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Cambodia Orphanage Survey 2005

HoltInternational
FINDING FAMILIES FOR CHILDREN

Acknowledgements: Photo courtesy of Greg-Fitzgerald, Eugene, Oregon

This survey could not have been completed without the commitment of the Cambodian staff. Rany Bun, Team Leader and her team of interviewers: Syphat Oung, Team Assistant, Rady Meas, Meas Hem, Sokha Sok, Ravuth Tek, Sovanneary Bun, Chanvichheka Chum , Kolab Chum, Salun Kong, and Daneth Nuth. And finally thank you to Diana Lyons and all the staff of Holt International Children's Services that helped to make this project a success.

CAMBODIA ORPHANAGE SURVEY

September 2005

DISCLAIMER

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Executive Summary

After years of isolation and political turmoil Cambodia has experienced a period of relative calm and is beginning to rebuild its fragile infrastructure. Nowhere has this fragility been demonstrated more than in its weak child welfare system.

In 2001 this system exploded onto the world scene through allegations of corruption in adoption. After a three year period with dramatically increasing numbers of children placed to US families, allegations of child trafficking and visa fraud resulted in the halting of the issuance of orphan visas of children from Cambodia placed with US families.

The US and Cambodian governments developed a special initiative to complete processing of families and children already in the adoption process when this moratorium began.

In an effort to assist the government of Cambodia to establish appropriate permanency planning for children in Cambodia, the U.S. Department of State identified the need to survey care centers for homeless children throughout Cambodia. The survey was conducted by Holt International Children's Services in cooperation with the Ministry of Social Affairs, Vocational Training and Youth Rehabilitation.

The survey was designed to determine the scope of the problems, assess the type of care provided in these facilities and to create a database listing information on all children currently living in these facilities.

204 child caring facilities in 24 provinces were surveyed. Child caring facilities are providing a range of care – most are long-term and designed to care for orphans and vulnerable children and provide education and other emergency services. Few offer more than basic shelter, support and education. Very few have the resources to

provide re-integration programs for children with their birth families.

In the survey, 8,270 children were identified and documented. More boys than girls are in care and most children in care are over the age of 8.

The primary reasons children are in care is from the death of a parent, single parenthood and poverty. Most children are healthy and developing typically. Children with disabilities are conspicuously absent from child care facilities.

Few children have a clear legal status and most expect to live in the facility until they are adults. Over half of the children have siblings in the same facility.

There is a significant need for programs and services that assist families in crisis and prevent the separation of children from their birth families. Ad-

ditionally, permanency planning programs are needed to assist children already separated from their families to return to their birth family or be placed in an alternative family.

Children that are in care need to be protected through documentation on a rolling registry, but this registry must be safeguarded.

And finally, improving the quality of alternative care for children separated from families is a priority. Cambodia, like many countries, has limited resources to license and monitor care facilities. A system must be developed to provide an adequate level of care for children.

All laws relative to permanency planning for children should be consistent with the Hague Convention on International Adoption and the Convention on the Rights of the Child.



Project Overview

The recent intercountry adoption catastrophe in Cambodia highlighted the weaknesses of the country's social services infrastructure. In 2001, the U.S. Government halted the adoption of Cambodian children by American citizens by discontinuing the issuance of Orphan Visas. As a first step to establish appropriate permanency planning* for children in Cambodia, the U.S. Department of State identified the need to survey care centers for homeless children throughout Cambodia to determine the scope of the problems, assess the type of care provided in these facilities and to create a database listing information on all children currently living in these facilities.

The Cambodia Orphanage Survey was conducted by Holt International Children's Services from February to September 2005 under contract to the US Agency for International Development in Cambodia.

Organizational Background of Holt International

Founded in 1956 in response to children abandoned in the aftermath of the Korean War, Holt International Children's Services is considered a world leader in child welfare and permanency planning. Holt's international headquarters are located in Eugene, Oregon with branch offices in six states. Holt works through collaborative agreements with over 200 U.S. based social service agencies throughout the country.

Holt International has active programs in Bulgaria, China, Ecuador, Guatemala, Haiti, India, Mongolia, North Korea, Philippines, Romania, South Korea, Thailand, Vietnam, Uganda and the Ukraine.

Holt has previously collaborated with USAID in projects providing services to orphans and displaced children in Cambodia, Vietnam, Romania, and Russia. Holt is currently working with USAID in developing the "Families for Children" program in Ukraine.

* Permanency Planning is efforts to return children to their birth parents or terminate parental rights and place the child for adoption to prevent children languishing in institutions or foster care.

Purpose of the Survey

The purpose of the survey was to develop a baseline number and demographics of children in care and to create a database with the data of the children. The survey was to identify:

- How children come into care
- Why children remain in care
- How long children stay in care
- Geographic and regional variables in child care practices
- Biometric identity of each child

Establishing the biometric identity of a child allows for later identification if that child's identity has been changed for illicit purposes. In many countries a child's biometric identity is established at birth through foot-printing. This practice does not exist in Cambodia, so fingerprints were taken to establish and protect the identities of Cambodia's children.

Survey Design

An "Individual Child Form" was developed to record information collected on each child. Because the survey was conducted by several persons, the form defined the scope and consistency of the questions that were asked and the data collected.

A child report format, widely used by child welfare practitioners throughout the world, was used as model for this form. Questions were added to obtain information specific to Cambodia. The survey form was reviewed by the Ministry of Social Affairs who requested the inclusion of questions that would elicit additional information. Information collected by the interviewers was recorded on the Child Form in Khmer and translated to English in Cambodia. As a result there are two Child Forms (one in Khmer and one in English) for each child. The child's thumb or footprint is on the Khmer version of the Individual Child Form.

