REVIEW OF SOCIAL WORK PRACTICE:

An Emphasis on

Public Social and Child Welfare

@UNICEF Cambodia/2014/Phok Sophea

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Table of Contents

Table of Contents i
Foreword iii
Acknowledgements v
List of Acronyms vii
List of definitions ix
Executive Summary xi
Introduction and Background 1
Social Work and Social Services to Support Public Social and Child Welfare 3
Methodology 7
Study Objectives 7
Design 7
Ethical Considerations 9
Analysis Plan 9
Limitations 9
Themes Identified in the Content Analysis: Qualitative Findings 11
Social Work Profession and Education in Cambodia 11
Definitions of Social Service Providers and Social Work in Cambodia 11
Past Training of Social Service Providers 12
Development of Professional Social Work Education 13
Challenges in Delivering High Quality Professional Social Work Education 15
Social Services and Social Work Practice 17
Delivery of Social Services 17
Social Services and Social Work Practice beyond MOSVY 18
Changing Front Line 19
Capacity at the Front Line 21
Coordination and Services in a Changing Environment 22
Understanding Practice Related to Alternative Care and Child Welfare Cases 25
Equity and Disproportionality of Services 27
Decentralized Data and Reporting Functions as Part of Practice 29
Financial Constraints 30
Survey Findings of DOSVY and OSVY Personnel 32
Characteristics of the DOSVY/OSVY Personnel Survey Sample 32
Educational and Training Background 34
Knowledge and Skills 36
Self-Perception 36
Accuracy of Knowledge Related to Original Social Work Training 36
Accuracy of Knowledge Related to Alternative Care 37
Knowledge Related Children in Need of Special Protection or Care 38
Knowledge Related to Case Management and Alternative Care 41
Knowledge Related to CCWC 42
Future Training 43
Perceived Barriers and Recommendations 44
Conclusion 46
Recommendations 49
References 51
Appendices 53
Appendix A: Review Terms of Reference 54

Appendix B: Listing of Review Reference Group Participants 61
Appendix C: Listing of NGOs Participating in Field Visit Focus Groups 62
Appendix D: Listing of Key Informant Interviewees 63
Appendix E: Study Instruments 64
Appendix F: Timeline and Listing of Relevant Legal Frameworks and Policies 78
Appendix G: List of NGOs operating in the Four Field Visit Provinces 83

Foreword

Social work is a crucial part of child welfare and protection and cuts across the various components of the broad social welfare and justice systems, as well as related sectors of education and health for adults, families and children. Social workers occupy responsibilities along the continuum of care for identifying and supporting vulnerable children and families (including referral to specialized services, prevention and family preservation), providing psychosocial support, supporting reintegration processes and representing the state during judicial procedures.

Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY) recognizes the important role of social workers as front line workers who have the main responsibility to identify and support the most vulnerable children and families. In Cambodia, while the number of social workers remains low with an average of two social workers per district servicing approximately 25,000 people, the capacity of social workers in the government has increased during the last 10 years through the different types of in-service trainings provided through MOSVY. However, other measures are being implemented to develop the institutionalization of social work profession and a mechanism to facilitate a scheme of social protection for the poor and vulnerable effectively, as well as accelerate the agenda of human resources development and growth equitably.

MOSVY and UNICEF Cambodia decided to jointly conduct this Social Work Review to understand the current situation of social work practice in Cambodia. The review provides important analysis on the current state of affairs of the social work sector in Cambodia, in terms of practice and education as well as the degree of professionalisation and institutionalization of the social work profession, with focus on the public sector and child welfare. Furthermore, it providses specific recommendations on ways forward to continue strengthening the institutionalization and quality of social work in the country.

The finidngs of this review indicate, there is still a great need to strengthen the social work sector, through an increase the numbers and the quality of the social work practitioners. In addition, given the importance of the social work sector, there is an urgent need to ensure that social work is recognized as a profession and that the distinct categories of social workers are recognized, including professional and para-professional social workers. In addition, there is a great need to ensure that the social work sector expands beyond the Social Welfare sector and also throughout the civil servant system, including health, education, justice and interior.

MOSVY welcomes the recommendations of this review for further strengthening the institutionalization and quality of social work in the country, in short and long term to build child welfare and child protection systems, to provide care and protection for vulnerable children and families

In collaboration with relevant ministries and NGO partners, MOSVY will take action to ensure the development of a road map, with the participation of relevant ministries in the next step to implement the recommendations.

Phnom Penh, 11 June 2014

MINISTER

VONG SAUTH

Acknowledgements

The review was conducted by a team of a national and an international expert in close collaboration with MOSVY, UNICEF and relevant NGOs through the Review Reference Group. The experts undertook a review of the relevant policy framework and literature, along with field work including survey administration, site visits, focus group discussion and key informant interviews.

MOSVY would like to expresses its appreciation to the consultants and authors of this Report, Dr. Tracy Harachi, and Mr. Bunkheang Cheng, for their commitment, hard work and professionalism. The Ministry also extends its appreciation to the members of the Review Reference Group for their technical inputs throughout the review process, including the design of the methodology, the field work and the revision of the report, including Friends International, Transcultural Psychosocial Organization (TPO) and Social Services Cambodia, who generously shared information and their valuable time and ideas to make this report possible.

The MOSVY also extends its appreciation to the National Institute of Social Affairs (NISA) and its staff, who oversaw the full study process and served as the chair of the Review Reference Group as well as all the Provincial Departments of Social Affairs, Veterans and Youth Rehabilitation (DOSVY) of Siem Reap, Battambang, Phnom Penh, Kampong Cham, Preah Sihanouk, Mondul Kiri , Prey Veng for their support in organizing focus group discussions and the administration of the administered survey.

Finally, the MOSVY recognizes the financial and technical support of UNICEF in Cambodia without which this report would not have been materialized.

List of Acronyms

ASWC	ASEAN Social Work Consortium
BSST	Basic Social Service Training
CARD	Council for Agricultural and Rural Development
CCWC	Commune Committee for Women and Children
CDHS	Cambodia Demographic and Health Survey
CNCC	Cambodian National Council for Children
CPN	Child Protection Network
D&D	Decentralization and Deconcentration Reform
DOSVY	Provincial Office for Social Affairs, Veterans and Youth Rehabilitation
GIZ	German for International Cooperation
IASSW	International Association of Schools of Social Work
IFSW	International Federation of Social Workers
MDG	Millennium Development Goals
MOEYS	Ministry of Education Youth and Sports
MOH	Ministry of Health
MOI	Ministry of Interior
MOJ	Ministry of Justice
MOSVY	Ministry of Social Affairs Veterans and Youth Rehabilitation
MOWA	Ministry of Women's Affairs
MSST	Management Social Service Training
NCDD	National Committee for Sub-National Democratic Development
NGO	Non-governmental Organization
NISA	National Institute of Social Affairs
NSPS	National Social Protection Strategy for the Poor and Vulnerable 2011-2015
OSVY	District Office for Social Affairs, Veterans and Youth Rehabilitation
OVC	Orphans and Vulnerable Children
PSST	Professional Social Service Training
RGC	Royal Government of Cambodia
RRG	Review Reference Group
RUPP	Royal University of Phnom Penh
SNDD	Sub-National Democratic Development
SSC	Social Service Cambodia
TPO	Transcultural Psychosocial Organization
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children Fund
UXO	Unexploded Ordnance
WCCC	Women and Children's Consultative Committee

List of definitions

Child welfare refers to a broad range of activities and services to support child well-being, hence, it is more expansive than programs focused on child maltreatment.

Public social welfare is an organized system of governmental services and programs that seek to prevent, alleviate, or address social risks and social problems, and to improve the well-being of individuals, groups, or communities. Benefits may be awarded based on a rights perspective or selective, for example on the basis of meeting certain eligibility or criteria.

Social protection refers the duty of a nation state to ensure the development and enhancement of human capital through promoting an environment in which every individual can find and reach their full potential and contribute to their own welfare improvement as well as to national development.

Social service provider is a paraprofessional individual who delivers direct services typically to individuals, groups, families, or communities.

Social (or human) services are programs that assist individual and communities to function as effectively as possible in the major domains of living.

Social work is a profession that promotes social change, problem solving in human relationships and the empowerment of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (as defined by the International Association of Schools of Social Work and the International Federation of Social Workers).

Social workers are professionals who through actions and interventions that are derived from a basis of knowledge and research rather than a basis of charitable actions or well-meaning intentions. They may function at the micro-level (person to person interaction) to the macro-level (policies and systems).

Executive Summary

This review seeks to gain an understanding of the current situation of social work practice in Cambodia with specific objectives to:

- Examine the degree of professionalisation and institutionalization of the social work profession and practice in the government;
- Assess UNICEF's supported social work trainings since 2001 in terms of contribution to broader child protection outcomes; and,
- Draw recommendations on ways to continue strengthening the institutionalization and quality of social work in the country, in the short and long term.

Between October 2012 and February 2013, a series of interviews, field visits, survey, and desk review were undertaken to examine these objectives. Our findings suggest it is an exciting time in Cambodia with many emerging initiatives and legal frameworks to support the welfare of its people particularly that of its children and their families. There is growing recognition for the importance of social welfare efforts that support, in particular, poor and vulnerable groups in the country and to promote positive development of the next generation.

Our review findings suggest that most in Cambodia are unfamiliar with the term professional social worker; often the term refers to a direct social service provider, who is generally a para-professional. There is little awareness that globally a professional social worker has particular educational training that utilizes theoretical and empirical information to solve human and social problems. Professional social work is not simply charitable actions or well-meaning intentions but actions and interventions that are derived from a basis of knowledge and research. There are global standards of education put forth by the International Association of Schools of Social Work and many countries have implemented commissions whose missions are to develop social work educational standards that promote consistency of learning outcomes across programs. Social work education is new to Cambodia and has yet to establish any entity to provide oversight of its new educational programs to meet global standards set forth by the International Association of Schools of Social Work.

Cambodia's growing social and child welfare systems require a larger public work force in order to implement and support these systems. Presently there are no civil servant job classifications for a professional social worker or para-professional social service providers in the Ministry of Social Affairs Veterans and Youth Rehabilitation or any other ministry. Both categories of workers are instrumental players in implementing public social and child welfare systems. Social work is presently not recognized as a profession that serves, for example, activities undertaken by the Ministries of Health or Women's Affairs yet key informants from sectors acknowledged that the social work profession can and should play a role in their mission and activities.

Our review focused in part on the new Prakas (regulations) on Procedures for the Alternative Care of Children as a case study to examine the number of public social service providers and their capacity. Our findings highlighted that staffing at MOSVY has decreased over time with many line staff retiring and many districts do not have personnel to execute the functions described within the new Prakas framework at the sub-national level, for example, as providers of technical assistance and interveners with difficult cases. Further roles and responsibilities have been changing as a result of decentralization efforts. In examining Alternative Care as a case

example, clearly many respondents from the local level to the national are aware of the importance of trying to keep families intact and to provide the necessary services to support families to overcome difficult periods and circumstances. Dissemination of the Prakas has just begun so it is too early to evaluate the impact of this new law and its potential impact to improve the lives of children and families. However our findings highlighted a number of issues that must be attended to in order to effectively implement the new system outlined in the Prakas. These issues include: (1) a need to adequately train all relevant parties to develop a thorough understanding of the system outlined in the Prakas that is commensurate with their level of responsibility, for example, there should be a distinction between having an awareness of the Prakas to having deep knowledge and subsequent ability to execute specific activities soon to be outlined by the detailed guide; (2) to explore mechanisms to provide additional training and capacity building to front line staff within the commune council including the CCWC, to District Administration (e.g. social service focal point and Office of Planning and Support to Commune), DOSVY and OSVY personnel to be more equipped to provide technical assistance to the front line and directly intervene with challenging cases; (3) to identify additional resources to support successful implementation, for example, transportation support to travel throughout a district to conduct the necessary work; and, (4) provide a civil servant pay structure that better reflects the job responsibilities, market competition, and a livable wage.

It's important to recognize that social services and social work are not the sole responsibility of one area of the government or civil society; the findings clearly illustrate that social services and social work cross multiple sectors and ministerial authorities. Given the lack of understanding of professional social work and the distinction from para-professional social service providers, these findings support the need to create standards for professional social workers and para-professional providers both in terms of recognized job classification but also agreement on the educational and experience qualifications for those positions. Many countries maintain member associations which establish minimum qualifications for these job classifications as well as a process for registering or licensing workers so there can be consistency in job titles, expected qualifications, and performance abilities.

While it was apparent that some regional areas have a positive network of NGO providers who are a critical link and ingredient in the child welfare system, the distribution of these resources is uneven, inconsistent, and changing.

A tremendous resource gap exists with basic infrastructure at the local level, for example, challenges to having an effective and fair mechanism to support necessary transportation to conduct ones day to day work, access to computers for documentation, and facilities to store documents. It seems critical to allocate the necessary resources so individuals have the tangible and concrete supports to successfully complete their jobs.

Lastly, a series of recommendations was developed as a result of this review. These are as follows:

- Increase the investment into the public social and child welfare system (functions pertaining to e.g. MOSVY, MOEYS, MOI, MOH, MOWA) to provide more effective and efficient services that ensure meeting the objectives set forth by the National Social Protection Strategy for the Poor and Vulnerable (2011-2015).
    - Increase support to educational programs to adhere to the standards set forth by the independent Council. These programs are required to train workers to meet the minimum standards and qualifications set forth by the Association.

- Increase the work force to effectively implement the growing public social and child welfare system which will include qualified social service providers (para-professionals) and professional social workers.
  - Lift the freeze on the recruitment of civil servants within the social welfare sector, in the same way as has happened in the education and health sectors.
  - Establish realistic incremental work force targets for the next twenty years.
- Increase salaries of public social service providers and professional social workers to be more competitive, reflect the market and a liveable wage.
- Increase budgets at national and sub-national level in order for public social service providers and professional social workers to perform their responsibilities, for example, printing of forms, provision of transportation support, purchasing of computers and archiving facilities.

- Create an independent Council on Cambodian Social Service and Social Work Education to set and maintain national standards for para-professional training of social service providers, and professional bachelor's and master's degree programs in social work.
  - The standards will include minimum qualifications for instructors, consistency of learning outcomes and corresponding academic requirements across programs of the same certification or degree.
  - The composition of the independent Council will include individuals with the requisite professional credentials to guide development of these national standards and represent the diverse sectors within which social services and social work occur.
  - Support is needed from a variety of sources, RGC, UNICEF, other donors to establish and maintain this critical independent Council.

- Create an independent Association of Cambodian Social Workers to support the creation of minimum standards of qualification for social service providers and social workers, to promote continuing education and training to update skill sets and to improve the perception of professional social workers.
  - The composition of the independent Association will include individuals with the requisite professional credentials to guide development of these national standards of qualifications and represent the diverse sectors within which social services and social work occur including governmental bodies and NGOs.
  - Support is needed from a variety of sources, RGC, UNICEF, other donors to establish and maintain this independent Association.

- Create job classifications within the RGC system that acknowledge two distinct categories of workers who function within the public social and child welfare system: (1) para-professional social service providers; and, (2) professional social workers. This classification would be utilized not only within MOSVY but throughout the RGC civil servant system. These job classifications will recognize the range of roles and responsibilities that operate from the national to sub-national/local levels and the corresponding need for professional and para-professional workers to perform these functions. These classifications would incorporate standards set forth by the above Association of Cambodian Social Workers.
  - It is recommended that various ministries including MOSVY, MOWA, MOH, MOEYS, MOI, and UNICEF meet with the State Secretariat for Civil Service to discuss how the social work profession and social service providers can be incorporated into the current drafting of legislation in the area of civil service.

- Encourage continued coordination across Ministries, Councils, Task Forces, and Committees at the national level and across sub-national entities for more efficient and effective operations of programs and efforts that comprise the public social and child welfare system encompassed by the National Social Protection Strategy for the Poor and Vulnerable (2011-2015).

Cambodia continues to make strides in the development of its infrastructure including efforts to publically support its people. The National Social Protection Strategy for the Poor and Vulnerable (2011-2015) sets forth a number of objectives to support the country's population. Findings of the review and its corresponding recommendations highlight the need to address a number of workforce issues to address those objectives. Investment in these recommendations will support more effective delivery of Cambodia's burgeoning social and child welfare systems.

Introduction and Background

Professional social work is a completely new and a yet to be defined line of work in Cambodia. While the term "social work" can be translated literally into Khmer, it does not have the same meaning with the international definition, for example, given by the International Federation of Social Work (IFSW) or International Association of Schools of Social Work (IASSW). Most in the general public would not be familiar with the term "social work" (Chun, Leang, Meng, Nguon, & Phal, 2013). Those individuals, often working in the social service sector describe social work narrowly as a helper or supporter at the micro-level. There are less than a dozen professionally trained local social workers in Cambodia who have gone abroad for their graduate degrees since until recently there was no degree program in our country. No Khmer has a Ph.D. or Doctorate in Social Work (DSW). At any point in time approximately one dozen foreigners with social work degrees may be present in-country functioning as advisors, consultants or managers.

Three decades have transpired since the end of the Khmer Rouge regime and progress has been made on many fronts related to its society though many social and health challenges still remain. The World Bank currently classifies Cambodia as a low income country with a population of 14,310,000. It's GDP in 2011 was $12.83 billion and national poverty headcount reported at 30.1% in 2007 (World Bank, 2011). The Cambodian economy has undergone a profound structural transformation since 1991 as a result of greater integration with the global economy, a shift of jobs from agriculture to service sectors, a demographic transition and migration from rural to urban areas. For much of the time, Cambodia enjoyed robust economic growth with GDP growth rates averaging 8.2% over the period of 2000-2010. Its future prospect is seen as healthy with an anticipated 6.7% growth rate for 2013 (Cambodian Economy 2013, IMF Article IV Staff Report on Debt Sustainability Analysis 2013 PPT).

Cambodia remains a youthful country with approximately 39% of its population under the age of 18 (World Bank, 2011). According to 2010 CDHS data, there were 45 infant deaths for every 1,000 live births and 54 under-5 deaths for every 1,000 live births. Five years earlier infant mortality was 66 and under-5 mortality was 83. This indicates that Cambodia is on track to meet the MDG target of 50 per 1,000 live births in 2015. Despite this progress, the same CDHS figure reports that child mortality in Cambodia remains among the highest in Asia, and there has been little change over the past decade in the maternal mortality ratio, which remains at 206 deaths per 100,000 live births. Based on UNICEF's Global Study on Child Poverty and Disparities (UNICEF, 2011), Cambodia, Lao PDR and Mongolia exhibit consistently higher child poverty rates than the sub-regional average. Significant proportions of the child population in these countries remain poor, often severely and multiply deprived. In Cambodia, approximately 90% of children are classified as severely deprived.

Currently, almost all children are entering school, and significantly more are completing primary and secondary school. The net primary education admission rate increased from 81% in 2001 to 92.4% in 2008 (World Bank, 2011). Over two-thirds of Cambodian children now gain at least initial access to lower secondary education. The number of students enrolled in upper secondary school has also increased significantly, with almost 300,000 students currently enrolled, almost triple a decade earlier (Overseas Development Institute, 2011). The number of students finishing Grade 9 in 2007-08 increased by 274%, and the number of students finishing Grade 12 has also doubled. Whereas repetition rates are low in secondary school, dropout rates in lower secondary remain high at 21%, and 14.4% in upper secondary (MOEYS, 2008).

Significant attention has been given to address the issue of HIV infection and transmission resulting in rates of infection decreasing from a regional high in 1997 (3.0) to an estimated adult

prevalence of 0.8 (UNICEF, 2007). To address this issue much attention has been given providing services to support families and children affected directly or indirectly by HIV. As of 2010, 90% of people identified as infected with HIV/AIDS in Cambodia have access to antiretroviral treatment, coverage which is among the highest in a developing nation (World Bank, 2011). Life expectancy continues to improve with 62 years being the expectancy for a male and 64 years for a female (World Bank, 2011). Recent findings point to increasing numbers of preventable deaths related to traffic accidents among children and youth and Road Safety Cambodia website's statistics[1] show that 9% of total fatalities were children/youth aged between 6 and 18 years old with over 4,500 injured on account of road traffic accidents. In 2010, CDHS data shows that 1.7% of the Cambodian population had a physical impairment from birth, illness, landmine, gun, road or other accident. In 2012, of the 185 casualties due to unexploded ordinance, 25% casualties were boys, and 8.11% casualties were girls (CMAA, 2012).

Growing attention has been given over the past few years on the increasing numbers of children living in institutional care. Between 2005 and 2008 there was, for example, a 65% increase in the number of children in "orphanages" (MOSVY, 2011). Studies found that the majority of the 11,945 children living in 269 institutions had at least one living parent or other close relative (UNICEF, 2010). Social attitudes and cultural beliefs continue to impact children who experience violence and abuse at home, at school and in institutions (MOSVY, 2011).

Cambodia was one of the early adopters of the United Nations Convention on the Rights of the Child (UNCRC) which was ratified in 1992. In compliance with the UNCRC, the Royal Government of Cambodia established the Cambodian National Committee on Children in 1995. A recent Circular distributed by CNCC highlights many areas still under development. It also highlights significant progress including the adoption of a number of key laws such as the Last on Inter-Country Adoption in December 2009; Law on the Promotion and Protection of the Rights of Persons with Disabilities in July 2009; Law on Suppression of Human Trafficking and Sexual Exploitation in February 2008; the Law of Education in December 2007; Law on the Prevention of Domestic Violence and Protection of the Victims in October 2005; and the Social Security Law in 2002, and the Social Protection Strategy in April 2010. The concept of child maltreatment and child protection as outlined in the UNCRC remains a nascent paradigm however exciting developments have been occurring in the country to reduce the reliance on alternative care and to create a more systematic approach to support vulnerable and at-risk children and their families as witnessed by the passage of the Prakas on Procedures to Implement the Policy on Alternative Care for Children.

It is an exciting time for Cambodia with emerging frameworks and strategies to support the welfare of its citizens. The National Social Protection Strategy for the Poor and Vulnerable 2011-2015 seeks to create a comprehensive, integrated and systematic social protection plan for poor and vulnerable populations which clearly will benefit children and families (Royal Government of Cambodia, 2011). The RGC states that social protection is a constitutional basic right of its citizenry and poor and vulnerable people must be supported to prevent negative impacts. The main objectives of the NSPS specify that:

- All poor and vulnerable receive a basic minimum support, including food, sanitation, water and shelter, etc., to meet their basic needs especially in times of emergency and crisis;
- Poor and vulnerable children and mothers benefit from social safety nets to reduce poverty and food insecurity and enhance the development of human capital by improving

[1] www.roadsafetycambodia.info

nutrition, maternal and child health, promoting education, and eliminating child labor, especially its worst forms;

- The working age poor and vulnerable benefit from work opportunities to secure income, food and livelihoods, while contributing to the creation of sustainable physical and social infrastructure assets;
- The poor and vulnerable have effective access to affordable, quality health care and financial protection in case of illness; and,
- Special vulnerable groups including orphans, the elderly, single women with children, people with disabilities, people living with HIV, patients of tuberculosis (TB) and other chronic illness, etc., receive income, in-kind and psychosocial support and adequate social care.

