



# Cambodia Care Reform Consultations

## Report on Findings

VBNK

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## List of abbreviations

3PC	Partnership Program for the Protection of Children
FCF	Family Care First
M&E	Monitoring and evaluation
MEF	Ministry of Economy and Finance
MoI	Ministry of Interior
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NGOs	Non-government organizations
QLS	Quarterly Learning Summits
RCI	Residential care institutes
REACT	Responsive and Effective Child Welfare Systems Transformation
RGC	Royal Government of Cambodia
SCI	Save the Children International
SNAs	Sub-national administrations
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

## Executive Summary

### Introduction

The United States Agency for International Development (USAID) has been supporting agencies and processes to promote the care and protection of children in Cambodia since 2009, initially through the United Nations Children's Fund (UNICEF) and since 2015 additionally through the Family Care First (FCF) initiative. FCF was co-created by USAID and key stakeholders, including the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY). Its primary goal is to reduce the number of children growing up outside of safe, nurturing, family-based care. FCF is implemented by Save the Children International (SCI) through a two-pronged approach in which they disburse grants to local implementing non-government organizations (NGOs) and also facilitate partnership and learning activities among all the participating agencies, including the Royal Government of Cambodia (RGC), sub-national administrations (SNAs), and the funded NGOs. As the first phase of FCF is coming to a close USAID initiated an information gathering process to help them gain perspectives from key stakeholders to inform the next phase of support. This was done by engaging an independent agency, the Cambodian NGO VBNK, to conduct a series of consultation interviews and workshops in order to engage stakeholders in discussion on the key questions detailed below.

Following document review, the consultations were conducted through individual meetings (some virtual) with key informants, and five workshops in Battambang, Siem Reap, Sihanoukville, and two in Phnom Penh, one for implementing level personnel from the municipality and Kandal province, one for national level informants. Challenges arose from the restrictions in place in response to the Covid-19 virus, but the process was able to move ahead once the government eased the controls. A further challenge arose from RGC protocols about inviting officials to meetings, but this was overcome through collaboration between USAID and MoSVY.

### Findings on the Key Questions

For the purposes of this report the findings have been differentiated at ‘policy’ and ‘implementing’ levels. Policy refers to the laws and other government instruments in place to specify what should happen, and how it should happen, and in general terms the actors at policy level are MoSVY, and in some cases other RGC ministries, the major donors, United Nations (UN) agencies, and the leading international NGOs in the sector. The implementing level encompasses all the decisions and activities that occur in direct work with children and families, undertaken at the various levels and departments of SNAs and the NGOs, which are mostly but not exclusively, local.

#### ***Key question 1: Where are things now with the development of a national system of care and protection in Cambodia?***

As everything at the **policy level** applies to the whole country, this is valid for assessment of the extent of a national system.

- *Legal framework: laws, strategies, policies and guidelines:* important laws and supporting legal instruments, and national action plans are in place. However, there are still significant gaps, the most pressing of which appears to be the Reintegration Guidelines that have been developed but not yet approved by MoSVY, and have not, therefore, been rolled out.

- *MoSVY Capacity:* While many structures and systems for implementation are in place not all have yet been fully, or successfully implemented. MoSVY respondents, and others, are clear that in order to function most efficiently, and effectively MoSVY would need more capacity than is currently in place. Several dimensions of capacity are needed including:
  - o More financial resources to support implementation;
  - o More technical knowledge and skills to manage and monitor implementation; and,
  - o A national database to provide the comprehensive and up to date information.
- *Partnerships and collaboration at policy level:* In place at policy level are a set of significant relationships among key actors who are all working towards the same broad goals with regards to child care and protection. However, it is notable that the key partnerships are all with external entities and the level of cohesion and supportive collaboration within MoSVY and between MoSVY and other key ministries is not high. MoSVY itself recognizes, as do other stakeholders, that they do not have strong political capital within RGC, which inhibits the pursuit of its agenda, and the ability to secure the resources and cooperation it needs from other ministries.

Some partner agencies functioning at the policy level are also working at implementing level. In general, the level of cooperation and collaboration appears to be good, but there are some serious complications within these relationships, which manifests in NGO criticism of USAID, and to a lesser extent of UNICEF. The problems appear to have arisen as the result of historical decision making but are also possibly due to a lack of understanding of the different mandates of different types of agency. Importantly MoSVY respondents did not express similar views to the NGO critics, but were clearly frustrated with some aspects of how FCF has been designed and is functioning, in particular issues about how the budget was used in the early stages of the project and the fact that they do not have direct control of any of the financial resources involved now. They are also frustrated at the lack of cooperation between some partners and have recently taken steps to resolve that problem through sector planning processes.

- *Children with disabilities:* Another significant gap is multi-ministry policy and guidelines on how to support children with physical and other types of disability.

Because FCF has only been rolled out in five pilot provinces, the assessment at **implementing level** can only be viewed as a partial indicator for the national system.

- *Partnerships and collaboration at implementing level:* There is a good deal of soft capacity in place in terms of commitment of all actors in the networks and partnerships established by FCF to work together at implementing level to achieve results. While there is of course always room for improvement, overall this is a strength of how things are within FCF.
- *Technical capacity regarding procedures in implementing agencies:* As noted above, policies, systems, guidelines and standards do exist. However, it cannot be said that they are known, understood and used with any degree of consistency among either the SNAs or NGOs working at implementing level. There are individuals within many implementing agencies who do know what they should do and how to do it. But workshop feedback indicated that there are also SNAs and NGOs which lack personnel, or sufficient personnel, with the necessary knowledge and skills. The result, in some geographic areas, is fairly widespread confusion, particularly in some rural areas, about roles and responsibilities at this level.
- *Social workers:* The need for more government appointed social workers, particularly at District level, was noted by many respondents. Additionally the ‘*Guidelines on Basic Competences for Social Workforce in Cambodia*’ officially launched in late 2019 have yet to be

fully rolled out, with the result that many inconsistencies remain in what is considered to be social work practice and how it is delivered.

- *Children with disabilities:* As noted above at the policy level, the systems are not yet in place to deal with cases where children have any type of disability. This was seen to be particularly challenging for those at the implementing level, who often found they had no viable options for suitable placements for this group of children. In Phnom Penh and Kandal it was noted that there are also significant difficulties when working with young offenders and drug users.
- *Geographic limitations of the pilot:* because the Action Plan, and FCF/REACT support for it, is being piloted in only five provinces, cases occur where children cross borders into provinces that do not yet have the same system in place. It is then very difficult to track what has happened and where they are, so the children effectively disappear from the system.

***Key question 2: What needs to be done moving forward to further build and strengthen the system?***

The summary answer to the question of strengthening the system is that efforts are needed to address the gaps noted in the analysis above about what is not in place, especially if the next phase involves scale up to more or all provinces.

- *Ongoing policy and systems development and roll out:* MoSVY needs to complete the development and approval of essential guidelines and they already have processes and support in place to complete much of this work. Most pressing is the need for the Reintegration Guidelines. Capacity development initiatives to ensure that all implementing actors know and understand all the relevant laws and guidelines is a priority need. Additionally, an initiative is needed to bring together all ministries concerned with the care, education and health of children with disabilities.
- *Resource mobilization and development:* A priority need is to strengthen MoSVY capacity to advocate for more resources and collaboration with other ministries. This calls for development of a comprehensive database within the Ministry. Another priority need is for more social workers at the District level.
- *Policy level partnership strengthening:* higher levels of alignment between supporting partners would help to strengthen the system moving forward. In order to avoid the current negative attitudes held by some becoming irretrievably embedded in the system, a widely consultative and participatory process is needed for formulation of the next phase.

***Key question 3: To what extent is Family Care First contributing to achieving care reform at scale in Cambodia? If so, how? If not, where does it fall short?***

Within the scope of the consultations all stakeholders acknowledge that the successes that have been achieved would not have been possible without USAID support through FCF. At implementing level, especially among the NGO partners, FCF is seen almost exclusively as the funding channel that USAID uses to support their work on reintegration of children into the community, either family or foster care. In terms of implementation, without doubt the FCF contribution has laid the foundation for roll out of the collaborative approach at implementing level across the whole country.

In terms of care reform at the policy level the issue is rather more complex. Policy level actors are all insistent that this reform process was not a USAID initiative as it was underway before USAID became involved. Getting to the current state of national level plans, policies, frameworks, guidelines has been a long process involving many agencies working with MoSVY in various

ways and initiatives. An inhibiting factor is the lingering negative feelings about some historical decisions made at the time FCF was launched, but these are largely beyond the control of USAID. But more than one policy level respondent noted that USAID had made an important long-term and strategic contribution to sector reform.

***Key question 4: To what extent is Family Care First maintaining a focus on its overall aim of “catalyzing a transformation of the child care system” as well as supporting activities that address its four objectives?***

FCF appears to be very purposeful, at multiple levels, in its focus on transforming the child care system. FCF is contributing at the level of its aim because without doubt change is happening, but the change is incremental rather than transformational. Within the workshops there was general agreement that the objectives are being achieved, but discussion of specifics was challenging because it appears that all implementing partners are struggling with the demands of the FCF and SCI monitoring and evaluation (M&E) requirements. There is significant achievement in addressing three of the four objectives, as follows.

1. Prevent family-child separation: No information readily available about results at the time of the inquiries.
2. Decrease the number of children living in orphanages and other residential care institutions: MoSVY figures show this objective is being achieved
3. Increase the number of children reintegrated into family-based care: MoSVY figures show this objective is being achieved
4. Decrease the number of orphanages and other residential care institutions: MoSVY figures show this objective is being achieved. (However, it is important to note that closing institutions is beyond the powers of the project, that is a MoSVY mandate.)