The Child Form was developed to obtain the following information about each child:

IDENTIFYING INFORMATION

- Name
- Gender
- Date of birth (or estimated age)
- Ethnicity
- Nationality
- Current residence
- Distinguishing physical characteristics
- Thumbprint (or footprint of infant)
- Photograph

INTAKE INFORMATION

- Date child was admitted to center
- Who referred or brought the child to the center
- Reason child was admitted to center

CHILD'S LEGAL STATUS

- Legal authority from child's parents (child placed temporarily)
- Legal authority from government (abandonment, relinquishment, parents deceased or court took custody)
- Other

FAMILY HISTORY

- Father and Mother's name, address, age and occupation if known
- Father and Mother (living or deceased)
- Number of siblings and location
- Guardians (if parents are deceased or whereabouts unknown)
- Current family situation (if known)

CHILD'S HEALTH AND DEVELOPMENT (As reported by caretaker)

- Child's current development (typical or atypical)
- Identification of any delays
- Any known health issues

PERMANENCY PLAN

- Return to birth family
- Refer to other institution
- Local adoption
- International adoption
- Independent living
- Other

Project Overview

Survey Process

The survey was completed by ten (10) Cambodian staff who were trained in basic interviewing techniques. Supervision was provided by an experienced Cambodian researcher. Technical assistance and monitoring was provided by U.S. based staff.

Teams of 2-3 interviewers (larger teams were assigned to some facilities) visited each child caring institution. Data was collected by interviewers from three sources:

- Interviews with the child (when age appropriate)
- Reviewing available records at the child care facility
- Interviewing child care staff at the facility

Additionally, a photograph and fingerprint was taken of each child. A photo was not taken if it was determined that doing so would negatively impact the child.

Teams visited 204 facilities in 24 provinces from the period from April 1-July 31, 2005.

Initially, it was planned that the institutions surveyed would be the 117 registered with and identified by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSAVY). While surveying these facilities interviewers were informed of other child caring institutions in the area or province. The interviewers were instructed to include these additional facilities when they became aware of their existence and thus more child care facilities were surveyed than originally expected.

Four centers declined to permit a survey of the children in their care. His Child in Kandal and Samaritan in Phnom Penh both declined requests over several months because “their director was out of town and they could not participate without their permission.”

SOS Children’s Village declined to be included in the survey because they were advised (by MOSAVY) that as a long-term care facility they were outside the target population being surveyed. The fourth organization, Darnok Tek, provides services to children that have been trafficked so they also considered themselves outside the scope of the survey.

SOS reported having 259 children in care and the other centers are estimated to care for a total of about 250 children.

Decisions made about data collection: When Child Forms were reviewed after translation and at the end of the survey process, inconsistencies in how information was recorded were uncovered in three areas. In order to ensure consistency the following decisions were made about how data would be encoded in the data base.

Birth Families: In Section B (Intake Information) of Child Form, the interviewer was provided five options to identify as referral sources (Self, Birth Family, NGO, Government Social Welfare Authorities and Other). It was discovered that interviewers identified the “Birth Family” only in those instances when the mother or father referred the child to the facility. If another member of the birth family referred the child to the facility they chose the “Other” option. For purposes of accuracy and consistency, if other birth family members (relatives including aunts, uncles, grandparents, and siblings) referred the child to the facility they were encoded as birth family.

Distinguishing Physical Characteristics: When the form was developed it was anticipated that significant and unique characteristics of the child, such as a disability, would be recorded in a space identified “Distinguishing Physical Characteristics” (Section A: Identifying Information). Possibly because of a lack of clear training instructions and because so few chil-

dren had serious physical characteristics of this kind, the interviewers chose to record physical marks such as “beauty spot”, mole or freckles in this section. Despite the insignificance of these characteristics in determining identity, they were nevertheless recorded in the data base.

Siblings: When the Child Form was originally developed it required the interviewer to record information regarding the name, address, age and occupation of the child’s siblings. Because the information collected varied so greatly and because there were frequently a significantly large number of siblings, the information included in the database was altered. If the child had large numbers of siblings outside the center, the names were not recorded in the data base. Names of siblings outside the center were retained in the Khmer version of the Child Form. A notation (OSIK) was made in the Sibling Information section of the data base indicating that more information about siblings is available in the Khmer version of the Child Form.

Deliverable

- Database of children currently in out-of-family care: In addition, original survey forms collected fingerprints of each child. The original surveys are in Khmer. The child information can be matched by the ID code assigned to each child.
- Directory of Child Care Facilities: A Directory of all facilities where surveys were conducted includes the address, phone number, contact person, sponsoring organization and number of children in care at the time of survey.
- Final Report: Report of number and demographics of children in care obtained from the survey, analysis of reasons for placement in temporary care and recommendations for improved permanency planning policies and procedures.
- An oral briefing to the US Embassy staff on the findings of the survey.

Historical Summary of the Intercountry Adoption Practices in Cambodia

After decades of war and isolation, Cambodia has experienced several years of relative calm and is slowly rebuilding its society. However, Cambodia's tumultuous history has created a legacy of social problems.

Despite recent gains, Cambodia remains one of the poorest countries in the world. Subsistence farming employs 75 percent of the workforce (CIA World Factbook). Per capita GDP is estimated at \$282 (2003) per year and more than one-third of the population lives below the poverty line (UNDP, 2005). Cambodia's children are among the most desperate of the poor. In addition to high rates of child labor, large numbers of street children, child trafficking and high rates of HIV/AIDS has contributed to a growing problem of abandoned and orphaned children in Cambodia.

In 1998 international adoptions from Cambodia, including adoptions to the United States, increased dramatically. Over a four year period (1996-2000) adoptions to the U.S. increased from 30 to 402 (Bureau of Consular Affairs). These adoptions occurred haphazardly, were generally unregulated and children came into care without the protection of proper legal procedures.

Orphan Visa's Issued for Children from Cambodia*	
1993	1
1994	3
1995	10
1996	30
1997	66
1998	249
1999	248
2000	402
2001	266
2002	254
2003	124

*Bureau of Consular Affairs

Efforts to locate, stabilize and reunify families were superficial at best, and the child welfare system was rampant with corruption. Rather than invest resources to enable vulnerable Cambodian families to parent their children, birth parents were allegedly given money by unethical child caring facilities and "child locators" to relinquish their children for adoption. The system was

driven by the desire of prospective adoptive parents for children rather than a child's need for parents.

