond investigating whether migration is positive or negative, and explore the factors and timing that lead to different types and degrees of impact resulting from migration.

2.3.2 Children in residential care

In the last two years, the number of children in residential care, both state and NGO, throughout the country has reportedly decreased[30]. All respondents attributed the decrease to the strict implementation of the 30% reduction policy. Comparison of census mapping by the National Institute of Statistics and MoSVY identifies that the biggest drop in number of facilities is in Phnom Penh and Siem

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[26] Pak and Saing (2018a)

[27] Bylander M (2015) Loans and leaving: Migration and the expansion of microcredit in Cambodia, Population Research and Policy Review, October 2015.

[28] UNICEF (2017)

[29] Pak and Saing (2018a)

[30] Based on provincial interviews, PoSVY reports, NIS census mapping 2017

Reap. The number of children living in those facilities also dropped, as illustrated in Figures 3 and 4 below.

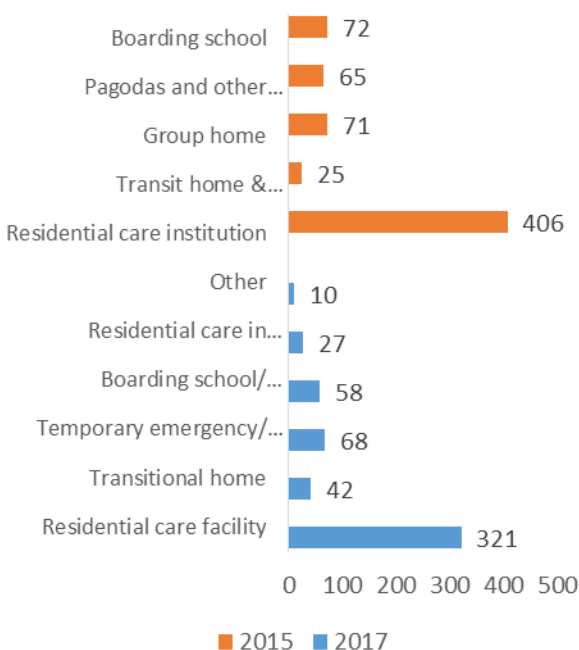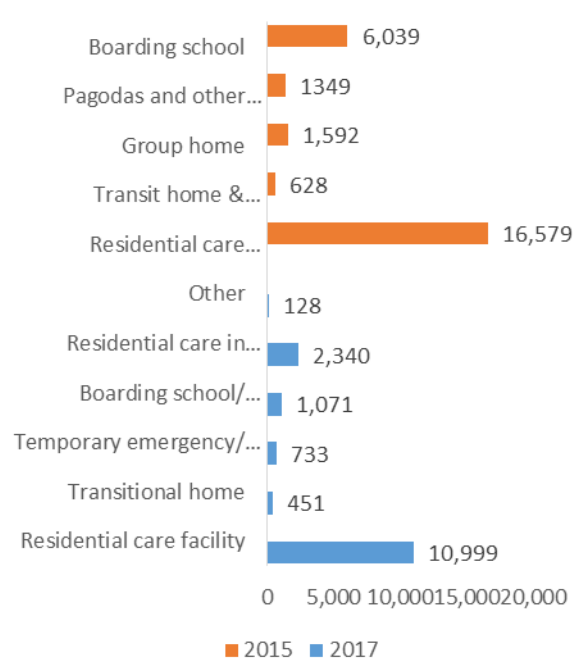Figure 3: Number of **residential care** facilities by type in 2017 versus 2015

Figure 4: Number of **children in residential care** facilities by type in 2017 versus 2015

Besides RCIs, which have been the subject of various studies in the last few years, more attention should be given to the next major category of facilities: boarding schools/homes. The NIS census mapping shows a large decrease in the number of children in boarding schools/homes between 2015 and 2017 (from over 6,000 to only about 1,000 in 2017), and yet only a slight change in the number of facilities themselves (from 72 to 58). There is no clear explanation behind this data. Additionally, it is reported that a majority of the children in the boarding schools/homes are teenagers and most attend secondary schools. From other studies, this is the age group that faces the highest risk of school dropouts and other problems such as drugs and crime. Hypothetically, the boarding schools/homes help them over-come these challenges. This question should be further explored.

2.4 Stakeholders for impact and quality in care reform

2.4.1 Government

While MoSVY is the lead agency in care reform, the engagement of multiple line ministries is required for successful protection of children and appropriate alternative care. In addition to MoSVY, the Ministry of Interior is key with its role in child protection at the commune level (CCWC), and its leadership in the D&D process. Additionally, other line ministries must be engaged for completion of the legal process, health care, changing social norms and other critical areas in care reform. Following is a summary of key line ministries and their crucial roles in care reform.

Ministry of Social Affairs Veterans and Youth Rehabilitation

The MoSVY has the broad mandate to provide for the care, protection and support of vulnerable groups in Cambodia including children, people with disabilities, veterans and others. The MoSVY has been a strong and committed partner in addressing care reform as demonstrated in the policy section earlier. Through its various departments, the Ministry continues to demonstrate its commitment to developing the system so that it functions effectively to protect children.

