National Estimation of Children in Residential Care Institutions in Cambodia
Foreword

It is our great pleasure to officially release the final results of the National Estimation of Children in Residential Care Institutions in Cambodia, which was conducted during June and July 2015. Data were collected in 24 communes across eleven provinces. To our knowledge, this is the first time that rigorous data on the number of children in residential care institutions has been collected at the national level in a low- or middle-income country.

The findings will be used by the Royal Government of Cambodia to implement policies and programs aimed at measurably reducing the number of children in residential care. The methods are relevant to other countries committed to formulating an evidence-based response to children in residential care.

Many organizations and individuals contributed to this endeavor. This report was prepared by (in alphabetical order): Sok Kosal (National Institute of Statistics, Ministry of Planning), Kimchoeun Pak (Moulathan Consulting), Beth Rubenstein (Columbia University), and Lindsay Stark (Columbia University). Sections of the report were reviewed by Ros Sokha and Oum Sophannara (Ministry of Social Affairs, Veterans and Youth Rehabilitation), Bruce Grant (UNICEF Cambodia) and Florence Martin (Better Care Network).

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Photos were taken by Beth Rubenstein and Lindsay Stark. All children consented to being photographed.

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1. Executive Summary

OVERVIEW

There is increasing international mobilization around the importance of family care for optimal child development. Recently the Royal Government of Cambodia has made a commitment to reduce the numbers of children living in residential care in Cambodia and to invest in initiatives focused on prioritizing supportive family care. However, before rolling out the programs intended to achieve the reduction goals, rigorous baseline data on the numbers of children currently living in residential care institutions was needed to illuminate the scope of the issue and serve as a benchmark of future progress.

This report describes the methodology and findings from Cambodia’s first national measurement exercise to enumerate the population of children living in residential care institutions. Data were collected at the commune level across 24 sentinel sites. The work was led by the National Institute of Statistics (NIS) within the Ministry of Planning, with technical support from Columbia University (CU) in the United States and Moulathan Consulting (MLT) in Cambodia. The project was also guided by a technical working group, which included members from MoSVY, the Ministry of Interior, the Ministry of Labor, UNICEF Cambodia, the United States Agency for International Development (USAID) and Friends International (FI). USAID provided funding for the project, via John Snow International (JSI).
KEY FINDINGS

• We estimate that there are approximately 48,775 children living in residential care institutions in Cambodia. This is in comparison to the previous government estimate of 11,453 children living in residential care institutions in Cambodia (Kingdom of Cambodia, 2014).

• This means that nearly 1 out of every 100 children in Cambodia is estimated to be living in residential care.

• We estimate that there are approximately 1,658 residential care institutions in Cambodia.

• 32% of institutions do not have a Memorandum of Understanding with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and, 70% of institutions were not inspected by MoSVY in 2014.

• There are significantly more boys, compared to girls, living in residential care institutions in Cambodia (57.03% boys versus 42.97% girls).

• The vast majority of children are school-aged, with more than half of all children between 13 to 17 years of age.

• Almost 80% of 13-17 year olds have at least one living parent, and amongst children with at least one living parent, almost half of the children reported that their parent(s) live in the same province as the residential care institution.

• When asked about their primary reason for entering residential care, 75% of 13-17 year old children named either escape from poverty or educational opportunities.

NEXT STEPS

• The intention is to repeat this enumeration exercise in approximately three years in order to gauge Cambodia’s progress towards meeting its stated goal to reduce the number of children living in residential care institutions.
2. **Background**

There is increasing international mobilization around the importance of family care for optimal child development (Clay et al., 2012; US Department of State & USAID, 2012). In many instances, this mobilization has been in response to the rapid expansion of residential care institutions in many low- and middle-income countries (LMICs). In the United States and much of Western Europe, children were de-institutionalized in waves starting in the 1940’s, but this trend has not yet been realized in much of the Global South (Dozier, Zeanah, Wallin, & Shauffer, 2012).