Well meaning individuals and organizations with little professional experience or understanding of ethical child welfare practice began placing children for adoption. In addition, less well meaning individuals and organizations seized the opportunity to make a profit in this largely unregulated and corrupt adoption system. Eventually, the international media exposed the activities and the world became aware of the victimization of birth families, adoptive families and especially the Cambodian children.

In early 2001, the Cambodian government responded to these systemic problems by issuing a sub-decree defining who could adopt and how adoptions were to be processed in Cambodia. However, it did little to improve the child welfare system. Adoptions of Cambodian children to American families continued amid widespread allegations of corruption.

In late 2001, the situation finally exploded when allegations of child trafficking were raised by human rights organizations. For the first time in history the U.S. government halted Americans from adopting Cambodian children by refusing to issue Orphan Visas. Since then a number of other countries have also instituted adoption moratoriums.

The abuses that occurred in intercountry adoptions from Cambodia highlighted the weaknesses in the country's social service infrastructure. Specifically, there was no adherence to the requirement that effort be made to identify the background of an abandoned child, intercountry adoption was promoted as a priority for orphaned children, rampant corruption existed at all levels of adoption processing and there was a lack of professional child welfare expertise.

Allegations of baby selling and fraudulent legal documents for children were widespread. Reports were made by birth families to a local human rights organization LICHADO, who began an investigation into the corruption. A report issued by LICHADO stated that recruiters preyed on poor women who were pregnant or about to give birth. Women were approached at the hospital and offered

money to place their baby in a children's center where the child would be cared for.

Allegations of corruption included the legal documentation of children. Under Cambodian law it is a simple process to place an abandoned child for adoption, and most of the children placed for adoption had legal documents identifying them as abandoned. After an extensive investigation, Lauryn Galindo, an American who had facilitated a large number of adoptions was convicted for conspiracy to commit visa fraud because of this kind of document falsification.

Rumors of widespread graft were also common. Cambodia had no established fee for adoption, yet facilitators commonly paid large sums to various Cambodian ministries to process an adoption.

Developing countries such as Cambodia often lack the theoretical framework and professional resources needed to develop a child welfare system that adequately protects children and safeguards the rights of their birth parents. The participation and guidance of agencies and individuals experienced in providing training and technical assistance in implementing permanency planning services is crucial for successful and sustainable reform.

After the US government halted the issuance of Orphan Visas for Children from Cambodia, a Special Humanitarian Initiative was initiated to complete the adoption processes of over 400 families that were "in the pipeline". Over a two year period each of those cases was individually investigated and most eventually completed their adoptions.

At this writing intercountry adoptions in Cambodia are not being processed except to a small number of countries – Italy, and one province in Canada. A few other individual cases are processed.

The Royal Government of Cambodia in cooperation with UNICEF has drafted a new intercountry adoption law designed to improve the adoption process in Cambodia and bring Cambodian law in line with the Hague Treaty on Intercountry Adoption. The law has been stalled in the Cambodian General Assembly due to government struggles in seating the newly elected Parliament in Cambodia.

Demographics of Children in Care

A total of 8,270 children were interviewed in 204 facilities in 24 provinces throughout Cambodia. The target population to be interviewed in this survey was children 0-18. However, 573 children (aged 19 and over) residing in these facilities were also interviewed. Forms were completed on these “children” because they expected to be included and it was also discovered that many were siblings of younger children in the facility. The Child Forms were collected but these children were not considered in data analysis. Thus, unless otherwise stated, the total number of children to be considered in this report is the 7,697 children 18 years and younger.

The demographics of the children surveyed by this project is organized and reported below according to the format of the tool that was used to collect information.

Identifying Information

The first section of the survey form is identifying information. This section included the child’s name, gender, date of birth or age, ethnicity, nationality and child’s current location (child caring facility), photo and fingerprint.

Gender and Age: Of the 7,697 children, age 18 and under, 3,126 were female and 4,571 were male. In all provinces there were slightly more boys in care than girls, however the largest gender differences were in Kampong Chhnang Province which has a large Islamic population. There were primarily boys in care in that province.

The vast majority of children in care are over 8 years old. The number of children 8 and under is only 1,616 compared to 5,980 children 9 and over. Under the current Cambodian law only children 8 and under can be placed for intercountry adoption. The large number of children (nine and older) in care present significant and special challenges. These children will require other permanency planning and social services.

Of the 573 children, over age 18, in care, most ranged in age from 19 to 25. One third of them have siblings in the same facility. It is commendable and significant that child caring facilities have kept siblings together even if one aged out of the program. Not only has this practice preserved the family unit but it has provided support to children who may not be prepared to live independently or who have not completed their education or training.

Nationality and Ethnicity: The vast majority of children surveyed are Cambodian by Nationality and Khmer by ethnicity. Of the 7,697 children 18 and under surveyed 7,506 were identified as having Cambodian Nationality and 190 children did not have nationality checked.

The initial Child Form that was submitted to the MOSAVY for review did not include a question about the child’s nationality. MOSAVY requested that this be included. The request for this information was based on a concern that undocumented nationals from other countries could possibly be over-represented in child caring facilities. Because this request from the Ministry

came after the initial testing of the survey, 190 children had been surveyed without this question asked. This accounts for the 190 children with no nationality listed.

AGE	Number
Refused*	29
Under 1	46
1	86
2	79
3	118
4	194
5	200
6	241
7	291
8	333
9	449
10	628
11	502
12	789
13	875
14	721
15	716
16	565
17	441
18	294
Total	7,697

*Roteang Center refused to give dates of birth or age.

The vast majority of children in care are ethnic Khmer. Out of 7,697 children 18 and under 7064 were identified as ethnic Khmer. The second largest category is the Cham (609 children). One child in a center was identified as Vietnamese, 4 were Khmer Leou and 20 as “other”.