Source: 2011-2015 Work Plan of Social Protection Coordination Unit

This broad strategy seeks to address a number of the issues outlined in the profile of children in Cambodia. One approach soon to be pilot tested will be a cash transfers program which is being conceptualized and closely tied to healthy child development outcomes. If resources can be identified, a number of new and promising programs will likely be piloted and implemented in the coming decade as the RGC continues to increase attention to the social welfare of its people. The NSPS states that "The RGC has a duty to provide essential services to ensure the development and enhancement of human capital (through health, education and livelihoods). This means creating an environment in which every individual can find and reach their full potential and contribute to their own welfare improvement as well as to national development"[2]. Guiding principles of the NSPS include the desire for national sustainable programming that can be initially supported by development partners and progressively financed by the RGC over the long- term. Developing the capacity of the government and related partners to successfully implement these national public strategies requires a professionally trained work force that includes social workers.

Social Work and Social Services to Support Public Social and Child Welfare

According to the International Association of Schools of Social Work (IASSW) and the International Federation of Social Workers (IFSW), "The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work"[3]. Social work is a profession that is an instrumental partner to governments and civil society to create and sustain socially just communities that enhance the quality of life for all persons. The profession began in the late 1800s in the U.S. and Europe when radical society changes occurred with the industrial revolution. After the turn of the century, social workers in these countries began a lengthy process of creating standards of education and professionalizing social work, in other words developing specialized knowledge that utilized theoretical and empirical information to solve human and social problems. It is critical to underscore that "Professional social workers are dedicated to …. the development and disciplined use of scientific knowledge regarding human behavior and society" (see Constitution and By-Laws of the IFSW, http://ifsw.org/what-we-do/governance/constitution-and-by-laws/). Hence professional social work is not simply charitable actions or well-meaning intentions but actions and interventions that are derived from

[2] Source: National Social Protection Strategy for the Poor and Vulnerable (2011 – 2015), April 2011
[3] http://ifsw.org/policies/definition-of-social-work/

a basis of knowledge and research. This underscores the need for adequate training and capacity building in order to deliver professional social work.

Here in the ASEAN region, the development of social work education and the profession across countries is quite variable with the Philippines having some of the most extensive history and activities (see Table 1). Under leadership from the Senior Official Meeting on Social Work and Development that occurred in 2006 in Myanmar, the ASEAN Consortium of Social Welfare Practitioners, Educators and Schools of Social Work was established and recently held its second annual meeting in Manila (December 2012). This network brings together ASEAN country representatives to share regarding social work education and social welfare issues.

Table 1: Social Work in ASEAN Countries

Country	Year SW Education Program Established	# of Current Programs	Standards for Curriculum	Regulated Job classification	Licensure/ Registration	Existence of a Professional Association
Brunnei	None					
Cambodia	2008 (BSW)	2 BSW; 1 MSW (off shore)	No	No	No	No
Indonesia	?	Over 30	No	Yes	No	Yes
Laos	2011 (BA separated SW/Dev)	1 BA	No	No	No	No
Malaysia	1946 (); 1968 (BA)	7 BA	Attempting	Yes	Yes	Yes
Myanmar	None					
Philippines	1950 (MA)	Over 70 (BSW, MA, PhD)	Yes	Yes	Yes	Yes
Singapore	1952 (diploma)	2 (BSW, MSS, PhD)	Yes	Yes	Yes	Yes
Thailand	1942 (1 yr);	2 (BSW, MA, PhD)	No	Yes	In-progress	Yes
Vietnam	~1950 (2 yr); 2004 (BSW & 3 yr)	Over 30 (BA)	Attempting	Yes	No	No
Note: Source Social Work Education in Countries of the East Issues and Challenges (2011); and personal communication.						

There are clearly different conceptualizations of what constitutes a "social worker". Several ASEAN countries have sought to address this issue through different mechanisms including: (1) creation of recognized job classifications within their civil service system, and (2) a registration or licensure process among workers. In 2009, the Singapore Association of Social Workers with the Ministry of Community Development, Youth and Sports, and the National Council created an accreditation system for social service providers and social workers (*note the distinction of two categories*). Their association seeks to create minimum professional standards for social work practice, to promote continuing education and training to update skill sets and to improve the perception of professional social workers (Ow, 2011).

The National Association of Social Workers in the U.S. is the largest membership organization of professional social workers in the world, with 150,000 members. Similar to its Singapore counterpart it seeks to enhance professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies, however, membership is restricted to graduates from an accredited BSW or MSW program, or a PhD/DSW in social work or social welfare. It's important to note that many associations particularly in lower resourced countries acknowledge the contributions of para-professionals and hence the classification scheme includes a range of qualifications that can include vocational training to university level degrees.

While there has been extensive development of the social work profession among various ASEAN and other countries, most continue to report that their countries remain under resourced and there remains a need to continue to grow the pool of appropriately trained social workers to serve the needs of vulnerable populations and more broadly meet the social welfare mandates in each country, for example, appropriately implement new child welfare guidelines and systems. Virtually all countries underscore the need for practitioners with a range of capacities, skills and corresponding training. For example, Nikku (2011) states that Nepal "needs not only social

workers who possess bachelor and master degrees but a lower level degree that can be accessed by many more students across the country. Today social work training is only available in Kathmandu, the country's capital city. Training opportunities for para-professionals should be created by agencies like higher Secondary Education Board and Council on Technical and Vocational Training".

The situations in Vietnam and China reflect recognition by each country of the gap in social workers in their respective countries and an ambitious desire to address the gap. China has committed to a National Plan on the Development of Social Work for Children (2010-2015) that seeks to increase the number of qualified social workers to 600,000, with placements in community-based social service centers in every rural township and urban sub-district (UNICEF, 2010). Vietnam's Ministry of Labor, Invalids and Social Affairs (MoLISA) estimates that about 40% of their population is in need of some form of social welfare. Most of Vietnam's public welfare staff of 35,000 staff have little or no training in social work or related areas (NADDSW, 2012). To respond to the gap and demand, their government recently approved the National Program on the Development of Social Work as a Profession (2010-2020), with a budget of $120 million. This program seeks to: (1) develop a legal framework; (2) increase social work education and training (including 65,000 social workers as part of the civil service); (3) develop social work services; and, (4) improve public awareness of social work roles.

Cuba provides a different example of addressing a recognized gap in workers. In the late 1990's Cuba recognized the need for greater numbers of social workers to deal with emergent issues as a result of severe economic circumstances. The government invested in developing a short term 6 month program later expanded to a 12 month program that targeted 16-22 year olds which combined classroom experience with field practice (Strug & Teague, 2002). Over 8,000 young adults enrolled annually in this para-professional program. These young people were guaranteed social work jobs in target communities in order to work with at risk groups. They received a salary of 300 pesos a month which was considered at that time a good salary for young Cuban workers. This effort successfully mobilized and trained large numbers of young social workers to participate in local and nationwide public health and educational campaigns for the benefit of their communities. Each of three examples illustrates that professional social workers and para-professional practitioners are needed across a wide range of sectors to meet the social welfare needs of each country. They illustrate the need to expand the workforce to adequately address needs and underscore different avenues for training and capacity building.

The International Association of Schools of Social Work emphasizes the need and provides detailed information to promote professional standards for social work education. As stated earlier, the Philippines has a lengthy history in the region of offering social work education and has over 70 degree programs. The National Association for Social Work Education (NASWEI) is a technical working group of the Philippine government's Commission on Higher Education that operates as a vehicle for inter-school exchange "to promote and maintain a high standard of Social Work education, and to coordinate with duly authorized agencies for accreditation of Social Work schools." (as cited in Veneracion, 2011, pg. 396-7). NASWEI promotes a consistency in learning outcomes expected of graduates across programs. Similarly in Malaysia, the Joint Committee National Council on Social Work Education Malaysia (JCNCSWEM) was set up to help higher education institutions to develop minimum standards on social work education and identification of core learning objectives. The Council seeks to encourage Malaysian universities to adhere to the extent possible to the standards set forth by the IASSW. These are just two regional examples of efforts being made to ensure consistency and high standards of professional social work education.

The largest organization focused on social work education is the Council on Social Work Education in the U.S. CSWE is a national, non-governmental association which "pursues this mission in higher education by setting and maintaining national accreditation standards for baccalaureate and master's degree programs in social work, by promoting faculty development, by engaging in international collaborations, and by advocating for social work education and research". This member organization was founded in 1952 and one of its key functions is to conduct external reviews for program accreditation. As of the October 2012, there are: 482 accredited baccalaureate social work programs, 219 accredited master's social work programs, 24 baccalaureate social work programs in candidacy, and 15 master's social work programs in candidacy. This function is administered by the Commission on Accreditation which oversees the following:

- To formulate accreditation standards and policies for schools of social work and baccalaureate social work programs for adoption by the Board of Directors
- To formulate criteria and methods for the evaluation and accreditation of master's and baccalaureate programs in social work on the basis of standards and policies approved by the Board of Directors
- To accredit, to impose conditional accreditation status on, to deny accreditation to, or to withdraw accreditation of master's and baccalaureate social work programs
- To develop and maintain an accreditation data base
- To accompany accreditation actions by a reasoned opinion
- To formulate and propose standards and procedures which are necessary to insure continuity of the Council on Social Work Education as the accrediting body for social work education
- To further consider a case remanded by the review body to the Commission

The lack of standard definitions of what constitutes training for a social workers can negatively impact the image of the social work profession and also impact services, in other words, services provided by unqualified staff are likely to result in poor outcomes (Baba, Crabtree, & Parker, 2011). At the global level, there is no overarching accrediting organization. The Global Minimum Qualifying Standards Committee was set up at the joint IASSW and IFSW Conference in Montreal, Canada in July 2000. A final version of the Global Standards for Social Work Education and Training was adopted by IASSW and IFSW at their General Assemblies in Adelaide, Australia in October 2004 (see http://www.ifsw.org/cm_data/GlobalSocial_WorkStandards2005.pdf). The standards provide guidelines which can be adopted by member nations and schools who seek to adhere to IASSW.

In summary, social work as a profession and para-professional practitioners who deliver social services work in a wide range of sectors to support the social welfare of a country. Many countries have identified the need to increase this workforce as well as develop standards for education and job classification. Many lessons can be learned from their experiences.

Well over the past decade, UNICEF has partnered with the Ministry of Social Affairs, Veterans and Youth Rehabilitation to strengthen the social welfare sector. Together, they have worked to strengthen the child protection system at national and sub-national levels. This review offers a time of reflection to examine past joint efforts and to inform strategies for the future.

Methodology

Study Objectives

This review seeks to gain an understanding of the current situation of social work practice in Cambodia especially as it relates to public child welfare[4]. The specific objectives are to:

- Examine the degree of professionalisation and institutionalization of the social work profession and practice in the government;
- Assess UNICEF's supported social work trainings since 2001 in terms of relevance, sustainability, equity and its effectiveness in terms of contribution to broader child protection outcomes; and,
- Draw recommendations on ways forward for MOSVY, UNICEF and other actors, based on identified priority gaps and weaknesses, to continue strengthening the institutionalization and quality of social work in the country, in short and long term.

Design

A Review Reference Group (RRG) was formed and chaired by the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MOSVY) to provide advisory input into the design of the study and feedback on the report. The RRG was comprised of representatives from essential entities including the MOSVY, UNICEF, key non-governmental organizations which have contributed significantly to either social service training or programming (Friends International, Social Services Cambodia and Transcultural Psychosocial Organization;). Please see Appendix B for a list of members. There were four opportunities for input and exchange between October and January.

The review incorporated 4 strategies to collect relevant information including a desk review, field visits, key informant interviews, and a self-administered survey among DOSVY/OSVY personnel.

Field visits were conducted in 4 selected locations utilizing the following selection criteria:

- Different social issues/needs (e.g. higher rates of poverty, greater migration, increased tourism, border trafficking, post-conflict area with higher levels of UXOs; and,
- Past or current presence (or not) of certain programs [e.g. OVC Task Force, Partnership for the Protection of Children, Special Envelop Program];
- Sites with and without past direct UNICEF support;

After consultation with the RRG, the field visit sites were identified to occur in *Mondul Kiri, Battambang, Prey Veng,* and *Preah Sihanouk*. The field visits included gathering information from focus groups with OSVY personnel and NGO staff operating in the area, interviews with the Director of Social Affairs, Chief of Child Welfare, and WCCC Focal Person, and a visit to a specific OSVY office. Please see Appendix E for the field visit guide. Due to supportive assistance provided by MOSVY, the field visits ran smoothly. Below (Table 2) is a breakdown of the participation in the focus groups. See Appendix C for a listing of NGOs that participated.

[4] Appendix A contains a copy of the Terms of Reference.

Table 2: Participants for Field Visit Focus Groups

Social Work Groups

Invited	Attended		
Prey Veng	8	8	100%
Mondul Kiri	5	4	80%
Preah Sihanouk	4	4	100%
Battambang	8	7	87.5%
Total Participants	25	23	92%

NGO Staff Groups

Invited	Attended		
Prey Veng	10	7	70%
Mondul Kiri	6	4	66.7%
Preah Sihanouk	10	11	110%
Battambang	8	7	87.5%
Total Participants	34	29	85.3%

All focus groups and interviews were recorded and transcribed.

Key informant interviews among governmental officials and NGO leaders were utilized to gather data on social work practice and related programs and frameworks operating at this time related to social and child welfare. See Appendix D for a list of key informants. Interviews ranged from 45 to 120 minutes. Several interviewees provided supplemental reports which were incorporated into the content analysis.

A self-administered survey of MOSVY personnel was implemented to capture a snapshot of qualifications and knowledge among current practitioners at the DOSVY and OSVY levels. The MOSVY social welfare focal point for each province was automatically selected (1 per province) and then another 100 respondents were randomly selected at the OSVY level from a list of sub-national personnel. A total of 124 were invited to participate in regional survey administrations. With close cooperation and assistance from key staff at MOSVY and UNICEF, the following table reflects the high completion rates that were achieved at each administration location (see Table 3). The survey was group administered with the researcher reading each question aloud and respondents filling in their answers privately. There was an initial lower response in the initial administration site (Kampong Cham, 54.2%) likely due to the longer distances that staff in that region must travel to reach the survey administration site despite a travel allowance. In subsequent administrations the research team opted to add a Lucky Draw incentive in addition to a document briefcase that was given to all respondents in appreciation for their participation. The subsequent response rates were much higher, all over 93%. The researchers were also able to administer the survey individually by phone for 8 of the 10 missing Kampong Cham respondents to bring the final response rate at that site up to 90.5%.

Table 3: Completion Rate of DOSVY/OSVY Respondents by Site

	Number invited	Number completed	Completion Rate
Kampong Cham	21	19	90.5%
Preah Sihanouk	20	19	95.0%
Battambang	28	27	96.4%
Siem Reap	23	23	100.0%
Phnom Penh	32	30	93.8%
Total	**124**	**118**	**95.2%**

The survey process ran smoothly. Participants in each location had a few and different questions for clarification suggesting that overall the survey was appropriate for administration. See Appendix E for a copy of the survey instrument.

Ethical Considerations

The consultants ensured that the selection of respondents followed ethical standards that promoted the protection of participant's rights related to the conduct of this review. The consultants were responsible for ensuring that respondents received information regarding the voluntary nature of the study, and steps were taken to respect privacy and protect confidentiality. To protect participants' confidentiality absolutely no identifying information accompanies any quotation provided in this report.

Analysis Plan

Interviews and field notes were transcribed and translated for content analysis. A constant comparative procedure (Lincoln & Guba, 1985) was utilized to develop initial categories and subsequent themes. Transcripts were revisited after coding to create the final set of identified themes. The surveys were data entered into an electronic file and descriptive and inferential statistics conducted. Very little missing data were present from these data.

Limitations

The primary focus of this review focused on the public sector hence the report includes very limited information regarding the extensive NGO sector within Cambodia. As stated in the methods section, there was excellent cooperation and assistance from UNICEF and MOSVY to support administration of the survey and coordination of the field visits. Hence overall these activities were implemented successfully. A limitation however of this review was the inability of the consultants to meet any direct beneficiaries of social welfare and or child welfare services. The field visits included meetings with DOSVY and OSVY personnel, WCCC, CWCC and in some instances the commune chief, but no individuals who currently were receiving services or past clients. A primary factor to this limitation seemed to be the inability to readily identify such individuals and to access them during our visit. It was also anticipated that we would secure more hard copy forms to document services and processes during these visits but these too were elusive.

Another limitation of the review was the inability to secure data regarding the extent to which resources are invested into social work either from government or non-governmental entities and the cost efficiency of those resources. In the time available and perhaps due the sensitive nature of financial reporting, we were unable to bring to light costing documents to provide data that

addressed this objective. A costing analysis is presenting underway focused on child welfare budgets and the results were not available at the time of this report.
The number of interviews and field visits resulted in a significant amount of information to transcribe and translate resulting in a large volume of data including extensive documents gathered in the desk review. This consumed an extensive amount of time during this period. Had additional time been available, other key informant interviews could have ideally been undertaken, for example, to gather more concrete and detailed programmatic information on the social welfare landscape particularly beyond MOSVY.

Lastly, while several meetings were held with the Review Reference Group, these discussions were limited by the overall short period allowed for this review.

Themes Identified in the Content Analysis: Qualitative Findings

The qualitative analysis focused on both of the key objectives of this review:

- Examine the degree of professionalisation and institutionalization of the social work profession and practice in the government; and,
- Assess UNICEF's supported social work trainings since 2001 in terms of relevance, sustainability, equity and its effectiveness in terms of contribution to broader child protection outcomes.

A number of key themes arose from the analyses that address each objective. These include:

Social Work Profession and Education in Cambodia

- Definitions of social service providers and social work in Cambodia;
- Past training of social service providers;
- Development of professional social work education; and,
- Challenges in the delivery of high quality professional social work education.

Social Services and Social Work Practice

- Delivery of social services;
- Changing front line;
- Social services and social work practice beyond MOSVY;
- Capacity of the front line;
- Coordination of services in a changing environment;
- Understanding of practice related to alternative care and child welfare cases;
- Equity and disproportionality of services;
- Decentralized data and report functions as part of practice; and,
- Financial constraints.

Social Work Profession and Education in Cambodia

Definitions of Social Service Providers and Social Work in Cambodia

There has been a dramatic change in Cambodian society regarding traditional helpers and the current provision of social service providers (Harachi, et. al. 2011). In the past, Kruu Khmer and other religious, spiritual, and relationally based entities played a key role in addressing social problems. Since the arrival of UNTAC, personnel from non-governmental organizations have functioned as key social service providers across a wide range of sectors as the country began to rebuild its own infrastructure and capacity. The international NGO presence numbered around 25 in the 1980's and expanded to a present estimate of over 500; by 1994, 103 local NGOs were formed which have now expanded to over 3,400 delivering a wide range of direct social services and non-direct practice such as advocacy and policy work (Meas & Healy, 2003).

While the term "social worker" can be translated in Khmer, there is no native interpretation of this word similar to the meaning used by the global community. Few respondents in the current review had a definition of social work or an understanding of social work as a "profession" similar to the definition used by the IFSW with the exception of key informants who had training or education abroad.

> *"Social Work is a profession where people can provide support, case management, counseling and link clients to services. It provides coordination to other institutions and resources to link services."*[5]

[5] All quotations provided in this report are respondents from the field visits and or interviews conducted for the purpose of this study. Additional information about the source is not provided to protect the confidentiality of the source. Quotations are translated and not edited for grammar.

"I never learned what social work is but I would say it's a profession that provides social support for clients to help meet their needs. It works across sectors, such as health, vocational training, and helps less vulnerable people."

As the IFSW definition indicates, social work intervenes at different levels, from individual to individual, within families, groups, villages, organizations, and a societal level. Social workers are not limited to providing a social service or direct intervention, but may also offer non-direct practice interventions, for example, social workers may conduct policy analysis, advocacy, or policy formulation.

Virtually no one was aware that the profession requires specialized training that utilizes theoretical and empirical information to solve human and social problems. Most were unaware that a professional social worker generally meant successful completion of a standardized curriculum that generally is a 3 year or 4 year university program. Only one respondent was aware that some countries require an exam or qualification process for registration and licensure to be defined as a "social worker".

Past Training of Social Service Providers

In contrast to neighboring Vietnam and prior to the disruption and destruction to the higher education system of the Khmer Rouge, Cambodia never had a social work degree program in the 1960's. Since the '90s many NGOs stepped in to provide para-professional training in order for newly hired staff within MOSVY and NGOs to perform and be social service providers or practitioners. Social Services of Cambodia (SSC) and Transcultural Psychological Organization (TPO) are two key NGOs that have provided extensive training for social services to a range of providers including MOSVY personnel. Still today both NGOs continue to offer training services to support local capacity development.

UNICEF recognized a need to develop capacity within the key governmental ministry, MOSVY that supports social welfare in the country. Since 1997, UNICEF supported staff training for MOSVY initially provided by SSC (1997-99). Beginning in 2000, the training program was revised and developed into 3 levels of training: Basic Social Service Training (BSST), Professional Social Service Training (PSST), and Management Social Service Training (MSST). In addition to in-house trainers, staff from TPO delivered modules. During this period, no MOSVY personnel had an undergraduate or an advanced degree in social work.

Findings reported in the Social Service Training Evaluation Report (Harknett, 2005), outlined the key components the social service trainings which are shared here in this review as these trainings were a significant resource endeavor to build capacity within MOSVY.

BSST: Was a two-week training on knowledge about the field of social work: actors, institutions and techniques. The course contained 11 modules and practicum: Introduction and social work principles, Knowing yourself, Human needs, Child's rights and attitudes towards children, Gender, Domestic violence, Sexual abuse, Disability, MOSVY mandate: Sub-decree on the establishment of MOSVY, Prakas (regulations) on the establishment of provincial offices, Children in need of special protection, and Case management.

PSST: Was a four-week social work training to build on the BSST and provided additional knowledge as well as skills and an understanding of attitudes related to the roles and responsibilities of the trainees. The course contained 12 modules and a practicum: Case management, Interview skills, Monitoring, Directory maintenance, Screening, Awareness raising, HIV/AIDS, Drug abuse, Child Justice, Child Protection Network, Alternative Care, and Counseling.

MSST: Was a twelve-week training that built on the BSST and the PSST and provided additional knowledge as well as skills related to their roles and responsibilities, practice and involvement in actual social work activities. This training focused on: implementation, promotion and sharing of experiences during in-class training, acquisition of skills related to specific situations.

Over the years, several hundred MOSVY national and sub-national personnel participated in the training. (See Table 4). After ten years, financial support from UNICEF for these training programs was discontinued in 2010; the training program was subsequently not incorporated into the MOSVY budget, resulting in that no additional trainings being offered by in-house trainers at MOSVY.

Table 4: Participants in Social Service Training Components

Year	BSST	PSST	MSST
2000-2001	40	-	-
2002	70	130	-
2003	53	87	-
2004	84	46	-
2005	71	177	36
2006	58	58	-
2007	96	103	-
2008	101	99	-
2009	68	67	-
2010	77	75	-
Total	718	842	36

Source: Social Service Training Report (2005) and MOSVY records; earlier records were not available hence participation prior to 2000 is not reflected in this table.

The 2005 evaluation found that all three courses increased trainees' knowledge and skills and demonstrated positive attitudinal improvements at the end of the training courses. Increases were less for practical skills in the PSST and for some aspects of the MSST. While pointing out the positive gains that were made particularly in the delivery and outcomes of BSST, the evaluation recommended that longer term technical supervision be offered to sub-national staff who were in essence the front line workers for social and child welfare. These findings are similar to those found be this study as described in later sections. The 2005 report also mentions the need for an accredited social work degree program as well as institutionalizing the para-professional training.

