

# Cambodia Country Report

## **General conditions of the child population in the nation**

The Constitution of Cambodia requires that the state protect the rights of the children as stipulated in the UN Convention on the Rights of the Child, which defines children as all persons under 18 years of age.

Of the 11.4 million people living in Cambodia, 52% are under the age of 18. Some 85% of Cambodians live in rural areas, are poor and lack access to the most basic services.

For school-age children, only 52% of primary schools offer all six grades, and the coverage of lower secondary education is very limited. By the age of 15 years, less than 5% of the children are still in the education system. During adolescence, many children living in urban areas are exposed to a range of risk-filled behaviour, including alcohol and drug abuse and unprotected sex. Large numbers of Cambodian children are also exposed to exploitation.

The health and nutritional status of Cambodia's children and women remains among the poorest in the world.

The change from a socialist to a capitalist economy initiated in 1989 put an end to a number of safety nets for the most vulnerable people in the society. The gap between the few rich and the many poor began to widen and migration from rural to urban areas started. In urban areas, prostitution increased, even among girls younger than 18, and street children began to be seen in the cities. The 1991 Peace Agreements, which were followed by the arrival of a 22,000-strong United Nations operation, the return of 350,000 refugees and a massive increase in foreign aid accelerated the process of economic liberalisation and its negative social consequences.

## **Children at risk of needing care outside family. Other risk groups. Trends during 1998-2001**

A child is considered at risk when he or she is exposed to one or more of the following situations: extreme poverty, break-up of the family, alcoholism, gambling, domestic violence against women, living in newly-resettled areas (IDPs, returnees, demobilised soldier families), children living with people other than their biological parents, children out of school/school dropouts.

The presence of street children is a conspicuous result of the social problems besetting children who need to be protected and cared for. Street children started to appear in the early 1990s; their numbers seem to have stabilised in the last few years. Street children include not only children who live on the streets and have no contact with their families (estimated at 500 in Phnom Penh), but also those who spend most of their time on the streets but are still in contact with their families. These children do not have access to schooling or health care and are often abused or exploited, in particular by gang leaders who exploit them and often force them to steal. Sniffing glue has become widespread among these children. They are also often victims of sexual abuse or exploitation and are thereby at risk of being infected with HIV/AIDS. They may also be on the streets as a result of HIV/AIDS infection their family. In fact, the invasive spread of HIV/AIDS is considered a core factor that leads children into a situation of needing care outside the family or even causing them to be orphaned. Based on figures from the Ministry of Health, currently there are 60,000 children living in families that are HIV/AIDS infected.

In addition, commercial sexual exploitation and trafficking has been a growing problem throughout the country since the early 1990s. Although no global figures are available, small-scale surveys indicate that around a third of commercial sex workers in brothels are under eighteen years old. Many of them have been lured into the trade, often by someone they know. The younger they are, the more likely it is that they are working against their will. Cross-border trafficking seems to be growing. Vietnamese girls are trafficked into Cambodia for the sex trade while Cambodian children and women are trafficked into Thailand to beg on the streets of Bangkok or to work in the sex trade.

An increasing number of cases of children in conflict with the law are being reported, especially in Phnom Penh. They include street children involved in petty crime, as well as well-off youth who are members of armed gangs. Although the crime legislation currently in force in Cambodia includes several provisions regarding minors, there are no specialised judges or courts, no special juvenile procedures and no minimum age set for criminal responsibility. There are only a couple of forms of sanctioning as alternatives to prison, and minors are jailed together with adults. Incidents of abuse of youthful offenders while in the custody of the police have been reported. For a few years, some minors were sent to a Youth Rehabilitation Centre that functioned in a legal vacuum. This centre has now been turned into a centre of ill-repute. According to the Ministry of the Interior, in April 2000 there were 95 minors in prison with adults, 55 of whom were awaiting trial.

Children living or spending much of their time on the streets, children infected with HIV/AIDS, sexually exploited and trafficked children and children in conflict with the law are all in need of special protection and are at risk of needing care. But we also have many orphans, abandoned children, battered children, sexually abused children, child victims of harmful and exploitative labour, neglected children, those with disabilities and children whose basic physical needs are not being met.

## **National policies and specific strategies targeted at children at risk**

To prevent children from being at risk, the government of Cambodia has put forward its policies and strategies to various inter-ministerial bodies. These strategies include advocacy, social mobilisation, competence-building, service delivery and community empowerment. These government strategies require the involvement of all key stakeholders from all sectors, including the public and private sectors and NGOs. The specific strategies for child protection include community-based child protection networks, community awareness, universal education, health services, information mobilisation, rural development and birth registration.

