



# ADOPT-A-PRISON PROJECT

*A review of the condition of mothers, pregnant women and young children in Cambodian prisons*

BRIEFING PAPER

June 2010



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**LICADHO**

CAMBODIAN LEAGUE FOR THE  
PROMOTION AND DEFENSE OF HUMAN RIGHTS

# THE ADOPT-A-PRISON PROJECT

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**A review of the conditions of mothers, pregnant women and young children living in ten Cambodian prisons**

**June 2010**



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L I C A D H O

CAMBODIAN LEAGUE FOR THE PROMOTION  
AND DEFENSE OF HUMAN RIGHTS

## **Cambodian League for the Promotion and Defense of Human Rights (LICADHO)**

LICADHO is a national Cambodian human rights organization. Since its establishment in 1992, LICADHO has been at the forefront of efforts to protect civil, political, economic and social rights in Cambodia and to promote respect for them by the Cambodian government and institutions. Building on its past achievements, LICADHO continues to be an advocate for the Cambodian people and a monitor of the government through wide ranging human rights programs from its main office in Phnom Penh and 12 provincial offices.

LICADHO pursues its activities through two programs:

### **Monitoring and Protection Program:**

- **Monitoring of State Violations and Women's and Children's Rights:** monitors collect and investigate human rights violations perpetrated by the State and violations made against women and children. Victims are provided assistance through interventions with local authorities and court officials.
- **Paralegal and Legal Representation:** victims are provided legal advice by a paralegal team and, in key cases, legal representation by human rights lawyers.
- **Prison Monitoring:** researchers monitor 18 prisons to assess prison conditions and ensure that pre-trial detainees have access to legal representation.
- **Medical Assistance:** a medical team provides assistance to prisoners and prison officials in 12 prisons, victims of human rights violations and families in resettlement sites.
- **Social Work:** staff conduct needs assessments of victims and their families and provide short-term material and food.

### **Promotion and Advocacy Program:**

- **Training and Information:** advocates raise awareness to specific target groups, support protection networks at the grassroots level and advocate for social and legal changes with women, youths and children.
- **Public Advocacy and Outreach:** human rights cases are compiled into a central electronic database, so that accurate information can be easily accessed and analyzed, and produced into periodic public reports (written, audio and visual).

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## Executive Summary

In June 2009, LICADHO together with Horizons commenced a national survey of women living with their children in Cambodian prisons. The purpose of the survey was to identify the key problems faced by women and children during their incarceration, particularly in relation to food, clothing, health and hygiene; the extent to which services provided through the Adopt-A-Prison Project has helped to address these problems; and assess the need for educational and recreational programs for children living in prison.

In September 2009, there were six pregnant women and 37 mothers living with 40 children in ten Cambodian prisons located in Phnom Penh and nine provincial towns. Life in Cambodian prison is harsh for any individual, but particularly for those children who are born in prison or sent to prison to live with their mother if they have nowhere else to go. Placed in overcrowded prison cells with limited access to food, clean water, healthcare, education and recreational activities, children are detained in conditions which are detrimental to their physical, mental and emotional wellbeing.

Although children are legally allowed to stay with their mothers until the age of six, some of children are incarcerated until the age of eight. They stay because they have nowhere else to go. Although the government of Cambodia permits children to stay with their mothers in prison, minimal provision is made for their care.

### Acknowledgement

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# 1. Introduction

## Background

In 2002, LICADHO published the report “Innocent Prisoners: a LICADHO report on the Rights of Children Growing up in Prisons”, which found that children living in prison, their mothers, and pregnant women are routinely denied access to appropriate health care, adequate nutrition, education and basic human rights. In 2003, LICADHO launched the Adopt-A-Prison project, which aimed to provide additional provide children and pregnant women in prison with additional food, clothing and basic medical care by partnering prisons with specific organizations. After launching the project LICADHO discovered that there are many more forms of regular assistance needed, such as access to education and recreational activities for children and their mothers.

This report aims to:

- provide a national overview of prison life and identify the key problems faced by children, their mothers and pregnant women living in prison
- consider the extent to which the project has helped to meet the need for food, drinking water, clothing and basic medical care, and how to improve existing services, and
- consider how the project could be developed to meet the educational and recreational needs of these prisoners and their children.



Women and children at CC2 Prison on International Women's Day 2009.



## 2. Methodology

The project was designed to assess the effectiveness of the project, the main concerns of women living in prison, and devise a program for addressing the educational and recreational needs of prisoners and their children.

### Consultations

Members of the research team conducted short interviews with all six pregnant women and 32 of the 37 mothers living with their children in ten Cambodian prisons in Phnom Penh and nine provincial towns. Five mothers did not consent to take part in the research. Consequently, this report only relates to 34 of the 40 children living in Cambodian prisons. Interviews were conducted at the prison under the supervision of a prison guard.

LICADHO did not conduct interviews with any children because 28 of the 34 children were less than five years old, many of who were pre-verbal or barely speaking. Concerned about the ability of these children to participate in the research and their fear of other adults within the prison, LICADHO instead asked mothers to speak on behalf of their children.

Interviews were also conducted with prison directors or deputy directors at the nine prisons with young children, and 35 prison guards. Prison guards were specifically asked questions about their children who might be included educational and recreational programs for the project.