Development of Professional Social Work Education

An ad hoc group began meeting in the late 1990s to explore establishing a social work degree program which included the Royal University of Phnom Penh (RUPP). Eventually RUPP approached the University of Washington, School of Social Work in the U.S. to partner and establish a new department. In 2004, the UW/RUPP Social Work Partnership was established and subsequently in 2008 the Ministry of Education, Youth and Sports approved the first college level social work degree program.

The Partnership model to establish the new degree program differed significantly from others (Harachi, et. al., 2011). It is often the case that a foreign university loans its own faculty

temporarily to teach courses and or recruits visiting or in-country expatriates to deliver curriculum. The Partnership was keen to develop local capacity that would have ownership of its program so it committed the necessary resources to successfully implement a model in which local social work practitioners received graduate training and then themselves created the degree program. The Partnership began by recruiting individuals who had functioned as social workers for a substantial period of time (average of 9 years relevant work experience) and had an interest in higher education teaching. It's critical to note that social work as an applied profession requires that its instructors not only have a requisite degree but also significant relevant practice experience. For example, the Council on Social Work Education in the U.S. requires that practice instructors must have a minimum of two years supervised social work experience *post Master's degree* in order to teach practice courses. An investment of over one million U.S. dollars through the UW/RUPP SW Partnership has allowed six Cambodians to complete social work graduate education (MSWs) in the U.S., another three to complete MAs, and provided support for instructors and staff to continue to develop their English language proficiency. The latter, English proficiency, is quite critical to either take advantage of educational opportunities abroad and to utilize textbooks and other resources that typically are available in English or other language, and not Khmer language for course preparation and curricular skill development. Perhaps most critically the Partnership continues to support on-site and distance technical assistance for curricular, instructional, and organizational development to ensure that the new degree program strives toward international standards set forth by IASSW. All instructors have a master's degree with a higher ratio of graduate degrees from abroad than many other RUPP departments as a result of the external support and investment; none of the current instructors have a Ph.D. which will be required in order for the department to pursue implementation of a master's degree program. In 2012, the Social Work program graduated its first cohort and 17 of the 22 graduates are already employed by NGOs.

The bachelor's curriculum is generalist in nature. It seeks to:

1. To prepare baccalaureate/undergraduate level social workers for generalist practice in a multi-cultural context that is rooted in knowledge and skills for understanding, analyzing, and solving complex social problems within the values of professional social work;
2. To prepare generalist social workers who can be informed and effective leaders able to understand and take action to challenge inequality and promote social and economic justice;
3. To foster an examination of social work history and critical appraisal of interventions at the micro-, meso-, and macro-levels that promote a more humane society; and
4. To prepare for graduate education.

The RUPP BSW program was developed to take advantage of the specific areas of expertise of its faculty. In other words, there was a careful recruitment process undertaken at RUPP to engage faculty from different social work sectors in order to develop a generalist degree program. Students complete 151 credits which includes extensive field learning hours (820 supervised hours) to support the applied nature of the program. The department maintains two field learning program managers who have developed a strong network of field learning partners that support placements for Y2, Y3, and Y4 students. Careful attention is given to recruiting field partners, and monitoring the development and implementation of individualized learning plans that support the learning objectives of this part of the overall program. The new department was nominated to be the first department at RUPP and Cambodia to undergo an extensive quality assurance review process by the ASEAN University Network and completed its internal self-assessment report and is awaiting an on-site visit in Spring 2013. Preliminary feedback has been favorable and these achievements are quite notable given the department was only established

four years ago and a testament of the evolving nature of Cambodia's higher education system and its ability to begin approaching global standards.

At present only a scholarship program is delivered by the Department of Social Work at RUPP. In other words, graduating high school students who have high national exam scores and excellent high school grades are eligible to attend a governmental university for free. Hence admission at present is restricted to students who qualify via the national exam process. The Department hopes to enroll private fee-based students beginning in 2015 which will allow greater access especially to NGO staff or other non-traditional students. Beginning the Summer of 2013, the Department has been approved to offer Continuing Education certificate courses which will make university level courses available to practitioners who are otherwise unable to enroll or participate in a full degree program.

In 2009, Ewha Women's University from Korea supported their Social Work faculty to travel to RUPP to offer a master's degree program. Most of the faculty had never traveled to Cambodia and have limited information about the local context. The program is delivered in English with course materials that are modeled after the curriculum in their Graduate Program of Social Work in Korea. It includes 54 credits or 14 courses and a thesis or research project. Field learning is limited to approximately 480 hours and there appear to be no processes similar to the BSW program in terms of learning plans and supervision of placements. The first cohort of graduates occurred in 2012 and the majority of these graduates also have gained employment by NGOs. Through support from the Korean government, Ewha is able to continue to travel its faculty to Phnom Penh and began training a second cohort in November 2012; these students are expected to complete the part-time program in 2015.

Most recently October 2011, MOSVY received governmental authorization to open the National Institute of Social Affairs by sub-decree No 233 ANK-BK. The structure of NISA includes a Faculty of Social Affairs which includes Departments of Social Work, Social Protection, and Sociology; Faculty of Prosthetic and Orthotic Engineering which includes Departments of Prosthetic and Orthotic Engineering (formerly the program operated by Cambodia School of Prosthetics and Orthotics), Assistive Device Engineering, and Physical Therapy Science, Vocational Training School for Persons with Disabilities (formerly operated by different NGOs), Department of Foundation Studies, Studies and Research Office, Administration and Personnel Office, and an Accounting and Finance Office. NISA received approval from MOSVY and MOEYS to deliver a bachelor degree program in social work and recently enrolled 27 students in November 2012. At present, among the three top managers, one graduated with a doctoral degree in economics, one earned a master's degree in environmental sciences, and another holds a master degree in public policy and have work experiences in academic administration and instruction and human resources. There are 32 operational staff within NISA of which 6 hold master's degrees including one MSW. The majority of these, 17, are in the Departments of Prosthetic and Orthotic Engineering and former staff when the program was operated privately as the Cambodia School of Prosthetics and Orthotics. NISA hopes to recruit more MSW lecturers. So far the curriculum for the 1st or Foundation year has been developed by The President who holds the master's degree in environmental science. The MSW staff is teaching the introduction to social work class in Year 1. The program is targeting the number of credits required by MOEYS.

Challenges in Delivering High Quality Professional Social Work Education

The higher education system was wholly decimated by the Khmer Rouge and it is remarkable that more resources have not been put forth to bolster this system. While the system has come a long way since this devastation, it remains lacking in rules, regulation and oversight in contrast

to global standards. There has been controversy around the establishment of a general accrediting body and it is far too early to determine its ability to effectively perform.

Beyond the general higher education system and issues concerning its quality, social work education is new to Cambodia and no national mechanism exists to provide oversight to the growing number of programs. The IASSW provides global standards yet there is no independent body in Cambodia similar to the Council on Social Work Education which provides, among other mandates, oversight and accountability to social work educational programs to meet those standards. With no authority providing oversight, the consistency and quality of the burgeoning programs will likely lead to differing qualification of graduates across the programs and adding confusion regarding the standard of professional social work education.

A number of studies examining higher education have raised concerns regarding the limited resources and investment towards higher education (Phnom Penh Post, January 3, 2012). Presently students at the Department of Social Work at RUPP and the majority of NISA's students are scholarship students. These students are given free entrance to the governmental institutions however no tuition is in turn paid to the educating institutions. This structure creates a challenge in terms of covering the costs to educate these publically enrolled students and operating a department. Government funds are used to pay salaries for those instructors or personnel who have government civil servant positions, electricity, internet, facilities, and to a minimal degree supplies and equipment. Presently only about one third of the RUPP Department of Social Work are government staff. Three who have significant practice experience and master's degrees are ineligible to become government staff because of the maximum age restriction (must be under 35 years with a Master's). Hence qualified, experienced candidates are excluded from becoming permanent instructors. Instructors who are civil servants at the RUPP Department of Social Work, for example, earn approximately $120 per month. The Partnership attempts to supplement this low salary to bring the monthly wage to $300. Based on the 2009 Cooperation Committee for Cambodia salary survey, salary for staff who work in international NGOs that provide social work related programming ranged from $192 to $1,382. Hence the government salary for these experienced instructors, many with graduate professional training from abroad, falls quite short. This salary situation as well as the lack of tuition transfer from the central government to universities to educate public scholarship students creates a number of problems. The situation of brain drain is well documented in Cambodia and in other low resource countries that rely on external aid, with the most capable personnel being attracted to higher paying positions within donor organizations rather than positions within the government (Ear, 2007). It diminishes the likelihood that qualified and experienced practitioners will choose careers in higher education and share their knowledge and skills with the next generation.

As shared earlier, the international standards for social work education requires that instructors not only have the requisite academic training and qualifications but also the necessary practice experience. In other words to be an effective instructor, teachers must have "book knowledge" but also practical experience in the area that they are teaching. It can be challenging to find individuals who have an appropriate degree and the necessary practice experience who would be the most effective candidates for faculty positions. Individuals who have higher levels of education are often in the position of project manager providing oversight of a grant or project and less likely to be developing hands on practice experience. While management experience is certainly a useful skill, it is the not the same type of practical experience necessary to teach, for example, interpersonal skills and assessment or steps to effective organizing or community development. Hence there is a paucity of human resources from which to draw effective faculty candidates, individuals who have a master's degree in a related discipline, have relevant practice skills, and a strong proficiency in English. Presently there is a maximum age limit in which candidates can apply for governmental positions. This too acts as a barrier for qualified

individuals being matched with the position. Lastly, the lack of an accrediting review body means that these types of issues of qualifications, quality and effectiveness of instruction, will remain unexamined at best and at worse ineffective and poor educational quality and standards will be perpetuated.

Social Services and Social Work Practice

Delivery of Social Services

The Royal Government of Cambodia has been working to improve social welfare notably through MOSVY. The public social welfare agenda and its actors continues to expand involving multiple ministries and sectors, including the Ministries of Health, Education, Interior, Women's Affairs, Council on Agriculture and Rural Development, Cambodia National Committee on Children, and National Multi-sectoral Orphans and Vulnerable Task Force (NOVCTF) just to name a few.

Historically, the sub-national personnel of DOSVY and OSVY have been the front line point of contact for the delivery of government supported social welfare services broadly and more specifically related to child protection and child welfare.

> *"DOSVY and OSVY workers have many tasks across a wide range of functions. Their roles and responsibilities are to provide support to children and other vulnerable groups like widows, the elderly, veterans, retirees. They work with NGOs to support these groups, for example, are the facilitators between those in need of services and NGOs that provide relevant services".*

Some reported that their role is to inspect centers and to reintegrate children back into the community. To a lesser degree, their role is to collect data or information about children at the local level.

At the DOSVY level, there are many offices such as child welfare, administrative and personnel, financial and planning, and social welfare. It was reported in 2007 that there were a total of 1,603[6] MOSVY personnel and a total of 1551[7] MOSVY personnel in 2012, of which 534 were at national level and of which 183 are women (34.2%). Further in 2012 there are 1,017 personnel at the sub-national level of which 340 are women (33.4%). Note that this figure represents all personnel, in other words, is not restricted to those working directly in the social affairs or child welfare departments and include for example administrative and finance positions. The number of personnel situated in the provincial (DOSVY) and district offices (OSVY) differs from province to province. Mondul Kiri, for example, has only 6 MOSVY staff, 5 located in DOSVY and 1 OSVY; the province however contains 5 districts, 21 communes and 98 villages across a large, rural geographic area with limited road infrastructure. This illustrates the staffing challenges to providing adequate services geographically. Overall, there are 194 districts in the country and 1,633 communes so it is clear to see that 1,017 sub-national personnel which includes non-service providers are unlikely to provide complete coverage as the Mondul Kiri example illustrates. Further these figures indicate a decline in overall personnel rather than an increase. Between 2010 and 2012, 184 MOSVY civil servants at national and sub-national level retired and in most cases were not replaced.[8]

[6] Source: Council of Administrative Reform of Cambodia, 2007

[7] Source: Draft Report on Function and Resource Mapping of the Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2012

[8] Source: MOSVY Human Resource Department (2012)

Based on our field visits, DOSVY and or OSVY workers devote a significant portion of their time distributing monthly pensions to veterans, retired civil servants and the disabled. Some districts have an enormous number of recipients, well over a thousand, which requires a significant amount of record keeping and funds to transfer each month from the provincial to the local office. It is anticipated that there will be further decommissioning of military personnel in the near future and therefore the number of recipients will likely increase and add further work and volume related to funds distribution. One office mentioned that there are plans in place to work with ACLEDA Bank to transfer funds directly from the government to the recipient which will have impacts on this particular work area. Often OSVY divides up functions, for example, the Director is likely to be responsible for funds distribution and the Deputy Director is responsible for other functions like those related to child welfare.

> *"(in describing other activities OSVY staff undertook)… BSST gave me some ideas. I formed a self-help group for disabled people in my community. Later I organized youth clubs, these were avenues for youth to take ownership in the community and to participate positively in society. Eventually a NGO stepped in to support these clubs, but now they are not so active…It is difficult to spend time on these types of activities, distributing monthly pensions take a lot of time".*

The consultants were unable to identify or get a copy of any formal or written job description for the sub-national practitioners; an overall designation of the DOSVY or OSVY office functions was available from some of the visited sites. While we were able to see copies of pension applications and related paperwork, we were unable to gather any copies of forms related to any child welfare functions, for example, inspection reports, initial response forms, or progress notes of current active cases. Many reported keeping these at home.

Social Services and Social Work Practice beyond MOSVY

While attention and explicit reference is given to the mandates of MOSVY and CCWC to deliver social services, in actuality social service functions are also performed by other governmental entities and among NGOs. Social work is however not recognized or acknowledged as a function by other ministries, for example, by Health, Women's Affairs, Labor, Justice, Interior or Education. The Ministry of Health maintains a Mental Health Department which has oversight of programming and services for the mentally ill which by definition within the disability law should be recognized as a vulnerable population requiring support and care. Khmer Soviet Friendship Hospital manages the public psychiatric unit yet does not include any social work personnel despite acknowledging there is a great need[9]. MOH encompasses a number of areas including public health, disabilities, and addressing the needs of the growing elderly populations. Many issues related to aging are not only about physical health but intersect with emotional and psychosocial health where social work could play a significant role, for example, working with individuals with dementia which impacts not only the individual but also the family.

> *"Each hospital should have a social worker like in France, Japan or Korea".*

In the area of education, efforts to create "child friendly" schools involve not only academics and instruction, but include other issues which intersect with social work such as the participation of families, child protection and safety.

> *"High dropout remains an issue and social workers could play a role and help with this. They can be part of the village network".*

[9] Personal communication Harachi, July 27, 2012.

The Ministry of Women's Affairs has a strong focus, among others on legal protection particularly related to the law on domestic violence and has programming such as their one stop service center for victims currently being piloted now with GIZ funding. Yet none of its staff are seen as social workers despite the provision of social services.

NGOs are a large presence in terms of being the providers of social services and other forms of non-direct social work. Virtually all respondents reported that vital services and programs are provided by NGOs in their area. Conversely many remarked with dismay when funding dried up for particular programs or NGOs no longer operated thereby leaving a service gap. Within the provinces where the field visits were conducted, we attempted to identify the NGOs that work in the area and noted if it appeared that they have a focus on children, families and or women (see Appendix G). A total of 139 NGOs were identified in the four target provinces of which 81% seemed to focus on children, families and or women. Perhaps the more critical issue is the geographic distribution of their programs. Most programs focus on urban areas or only within one or two districts or even within a district may only serve a limited number of communes. This highlights a common issue for virtually all social welfare programming in the country, a geographic disproportionality of service provision among NGOs and the government. A key exception to this is the pension program operated by MOSVY which appears to be one of the only social protection programs delivered systematically across the entire country.

Based on the global definition of social work, it's clear that this profession intersects across a wide range of governmental entities and NGOs.

Changing Front Line

Perhaps one of the most significant developments that will likely impact public social welfare and the delivery of social services has been the process of decentralization and deconcentration reform (D&D) occurring at the sub-national level now referred to as the Sub-National Democratic Development (SNDD). In 2001 the Law on Administration and Management of Communes/Sangkats was passed and the first commune elections happened in 2002. In 2004 the Commune Committee for Women and Children (CCWC) was established as an advisory sub-committee to the Commune Council to help implement government policy and other tasks related to women and children's issues at the local level and to ensure women and children receive appropriate, inclusive and quality services. Each CCWC includes key members of the Commune Council including the Chief, Deputy Chief and the Commune Clerk as well as the Women and Children Focal Point (FP). The FP is either an elected female Commune Councilor or selected by the Commune Council. Their position within the council is paid and the focal point role is a responsibility of their position. The CCWC also includes representation from, for example, the Health Center, the commune cluster school, and the police and village chiefs, as each commune is comprised of multiple villages. Based on information from our field visits, meetings appear to occur on a monthly basis and most reported good attendance. In 2007, the National Committee for Sub-National Democratic Development (NCDD) issued a guideline on the organization and establishment of the Commune Committee for Women and Children (CCWC) in all communes/Sangkats throughout the country.

> *"Our NGO provides some support to the local CCWC. The CCWC meets monthly and has a budget for meeting and transportation, we contribute to refreshments. The committee reports outcomes and identifies needs and tried to coordinate. This is what has happened so far. However, such a budget is no longer existed since September 2012".*

Several brought a blue pocket guide (Functioning of CCWC) which many reported to be a useful working guide about their responsibilities. Based on our discussions the UNICEF supported calendar planners would seem to a very useful tool for the CCWC focal points but none of the respondents we met had such planner.

More recently in 2009 as part of the SNDD, and stipulated in the Law on the Administration and Management of the Capital, Provinces, Municipalities, Districts and Khans, Women's and Children's Consultative Committees (WCCCs) were established as a mechanism to promote gender equality and the empowerment of women and children under the jurisdiction of the provincial and district councils. WCCCs have the authority and duty to provide suggestions and recommendations to the council, board of governors, and governors on issues related to gender equity and women's and children's issues within the authority, function and duties of the council. According to Prakas on the Establishment and the Functioning of the Women's and Children's Consultative Committees (WCCC), the chairperson is a female councilor selected by the council. A female deputy governor is often the vice chairperson. The reported frequency of WCCC meetings was not as consistent as the CCWC and many reported it was challenging to have high attendance either at the provincial level (likely to be reported as meeting once a year) or at the district level. "There is no regular meeting and we meet only when there is an urgent or specific problem". Based on Prakas 4275, there is a booklet to explain about the roles and responsibilities but none of the respondents seemed aware or could share this guide.

During this same period there has been expanding attention to child welfare issues by MOSVY, donors and civil society. This led to the development of a series of legal frameworks to enhance support to children and families and the development of a more systematic child welfare system (see Appendix F) for a timeline and listing of related frameworks and policies). In 2006, MOSVY launched the Policy on Alternative Care for Children aimed to ensure that children grow up in a family and in a community and promotes the concept that institutional care should be a last resort and a temporary solution. In the same year, the Minimum Standards on Residential Care for Children was also implemented which details conditions and basic standards for residential care facilities, caregivers' requirements and responsibilities as well as complaint procedures and legal protection in case of abuse, as well as to establish a monitoring mechanism. In 2011, the Prakas on the Procedures to Implement the Policy on Alternative Care for Children was adopted which provides general guidance on "the identification of vulnerable children so that they can be referred to relevant services at sub-national level; assessment of the situation of children and their families in order to preserve or reunify families; provision of appropriate services of alternative care as a temporary solution and permanency planning including domestic adoption and inter-country adoption; and follow-up on cases" (2011). MOSVY is presently developing a detailed guide which operationalizes these procedures with extensive step by step information and related forms (e.g. Initial Response Form, Family Service Report Form, or Alternative Care Placement Form). The Prakas stipulate clear roles and responsibilities for the Provincial and District offices of social welfare (DOSVY and OSVY) as well as for the Provincial and District Councils (PWCCC, DWCCC) and the Commune Councils for Women and Children (CCWC) (see Appendix F for text related to relevant Articles). In particular regulations now stipulate, "A family support worker refers to a trained person who works under the direction of the Commune/Sangkat Council to identify children and families in a situation of risk or responds to referrals of such situations, and follows up by assisting the children and/or families".

Capacity at the Front Line

All of the CCWC focal points we met are quite dedicated individuals who seek to address the needs in their local areas. These women are very committed to serving their community. Their concerns were genuine as well as their desire to improve their work and capabilities.

> *"I need training to build my capacity. For example, I am supposed to monitor the preschool. I can see if the children show up and count attendance. I can see if the teacher shows up to work. But how do I know if they are doing a good job? I need to know what to look for. I need training".*
>
> *"A HIV mom gave birth and cannot breast feed but has no money to buy formula so all the members of our CCWC pitched in personal money. Sometimes NGOs attend the meeting and they too provided some assistance. Many preschoolers leave because by 8am they are hungry and no food served at preschool. It's a problem".*
>
> *"We (local NGO partner that supports CCWC) need to develop their capacity especially if our funding does not continue. So, the outcomes can be quite good. We spend the money on them for a meeting and in a meeting we also provide them the training and capacity building. Then we start reducing our support step by step. So, in the future if there is any problem taking place, they can solve the problem by themselves. For example, there was a case with a child who worked and lost hand in a brick factory. Three days after the accident, we contacted CCWC and found that they have already prepared a document. Even if the child just happens to play there [at factory], whatever the child does, the accident happened in the factory so there is responsibility at the factory. CCWC wrote a letter stating that the factory owner was responsible for taking care of the child and needed to pay a compensation for the child".*

Several respondents commented on the growing responsibilities and demands on CCWC its focal point and the need to continue to enhance their abilities to meet the demands. It is important to note that CCWC operates within the authority of the Ministry of Interior yet functionally must intersect with many other sectors such as Social Affairs, Child Welfare, Health, Education, Women's Affairs and Labor. While a lot of efforts have already gone into capacity building at this level, as stated, the job and its functions continues to change. The time is ideal to clarify the areas of responsibilities, desired outcomes that CCWC is responsible to meet and the types of training and or on-going supervision and support that is required to achieve those outcomes particularly as it relates to child welfare.

> *"The commune level needs more capacity building, coaching, skills in communication, the BSST type training would be useful to provide at the local commune level".*
>
> *"I think the capacity of members of CCWC is very limited. If we assign them too much work they cannot handle it and would request to resign from the job. There is one commune whose members of CCWC wanted to resign because they feel the support from the commune seems very little. So they feel they lack inspiration. I believe CCWC faces hard challenges.*
>
> *"CCWC does not have capacity to manage budgets related to social services. They have experience at the commune level to create infrastructure projects like building roads or wells, but do not understand how to create plans, budgets and monitor something like social services. They need training to do this".*

The delivery of social welfare services either public or private are clearly in flux. While sub-national DOSVY and OSVY staff used to be the front line worker for child protection (*note narrower function than child welfare*), clearly the current legal frameworks now point to CCWC and its focal person as the initial point of contact for child welfare. These individuals who are close to the local level and have excellent access to understanding local needs are being asked to wear multiple hats, including first responder for the emerging child welfare system, overseer of other programs related to women and children in health, education, general welfare, collector of data and contributor to local planning, budgeting, and monitoring. This seems like a lot of functions and activities for the focal point who receives very little compensation in this position. Additionally based on the feedback it seems useful to reflect on the fact that this position is elected or selected by the commune council and therefore likely to have up to 50% turnover and therefore has implications for consistency and different requirements for training and capacity building.