**Management of FCF implementation**

While the consultation process was not intended to be an evaluation of FCF or conducted in a way to imply that it was, a number of issues about project management were raised repeatedly by the partner NGOs. These issues are noted as an output of the consultations, because they have relevance for how the next phase of the program should be framed. The feedback was discussed with the SCI Chief of Party, who assured that where possible steps are in hand to manage the problems. The main points of concern are as follows:

- *SCI approaches the relationship with partners as a matter of control rather than collaboration:* This problem is inherent in relationships where one agency is both the grant maker and at the same time responsible for the project’s technical inputs and process facilitation;
- *Partners are expected to attend too many meetings:* this may have been an issue of timing because SCI had called more meetings than usual to monitor Covid-19 impact;
- *The M&E system is complex and is combined with heavy reporting requirements:* this appears to be a very valid concern with which many partners struggle, to the extent that some have decided not to apply for further funding from FCF;
- *Expectations that partners align their policies to those of USAID and SCI:* both USAID and SCI have some policies that must be adhered to globally by all their partners. These are non-negotiable;
- *There is little recognition of partners’ existing expertise:* this is an issue of SCI staff attitudes, linked to the controlling nature of the relationship noted above; and,
- *That SCI systems and requirements change when senior staff change:* this appears to be a one-off, that occurred early in the project.

## **Recommendations**

### ***Policy level***

- Approaches be found to overcome current constraints so that USAID can have a direct partnership with the Ministry.
- Support scale up and roll out to more or all provinces
- Support MoSVY to respond to and manage the complexities of the functional transfer to SNAs, as part of the ongoing whole of government reform

### ***Implementing level***

- Consider a different structural design for Phase II. In particular consider:
  - o Reverting to the original intention to have two different agencies managing the project, one providing technical inputs while the other manages grants; and,
  - o Making larger grants to fewer, stronger partners able to cope with all the transaction requirements of USAID funding.
- Extend capacity development initiatives for all actors to understand their roles and responsibilities, and all the related guidelines and procedures

## 1. Introduction

### 1.1 Background and overview of the consultations

The United States Agency for International Development (USAID) has been supporting agencies and processes to promote the care and protection of children in Cambodia since 2009, initially through the United Nations Children's Fund (UNICEF) and since 2015 additionally through the Family Care First (FCF) initiative. FCF was co-created by USAID and key stakeholders, including the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY). Its primary goal is to reduce the number of children growing up outside of safe, nurturing, family-based care. FCF is implemented by Save the Children International (SCI) through a two-pronged approach in which they disburse grants to local implementing non-government organizations (NGOs) and also facilitate partnership and learning activities among all the participating agencies, including the Royal Government of Cambodia (RGC), sub-national administrations (SNAs), and NGOs.

As the first phase of FCF is coming to a close USAID initiated an information gathering process to help them gain perspectives from key stakeholders to inform the next phase of support. This was done by engaging an independent agency, the Cambodian NGO VBNK, to conduct a series of consultation interviews and workshops in order to engage stakeholders in discussion on the following key questions:

1. Where are things now with the development of a national system of care and protection in Cambodia?
2. What needs to be done moving forward to further build and strengthen the system?
3. To what extent is Family Care First contributing to achieving care reform at scale in Cambodia? If so, how? If not, where does it fall short?
4. To what extent is Family Care First maintaining a focus on its overall aim of “catalyzing a transformation of the child care system” as well as supporting activities that address its four objectives?

Full details of the background and expected consultation process are given in the Scope of Work at Annex 1.

### 1.2 Methodology

Background reading resources to inform the consultations were provided by USAID, UNICEF and other key informants. The consultations were conducted through individual meetings (some virtual) with key informants, and a series of five workshops in Battambang, Siem Reap, Sihanoukville, and two in Phnom Penh, one for implementing level personnel from the municipality and Kandal province, and one for national level informants. See Annex 2 for list of individual interviewees and workshop attendants.

Throughout the process VBNK maintained regular communication with the USAID mission to keep them informed of progress, and to work together to find ways to overcome the challenges encountered, which are detailed below.

Following discussions between VBNK and USAID the proposed workshop schedule was revised to allow more time for the primary purpose, namely feedback from participants about progress and

discussion of the key questions. (See Annexes 3 and 4 for the workshop program, session plan and presentations used). Information about FCF generally, and data on progress to date on the reunification and reintegration of children into family-based care was supplied by USAID and MoSVY respectively. Following the first workshop in Battambang VBNK further revised the program to simplify the session on human-centered design, which had proved to be problematic and time-consuming. The revised session worked better in subsequent workshops.

Initial findings were shared in a mission out-brief session with USAID on 21<sup>st</sup> September 2020. SCI and UNICEF were also further consulted to seek clarity on some issues that had arisen and their response on some of the findings.

### 1.3 Challenges

The first challenge to conducting the consultations was the precautions put in place by the RGC to combat and control the risks of COVID-19 spreading throughout the country. This meant that the original timetable was not achievable as both travel restrictions and prohibitions on meetings were in place. This did not prevent preparations and individual interviews from taking place but did postpone the workshops. When it became clear that the country had fortunately avoided mass spread of the virus it was possible to rearrange the schedule and move ahead with the workshops during the period of 10<sup>th</sup> August, 2020 to 10<sup>th</sup> September, 2020.

A significant challenge came to light in terms of inviting SNA officials to attend workshops. RGC protocols generally require that invitations for all levels of personnel must be sent to very senior post-holders, e.g. a provincial governor, who will review the invitation and decide if anyone under their authority should attend, and if so, who should attend. It also came to light that such invitations require authorization from the relevant central ministry before provincial governors or directors will consider the invitation. VBNK issuing invitations was not considered to be valid and it was necessary for USAID to request MoSVY to help facilitate the process. It also emerged that it was considered necessary for the invitations to government officials to be delivered in person, necessitating a pre-workshop mission not only by the logistics team but also by the team leader. A senior MoSVY official at the final workshop, which was poorly attended, commented that the invitation with USAID logo at the head but signed by VBNK was confusing and the likely cause of some people not attending.

## 2. Summary of Findings on the Key Questions

Child care and protection, and the substantive network of actors involved, is a very complex, multi-level system. Commenting on the system without any differentiation of the levels would not bring sufficient clarity to enable understanding of what is happening. For the purposes of this report the levels have been identified as ‘policy’ and ‘implementing’. While this is undoubtedly a simplification, because there are many sub-levels involved, and there is a lot of crossover between them, it is sufficient for the purposes of this analysis. Policy in this context refers to the laws and other government instruments in place to specify what should happen, and how it should happen. This includes ministry level action plans, and specification of standards and guidelines for implementation. In general terms the actors at policy level are MoSVY, and in some cases other RGC ministries, the major donors, United Nations (UN) agencies, and the leading international NGOs in the sector. The implementing level encompasses all the decisions and activities that occur

in direct work with children and families. The actors involved at implementing level are the various levels and departments of SNAs and the NGOs, which are mostly but not exclusively, local.

## 2.1 Where are things now with the development of a national system of care and protection in Cambodia?

### 2.1.1 Policy level

As everything at the policy level applies to the whole country, this is valid for assessment of the extent of a national system.

#### 2.1.1.1 Legal framework: laws, strategies, policies and guidelines

A number of important laws and supporting legal instruments are in place, along with national action plans on key issues. In addition to everything that MoSVY had issued, the list is extensive because it is important to include everything relevant, both inter-ministerial as well as from other ministries from the whole of government. See Annex 5 for the list of the most important laws, sub-decrees and other relevant documents.

Despite the many positive attributes of the national system already established, there are still significant gaps. For example, not all necessary guidelines are in place. Many cited the pressing need for the Reintegration Guidelines that have been developed but not yet approved by MoSVY, and have not, therefore, been rolled out. At Ministry level there is awareness of the importance of completing this process, and concern was expressed that as yet there is no clear procedure for implementation of reintegration and ensuring common standards of action and support. Respondents within MoSVY also noted that some existing policies and guidelines are very out of date and in need of revision, especially on matters such as financial allowances.

#### 2.1.1.2 MoSVY Capacity

MoSVY stated that all the necessary structures and systems for implementation are in place. Reference was made in this context to the sub-decrees issued in 2019 authorizing transfer of MoSVY's provincial operations to the new unified authorities under the management of the Ministry of Interior (MoI). However, some national level respondents noted that while some structures and systems may exist in theory it is not yet clear that all or any of them have been successfully implemented at SNA level. As one respondent noted '*there is a long way to go and it still needs a lot of external support*'.

MoSVY respondents, and others, are clear that in order to function to most efficient effect MoSVY would need more capacity than is currently in place. Several dimensions of capacity are needed including:

- More financial resources to support implementation;
- More technical knowledge and skills to manage and monitor implementation; and,
- A national database to provide the comprehensive and up to date information.

A difference of opinion exists among some policy level stakeholders about exactly what MoSVY needs capacity to be able to do. Within the Ministry the view is that, in addition to all they do and want to do further at policy level, it is their mandate to control implementation. This would include the flow of financial and technical resources to the implementation level, and also the management

of processes to ensure that the entire system had effective communication and information sharing for the purposes of both improving implementation and informing policy development. This is not, in fact, a view that is fully in accord with the recent functional transfer to SNAs, but maybe a reflection of the frustration being felt about the changes as expressed, for example, by one Ministry respondent that they ‘*cannot even call a meeting now*’.

However, some actors external to MoSVY are of the opinion that within a decentralized government system the role of any ministry should be to establish the frameworks and systems for implementation and then monitor the implementers: central ministries should not be directly involved in implementation. In particular the opinions expressed were that MoSVY should at this time concentrate its efforts on internal capacity development for three purposes of high importance. Firstly, continual improvements to policy, systems and guidelines to enable implementers to work effectively. Secondly, establishing and implementing comprehensive nationwide monitoring and evaluation systems to ensure that policies and guidelines are being followed. And, thirdly, securing resources and other forms of inter-ministerial cooperation within RGC (see 2.1.1.3 below).