There are grave concerns amongst policymakers and child protection specialists that children who live in residential care institutions will experience cognitive, emotional and physical developmental delays, compared to children who live with families. These concerns arise from a large body of scientific evidence that has consistently found adverse outcomes associated with children’s exposure to extraordinary stress, including violence, emotional abuse and neglect (Anda et al., 2006).

Intervening to reduce early childhood stress are amongst the most impactful and cost-effective mechanisms to prevent poverty and chronic health problems over the life course (Chan, 2013; Irwin, Siddiqi, & Hertzman, 2007).

The harmful effects of residential care institutions have been a particular focus within the scientific literature on
childhood exposure to stress (The Leiden Conference on the Development and Care of Children without Permanent Parents, 2012). In both Russia and Romania, where residential care was epidemic, several well designed studies have documented exceptionally detrimental outcomes for children growing up in institutions (McCall et al., 2013; Merz, McCall, & Groza, 2013; Nelson et al., 2007). In these countries, children who were living in residential care institutions were found to be severely malnourished, socially and emotionally deprived and intellectually deficient. However, in Romania, when some of these children were removed from residential care institutions and placed with foster families before the age of two years, they were able to recover to nearly the same levels as children who were never institutionalized. Dramatic improvements were observed for the de-institutionalized children on multiple measures, including scans of brain activity (Bick et al., 2015). For children who remained in residential care institutions, the damage was generally irreparable and reverberated into adulthood (Nelson et al., 2007). Studies of children from residential care institutions who were adopted have also found that adopted children typically exhibit impressive catch-up growth and cognitive and behavioural advancement immediately after they begin to live with their adoptive families (The Leiden Conference on the Development and Care of Children without Permanent Parents, 2012; van Ijzendoorn, Bakermans-Kranenburg, & Juffer, 2007).

In light of these findings, the Royal Government of Cambodia has begun to see residential care institutions as a risk to the country’s social and economic future and the government has been actively working to strengthen the national alternative care framework. Through a series of policies and minimum standard guidelines led by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), Cambodia has taken laudable efforts to increase oversight and accountability of residential care institutions (Kingdom of Cambodia, 2006, 2008). Related to these efforts, recently the government has made a commitment to reduce the numbers of children living in residential care and to invest in initiatives focused on prioritizing supportive family care. However, before rolling out the programs intended to achieve the reduction goals, rigorous baseline data on the numbers of children currently living in residential care institutions was needed to illuminate the scope of the issue and serve as a benchmark of future progress.

This report describes the methodology and findings from Cambodia’s first national measurement exercise to enumerate the population of children living in residential care institutions. To our knowledge, this is the first time such an enumeration has been conducted in a resource-limited setting. Cambodia does already track the number of children in residential care institutions through routine administrative sources (e.g., MoSVY), but an enumeration provided an opportunity to independently assess the completeness of the existing MoSVY databases. MoSVY has also recently completed a comprehensive national mapping of the number of residential care institutions in Cambodia. Though the focus of the mapping was on counting institutions rather than children, the mapping (like the enumeration) was also conducted to support the government’s ultimate goal of reducing the number of children in residential care institutions. This report is intended to be read in conjunction with the findings from the mapping.

The work was led by the National Institute of Statistics (NIS) within the Ministry of Planning, with technical support from Columbia University (CU) in the United States and Moulathan Consulting (MLT) in Cambodia. The project was also guided by a technical working group, which included members from MoSVY, the Ministry of Interior, the Ministry of Labor, UNICEF Cambodia, the United States Agency for International Development (USAID) and Friends International (Fi). USAID provided funding for the project, via John Snow International (JSI).
3. Methods

Data were collected at the commune level across 24 sentinel sites (see Table 1 and Figure 1). Communes were selected by NIS using a two-stage sampling method. For the first stage, 11 out of 24 provinces in Cambodia were selected using stratified random sampling, with three strata based on total population and geographic location.