Nationality

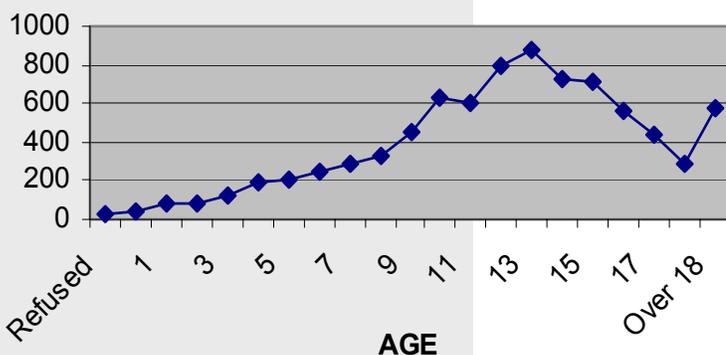
Cambodian	7,506
No Nationality Listed	190
Vietnamese	1
Total	7,697

Ethnicity

Khmer	7,064
Cham	608
Vietnamese	1
Other	20
Khmer Leou	4
Total	7,697

The Cham people are an ethnic minority group in Cambodia that are traditionally of the Muslim faith. The Khmer Leou is the name given by the Cambodian government to the ethnic minorities in the mountainous areas. The “other” category included Laotians, and a variety of other ethnicities.

CHILDREN IN CARE BY AGE



Demographics of Children in Care

Location of Child

Number of Children by Type of Child Caring Facilities	
Foster Family	42
Group Home	271
Residential Institution	7,384
	7,697

The types of child caring facilities that were surveyed were foster care homes, group homes and institutions. As indicated by the above chart the majority of the children surveyed live in residential institutions. More information about the child caring facilities is located in a later section of this report.

Intake Information

The data collected in the Intake Information section were date the child was admitted to the facility, referral source, and the reason for referral/admission. The admission date was used to calculate the length of stay.

Time in Care: Children in Cambodia separated from family care are likely to be in care for an extended period of time. Only 40% of the children in this survey had been in care for less than 1.9 years. And 3.5% of the children had been in care more than 10 years. Clearly children in Cambodia separated from family care live in residential institutions for extended periods of time.

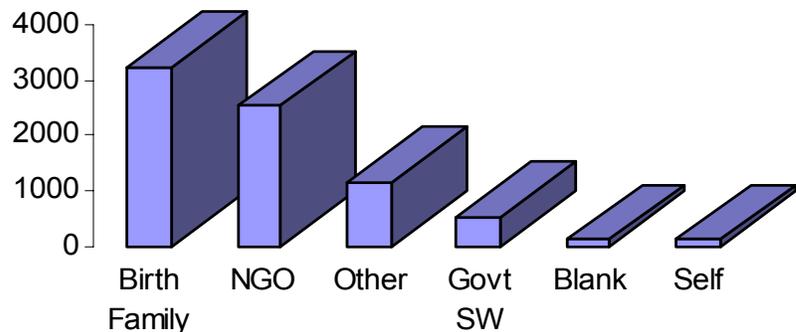
Time in Care

Under 6 months	532
6 months to 1 year	1135
1 year	1414
2 years	1024
3 years	971
4 years	646
5 years	499
6 years	346
7 years	237
8 years	143
9 years	109
10 years	83
11 years	56
12 years	40
13 years	34
14—18 years	27
	7,296
no admission date	401

Referred By: Birth families were by far the largest referral source (3,245 children). The next largest referral source was non-governmental organi-

History, but was usually not documented at all. If recorded, the reason most often given was HIV/AIDS, but not consistently enough to draw any

CHILD REFERRED BY



zations (2,536). Usually the NGOs that referred the child to the facility, was the NGO that is currently caring for the child. Another large source of referrals (1,159) identified as other were monks, hospitals, doctors, neighbors, teachers or schools, and other government authorities. Government social welfare authorities referred 528 children and 122 children had no source of referral marked. The smallest source of referrals (107) were children who were self-referred.

Reason for Referral: Because the reason children are separated from their parents are often complex, interviewers identified all the reasons for admission to the facility that applied. The single largest reason children were

significant conclusions. This question did not differentiate between one and two parents being deceased.

The second largest referral reason was single mother. Single mother was not interpreted to mean unmarried mother as often the woman was single because of the death of or separation from a spouse.

The provinces of Battambang, Phnom-Penh, Pursat, Koh Kong, Svay Rieng and Kampong Thom had the highest rates of children referred because of deceased parents (all over 35%). Of particular note is that these provinces had a high rate of HIV+ sex workers in 1998 (USAID, March 2004). The trend internationally is for high rates of HIV in the general population to follow high rates in sex workers.

The third largest reason for referral was poverty. Poverty was not included in the original Child Form as a reason for referral. It was assumed that it was a contributing cause for most children's separation from their family. However, so many surveys listed poverty in the "Other" option that this category was added as a reason for referral in the data base.

A variety of factors were listed in the "Other" option. The largest number listed education. This fits with the mission of many of the facilities to provide education to poor and orphaned children.

Reason for Referral	
Parents Died	2844
Single Mother	2039
Poverty	1669
Other	1082
Child Abandoned	787
Family Separation	520
Single Father	433
Child Abuse	234
Domestic Violence	176
HIV	141
Sex Trafficking	52
Child with Disability	42

referred to a child caring facility was because of the death of their parents. The reason for the death was sometimes recorded in Section D: Family

Demographics of Children in Care

Child's Current Legal Status

Interviewers were required to determine and record the legal status of each child. To do so they needed to identify what legal authority placed the child in the facility and for what purpose, if a government/legal authority

Child's Legal Status

Legal Letter from Parents	797
Child in facility for temporary care	784
Parents plan to relinquish	19
<hr/>	
Legal Letter from Government	3,201
Child declared abandoned	343
Parents have relinquished	356
Both parents died	1,876
Court took custody	22
Other Government	545
<hr/>	
Other Types of Legal Documents	3,699

had determined the child abandoned, relinquished or orphaned (parents deceased) and who held guardianship of the child. Very few children had a clear legal status. Of those who did, birth parents of 784 children had signed a letter permitting the facility to care for their children temporarily. In 3,201 instances there was a legal letter from a government authority certifying that the child was abandoned (343), both parents were deceased (1,876) or the court had legal custody (22). In 545 cases the child had been placed in the center under some other legal authority, usually a certified letter from the local authorities that the family was poor or the mother or father died. This letter is more of an acknowledgement that the child is in care, rather than a determination of the child's legal status. In this circumstance the child has neither been declared abandoned nor have the parents relinquished their parental rights.