Coordination and Services in a Changing Environment

The BSST training maintained the expectation that MOSVY personnel were responsible for direct social services and hence the trainings reflected the desire to build capacity for delivery of direct services. Presently, the nature of direct contact between OSVY workers and clients, particularly children or families, is changing given the new legal frameworks which highlight the departure of DOSVY and OSVY personnel being the front line or initial point of contact for the delivery of child welfare and the designation of the CCWC focal point for support to women and children. The Prakas however state that the DOSVY and OSVY personnel are to "provide support, training and technical guidance to the CCWC in collaboration with the district WCCC; collaborate and facilitate communication…; directly managed cases not covered, difficult cases, children placed institutions or in need of permanency planning."

Our field visits found it difficult to quantify the extent of direct contact between DOSVY and OSVY personnel and child welfare clients. The level of contact and interaction regarding pension distribution was much more apparent.

> *"In the past (no longer), social workers were the responsible person and collaborated with NGOs to take action on work process; now CCWC fills out the First Response Form."*

Many respondents reported confusion about the lines of authority and disruption in the coordination of services given this changing context, structures, and mandates.

> *"We (OSVY) communicate by phone and meeting when they (CCWC) need advice regarding child issues. CCWC also ask OSVY about how to send children to child center. A few CCWC attended the Alternative Care procedure training. However, there can be a challenge given that CCWC is elected in commune election and can be changed".*
>
> *"Later on CCWC was established. Previously, this CCWC was not actively involved when problems occurred. This is based on our past experience four or five years ago. But during this last one or two years, I noticed there have been many changes. With each problem sometimes we have not arrived there yet but CCWC have already prepared the documentation and sent it to the social workers. So, we are informed about the issues by them. During this last one or two years, they are very active in the community. Their assistance varies such as famine or orphans or violence and*

another one related to the elderly who do not know where to ask for help, I see that the DOSVY help on this. However, what their real duties are I don't know".

"CCWC and WCCC are different but we (NGO) cooperate with them all as well as DOSVY and the provincial office of education, meaning all of the provincial departments. All our projects --we are not working alone. We initiate the project, CCWC implements it, for example, they work to reintegrate the child. We help train them on how to raise funds and also what steps should be taken in order to have enough funding. We also provide them with the technical assistance as needed. If we are not capable to provide such a technical assistance, we would help them to get a technical assistance from other sources".

The Prakas on Procedures for Alternative Care highlight that DOSVY and OSVY personnel are mandated to provide technical assistance to CCWC as well as provide direct intervention on particular cases. Our findings highlight the need to increase the capacity of the CCWC which in turn points to examining the capacity and coordination of DOSVY and OSVY personnel to fill these functions. The inability of the consultant team to gather documentation on child protection, its inability to meet beneficiaries, and inability to gather more specific details regarding interventions at the sub-national level raises questions regarding the ability of these personnel to effectively perform their functions.

NGOs continue to play a significant role in the delivery of services across a wide range of sectors. Here too respondents illustrated both the critical link that services provided by the NGO sector play in the overall burgeoning child welfare system, but also the challenging nature of coordinating across entities.

"OSVY is like a bridge between NGO and target group. That can be a service provided by OSVY even though we cannot directly help the target group".

"Since we have no budget related to WCCC, our NGO is not invited to their meetings. I did notice when I attended that the organizational structure is very well-organized. If it were functioning with sufficient funding, it would be fantastic. Because we have no funding to support them, we were not invited to the next meeting".

These data highlight the changing nature and picture of the service systems and disconnects at the sub-national level. The findings underscore a need to provide greater clarity on the roles and responsibilities of the different workers beginning with the CCWC focal point, with OSVY (assuming the existence of district level personnel), NGO providers, WCCC, and DOSVY. Overall, many seem to recognize CCWC as the front line worker who has the most direct contact from the commune to village level and hence has the best understanding of the particular needs in the local area. What is less clear is how each of the other entities can partner most effectively with CCWC and provide technical assistance and or intervene. Greater clarity is needed regarding the specific roles and responsibilities and lines of communication and authority across all entities involved with addressing the public social welfare needs in local communities. While our visits and this example focuses more on child welfare, a similar examination and need for clarification is required more broadly related to decentralized social welfare functions since social work intersects also with other aforementioned sectors like health, education, women's affairs which together comprise the developing public social welfare system.

"All actors in the province who are in SW like WCCC, CCWC and DOSVY should have one mechanism to work together and to clear share the labor division between

these stakeholders. Like CCWC should know the role of DOSVY/OSVY and how to work together.

In the Alternative Care procedure, it refers to CCWC. However in the CCWC procedures, it does not clearly state how CCWC and AC procedures are to work together".

In addition to the WCCC and CCWC structures which focus broadly on women and children, this review would like to highlight three mechanisms that exist which focused more exclusively on child welfare. These three child welfare focused mechanisms are highlighted here to underscore the complexities of operating in some of the provincial areas, the potential for overlap across different networks, and need for greater clarity on roles and responsibilities. In 2006, the National Multi-Sectoral Orphans and Vulnerable Children Task Force (NOVCTF) was established to facilitate coordination and planning of OVC related activities and provide a joint platform for advocacy and technical support on issues related to OVC. The effort has been led by MOSVY, with facilitation support from other government ministries, United Nations agencies and NGOs. In 2008, provincial OVC Task Forces were created in Kampong Speu and Prey Veng, followed by Siem Riep, Kampong Cham and Kampong Thom in 2010 and finally Banteay Meanchey in 2011. Members of the OVC Task Force in some cases also participate in the WCCC structures, for example, in the case of Prey Veng and there appeared to be a lack of clarity on the authority of each and how responsibilities differed. Another relatively recent effort is the Partnership Programme with Civil Society Organizations to Strengthen Child Protection Systems which is being implemented in 5 provinces: Battambang, Banteay Meanchey, Phnom Penh, Siem Reap and Preah Sihanouk. It seeks to address 4 gap areas: (1) capacity building and social service provision; (2) networking and coordination; (3) communication and awareness raising in communities; and, (4) data, research and advocacy. While the primary foci are 9 NGO implementing partners, collaborations are to occur with WCCC, CCWC, and with the following ministries (MOSVY, MOWA, MOJ, MOEYS, and MOH). This initiative is relatively new so it is not surprising that none of the DOSVY, OSVY, CCWC or WCCC respondents seemed aware of the cross-sector program. Lastly based on the Convention on the Rights of the Child, the RGC created the Cambodia National Council for Children (CNCC) in 1995 as a mechanism that coordinates and provides comments to the RGC on issues related to child rights. In 2009, the composition and structures of CNCC were reformed to establish CNCC at municipal/provincial level and to set up working groups to focus on child rights, within each ministry and institution. The presence and impact of CNCC at the local level is somewhat unclear as it was not a part of the field investigation and never mentioned by respondents yet this entity was created to provide coordination in areas that impact child welfare.

"My observation is that NGOs have a lot of money but power lies on the local authorities. According to my observation, most of the communities we work with, the people know how NGOs work. But as for the local authorities, their support to community can be less than NGOs. The people rely more on the local authorities even when NGOs may have more. I suggest that cooperation or other cooperative networks should be strengthening existing CCWC and make CWCC be even stronger at all locations. And if possible, all relevant provincial departments should hold a meeting. Sometimes NGOs are confronted by this and those provincial departments, but sometimes the problems are caused by them… If possible I would like to propose a monthly meeting or in every two months with all relevant provincial departments to solve problems".

In summary, findings highlight the desire at the local and provincial level to develop greater coordination to make efficient use of people's time, efforts, and resources. Respondents readily

expressed a desire to work better together to achieve stronger, positive outcomes for children and families.

Understanding Practice Related to Alternative Care and Child Welfare Cases

The capacity-building of key stakeholders on the Prakas on Procedures to Implement the Policy on Alternative Care for Children begun at the end of 2012, focusing on four priority provinces (see Table 5). Also listed in this table are figures for the number of districts and communes located in each particular province in order for the reader to gain a sense of relative perspective on the number of CCWCs which exist and would need training the front line points of contact for the AC Procedures.

Table 5: Participants in Alternative Care Procedures Training (November and December 2012)

Category of Participant	Province				
	Phnom Penh	Battambang	Siem Reap	Preah Sihanouk	Total
CCWC Focal Points	15	6	9	14	44
OSVY	10	7	7	3	27
DOSVY	2	2	3	2	9
NGOs/orphanages	9	22	21	12	64
Total Participants	36	37	40	31	144
# of Districts	9	14	12	4	39
# of Communes	96	102	100	27	325

Note that training is being delivered to participants who have slightly different functions and roles yet they are all receiving the same training. Additional capacity-building will occur in 2013 with support from UNICEF and other donors, focusing on a limited number of priority provinces, districts and communes. There is still no allocation of Government funds for the capacity-building and dissemination of the Alternative Care framework, meaning that the great majority of actors in charge of implementing the Policy will not be trained in the near future. It's unclear if these additional trainings will expose all of the remaining CCWC focal points on a basic understanding of the Prakas. At best these types of short trainings will address the most basic learning level which consists of being able to reiterate information and to memorize the elements of the Prakas. MOSVY is the process of developing detailed step by step guide which offers forms and processes on how to actually implement the Prakas. It's critical to underscore that a truly developed capability to follow this detailed guide cannot occur without extensive training and coaching to reach a learning level, for example, of application or analysis that allows the learner to critically examine and apply the information in disparate situations. The 2005 Evaluation of the Social Service Trainings noted the need for more extensive coaching and mentored training in order for a practitioner to develop a greater depth of skills that allows successful application of skills across scenarios particularly with difficult or challenging clients. Typical training opportunities in Cambodia are short and do not allow for development of knowledge and skills beyond the most basic level of learning. The quotes that are shared on subsequent pages underscore a similar finding in this study that short term trainings may impact knowledge but do not allow sufficient learning resulting in an ability to apply information in a comprehensive or analytic manner. As the role of DOSVY and OSVY evolves in the area of child welfare to one which provides greater technical assistance for example to CCWC and intervention among difficult cases, it is important to recognize that this requires a much greater

skill and knowledge level to function effectively in such a capacity. A short training is inadequate to develop that level of technical ability even with the greatest of natural abilities.

Given the limited dissemination regarding the adopted Alternative Care Procedures, it is understandable that most respondents in this study were unfamiliar with specifics. There was clearly a broadly adopted view that institutions should be the last option for care and that steps needed to be taken to try to provide children with a residence in their community preferably with a relative.

> *"We need to help the mother, for example, who is in poor condition so she can keep her children and so they will not have to go to a center".*

When asked about specific steps related to re-integration, few respondents could provide specific information and many stated it was rare that children leave centers. The few instances when this was reported was due to the center running a time limited program, in other words, a child may go to the center for a specific program which lasts 6 months and then would be expected to return home.

> *"This is a children center providing services to support the most vulnerable children – according to our policy these kids are parentless. However, there are cases that we also help; for instance, the kid who is dying sick and their parents are too poor or HIV/AIDs positive we also help this kid. Our service is relatively long even though the policy set forth by MOSVY as a temporary service, we support them since they were newborn till after they get married. So, it is quite a long term service provision".*
>
> *"Our center admits a kid who is five or younger only. The reason we choose to admit only young age kid, because we believe that they will stay with us longer. If they stay longer with us, it is easier for us to educate them for when they grow up"*
>
> *"(respondent explaining how supports allow HIV children to maintain regular lives) If you don't believe me, you may visit our center you will see those children look very healthy. Even the mothers of some children ---- one of the mothers who is HIV/AIDs positive but her son is not, because her conditions were too poor we decided to help her temporarily and to allow her son stay with us. We helped the mother with vocational training and now she could run her own hair business and we send her son back to live with her because we don't want them to be apart. Mother and child if they want to be back together, we are happy to help them be back together. We keep providing educational assistance if it is needed. For example, if he needs book, clothes etc..., we would just buy for him. Also, let say if he need a bike to go to school, we buy him the bike".*

These examples illustrate the range of perspectives and practices that exist.

> *"Some in the area have not received training so it's hard to us to work together if someone is not clear about these procedures. For MOSVY staff who didn't join in the training. Even for me, I only understand maybe 60% of the training".*
>
> *"If we want to apply this Prakas, we need more funding and resources; it is too complicated. Funding should be two parts, one for staffing and another for services to victims".*

Several respondents recommended that additional training was required at multiple levels, for example among CCWC focal points who are the front line workers but also OSVY and DOSVY workers who in turn can provide technical assistance and support to the local level. Many reported that regulatory functions such as center inspections and monitoring the Minimum Standards should continue to be the responsibility of DOSVY which is specified as such in the Procedures.

When respondents were asked regarding specific procedures and forms related to case examples, it was very difficult to gather any specific information or to obtain copies of completed records and forms. Several OSVY or CCWC offices simply are lacking basic administrative equipment such as file cabinets and reported they kept such records at home. Respondents readily explained general processes involving the steps to support a rape victim including taking the victim to a safe house, getting health services, involving the police, legal services, and counseling. While adult women rape cases may also be the jurisdiction of the MOWA, staffs from MOWA were never mentioned in any field visits. It was more difficult for respondents to specify steps when the case example involved emotional abuse and many said that these kinds of cases were difficult and less likely to be reported. DOSVY and OSVY personnel reported that they are generally not the first to hear about cases and CCWC or the police were more likely to be notified. Several reported that there is still hesitation and reluctance among community members to report rape given shame and concerns regarding reputations. One OSVY reported that he recommends the family and victim move out of the area for 4-5 years to avoid negative repercussions. Virtually all respondents in the provinces we visited implied that it was not a problem to obtain legal services for those rape cases that do come forward. This response is likely due to negotiated extra-judicial payments that are viewed as legal services (Amnesty International, 2010).

While there is clearly a broader awareness for the need to use institutions as the last resort, the Prakas on Procedures to Implement the Policy on Alternative Care for Children are a set of guidelines for a broader framework on child welfare to go beyond rules regarding placement in institutions. In particular, these Prakas seek to establish community based support and services that promote healthy child development and the rights of the child. Clearly none of the community level respondents were aware of the breadth of intentions of the Prakas; only a few of the key informants were knowledgeable that these Prakas intend to provide guidelines for a broad child welfare perspective that ranges from preventive support and services to treatment interventions. The title "Alternative Care" may in part contribute to the narrower impression as alternative care is generally perceived by the global child welfare community to refer to the protection of children without parental care.[10]

Equity and Disproportionality of Services

Respondents identified gaps in service or disproportionalities of care. Many respondents reported frustration with programs, services and mechanisms being available at one point in time and then not another. Similarly, many respondents expressed frustration about programs and services being available in one location and not in another.

> *"In this District there is a budget for children when visiting health centers. In other districts there are no budgets (to visit health centers)".*

While it is recognized that the RGC, donors, and NGOs to not have limitless access to funds and priorities change in terms of what programs and services may be supported over time, these

[10] See for example Guidelines for the Alternative Care of Children : resolution / adopted by the U.N. General Assembly

findings underscore the impact this type of inconsistency and uncertainty has had at the community level. At a time when many have reported a need to bolster the capacity and commitment of the front line CCWC, the inconsistency and uncertainly feeds feelings of disempowerment and a sense that one does not have much control over their environment. It clearly operates as a disincentive to promote strategic planning. One DOSVY Director reports that each year he develops an annual work plan and budget and there is always a large gap in funding (thousands of US dollars); hence unfunded activities simply get rolled over into the next year with a hope that the next year's budget will cover these activities. Several CCWC focal points mentioned preschools that existed in one year and now longer exist, including a school that was stopped in the middle of the year or the fact that their local preschool doesn't exist but others nearby still exist. This type of programmatic and budgetary uncertainty is counterproductive as one seeks to support the ownership of local structures to be accountable and responsive to the needs and rights of villagers.

Several respondents reported disparity in the provision of services and support that can negatively impact certain vulnerable groups. For example, several respondents highlighted the unique needs of indigenous communities and the challenges faced in serving these communities. In reality their concerns highlights perhaps a more profound misunderstanding of cultural differences and ways to effectively work with indigenous groups.

> *'They live by following their tradition and culture and don't listen to the rule we told them".*

Respondents reported problems in communication and language barriers with community members not speaking Khmer and providers not speaking relevant indigenous languages. These findings highlight a need for greater inclusivity and delivery of culturally appropriate approaches and services.

Another area of need that was highlighted by respondents is the gap in services to children and families with mental illness. McLaughlin and Wickeri (2012) recently highlighted the enormous gap in mental health services in Cambodia particular the available of care outside of Phnom Penh which was also brought up by respondents in this study.

> *"The obstacle confronts us the issue of the child with mental illness. Physical disability of arms or legs is one issue that we could get support, but mental disability has no organization that could take of children. TPO is located in Phnom Penh and has some very limited outreach to provincial areas. For example we could get the counseling service only at the end of the week--- Friday only, isn't it? We also can contact to the Ministry (MOSVY) which has a long process and procedure (unclear what), but most importantly we have to help the child urgently".*
>
> *"We have cases of young people who are returned migrant workers who have mental problems. No NGOs will bring them to the center because they feel that they can be dangerous to other children in the center".*
>
> *"(regarding a gap)... the most common is children with mental problems. We cannot help them and there are a lot of cases given that we do not have skills in working with this kind of children".*

Hence our field visit findings highlighted a gap in services related to mental illness and the need for culturally appropriate community practice as two critical issues that warrant further discussion and hopefully steps for corrective action.

Decentralized Data and Reporting Functions as Part of Practice

There has been growing attention by the RGC towards enhancing reporting functions regarding the social needs of its country with data being utilized for needs assessment, planning and in the long run monitoring of indicators and outcomes for success. Different strategies have been in place for data collection and reporting at the local level. The most significant strategy has been implemented by the Ministry of Planning with the Identification of Poor Household Program which seeks to create a standardized identification procedure that promotes sharing of poor household data for planning purposes and provides eligibility information that can be utilized by multiple social protection programs. This strategy is referred to in the NSPS as the basis for identifying poor and vulnerable persons who will be priority targets.

> *"The Ministry of Planning has helped with collecting data on the situation at the local level, but I have not seen the report".*
>
> *"Ministry of Planning has the ID Poor book so if data are needed, they can provide this local level data".*
>
> *"There is a readily for use data collection template from the statistic office, for example, to register poor families for ID Poor Card. It's in the Department of Planning".*

The Prakas on Procedures to Implement the Policy on Alternative Care for Children states that data will be collected by different authorities. Attention has also been given to encourage the WCCC and CCWC structures to undertake the following: (1) collect relevant data related to children and women; (2) analyze emerging issues and identify priorities related to child rights; (3) plan and budget for these priorities. Clearly these functions are critical for strategic planning and monitoring outcomes yet it was challenging to gather evidence of these activities. A few communes reported that they had conducted "Social Service Mapping" and had found the activity to be very useful for planning but they could not provide specifics nor produce a report or evidence of the mapping.

> *"Data collecting can only be done through the commune chief, commune council, and CWCC to directly collect the information from the village. They are very well aware of their community, e.g. they should know how many poor families, how many kids who cannot go to school. The local authority would know better this information. As for us at the higher level in the hierarchical, we can only advise them but it is up to them".*
>
> *"It's hard to find data, very messy. Actually we want to do it every 6 months but we cannot because there are no funds to support this data collection. Most of the communities are far from the provincial capital so it is difficult to travel and gather data."*
>
> *"In November, we submitted a request to the district. We call it our "shopping list". The Annual Commune Investment Plan is integrated into a district level plan in order to ask for a single budget from the district. There is a staff at the district level who helps to support this process".*

Clearly data are important to monitor one's progress, to document whether the necessary services are being implemented, and demonstrate whether outcomes being achieved. Our findings suggest that the processes for data collection and strategic planning and monitoring are

nascent and continued efforts and supports to clarify processes, areas of responsibilities, and resources to complete these functions are needed. These findings suggest that clearer linkages and understanding on how data can help support decision making and planning are needed. Additionally a greater understanding is needed of how data can be used to demonstrate accountability and evidence of progress or lack thereof.

Financial Constraints

The last theme that was present throughout our review surrounds budget constraints. CCWC, OSVY, DOSVY, and MOSVY respondents expressed a great deal of frustration regarding budget constraints that ranged from the process in which funds need to be requested (e.g. processes with provincial financial administration), the lack of support for activities that seemed critical to perform their jobs (e.g. transportation to travel to the field, to follow up with a client), and the lack of office infrastructure to effectively operate (e.g. building, computers).

> *"Many works increase but funding decreases. Many process documents are required, for example, to visit a child in prison needs an Introduction letter, mission letter, goal letter, person who will go to visit. When the child is released from prison, our office responds to send that child back to their homeland and there are many documents and process that are hard to follow. Most offices do not have computers".*
>
> *"We have no computer, sometimes electricity, office supplies, no transportation budget. How can I pay to even distribute letters or documents to communes? I only make 120,000 riel ($30 US) per month".*
>
> *"Our NGO now has a policy that any government staff whom we work with they shall not be given a per diem. So, it is very difficult for us. If we have go together to do field work with us for three or four days and work in the remote areas and only give them a little bit on gas we feel that it is difficult".*
>
> *"For example, the CCWC meeting I attended, I was asked if any NGOs could help cover the cost for every meeting of this committee. I was told that this committee has nothing. I was just speechless when hearing this because this committee set up by the ministry and led by the provincial level but has no budget at all. If no one could provide financial support, the organizational structure is just an organizational structure. To conclude, I wanted to say that before the approval/signing, should ask first if the money has already been allocated for operating this committee for how long".*
>
> *"Where there is no money, then the office is not really active, busy. The office of veterans affairs has money, their work is active and busy because they get support. As for the office for child welfare, previously there was a budget from UNICEF and staff would go for field visits and were busy but when there is no money, I am not sure what has happened".*

All of the OSVY and CCWC offices that were visited were quite minimal. One OSVY did not have an office building, another office floods regularly during rainy season; none of the OSVY offices were equipped with an appropriate filing system to effectively manage administration. There is obviously quite a lot of record keeping that happens related to monthly financial disbursements, however, based on our brief observation of facilities, it is challenging to see how this can be effectively accomplished. The new Prakas on Procedures to Implement the Policy on Alternative Care for Children has a large volume of forms and templates for relevant letters.

There are corresponding processes such as tracing which require extensive follow up and travel to cases. It is daunting to consider how these new procedures will be successfully and thoroughly implemented given the aforementioned resource and equipment limitations. A guiding principle of the NSPS for 2011-15 are sustainable programs that are publically delivered and funded. Cambodia has a long way to go to meet this principle. In 2011 and 2012, the total state budget of MOSVY was 35.7% and 43.5% of the total reported budget of NGOs that have memorandums of understanding with MOSVY for the provision of services to assist children, persons with disabilities and the elderly in various parts of the country[11]. These findings clearly demonstrate the need for a greater investment on the part of the RGC.

[11] Source: Budgeting for Equitable Development in Cambodia: An Analysis of Budgetary Process and Expenditure of the Ministry of Social Affairs, Veteran and Youth Rehabilitation (Cambodia Economic Association, April 2013)

Survey Findings of DOSVY and OSVY Personnel

The data collected within the survey primarily address the second objective of the review:

- Assess UNICEF's supported social work trainings since 2001 in terms of relevance, sustainability, equity and its effectiveness in terms of contribution to broader child protection outcomes.