For the second stage, within each province, probability-proportionate-to-size sampling was used to select a total of 24 communes across the 11 selected provinces. The sampling frame used to select provinces was constructed based on data on the number of children in residential care institutions gathered from MoSVY and UNICEF. Communes with zero children reported in residential care institutions were therefore not eligible for selection. Eligible communes were ranked according to the number of children living in residential care institutions, as reflected in the MoSVY and UNICEF frame. Then the 24 sentinel communes were selected by starting at a random number and applying a pre-determined sampling interval to make subsequent selections. The final roster of sites captured a diversity of regions, population sizes and numbers of children in residential care institutions.

Within communes, data collectors identified all residential care institutions in the commune boundaries by checking MoSVY’s records and also conducting additional key informant interviews. The data collectors interviewed every village chief from the selected communes, as well as a smaller number of NGO staff, health providers and other community members working and/or living in the target

FIGURE 1: Map of Sentinel Communes
area. The data collectors visited all residential care institutions that were identified through record review and/or key informant interviews.

STUDY DESIGN

The study was designed to triangulate information from multiple sources in order to facilitate cross verification of the number of children living in each facility. First, data collectors visited each identified institution during the day and sought consent to talk with staff and review the registry. Data collectors explained to staff that they were only interested in counting children on the registry who were currently sleeping in the institution. In other words, children who received daytime services or attended school at the institution, but slept in the community, were not counted.

During this daytime visit, staff were also interviewed to determine basic institution characteristics (e.g., institution type, registration status, number of paid and volunteer staff). In addition to self-reported data on whether or not the institution had a Memorandum of Understanding (MOU) with MoSVY (“institutions self-reporting MoSVY registration”), a variable was added during analysis to capture whether or not the institution was formally inspected by MoSVY in 2014, as reflected in MoSVY’s Residential Care Inspection Report. The inspection report included the names and locations of all residential care institutions visited by MoSVY in 2014 (the most recent year for which data was available).

Second, on the same day as the first visit, the data collectors returned to each identified institution at dinnertime to observe the number of children on the premises. This step was intended to serve as a check against the registry count obtained during the daytime visit. Although data collectors had informed daytime staff that they would be returning again for an evening visit within the coming month, the exact date of the evening visit was not disclosed in order to prevent staff from potentially bringing in any children who were not normally in their overnight care. Data collectors recorded the number of children who were present at dinner. Furthermore, for a random subset of 20% of the children from the daytime registry, data collectors verified that their names, sexes, and ages matched the original records. This verification was accomplished by selecting a random number n between 1 and 5 (electronically), and then reading out loud the name of the child listed on the nth line of the
registry. If this child was present at dinner, s/he raised her hand and the data collector observed whether or not the child’s age and sex appeared consistent with the registry. This process was repeated for every fifth child in the registry.

Finally, data collectors also arranged to conduct individual interviews with all 13-17 year olds who lived in the institution and consented to the interview process. These individual interviews captured information about children’s backgrounds and orphan status, their reasons for institutionalization, their current school attendance, their involvement with institutional fundraising, their health and their general well-being. Children were also asked to read a few simple sentences in Khmer to allow data collectors to assess their literacy, (see “Interviews with 13–17 year olds”, below). The minimum age of 13 years for interviews was selected based on extensive conversations with social workers in Cambodia who advised that 13 years was the minimum age at which children could meaningfully participate in the consent process. This determination is consistent with international guidelines on research with minors (Alderson, 2007; Petersen & Leffert, 1995). All interviews were conducted in private and no identifying information was recorded.

The study protocol and tools were approved by Cambodia’s National Ethics Committee for Health Research (175 NECHR) and the Institutional Review Board at Columbia University Medical Center (AAAP2507). All data was collected electronically using the FieldTask application for smart phones (Penman, 2015).