By far the largest number of children (3,699) did not have either a legal letter from the parents or was their legal status clarified by the government. In the "Other Legal" category, the two most common entries were "none" or do not know.

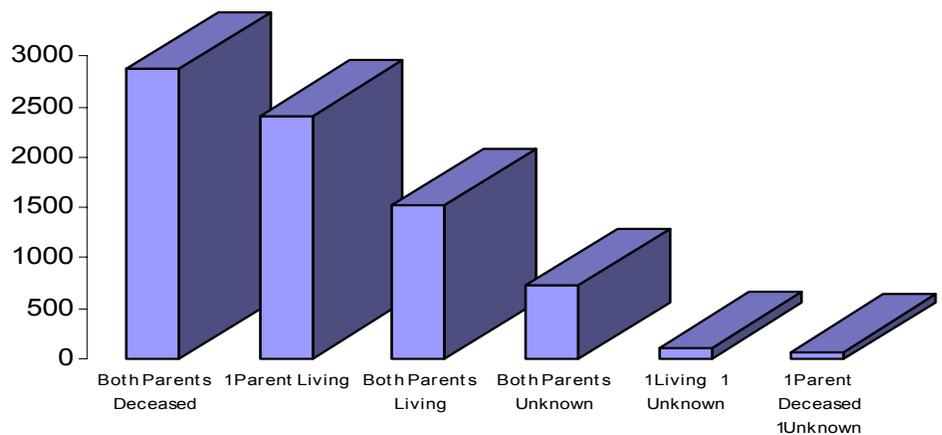
Family History

Information about the child's mother, father, guardians, siblings and current family situation was collected in this section of the Child Form. Of the 7,697 children in the target population of the survey, both parents of 2,869 children were deceased, 2,414 children had one parent living and 1,521 children had both parents living. The parents of 724 children were listed as unknown; 100 children had one par-

children have large numbers of siblings. Almost half of the children in care are part of a sibling group in the same facility. Of the 7,697 children 18 and under surveyed, 2,110 have 1 sibling, 1,143 have 2 siblings, and 652 have 3 or more siblings.

The fact that the children have siblings has significant implications for permanency planning for the children. While permanency planning should be done

CHILD WITH PARENTS LIVING OR DECEASED



ent living and one was unknown and 69 children have one parent who was deceased and one was unknown.

Cambodia has the distinction of having the highest HIV Rates in Asia, although recently evidence suggest rates for new infections are declining (USAID, 2004). Even though data was not collected on the number of children who are in care because of the impact of HIV it is expected this is a significant contributing factor.

Siblings: Most of the children have siblings either in the facility with them or in the community. Many of the

Children w/Siblings in Facility

0 (No siblings in facility)	3,792
1 Sibling	2,110
2 Siblings	1,143
3 Siblings	487
4 Siblings	118
5 Siblings	35
6 Siblings	12
	7,697

with the intent of keeping siblings together, identifying permanent families for sibling groups is more difficult. In addition, preserving sibling groups - with even one of the members over the age of eight - will require identifying a permanent family in Cambodia.

Total Number of Siblings

# of Siblings	Children with this # of siblings
13 -15	5
10—12	22
9	36
8	85
7	250
6	414
5	629
4	996
3	1,304
2	1,354
1	1,097

Includes siblings in facility

Demographics of Children in Care

Child's Health and Development

Information in this section was collected from the child (if age appropriate) or the caretaker. They were asked to respond whether the child was developing typically or if they had any health issues. The interviewer recorded any delays or health issues on the form.

Health and Development

Developing Typically	7,386
Not Developing Typically	311
Healthy	6,933
Not Healthy	764

Only a very small percent of the children (4%) were described as not developing typically. This is surprising because children with developmental delays are typically over represented in institutional care. One possible reason for the small number of children with developmental delays is that the interviewers did not have child development training and the information gathered was from reports from caretakers or the children themselves.

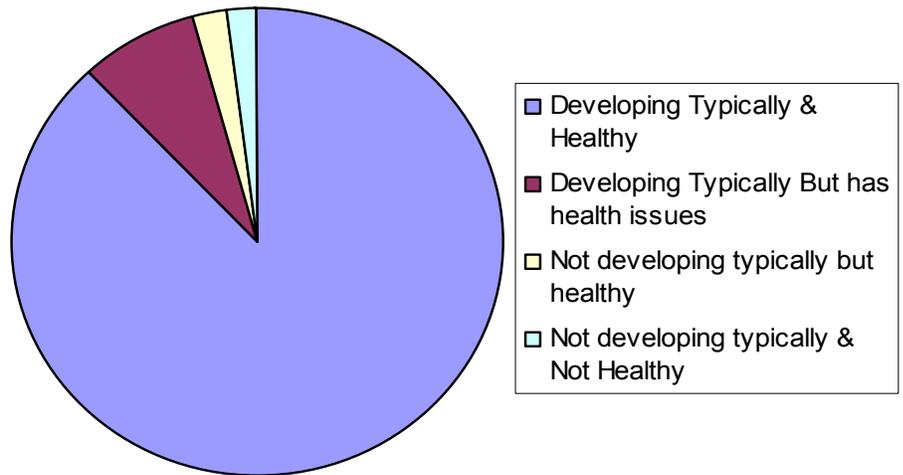
It is also significant that very few children with disabilities were identified. This could mean that children with disabilities are not being placed in institutional care or that children with disabilities are in some other type of care setting.