In 2000 the Council of Ministers adopted a Five Year Plan against the Trafficking and Sexual Exploitation of Children (2000-2004), developed by the Cambodian National Council for Children (CNCC). This Plan includes goals and strategies for prevention, protection, recovery and competence-building and reintegration. As part of the reintegration strategy, family reunion is the preferred policy, but where it is not possible or desirable for the child to return home, the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MoSALVY) and other departments are to explore other options for safeguarding the best interests of the child, for example the extended family, foster family, group home, independent resettlement in the community or support by religious orders.

The committee under the Law Review Sub-Commission of the CNCC has drafted a policy proposal on child justice, which will form the basis for the development of a new child justice law. This law does not favour holding children in detention pending trial and

also gives preference to non-institutionalised forms of sanctions for holding child offenders accountable, e.g. community service, probation, apologies.

These strategies and policies require the close co-operation of various ministries, including the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MoSALVY); the Ministry of Health; the Ministry of Education; Youth and Sport; the Ministry of the Interior; the Ministry of Justice; the Ministry of Rural Development and the Ministry of Information. However, these strategies and policies necessitate the involvement of NGO partners as well, both local and international, as they play an important role in the protection of children at the community level.

In the case of social work, MoSALVY provides limited social services to those institutions for which the Ministry has delegated the responsibility to NGOs. The priorities of the Ministry are to define a framework of clear-cut policies and related legislation, to monitor and evaluate the services, and to lead the work to co-ordinate the effort of the various actors.

### **Children in residential care. Trends during 1998–2001**

Three types of institutional care currently exist in Cambodia: 1) 20 government children's centres; 2) 100 NGOs, 70% of which are registered with the Ministry and offer a range of recovery programmes aimed at reintegrating the child into society; and 3) an unknown number of privately run children's centres, some of which are registered with the Ministry. These services admit orphans and abandoned children, child victims of abuse and neglect, exploited children and children at risk in general, including children of very poor families. Among the NGOs, some specialise in children living or working on the streets or in urban squatter areas, while others specialise in child victims of sexual or other abuse or exploitation. Some of the privately run centres specialise in inter-country adoption. Non-institutional care includes domestic and inter-country adoption, as well as a few cases of foster family care under the auspices of an NGO or government institution. A policy for a regulatory framework and a supervisory system for alternative care are in the process of being established. In view of the dramatic increase in the number of HIV/AIDS orphans predicted for the coming five years, MoSALVY has initiated a multi-pronged strategy with the support of UNICEF for the purpose of developing:

- Staff training on HIV/AIDS prevention and care, basic social work skills and social service administration;
- Pilot projects to be used as models for alternatives to children's institutions for the care of children without primary caregivers (including children infected and affected by HIV/AIDS), including foster family care, group homes and community-based initiatives;
- Policy guidelines regarding the establishment of children's institutions and other forms of alternative care;
- Regulatory framework defining the respective roles of the Social Affairs authorities and privately run children's institutions and programmes. Definition of criteria for such institutions or programmes to be officially registered and accredited by the government, and mechanisms for government supervision;
- A database of children's institutions and programmes at the Ministry of Social Affairs to which the institutions report on their activities on a regular basis;
- Once policy guidelines and a regulatory framework are in place (target date 2003), Social Affairs staff at all levels will be trained to implement them, and they will be disseminated among privately run organisations.

## Alternatives to residential care. Trends during 1998–2001

In Cambodia alternative care for children refers to those children who, for whatever reason, are not under the care of their biological parents. Alternative care includes:

- Traditional practices of caregiving (e.g. informal fostering or adoption by relatives or neighbours), care and support to children provided by pagodas (*wats*),
- Residential/institutional care (e.g. centres, small home-like units and foster family programmes)
- Non-residential programmes (e.g. drop-in centres, day centres, outreach activities).

In Cambodian practice, we can identify several models of non-institutional forms of alternative care. All of these models can be formal<sup>1</sup> or non-formal<sup>2</sup>.

**Kinship care** is a situation in which extended family members take an orphaned or otherwise needy child to live with them. These might be grandparents, aunts/uncles or other relatives of the child. There are no estimates currently available of the numbers of children living in kinship care situations, without any formal or planned support from authorities or humanitarian agencies.

**Foster family care** is a traditional care arrangement understood as the situation where a family agrees to take a child who not related to them to live with them. There is no formal or legal agreement in this situation and the child is not inevitably regarded as the family's own child. This practice has deep roots in Cambodian culture and is a care option that is prevalent among non-Khmer minorities in provinces where few services are available. This type of fostering relationship is not always considered to be a long-term arrangement. Poverty and the cost of medical services are major constraints for this type of non-formal arrangement.

In the case of **formal fostering**, a formal agreement is entered into and some financial support may be given to the family. Fostering seems to be an option for care that is both sustainable and in the best interests of the child.

In practice it can be difficult to separate non-formal fostering and **adoption**. Even kinship care is sometimes regarded as, and even called, adoption by some of the people involved. A central aspect of non-formal adoption is that it is considered a long-term arrangement.