- *Department of Child Welfare* has led the MoSVY work on development and implementation of alternative care policies and procedures and in efforts to improve child protection. They have the central role in care reform.
- *Department of Youth* will be the key department responsible for implementation of the recently passed Juvenile Justice Law. As a result of the law, children are expected (when possible) to be diverted to community alternatives, rather than detainment resulting in increased challenges for community-based care.
- *Department of Social Welfare* is responsible for coordination of the implementation of the Social Protection Policy within the MoSVY.
- *Department of Rehabilitation* is responsible for disabilities and plays a key role in ensuring quality of care for children with disabilities.
- *Intercountry Adoption Administration* is the office responsible for the implementation of intercountry adoption in line with the 2009 Intercountry Adoption Law.

Ministry of Interior

The Ministry of Interior has the broad mandate for public administration throughout Cambodia. Its key roles include leading the administration of law enforcement, its central role in child protection through its governing of the Provincial and District WCCCs and CCWCs which are tasked with child protection at the lowest administrative levels. According to the draft Child Protection Policy, they are "tasked with identifying and referring child protection cases in the community to NGO child protection services". The MoI is also responsible for the implementation of the D&D reform process as described above.

Ministry of Justice

The Ministry of Justice has a key role in permanency for children. Under the current Civil Code, simple adoption, full adoption and intercountry adoption require approval either in the Provincial or Phnom Penh Court. Additionally, the courts are central to the new Juvenile Justice Law implementation.

Ministry of Women's Affairs

The MoWA in cooperation with MoSVY led the prevalence study on violence against children and resulting National Action Plans and Strategy on Positive Parenting. This role is expected to continue. In addition, the Judicial Police Agents of MoWA are central in the response to violence against women, and domestic violence has been identified as a key child protection issue.

Ministry of Health

The Ministry of Health has the responsibility to address child health issues through prevention and provision of care. Additionally, children are often abandoned in hospitals. This serves as a key point for informal adoption (no legal processes), resulting in lack of permanent protection for the child. The

hospitals are an important entry point to promote improved permanency planning processes. The Ministry of Health is an important implementer of Social Insurance through the Social Protection Policy.

Ministry of Cults and Religions

The Ministry of Cults and Religions has worked to address the needs of orphans and vulnerable children and particularly targeted children impacted by HIV/AIDs. Additionally, as high numbers of children are in care in pagodas, this is an important entry point for prevention of out of home placement and for reintegration services. An additional role that is important is in changing social norms. The Ministry of Cults and Religions is working closely, for example, with the MoWA on inclusion of vulnerable groups including women with disabilities, LGBT+, indigenous people and Muslim women.

Ministry of Education, Youth and Sports

In addition to its key role in access to quality education for all, the Ministry of Education Youth and Sports plays a key role in life skills and prevention of violence or other social protection issues.

Ministry of Labor & Vocational Training

The Ministry of Labor and Vocational Training is an implementer of the Social Insurance Scheme and helps to promote income generation and stability through vocational training.

2.4.2 Development partners and priorities

As noted, care reform work is led by the RGC with the support of key development partners including UNICEF in collaboration with 3PC, USAID through Family Care First and GHR Foundation. The European Union is a potential key development partner as Family Care First, 3PC and UNICEF have a joint application submitted for care reform. Additionally, Australian Aid is a potential partner with the ACCESS program as it focuses on ending violence against women and people with disabilities.

UNICEF

UNICEF established 3PC in partnership with the RGC and Friends International in 2011. Working closely with MoSVY, UNICEF has set an agenda for the next 3-5 years to address care reform. Notably, the agenda is aligned with the MoSVY agenda already described. UNICEF identifies its priorities for the coming years as follows:

- Review Policy Framework on alternative care to ensure the Alternative Care Guidelines and policies are in line with international standards
- Promote the development of an overarching Child Protection Law
- Continue to map all types of residential care to better understand the full picture of residential care in all settings
- Build capacity around foster care and adoption - this includes developing an implementation handbook for kinship care, foster care and adoption practices
- Expand the Child Protection Information Management System to include all types of children in care placement
- Continue Social Work Strengthening and support MoSVY to work with MEF to develop a business plan on social work
- Develop further Procedures for Case Management and Referral Protocols
- National Social Protection to support the study and implementation of Cash Transfer

Family Care First is implemented by Save the Children Cambodia and highlights its core priorities as:

- Continue to build quality and promote permanency in kinship care, foster care and domestic adoption including finalisation and implementation of relevant guidelines
- Promote application of learnings, for example, the issue of migration which will be informed by the research currently being conducted by the International Office of Migration and due to be completed in 2019
- Continue to assess and support training based on needs and available resources
- Promote social work strengthening through supervision and support of social workers.

2.4.3 Civil society organisations

The majority of direct services are provided by CSOs who bring international practice to key areas and collaborate to varying degrees through communities of practice, some of which have evolved holistically at a local level. For example, the Siem Reap Social Work network founded by the Angkor Hospital for Children, and more recently through mixed participation in the donor-funded networks and coalitions described above. CSOs operating in donor-funded networks highlight that knowledge of each other's services has evolved through collaboration but remains limited.