INCLUSION CRITERIA FOR INSTITUTIONS

A residential care institution was defined as any facility where children live and there is at least one full-time staff member (paid or volunteer) whose primary purpose is to provide long-term care for children.

Long-term care was operationalized to mean that most children lived in the institution for six months or longer for at least four nights per week. These criteria follow the definition of residential care provided by MoSVY and other sources and were agreed to by the inter-agency Technical Working Group guiding the project (Kingdom of Cambodia, 2006). For the purpose of this study, institutions were included regardless of the number of children in their care. Residential care institutions that self-identified as specialized institutions (e.g., care for children with disabilities, care for children with HIV/AIDS, drug treatment centers) were included in the study if they met the general definition stated above..

A child living in a residential care institution was defined as anyone under the age of 18 years who was sleeping in the institution for at least four nights per week during the data collection period.

TRAINING

NIS and Columbia University co-led a three-day training for 36 data collectors and 9 supervisors. All data collectors had prior experience working with NIS on national surveys, but electronic data collection was new for many participants.
The first two days of the training focused on an introduction to the project, inclusion criteria, and forms, as well as substantial practice using the smart phones for electronic data collection. Time was also devoted to a discussion of child protection and ethics, led by MoSVY. This discussion culminated in all participants signing a copy of the MoSVY child protection policy. The third day of the training involved field practice at nearby residential care institutions outside of the sentinel sites. Participants were regularly evaluated throughout the training and any areas of misunderstanding were corrected prior to data collection.

STATISTICAL ANALYSIS

In institutions where the day and the night count had a difference of fewer than 10 children, the total number of children was calculated as the average of both counts. In institutions where the day and the night count had a difference of 10 or more children, data collectors were instructed to follow up with the institution to determine the reason for the discrepancy. All situations where the day and the night count differed by 10 or more children were reviewed by the research team until a consensus could be reached on the appropriate count to use.

To estimate the total number of children in residential care at the national level, final counts from each institution were summed for each sentinel commune. Then, a Poisson regression model was constructed to calculate the rate of children in residential care as a percentage of the total commune population. The Poisson model was corrected for over-dispersion and the exponentiated beta (prevalence rate) was applied to all districts in Cambodia with at least one reported residential care institution. This calculation yielded a national estimate. Data on population and residential care institutions were taken from the 2014 commune database, a compilation of demographic indicators reported by community representatives on an annual basis.

To estimate the total number of institutions at the national level, the national estimate for the number of children in residential care was divided by the mean number of children in the sampled institutions.

Descriptive statistics were calculated in SAS 9.4 (SAS Institute, 2013). For institution characteristics, data was generated from interviews with institution staff. For characteristics of all children, including children younger than 13 years of age, data was generated from institution registries. For characteristics of children between 13 to 17 years of age, data was generated from interviews with individual children. All child characteristics were disaggregated by child sex. P-values for differences between males and females were determined using chi-squared tests.
4. Findings

Data collectors visited 124 residential care institutions in the 24 sentinel communes. Of these institutions, 122 institutions consented to participate in the enumeration exercise, yielding a participation rate of 98.4%. 3,588 children were counted across the 122 consenting institutions, representing a prevalence of 0.69% of the total population in the 24 communes where data was collected. Applying this prevalence rate to the population of all districts in Cambodia with at least one residential care institution reported in the commune database (7,028,394 people), we estimate that there are approximately 48,775 children living in residential care institutions in Cambodia.

This is in comparison to the previous government estimate of 11,453 children living in residential care institutions in Cambodia (Kingdom of Cambodia, 2014).