#### *2.1.1.3 Partnerships and collaboration at policy level*

In place at policy level are a set of significant relationships among key actors who are all working towards the same broad goals with regards to child care and protection. Working with and supporting MoSVY are:

- Development partners, notably USAID and the European Union supporting FCF/REACT, plus others supporting agencies such as UNICEF in relevant work;
- UNICEF, who are a long-term partner; and,
- International NGOs, most notably Friends International and SCI.

However, it is notable that this set of positive and supportive partnerships is all with external entities. It has to be noted that the level of cohesion and supportive collaboration within MoSVY and between MoSVY and other key ministries is not high. MoSVY itself recognizes, as do other stakeholders, that they do not have strong political capital within RGC and this is a major factor inhibiting both the pursuit of its own agenda with clarity and purpose, and the ability to secure the resources and cooperation it needs in particular from the Ministry of Economy and Finance (MEF) and MoI.

Another point raised by the Ministry is that of communication and the sharing of information between NGOs and MoSVY. While noting that some NGOs are very good about sharing case information, frustration was expressed that others do not, but the NGOs still expect MoSVY to be the source of the information when they need it. It was suggested that this problem could in part be overcome by strengthening information sharing systems at provincial level.

Some of the partner agencies functioning at the policy level are also working at implementing level. In general, the level of cooperation and collaboration appears to be good. While it is not unique to this sector or initiative that civil society actors accuse donors and UN agencies of pushing their own agenda onto governments, it was notable that there appear to be particularly strong feelings in this regard where FCF is concerned. Some policy level NGO respondents are of the opinion that FCF is very unpopular within MoSVY, because it had been pushed onto the Ministry

and had been accepted as the only option for accessing USAID money. (It was not felt appropriate to explore whether or not the statements made by some individuals were in fact the accurate representations of the Ministry's views that they were purported to be.)

Importantly MoSVY respondents did not express similar views to the NGO critics, but were clearly frustrated with some aspects of how FCF has been designed and is functioning, in particular issues about how the budget was used in the early stages of the project and the fact that they do not have direct control of any of the financial resources involved now. MoSVY appears to be very open to NGO engagement in initiatives such as FCF, but they do express concern about the inconsistencies of approaches and standards applied by different implementing NGOs. They also expressed frustration that there is not greater collaboration between FCF and Partnership Program for the Protection of Children (3PC) but have recently addressed that issue by requesting a joint planning exercise. There was also similar criticism of UNICEF from policy level NGOs, which again seemed to display some lack of knowledge about UNICEF's mandate and their long history of support and collaboration with MoSVY, some of which has been supported by USAID.

All who commented about the partnership challenges were clearly knowledgeable in terms of the issues and complexity of how to address the needs and challenges. But none of the NGO critics of USAID and UNICEF seemed willing or able to acknowledge their commitment to their own mandate and approach was a factor in creating a competing agenda within the broader system, and that this creates additional challenges for MoSVY to deal with. It is highly unlikely that in such a complex area of need any one agency would have all the answers about the right way to do things, but some appear to think they do.

Some respondents felt strongly that issues arising from the inception of FCF created an unhelpful legacy that is still having negative impact. In part this appears to be the tensions created within the network by the decision to start FCF rather than extend support to 3PC. A further factor was the withdrawal of the Global Alliance for Children resulting in SCI becoming both the fundraising and grant-making 'backbone' and partnership facilitator of the network (this is addressed in more detail at section 3: Management of FCF Implementation below). Some respondents also felt that the original purpose of FCF was to lead learning through piloting innovations, and then move into scale up, but that this has fallen away in the sense that there are no significant innovations currently underway, and the program has not moved beyond the original five provinces. These respondents felt the momentum for change and development had got stuck in the practicalities of implementation. One summarized these issues as 'unintentional design faults' in the FCF concept and noted that going forward must be different.

#### *2.1.1.4 Children with disabilities*

Another significant gap is multi-ministry policy and guidelines on how to support children with disabilities. This is relevant for both physical disability and for children with learning and severe behavior challenges, especially those on the autism spectrum. Some cases would need effective collaboration with both health and education authorities. As yet no appropriate policies and procedures are in place, but preliminary steps have been taken towards establishing what is needed.

### 2.1.2 Implementing level

Unlike the policy level, because FCF has only been rolled out in five pilot provinces, the assessment can only be viewed as a partial indicator for the national system.

#### *2.1.2.1 Partnerships and collaboration at implementing level*

The information gained in the workshops indicates that there is a good deal of soft capacity in place in terms of commitment of all actors to work together at implementing level to achieve results. The networks and partnerships established by FCF are clearly functioning effectively and enable different actors to work together well. This is important because, as described below, there are significant gaps in other types of capacity which could, in some circumstances, lead to tension and lack of cooperation. But that does not appear to be the case and there appears to be a strong spirit of joint effort to understand the system and overcome the problems. The local actors also clearly have knowledge of local communities, which is an asset when working with individual cases and trying to solve problems.

However, despite the overall very positive comments on the nature of how all agencies work together, some workshop NGO participants suggested that they needed to have in place a process for direct dialogue with MoSVY in order to jointly reflect on how the various policies and guidelines work at implementing level, and to make adjustments where needed. This is an interesting request given that all partners are routinely involved in Quarterly Learning Summits (QLS), so it would seem that those who made the suggestion do not experience the QLS as meeting this particular need that they have identified. The fact that this suggestion was made without reference to the QLS would seem to indicate that the NGOs perceive the QLS as having a different purpose. This was discussed with SCI who suggested that perhaps the formal nature of any event involving senior ministry personnel acts as an inhibitor to NGO personnel feeling they can engage in open discussion of the type that those making this suggestion would like to have.

#### *2.1.2.2 Technical capacity regarding procedures in implementing agencies*

As noted above, policies, systems, guidelines and standards do exist. However, it cannot be said that they are known, understood and used with any degree of consistency among either the SNAs or NGOs working at implementing level. There are individuals within many implementing agencies who do know what they should do and how to do it. But workshop feedback indicated that there are also SNAs and NGOs which lack personnel, or sufficient personnel, with the necessary knowledge and skills.

The result, in some geographic areas, is fairly widespread confusion about roles and responsibilities at this level. While it is an issue everywhere, it did seem that it is more of a problem in rural areas. It seems that in cases where both the SNA and NGO personnel lack experience, it results in confused expectations about who should do what. However, the challenges appeared to occur most frequently when SNA personnel were not fully aware of their roles and responsibilities. This confusion is sometimes combined with and exacerbated by lack of resources, depending on the policies of and support provided by NGOs in the particular geographic area. Examples cited were the focal point person of a Commune Council being overwhelmed by expectations that they would act in situations where they had neither the knowledge nor the resources to do so. Another example, cited often, was the delays involved in getting necessary paperwork processed in SNA

offices by people not knowing what they should do, which sometimes caused major problems in urgent cases.

It was particularly interesting that no one consulted at the implementing level made any reference to the decentralization reforms which resulted in transfer of the sub-national level functions of MoSVY to the newly reorganized SNA under the control of MoI. Policy level respondents who are aware of and understand the complexities of the transfer process noted that it is *'crucial'* for the SNA to understand their new roles and responsibilities, but were of the opinion that so far everything is new to the officials in the SNA and significant capacity development initiatives are needed.

#### *2.1.2.3 Social workers*

The need for more government appointed social workers, particularly at District level, was noted by many respondents. Some NGOs have social workers who have sufficient knowledge and experience to be effective, but the coverage is not universal. Service availability depends on which NGO is covering a particular geographic area. The *'Guidelines on Basic Competences for Social Workforce in Cambodia'* were officially launched in late 2019. However, they have not yet been fully rolled out so have yet to be fully adopted and adhered to by all the agencies employing social workers. The result is that there are still major inconsistencies in what is considered to be social work practice and how it is delivered. The need, not only for more social workers, but also for much greater consistency in social work training was noted by many respondents at both the policy and implementing levels.

#### *2.1.2.4 Children with disabilities*

As noted above at the policy level, the systems are not yet in place to deal with cases where children have any type of disability. This was seen to be particularly challenging for those at the implementing level, who often found they had no viable options for suitable placements for this group of children. In Phnom Penh and Kandal additional vulnerable groups mentioned by stakeholders were young offenders and drug users. They noted that they have significant difficulties when working with these young people, due to the fact that there are so few dedicated support options for such groups.

#### *2.1.2.5 Geographic limitations of the pilot*

The final significant gap in the system noted at the implementing level was the fact that because the Action Plan, and FCF/REACT support for it, is being piloted in only five provinces, cases occur where children cross borders into provinces that do not yet have the same system in place. It is then very difficult to track what has happened and where they are, so the children effectively disappear from the system, which implies a number of worrying risks to their wellbeing.

## **2.2 What needs to be done moving forward to further build and strengthen the system?**

The summary answer to the question of strengthening the system is that efforts are needed to address the gaps noted in the analysis above about what is not in place. This is particularly important given there was almost agreement among all respondents that the next phase should involve roll out to nation-wide coverage. It was felt that there had been sufficient success and learning from this phase of FCF to support taking the program to scale, if the resources are available. While it was beyond the scope of the enquiries to go deeply into other related child

protection and child care projects and interventions, the general impression given was of a building momentum for change based on achievements across multiple fronts. However, it does need to be noted that SCI felt that full scale up to nationwide coverage would be very challenging to achieve in one step and that it would be best achieved in two phased stages.

### 2.2.1 Ongoing policy and systems development and roll out

MoSVY needs to complete the development and approval of essential guidelines and they already have processes and support in place to complete much of this work. Most pressing is the need for the Reintegration Guidelines (mentioned at 2.1.1.1 above) that would establish the standards and procedures to ensure standardized approaches would be used nation-wide. In particular, roll out of the guidelines would call for the standardization of support packages for families when children are reunited or placed in alternative family care. Respondents at all levels noted that there are cases where reintegration breaks down due to the economic pressures on the family. Currently there is no consistency in what NGOs provide and there is agreement that what some NGOs provide in their packages is simply not enough, but it is all they have the resources for. National standards would help them to secure the right level of financial support for more effective packages.