Reportedly, one of the countries with the highest number of NGOs per capita, the Co-operation Committee of Cambodia counts over 4,000 NGOs, associations and CSOs in Cambodia[31]. Meanwhile, data extracted from the Commune Data Base for this study counts 1,514 CSO projects on children's issues (see Appendix 3) and 1,039 projects working with women and children, 114 of which are registered across the eight provinces selected for this study (see Table 4 below). A significant number of NGOs known to be actively working within care reform are not included in this data extraction. For example, when compared with data from the FCF thematic mapping survey conducted in 2016, 11 of the 13 NGOs recorded are not included in the CDB data. This and the absence of known key CSO implementing partners in the data indicates that the actual number of CSOs operating in each province is significantly higher than those shown in the total column of Table 4 below. In addition to raising questions regarding the absence of registered CSOs in the CDB and the data itself, it highlights the need for extensive mapping in target intervention areas to fully understand the available services and potential partners for family strengthening and child protection. Currently, a number of NGOs have conducted mapping at commune and district levels, for example Holt International at the commune level in Battambang and This Life Cambodia at the district level in Siem Reap. Children Futures International in Battambang plans to undertake district mapping in Battambang around the end of 2018. A directory of GHR CG partners' services was developed at the request of partners in April 2018 and a non-GHR CSO interviewed for this study also highlighted that "a directory of services would be helpful so we can contact and ask for collaboration." Thus, there seems to be a lack of and a demand for an accessible directory, which has the potential to engage CSOs currently not included in coalition initiatives and networking.

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[31] NGO Database of Co-operation Committee of Cambodia (2018) http://www.ccc-cambodia.org/en/cso-database; The Diplomat (2013) available at: https://thediplomat.com/2013/12/ngos-in-cambodia-its-complicated/

Given the fragmented and inconsistent nature of mapping and disparate data, a standardized format and coordinated, centralized location for access to a directory of existing services and resources could prove beneficial to service providers seeking to collaborate on, refer or develop specialized services. FCF also began mapping research and resources to support services in 2018, and a centralized directory of research and documented best practices could prove useful as coalitions continue to expand and enhance knowledge and expertise for effective care reform support services.

Meanwhile, for CSOs, it can be observed that funding for initiatives that drive expansion can place pressure on organisational capacity and infrastructure in a country, which has a documented gap between skills required and available in the job market[32]. Recent participatory action research into clinical supervision in social work commissioned by FCF highlights the need to strengthen support for organisations in transition, suggesting that such transition can constitute a form of critical incidence for organisations.[33]

Table 4: CDB and FCF data on projects and CSOs working with women and children in 8 provinces

Province	CDB No. of projects	CDB No. of CSOs	FCF No. of CSOs	CDB & FCF CSO Overlap	Total CSOs
Battambang	130	36	13	2	47
Kampong Speu	12	8	n/a	n/a	n/a
Kampot	8	4	n/a	n/a	n/a
Kandal	12	6	6	0	8
Phnom Penh	22	10	20	1	29
Siem Reap	101	34	24	5	53
Preah Sihanouk	29	7	3	1	9
Takeo	51	10	n/a	n/a	n/a
TOTAL	343	114			

2.4.4 Networks & coalitions

In the sphere of social justice, child protection and care reform, civil society systems in Cambodia include a significant number of networks and coalitions working collaboratively. In 2016, a desktop review of GHR grantees identified that they access a range of networks in the designated provinces[34] in Cambodia, as listed below. The list refers to major coalitions, donor-funded networks (e.g. FCF) and service networks (e.g. Siem Reap Social Work Network) which operate alongside and integrated with community based child protection mechanisms, and community, district and provincial committees and service providers.

- Family Care First Cambodia (FCF)
- Partnership Program for the Protection of Children (3PC)

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[32] ADB-ILO (2015). Cambodia, Addressing the Skills Gap, Employment Diagnostic Study; Kuoch, S. (2015). Skills Shortages and Skills Gaps in the Cambodian Labour Market: Evidence from Employer Skills Needs Survey; National Employment Agency Survey (2018)

[33] Ragamuffin (2018). FCF Participatory Action Research into Clinical Supervision in Social Work. Presentation, Phnom Penh.

[34] 'Designated provinces' refers to the provinces where GHR Grantees currently operate (Battambang, Phnom Penh, Kandal, Siem Reap, Sihanoukville)

- 'The Big 5' (best practices for emergency foster care and reintegration of children from orphanages)
- Chab Dai Coalition (towards collective impact against trafficking and abuse)
- CYTI Alliance & Child Safe (organisations building futures for marginalized children and youth, their families and their communities)
- Child Exploitation & Online Protection (CEOP)
- Committee for Foster Care Cambodia
- Residential Care Network
- Siem Reap Social Work Network
- Cooperation Committee for Cambodia
- End Child Prostitution, Abuse and Trafficking (ECPAT)
- NGO Coalition on the Rights of the Child (NGOCRC)
- The Child Welfare Group

Since 2016, network and coalition operations have evolved and collaborative action towards care reform has influenced the way many organisations engage with each other and with local authorities. Findings of this study strongly suggest that coalitions are important for quality care reform across all stakeholders – and indeed, appear to now be playing a pivotal role in tying all three of the above groups of stakeholders together. Collaboration is considered by interviewees as necessary for consistent, quality approaches with high value placed on sharing knowledge, experience and skills to 'prevent reinventing the wheel'.