<table>
<thead>
<tr>
<th>TABLE 2: Institution Characteristics</th>
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<tbody>
<tr>
<td>(n=122 institutions)</td>
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<tr>
<td>total number of children (nat’l estimate)</td>
</tr>
<tr>
<td>number of institutions (nat’l estimate)</td>
</tr>
<tr>
<td>median number of children/ institution</td>
</tr>
<tr>
<td>staff: child ratio, paid staff only</td>
</tr>
<tr>
<td>staff: child ratio, including volunteers</td>
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<tr>
<td>% MoSVY oversight</td>
</tr>
<tr>
<td>% of institutions self-reporting MoSVY registration</td>
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<td>% of institutions inspected by MoSVY, 2014</td>
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<table>
<thead>
<tr>
<th>primary purpose of institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>for children to live</td>
</tr>
<tr>
<td>33.61%</td>
</tr>
<tr>
<td>for children to study</td>
</tr>
<tr>
<td>45.08%</td>
</tr>
<tr>
<td>to care for the sick/disabled</td>
</tr>
<tr>
<td>4.92%</td>
</tr>
<tr>
<td>religious institution</td>
</tr>
<tr>
<td>4.92%</td>
</tr>
<tr>
<td>other</td>
</tr>
<tr>
<td>6.56%</td>
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</tbody>
</table>
In the sentinel communes, the mean number of children per residential care institution was 29.42 children. Dividing our estimate of the number of children living in residential care institutions in Cambodia by 29.42, we estimate that there are approximately 1,658 residential care institutions in Cambodia.

These estimations, as well as additional institutional characteristics, are reported below (Table 2: Institution Characteristics). Note that numbers of staff, registration status and primary purpose of the institution are all based on self-report from staff.

**TABLE 3: Child Characteristics**  
(all children, from registries. n=3,476)

<table>
<thead>
<tr>
<th>sex</th>
<th>all</th>
<th>male</th>
<th>female</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31</td>
<td>18</td>
<td>13</td>
<td>0.0910</td>
</tr>
</tbody>
</table>

Child characteristics were analyzed using the data from the institution registries (Table 3: Child Characteristics, all children). Note that, although 3,588 children were counted in residential care, only 3,476 children were recorded in the registries. Characteristics of the 112 children who were not recorded in the registries are unknown.

Amongst the registered children, there are significantly more boys, compared to girls. The vast majority of children are school-aged, with more than half of all children between 13 to 17 years of age. This age distribution is consistent with the finding that the primary purpose of nearly half of the institutions is for children to study. The mean age of entry into residential care was about 8 years for both boys and girls, but this statistic could only be calculated for 27% of registered children because of missing data for entry date. Therefore, the true age of entry of children is unknown.
Individual interviews were conducted with 1,737 children between 13 and 17 years of age to gather a more in-depth understanding of children's circumstances (Charts 1-9: Child Characteristics, 13-17 year olds). Almost 80% of children have at least one living parent, and parental status does not vary significantly by child sex.

**CHART 1: PARENTAL STATUS**
(13-17 years, n=1,737)

- Both alive: 43.64%
- Only mother alive: 22.74%
- Only father alive: 12.15%
- Both deceased: 18.54%
- Don't know: 2.94%

**CHART 2: PARENTAL LOCATION**
(13-17 years, n=1,737)

- Same commune: 5.28%
- Same district: 6.89%
- Same province: 45.75%
- Different province: 5.94%
- Different country: 2.27%

For gender:
- Female:
  - Same commune: 5.28%
  - Same district: 6.89%
  - Same province: 45.75%
  - Different province: 5.94%
  - Different country: 2.27%
- Male:
  - Same commune: 5.33%
  - Same district: 5.47%
  - Same province: 30.29%
  - Different province: 6.03%
  - Different country: 2.10%

**CHART 3: PRIMARY REASON FOR SEPARATION**
(13-17 years, n=1,737)

- Escape from poverty: 38.86%
- Educational opportunities: 36.85%
- Parental death: 9.44%
- Parental marriage: 1.67%
- Escape from abuse: 1.32%
- Other: 10.13%
- Don't know: 1.61%