Only 4.6% of children were identified as having health issues. These ranged from serious health issues to minor issues such as colds and headaches. Some children were identified as having HIV/AIDS. This data was not included in the database in order to protect the privacy of the child.

Health and Development Combined

Developing Typically & Healthy	6,773
Developing Typically But has health issues	614
Not developing typically but healthy	161
Not developing typically & Not Healthy	149
	7,697

HEALTH & DEVELOPMENT



Most children (88%) were considered to be healthy and developing typically. This is probably a result of admissions policies that only permit admission of healthy children into the facility.

Permanency Plan for the Child

In this section, the children (if appropriate) or caretakers were asked about the child's long term plan. Options included return to birth family, referral to another center, local adoption, international adoption, independent living, other and no plan yet determined.

Permanency Plan

Return to birth family	238
Refer to another center	39
Local adoption	16
International Adoption	58
Independent Living	3,865
Other	639
No Plan Yet	2,822
	7,677
Nothing marked	20

Most of the children (51%) who were interviewed listed some type of career they wanted to pursue and stated that they planned to live in the facility until they became adults. The second largest response (37%) was no plan. It is of concern that most of the children in care expected to grow up in institutions instead of in a family setting.

Child Caring Facilities

In addition to the information collected on each child, general information was collected about each of 204 facilities caring for these children. During the site visits to the child caring agencies, the interviewers also collected information about the child caring center from the facility director or his or her designee. Each center was asked about the organization that sponsored them and provided financial support (NGO, government, and religious), mission, types of services provided, reasons children are admitted, legal documentation required for admission, lengths of stay and services to birth families. The data was recorded by the interviewers on a Child Caring Agency survey form (Appendix B). There was also space on the form for the surveyor to describe the facility.

On the original list provided by the MOSAVY there were 96 non-government centers and 20 government centers. During the visits to the provinces, the teams met with the local Departments of Social Affairs and most identified additional non-government centers in their area.

Type of Facility

Child caring facilities in Cambodia are operated by the government (under the auspices of the MOSAVY), by international non-governmental organizations, local non-governmental organizations and by religious organizations or churches. Some government orphanages are also supported by

Type of Facility	
Government	20
NGO	184

non-government organizations.

Of the total of 204 child caring facilities in which children were surveyed, 20 are government institutions, and 184 are some type of non governmental organizations. Of the 20 that are government 16 of those have a non-governmental organization providing support. Of the 184 non government

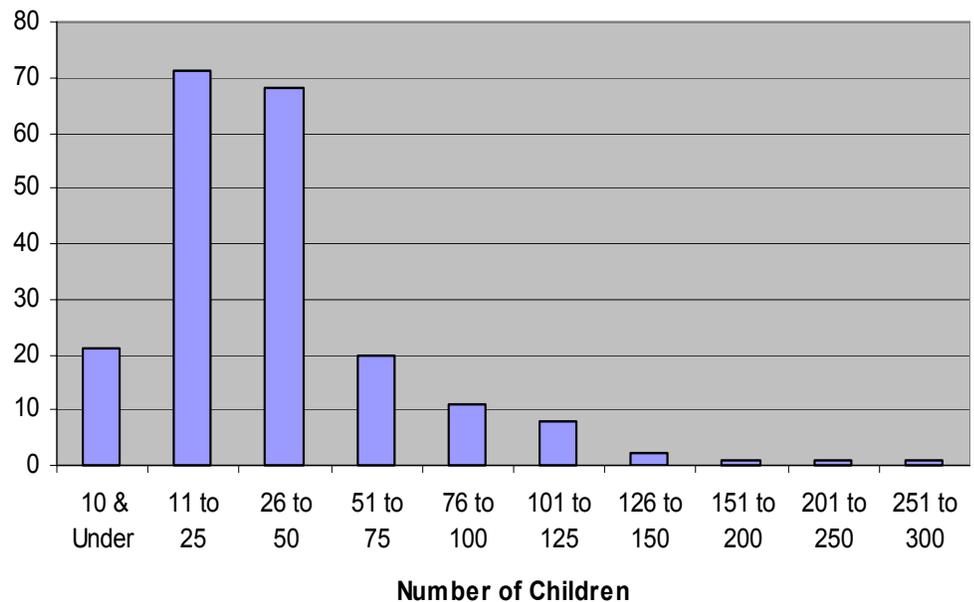
tal organizations 95 of those are operated by some type of religious organization (Appendix C)

Some non governmental organizations operate or support multiple facilities. The two largest are Association for the Child Sponsorship in Cambodia (ASPECA) and Four Square Children of Promise (FCOP). ASPECA is a French, non-governmental organiza-

Cambodia. Government centers typically care for children until they age out of that facility at which time they are transferred to another facility.

Non-governmental organizations typically operate small facilities (see facility size discussion below). Because non-government centers had more resources, they had better facilities and equipment, more services for chil-

Number of Children Per Center



tion that provides a variety of services to children and families in crisis, including orphanage support. FCOP is a church that operates 58 small child caring facilities throughout the country. ASPECA supports 20 centers in Cambodia.

Non-governmental organizations were not identified in the research as local or international, however both types were operating child care centers.

Child caring centers were asked to identify themselves as group homes, foster care or residential institutions. One organization, Good Shepherd Mission, reported that they operated four group homes with not more than 30 children residing in each home.

A variety of child care models exist in

children and lower caretaker to child ratios.

Size of Facility

The majority of the centers that were visited by the survey teams had 50 or less children in residence. Ninety-two (92) of the centers housed less than 25 children. Another 68 served from 25 to 50 children. Only three facilities had over 150 children in residence.

One of these is Kuwait Cambodian Orphanage (located in Phnom Penh), a large facility that provides shelter, education and cultural training to children. The other two are government facilities in Battambang Province and in Sihanoukville. Both are supported by ASPECA.