Roll out of the guidelines to all provinces would make significant extra demands on MoSVY and it is not clear that they currently have sufficient capacity to manage the process efficiently and effectively, particularly with regards to monitoring implementation. MoSVY expressed a strong desire to have control of sufficient financial resources to ensure the standardization of support packages, but acknowledge that is not likely to be a reality in the foreseeable future. This is another area that would be beneficial to explore in the formulation of a new phase.

While the need for special provisions for children with disabilities and other different needs is most keenly felt at the implementing level, the likelihood is that there can be no resolution of this challenge until it is dealt with at policy level. The needs of children with disabilities are complex, not only a matter of their family and social care, but also of their health and education. At present there are very few service provider agencies dealing specifically with disability, and even fewer focus exclusively on the needs of disabled children. Recent initiatives within the education system are working to provide inclusive education for children with some types of disability, but it is likely to be a long time before that is either expanded to cover all types of disability or rolled out nationally. It is notable that there does not seem to be any recent *Prakas* or guidelines on implementation of the 2009 Law on the Protection and Promotion of the Rights of Persons with Disabilities. A significant issue is that providing appropriate care and education for disabled children can be expensive, which could be costly for ministries with limited resources. Probably the most effective way forward would be the establishment of an inter-ministerial initiative similar to the Steering Committee on Violence Against Women and Violence Against Children, but it is not clear which RGC entity currently has the interest or convening power to establish such an initiative.

A consistent theme of feedback from the workshops with implementers was that initiatives to help everyone across all agencies understand the law, policies and guidelines, most especially who is responsible for what in any given situation, would contribute a great deal to strengthening the system going forward. As noted above, the impression given was that in some places too few people have the knowledge or ability to apply required procedures in real life cases.

### 2.2.2 Resource mobilization and development

Ultimately the responsibility for resourcing all aspects of child care and protection should be held within the RGC, but currently there is still significant need for external support. A priority need is, therefore, to strengthen MoSVY capacity to advocate for more resources and collaboration with other ministries. This ability would be greatly enhanced by the availability of reliable, comprehensive and up to date information that MoSVY could use for evidence-based advocacy. However, there is no real consensus about what the necessary database would look like. With UNICEF support MoSVY recently launched the case management system PRIMERO, to be used nationwide. However, PRIMERO cannot be considered as a national database. There is also in place the Child Protection Information Management System, which is cloud-based, but one senior MoSVY official would prefer, and is lobbying for, a bigger server-based system that brings together all sources of data within the Ministry. As key officials in MoSVY apparently have different ideas about what is needed, some effort to bring them to agreement would be a helpful first step towards getting any system in place.

USAID, through UNICEF, has already put in place a social worker training program which will contribute to addressing one of the gaps noted by many. However, this initiative will only increase the complement of SNA social workers by 17, which many believe is far too few. Many noted that the social workers who are in post have large workloads with no professional social work support to help them deal with difficult and complex cases. What could help to overcome this problem at ground level would be the establishment of a supervision<sup>1</sup> system for social workers, which currently does not appear to exist at all within government systems.

### 2.2.3 Policy level partnership strengthening

The current challenges in partnerships at the policy level are set out in section 2.1.2.2 above. Undoubtedly, higher levels of alignment between supporting partners would help to strengthen the system moving forward. Like most ministries in Cambodia MoSVY does not yet have the capacity to take a commanding lead of its mandate in terms of ensuring that all participating and contributing actors align to support policy and ministry defined needs for inputs and action. If it did the Ministry could take the lead in addressing the current problems.

None of the expressed opinions from any source acknowledged the fact that FCF was designed in a process of co-creation in which MoSVY was fully involved. Unfortunately, while many referred to some or all of these issues as challenges that need to be resolved going forward, few had any concrete ideas about how they could be overcome in future. What is clear, however, is that in order to avoid the current ‘design faults’ and associated negative attitudes becoming irretrievably embedded in the system, a widely consultative and participatory process is needed for formulation of the next phase.

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<sup>1</sup> In the context of social work the word supervision refers to the provision of guidance and support to help social workers deal with cases that are complex and the emotionally demands inherent in the nature of the work.

### 2.3 To what extent is Family Care First contributing to achieving care reform at scale in Cambodia? If so, how? If not, where does it fall short?

Within the scope of the consultations all stakeholders acknowledge that the successes that have been achieved would not have been possible without USAID support through FCF. However, the findings need to be elaborated in order to be appropriately nuanced as a full response to the question.

The first key point is that understanding of FCF's contribution is very different depending on where different agencies sit in the overall system. At the implementing level, especially among the NGO partners, FCF is seen almost exclusively as the funding channel that USAID uses to support their work on reintegration of children into the community, either family or foster care. This is greatly appreciated because, while NGOs may have other sources of funding, no other donor is supporting this work to anything like the same extent.

The fact that the funding support is accompanied by other components such as membership of the partnership is also appreciated for the opportunities that are offered. The learning and capacity development processes built into FCF have helped improve NGO practices for working with children and families. This, combined with the relationship building that has occurred across the network, both SNAs and NGOs, has contributed to positive cross-agency working practices. Additionally, the NGOs noted that working together gives them greater strength to advocate on the issues, and it is also helpful for accessing resources and other funding sources. No one at this level appears to know anything about USAID working at policy level or, for example, that USAID is a key supporter of the work done by UNICEF in this sector.

The phrase 'at scale' is slightly problematic to assess in that it could be applied to more than one aspect of the reform process. In terms of implementation, without doubt the FCF contribution has laid the foundation for roll out of the collaborative approach across the whole country. It appeared to be implicit in the views of many respondents that the demonstrated success achieved through FCF has laid the foundations for consideration of nationwide rollout. That in and of itself is an important achievement.

In terms of care reform at the policy level the issue is rather more complex. High level actors such as UNICEF and the large long-term international NGOs working in the sector do have an appreciation of the contribution that has been made by FCF. However, all are very insistent on pointing out that this reform process was not a USAID initiative. Some said it was underway before USAID became involved and that FCF only added a component to the existing process. Getting to the current state of national level plans, policies, frameworks, guidelines has been a long process involving many agencies working with MoSVY in various ways and initiatives.

MoSVY has undoubtedly learned from the implementation of FCF and that has helped inform some of their decision making and their ideas when formulating guidelines. However, the fact that USAID is precluded from having a direct funding relationship with the RGC does impact on how much either USAID or FCF are able to influence policy making and push key government entities to support moving the reform to scale.

Another inhibiting factor is the matter mentioned above about the lingering negative feelings with regards to the creation of FCF rather than extending support to 3PC. MoSVY respondents expressed frustration that there was not closer collaboration between FCF and 3PC, but were pleased that a joint planning initiative had now been undertaken at the Ministry's request. At the implementing level there is some confusion about the two networks, but it is not an inhibiting factor. However, at the policy level the tensions have prohibited the level of collaboration that would have been desirable to have all actors working together to support and strengthen MoSVY to increase the pace and scope of the reform process. Thus, it could be said that where FCF falls short in contributing to care reform is in not being part of a high-level partnership with all members pulling together to promote change. But that is a legacy of past decision making. It is also a legacy of other actors' responses to those decisions, for which USAID cannot be held responsible. It was acknowledged by several respondents that the current Mission team working on FCF have made considerable efforts to bridge this problematic divide.

Interestingly one national level respondent asked if the consultations were about all of USAID's contributions to child care reform or only FCF. That respondent's opinion was that USAID had been an extremely influential strategic partner, making a very positive contribution over many years. However, they also noted it was important to frame and clarify the history of change processes as the background to FCF and that FCF had not, for a number of reasons noted above, proceeded as originally expected which meant that the contribution made was not as extensive as originally expected.

The scope of work for the consultations did not include consideration of the financial aspects of FCF, so there is, for example, no analysis of cost effectiveness against the project budget.

#### 2.4 To what extent is Family Care First maintaining a focus on its overall aim of “catalyzing a transformation of the child care system” as well as supporting activities that address its four objectives?

FCF appears to be very purposeful, at multiple levels, in its focus on transforming the child care system. However, as noted above FCF was not the catalyst for the reform process to begin, it was already underway before FCF was created. FCF is contributing at the level of its aim because without doubt change is happening, but it is incremental rather than transformational. Which is in fact probably preferable because a transformation in a complex system has the potential to create chaos. Incremental change of steady improvements is a much better approach. Throughout all the consultations there was almost complete consensus that there is positive change and FCF is an influential factor in that change. It is not possible to assess the extent to which the contributions would have been stronger had USAID been able to directly fund MoSVY, but it is probably safe to assume that there would have been a degree of positive difference.

Within the workshops there was general agreement that the objectives are being achieved, but discussion of specifics was challenging because it appears that all implementing partners are struggling with the demands of the FCF and SCI monitoring and evaluation (M&E) requirements (see section 3 below).

With regards to the specific objectives of FCF, there is significant achievement in addressing three of the four objectives, as follows.

	<b>Objectives</b>	<b>Achievement</b>
1.	Prevent family-child separation	No information readily available about results at the time of the inquiries.
2.	Decrease the number of children living in orphanages and other residential care institutions	MoSVY figures show this objective is being achieved
3.	Increase the number of children reintegrated into family-based care	MoSVY figures show this objective is being achieved
4.	Decrease the number of orphanages and other residential care institutions	MoSVY figures show this objective is being achieved. However, it is important to note that closing institutions is beyond the powers of the project, that is a MoSVY mandate.

### 3. Management of FCF implementation

The consultations were not, in any way, intended to be an evaluation of FCF. Nor were any of the questions asked of respondents about SCI's management of FCF implementation. Nevertheless, during the course of the workshops a number of issues were raised repeatedly by the partner NGOs. These issues need to be noted as an output of the consultations, because they have relevance for how the next phase of the program should be framed.