It was also observed that the concept of 'networks' could generate some competition rather than promoting coalition around collaborative actions[35]. In 2017, the FCF and 3PC donor-funded networks experienced challenges, which impacted collaborative action between FCF, 3PC and the GHR CG and led to a number of partnership changes. However, significant progress has since been made in 2018 to build bridges and re-ignite partnership coalitions. One example is the aforementioned three-year EU proposal, which is a collaborative effort across FCF, 3PC and the MoSVY. If the proposal is successful, it will inherently change the way in which the two initiatives partner with each other and MoSVY across strengthening legislative and policy frameworks and implementation (including stakeholder capacity-building, case management and Child Protection Information Management System development, network coordination and sustainability), increased resourcing for child protection and improved reintegration, alternative care and family strengthening measures. The proposal outcome, due in October 2018, is also likely to affect whether the 3PC initiative is financially sustained into the future. This requires monitoring to understand how networks can and should align and cooperate from 2019 onwards to collectively meet goals, and to understand the implications for GHR CG engagement with 3PC and UNICEF. Furthermore, UNICEF's focus on VAC and care reform is likely to underpin 3PC's efforts and there may be an opportunity for prioritisation of policy action through UNICEF and a focus on implementation through FCF.

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[35] INGO interview

For member CSOs, it was commonly reported that donor-driven networks (FCF, GHR CG and 3PC) have strengthened partnerships by bringing people together and increasing understanding of each other's work, which enhances services. Key observations include:

- Collaboration has increased referrals between service providers[36]. Whilst this is a positive step, the lack of a government regulatory system means this informal referral process is fragile through its dependence on individual connections and relationships.

- Collaboration can depend on the actors involved and relationships and trust remains pivotal. For example, one CSO shared that they had challenges collaborating in relation to disabilities services with an organisation that does not participate in the coalition initiatives and it is unclear whether that may be more reflective of the organisation culture or the current reach of coalition members. This aligns with another CSO informant perspective that '[collaborative] partnerships tend to depend on proximity, common service needs/specialist areas and similar organisational culture and approach'.[37]

- Time and ability to attend all network meetings and specialist groups and overlap in focus among donor-funded networks remains a challenge for some CSOs. However, 2018 has seen a marked improvement in this area. For example, one interviewee considered that the GHR CG has been proactive around integrating drugs and alcohol initiatives to minimize replication and considers this is a significant step in the past six months.

- Findings shared by GHR partners during meetings and interviews were supported by interviews with key informants in this study; trust and relationships are at the heart of effective collaborative action for quality care reform. Relationships formed or strengthened by coalitions and networks are likely to continue once funding ends but may risk reliance on individuals rather than organisational level.[38]

3 Conclusions and recommendations

3.1 Conclusions

The policy framework continues to progress toward a holistic child protection and alternative care system in line with international standards. There are some gaps in policy particularly around permanency, and guidelines for implementation, in line with international standards.

There is significant commitment and coordination by RGC, DPs, INGOs, and CSOs to promote care reform in line with international standards. Key actors for continued implementation include the MoSVY, Ministry of Interior and linkages with other ministries that hold key roles in social and child protection. Key DPs are more aligned in their support for the RGC efforts at care reform.

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[36] GHR interviews and GHR CG Report 2018
[37] CSO interviews for this study; GHR CG Secondary Data 2018
[38] Ibid

The Alternative Care Policy and the Action Plan for Improving Child Care are widely known at the subnational levels and are impacting practice by government and civil society in the target areas.[39] Important policies are still commonly developed at the national level, while the subnational level is 'trained'. This results in policies that do not fit the current context 'on the ground'. Including the voices of the policy implementers on the ground in policy development is important to ensure practical, implementable policies.

There have been no new RCIs opened since the development of the Action Plan for Improving Child Care.[40] In fact the numbers of RCIs and children in care are decreasing.

The mobilization of partnerships to promote reintegration has been successful. According to data provided by MoSVY (through UNICEF), 1,065 children are in the reintegration process. Children are experiencing some benefits toward improved safety and well being.

Care reform requires linkages to D&D, Public Financial Management Reform Program, and implementation of the social protection framework. As these processes are developing it is critical that communication between key actors continues and reform processes are aligned.

Care reform implementation requires resources to reach the subnational level, so that government and civil society have the necessary resources to provide mandated services and policies in line with good practice standards.

Models of practice for specialized services, alternative care, and family support and strengthening services are emerging. However, these are not systematic and widely available. There are gaps in the quality of care and availability of services.

Some collaboration is occurring within key areas, however, there is no systematic referral mechanism or formal collaboration that is commonly applied across the country.

There are gaps in knowledge and understanding of key issues related to child vulnerability. This includes migration, alcohol and drug abuse, disability, domestic violence, and others.

Significant progress in cross-network and coalition cooperation in 2018 has constructively built on challenges experienced in 2017. Momentum needs to be maintained and continued strengthening of relationships between and within coalitions and networks is necessary both for coordinated action at all levels and with all stakeholders for realizing the potential of collective action for impactful care reform.