This option for care would likely present the same constraints and advantages as non-formal kinship care and non-formal fostering. The reality may be that some Cambodian communities are taking care of their own orphans and other vulnerable children without the involvement of any public authority or agency. In that the life conditions of these children are not monitored or assessed, it is not possible to know the full strengths or weaknesses of this care option.

In Cambodia there are **child-headed households** where a group of sibling orphans live under the responsibility and care of the oldest child.

The Cambodian **pagodas** play an important role in alternative care provision. Monks and nuns are responsible for children living in the *Wats*. At this point it is uncertain how many orphans and other vulnerable children benefit from this option.

A few **day-care centres** provide care and supervision of children while the parents are at work or at school.

**Outreach** is conducted outside institutions to reach or contact children at risk or in need of special protection, or who are living on their own.

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<sup>1</sup>Done or carried out in accordance with established or prescribed rule.

<sup>2</sup>Not officially constituted or organised. Spontaneously developed.

There are also some **drop-in centres** that present few constraints and seek to familiarise the children with the institution and to prepare them step-by-step to join a regular programme.

Formalisation of the traditional practice built on the framework developed by MoSALVY will ensure better child protection.

## Good examples

Research has shown that there are several recommendable examples for implementing alternative care programmes in Cambodia and which are cost-effective. Almost all of these programmes are being implemented at the community level, that is, close to the children's own neighbourhoods.

**Group Home:** A group home is a gathering of children who live together in a family with a permanent caretaker or staff. The group home provides security and interaction similar to that of a community environment. A good group home requires that criteria be set up for selecting a caretaker or permanent staff to remain with the children around the clock.

**Foster Care:** This is another sustainable option for nurturing children based on family and community life. This option requires commitment from the foster parents and regular monitoring and follow-up by community social workers, and allows children to live close to their own neighbourhoods and learn to be good adults in the community. The criteria for selecting foster parents are also considered important for securing the children's well-being.

## Financing, internal and external donor involvement and influence

**Government:** The government of Cambodia runs its residential care programme with a limited budget supplemented by donations from various sources, including local and international NGOs, the private sector, local and international individual donors and the income-generating activities within the programme. A number of children living in the centres receive individual support from various organisations or from a foster parent living abroad.

Currently, the government is running 21 orphanages and is investing 4.87% (equal to USD 97,782.72) of the total social budget in the state orphanages. However, it must be acknowledged that the cost-sharing participation of the government is still somewhat limited.

**Non-Governmental Organisations:** NGOs receive funding from a wide variety of sources, including international NGOs, foreign government aid, United Nations organisations and local and private donors such as the Royal Palace and monks.

In 2001, amounts spent annually on children in alternative care programs – residential, non-residential – varied from USD 625 to USD 1,200,000, with a median of USD 16,800. Some tendencies can be identified:

- The amount spent in alternative care has increased considerably over the last year;
- On average, programmes are spending more money on children;
- The range of expenditure among providers is considerable.

## Conclusion

In anticipation of the Second International Conference on 'Children and Residential Care' in Stockholm on 12-15 May 2003, a National Pre-Conference was organised on 6-7

February 2003 in Phnom Penh to raise the level of awareness regarding alternative care and to present the subject for discussion by different stakeholders and the children themselves.

The Pre-Conference results appear to be well in line with the recommendations of the Concluding Observations of the UN Committee on the Rights of the Child issued in the Committee 641<sup>st</sup> Session in May 2000 (CRC/C/Q/CAM.1), specifically the recommendation that:

- The state party undertake effective measures to promote, through counselling and community-based programmes, the family as the best environment for the child and to empower parents to take proper care of their children so as to avoid having to place the child in a child welfare centre (article 38);
- The state party develop policies and regulations regarding children's institutions and other forms of care, particularly the care of children orphaned by the HIV/AIDS epidemic; furthermore, alternative forms of care such as foster families need to be developed (article 39);
- The state party continue the process of enacting new legislation on inter-country adoption and reform the existing legislation on domestic adoption (article 41).

In conclusion, Cambodia has defined two main priorities and directions for its efforts on behalf of children. *The first* is the adoption of non-institutionalised care as the best alternative for caring for children at risk. The Pre-Conference in preparation for the May 2003 conference in Stockholm concluded that 'Living in an institution is safe for children, but life in the community provides them with more love, affection and freedom'. Thus, by living in the community, children can learn to adapt to the real conditions of life. To promote and encourage non-institutionalised care, there should be a good understanding of alternative forms of care and rigorous enforcement of the laws protecting children:

*The second* main priority is to ensure a minimum standard of shelter. While waiting for the childcare centres to be de-institutionalised, a 'minimum standard of care' in the institutions must be met.

The Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation is responsible for the development of a policy on alternative care, the competence-building of staff working with and for children and a clear monitoring system to ensure an efficient and appropriate relationship between the community and the placement institution.