The feedback has been discussed in full with the SCI Chief of Party. Much of what was raised by partners is already known to SCI, and where possible steps are in hand to manage the problems. However, as noted below some of the issues are non-negotiable.

The table below summarizes the main points of feedback with some explanatory comments.

<b>Issue</b>	<b>Comment</b>
SCI approaches the relationship with partners as a matter of control rather than collaboration	This problem is not unique to FCF and SCI. It is inherent in relationships where one agency is both the grant maker and at the same time responsible for the project's technical inputs and process facilitation. While it is a problem that occurs frequently anywhere and in multiple types of projects, it is likely exacerbated by factors in Cambodian culture such as strong risk aversion which would make SCI staff fearful of being blamed if the partner was thought to have done anything wrong, thus increasing their inclination to control what the partner does.
Partners are expected to attend too many meetings, which are not dealing with the issues they want to deal with, such as improving communications	This complaint may have been influenced by timing. SCI apparently called more than the usual number of meetings in recent months in order to monitor the impact of COVID-19 on the partners' activities.

	Another factor is probably that meetings involving government officials invariably need to have a degree of formality that can be inhibiting to NGO staff expressing their views or asking their questions.
The M&E system is complex and is combined with heavy reporting requirements	<p>Review of the project results framework and how results are monitored was not part of the scope of work, so were not explored in detail. However, it was a very strong concern expressed by partners, and other donors supporting them, that the M&amp;E and reporting for FCF is particularly demanding for small NGOs.</p> <p>Statements were made to the effect that some NGOs were considering not applying for future funding from FCF because they feel that the level of transaction requirements is more than they can cope with.</p>
Partners are expected to align their policies with those of the donors (USAID, and SCI as the intermediary) which is unrealistic for NGOs with many donors, and /or maybe be in conflict with their own policies that have been carefully formulated to local conditions.	Both USAID and SCI have some policies that must be adhered to globally by all their partners. These are non-negotiable. It is a fact that grantees need to take into account when deciding whether or not they wish to apply for/receive funding support from these donors. It is not clear to what extent partners were made aware of this at the start of their engagement with FCF and thus whether or not they made informed choices.
There is little recognition of partners' expertise, especially the strong and well-established NGOs. This creates resentment and also limits the opportunities for stronger partners to contribute by supporting or mentoring the smaller, less experienced NGOs	This issue is linked to the matter of control stated above. It is about the attitudes and behavior shown by SCI staff to partners.
That SCI systems and requirements change when senior staff change	This stems from the change, fairly early in the project cycle, in a senior expatriate position. The incoming post holder had a greater tendency to manage details than their predecessor and this coincided with the time when USAID began to request more information.

Two of the issues raised possibly have significant implications for the design of the next phase of FCF. As noted above the original intention was to have two international agencies managing project implementation, i.e. one doing coordination of shared decision making and learning, communications and fundraising, and the other doing technical support and grant making. Events occurred that led to SCI taking on both roles, which has resulted in tensions and challenges. The

second is the ability of small NGOs to meet and manage all the requirements that go with USAID funding. Both issues are addressed in the recommendations given below.

## 4. Recommendations:

### 4.1 Policy level

- **Approaches be found to overcome current constraints so that USAID can have a direct partnership with the Ministry.**

Much could be achieved if USAID was able to work directly with MoSVY to engage in policy dialogue. This would have the advantage not only of allowing USAID to bring its own expertise directly into the development of policy but would also enable MoSVY to create greater cohesion among its key support agencies, thus reducing the sense of different agencies each pursuing their own agenda.

Whether working directly with MoSVY or not, USAID can leverage its relationships with other relevant ministries and agencies to support MoSVY in development capacity for evidence-based advocacy within government. A prerequisite for this is to help resolve the different opinions within MoSVY about what type of national database is needed.

- **Support roll out to more provinces**

FCF phase 1 was an innovative approach contributing to strengthen and extend the previous efforts of the Ministry and some partners to address the complex problem of the overreliance on, and the high number of Cambodian children living in, residential care. It was piloted in five geographic areas. The results have shown that FCF has made a significant contribution to success in the pilot areas. The needs exist across the country and currently MoSVY does not have the resources to address them without external support. FCF involvement would, therefore, appear to be critical to the viability of taking the reform nationwide. Whether or not the next phase should be nationwide, as many would like, or only to more provinces, as SCI cautions is likely the most achievable approach, is something to be determined in the design phase.

- **Support MoSVY to respond to and manage the complexities of the functional transfer to SNAs**

The RGC's National Program for Democratic Development is a large and complex whole of government reform that has been underway for over a decade. The long-awaited transfer of the sub-national functions of some ministries finally became a reality at the start of 2020. How the transfer, and with it the loss of central ministry control, will work in reality is yet to be fully defined. But it is now a fact that District authorities in particular now have responsibility for actions and procedures relating to the well-being of children that they possibly know little about. In terms of child care and protection there are many complexities that need to be addressed in order to ensure that these reforms continue to be rolled out alongside and within the larger reform program. Without clarity coming from the national level about what needs to happen and who is responsible for doing it, it is likely that the confusion at implementing level will continue to impede good practice. MoSVY needs support to deal with all that has arisen and will arise from the changes.

### 4.2 Implementing level

- **Consider a different structural design for Phase II**

Given the feedback detailed above it would be worthwhile to consider reverting to the original intention to have two different agencies managing the project. Separating the grant making and technical support functions would undoubtedly reduce some of the tensions that currently exist between SCI and the partners in the network. This is an important consideration if there is to be scale up to more or all provinces with the related extension of the partnership to include many more NGOs.

The second issue to consider is whether or not small NGOs should be the recipients of grants under FCF. Making larger grants to fewer, stronger partners might prove to be more efficient and effective, again especially in view of the intended nationwide roll out. There could, within this structure, be exploration of innovative ways to support small NGOs that contribute to the work without them being direct grantees. Working with fewer organizations could also help to address some of the other challenges noted, such as the inconsistency in the support packages given to families.

- **Extend capacity development initiatives for all actors to understand their roles and responsibilities, and all the related guidelines and procedures**

As discussed in the findings above there are multiple capacity gaps across all actors at implementation level. Whatever form the next phase of FCF may take, it is essential that it has a substantive component dedicated to developing the capacity of implementers, especially in terms of helping them to understand their roles and responsibilities, and to follow all the related guidelines and procedures correctly.

## Annexes

- Annex 1: Scope of Work
- Annex 2: List of interviewees and workshop participants
- Annex 3: Workshop program and session plan
- Annex 4: Presentations used in the workshops – English and Khmer
- Annex 5: List of laws, legal instruments and other relevant documents

## SECTION C – STATEMENT OF WORK

### C.1 INTRODUCTION AND BACKGROUND

USAID has supported the strengthening of the child protection system in Cambodia since 2009 with initial support through UNICEF. USAID funding to UNICEF has supported programming to ensure that girls and boys, including adolescents (10–19 years), living with families and outside of family care are increasingly free from violence and exploitation, and from the threat of violence and exploitation in their homes, in their communities and in institutions. UNICEF Cambodia has worked to support the advancement of Cambodia’s child protection system to prevent and respond to violence, exploitation, neglect and abuse of children, as well as separation of children from their families by strengthening of core functions of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY).

In 2015 USAID hosted a co-creation workshop to develop a collective impact approach to the alternative care system in Cambodia. “Co-creation” brings different parties together to jointly produce a mutually valued outcome. An outcome of this workshop was the [Family Care First](#) initiative which was structured to align with existing activities and programs. This co-creation has continued through implementation, with more than 65 partners now engaged in developing the various work streams and components of Family Care First activities, with Save the Children acting as integrating partner. Family Care First works in five target provinces, Battambang, Kandal, Phnom Penh, Siem Reap, and Sihanoukville. Working with the Cambodian Government’s Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY), Save the Children oversees activities of a consortium of implementing partners to achieve the program goal and objectives. The primary goal of this award is to, “reduce the number of children living outside of safe, nurturing, family-based care.”

The objectives of FCF Cambodia are to:

- Prevent unnecessary child-family separation
- Reduce the number of children living in orphanages and other residential care institutions
- Increase the number of children reintegrated into appropriate, protective, and permanent family-based care
- Reduce the number of orphanages and other residential care institutions.

### C.2 PROBLEM STATEMENT

Children grow and develop best when they live in stable, protective families. In 2015, the *Lancet*, the world’s foremost medical journal, described 80 years of research that demonstrates how long-term institutional care impairs children’s physical growth, cognitive function, neurodevelopment, and social-psychological health. However, in Cambodia, persistent poverty and lack of access to education has led to family separation, as households who are unable to care for their children turn to residential care.

The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) estimates that, in inadequate delivery of social services hinder opportunities to intervene early and prevent family separation. Entry points and enrollment to social services are complex and often unavailable for families that need it the most. Social work is still an emerging practice.

### **C.3 WORKSHOP PURPOSE AND SCOPE**

The Cambodia Care Reform Consultations Workshops will inform USAID’s next five-year Cambodia Country Development Cooperation Strategy (CDCS) for 2020-2025, and will be the basis for refining current and future work in the area of child protection. USAID/Cambodia seeks to better understand the current impact of its investments in strengthening Cambodia’s child protection system through consultative stakeholder workshops in early 2020. USAID/Cambodia seeks participants to co-develop and potentially co-invest in scalable and sustainable approaches to enable children to grow up in safe, permanent families who can ensure their well-being. The participants would be tasked to reflect on past/current efforts in the child protection sector to provide input on the following topics:

1. Where are things now with the development of a national system of care and protection in Cambodia?
2. What needs to be done moving forward to build a system?
3. To what extent is Family Care First contributing to achieving care reform at scale in Cambodia? If so, how? If not, where does it fall short?
4. To what extent is Family Care First maintaining a focus on its overall aim of “catalyzing a transformation of the child care system” as well as supporting activities that address its four objectives?