3.2 Recommendations

Quality of Care

Focus on Permanency: The priority to promote de-institutionalisation of children has gained momentum in Cambodia. The RGC, INGOs, and CSOs have prioritized children living in family-based care. However,

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[39] Family Care First (2018). *Investing in Innovation: Emerging Practice of Alternative Care in Cambodia Research Findings.* Phnom Penh.
[40] UNICEF interview

there is limited focus on permanency. A functioning domestic adoption 'system' is not yet accomplished. A few individual cases of long-term foster care have been formalised into adoption, but this is not yet systematic. There is no system for recruiting prospective adoptive families, nor a registry of children in need of permanency at the subnational level. Efforts to address domestic adoption are focused on the national level with the development of an Alternative Care Panel to approve cases when permanency is recommended. *It is recommended to work on domestic adoption at the provincial and district levels in tandem with the national process to ensure permanency-planning processes that are implemented at the provincial level and linked to the district and commune processes make ethical adoption accessible for Cambodian families.*

Models of Service: Emergent models of kinship care, and foster care have generally been developing based on the knowledge or model of different NGOs/CSOs, with little standardization. The draft Guidelines for Kinship Care, Foster Care and Domestic Adoption will provide a framework for standardization. However, these will take time to complete and must be inclusive of the voice of implementers at the provincial and district level to ensure they are practical and applicable to the current situation. Key actors including government, NGOs, CSOs and other implementers must provide significant input in the development (not just implementation) of these guidelines.

As guidelines are developed it is necessary to provide capacity building on the standards, coupled with resources to implement. Regularly the standards are widely known at the national level, but limited knowledge and resources are available for implementation. *It is recommended to provide opportunities to support a more "ground up" approach to development of standards which would ensure that standards are known at the provincial and district level. This would include opportunities for input, and piloting at the subnational levels. GHR can support raising the voice of the subnational level to ensure that policies are practical for implementation in the context of Cambodia.*

Gaps in Service: The significant gaps in available services for children must be addressed. In addition to development of models, the issue of adequate availability of services is a priority. Services are scattered, not available consistently, and gaps exist in specialized services. As when RCIs were the priority model, a child receives services based on the availability of services, not based on their individual situation or need. It is imperative to continue to provide services in a holistic manner based on quality assessment and case management. *It is recommended to consider concentration of a comprehensive service system in target areas to have the most impact. This also provides opportunities for building quality practice, trialing models and standards and guidelines.*

Focus of Services: Services should also respond to drivers of separation and to strengthen families. This includes economic strengthening, addressing emergent social problems such as drugs and alcohol support, juvenile justice, disabilities and understanding of positive/negative impacts of migration and support services for migrant households. *It is recommended to increase specialist collaboration beyond existing network members and engage key actors that are missing.*

Models and potential directions

Coordinated specialization to meet service gaps in collaboration with sub-national authorities. Service providers responding to the drivers of family separation and those working to support and strengthen

families to care for reintegrated children or prevent separation commonly identify the same challenges in providing holistic care. Service specialists are increasingly leaned on for referrals or to support providers seeking to develop services to meet gaps and client needs. Specific specialist service gaps include drugs and alcohol services, disabilities, juvenile justice support, economic strengthening and income generation, and others.

Though the emergent model of national collaboration to enhance service delivery is a positive step, it remains somewhat reactive rather than strategic in identifying how best to tackle localised gaps. *A coordinated effort to identify provincial level requirements should:*

- *engage actors currently excluded from major network coalitions*

- *ascertain existing specialisms that could be scaled within the province*

- *ascertain specialist gaps and who could/should be engaged to establish that service and fill the gap at a local level*

- *review who could/should support the contextual development of the service*

- *ensure expansion of services through training or implementation initiatives are adequately resourced and managed to minimize organisational strain.*

Coordinated documentation of service specialisations and resources should capture successful practices and learning and be made available through a centralised resource that all stakeholders can access. Currently, various network initiatives hold and map reports, evaluations, and practice tools but implementing partners have varied and limited knowledge of (a) what others are doing and (b) what successful practices exist that can be learned from. Increased documentation will enhance the field of knowledge but if key actors do not access it and enhance implementation as a result, the impact of that knowledge will remain limited. *It is recommended to support collaboration between networks and coalitions that could play a key role in creating a practice and resource library to support stakeholders nation-wide.*

Additionally, as service models are developed **there is little evidence to document their effectiveness**. As services are expanded it is important to pilot services, evaluate and document and make the learnings available nationally. *It is recommended to support evaluations of types of care, participatory action research and other methods to document good practice models for scaling.*

Organisational support is vital for scaling-up successful approaches. Increasing the reach of quality initiatives and expanding care reform efforts can drive organisational expansion and increase the demand for skilled implementing staff. Upskilling and capacity development require time in a country with significant skills-gap challenges and can affect all levels of structural evolution. *It is recommended that as growth is planned, the necessary support for organisational capacity growth is coupled with support for growth in programs and services. This includes organisational supervision for frontline staff as well as mentoring or advisory support for directors, CEOs and also Boards.*

Address the Knowledge Gaps

Migration, indebtedness and impacts on children. Migration and indebtedness are key factors that have shaped demographic, economic and even political trends in rural Cambodia. A strong correlation/causation between the two has also been observed. It is not known if migration and indebtedness, in separation and in combination, impacts the welfare of children in the households. While more will be learned from the upcoming IOM study, this one question may still need to be further explored. *It is recommended to further study the impact of migration and indebtedness and linkages to care reform processes.*

Sub-national perceptions on care reform implementation so far. Findings suggest that officials at the sub-national level (both state and non-state) have limited understanding of the various national policies they are required to implement. This is even more pronounced in relation to relevant reforms including D&D and social protection. Findings also suggest limited bottom-up feedback and impracticality of certain guidelines, as well as limited effectiveness of the many training and capacity building events conducted so far. These issues are central to the effectiveness of future policy implementation and formulation, and voices from the local level should be better heard and recognized. *Therefore, a comprehensive survey is recommended to ensure that the implementation of the policy and guidelines so far have not caused unintended impacts on vulnerable children (e.g. abandoned children, children with disability, etc.).*