For gender:
- Female:
  - Escape from poverty: 38.63%
  - Educational opportunities: 40.50%
  - Parental death: 8.07%
  - Parental marriage: 1.49%
  - Escape from abuse: 1.74%
  - Other: 8.45%
  - Don't know: 1.12%
- Male:
  - Escape from poverty: 39.06%
  - Educational opportunities: 33.69%
  - Parental death: 10.62%
  - Parental marriage: 1.82%
  - Escape from abuse: 0.97%
  - Other: 11.59%
  - Don't know: 2.04%

**CHART 4: SCHOOL ATTENDANCE**
(13-17 years, n=1,737)

- All: 95.74%
- Male: 94.64%
- Female: 97.02%

**CHART 5: LITERACY**
(13-17 years, n=1,737)

- Able to read whole sentence: 86.18%
- Able to read parts of sentence: 8.64%
- Cannot read at all: 3.86%
- Blind/visually impaired or other: 1.32%

For gender:
- Female:
  - Able to read whole sentence: 82.73%
  - Able to read parts of sentence: 11.59%
  - Cannot read at all: 3.97%
  - Blind/visually impaired or other: 1.71%
- Male:
  - Able to read whole sentence: 90.19%
  - Able to read parts of sentence: 5.22%
  - Cannot read at all: 3.73%
  - Blind/visually impaired or other: 0.87%

**CHART 6: INVOLVEMENT IN PERFORMANCES OR OTHER FUNDRAISERS TO SUPPORT THE INSTITUTION**
(13-17 years, n=1,737)

- Yes: 31.15%
- Male: 27.68%
- Female: 35.16%
Amongst children with at least one living parent, almost half of the children reported that their parent(s) live in the same province as the residential care institution. Girls were significantly more likely than boys to have a parent in the same province. In terms of the primary reason that children were separated from their parents, 75% of children cited either escape from poverty or educational opportunities. Girls were significantly more likely than boys to say that they had been separated to pursue educational opportunities.

School attendance and literacy were extremely high amongst boys and girls, though girls did perform slightly better than boys on both measures. Nearly one third of children reported being involved in performances or other fundraisers to support the institution, and this was more common for girls than for boys. However, involvement in fundraising activities and other work or chores did not interfere with children's ability to attend school or get sufficient sleep. Most children reported feeling safe and having contact with adults they could trust.
5. Learning and Implications

METHODOLOGICAL STRENGTHS

The enumeration demonstrated multiple methodological strengths which will provide useful learning for future work. First, the study protocol included clear inclusion and exclusion criteria, both for residential care institutions and children living in residential care institutions. Second, the procedures for identifying residential care institutions through localized key informant interviews were extremely thorough.

Third, once the residential care institutions were identified, the data collectors paid careful attention to getting an accurate count of the children living there. Data collectors found that many institution staff would initially cite a large number of children in residence, but further discussions with staff revealed that the majority of these children were only receiving daytime services (e.g., schooling). Children receiving daytime services returned to their family’s home at night and therefore did not meet our inclusion criteria. The tendency of institutional staff to over-report children was confirmed by the registry reviews and night counts, which found that the number of children in residence matched the staff’s estimates only after staff were specifically asked to exclude children receiving daytime services. Other attempts to count the number of children in residential care institutions in Cambodia have not necessarily had the time or human resources to allow for these extensive conversations with staff and additional verification procedures.
POLICY IMPLICATIONS

NIS and partners have demonstrated that it is feasible to conduct a national enumeration of children in residential care institutions in a resource-limited setting. This is an important precedent for Cambodia, as well as for other countries with an unknown magnitude of children in residential care.

The findings reveal that the number of children living in residential care institutions in Cambodia is significantly higher than previous government estimates. According to our calculations, nearly 1 out of every 100 children in Cambodia is estimated to be living in residential care. Nearly one third of the institutions where these children live do not have a Memorandum of Understanding with MoSVY and 70% of the institutions were not inspected by MoSVY in 2014. This raises substantial concerns for child protection and national development priorities, although a recent sub-decree aims to change this by increasing the regulatory authority of MoSVY to extend to all residential care institutions in Cambodia, regardless of registration status (Kossov, 2015). Previously, MoSVY’s authority was restricted by law to those residential care institutions that were properly registered with MoSVY, and institutions registered with other ministries (such as the Ministry of Education and the Ministry of Cults and Religion) could not be inspected by MoSVY. It will be important to monitor the impact of this sub-decree on future registration and inspection rates.