Through these workshops, USAID aims to collaborate with national stakeholders including the Royal Government of Cambodia, current FCF network members, development partners, and potential future partners to identify the most critical barriers to care reform, solutions, and potential financing that could address care reform challenges; and inform future USAID investments, though engagement in the workshop does not guarantee USAID funding. Ideas and interventions developed through this co-development process will strengthen Cambodia’s child and social welfare systems at all levels, promote accountability amongst care reform actors, and address the needs of affected populations inclusively (e.g. consider gender, disability, the urban and rural poor etc.). The consultative workshops will use a human-centered design approach to stimulate solutions that involve the human perspective throughout the problem-solving process.

USAID anticipates that the workshops will result in concrete operational and/or policy decisions (e.g. changes to coordination platforms) that USAID, the RGC, and stakeholders could initiate and integrate into future strategic planning.

## C.4 WORKSHOP DETAILS AT-A-GLANCE

**Duration:** 1 day per workshop

**Date:** February - May 2020

**Quantity of workshops:** 5

**Locations:** Battambang, Kandal, Phnom Penh, Siem Reap, Sihanoukville

**Facilitation:** Expected ratio of 20-25 workshop participants per 1 facilitator; final number to be determined once participant list is finalized.

## C.5 WORKSHOP PARTICIPANTS

Through its role in regulating and guiding care reform, MoSVY would work collaboratively with USAID and the contractor to plan the workshops. The workshops will bring together various Royal Government of Cambodia provincial and district-level agencies to find avenues for collaboration. An illustrative list of anticipated participants includes, but is not limited to: behavior change/marketing experts and other communicators; child development specialists; civil society organizations; corporate actors; donors; faith-based organizations; government actors; social entrepreneurs; academic institutions; and social welfare advocates and service providers.

## C.6 PROPOSED WORKSHOP SESSIONS [to be finalized with the facilitation team]

- **Introductions** - The purpose of this session is for participants to gain an in-depth understanding of the stakeholders in the room. Each person would receive up to five minutes to introduce themselves and to describe their (or their organization's) role within the social welfare system. Prior to the workshop USAID would circulate a document that provides a brief description (100-150 words) of each organization, agency and/or individual participant as a reference for other participants.
- **Human-Centered Design** - The purpose of this session would be to sensitize participants on the human-centered design approach to problem solving. The session will be interactive and may include exercises, examples from other country contexts.
- **Setting the Stage** - This session would focus on discussing the existing situation by explaining the child and social welfare systems; reviewing Cambodia's current child and social protection programs; reviewing the achievements of the Care Reform Initiatives (FCF|REACT and UNICEF work) to date; presenting data on children's wellbeing in the country, including statistics on children in residential care; and discussing the significance of available data. Family Care First, UNICEF and other actors, have produced a variety of information about social welfare, child protection and children in

need of alternative care that might be used. Make available to participants the *UN Guidelines for the Alternative Care of Children* and *Advancing Protection and Care for Children in Adversity: A U.S. Government Strategy for International Assistance*. Another resource is the Guidelines of Basic Competencies for Social Workforce, which was recently endorsed by the Ministry of Social Affairs, Veteran and Youth Rehabilitation. The WHO *Nurturing Care Framework for Early Childhood Development* and INSPIRE: *Seven Strategies to End Violence Against Children* frameworks may also be useful references. This session should include a mix of presentations by experts and group discussion to crowd-source additional information about each topic.

- **Overview of the collaborative impact model** - The purpose of this session would be to explain the collaborative impact approach of FCF|REACT to workshop participants. While some participants may have engaged in the initial co-creation workshop in 2015 or may be aware of the model, USAID would like to emphasize this approach and create a common understanding amongst all participants in the consultative workshops. FCF|REACT, facilitated by Save the Children in Cambodia, aims to create and support a platform through which multiple layers of stakeholders across different sectors can strategically and collectively work together to significantly increase the number of children living in safe, nurturing, family-based care. The five principles upon which this collaborative model are based include:
  - **Common Goal/Objectives:** FCF|REACT members have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
  - **Continuous Communication:** consistent and open communication across the FCF|REACT membership to build trust, assure common goal/objectives, and create common motivation.
  - **Co-Creation/Aligned Activities:** FCF|REACT members work together to design and implement activities in a coordinated way to achieve the common goal and objectives.
  - **Shared Measurement System:** data collection and result measurement is done consistently across all FCF|REACT partners to ensure that efforts remain aligned and contribute to the common goal and objectives.
  - **Network Facilitation:** Save the Children supports and manages the collaborative model approach with dedicated staff who coordinate participating FCF|REACT members.

These five principles are underpinned by there being adequate **initiative capacity** to implement this work and by the facilitation of a **learning culture** across the FCF|REACT network.

*The final questions and discussion topics will be finalized in consultation between USAID, FCF, UNICEF, and the awardee. Topics to be explored during consultative workshops:*

- **Topic 1** - Where are things now with the development of a national system of care and protection in Cambodia?
- **Topic 2** - What needs to be done moving forward to build a system?
- **Topic 3** - To what extent is Family Care First contributing to achieving care reform at scale in Cambodia? If so, how? If not, where does it fall short?
- **Topic 4** -To what extent is FCF maintaining a focus on its overall aim of “catalyzing a transformation of the child care system” as well as supporting activities that address its four objectives?

### **Site selection**

As part of this Consultation, the contractor must be able to provide services in all five target provinces: Phnom Penh, Siem Reap, Battambang, Sihanoukville, and Kandal.

### **C.7 KEY TEAM COMPOSITION AND REQUIRED EXPERTISE**

The team will include the following Key Personnel:

- Lead Facilitator
- Co-Facilitator

Replacement of any Key Personnel requires prior COR concurrence and CO approval.

Other members will be included in the team as necessary for the implementation of the

Statement of Work (SOW). The team must have the following core competencies (each team member does not have to have all of the competencies but the team as a whole must encompass all of these qualifications):

1. Experience (at least five years) in workshop facilitation;
2. Understanding of the Cambodian country and political context as well as development challenges;
3. Experience in, and demonstrated knowledge of stakeholder consultations among collaborative networks, preferably in the Cambodian context;
4. Experience in, and demonstrated knowledge of engaging a diverse multilingual population of Khmer and English speaking participants, preferably in the Cambodian context;
5. Strong team management and interpersonal skills; and
6. Strong oral communication, presentation, and writing skills;
7. Fluency in written and spoken Khmer and English.

The Quoter should identify a Team Leader who will be responsible for the core engagement and coordination with USAID and partners. The Team Leader will oversee overall team coordination, including ensuring that team members adequately understand their roles and

responsibilities and assigning individual data/information collection and reporting responsibilities.

The proposed team must include local professional(s) with an appropriate mix of expertise in relevant sectors as determined by the Quoter. USAID will be closely involved with the Stakeholder Consultations and should be considered part of the extended team. In addition to reviewing and approving deliverables, USAID will also participate in the Stakeholder consultations. Even though USAID personnel will be part of the extended team as observers, USAID personnel will not be involved in drafting reports, providing interpretation, and/or arranging logistics.

## **C.8 ESTIMATED TIMEFRAME**

the month following the consultation workshops to draft the workshop report, consult with the participants and finalize the deliverables.

## **C.9 ROLE OF THE USAID MISSION**

The USAID mission will provide the team with:

- A list of key documents to review;
- A list of key agencies, implementing partners, and donors to be contacted;
- Key documents regarding FCF and USAID's CDCS Results Framework and current programming;
- Review and feedback on the draft analysis report;
- Arrange meetings with USAID staff; and,
- Mission staff (number of staff to be determined) will join the team as an observer and may be able to clarify questions that the team may have over the course of the consultation workshops).

## Annex 2: List of interviewees and workshop participants

### 2.1 Key informant interviews (*have remove as required by PII rules*)

### 2.2 Workshop participants (*have remove as required by PII rules*)

- a. Battambang
- b. Siem Reap
- c. Sihanoukville
- d. Phnom Penh and Kandal (*have remove as required by PII rules*)
- d. National level

## Annex 3: Workshop program and session plan



### CAMBODIA CARE REFORM CONSULTATION WORKSHOP

#### DATE AND LOCATION

**Participants:** Members of the Child Protection sector in XXX Province, including members of the Family Care First network

**Workshop objectives:** To gain information in answer to the following key questions:

- Where are things now with the development of a national system of care and protection in Cambodia?
- What needs to be done moving forward to build a system?
- To what extent is Family Care First contributing to achieving care reform at scale in Cambodia? If so, how? If not, where does it fall short?
- To what extent is Family Care First maintaining a focus on its overall aim of “catalyzing a transformation of the child care system” as well as supporting activities that address its four objectives?