The situation and the impact of boarding schools on children. As a large number of children living in residential care facilities are teenaged, and because boarding schools target this age group, more research should be done on this type of facility (in addition to RCIs which have been the subject of various studies already). Hypothetically, boarding schools might offer better solutions to the high school dropout rates among teenagers (especially for very poor families), as well as drug and juvenile crimes. *It is recommended to further explore forms of residential care for older children and its impacts.*

Policy coherence and national level coordination

Care reform needs to be better linked with social assistance and D&D (including budget reform). Coherence and good coordination among these reforms (and national actors) is recommended mainly to ensure coordinated instruction and support at the implementation level. Otherwise, it will create confusion and unnecessary administrative burdens on the already weak implementation capacity at sub-national and local levels. Both deconcentration and decentralisation also need to be discussed, separately and jointly. *Regarding social assistance, the main questions that deserve immediate attentions are: (i) the possible harmonization/synergy on the target tools, and (ii) the roles of MoSVY in the implementation of cash transfers and how it might affect the child care reform.*

D&D and budget reform

An urgent change is to advocate for more operational budget for DoSVY and PoSVY. Findings indicate limited travel allowance budget is a key bottleneck, which affects not only the functioning of the MoSVY on the ground, but also the functional transfer exercises (see below). It is recommended that development partners (especially UNICEF) take on this concrete/specific point to advocate with the Government. As to 'how,' a better entry point should be confirmed – is such a matter under the influence of MoSVY or MEF? An equally important consideration is to ensure that this advocacy point

does not sideline another push to have social workers recruited and funded to work at the district level. *One recommendation is to invest in a demonstration case to show how such decentralised arrangements work, at what cost and to what impact.*

Capacity development

The notion of capacity development both for state and non-state actors needs to be reviewed. While it is well recognized that certain capacities still need to be developed for various actors (both horizontally and vertically), it is suggested that capacity development is not commensurate with training and workshops. Recent research on capacity development strongly argues that a more effective approach would be 'learning by doing'. Furthermore, capacity development should be conceived and operationalised not as a separate and stand-alone agenda, but as a part of the broader system building approach. *It is recommended that capacity building complements and aligns with the mandate, the budget, the accountability line(s) and other practical constraints of the concerned agencies.*

The practicality of the guidelines and tools need to be given more attention, together with the training methodology. Though local officials' inability to implement certain guidelines and tools is often highlighted, very rarely are those guidelines and tools questioned in term of their suitability and practicality. A few practices contribute to this challenge. While many guidelines and tools are said to have been developed in consultation with various stakeholders, the process itself has been more one of dissemination, with limited voices from the local level expressed and accounted for. Observations of some trainings include that they focus mainly on the 'how' and very little on the 'why' the guidelines and tools are needed, which makes it hard for implementers to relate the new instructions to their daily routines. Additionally, the training content is often not relevant to the roles and responsibilities of some of the officials required to attend. *A recommendation is to question and find ways to improve consultation practices and engage implementers in the development of tools for their practical application, and once guidelines or tools are adopted, implementers are trained on how to use it.*

Feedback and M&E need to be urgently improved to ascertain whether policy direction is on the right track and if resources have been allocated to where they are most needed. Commonly, once training is delivered on a guideline or tool and they are put into implementation, very little attention is given to collecting rapid feedback on what does and does not work. As a result, non-practical instructions are either quietly ignored or pushed without justification. What is more, current practice does not pay close attention to the impact that has been achieved as a result of a certain policy. Mostly, it relies on quarterly and annual reports which are very input and output oriented. At the same time, local officials have been asked to collect various kinds of data (e.g. the commune database, the ID Poor, various national surveys, etc), but not much of the data is used to respond to the impact questions that were asked. *It is therefore recommended that development partners invest more resources to collect rapid feedback on the key policies being implemented and on analytical work using the existing data to assess the impacts of investments made so far.*