A brief description of the sample is provided and then the presentation of findings in this section is divided into the following to address above objective:

- Education and training background;
- Knowledge and skills
  - Self-perception
  - Accuracy of knowledge related to original social work training
  - Accuracy of knowledge related to alternative care
  - Knowledge related children in need of special protection or care
  - Knowledge related to case management and alternative care
  - Knowledge related to CCWC
- Future training
- Barriers and recommendations

When appropriate the findings in this section are discussed in relation to the aforementioned themes derived from the content analysis.

Characteristics of the DOSVY/OSVY Personnel Survey Sample

Out of the 118 randomly selected respondents, the majority were men (81.4%) reflecting the demographics of the sub-national personnel. Their average age is 46 years old with a range from 26 to 62. When asked the location of their workplace, the largest number of respondents reported working in Kampong Cham (10.2%), followed by Siem Reap and Kampong Speu at 6.8% (see Table 6). In terms of the office they work in, 77% reported working in the District or Khan Office of Social Affairs, Veterans, and Youth Rehabilitation (see Table 7). The most common job title reported was Head of DOSVY (52.2%), followed by Deputy Head of DOSVY (14.8%), and Head of Office of Child Welfare and Youth Rehabilitation (10.4%). The average length of time working with DOSVY/OSVY is 18.8 years (s.d. = 7.5 years) with a range from newly hired to 34 years.

Table 6: Workplace Location of Respondents

Province	#	%
Banteay Meanchey	6	5.1
Battambang	6	5.1
Kampot	5	4.2
Kandal	6	5.1
Kep	2	1.7
Koh Kong	2	1.7
Kampong Cham	12	10.2
Kampong Chhnang	6	5.1
Kampong Speu	8	6.8
Kampong Thom	6	5.1

Kratie	1	.8
Mondul Kiri	1	.8
Otdar Meanchey	2	1.7
Pailin	3	2.5
Phnom Penh	6	5.1
Preah Vihear	7	5.9
Prey Veng	7	5.9
Pursat	6	5.1
Ratanak Kiri	1	.8
Siem Reap	8	6.8
Preah Sihanouk	2	1.7
Stung Treng	4	3.4
Svay Rieng	4	3.4
Takeo	7	5.9
Total	118	100.0

Table 7: Reported Assigned Department

Department	#	**%**
DOSVY	91	77
Child welfare and youth rehabilitation	18	15
Orphanage	5	4
Veteran Development Center	3	3
Administration and staff	1	1
Social and physical rehabilitation	2	2
Pension	2	2
Rehabilitation Center	1	1

In terms of their employment, 56.6% report being classified within the civil servant ranks as Grade "B", 21.2% in Grade "C", 19.5% in Grade "D", and 2.7% in Grade "A". See Table 8 for a general explanation of the grade system. With the majority of respondents in Grade "B", their pay range would be $69 to $121 USD. It takes approximately two years to move from one step to another within the salary range. As the average length of employment is almost 19 years, one would imagine that most are towards the top of the pay range. For example the average length of time for a Grade "B" worker (most frequent category) is 19.7 years so likely to be closer to the $121 end. One respondent in the field visit reported receiving $40 only per month despite nearing retirement; hence, it is likely that this person is in Grade "D". As noted earlier, sample salaries among NGO workers in 2009 ranged from $192 to $1,382 illustrating that these civil servants' salaries do not even amount to the lowest of steps among the NGO pay scale.

Table 8: Information Related to Personnel Grade

Grade	Roles and Responsibilities	Minimum education requirement	Salary Range
1=A	Management, inspection, education and advising	Completion of 12-year high school plus 4-year higher education level	Min: A.3.14=396900R=100USD, Max: A.1.1 693000R=173USD
2=B	Preparing of the tasks for management level to decide and put into implementation	Completion of 12-year high school plus 2-year higher education level	Min: B.3.14=277200R=69USD, Max: B.1.1= 485100R=121USD
3=C	Work in secretariat and in implementation functions which requires technical knowledge and practical experience	Completion of 12-year high school	Min: C.3.14=189000R=47USD, Max: C.1.1=330120R= 82USD
4=D	Work in implementation function	None	Min: D.3.14=126000R=31.5USD, Max: D.1.1 =220500R=55USD

Source: Royal decree NS/RKT/1297/273 on 1 Dec 1997 on Common Principles in Organizing Public Civil Servant; beginning in 2013 there will be an increase in salaries which is not reflected in this table.

When asked about any additional remuneration, for example, for transportation 21 respondents (19.4%) reported receiving a stipend. All but one reports that this is a sum ranging from $3.25 to $100 (average amount = $30); one reports being reimbursed 500 riel per kilometer. Some report this is to attend meetings or inspect a center though reasons were not thoroughly provided. Twelve respondents report their reimbursement comes from the Global Fund or UNICEF, 4 from DOSVY, and 3 from other NGOs.

Educational and Training Background

In terms of their educational background, 58.5% report having some schooling less than a high school certificate, 14.4% report completing high school, 5.9% report some university and 21.1% report having a university degree with no significant differences across gender (see Table 9). As one might expect given the historical context of the country, there is a significant negative relationship between age and level of education ($r=-0.5$, $p<.001$) with younger respondents more likely to report higher levels of education.

Table 9: Highest Level of Completed Education by Gender

Level of Education	Gender		Total
	Male	Female	
Some primary	2	0	2
Completed primary	2	0	2
Some secondary	12	4	16
Completed secondary	24	8	32
Some high school	15	2	17
Completed high school	13	4	17
Some university	6	1	7
University graduate	22	3	25
Total	**96**	**22**	**118**

Over the years, a wide range of short term training opportunities have been made available to these DOSVY and OSVY personnel. Fifty percent of the respondents (n=51) reported attending trainings delivered by Social Services of Cambodia (SSC). Another 93% reported completed the Basic Social Service Training (BSST) between 1995 and 2011[12]. 87.6% reported completing the Professional Social Service Training (PSST) between 1997-2010 and finally 13.8% reported completing the Management Social Service Training (MSST) from 2001-2009.

In terms of other trainings completed, respondents shared that they had participated in the following (see Table 10a and 10b) extensive range of trainings over the years. These trainings were provided by a number of NGOs.

Table 10a: Participation in Other Social Service Related Trainings

Topic	Number of respondents
TPO[13]	55
Alternative care	54
Social services	46
Orphan and vulnerable children	30
Community development	30
Human rights (child, women, disabled…)	24
Law and legal procedures	24
HIV/AIDS	19
Domestic violence	18
Child protection network	14
Anti-trafficking	14
Gender	14
Good governance	13
Monitoring and evaluation	8
Drug issues	4
Child labor	4
Mental health	3

Table 10b: Participation in other Trainings

Topic	Number of respondents
Accounting	1
Computer	1
Administration	1

Note that a limitation of the survey is an ability to gather more in-depth information to assess the quality of the training.

[12] From 2000 to 2010 the Social Work training program delivered a three-tier program, the Basic Social Service Training (BSST), the Professional Social Service Training (PSST) and the Management Social Service Training (MSST).

[13] TPO is not a topic but a NGO who provides training in psychological care and support so it is likely the respondent meant that topic.

Knowledge and Skills

Self-Perception

Respondents were asked to self-assess their knowledge and skill level in a variety of areas that reflect their work areas. In general, respondents a modest level of knowledge and skills with average responses reported between1.5 to 2. The response options reflect: 0 = No knowledge or skills, 1 = poor knowledge or skills, 2 = moderate knowledge or skills, 3 = good knowledge or skills, and 4 = very good knowledge or skills (see Table 11).

Table 11: Self-Assessment of Knowledge and Skills

	Mean	SD
Identify new cases of vulnerable children	1.9	.8
Conduct a client and family assessment	1.9	.7
Create a social service plan	1.8	1.1
Make a local referral to get services	1.9	.7
Reintegrate child back to family or other community base setting	2.1	.8
Understand the Alternative Care Policy	2.1	.8
Understand procedure to place a child in foster care	1.8	.8
Understand procedure for domestic adoption	1.5	.9
Ability to coordinate between WCCC, CCWC and my work	1.8	.8
Ability to coordinate with NGOs and my work	2.0	.9

Given the on-going emphasis on reintegration, it is understandable that respondents reported higher knowledge and skills related to the item "Reintegrate child back to family or other community base setting" (mean = 2.1) and the item "Understand the Alternative Care Policy" (mean = 2.1). Respondents however reported less knowledge related to the item "Understand procedure for domestic adoption" (mean = 1.5), "Ability to coordinate between WCCC, CCWC and my work" (mean = 1.8), and "Understand procedure to place a child in foster care" (mean = 1.8).

Accuracy of Knowledge Related to Original Social Work Training

Respondents were asked a series of statements and to rate as being "true" or "false". Several of these were taken from the 2005 Evaluation of the Social Work Training Program in order to provide a point of comparison. As noted in Table 12a, the majority of respondents report accurate knowledge about key areas of understanding regarding children, their families, and general social service practice. Respondents, for example, seem to have a clear understanding of the negative effects of extreme punishment, that women should not be 'blamed' for domestic violence, that clients have a right to self-determination, confidentiality is paramount, and social workers should strive to help people to improve their lives. Hence the majority of the respondents report accurately in these areas.

Table 12a: Accuracy of Original Social Service Training Knowledge

Accurate response in Bold font.	%True	%False	%Wrong in 2005 at Pretest	%Wrong in 2005 at Posttest
Family conflict is the family's business and people outside the family can't make any intervention	15.4	**84.6**	20	11
Conflict between husband and wife and domestic violence in the family can be avoided if the wife does what the husband asks them to do.	26.3	**73.7**	42	18
Extreme punishment of children who do something wrong can have negative results eg. embarrassment, depression, lost initiative and low self-esteem.	**72.6**	27.4	14	4
Most child abuse is commented by relatives and people who the victim knows.	**83.1**	16.9	34	17
Children have no rights and we must tell them what to do to enable them to be useful citizens when they grow up.	43.6	**56.4**	28	7
The client is very vulnerable, so they cannot decide for themselves at all. Only other people, eg. the Social Worker, can decide.	33.9	**66.1**	30	20
To provide a good service to the client, the Social Worker should understand their own personal development, characteristics and relations with other people.	**89.7**	10.3	1	3
An intake interview is the data collection process about the situation of the client-their history and their current situation.	**98.3**	1.7	6	9
Case planning leads both the client and case worker to review what has been implemented and what other steps or services need to be implementation.	**94**	6	6	3
Confidentiality is one of the principles of social work. We must never break confidentiality.	**93.9**	6.1	9	6

Accuracy of Knowledge Related to Alternative Care

There appeared to be some instances of inaccurate but these items relate to technical aspects within the newly established Prakas on Procedures to Implement the Policy on Alternative Care for Children (see Table 12b). For example, the item "When an abandoned child is discovered, the authorities must search for his or her relatives for a minimum of 3 months" with only 16.4% reporting accurately that this was false as based on the Prakas a minimum 5 month search is required. 32.2% of the respondents correctly stated that "It is the responsibility of the CCWC to visit a child placed in alternative care to visit the child at least once per three months"; according to the Prakas it is the responsibility of the OSVY social work to visit once per 3 months to ensure their well-being. Lastly 34.3% of the respondents disagreed with the item "If there is an accusation of abuse of a child in alternative care, it is mandatory that D/MOSVY conduct an interview with the child within 24 hours"; technically the Prakas allows for a 48 hour window if not a life-threatening or other personal safety issue. Hence, ideally after more sub-national personnel are trained in the Prakas it is anticipated that there will be greater accurate knowledge of these technical aspects.

Table 12b: Accuracy of Knowledge Related to Alternative Care

Accurate response in Bold font.	%True	%False
A center where quality education can be proved should be considered the first priority when determining where to place an abandoned child.	64.7	**35.3**
The objective of the Social Worker is to help people's living conditions to improve, to help them develop their capacity to make decisions, and to have freedom and take responsibility in their lives.	**91.5**	8.5
When and abandoned child is discovered, the authorities must search for his or her relatives for a minimum of 3 months.	82.2	**16.4**
If the parents are found for an abandoned child, it is not necessary to submit any further paperwork and the case can be closed.	35.3	**64.7**
A simple adoption terminates the rights and obligations between a child and his/her biological parents.	17.1	**82.9**
The Family Support Worker works under the direction of the CCWC to investigate possible cases.	69.9	**30.1**
It is the responsibility of the CCWC to visit a child placed in alternative care to visit the child at least once per three months.	67.8	**32.2**
If there is an accusation of abuse of a child in alternative care, it is mandatory that DOSVY/MOSVY conduct an interview with the child within 24 hours.	65.8	**34.2**

While respondents of the survey generally report an accurate knowledge and understanding, one needs to note that there is a proportion of respondents reporting inaccuracies and sometimes to a greater degree than was reported in the 2005 Evaluation. For example, in 2005 the percentage of wrong responses to the item "To provide a good service to the client, the Social Worker should understand their own personal development, characteristics and relations with other people" were 1% at pretest and 3% posttest after training while in this study 10.3% inaccurately marked "False" to this item. 33.9% of the current respondents inaccurately stated that "The client is very vulnerable, so they cannot decide for themselves at all, only other people, e.g. the social worker can decide" while in 2005 the percentage of inaccurate responses went from 30% to 20% from pre- to posttest. While the majority of respondents understand that clients should have self-determination, these results suggest that a significant minority require a refresher or training on client empowerment. Similarly, a significant minority maintain traditional beliefs that remain pervasive in the general community regarding causes of domestic violence and a lack of understanding regarding the negative effects on children of extreme punishment suggesting greater training is needed.

Knowledge Related Children in Need of Special Protection or Care

The Prakas specify which children are in need of special protection or special care. In Table 13a, we list the respondents who accurately identified those groups which are specified in the Prakas. This item was open-ended and respondents could write in whatever child group they thought should be classified in need of special care or protection. The majority of the respondents identified categories that accurately reflect those groups identified in the Prakas. Additionally, as you see in Table 13b, there are a number of additional categories of children or situations that respondents identified.

Table 13a: Children Identified by the Prakas in Need of Special Protection or Care

	#	%
Orphanage	103	87
Abuse victim needs care protection	102	86
Disabled needs care protection	91	77
HIV affected child needs care protection	79	67
Street kid needs care protection	63	53
Laborer needs care protection	61	52
Drug need care protection	39	33
Child involved with law needs care protection	34	29
Lack basic needs need care protection	29	25
Chronic illness needs care protection	27	23

Table 13b: Other Categories of Children or Situations Identified as Needing Protection or Care

	#	%
Parent who drink or use drugs	23	19
Domestic violence	22	19
Migration	9	8
Live in war area	8	7
Minority group	8	7
Experiencing psychological problems	3	3
Parents breaking law	3	3
Youth not in school	1	1

A number of these categories seem reasonable as situations which likely would put children at risk of abuse or in need of protection, for example, parents who are using drugs and able to take care of their children or children living in a war conflict situation. What is less clear is how belonging to a minority group warrants special protection or care; however the qualitative findings had highlighted a lack of cultural awareness and sensitivity by some of the respondents.

Respondents are asked to "Explain why a child might leave home and live in a risky situation". See Table 14 for the categories and the frequency of these responses. The majority of these responses suggest that the respondents have an understanding of some of the situations in either home or family life or in the community which may result in a child leaving the home or it becoming necessary for the child to temporarily not live at home. Virtually all of these categories or situations are likely scenarios that according to the new Prakas, steps should be taken to ensure the safety of the child and support given to the family for the purpose of family preservation.

Table 14: Reasons for Leaving Home or Living in Risky Situation

	#	%
Domestic violence happening	81	69
Too poor	76	64
Emotional abuse happening	48	41
Youth uses drugs	29	25
Physical abuse happening	27	23
Peer pressure	23	19

Labor exploitation	20	17
Parents not responsible	19	16
Sexual abuse reason happening	18	15
Being abandoned	16	14
Migration	16	14
Parents have no education	8	7
Unsafe at home	8	7
Child is confused	8	7
Discrimination	5	4
Parent turned youth out of home	5	4
Youth left school	5	4
Disabled	3	3
Parent drinks, drug	3	3
Youth truant	3	3
Youth having non-specified problems at home	3	3
HIV	2	2
Parents divorced	2	2
Youth embarrassed	2	2
Youth involved in street life	2	2
Family in settlement	1	1

Respondents were asked "What damage can child abuse or exploitation do to children" and for the most part respondents identified plausible negative effects. For example, respondents reported that children who have been abused may experience long term impacts on their emotional state, their health, have physical problems, drop out of school. Clearly the respondents understood the negative and significant impact abuse can have on a child. A few respondents shared answers that seemed less relevant or inaccurate such as abuse affecting a child's rights or answers categorized here as miscellaneous. These findings are consistent with information shared during the focus groups with DOSVY and OSVY personnel and among the field visits.

Table 15: Negative Effects of Child Abuse or Exploitation

	#	%
Emotional problems	76	64
Physical problems	51	43
Drops out of school	43	36
Child rights	*27*	*23*
Child development	19	16
Health problem	17	14
Being discriminated	9	8
Street kid	5	4
Drug	5	4
Miscellaneous	*5*	*4*
Migration	2	2
Child laborer	1	1
Violence	1	1

Knowledge Related to Case Management and Alternative Care

Respondents were asked to describe the central function of "case management" (see Table 16). Responses were categorized into multiple levels depending on how well the answer conformed to a standard definition of case management that has been used in the BSST. Past training defines case management as "Systematic planning and documenting of activities with and on behalf of the client, builds rapport, assesses, develops a plan, implements and monitors the plan and evaluates these steps". Over half (53.3%) of the respondents had either a very clear and accurate description of case management or a general concept that was in the right direction. 21.1% filled in an inaccurate response. Respondents in the field visits similarly indicated an ability to describe case management yet as described earlier were unable to provide any documentation to illustrate concretely the use of relevant case management forms.

Table 16: Functions of Case Management

	#	%
Very detailed, specific steps identified	22	18.6
Moderate specificity of steps	9	7.6
General discussion of steps	32	27.1
Identification of only 1 step	11	9.3
Refers to collecting data	17	14.4
Identified when to use case management	19	16.1
Reports don't know	1	.8
Inaccurate response	7	5.9
Total	118	100.0

Critical emphasis has been given to reducing the utilization of center-based care. Respondents were asked to state "What the reasons or conditions when you would send a child to a center" (see Table 17). Based on the Prakas, there is an emphasis on center-based care as being the last alternative to be utilized for children requiring protection or care. Thirty-one percent of the respondents specifically wrote that center care should be a last resort. For the most part other responses also reflect categories or situations which reflect children who are in need of protection or special care based on the Prakas. It would have been helpful to clarify with those reporting that abandoned children warranted being sent to a center as again the intention is to first find a relative or a community placement. This self-administered survey did not allow the researchers to ask a follow up question for clarification, however, the qualitative findings suggest that while most respondents understood the current desire for centers to be used as a last resort, there was still a lack of understanding of their use as temporary and in many instances respondents reporting using centers despite, for example, relatives existing but being too poor. Twenty percent reported that poor families or when basic needs cannot be met likely due to poverty, this was reason to utilize centers.

Table 17: Reasons to Utilize Center-Based Care

	#	%
Abandoned	51	43
Last option	36	31
Safety for child	22	19
Family is poor	20	17

Youth using drugs	8	7
Basic needs are unmet	4	3
Domestic violence	3	3
Child being disabled	3	3
Parent consent to give up child	3	3
Sex abuse	3	3
Child HIV positive	1	1
Parent using drugs	1	1
Child victimized	1	1
Child having mental problems	1	1
Physical abuse	0	0

Many children presently are in centers and require reintegration back into the community. The Prakas outline the steps in the pre-reintegration phase of the reintegration process which involve tracing or looking for the family or relatives, conducting an assessment and developing a plan. Multiple respondents appropriately mentioned these steps. A respondent simply re-stating 'reintegration' is the step was considered inaccurate (27%) and another 8% provided an erroneous response. A few respondents mentioned steps like offering counseling or rehabilitation which could certainly be part of the intervention plan to support reintegration.

Table 18: Steps in Re-Integration

	#	%
Trace	93	79
Assess	99	84
Plan	56	47
Reintegration	32	27
Family reunification	3	3
Rehabilitation	3	3
Counseling	3	3
Contact authority	3	3
Case closes	2	2
Inaccurate answer	10	8

Overall while respondents in the survey seem to have a basic knowledge and understanding of the reintegration steps, the data from the field visits suggest that there are limitations in workers ability to adequately execute this basic understanding and perform their duties.

Knowledge Related to CCWC

As the country has moved towards decentralization and as specified in the Prakas, the Commune Committee on Women and Children plays a front line role in delivery of social service at the local level. Respondents were asked to report "What are the roles and responsibilities of CCWC related to social work" and these responses are provided in Table 19. Responses here were quite interesting given the role of CCWC as the front line worker based on the new Prakas. The qualitative findings suggested that most respondents in the field visits and interviews identified CCWC as the front line responder yet only a few respondents here identified CCWC as the entity, for example, who identifies child welfare cases in need of care or protection (6%) or

reporting (7%). The majority of the respondents focused it seems of the role of cooperation and or coordination (39%) that CCWC may play with multiple parties. It's likely too that DOSVY and OSVY personnel rely on CCWC for data collecting and providing numbers related to children served and therefore the high numbers reporting this as a key responsibility (39%) is not surprising.

Table 19: Roles and Responsibilities of CCWC Perceived by DOSVY/OSVY

	#	%
Cooperation	46	39
Data collection	46	39
Intervention	42	36
Follow up	21	18
Resource mobilization	17	14
Awareness raising	14	12
Reporting	8	7
Case identification	7	6
Wrong answer	4	3
Referral	3	3
Legal procedure	1	1

Future Training

Respondents were asked what kinds of future training would be useful to effectively support execution of their job. See Table 20a and 20b for the topics that they requested. The most frequent response for a training need was for MSST which is interesting given the 2005 findings about its limited effectiveness. A large number of respondents voiced a desire for training related to the new Prakas. Other popular responses include non-specified training to improve their practice. This response is certainly in line with their modest self-perception of their knowledge and skills, and reflects a desire and motivation to increase their own capacity.

Table 20a: Desired Other Future Social Work Related Training

Topic	Number of respondents
MSST	35
Alternative Care	27
Social Work	25
Psychology	14
Counseling	13
TPO[14]	7
PSST	6
BSST	4
Study tour	3
SSC	2
Social Service Mapping	1

[14] TPO is not a topic but a NGO who provides training in psychological care and support so it is likely the respondent meant that topic. Similarly to SSC.

The listing of such general or broad categories of training also may suggest these staff's lack of understanding and knowledge of the specific skills that are required to enhance their performance as social service providers and or social workers. In other words, there appears to be a desire to increase their capacity and skills but a lack of understanding of what this might encompass.

As the role of DOSVY and OSVY personnel may be moving from one of the front line responder to regulator, monitor, and administrator, it is not surprising to see the list of other non-social service training that they are requesting. Clearly this set of topics would provide skills to enhance their abilities to complete reports and documents and reflects more administrative or supervisorial functions.