Child Caring Facilities

Mission of Facility

Most child caring facilities stated that their mission was to provide multiple services. These were largely listed as shelter (although all organizations provided shelter), education and vocational training. The types of shelter provided was described as long term shelter, short term shelter and general care for children.

Mission of Child Caring Facility

Shelter	155
Educational/Vocational Training	116
Medical care	76
Support/care for children	33
Food	14
Other: religious training, preserve Khmer culture; save children from trafficking, save babies	21

The second largest mission category mentioned by the child caring organizations was education and vocational training. A variety of other services such as medical care, support, shelter, and food were also identified as services offered.

Government centers are primarily designed to provide shelter and basic care to children. Some of the government centers that receive support from non-governmental organizations are able to provide more extensive or improved services. Non-government organizations usually had a dual mission to provide shelter and education to children.

Admissions to Center

Reasons for Admittance

Orphans	128	Domestic Violence	12
Poverty	107	Rape	11
Abandoned	83	Disability **	10
AIDS *	49	Parent Separation	8
Homeless	25	Child Abuse	6
Single Parent	22	Drug Use ***	5
Sex Trafficking	21	Sexual Abuse	3
No Access to Education	18	Underage Work	2

Child care centers were asked about the reasons children are admitted to their facility. The centers reported that the most common reasons for admission were because children were orphans (both parents were deceased), abandonment and poverty.

In the data collected about individual children, the three top reasons for admission reported were death of parents, poverty and single mothers. However, "singles mothers" is misleading because many of these women were single because of their husband's death. It is more likely that poverty and inability to support their children alone was the reason for the child's

Documents Needed for Admittance to Center

Certified Letter from Government Authorities or Parents	106
Child's History & Demographics	67
Contract Letter	34
Approval Letter from Parents or Guardians	32
Referral Letter from Another Facility	21
Birth Certificate	14
Doctor Assessment	5
None	12

admission to the facility.

Legal Documents

Most child caring agencies required some type of legal document for the child to be admitted to the center. In the Child Caring Agency questionnaire the centers were asked what type of documentation was required

for entry into the facility. Centers could list multiple requirements for documentation.

The most common type of documents required is a certified letter from government authorities or parents.

Of the centers surveyed, 106 required a certified letter. Other common

Length of Stay

No Limit *	139
More than 10 years	35
Less than 1 year	7
3-5 years	6
1-3 years	4
6-10 years	3

requirements in addition to the certified letter were child history and background information on the child. For some older children a contract letter between the center and the child. Only twelve centers did not require any type of documentation for the children to live in the center.

Children Leaving Care

In the interviews with the center staff it was learned that the majority of the centers do not limit the time a child can stay in care. Although when the children finish school or turn 18, some centers return the children to the family or expect them to become independent. Even though many centers stated this as their policy, 570 children (over age 18) were living in facilities so clearly this policy is not strictly enforced. Facilities of all types had children over 18 living in their center.

Child Caring Facilities

When asked the reasons children leave care the number one reason was to live independently or completion of the program. The other reason most often mentioned was return to birth family. A variety of other reasons were mentioned including “none have left”, child having problems or unwilling to study and transfer to another care situation.

It is evident that most children live in child care centers for extended periods of time and return to birth families or live independently when they depart the center.

Reason for Leaving Care

Independent living or completing education	129
Return to family	110
None have left	36
Problems at the center, Child unwilling to study	35
Transfer to another center	26
Run away	12
Move in with foster family	4
Other	2

Contact with Birth Families

Thirty nine (39) centers reported that families do not visit the centers. Other centers stated that families visited, but not regularly or often.

Reunification Services

Centers were asked if they provided services to reunite children with their birth families. One half (102) of the centers stated they had no programs or services of this type. These services, if offered, were provided by the non-governmental organizations.

The centers that do have services most often mentioned counseling and micro credit. This type of service was very limited and primarily targeted to returning children after “completion of the program”. Care was not seen as temporary in a family crisis but as a long-term solution for children. One interesting service mentioned is funeral services for parents. This ser-

Services to Families of Children in Care to Support Reintegration of Children into Family Care

Micro lending	17
Food Assistance	2
Income Assistance	3
Housing Assistance	4
Counseling	22
Funeral services to parents	1
Scholarships so child can go home	1
Health Care	2
Help with Employment	1
Child Tracing	6

vice was provided by an organization that services a large number of HIV impacted children.

Center Needs

The Child caring agencies were also to identify their needs. The largest needs identified were in relation to resources – funding, supplies and staff. Others were shelter improvements and improved services to children.

Typically the centers that needed the most assistance did not have extensive international support. They were either operated by local organizations, government or religious organizations that do not accept support from the donor community due to restrictions on religious activities.

Needs of Centers

Funding	44
Supplies (milk, food, medicine, school supplies, vehicles, computers)	91
Staff	37
Educational programs for children	36
Shelter Upgrades (renovations, playgrounds, bathrooms)	36
Water	18
Electricity	16
Government to recognize program (legal authority to exist	8

Centers by Province*

Province	Centers	Children
Banteay Meanchey	18	752
Battambang	24	1065
Kampong Cham	6	241
Kampong Chhnang	8	257
Kampong Speu	12	424
Kampong Thom	15	518
Kampot	3	152
Kandal	15	755
Kep City	2	89
Koh Kong	3	107
Kratie	1	31
Mondulkiri	2	74
Odor Meanchey	4	82
Phnom Penh	45	2011
Preah Vihear	4	94
Prey Veng	3	142
Pursat	5	216
Ratanakiri	2	22
Siem Reap	15	524
Sihanuokville	6	288
Stung Treng	1	13
Svay Rieng	5	118
Takeo	4	189
Total	204	8270

*includes children over 18.

Each province has at least one child caring center. The largest urban population centers of Phnom Penh and Battambang have the largest number of child caring facilities and children in care.