**Timetable:** 8.00 – 12 noon, lunch provided at the venue, 2.00 to 5.00

#### Program:

- Welcome: Opening remarks, overview of the workshop objectives and process
- Introductions
- Refresher and update on human-centred design approach to problem solving
- Overview of the collaborative impact model
- The existing situation, presentations on:
  - o Key issues in the child welfare and social protection programs
  - o Achievements of the care reform initiatives
  - o Data on children’s wellbeing in the country, including children in residential care
- Discussion on the information provided

#### Lunch break

- Consultation on key questions
  - o Group discussions to gain participants’ perspectives on the four questions in the workshop objective
  - o Presentations by groups
  - o Plenary discussion and synthesis of outputs
- Summary of day and wrap up
- Closing comments

## Workshop session plan

<i>Time</i>	<i>Activity</i>	<i>Resource needs</i>	<i>Comments</i>
8.00	<b>Welcome</b> <b>Overview of the workshop objectives and process</b>		Representative in each province Facilitator
8.10	<b>Introductions</b> <ul style="list-style-type: none"> <li>- In each table, the participants introduce themselves: name, organisation, position, reason for being in the workshop. Then, a representative presents to the plenary. Also if they notice people they have never met/worked together before, they should try to talk to during the workshop/break.</li> </ul>		
8.40	<b>Refresher and update on human-centred design approach to problem solving</b> <ul style="list-style-type: none"> <li>- Check in about who in the room has previously attended training or workshops on this approach <ul style="list-style-type: none"> <li>o If any haven't, give quick intro to how it works</li> </ul> </li> <li>- Buzz groups to share examples of how participants have used the approach in practice and have them identify: <ul style="list-style-type: none"> <li>o The most important factor supporting success in their examples</li> <li>o Any questions they have about the approach</li> </ul> </li> <li>- Brief plenary discussion to share success factors and questions</li> </ul>	Presentation and discussion	
9.15	<b>Overview of USAID's support to FCF  REACT and 3PC, collaborative action and the human-centred design approach to problem solving</b>	Presentation and discussion	
10.00	Morning refreshment break		
10.15	<b>Setting the stage the existing situation</b> Presentation of slides prepared by MoSVY  Buzz group discussions with following questions: <ul style="list-style-type: none"> <li>- What did you find most interesting in the information provided?</li> <li>- Was there anything that surprised you?</li> <li>- What does this information tell you about how well the system has developed and been implemented?</li> </ul>	Presentation and discussion	

	- Any other comments you want to make?		
12.00	Lunch break		
2.00	<b>Quick icebreaker exercise</b>		
2.10	<p><b>Consultation on key topics</b> Participants discuss in their own table.</p> <p>Introduction to the key topics for consultation:</p> <ol style="list-style-type: none"> <li>1. Where are things now with the development of a national system of care and protection in Cambodia?</li> <li>2. What needs to be done moving forward to further build and strengthen the system?</li> <li>3. To what extent is Family Care First contributing to achieving care reform at scale in Cambodia? If so, how? If not, where does it fall short?</li> <li>4. To what extent is FCF maintaining a focus on its overall aim of “catalyzing a transformation of the child care system” as well as supporting activities that address its four objectives?</li> </ol>		
4.00	<p><b>Presentations by groups</b></p> <ul style="list-style-type: none"> <li>- Questions of clarification</li> <li>- Synthesis of outputs</li> </ul>		
4.45	Summary of day and wrap up		
4.55	Closing comments		

## Annex 4: Presentations used in the workshops – English versions

19/10/2020

**CAMBODIA CARE REFORM**  
CONSULTATION WORKSHOP WITH THE  
BATTAMBANG CHILD PROTECTION STAKEHOLDERS  
August 11, 2020

1

**Workshop objectives**  
To gain information in answer to the following key questions:

- Where are things now with the development of a national system of care and protection in Cambodia?
- What needs to be done moving forward to further build and strengthen the system?
- To what extent is Family Care First contributing to achieving care reform at scale in Cambodia? If so, how? If not, where does it fall short?
- To what extent is Family Care First maintaining a focus on its overall aim of "catalyzing a transformation of the child care system" as well as supporting activities that address its four objectives?

2

**Program overview - morning session**

- Introductions
- Refresher and update on human-centred design approach to problem solving
- Overview of the collaborative impact model
- The existing situation, presentation on:
  - Key issues in the child welfare and social protection programs
  - Achievements of the care reform initiatives
  - Data on children's well being in the country, including children in residential care

Discussion on the information provided

3

**Program overview - afternoon session**

- Consultation on key questions
- Group discussions to gain participants' perspectives on the four questions in the workshop objective
- Presentations by groups
- Plenary discussion and synthesis of outputs
- Summary of day and wrap up
- Closing comments

4

1

## Session 1: The human-centred design approach to problem solving

### Refresher and update

1

### What is human centered design?

- Human centered design is an approach to problem solving that defines human perspectives in all steps of the process
- It can be used in any type of design but is especially helpful for designing approaches to solving problems in communities and societies

2

### Foundational principle

- The foundational principle of human centered design is that you should truly understand the people who experience a problem before you design a solution to serve them
- This means that key steps in the design process as a whole are about asking questions instead of making assumptions about why things are the way they are

3

### Why is it important?

- People are involved in the design of solutions to their problems right from the start.
- The human-centered design process ensures the product is based on human-centered solutions that best meet needs
- When people are involved in designing a solution they are more likely to work with it and make it successful

4

1

### Perspectives

Desirability: what is the idea I sold to a group I want to see?

Feasibility: what is technically possible?

Viability: what is possible operationally?

Effective solutions emerge at the meeting points of desirability, viability and feasibility

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## Session 2: FCF/REACT and 3PC Overview

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FCF | REACT Overview

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### Overview

- [https://www.youtube.com/watch?v=FEjS\\_gezY28](https://www.youtube.com/watch?v=FEjS_gezY28)

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### Battambang

- FCF| REACT funding to organizations since 2016:
- Cambodia Children's Trust (CCT)
  - Children's Future International (CFI)
  - Komar Bikkreay (KMR)
  - Hagar International
  - Holt International
  - Children in Families
  - ICS-SP
  - Friends International - TPO
    - Previously M' Lup Russey (MRO) & World Vision

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### Battambang activities

- Support to children and families at risk of separation, including case management and direct support to beneficiaries (including COVID response)
- Reintegration of children from RC's to family based care, including biological, kinship and foster care
- Supporting RC's to transform/close
- Positive parenting and other support groups

10



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### USAID Support of the Partnership Programs for the Protection of Children (3PC)

- **Goal:** To strengthen systems for child protection in Cambodia to prevent and respond to violence, exploitation, abuse and unnecessary separation
- **Objective:** To provide immediate and long-term assistance to children at risk of, or exposed to, violence and unnecessary family separation with the aim of contributing to reducing violence against children

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### Strategies

- System building (national and sub-national capacity).
- Systematic collaboration between the Government of Cambodia, UNICEF and the NGO sector (coordination, networking and referral; 3PC partners have different expertise and complement each other; a successful initiative of one partner is replicated by other partners).
- Strengthened community capacity (behavior change campaigns to promote positive child protection norms at the community level).

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### Supported activities have included:

- Prevention and response interventions addressing violence against children
- Case planning that aims to support permanent family placement
- Positive parenting programming
- Vocational skills, employment and employment readiness programs
- Education services
- Case management services for preventive and responsive child protection services

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### Session 3: The collaborative impact model

#### Overview and discussion

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### Collective Impact

- Shared learning is at the heart of collective impact
- Design of interventions based on shared learning is an essential step for success
- This workshop is a continuation of the collective approach to ensure that your thoughts and perspectives are integrated into planning future efforts.

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### FCF| REACT and collective impact

- FCF| REACT, facilitated by Save the Children in Cambodia, aims to create and support a platform through which multiple layers of stakeholders across different sectors can strategically and collectively work together to significantly increase the number of children living in safe, nurturing, family-based care.

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### Five principles

- **Common Goal/Objectives:** FCF| REACT members have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
- **Continuous Communication:** consistent and open communication across the FCF| REACT membership to build trust, assure common goal/objectives, and create common motivation.
- **Co-Creation/Aligned Activities:** FCF| REACT members work together to design and implement activities in a coordinated way to achieve the common goal and objectives.

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- **Shared Measurement System:** data collection and result measurement is done consistently across all FCF| REACT partners to ensure that efforts remain aligned and contribute to the common goal and objectives.
- **Network Facilitation:** Save the Children supports and manages the collaborative model approach with dedicated staff who coordinate participating FCF| REACT members.

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- ### Family Care First Objectives
- Decrease the number of children living in orphanages and other residential care institutions
  - Increase the number of children reintegrated into family-based care
  - Prevent family-child separation
  - Decrease the number of orphanages and other residential care institutions

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**Session 4: The existing situation**  
**Information provided by Mr Phi No, Director of Child Welfare Department, MoSVY**

1

**Summary of MoSVY and DoSVY Updates from July 2020 FCF Learning Summit**

Originally shared by Mr Phi No  
 Director of Child Welfare Department  
 The Ministry of Social Affairs, Veterans and Youth Rehabilitation  
 14/11/2020

2

**Outline**

1. National Progress
2. Progress in 5 target capital/provinces

3

**Updates of Child Welfare Department**

Reintegration in 5 target Capital/Provinces from 2015 to December 2019

Reintegrated Children			Planning	Calculation
Girls	Boys	Total	Number	Percentage
720	898	1,618	3,500	41

Number of reintegrated children or children left the ACs who have perception from MoSVY

	Children reintegrated by MoSVY and SFC	Nonreintegration self-rehabilitation
	1,518	1,118

50% of 1,518 children reintegrated were reformed green [60%]

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**5. Progress, challenges, next steps of DoSVYs in 5 target capita l/provinces**

DoSVY Battambang

- Results of reintegration of children to families and communities
  - Number of children were reintegrated from 2016 to 2020

No	Description	Total	Girls
1	Children under the age of 18	314	173
2	Children over the age of 18	101	54
Grand total		415	227

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**5. Progress, challenges, next steps of DoSVYs in 5 target capita l/provinces**

DoSVY Battambang

Updates about reintegrated children

No	Updated cases	Total	Girls
1	Green	185	108
2	Yellow	43	19
3	Red	7	2
4	White (Migration and Loss)	22	11
5	Not updated	57	31
Grand total		314	171

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**5. Progress, challenges, next steps of DoSVYs in 5 target capita l/provinces**

DoSVY Battambang

Case transfer of reintegrated children

No	Description	Total	
		Total	Girls
1	Case referral to different provinces	81	39
2	Receiving cases referral from other provinces (pp=8, PS H=8, SR=16)	32	17

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**5. Progress, challenges, next steps of DoSVYs in 5 target capita l/provinces**

DoSVY Siem Reap

- Case management and reintegration working group worked with Sunrise, which plans to close its RCI in Siem Reap, with the total number of 36 children, 16 females.
- Achieved results
  - 17 children, 10 girls, will be reunify to families and communities
  - 9 children, 2 girls, who are not able to reunify with families, will transfer to Children Sunrise Village in Kandal.
  - 6 children, 4 girls, will be placed at temporary placement care with NGO partners.
  - 4 children, no girl, have jobs and live independently.