Table 20b: Desired Other Future Other Related Training

Topic	Number of respondents
Computer	32
English	18
Management	14
Legal procedure	14
Administration	13
Planning	11
Report writing	6
Accounting/Finance	5
Leadership	5
Facilitation/Public relations	4
Human resource management	4
Community development	2
Problem solving	1
Proposal writing	1

Perceived Barriers and Recommendations

Respondents were asked "What are some of the challenges or barriers you have in doing your job". Similar to a theme found in the content analysis, respondents reported a number of tangible resource barriers, see Table 21.

Table 21: Barriers to Effectively Doing Job

Barriers	Number of respondents
Transportation	67
Cooperation with others (authorities and NGOs)	59
Budget	51
Office supply	41
Long distance/geographical area/flooding	30
Lack of staff	23
Competence/skill	21
Lack of service/assistance in the area	17
Office building	4
Low salary	4
Security/safety	2

The responses here in this survey mirror a number of themes that were raised in the qualitative findings of this report including the financial constraints that respondents report affecting their ability to perform their job including lack of office and other equipment and lack of financial support to travel often great distances in order to follow up with a case at the local level. Additionally prior findings highlighted the decreasing number of MOSVY personnel and lack of adequate personnel coverage geographically. Also mirroring findings in the qualitative themes, respondents report challenges to coordination across a number of parties. Lastly, similar to respondents reporting a rather modest perception of their skills and capacity, they reported in this section their present skill level as being a barrier to effectively performing their job.

Lastly respondents were asked "What are your recommendations for solutions that would address these challenges or barriers?" and these are listed in Table 22. These recommendations clearly build from the barriers that respondents identified and again mirror issues raised in the qualitative findings of this report.

Table 22: Recommendations to Address Barriers

Recommendation	Number of respondents
Transportation support	44
Budget	39
Skill/training	38
Cooperation with others (authorities and NGOs)	28
Office supply	22
Availability of service/assistance in the area	17
Increase in staff	11
Increase in salary	5
Office building	4

Conclusion

This review sought to examine the social work profession in Cambodia, its practice particularly within the government, and the extent to which past UNICEF supported training and current educational efforts meet the needs of this burgeoning profession. Our findings suggest it is an exciting time in Cambodia with many emerging initiatives and legal frameworks to support the welfare of its people particularly that of its children and their families. Appreciation continues to expand at the national, sub-national and local levels for the need to attend to social welfare issues in the country. There is growing recognition of the need to create linkages across sectors, between government and civil society in order to promote positive development of the next generation.

Most in Cambodia are unfamiliar with the term professional social worker. Those working particularly in the NGO sector equate a social service or direct service provider with a social worker. This review points to the need to clarify between social service providers who are para-professionals and professional social workers and create a greater awareness of the profession's global definition. Social work operates not only at the micro-level and direct practice level, but also constitutes work at the macro level that does not necessarily provide a direct service. Additionally, a professional social worker has been educated in a variety of theories and methodologies and undergone extensive practical experience under supervision.

As Cambodia continues to develop its public social and child welfare systems particularly to provide social protection to its poor and vulnerable populations, there is a need to develop a larger work force throughout a variety ministries and sectors to support these systems. Social work is presently not recognized as a profession that serves, for example, activities undertaken by the Ministries of Health or Women's Affairs. Key informants from sectors outside of MOSVY acknowledged that the social work profession can and should play a role in their mission and activities. There is presently no job classification for social worker within the government civil service system or acknowledgement of para-professionals who play a key role in the delivery of critical social services in the public social and child welfare systems.

Our review focused in part on the new Prakas on Alternative Care as a case study to examine the number of public social service providers and their capacity. In order to successfully implement the new child welfare system outlined in the Prakas, there must be greater recognition by the RGC of the enormous human resource gap that exists around professional personnel and adequately trained para-professionals to meet the social welfare needs of its country. The examples of neighbors Vietnam and China illustrate the expansive level of investment that is required and being forth by these countries. There are 1,633 communes and 194 districts in the country which require a minimum number of local focal points who should be trained as para-professionals to support implementation of the Prakas. Our findings highlighted that staffing at MOSVY has decreased over time and many districts do not have personnel to execute the functions described within the new Prakas framework at the sub-national level, for example, as providers of technical assistance and interveners with difficult cases as well as perform other social welfare functions specified within the NSPS.

Our findings highlight the evolving roles and responsibilities being decentralized and the need to continue to review the various components of the expanding system in order to effectively and efficiently coordinate services and support to the poor and vulnerable in local communities. The RGC continues to expand its scope and definition of social protection of its citizenry. It is critical to examine the different targets of protection and best mechanisms to support the growth of social welfare practice in the country. This review focused primarily on child welfare but a number of key informants acknowledged that social welfare practice is not the sole responsibility

of one ministry. The CCWC focal points are clearly a key figure in this area of responsibility as it relates to issues of women and children. However social protection is not limited to women and children, for example, an adult male with a mental illness who requires cash assistance would not fall under the purvey of the CCWC. Historically, DOSVY and or OSVY personnel are responsible for financial assistance to some groups of adults (e.g. veterans, retired civil servants) and providing social welfare to other groups, like disabled individuals. As decentralization and expansion of social protection occurs, continued review and coordination is warranted to ensure that DOSVY and OSVY have appropriate front line support to carry out its work to serve all poor and vulnerable populations, not just women and children via the CCWC.

In examining Alternative Care as a case example, clearly many respondents from the local level to the national are aware of the importance of trying to keep families intact and to provide the necessary services to support families to overcome difficult periods and circumstances. Dissemination of the Prakas has just begun so it is too early to evaluate the impact of this new law and its potential impact to improve the lives of children and families. However study findings highlighted a number of issues that must be attended to in order to effectively implement the new system outlined in the Prakas. These issues include: (1) a need to adequately train all relevant parties to develop a thorough understanding of the system outlined in the Prakas that is commensurate with their level of responsibility, for example, there should be a distinction between having an awareness of the Prakas to having deep knowledge and subsequent ability to execute specific activities soon to be outlined by the detailed guide; (2) to explore mechanisms to provide additional training to front line staff (CCWC) to and capacity building to DOSVY and OSVY personnel to be more equipped to provide technical assistance to the front line and directly intervene with challenging cases; (3) to ensure that MOSVY allocates resources to support successful implementation, for example for the printing of forms and transportation support to travel throughout a district to conduct the necessary work and, (4) provide a civil servant pay structure that better reflects the job responsibilities, market competition, and a livable wage.

In order to identify the necessary skills and knowledge required to successfully implement the Prakas, it seems useful to return to the findings that highlight the need to create standards for para-professional providers and social workers both in terms of recognized job classifications and agreement on the educational and experience qualifications for those positions. In the long run a process for registering or licensing workers can be developed so there can be consistency in job titles, expected qualifications, and performance abilities. It's important to recognize that social service providers and social work are not the sole responsibility of one area of the government or civil society; the findings clearly illustrate that social services and social work cross multiple sectors and ministerial authorities therefore this must be taken into consideration by all.

Hand in hand with the specification of job classifications is the need to develop curricular standards in order to meet the agreed upon qualifications. Social work education is new to Cambodia and with the expansion and development of the country's 2nd bachelor's degree program, it is critical to create an independent entity to develop a clear set of curricular standards for a range of para-professional and professional social service and social work training to serve the public welfare needs of the country. In order to do this, a greater clarity of the functions, roles and responsibilities of the different public social service and social worker at the different levels (national, sub-national, local) is required in order to successfully create learning objectives and curriculum that produces the necessary qualifications of each position. For example to address the new child welfare system, it seems useful to think of the functions, roles and responsibilities of the CCWC members at the local level and the para-professional training that is needed for these individuals to successfully execute their job description. It's been highlighted that additional responsibilities continue to be added to the Commune Focal Point for Women and

Children. Different entities have provided training and support to CCWCs so it would be useful to take inventory of these trainings and the extent to which they support social welfare programming. Obviously it would be extremely challenging to transplant all local focal points to central training locations for any kind of extensive training. In order to achieve a level of knowledge development that is commensurate with the requirements of their job, adult learning theory suggests that multiple exposures and continued supervision and assistance may be more useful. Presently no systematic training is offered to support this kind of extensive capacity building for Cambodia's front line social welfare workers, who at least in the child welfare arena is the CCWC focal point and it is unclear who this is for other groups outside of the purvey of women and children.

Further, the new child welfare system outlines that OSVY and DOSVY personnel provide technical assistance to local focal points. Our findings illustrate that greater capacity building is necessary to ensure that these sub-national personnel can perform effectively this function. There was a significant amount of investment to provide the BSST, PSST, and MSST trainings over the past decade. A large number of personnel participated and findings from the random survey suggest that there remain some positive gains in knowledge from these trainings and others. The findings of the survey suggest that most OSVY and DOSVY personnel clearly have a basic understanding of the core tenets of their work, but in the field we were unable to find adequate implementation of forms, other documentation to provide evidence of actual and effective practices. Examples that were shared verbally were generally non-specific and hence it was challenging for us to gather strong evidence of their abilities which thereby raises questions about their ability to be effective mentors to provide technical assistance for local focal points. There were certainly individual examples provided by some DOSVY or OSVY workers of greater understanding and capacity, but this was not found consistently across all respondents suggesting greater training and capacity building is required among these personnel.

The new Social Work degree programs are now graduating professionally trained individuals who would have greater skills and knowledge yet it is unlikely that these individuals will seek employment in the public sector given the differences between public and private salaries. The example from Cuba illustrates how their government provided subsidized education with the expectation of the graduating student being placed in a governmental position for a certain number of years. In the U.S., the government has sought to increase the skills of its public child welfare workers through providing scholarships and stipends to complete graduate social work programs and in turn graduates must work for the public child welfare sector for a given set of years. Note in this example that their post graduate public salary in the U.S. is competitive with market standard in contrast to the situation in Cambodia. Overall the pay structure for any government position in Cambodia appears to be a disincentive.

In addition to the need to continue to develop human resources, the findings highlight the need to examine the necessary resources to deliver social services and successfully implement, for example, the Alternative Care framework or other activities that will fall under the purview of the NSPS. While it was apparent that some regional areas have a positive network of NGO providers who are a critical link and ingredient in the child welfare system, the distribution of these resources is uneven, inconsistent, and changing. A tremendous resource gap exists with basic infrastructure at the local level, for example, challenges to having an effective and fair mechanism to support necessary transportation to conduct ones day to day work, access to computers for documentation, and facilities to store documents. It seems critical to allocate the necessary resources so individuals have the tangible and concrete supports to successfully complete their jobs.

> *"I understand the importance of child welfare. Our future will not be so good. If our children have problems then society has problems. Together we can make things better".*

Recommendations

- Increase the investment into the public social and child welfare system in particular to provide more effective and efficient services that ensure meeting the objectives set forth by the National Social Protection Strategy for the Poor and Vulnerable (2011-2015).

    - Increase support to educational programs to adhere to the standards set forth by the independent Council. These programs are required to train workers to meet the minimum standards and qualifications set forth by the Association.
    - Increase the work force to effectively implement the growing public social and child welfare system which will include qualified social service providers (para-professionals) and professional social workers.
        - Lift the freeze on the recruitment of social workers and civil servants within the social welfare sector, in the same way as has happened in the education and health sectors.
        - Establish realistic incremental work force targets for the next twenty years.
    - Increase salaries of public social service providers and professional social workers to be more competitive, reflect the market and a liveable wage.
    - Increase budgets at national and sub-national level in order for public social service providers and professional social workers to perform their responsibilities, including for example, printing of forms, provision of transportation support, purchasing of computers and archiving facilities.

- Create an independent Council on Cambodian Social Service and Social Work Education to set and maintain national standards for para-professional training of social service providers, and professional bachelor's and master's degree programs in social work.

    - The standards include minimum qualifications for instructors, consistency of learning outcomes and corresponding academic requirements across programs of the same certification or degree.
    - The composition of the independent Council will include individuals with the requisite professional credentials to guide development of these national standards and represent the diverse sectors within which social services and social work occur.
    - Support is needed from a variety of sources, RGC, UNICEF, other donors to establish and maintain this critical independent Council.

- Create an independent Association of Cambodian Social Workers to support the creation of minimum standards of qualification for social service providers and social workers, to promote continuing education and training to update skill sets and to improve the perception of professional social workers.

    - The composition of the independent Association will include individuals with the requisite professional credentials to guide development of these national standards of qualifications and represent the diverse sectors within which social services and social work occur including governmental bodies and NGOs.
    - Support is needed from a variety of sources, RGC, UNICEF, other donors to establish and maintain this independent Association.

- Create job classifications within the RGC system that acknowledge two distinct categories of workers who function within the *public* social and child welfare system: (1) para-professional social service providers; and, (2) professional social workers. This classification would be utilized not only within MOSVY but throughout the RGC civil servant system. These job classifications will recognize the range of roles and responsibilities that operate from the national to sub-national/local levels and the corresponding need for professional and para-professional workers to perform these functions. These classifications would incorporate standards set forth by the above Association of Cambodian Social Workers.

    - It is recommended that various ministries including MOSVY, MOWA, MOH, MOEYS, MOI, and UNICEF meet with the State Secretariat for Civil Service to discuss how the social work profession and social service providers can be incorporated into the current drafting of legislation in the area of civil service.

- Encourage continued coordination across Ministries, Councils, Task Forces, and Committees at the national level and across sub-national entities for more efficient and effective operations of programs and efforts that comprise the public social and child welfare system encompassed by the National Social Protection Strategy for the Poor and Vulnerable (2011-2015).

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Appendices

A: Review Terms of Reference
B: Listing of Review Reference Group Participants
C: Listing of NGOs Participating in Field Visit Focus Groups
D: Listing of Key Informant Interviewees
E: Study Instruments
- Staff Survey
- Field Visit Guide
- Key Informant Interview Guide

F: Timeline and Listing of Relevant Legal Frameworks and Policies
G: List of NGOs operating in the Four Field Visit Provinces

Appendix A: Review Terms of Reference

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef

United Nations Children's Fund (UNICEF)
Phnom Penh, Cambodia
Vacancy N° *CP/12/013*

National and International Consultancy
Review of social work practice and assessment of UNICEF supported social work training in Cambodia

Closing Date: 7 August 2012

1. Background and context

The Ministry of Social Affairs, Veteran's and Youth Rehabilitation (MOSVY) and UNICEF in Cambodia are working together to strengthen child protection systems at national and sub-national levels that prevent, protect and respond to all forms of violence, exploitation and abuse against children. Significant progress has been made during the last 10 years in improving the policy and legislative framework, strengthening the national social work capacity and enhancing the accessibility to social welfare and specialized law enforcement services for women and children.

According to the international definition of Social Work, the profession *"...promotes social change, problem solving in human relationships and the empowerment and liberation* of *people to enhance well-being. Utilising theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work."* The mission of social workers is to enable people to develop their full potential, enrich their lives, and prevent dysfunction. Social workers are change agents in society and in the lives of the individuals, families and communities they serve.

Social work is a crucial part and cuts across the various components of the broad social welfare and justice systems, for adults, families and children. Specifically in relation to children, this would include: the child protection system, justice for children and social norms, as well as related sectors such as health and education. Social workers occupy responsibilities along the continuum of care for identifying and supporting vulnerable children and families (including referral to specialized services, prevention and family preservation), providing psychosocial support, supporting reintegration processes and supporting children and representing the state during judicial procedures. From an equity perspective, social workers are at the front line, since they are the main actors having responsibilities within the child protection system to identify and support the most vulnerable children and families. Where the social workers are scarce and lack capacities, the responsiveness of the child protection system to any child protection violation will be inefficient and weak.

In Cambodia, while the number of social workers remains low with an average of two social workers per district servicing approximately 25,000 people, the capacity of social workers in the government has increased with UNICEF's support. With the strategic intent to increase the number and improve the capacity of professional social workers, UNICEF has supported the development of in-service capacity development programmes for social workers since mid-1990s in partnership with MOSVY. From 2000 to 2005, the social work training programme

evolved into a three-tiered structure, including the Basic Social Services Training (BSST), Professional Social Services Training (PSST) and Management Social Services Training (MSST). These trainings were developed and carried out in close cooperation with the NGO Social Services Cambodia (SSC) and Transcultural Psychosocial Organization (TPO). Since 2001, 733 MOSVY social workers have completed the BSST and PSST; which means that 95 per cent of social workers at subnational level have been trained.

In 2009, aiming at increasing the number of professional and accredited social workers, UNICEF, contributed to establishing the Social Work Bachelor Course at the Royal University of Phnom Penh. As part of this effort, child protection dimensions of social work were integrated into the curriculum of social work for regular students.

Despite past efforts to strengthen social work in the country, several studies have pointed at the weaknesses of the current social welfare system and social work. An evaluation from 2009 concluded that whilst social workers at district and province levels are in charge of reintegration support and follow-up, which in the procedural documentation includes family tracing and family assessment, in reality, due to resource constraints, low capacities and limited numbers of social workers, the follow-up support is limited and is not provided systematically or consistently and is dependent in many cases on continuing support from NGO partners.

In October 2011, the National Institute of Social Affairs, of MOSVY was created by sub-decree, with the aim of establishing a new Bachelor degree in Social Work starting in November 2012, to increase the number of social workers available to work within and outside of the MOSVY structure.

Despite of the efforts undertaken during the last 10 years to increase the number of social workers and improve the quality of social work in the country, social work still remains as a weak area within the government sector of social welfare.

2. Purpose of the review

Given the engagement of UNICEF in strengthening the social work sector during the last 10 years, mainly through in-service training of social workers, there is a need to assess the ways and the extent to which this approach has influenced the current situation of social work. In addition, given the shift, since 2008, to support the government in strengthening the child protection system at national and sub-national levels, there is a need to engage in a broader review on the current overall situation of social work profession and practice in the country. The review will look at social work practice across the various components of the child protection system.

The findings and recommendations of the review will inform the strategies UNICEF should follow to support the government to strengthen the social work functions at different levels of the child protection system and within the social welfare sector during the years to come.

3. Specific objectives

The specific objectives of this review are:

- Take stock of the current situation of social work in the country, in terms of the degree that the current number of social workers and the quality of social work carried out corresponds to the need for social work amongst the population as well as the mandates for social work set out in laws and policies. Also, the review should look at the degree of professionalisation and institutionalization of the social work profession and practice in the government.

- Assess UNICEF's supported social work trainings since 2001 in terms of relevance, sustainability, equity and its effectiveness in terms of contribution to broader child protection outcomes.
- Draw recommendations on ways forward for MOSVY, UNICEF and other actors, based on identified priority gaps and weaknesses, to continue strengthening the institutionalization and quality of social work in the country, in short and long term.

4. Scope of the review

The review will have a nation-wide scope. This is because UNICEF has supported the training of the majority of the government employed social workers in the country. At the same time, targeted support has been provided to some specific provinces and districts for strengthening social workers role in the reintegration process of children victims of trafficking as well as the reintegration of children separated from their parents for different reasons. The number of provinces supported has differed between the years.

Although the review will cover the national level, field visits will be carried out to a sample of provinces and their corresponding districts, where UNICEF has provided considerable support to the social work sector, as well as a number of other provinces and districts where less support has been given.

The review will be conducted in a rigorous and participatory manner involving stakeholders and decision makers at national and provincial levels as well as social workers, and to the degree possible beneficiaries on district, commune and village levels as key informants. Worst-off districts and communities should be included to ensure and equity oriented approach to the review.

A review reference group will be set up to guide and facilitate the study process, including representatives from MOSVY, UNICEF and other partners (tbc).

5. Review Criteria

Work Assignment:

The review needs to address the following specific criteria (in accordance with UNICEF's Evaluation Standards):

Component 1: Social work practice review

Review the relevance, effectiveness, efficiency and equity of the current social work practice in terms of effectively responding to the needs for social work of the population, with focus on children.

Relevance:

- The essential functions for social work (in accordance with laws and policies) and to what degree these functions are carried out (by government and/or NGO social workers)?

Effectiveness:

- The effectiveness and quality of the work done across the different components of the child protection system; social welfare and justice, with focus on the social work carried out by Government staff. (including case-management, family preservation, identification of and support to children at risk, participation in judicial procedures, provision of psychosocial support, etc)

- The current status of social work (as a profession) in the country. Is social work institutionalized as a core function of the government at different levels across different sectors including social welfare, health and justice sectors? What are the outlooks of establishing a national accreditation system?
- What is the number of social workers in different functions and levels and the geographical coverage of their services?

Efficiency:

- What is the level of resources invested in social work?
- Is the use of resources cost-efficient?

Equity:

- Do the social work interventions reach the poorest and most vulnerable children?

Component 2: Social work training assessment

Assess the relevance, effectiveness, equity and sustainability of UNICEF's support to social work training (BSST, PSST and MSST) during the last 10 years, paying special attention to:

Relevance:

- To what extent is the social work training an education initiative in line with the national priorities in terms of child protection; and with the current UNICEF Country programme?
- To what degree does the curriculum of in-service training equip the social workers with the knowledge needed to carry out their functions?
- To what extent is the social work training and education initiative in line with international agreements and priorities?

Effectiveness:

- To what degree were the initial objectives of the in-service training programme achieved?
- Is there any evidence of unexpected results?
- To what extent has the initiative has contributed to the national child protection system, including the number of social workers in Government service?
- How and to what degree has the initiative had an impact on the quality of social work delivered in the country?

Equity:

- To what extent has the initiative covered and benefited the worst-off areas and groups of the country.

Sustainability:

- To what extent is this initiative sustainable, i.e. is likely to continue if UNICEF's support does not continue? Are there mechanisms in place that will allow the continuation of activities that would have been triggered by the training?

Lessons learned and recommendations:

- To formulate key **lessons learned** and **strategic recommendations, based on the findings of the review, including gaps and weaknesses identified** for the future support of Government, UNICEF and relevant actors to social work academic education and in-service trainings, as well as to improve the practice of social work in the country.

6. Professional Qualifications

To complete the assignment, it is requested to recruit an international social work expert and a national social work expert, fulfilling the following requirements:

International expert:

- Advanced university degree in social welfare, social work or related field
- Minimum 8 years of working experience at national and international level in social welfare and social work in development contexts,
- Current knowledge of development issues, policies as well as programming in the field of social welfare and social work in countries with emerging child protection systems, such as Cambodia
- Extensive experience in analyzing the institutional, organizational, human resource and financial dimensions of social welfare systems
- Demonstrated experience in carrying out quality studies, assessments and evaluations
- Excellent knowledge of English. Knowledge of Khmer is an asset.

National expert:

- Academic degree in social work, social science or related field.
- Minimum 5 years of working experience in social sciences and social work in Cambodia
- Experience in supporting the carrying out of studies, assessments and evaluations
- Academic degree in Social Sciences
- Excellent knowledge of English and Khmer
- Proven ability to interact with different stakeholders, including senior level government and beneficiaries.

7. Responsibilities

International expert:

- Lead the development of the review framework, methodology and questionnaires and present to the review reference group
- Lead the overall research, including desk review and fieldwork
- Draft the review report and present to the review reference group
- Finalize the report based on comments from the review reference group

National expert:

- Support the development of the review framework, methodology and questionnaires
- Facilitate the review process, including access to documents and scheduling of interviews and visits
- Support the organization of the fieldwork, including FGD, interviews, observations and visits
- Systematize and translate (as needed) data from field visits and interviews
- Support the drafting of the review report at different stages (as required)

8. Tailored review questions

A set of review questionnaires will be developed based on the objectives and scope of the review and form part of the methodology and the inception report, as one of the deliverables of the consultancy. The review questions will be developed based on the guidelines provided in the UNICEF publication "how to design and manage equity focused evaluations".