Appendices

Appendix 1: Policy Framework for Care Reform

PAST PROGRESS [41]	
Law on Marriage and the Family (1989)	The Act includes amongst its stated purposes 'to strengthen the responsibility of parents in raising up and taking care of their children'.[1] It contains several articles pertaining to adoption and further states that parents shall not mistreat their children. It sets out the conditions under which parental rights can be revoked by the Court, however creates no requirement for assessment or exploration of family preservation measures to prevent unnecessary separation.
Accession to the Hague Convention on Intercountry Adoption (2007)	The Royal Government of Cambodia acceded to the Hague Convention on Intercountry Adoption in its efforts to standardize and improve intercountry adoption practices. The Hague Permanent Bureau and UNICEF have provided significant support to the development of the Intercountry Adoption Law, procedures and processes to be developed in line with this instrument
Instructive Circular on the Reintegration and Follow up of Victims Staying at State Run and NGO Centres (2007)	Details the case management approach to reintegration of victims of trafficking, exploitation, abuse or homelessness. It outlines the roles and responsibilities of the competent authorities in the reintegration process, as well as the duties of shelters. It states that long-term residential care is only permitted where reunification and other family-based care options have been explored and eliminated.
Prakas on the Minimum Standards on Residential Care for Children (2008)	Details the conditions for the establishment and management of residential care facilities and the standards of care that are to be afforded to all children in residential care. It outlines the scope of child rights to be ensured by the service provider.
Prakas on the Minimum Standards on Alternative Care for Children in the Community (2008)	Sets out the minimum standards for family and community-based forms of alternative care. This includes the conditions for establishing an alternative care service, the responsibilities of service providers, including the requirement to be registered with MoSVY and regularly inspected. It requires service providers to evaluate the prospect of reintegration or reunification on an annual basis and establishes a minimum two-year post reintegration monitoring period.
Law on Intercountry Adoption (2009)	Sets out practice and conditions for intercounty adoption in Cambodia in line with the Hague Convention. The law outlines the principles, conditions, procedures, formalities and effects of inter-country adoption as they apply to children, adopters, the central authority, administration and the courts. This includes requiring documentation of adequate permanency planning efforts applying the concept of subsidiary (priority to place a child in birth family, or domestic family), licensing of agencies, regulation of who can adopt, and what children can be placed for adoption.
Prakas on the Procedure to Implement the Policy on the Alternative Care of Children (2011)	Defines a child in need of protection and establishes the roles and responsibilities of relevant agencies at the sub national and national level to identify and respond to children in need of protection. It establishes a clear preference for family-based care with procedures for family preservation, family tracing in the event of abandonment, placement of a child in alternative care prioritizing family-based settings and reintegration of children out of residential care. It further places a responsibility on government to prepare careleavers for independent living through the provision of life skills and vocational skills training.

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[41] Excerpted from the Draft Country Profile of Better Care Network and additional review of relevant documents noted

	It contains provisions for permanency planning, including encouraging long-term foster care and kinship care placements to be recognized as permanent and/or pursue legal guardianship. It places short timeframes on family tracing and locating a domestic adoptive family before referring a child to inter-country adoption, which is of concern.
Standards and Guidelines for the Care and Protection of Orphans and Vulnerable Children (2011)	Sets out the guidelines for providing care and support to orphans and vulnerable children. Replaces the Minimum Package of Support and provides standards for immediate care, which respond to the immediate needs of Orphans and Vulnerable Children (OVC) and the Long Term Care which aims to strengthen OVC households to support themselves. These standards and guidelines also identified the coordinating role of MoSVY and its provincial and district departments including coordination with the Women's and Children's Consultative Committees at the provincial and district level and the Commune Committee for Women and Children.
Civil Code (2011)	Book Seven of the Civil Code titled 'Relatives' contains provisions for simple and full domestic adoptions as well as guardianship of children. The civil code also allows for the suspension of parental rights in cases of abuse or neglect. It permits corporal punishment as a means of parental discipline of children.
National Social Protection Strategy for the Poor and Vulnerable (2011)	The National Social Protection Strategy identified 5 objectives: 1. The poor and vulnerable receive support, including food, sanitation, water and shelter, etc., to meet their basic needs in times of emergency and crisis. 2. Poor and vulnerable children and mothers benefit from social safety nets to reduce poverty and food insecurity and enhance the development of human capital by improving nutrition, maternal and child health, promoting education and eliminating child labor, especially its worst forms. 3. The working-age poor and vulnerable benefit from work opportunities to secure income, food and livelihoods, while contributing to the creation of sustainable physical and social infrastructure assets. 4. The poor and vulnerable have effective access to affordable quality health care and financial protection in case of illness. 5. Special vulnerable groups, including orphans, the elderly, single women with children, people with disabilities, people living with HIV, patients of tuberculosis (TB) and other chronic illness, etc., receive income, in-kind and psychosocial support and adequate social care.
Joint Prakas on Determination on Expenses, Fees and Contributions for Intercountry Adoption (2013)	Sets out the division of fees related to intercountry adoption.
Prakas on Procedures to Authorize Inter-Country Adoption Agencies (2014)	In line with the Intercountry Adoption Law further defines the process to authorize intercountry adoption agencies, based on the requirement for an agreement between receiving countries and Cambodia. Agencies are required to meet relevant standards in their home country as well as Cambodia.
Prakas on The Guide to Implement Inter-Country Adoption Procedure for Child who needs Special care and Child with Special Needs (2014)	Sets out the process for placing children with special needs, permitting homefinding by licensed adoption agencies rather than centralised matching of children in Cambodia

Prakas on the Guide to Implement Relative Inter-Country Adoption Procedure (2014)	Outlines process for children to be adopted by relatives.
Sub-decree on the Management of Residential Care Centre December (2015)	The Sub-decree on the Management of Residential Care Centres establishes MoSVY as the competent authority to manage all residential care centers. It sets out the powers of MoSVY to register, inspect, regulate and revoke the license of RCIs who operate in contravention to the law and Alternative Care Policy

It sets out a clear child and system centric criteria for registering new RCIs and a clear basis for rejecting applications. The criterion includes finance human resources, capacity of caregivers, code of ethics, and most importantly, a requirement for the home to be targeting a geographical area where there is a lack of existing services. |
| Sub-decree 34 on the Transfer of Functions to the Sub National Level (2017) | In accordance with the RCG decentralisation and deconcentration reforms, the Sub-Decree transfers the management functions over government run institutions from MoSVY to PDoSVY and the monitoring and inspection functions over NGO run residential care facilities to DOSVY. It transfers the responsibility to identify and support children at risk in the community from PDoSVY to DOSVY and article two mandates the transfer of human and financial resources in accordance with the decentralised responsibilities.