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5. Progress, challenges, next steps of DoSVYs in 5 target capita l/provinces

**DoSVY Kandal**  
RCIsituations in Kandal 2014-2020

Types of Residential Care facility	Number of RCIs		Number of Children	
	2014	2020	2014	2020
Residential Care Institutions	20	17	962	610
	2	2	28	38
	5	1	156	6
	02	3	13	22
	04	1	110	21
<b>Total</b>	<b>33</b>	<b>24</b>	<b>1,310</b>	<b>699</b>

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5. Progress, challenges, next steps of DoSVYs in 5 target capita l/provinces

**DoSVY Kandal**  
Achieved Results 2016-2020

260	272	104%
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5. Progress, challenges, next steps of DoSVYs in 5 target capita l/provinces

**DoSVY Kandal**  
Updated results after children reintegration

Reintegration	Case update		Green	Yellow	Red	
	Total 2020 May		Total	Total	Total	Total
272	240		237	2	0	1

*The remaining 32 have not been updated their case status*

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5. Progress, challenges, next steps of DoSVYs in 5 target capita l/provinces

**DoSVY Kandal**  
Referral reintegration cases

No	Description	Number of Children	
		Total	Girls
1	Case referral to other provinces which children are residing	89	44
2	Referral care for children from other provinces	37	34

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5. Progress challenges: next steps & DOV's in 5 target provinces

### DoSVY Phnom Penh

RCIs Case Management  
A. Case Management

Year	Target	Achieved results						Percentage
		Total		Under 18 years old		Over 18		
		Total	Girls	Total	Girls	Total	Girls	
2019	324	360	68	112	48	48	28	88%
2020	624	350	63	306	34	24	7	23%
2021	784	364	117	218	116	6	4	36%
2022	1,372	119	286	476 <sup>1</sup>	239	78	28	30%

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6. First mentions to children's under 18 years old (410 among 476)

Description	Total (430)	Girls	Others
	381	206	
	23	28	
	13	4	
	8	1	
	9	13	No document (names appeared on the list)

<sup>1</sup> 46 cases, including Cambodia Student Foundation (Thaksa) 40 cases, and Sre Meil So I Sor Centre 6 cases, mentioned without registering to registers.

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Updates on reintegrated children

Status	Years		Quarter 1, 2020
	2019	2018	
Reintegrated (Green)	371	373	174
Reintegrated (Yellow)	48	88	4
Reintegrated (Red)	28	18	8
Undertaken actions and/or conducted (White)	39	29	24

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Inspection reports on alternative care by using digital inspection forms for alternative care

No.	Description	Inspection	10's		Total	Children	Note
			Inspection	Inspection			
1	2015 map	117	117	6,241	8,343		
2	inspection in 2017	140	14	5,102	3,937	56 10's were not identified in the 2015 map - 40 10's were not identified in the 2015 map - 60 10's were in care, change of location, closure, or not ready placement	
3	inspection in 2018	170	80	2,840	1,310	Completed on 1/2017, 14 10's were reduced - 11 10's were in remediation group - 2 10's were changed in permanent care	
4	inspection in 2019, round 1	20	5	2,515	1,881	Completed on 1/2018, 7 10's were reduced - 7 10's were transferred into temporary bases	

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### 5. Progress, challenges, next steps of MoSVYs in 5 target capital/provinces

#### DoSVY Preah Sihanouk

**Achievements**

- Scope:
  - Survey implementation on 25 KD in Preah Sihanouk family care facilities & the large area and road
  - Key findings:
    - 2016 to 2019 Survival rate from 2019
  - Procedures of reintegration:
    1. Open local ITF focused
    2. Identification and Assessment ITAS
    3. ITAS
    4. Assessment and reintegration ITAS
    5. Service planning
    6. Assessment and reintegration ITAS
    7. Follow-up
    8. Final assessment & board

No	Capital/Province	Number of children	Number of children	Number of children	Number of children	Number of children	Number of children	Number of children
1	Preah Sihanouk	10	10	10	10	10	10	10
2	Banteay Meanchey	9	9	9	9	9	9	9
3	Preah Vihear	8	8	8	8	8	8	8
4	Kampong Chhnang	4	4	4	4	4	4	4
5	Kampong Thom	3	3	3	3	3	3	3
6	Prey Veng	3	3	3	3	3	3	3
7	Kampong Speu	4	4	4	4	4	4	4
8	Banteay Meanchey	4	4	4	4	4	4	4
9	Kampong Speu	3	3	3	3	3	3	3
10	Preah Vihear	3	3	3	3	3	3	3
11	Banteay Meanchey	3	3	3	3	3	3	3
12	Kandal	2	2	2	2	2	2	2
13	Prey Veng	1	1	1	1	1	1	1
14	Kampong Speu	2	2	2	2	2	2	2
Total		103	103	103	103	103	103	103

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List of provinces where children have been reintegrated

No	Name of provinces	No Children	Girls	Notes
1	Preah Sihanouk	10	34	
2	Banteay Meanchey	9	4	
3	Preah Vihear	8	4	
4	Kampong Chhnang	4	2	
5	Kampong Thom	3	0	
6	Prey Veng	3	2	
7	Kampong Speu	4	2	
8	Banteay Meanchey	4	2	
9	Kampong Speu	3	3	
10	Preah Vihear	3	3	
11	Banteay Meanchey	3	3	
12	Kandal	2	1	
13	Prey Veng	1	0	
14	Kampong Speu	2	3	
Total		103	53	

Capital/Province	No of children	Progress in 2019		Progress by January 2020		Progress by May 2020	
		Total	Girls	Total	Girls	Total	Girls
Preah Sihanouk	103	103	34	103	34	103	34

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#### A. Situations of 98 reintegrated children

17% (17 children)	Over 18 years
16% (16 children)	Under 18 years
65% (64 children)	Under 18 years
2% (2 children)	Under 18 years

#### B. Findings during the assessment

Children respondents	Children respondents
Children respondents	Children respondents
Children respondents	Children respondents
Children respondents	Children respondents

#### C. Support and solving problems

40 children and families were supported in early counselling, case management and other services (education, food, rent, and medical) and continue to provide other support. Until 2019.

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# Thank You!

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## Session 5: Consultation on key questions

### Group discussions

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### The key questions

- Where are things now with the development of a national system of care and protection in Cambodia?
- What needs to be done moving forward to further build and strengthen the system?
- To what extent is Family Care First contributing to achieving care reform at scale in Cambodia? If so, how? If not, where does it fall short?
- To what extent is Family Care First maintaining a focus on its overall aim of *“catalyzing a transformation of the child care system”* as well as supporting activities that address its four objectives?

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## Annex 5: List of laws, legal instruments and other relevant documents

### A. List of Laws with provisions for child protection and child care

Law	Date
The Civil Code	2011
The Law on Marriage and Family	1989
The Law on the Prevention of Domestic Violence and Protection of the Victims	2005
The Law on Education	2007
The Law on Suppression of Human Trafficking and Sexual Exploitation	2008
The Law on Intercountry Adoption	2009
The Law on the Protection and Promotion of the Rights of Persons with Disabilities	2009
The Law on Juvenile Justice	2016

### B. Other relevant legal instruments

Status	Title	Date
Sub-decree	No. 119 on the Management of Residential Care Centre	2015
Sub Decree	No. 90 on the Food Regime for Children Living in State Institutions	2015
Sub-decree	No.34 on the Transfer of Functions to the Sub National Level	2017
Sub Decree	No. 184 on the Functions and Structure of District Administrations	2019
Prakas	On the Enforcement of the Policy on the Alternative Care for Children	2006
Prakas	On the Minimum Standards on Residential Care for Children	2008
Prakas	On the Minimum Standards on Alternative Care for Children in the Community	2008

Prakas* <sup>2</sup>	On the Procedure to Implement the Policy on the Alternative Care of Children	2011
Prakas	Pertaining to the implementation of Cambodia's Law on Intercountry Adoption	1 in 2013, 3 in 2014
Prakas	On the Implementation of the Watsangkahak Komar Policy	2018
Instructive Circular	On the Reintegration and Follow up of Victims Staying at State Run and NGO Centres	2007
Decision	On the Establishment of National Child Protection Commission	2015

### C. Policies, action plans, explanatory notes and guidelines

Authority	Document	Date
RGC	National Social Protection Policy Framework 2016-2025	2017
Inter-ministerial Steering Committee on VAW and VAC	Cambodia Action Plan to Prevent and Respond to Violence Against Children 2017-2021 (English)	2017
MoEYS	Policy on Child Protection in Schools	2016
MoH, MoWA	Minimum Standards for Basic Counseling for Women and Girl Survivors of Gender Based Violence	2016
MoI	Manual on Commune/Sangkat Social Service Implementation	2018
MoJ and MoSVY	Juvenile Justice Law Strategic and Operational Plan 2018-2020	2019
MoSVY	Policy on Alternative Care for Children	2006
MoSVY	Minimum Standards on Alternative Care for Children in Cambodia	2008
MoSVY	Procedures to Implement the Policy on Alternative Care for Children	2011
MoSVY	Guidelines and Tools for Implementing Prakas on Procedures to Implement the Alternative Care Policy for Children	2013
MoSVY	Action plan for improving childcare: With the target of safely returning 30 percent of children in residential care to their families 2016-2018	2017
MoSVY	Handbook Roles and Responsibilities of CCWC to implement the Action plan on reintegration	2017
MoSVY	Action Plan for Improving Child Care January,	2017
MoSVY	Capacity development plan for family support, foster care and adoption in Cambodia 2018 - 2023	2018

<sup>2</sup> A *Prakas* is a Ministerial Proclamation

MoSVY	Guidelines on Basic Competencies for the Social Workforce in Cambodia	2019
MoSVY, UNICEF	Practice Sheet for Child Protection	
MoWA	Guidelines for the Legal Protection of Women and Children's Rights in Cambodia	2014