9. Methodology

As part of the application procedure for this consultancy, a proposed research methodology, in line with the review objectives, should be developed and submitted, including the following steps and tasks as a minimum.

The methodology will consist in:

- Desk review of background reports, studies and materials related to the national context, social work and the social works trainings supported by UNICEF, as well as other related materials.
- Interviews with key stakeholders at national and subnational level, including at the minimum academic leaders and professors, MOSVY, DoSVY, OSVY, CCWC staff, social workers, direct beneficiaries as well as key stakeholders from health and education sectors.
- Focus group discussions with social workers, trainers, social work students and other relevant actors.
- Field visits to DoSVY offices and some selected families and children benefiting from social work support or in need of social work support
- Observations during social work training of different institutions and possibly of social work carried out in some selected districts.

10. Review work plan

Work Schedule:

#	Deliverables	Delivery Date
1	Review framework/design, instruments, questionnaires and implementation plan developed in a participatory manner, including detailed review schedule/plan (inception report) to be presented to the review reference group	2 weeks from signing of contract
2	First partial draft review report presented to UNICEF and review reference group/key stakeholders	12 weeks from signing of contract
3	Draft complete Review Report and power point presentation for consultation with review working group/stakeholders	18 weeks from signing of contract
4	Final review report and presentation of final report to review reference group/stakeholders	20 weeks from signing of contract

Estimated Duration of Contract:

The review is expected to be carried out during a period of 4 months.
September - December 2012

Official Travel Involved:

Travel to selected provinces as required by developed methodology and detailed work plan and approved by the review reference group as part of the detailed work plan. Travel arrangements will be made by the consultants.

Payment Schedule:

International expert

- Deliverable 1: research document and tools (inception report)
- Deliverable 2: first draft review report
- Deliverable 3: Draft complete Review Report and power point presentation for consultation with stakeholders
- Deliverable 4: final review report

National expert (upon submission of brief monthly progress report)

Consultant's Work Place/Any facilities to be provided by office:

The consultants shall work from own workplace

Nature of 'Penalty Clause' to be stipulated in Contract:

- **Payment**: All payments are subject to satisfactory completion and submission of due deliverables, certification and evaluation of the work done by national partners and contract supervisor. In case of unsatisfactory performance, the contract will be terminated by notification 5 days prior to the termination date.
- **Unsatisfactory performance**: In case of unsatisfactory performance the contract will be terminated by notification letter sent five days prior to the termination date,
- **Performance indicators**: the consultant's performance will be evaluated against the following criteria: meeting TOR requirements, timeliness, work relations, communication, dependability/reliability in carrying out the assignments

Remuneration recommended based strictly on complexity of the tasks listed in TOR:

Given the level of work in terms of responsibilities and complexity of the assignment, the degree of specialization required by the assignment and the qualifications, experience and writing skills required, the fee is estimated at P3 level for the international expert and NOA level for the national consultant.

Appendix B: Listing of Review Reference Group Participants

1- MOSVY:

- H.E Say Siphonn, MOSVY Secretary of State
- H.E Saneth Vathna, NISA President
- Mr. So Soeun, MOSVY Advisor
- Mr. Ros Sokha, NISA Vice President

2- UNICEF

- Ms. Rut Feuk, Child Protection Specialist
- Mr. Plong Chhaya, Child Protection Specialist

3- NGO

- Mr. Sieng Leap, TPO
- Ms. Ellen Minotti, SSC
- Ms. Paola Salvatoria, Friends International

Appendix C: Listing of NGOs Participating in Field Visit Focus Groups

Prey Veng	NGOs
1	Save the children
2	Women Organization for Modern Economy and Nursing (WOMEN)
3	Ponleu Ney Kdey Sangkhum (PNKS)
4	Children Against Starvation and Violence Association (CCASVA)
5	Reproductive and Child Health Alliance in Cambodia (RACHA)
6	Damnok Toek/Goutte d'Eau-Cambodia
7	Rock Foundation Cambodia (RFC)
Mondul Kiri	
1	My Village Cambodia (MVI)
2	Enfants Ásie Aspeca (ASPECA)
3	International Bridges to Justice (IBJ)
4	ELIE NGO elephant project
Preah Sihanouk	
1	LICADHO
2	Cambodia Human Rights and Development Association (ADHOC)
3	Mlob Tapang
4	Assembly of God
5	Operations Enfants du Cambodge (OEC)
6	Action Pour Les Enfants (APLE)
7	Khmer Women's Cooperation for Development (KWCD)
8	Enfants Ásie Aspeca (ASPECA)
9	House of Family
10	Center of Peace (COP center)
Battambang	
1	Salvation Center Cambodia
2	COSECAM
3	Pha Silpak Battambang
4	Kumar Rikreay
5	Kumar Ney Kdey Sangkheum (KNKS)
6	World Vision Cambodia

Appendix D: Listing of Key Informant Interviewees

Mrs. Souad AI Herbshi	Chief of Child Protection, UNICEF
Ms Ros Sivanna	Community Development Specialist, Local Governance and Child Rights, UNICEF
Mr. Oum Sophannara	Director of Child Welfare Department, MOSVY
Ms. Khat Ty Ekvisoth	Program Manager, Save the Children
Ms. Ellen Minotti	Advisor, SSC
Dr. Chhim Sotheara	Director, TPO
Mr. Kim Sovannkiry	Dean of Social Sciences and Humanities, RUPP
Mrs. Bou Sitha, Mr. Khlang Pichet Mr. Kit Marady	Director of Social Welfare Department, MOSVY OVCTF Program coordinator, MOSVY Save the Children adviser to MOSVY
Dr. Prak Pisith Reangsei	Director of Prevention Department, MOH
Mr. Sun Pheak	Child Right Project Officer, PLAN
Mr. Chan Sophear	Director of Primary Education Department, MOEYS
H.E Hor Malin	Under Secretary of State, MOWA
H.E San Vathana	Deputy Secretary General of CARD and Head of CARD-Social Protection Coordination Unit
Mr. So Soeurn	MOSVY Advisor
Mr. Luke Gracie	Partnership Program for Child Protection PC3 Manager, Friend International
Mr. Leang Lo	National Child Welfare Consultant, MoSVY
H.E Sak Setha	Secretary of State, MOI
H.E Saneth Vathna	NISA President
H.E Khiev Borey	Secretary General, CNCC

Appendix E: Study Instruments

- **Staff Survey**
- **Field Visit Guide**
- **Key Informant Interview Guide**

MOSVY Social Work Personnel Survey

Introduction Script

Good day and welcome. We would like to thank you for taking time today to travel to this office and share information about work that is happening at the local level to support children and families.

The Ministry of Social Affairs, Veteran's and Youth Rehabilitation (MOSVY) and UNICEF have asked us to conduct a research project and this survey today is part of the study.

We are asking you today to help us by completing this survey. I will read each question aloud and then you will have time write down your own individual answer. You can ask questions if you need further explanation about the question, but it's important that we don't influence your answers. Your answers should reflect *your* opinions and your knowledge.

Your answers will be private or confidential so please do not talk between participants. We will not share your individual answers with your supervisors, with anyone at MOSVY or UNICEF. Only the research team will see the data but we will separate your names from the survey so no one will know who answered the questions.

Do you have any questions right now about the process?

I will start now to read the questions so please listen carefully. Remember this is not a test. There are no right or wrong answers. Please just try to write what you think is the best answer for you. If you wish to skip a question or end the survey, you may do so. Your input is really important.

DOSVY Personnel Survey
2012

ID ____ ____ _____

Site:

1 Kampong Cham
2 Preah Sihanouk
3 Battambang
4 Siem Reap
5 Phnom Penh

1. Are you male or female? *(please circle)*
   - Male 1
   - Female 2
2. What is your year of birth? _____ _____ _____ _____
3. What province do you work in? *(please circle)*
   - Banteay Meanchey 1
   - Battambang 2
   - Kampot 3
   - Kandal 4
   - Kep 5
   - Koh Kong 6
   - Kampong Cham 7
   - Kampong Chhnang 8
   - Kampong Speu 9
   - Kampong Thom 10
   - Kratie 11
   - Mondul Kiri 12
   - Otdar Meanchey 13
   - Pailin 14
   - Phnom Penh 15
   - Preah Vihear 16
   - Prey Veng 17
   - Pursat 18
   - Ratanak Kiri 19
   - Siem Reap 20
   - Preah Sihanouk 21
   - Stung Treng 22
   - Svay Rieng 23
   - Takeo 24
4. Which office do you work for? *(please circle)*
   1. Office of Administration and Staff
   2. Office of Finance and Planning
   3. Office of Social and Physical Rehabilitation
   4. Office of Child Welfare and Youth Rehabilitation
   5. Office of Pension
   6. Office of Veterans
   7. Centre for Professional Development of Disabled Persons
   8. Orphanage Centre
   9. The Rehabilitation Centre
   10. Social Affairs Centre
   11. The Youth Rehabilitation Centre
   12. The Drug Addict Rehabilitation Centre
   13. The Veterans Development Centre
   14. District-Khan Office of Social Affairs, Veterans and Youth Rehabilitation
   15. Other (please specify) _____
5. What is the title of your current position within DOSVY?
   _____
6. Which best describes your employment with MOSVY?
   - Permanent government 1
   - Contract position 2
7. How long you have worked with DOSVY/OSVY? _____ Years _____ Months
8. What is your current salary grade? _____

9. Please mark any additional remuneration that you receive per month.
   a. Transportation Stipend YES (1) NO (0)
   b. IF YES, how much ? _____
   c. Who pays the transportation stipend? MOSVY/DOSVY (1)
      Other (please specify) _____
   d. Other remuneration (please specify amount and who pays for it)
      _____
10. What is your highest level of education? (circle one)

Some primary	1
Completed primary	2
Some secondary	3
Completed secondary	4
Some high school	5
High school graduate	6
Some university	7
University Graduate	8

If you completed a university degree, please fill in below:
10a. Name of Major/Degree_____
10b. School _____
10c. Year degree earned _____

11. Did you complete training provided by Social Services of Cambodia (SSC) that happened between 1997-1999? YES (1) NO (0)
12. Did you complete the BSST training? YES (1) NO (0)
    12a. If yes, what year? _____
13. Did you complete the PSST training? YES (1) NO (0)
    13a. If yes, what year? _____
14. Did you complete the MSST training? YES (1) NO (0)
    14a. If yes, what year? _____
15. What other trainings have you completed that support your job in social work?
    a. Training #1

Name	
Date	
Institution	
Description	

    b. Training #2

Name	
Date	
Institution	
Description	

    c. Training #3

Name	
Date	
Institution	
Description	

    d. Training #4

Name	
Date	
Institution	
Description	

e. Training #5

Name	
Date	
Institution	
Description	

16. What kind of future **training on general knowledge** to you need for your job? Please list desired training topic(s) or skill(s).

17. What kind of future **training on social work** do you need for your job? Please list desired training

18. What do you think is the #1 priority of your work?

19. List the key role(s) and responsibilities of your work.

Please rate how skillful you feel you are in each of the following areas:

	0 – No knowledge /no skills	**1 – Poor knowledge /skills**	**2 – Moderate knowledge/ skills**	**3 –Good knowledge /skills**	**4-Very good knowledge /skills**
20. Identify new cases of vulnerable children					
21. Conduct a client and family assessment					
22. Create a social service plan					
23. Make a local referral to get services					
24. Reintegrate child back to family or other community base setting					
25. Understand the Alternative Care Policy					
26. Understand procedure to place a child in foster care					
27. Understand procedure for domestic adoption					
28. Ability to coordinate between WCCC, CCWC and my work					

29. Ability to coordinate with NGOs and my work					

For each of the following statements, please **circle** whether you think the statement is TRUE or FALSE.

30. Family conflict is the family's business and people outside the family can't make any intervention.	TRUE	FALSE	DON'T KNOW
31. Conflict between husband and wife and domestic violence in the family can be avoided if the wife does what the husband asks them to do.	TRUE	FALSE	DON'T KNOW
32. Extreme punishment of children who do something wrong can have negative results eg. embarrassment, depression, lost initiative and low self-esteem.	TRUE	FALSE	DON'T KNOW
33. Most child abuse is committed by relatives and people who the victim knows.	TRUE	FALSE	DON'T KNOW
34. Children have no rights and we must tell them what to do to enable them to be useful citizens when they grow up.	TRUE	FALSE	DON'T KNOW
35. The client is very vulnerable, so they cannot decide for themselves at all. Only other people, eg. the Social Worker, can decide.	TRUE	FALSE	DON'T KNOW
36. To provide a good service to the client, the Social Worker should understand their own personal development, characteristics and relations with other people.	TRUE	FALSE	DON'T KNOW
37. An intake interview is the data collection process about the situation of the client - their history and their current situation.	TRUE	FALSE	DON'T KNOW
38. Case planning leads both the client and case-worker to review what has been implemented and what other steps or services need to be implementation.	TRUE	FALSE	DON'T KNOW
39. Confidentiality is one of the principles of social work. We must never break confidentiality.	TRUE	FALSE	DON'T KNOW
40. A center where quality education can be provided should be considered the first priority when determining where to place an abandoned child.	TRUE	FALSE	DON'T KNOW
41. The objective of the Social Worker is to help people's living conditions to improve, to help them develop their capacity to make decisions, and to have freedom and take responsibility in their lives.	TRUE	FALSE	DON'T KNOW
42. When an abandoned child is discovered, the authorities must search for his or her relatives for a minimum of 3 months.	TRUE	FALSE	DON'T KNOW
43. If the parents are found for an abandoned child, it is not necessary to submit any further paperwork and the case can be closed.	TRUE	FALSE	DON'T KNOW
44. A simple adoption terminates the rights and obligations between a child and his/her biological parents.	TRUE	FALSE	DON'T KNOW
45. The Family Support Worker works under the direction of the CCWC to investigate possible cases	TRUE	FALSE	DON'T KNOW
46. It is the responsibility of the CCWC to visit a child placed in alternative care to visit the child at least once per 3 months.	TRUE	FALSE	DON'T KNOW
47. If there is an accusation of abuse of a child in alternative care, it is mandatory that D/MOSVY conduct an interview with the child within 24 hours.	TRUE	FALSE	DON'T KNOW

48. List the different types of children who are in need of special protection or special care

49. Explain why a child might leave home and live in a risky situation

50. What damage can child abuse or exploitation do to children?

51. What is Case Management?

52. What would be the reasons or conditions when you would send a child to a center?

53. What are the steps in the pre-reintegration phase of the reintegration process?

54. What are the roles and responsibilities of CCWC related to social work?

55. What are some of the challenges or barriers you have in doing your job?

56. What are your recommendations for solutions that would address these challenges or barriers?

Thank you for your time and feedback!

Field Visit Guidelines

Key Informant Interview Guidelines: *DOSVY Director*

Introduction Script

Good day. We would like to thank you for taking time today to share information about work that is happening at the local level to support children and families.

The Ministry of Social Affairs, Veteran's and Youth Rehabilitation (MOSVY) and UNICEF have asked us to conduct a research project and this interview today is part of the study.

We are asking you today to help us by letting us ask you some questions. Your answers will be private or confidential. We will not share your individual answers with your supervisors, with anyone at MOSVY or UNICEF. Only the research team will see the individual data which will be compiled together in our report.

Do you have any questions right now about the process?

1. What are the priority functions of the DOSVY office in your province?
2. What is the budget to provide services to "at risk" children in your province?
3. What kinds of services are provided to "at risk" children in your province?
4. Have you received training(s) on the Policy on Alternative care? [note some may have not rec'd any training on Policy or Prakas; should have gotten internal training on reintegration]
5. Have you received training on the Prakas on the Procedures to Implement the Policy on Alternative Care?
6. Is there a provincial plan to implement the Prakas on the procedures to implement the policy on Alternative Care? [is it possible to get a copy?]
7. Compared to 2010, have you received additional resources for the implementation of the Prakas?
8. What are challenges to implement the Prakas on the procedures to implement the policy on Alternative Care? [note challenges may be different aspects of reintegration, family visits etc]
9. The Prakas on the procedures to implement the policy on Alternative Care state a "social worker is someone who has been trained and has a career at the district or provincial level to provide supervision to family support workers and assist with managing difficult cases". What do you think is meant by "trained"?
10. What is the process of collecting data on vulnerable children in the province who are in residential care and other settings and abandoned children? How is it maintained?
11. What is the process in your province for monitoring of the implementation of the Minimum Standards for Alternative for Children?
12. May we get a copy of the most recent report submitted to Provincial/Municipal WCCC and MOSVY about services and or outcomes?
13. Please tell me about the process to collaborate between the relevant provincial departments/ institutions, local and international NGOS, WCCCs and Commune/Sangkat Councils (CCWC) on activities related to child welfare?
14. What are other challenges to serving the needs of children in your province?

Key Informant Interview Guidelines: *DOSVY Office Chief of Child Welfare*

Introduction Script

Good day. We would like to thank you for taking time today to share information about work that is happening at the local level to support children and families.

The Ministry of Social Affairs, Veteran's and Youth Rehabilitation (MOSVY) and UNICEF have asked us to conduct a research project and this interview today is part of the study.

We are asking you today to help us by letting us ask you some questions. Your answers will be private or confidential. We will not share your individual answers with your supervisors, with anyone at MOSVY or UNICEF. Only the research team will see the individual data which will be compiled together in our report.

Do you have any questions right now about the process?

1. What are the role(s) and responsibilities of the OSVY social worker?
2. How are (child welfare) cases identified?
3. What kinds of data are being collected at the commune level which can be used for planning?
4. Have you received training(s) on the Policy on Alternative care?
5. Have you received training on the Prakas on the Procedures to Implement the Policy on Alternative Care?
6. Is there a provincial plan to implement the Prakas on the procedures to implement the policy on Alternative Care? [Is it possible to get a copy?]
7. Compared to 2010, have you received additional resources for the implementation of the Prakas?
8. What are challenges to implement the Prakas on the procedures to implement the policy on Alternative Care?
9. The Prakas on the procedures to implement the policy on Alternative Care state a "social worker is someone who has been trained and has a career at the district or provincial level to provide supervision to family support workers and assist with managing difficult cases". What do you think is meant by "trained"?
10. What is the process of collecting data on vulnerable children in the province who are in residential care and other settings and abandoned children? How is it maintained?
11. What is the process in your province for monitoring of the implementation of the Policy on the Alternative for Children?
12. Please tell me about the process to collaborate between the relevant provincial departments/ institutions, local and international NGOS, WCCCs and Commune/Sangkat Councils (CCWC) on activities related to child welfare? [Probe what happens when a child is found in one province and needs to get reintegrated into another province? Ask to get at intra-provincial collaboration/cooperation]
13. Are there steps being taken to increase awareness on the Policy
14. What are other challenges to serving the needs of children in your province?

Key Informant Interview Guidelines: *WCCC Focal Point at the Provincial Level*

Introduction Script

Good day. We would like to thank you for taking time today to share information about work that is happening at the local level to support children and families.

The Ministry of Social Affairs, Veteran's and Youth Rehabilitation (MOSVY) and UNICEF have asked us to conduct a research project and this interview today is part of the study.

We are asking you today to help us by letting us ask you some questions. Your answers will be private or confidential. We will not share your individual answers with your supervisors, with anyone at MOSVY or UNICEF. Only the research team will see the individual data which will be compiled together in our report.

Do you have any questions right now about the process?

1. What your perception of the roles and responsibilities as the WCCC Focal Point?
2. Please tell me about the process to collaborate between the WCCC, relevant ministries/institutions, local and international NGOS, and Commune/Sangkat Councils (CCWC) on activities related to child welfare?
3. How often does the WCCC focal point have contact with a DOSVY or OSVY social worker?
4. What kinds of things do they discuss?
5. Does the WCCC have an organizational plan to implement the new alternative care guidelines?
6. What kinds of data are being collected which can be used for planning? [Level of data, what is the process or system?]
7. Is the WCCC involved with any training or capacity building efforts related to child and family welfare?

Focus Group of district Social Workers Interview Guide

Introduction Script

Good day. We would like to thank you for taking time today to share information about work that is happening at the local level to support children and families.

The Ministry of Social Affairs, Veteran's and Youth Rehabilitation (MOSVY) and UNICEF have asked us to conduct a research project and this focus group today is part of the study.

We are asking you today to help us by letting us ask you some questions. Your answers will be confidential and we are asking you to keep the information shared in this group here within the group so it will be private. We will not share your individual answers with your supervisors, with anyone at MOSVY or UNICEF. Only the research team will see the results which will be compiled together in our report.

Do you have any questions right now about the process?

1. What are the roles and responsibilities of district social workers?
2. What is your day to day work like?
3. How are children identified who or vulnerable or need services or assistance?
4. What kinds of services were provided in the past month to any cases?
5. What budget is available to help a case/family? How much and for what purpose?
6. Researcher provide a couple of different examples, abandoned child, relative rape case, emotional abuse of parent to child
   a. What are the steps that are taken?
   b. What form(s) is/are filled out?
7. How do you communicate with the CCWC [means of communication: meeting, telephone]? When? How often on average?
8. What are the main issues or challenges you face working with different structures including DOSVY, NGOs, community and families?
9. Have you heard of: [list programs such as Social Service Mapping, commune database, social envelop, OVC taskforce, child protection indicator, NGO Partnership with [only in BtB and Kg Som]? How do you intersect with these programs?
10. Have you received training in the Procedures to Implement the Policy on Alternative Care?
11. What are some challenges to implementing this new process?
12. Thinking about the children and families who are being served in your community, are there particular cases that are being left out or not served?
13. What are some of the challenges you face in doing your job?
14. What would be helpful to support you to work more effectively (training, resources etc)?

Focus Group of NGO Providers Interview Guide

Introduction Script

Good day. We would like to thank you for taking time today to share information about work that is happening at the local level to support children and families.

The Ministry of Social Affairs, Veteran's and Youth Rehabilitation (MOSVY) and UNICEF have asked us to conduct a research project and this focus group today is part of the study.

We are asking you today to help us by letting us ask you some questions. Your answers will be confidential and we are asking you to keep the information shared in this group here within the group so it will be private. We will not share your individual answers with your NGO, with anyone at MOSVY or UNICEF. Only the research team will see the results which will be compiled together in our report.

Do you have any questions right now about the process?

1. What kinds of services and or programs does your organization offer for vulnerable family and children?
2. What types of collaboration does your organization have with DOSVY/OSVY?
3. What do you see as the key role and responsibilities of the DOSVY/OSVY social worker in your area?
4. How does your organization coordinate with WCCC?
5. How does your organization coordinate with CCWC?
6. What are some of the challenges you face in doing your job?
7. What are some of the challenges within the province to better serve the needs of children and families?
8. What do you think is needed to continue to improve services and supports for vulnerable children and families?

Introduction Script

Good day. We would like to thank you for taking time today to share information about work that is happening at the local level to support children and families.

The Ministry of Social Affairs, Veteran's and Youth Rehabilitation (MOSVY) and UNICEF have asked us to conduct a research project and this focus group today is part of the study.

We are asking you today to let us learn more closely about your day to day work. We would like to simply follow you for the day, in the office, possibly to a meeting or out to the field. The information we collect today will be confidential and we will not share it with your supervisors, with anyone at MOSVY or UNICEF. Only the research team will see the results which will be compiled together in our report. If at any time today, you feel it is inappropriate for us to follow you, for example if there is a confidential meeting you need to have and the client does not want us to observe, please just let us know and we will not interfere.