The Sub-Decree modifies the definition of children in need of protection from 'children in need' as found in the 2011 Prakas, to 'child victims and children at risk' and clarifies the categories of children considered at risks. |
National Social Protection Policy Framework 2016-2025.	The National Social Protection Policy Framework sets strategies to address Social assistance and social insurance. Social assistance has four components: (i) emergency responses, (ii) human capital development, (iii) vocational training, and (iv) social welfare for vulnerable people. Social Insurance has five components: (1) pension, (2) health insurance, (3) employment injury, (4) unemployment, and (5) disability. It seeks to harmonize, concentrate and strengthen existing schemes or programs in order to increase the effectiveness, transparency and consistency of the whole social protection system.
Explanatory Note for Domestic Adoption (2016)	Explanatory Note developed to clarify existing procedures for domestic adoption within the current legal framework
Action Plan on Violence Against Children (2017)	Built on the findings of the Cambodia Violence Against Children Study, led by Ministry of Women's Affairs(MoWA), MoSVY (UNICEF) (inter-ministerial), the plans address five strategic areas of focus to end violence against children 1) Coordination and Cooperation; 2) Primary Prevention; 3) Multi-Sectoral Child Protection Response; 4) Law and Policy Formulation; and 5) Monitoring and Evaluation
Action Plan for Improving Child Care (2017)	MosVY Action Plan supported by UNICEF focused on 5 Priority Provinces to: 1) Strengthen Capacity of MoSVY and 5 Provincial Authorities to formulate and implement the institutional and legal frameworks and costed plans for scaling-up of child protection prevention and response interventions, including de-institutionalisation of children; 2) Strengthen the capacity of 3PC Partners and other social service providers to protect girls and boys separated from their families, or at risk of separation, and those being de-institutionalized and reintegrated by 2018; 3) Strengthen the capacity of commune councils and religious leaders to protect girls and boys separated from their families, or at risk of separation, by 2018
Strategy on Positive Parenting (2017)	Long-term strategy for the MoWA that serves a foundation for a Positive Parenting Programme 2016-2018 and aims to promote positive parenting through increased access to appropriate, timely parenting support.

Appendix 2: Work in Process

IN PROCESS	
DRAFT Standard Operating Procedures to Guide the Closure of Residential Care Institutions, De-institutionalisation and Reintegration	Outlines the steps for closing a residential care facility including the assessment and placement of children; these are linked to the action plan for reduction of children in care and call for collaboration between MoSVY, Family Care First
Reintegration Guidelines	Provides guidance on the reintegration of children for government and CSOs. Drafted with the support of Family Care First building on draft guidelines through 3PC partners. These guidelines are in draft format and are in the validation process.
Kinship Care, Foster Care, Domestic Adoption Guidelines	Drafts are in process as a cooperation between MoSVY and UNICEF with the support of International Social Services. The draft is expected to take some time to get approved as it will require alignment with some key policies and localisation to Cambodia.
Social Work Generalist Practice and Specialised Levels	Standards to guide social work practice supported by Family Care First.
National Child Protection Policy	CNCC has drafted an overall Child Protection Policy with the support of Plan. The draft is awaiting approval. There is not a clear path forward at this time.

Appendix 3: CDB Data Extraction

Key issues	Country-wide	
	2017	**2015**
# and % of vulnerable children		
Total Children under 18	5,851,520	5,814,073
Disabilities under 18	19,734	20,591
Total Orphans under 18	43,810	53,101
Orphans live with specific guardians	38,416	45,392
Orphans live with unspecific guardians	4,268	5,915
Orphans live alone	1,126	1,794
Orphans whose parents die from AIDS	5,909	8,405
Children or Orphans under 18 working in hard labor	4,520	6,614
Street Children or Orphans under 18	483	563
The total budget for CS (CSF)	$ 93,851,000	$ 67,988,500
Total CSF for Admin	$ 56,900,750	$ 34,948,750
Total CSF for Development	$ 36,950,250	$ 33,039,750
# of line dept projects on children issues	1103	2241
# of line dept projects on child protection issues	94	118
# of NGOs working on children's issues	206	243
# of NGO working on child protection issues	40	33
# of NGO projects on children's issues	1514	1718
# of NGO projects on child protection issues	151	92
# of NGO projects on capacity building	1743	2013
Poverty index	14.32	
# Migration in Country	843,360	736,229
% Migration in Country	8.52	7.62
# Migration out of Country	633,699	579,980
% Migration out of Country	6.4	6

Date extracted: October 3, 2018

Appendix 4: CDB Data on Projects with Women & Children

Province	No. of NGO projects
Banteay Meanchey	28
Battambang	130
Kampong Cham	27
Kampong Chhnang	63
Kampong Speu	12
Kampong Thom	19
Kampot	8
Kandal	12
Kep	2
Koh Kong	9
Kratie	35
Mondulkiri	29
Oddar Meanchey	55
Pailin	22
Phnom Penh	22
Preah Sihanouk	29
Preah Vihear	32
Prey Veng	43
Pursat	48
Ratanakiri	92
Siem Reap	101
Stung Treng	34
Svay Rieng	51
Takeo	51
Tboung Khmum	85
Grand Total	**1039**

Date extracted: September 28, 2018