As with any method, the statistical models used to estimate the number of children and institutions at the national level are not without limitations. The models assume that the trends detected within the 24 sentinel communes are applicable to all districts with at least one reported residential care institution, as reflected in the commune database. Given that the information in the commune database relies on community representatives who report on many different indicators and are not trained in understanding the specific inclusion criteria for residential care institutions, it is likely that there are some districts with at least one residential care institution that have been missed. Because our calculation was only applied to districts with reported institutions, it is likely that we have underestimated the number of children in residential care in Cambodia.

Regarding the profile of children living in residential care, this study confirmed several commonly held assumptions. First, almost all children living in residential care institutions in Cambodia are older than five years of age. Second, amongst the older children interviewed, most children have at least one living parent and stated that they were living in residential care to escape poverty and pursue educational opportunities. In many ways, the proliferation of residential care institutions in Cambodia seems to reflect the lack of viable alternatives for families who struggle to provide for their children.

Furthermore, we found that residential care institutions do seem to meet some of children’s needs, as reflected by children’s high levels of school attendance and literacy, high feelings of safety and trust and low levels of work and illness. These findings could be related to the way in which we collected data about children. With the exception of the literacy assessment, our data about characteristics of 13-17 year olds relies entirely on self-reported measurements. The interviews may have been particularly prone to biases, as children may...
not recall the reasons surrounding their separation from their parents at a young age. Regarding questions about school attendance, safety and trust, children may feel pressure to provide positive responses so that they and/or their caregivers do not face repercussions. Still, despite the limitations of self-reported measurements, the profile of children in this study suggests that many of the children in our sample are reporting decent levels of care across certain indicators. Our findings, along with research on institutional care from Cambodia, China, Ethiopia, India, Kenya and Tanzania, underlines the need for more data from diverse settings to adequately understand the complex dynamics affecting children in residential care (Braitstein et al., 2013; Embleton et al., 2014; Hong et al., 2011; Whetten et al., 2014).

Most importantly, however, even well-intentioned residential care institutions should not serve as a substitute for a functioning child welfare system that prioritizes family care. All children have the fundamental right to grow up in a loving and protective family environment. Cambodia and the international community have an obligation to support families so they can provide for their children, even in the face of poverty. Foster care and domestic adoption systems should fill the gap only in cases where families are unable to care for their children due to abuse, illness, substance abuse or death (The Leiden Conference on the Development and Care of Children without Permanent Parents, 2012).

Building a professional child welfare system in Cambodia that can serve these purposes will take time, but it is hoped that this report will generate greater awareness of the scale and urgency of the issue.

In the meantime, the government is responsible for protecting the rights and ensuring the development and well-being of the 48,775 children who are currently in residential care. Enumeration is the first step in this direction.

NEXT STEPS

It is anticipated that the findings from this baseline enumeration will be used together with the results of the recent MoSVY mapping to inform policies and programming that will ultimately reduce the number of children in residential care. This reduction is expected to be achieved through a combination of efforts, including strengthening the child welfare system, enforcement of the recent residential care sub-decree and carefully monitoring de-institutionalization and community reintegration. The intention is to repeat this enumeration exercise in approximately three years in order to gauge Cambodia’s progress towards meeting its reduction goal.

Cambodia is emerging as a leader in data-driven practice in child welfare. The government’s commitment to measurably reduce the number of children in residential care is an example for other countries seeking to increase accountability towards vulnerable populations and strengthen the next generation of citizens. The potential of tomorrow’s leaders depends on today’s investments in family care.
6. References


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