Do you have any questions right now about the process?

Accompaniment of OSVY social worker which may include visit with a beneficiary

- Gain a picture of the day to day operations and functioning.
- (9 roles: group organising, counselling/case-work, referring, advocating, training, providing information, community education, collaborating and research)
- Explore records, paperwork, forms
- Explore frequency of visits
- Explore contact between social worker and CWCC focal point; NGOs
- Explore relations with orphanage/institutional care, procedure in cases of an abandoned child
- Is there a directory of services to refer to? Is it maintained/updated?
- Explore resources available to do social work?
- Challenges in day to day work
- Desired training/resources to improve situation for vulnerable children and their families

Overall impressions and comments:

_____
_____
_____
_____
_____
_____

Key Informant Interview Guide

Good day. We would like to thank you for taking time today to share information about work that is happening at the local level to support children and families.

The Ministry of Social Affairs, Veteran's and Youth Rehabilitation (MOSVY) and UNICEF have asked us to conduct a research project and this interview today is part of the study.

We are asking you today to help us by letting us ask you some questions. Your answers will be private or confidential. We will not share your individual answers with anyone at MOSVY or UNICEF. Only the research team will see the individual data which will be compiled together in our report.

Do you have any questions right now about the process?

1. Please share what social work means to you.
2. What kind of work do social workers perform? *[specific strategies or interventions or programs]*
3. What kinds of qualifications does it take to be a social worker? *[is there certain education, training, experience they need or have to do their work?]*
   a. *The 2011 Prakas Procedures on Alternative Care state a "social work is someone who has been trained and has a career at the district or provincial level to provide supervision to family support workers and assist with managing difficult cases". What do you think is meant by "trained"?*
4. Are there other kinds of work that you think social workers should do but do not do in Cambodia?
5. What is the level of resources currently invested in social work in your field? (gov funded, or externally funded but gov managed)
6. What is the distribution of these resources? [by program area and or geographically]
7. What is the future sustainability of these resources?
8. The Procedures for Alternative Care were passed in 2011; what do you see will be challenges and or barriers to implementing this new system of care?
9. The Cambodia Millennium Development Goals do not specifically or directly mention child welfare as a goal. What do you see as the priorities for (UNICEF and or the Cambodian government) related to child welfare in the next 5 years?
10. What is the importance of social work in your sector?
11. What are the priorities for social work?

There may be other questions tailored to the specific individual interviewee.

Appendix F: Timeline and Listing of Relevant Legal Frameworks and Policies

Date	Event	Remark
15-Oct-92	RGC ratified the Convention on the Rights of the Child.	
20-Nov-95	Sub Decree No:83 ANK.BK to establish Cambodia National Council for Children (CNCC).	In order to coordinate, monitor and write reports on the implementation of the child rights to submit to UN.
1996	UNICEF began its assistance to the RGC for developing a law on Inter Country Adoption.	
28-Jun-99	Sub Decree No:56 ANK.BK to reform Cambodia National Council for Children (CNCC).	This sub decree didn't make the good structure at municipalities/provinces level, causing more difficulties for institution to collect the information related to children.
14-Mar-01	Sub Decree No:29 on the Procedure and Documents required for an Adoption of an Orphan Baby or Infant from Cambodia to a Foreign Country.	The sub decree defines the authority, conditions and procedures in adopting an orphan baby or infant from Cambodia to a foreign country.
19-Mar-01	Royal Decree: No:NS/RKM/0301/05 promulgating the Law on the Administration of Commune/Sangkat.	To establish administrative management of all communes/ Sangkats in the Kingdom of Cambodia following a policy of decentralization.
2004	The first CCWC were established and UNICEF has been working with MOI to support the CCWC since 2004 under the umbrella of the Seth Koma Programme.	The Commune Committee for Women and Children (CCWC) is an advisory sub-committee to the Commune Council1 and helps the Council to implement Government policy and other tasks related women and children's issues.
21-Feb-05	Prakas No:38 on the Establishment of Alternative Care Advisory Committee and 4 Technical Working Groups to assist the Alternative Care Advisory Committee.	Establish 4 working groups to assist the Advisory Committee on Alternative Care for Children on Guidelines on alternative care for children in Cambodia, Minimum standards on alternative care for children, Monitoring systems and evaluation and Non- institutional alternative care and pilot projects.
8-Apr-05	Sub Decree No:55 on Organization and Functioning of the Ministry of Social Affairs, Veteran's Affairs and Youth Rehabilitation.	

19-Aug-05	Guideline by Ministry of Justice on the Implementation of Principles of applicable National and International Laws regarding the Protection of Victims.	The guidelines incorporated many provisions from the Convention on the Rights of the Child, international laws concerning juvenile justice and protection of victims of criminal offence.
24-Oct-05	Royal Decree No:NS/RKM/1005/031 to promulgate the Law on Prevention of Domestic Violence and Protection of Victims.	Sets out legal mechanisms to prevent domestic violence and to protect victims of domestic violence and is aligned with the Convention on the Elimination of Domestic Abuse of Women.
26-Apr-06	Prakas No:217 by MOSVY on the Implementation of the Policy on Alternative Care for Children.	The policy aims to ensure that children grow up in a family and in a community" and promotes the concept that "institutional care should be a last resort and a temporary solution
Jul-06	The establishment of National Orphans and Vulnerable Children Multi-sectoral Task Force (NOVCTF).	NOVCTF is responsible for strengthening the national response to progressively fulfill the rights of survival, development, protection and participation of all OVC. The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY) chairs the Task Force and houses the Secretariat.
22-Nov-06	Prakas No:616 by MOSVY on the Implementation of Minimum Standards on Residential Care for Children.	The Minimum Standards detail conditions and basic standards for the establishment of residential care facilities, caregivers' requirements and responsibilities as well as complaint procedures and legal protection in case of abuse as well as to establish a monitoring mechanism and punishments against perpetrators.
22-Jan-07	Royal Decree No:NS/RKM/0107/033, promulgating the Law on the Approval of Cambodia to be a Member of the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption.	
20-Mar-07	Prakas No:149 by MOSVY on the Revision of Composition and Role and Responsibilities of the Alternative Care Advisory Committee.	
2007	Ministry of Interior (MOI) recommended that Commune Committee for Women and Children (CCWC) be established nationwide.	Their membership expanded to include the commune chief, the commune clerk, a member of the police and the village headman.

8-Aug-07	No. 082/NCDD guideline on the organization and establishment of the Commune Committee for Women and Children (CCWC).	To lay the foundation for establishing CCWC for all 1,621 communes/Sangkat throughout the country. Also, a hip Pocket on the Functioning of Commune Committee for Women and Children (CCWC) was made available.
Jun-08	National Plan of Action for Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia (2008-2010) was developed and launched.	This plan seeks to address the underlying causes of vulnerability among orphans and the most vulnerable children, while also addressing the more specific and specialized needs of children affected by HIV.
11-Mar-08	Prakas No:198 by MOSVY on the Minimum Standards on Alternative Care for Children in the Community.	The Minimum Standards detail conditions and basic standards for the establishment of community alternative care programmes and settings, caregivers' requirements and responsibilities as well as complaint procedures and legal protection in case of abuse, as well as to establish a monitoring mechanism and punishments against perpetrators.
2008	First Provincial OVC TFs were created in Kampong Speu and Prey Veng.	
2009	Development on a draft Prakas on Procedures for Implementation of the Policy on Alternative care.	
31-Aug-09	Prakas No:062 by MOSVY on the Policy and Minimum Standards for Protection of the Rights of Victims of Human Trafficking.	This policy and minimum standards provide concepts concerning model protection and general policy on Protection of the Rights of Victims of Human Trafficking.
3-Dec-09	Royal Decree No:NS/RKM/0912/1148 to adopt the law on inter-country adoption.	Aim to determine the principles, conditions, procedures, formalities and effects of inter-country adoption.
4-Dec-09	Prakas No:1228 by MOSVY on Adjusting and Supplementing the Composition, Roles and Functions of The National Multi-Sectoral Orphans and Vulnerable Children Task Force (NOVCTF).	MOSVY established a D&D Working Group (DDWG) in March 2009 to review its functions, including functional mapping at the sub-national level and the development of procedures. The group would work closely with Municipality, Province, District, Khan, and Commune/Sangkat Councils in order to transfer functions, in line with the guideline and planning of the NCDD Secretariat (NCDD-S).

21-Dec-09	Sub Decree No:NS/RKT/1209/1201 to reform Cambodia National Council for Children (CNCC) again.	This new sub decree offers the better structure, staring from the municipal and provincial level that can link the CNCC to ministries/institutions.
2009	UNICEF initiated Social Service Mapping (SSM) for Commune Committee for Women and Children (CCWC).	SSM is a mapping exercise conducted at the village level and led by commune councils (CC)/CCWCs. The maps attempt to identify the most vulnerable families in the commune, especially women and children, with indicators focusing on social sectors. So far, the SSM exercise has been implemented in 117 villages in 20communes in six UNICEF target provinces.
30-Dec-09	Prakas No:4275 BrK by MOI on the establishment and the functioning of the Women's and Children's Consultative Committees (WCCC).	Phnom Penh Capital Council, provincial councils, municipal councils, district councils and Khan councils shall establish a WCCC which has the authority and duties to provide advice and recommendations to the councils, board of governors, governors, and other committees of the councils on issues related to gender equality, women, youth and children within the authority, functions and duties of the councils.
2010	Provincial OVC TFS were established in Siem Riep, Kampong Cham and Kampong Thom.	
2011	Provincial OVC TFS was established in Banteay Meanchey.	
30-Mar-09	National Social Protection Strategy (NSPS) for the Poor and Vulnerable (2011-2015) was launched.	National Social Protection Strategy (NSPS) complements other sectoral policy, plans and strategies of line ministries and stakeholders involved directly or indirectly in social protection.
Oct-11	Implementation of Prakas on Procedures to Implement the Policy on Alternative Care for Children.	Provides detailed guidance on identification of vulnerable children so that they can be referred to relevant services at sub-national level; assessment of the situation of children and their families in order to preserve or reunify families; provision of appropriate services of alternative care as a temporary solution and permanency planning including domestic adoption and inter-country adoption; and follow-up on cases.

18-Oct-11	Sub Decree No:233 ANK.BK on the Establishment of National Institute of Social Affairs (NISA) under the direction of MOSVY.	NISA is responsible for training and research on social works in Cambodia to fulfill the needs of the society. NISA offers bachelor and associate degrees in social works, Prosthetics and Orthotics and vocational training for persons with disabilities.
7-Mar-12	Sub Decree No:36 ANK.BK on the Organization and Functioning of City/District Fund	The sub decree is a legal instrument to provide funding support in equity, sustainability and predictability manner to city and district administrations in supporting and developing respective local area.
20-Mar-12	Partnership Programme with Civil Society Organizations to Strengthen Child Protection Systems (3PC) project was launched.	A Friends-International project funded by UNICEF and run in collaboration with the Cambodian Ministry of Social Affairs Veterans & Youth Rehabilitation with nine grassroots civil society organizations in five provinces including Battambang, Banteay Meanchey, Preah Sihanouk, Phnom Penh and Siem Reap.
10-May-12	Sub Decree No. 68 ANK.BK on General Processes of Transfer of Functions and Resources to the Sub-National Administrations.	This sub decree aims to ensure that the transfer of functions and resources from ministries, Institutions, departments, units and authorities at all levels to the Sub-National Administrations shall be carried out in a systematic manner with phasing, rationale, coordination, consultation, transparency and equity in order to improve the effectiveness of public service delivery and development.
Jul-12	Hip pocket guideline to promote social services in an equitable way was created for Commune Committee for Women and Children (CCWC).	It was developed after the CCWC Capacity Assessment report by MOI/UNICEF in 2009 to prioritize the issues faced by women and children and the different impact on women and children at different areas.
22-Jun-12	Prakas No:1233 by MOSVY on adjusting and supplementing the composition, roles and function of the national multi-sectoral Orphans and Vulnerable Children task force (NOVCTF).	

Appendix G: List of NGOs operating in the Four Field Visit Provinces

Prey Veng

No	NGO	C/Y/W services	Project Area
1	Cambodia Human Rights and Development Association (ADHOC)	x	Krong Prey Veng, Kampong Trabek, Peam Ror, Ba Phnom, Preah Sdach, Mesang
2	Action for Health	x	Krong Prey Veng, Pea Reang
3	Association Khmer de Development de l'Eau Potable		Krong Prey Veng,
4	Cambodia Community for Women Living with HIV/AIDS	x	Krong Prey Veng
5	Cambodia Global Action		Krong Prey Veng, Pea Reang
6	Cambodia Children Against Starvation and Violence Association (CCASVA)	x	Krong Prey Veng
7	Cambodia Community for Women Living with HIV/AIDS	x	Krong Prey Veng
8	Cambodia Women For Peace and Development	x	Krong Prey Veng
9	Cambodian Disabled People's Organization	x	Krong Prey Veng
10	CARE International Cambodia	x	Krong Prey Veng, Kampong Trabek
11	Centre d'Etude et de Développement Agricole Cambodgien (CEDAC)		Krong Prey Veng, Ba Phnom
12	Center International of Family and Children Cambodia Organization	x	Peam Ror
13	Children and Life Association	x	Kampong Trabek, Preah Sdach, Mesang, Kamchay Mear
14	Cambodian HIV/AIDS Education and Care (CHEC)	x	Preah Sdach
15	Chet Thor	x	Pea Reang
16	Community Development Organization		Krong Prey Veng, Pea Reang
17	Cooperation For Aviation of Poverty	x	Peam Ror, Svay Antor
18	Clear Cambodia		Pea Reang, Preah Sdach
19	Damnok Toek/Goutte d'Eau-Cambodia	x	Peam Ror
20	Fred Hallows Foundation	x	Krong Prey Veng
21	Kampuchean Action for Education	x	Kampong Trabek
22	Khmer Youth Association	x	Krong Prey Veng, Peam Ror
23	Legal Aid of Cambodia (LAC)	x	Krong Prey Veng
24	Love Cambodia	x	Krong Prey Veng
25	Men's Health Social Service		Krong Prey Veng
26	New Hope for Cambodian Children	x	Pea Reang, Peam Ror
27	Operation Hope Foundation	x	Krong Prey Veng

28	Organization Khmer Poor Orphan Development Prey Veng Province	x	Krong Prey Veng
29	Ponleu Ney Kdey Sangkhum (PNKS)	x	Krong Prey Veng
30	*Reproductive and Child Health Alliance* in *Cambodia* (RACHA)	x	Krong Prey Veng, Pea Reang, Kampong Trabek, Peam Ror, Mesang, Kamchay Mear
31	*Reproductive Health Association of Cambodia* (RHAC)	x	Krong Prey Veng, Pea Reang, Kampong Trabek, Peam Ror
32	Save Children	x	Krong Prey Veng
33	Street Children Assistance and Development Programme	x	Ba Phnom
34	Veterans International Cambodia		Krong Prey Veng
35	Violence Against Women and Children of Cambodia	x	Krong Prey Veng
36	Women Development Association	x	Peam Ror
37	Women Organization for Modern Economy and Nursing (WOMEN)	x	Krong Prey Veng, Peam Ror, Ba Phnom
38	World Education	x	Krong Prey Veng, Mesang
39	World Toilet Organization		Kamchay Mear, Svay Antor

Mondul Kiri

No	NGO	C/Y/W services	Project area
1	Action for Health (AFH)	x	Sen Monorom
2	Health Poverty Action (HPA)	x	Sen Monorom, O Reang
3	Cambodia Youth Indigenous Association (CIYA)		Sen Monorom, Pich Chreada, O Reang, Keo Seima, Koh Nhaek
4	Cambodia Human Rights and Development Association (ADHOC)	x	Sen Monorom, Pich Chreada, O Reang, Keo Seima, Koh Nhaek
5	Cambodian legal education center (CLEC)	x	Pich Chreada, O Reang, Keo Seima
6	Cambodia Red Cross (CRC)	x	Sen Monorom, Pich Chreada, O Reang, Keo Seima, Koh Nhaek
7	CARITAS-Cambodia	x	Pich Chreada
8	Centre Ecole Development au Cambodge (CEDAC)		Pich Chreada, Koh Nhaek
9	Committee for Free and Fair Elections in Cambodia (COMFREL)	x	Sen Monorom, Pich Chreada, O Reang, Keo Seima
10	Culture Environment Preservation Association (CEPA)		Sen Monorom, Pich Chreada
11	Elephant Livelihood Initiative Environment (ELIE)		Pich Chreada

12	Enfants Ásie Aspeca (ASPECA)	x	Sen Monorom
13	Food and Agriculture Organization (FAO)		Sen Monorom, Pich Chreada
14	Legal Aid Cambodia (LAC)	x	Sen Monorom, Pich Chreada, O Reang, Keo Seima, Koh Nhaek
15	Development and Partner in Action (DPA)	x	Sen Monorom, Keo Seima
16	Health Poverty Action (HPA)	x	Pich Chreada, Koh Nhaek
17	Indigenous Community Support Organization (ICSO)	x	Pich Chreada
18	Indigenous People Health Improvement Association (IPHIA)	x	Sen Monorom, Pich Chreada, O Reang, Keo Seima, Koh Nhaek
19	International Bridge to Justice (IBJ)		Sen Monorom, Pich Chreada, O Reang, Keo Seima, Koh Nhaek
20	International Cooperation of Cambodia (ICC)	x	Sen Monorom, Pich Chreada, O Reang, Keo Seima, Koh Nhaek
21	My Village (MVI)	x	Sen Monorom, Pich Chreada, O Reang, Keo Seima
22	New Humanity (NH)	x	Sen Monorom, Pich Chreada
23	People Disability Organization in Mondul Kiri (PDOM)	x	Pich Chreada
24	Reproductive Health Association of Cambodia (RHAC)	x	Pich Chreada
25	Volunteer Service Overseas (VSO)		Sen Monorom, Pich Chreada, O Reang
26	World Wildlife Fund (WWF)		Sen Monorom, Pich Chreada, Keo Seima, Koh Nhaek
27	Wildlife Conservation Society (WCS)		Keo Seima

Preah Sihanouk

No	NGO	C/Y/W services	Project Area
1	Cambodia Human Rights and Development Association (ADHOC)	x	Krong Preah Sihanouk, Prey Nub, Kampong Seila, Stung Hav
2	Action Pour Les Enfants (APLE)	x	Krong Preah Sihanouk, Prey Nub, Kampong Seila, Stung Hav
3	Assembly of God	x	Krong Preah Sihanouk
4	Cambodia Children's Painting Project	x	Krong Preah Sihanouk
5	Cambodia National Research Organization (CNRO)		Krong Preah Sihanouk
6	Cambodia Trust/Community Work with Disable	x	Krong Preah Sihanouk
7	Don Bosco	x	Krong Preah Sihanouk
8	Enfants Ásie Aspeca (ASPECA)	x	Krong Preah Sihanouk

9	Fine Arts Association	x	Krong Preah Sihanouk
10	Fisheries Actions Coalition Team		Krong Preah Sihanouk, Prey Nub, Kampong Seila, Stung Hav
11	Fountain of Life Center		Krong Preah Sihanouk
12	Hand of Help	x	Krong Preah Sihanouk
13	Home of Hope	x	Krong Preah Sihanouk
14	House of Family	x	Krong Preah Sihanouk
15	Independent Democracy of Informal Economy Association (IDEA)		Krong Preah Sihanouk
16	Khmer Kampuchea Krom Human Rights Organization (Cambodia)	x	Krong Preah Sihanouk
17	Khmer Women's Cooperation for Development (KWCD)	x	Krong Preah Sihanouk, Kampong Seila
18	Krousar Thmey	x	Krong Preah Sihanouk
19	LICADHO	x	Krong Preah Sihanouk, Prey Nub, Kampong Seila, Stung Hav
20	M'lop Tapang	x	Krong Preah Sihanouk, Prey Nub, Kampong Seila, Stung Hav
21	Operations Enfants du Cambodge (OEC)	x	Krong Preah Sihanouk, Kampong Seila
22	Pour un Sourire d'Enfant (PSE)	x	Krong Preah Sihanouk
23	Rainbow Foundation (Helping the Children in Need)	x	Krong Preah Sihanouk
24	Saraka Cambodia Children's Arts	x	Krong Preah Sihanouk
25	Sunrise Children's Village	x	Krong Preah Sihanouk

Battambang

No	NGO	C/Y/W services	Project Area
1	Action For Health	x	Krong Battambang
2	Action for Health Development	x	Krong Battambang
3	Cambodia Human Rights and Development Association (ADHOC)	x	Krong Battambang, Bovel, Sangke, Samlot, Moung Ressey, Kamrieng, Thmor Kol
4	AMARA	x	Krong Battambang
5	Aphiwat Strey	x	Krong Battambang
6	Banteay Srey	x	Krong Battambang
7	Battambang Women AIDS Project	x	Krong Battambang
8	Caritas Cambodia	x	Krong Battambang
9	Cambodian Defender Project (CDP)	x	Krong Battambang
10	Cambodian Health Education	x	Krong Battambang
11	Cambodian Vision in Development	x	Krong Battambang, Samlot

12	Cambodian Women Association for Peace and Development	x	Krong Battambang
13	Cambodian Youth Development Center	x	Moung Ressey
14	Community Development For Children	x	Sangke
15	Church World Service (CWS)	x	Krong Battambang
16	Digital Divide Data	x	Krong Battambang
17	Family Health International	x	Krong Battambang
18	Halo Trust		Kamrieng
19	Handicap International	x	Krong Battambang
20	Help Age International	x	Krong Battambang
21	Home Land	x	Krong Battambang
22	Initiative of Change Association	x	Krong Battambang
23	Khmer Welfare Family Rural Association	x	Moung Ressey
24	Khmer Kampuchea Krom for Human Right and Development Association		Thmor Kol
25	Komar Rikreay	x	Krong Battambang
26	KNK Network Cambodia	x	Krong Battambang
27	Krousar Thmey	x	Krong Battambang
28	Legal Aid of Cambodia	x	Krong Battambang
29	LICADHO	x	Krong Battambang, Sangke, Samlot, Moung Ressey, Kamrieng
30	Life with Dignity	x	Bovel
31	Maddox Jolie-Pitt Foundation		Samlot
32	Operations Enfants du Cambodge (OEC)	x	Krong Battambang
33	People Development and Peace Center	x	Krong Battambang
34	Patrimoine Human Artstique de leurs Enfants	x	Krong Battambang
35	Peaceful Children Home 2	x	Sangke
36	Pteah Teuk Daung	x	Krong Battambang
37	Puthi Komar Organization	x	Krong Battambang
38	Reproductive Health Association of Cambodia (RHAC)	x	Krong Battambang
39	Saboros		Krong Battambang
40	Salvation Center of Cambodia	x	Krong Battambang
41	Sprouting Knowledge Orphans	x	Krong Battambang
42	Tran cultural Psychosocial Organization (TPO)	x	Krong Battambang
43	Village Focus International	x	Krong Battambang
44	Vigilance		Krong Battambang
45	Vision for Youth Partnership in Development	x	Krong Battambang
46	Vulnerable Teenager for Help	x	Krong Battambang
47	Youth Council of Cambodia (YCC)	x	Krong Battambang
48	World Vision Cambodia	x	Krong Battambang, Samlot