One unusual finding is that Kampong Cham Province, the province with the largest population has a very small number of facilities and children in care when compared to the other provinces.

Conclusions

At the time of this survey over 8,000 children in Cambodia are living in residential child care facilities. Almost half of the children have no clear legal status. Over 5000 are over the age of eight, and there is almost a complete absence of permanency planning. These children are virtually in a legal limbo and most expect to grow up in the institution that is caring for them.

Children have extended families that could care for them if they were provided support to do so.

Children are most often brought to the facility by their birth family because of the death of a parent, poverty or other family crisis.

Over half of the children in care had at least one parent that was deceased. Although most of these children have other relatives, they are brought to the facility after the parent(s) death because the extended family did not have the resources to care for them.

Few organizations have programs or services that provide support to extended families. Instead the children are sent to child caring facilities. Over half do not expect to leave the facilities until they are adults. Some centers have limited programs to assist family members with income generation and counseling, but most resources are directed to serve the immediate needs of the children.

Almost half of the children in care do not have a clear legal status and the absence of this leaves them at risk.

Child care centers typically require some type of permission to care for the child but few work to seek or identify legal guardianship of the

child. They do not do so because they are not legally required to and because most do not have the resources to dedicate to it.

The few resources that are available to most facilities are dedicated to meeting the children's most basic needs. Neglecting to identify birth families and clarify the legal guardian of the child, however, places children at significant risk and leaves them unprotected from unscrupulous adoption practitioners.

Conspicuous absence of children with special needs/ disabilities in the facilities surveyed.

Cambodia is widely suspected to have one of the highest rates of people with disabilities in the world (Disability Action Council, 2003), yet children with disabilities were underrepresented in the survey.

There are a variety of organizations in Cambodia working on disability issues and special programs targeted to special populations of children (child that are blind or deaf). The low numbers of children represented in centers warrants further investigation.

Child caring centers are responding to immediate needs of children they admit to care and the services they provide are primarily food and shelter and education.

Other services provided vary from institution to institution. Many centers with international support have quality facilities and offer a variety of services. Others lack basic facilities like water and electricity. Many facilities were founded in response to a specific crisis and to serve a particular population – children whose parents have died from HIV/

AIDS, children orphaned by war, children who are poor and cannot go to school.

Recommendations

Services to Children:

There is a significant need for programs and services that assist families in crisis and prevent the separation of children from their birth families. Because so many children have been orphaned or have only one parent, services and support to extended families to care for them is a critical need. Examples of the types of programs and services needed include micro-credit lending programs, counseling, income generation programs, emergency assistance and support, family assessment and counseling and scholarships to support the education of children.

Although the majority of institutions in Cambodia are caring for relatively small populations of children, they are nevertheless institutions and as such do not provide the care and protection of a family. Foster care and group home type settings exist in Cambodia but they are scarce. Programs that support family or family-like care for younger children, in particular, – kinship care, foster care and group home care in order of priority - are badly needed.

Because of the significantly large population of children over the age of eight currently in institutional care, there is a need for services that promote independence and self-sufficiency such as life skills training, vocational training, education and counseling and peer support networks.

The creation of a rolling registry of children in institutions from the data collected in this survey is a priority. A mechanism for child care facilities to notify the registry of all children taken into care, to include biographical data and history and information on each child needs to be developed. Password protections and other measures to secure the information in the database will be

essential. It will also be necessary to provide training and resources to Ministry staff to manage the data base and develop awareness of the confidentiality of the child information collected.

Child Care Facilities

Develop of a central registry of child care agencies and system for licensing and monitoring of both government and non-government facilities.

Promote the adoption of International Care Standards promoted by UNCIEF and International Social Services. (http://www.unicef.org/videoaudio/PDFs/kinship_note.pdf)

Development of training for child care facility staff in case management techniques, child assessment and child development.

National Authorities

Provide training and support to the Ministry of Social Affairs, Vocational Training and Youth Rehabilitation (MOSAVY) on the management and oversight of child welfare programs with a focus on permanency planning programs and services.

Support the passage of the proposed new intercountry adoption law developed by the Royal Government of Cambodia in cooperation with UNICEF.

All laws relative to intercountry adoption should be consistent with the Hague Convention on International Adoption and the Convention on the Rights of the Child.

For detailed analysis and information regarding this recommendation refer to Options and Best Practice for Intercountry Adoption Systems available from Holt International Children's Services, Eugene, Oregon.

APPENDIX A

CHILD CARING FACILITIES VISITED

APRIL 1, 2005 TO JULY 31, 2005

by

Province, Legal Auspices & Total Number of Children Surveyed

Province	Total Number of Child Caring Centers	Government	Government Centers with NGO support*	Non Government Organizations	Non Government Organizations Identifying as Religious**	Total Children Surveyed
Banteay Meanchey	18	0	0	18	10	752
Battambang	24	2	2	22	10	1065
Kampong Cham	6	1	1	5	2	241
Kampong Chhnang	8	1	1	7	6	257
Kampong Speu	12	1	1	11	9	424
Kampong Thom	15	1	1	14	12	518
Kampot	3	0	0	3	1	152
Kandal	15	1	1	14	3	755
Kep City	2	1	1	1	0	89
Koh Kong	3	1	0	2	1	107
Kratie	1	0	0	1	1	31
Mondulkiri	2	1	1	1	1	74
Odor Meanchey	4	0	0	4	4	82
Palin	1	1	1	0	0	106
Phnom Penh	45	3	1	42	14	2011
Preah Vihear	4	1	0	3	3	94
Prey Veng	3	1	1	2	1	142
Pursat	5	1	1	4	3	216
Ratanakiri	2	0	0	2	2	22
Siem Reap	15	0	0	15	5	524
Sihanuokville	6	1	1	5	2	288
Stung Treng	1	0	0	1	1	13
Svay Rieng	5	1	1	4	1	118
Takeo	4	1	1	3	3	189
Total	204	20	16	184	95	8,270

* Included in Total of Government Centers

** Included in Total of Non Government Organizations

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