### Limitations of consultations

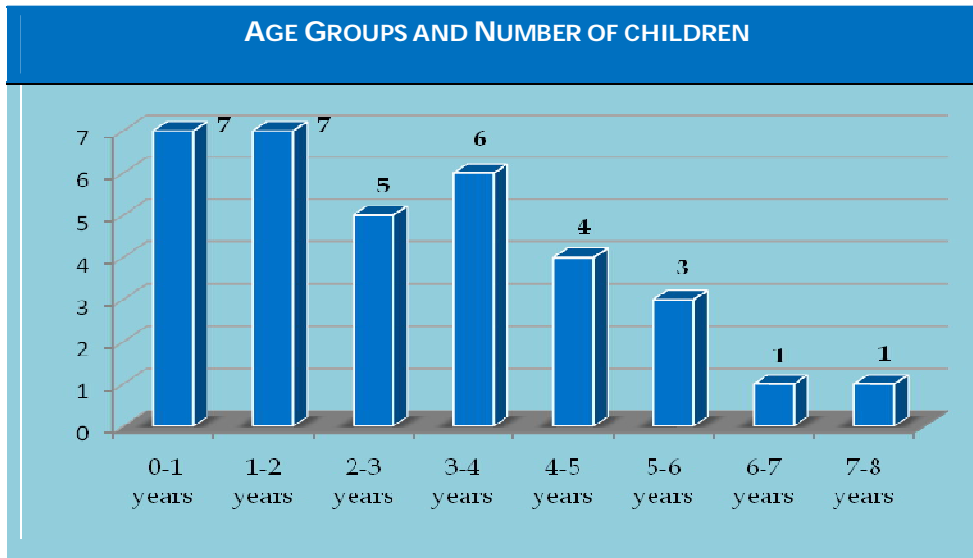
Interviews with prisoners were conducted within the prison in the presence of prison guards and other prisoners. Whilst researchers tried to conduct the surveys out of earshot of the guards this was not always possible and may have prevented participants from speak freely.



### 3. Profile of Mothers with Children in Prison

Of the 38 women whom participated in the research, 19 were convicted and 19 were pre-trial detainees.

Of the 34 children living in prison with their mothers, 14 were less than two years old, 11 were two or three years old, and nine were between four and eight years old.



## 4. Living in Prison

### Cell conditions

Overcrowding and poor ventilation in prison cells remains a serious concern for children and pregnant women, particularly at CC2 and Takmao prisons.

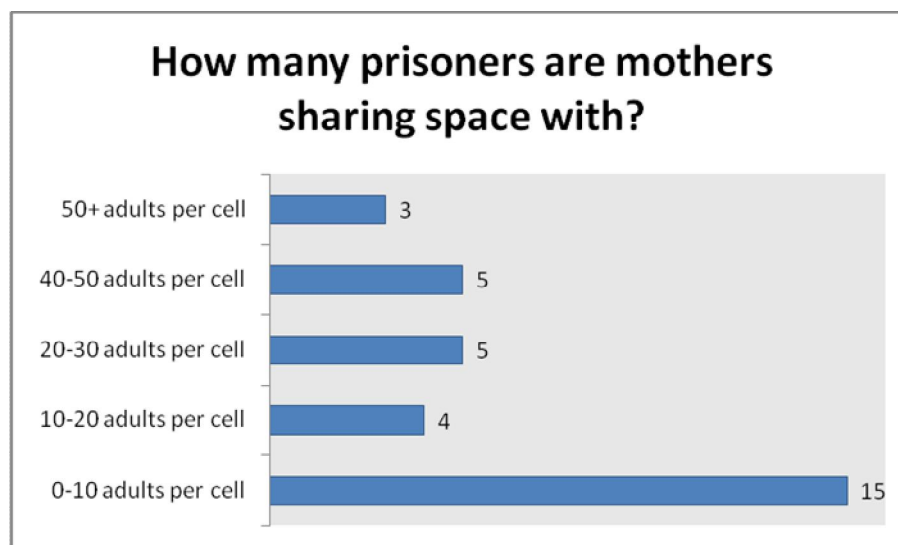
CC2 in Phnom Penh has the largest number of people sharing a cell, with seven mothers and their children sharing a cell with over 40 other people. Takmao prison also has very large cell groups, with all mothers and children sharing a cell with 29 other adults. In Kompong Cham and Kompong Chhnang, all the children, their mothers and pregnant women live in cells with 10-20 people. In all other prisons, mothers and children share cells with less than ten people.

Reports of over-crowding, poor cell ventilation, extreme heat and exposure to cigarette smoke place prisoners (particularly children, pregnant women and their unborn children) at risk of serious health conditions such as Tuberculosis (TB). TB is an airborne disease and people with prolonged, frequent, or intense contact in a small, airless environment are at particular risk of becoming infected.

Although prisoners displaying symptoms of TB are screened and separated from the general prison population, risk of transmission is still high where these prisoners are placed in cells in close proximity to the general prison population without sufficient ventilation. In CC2, women and children inhabit a cell directly next to prisoners infected with TB. Despite their separation, those infected are still permitted to have contact with women and children in neighboring cells, leading some women to release their children into the custody of friends or relatives.

Mothers have reported that children frequently experience night fevers and sweats and cry due to the extreme heat in the cells, but cannot obtain access to medical care until the following day.

Access to appropriate healthcare would help to reduce the transmission of illness and disease.



## Food and water

The Cambodian government currently budgets 2800 riel per prisoner and half of this for a child per day, up from 1500 riel (US\$0.38) and nothing for a child in 2009. This amount is for food, water, electricity, clothing, medical and other costs. When a woman is pregnant or brings her child to live in prison with her, this amount must be shared between her and her child(ren). No additional funding is currently provided to support pregnant women or children living in prison with additional food, water or medical assistance. While prison authorities have a duty to provide food and medical care to mothers and children in prison,<sup>1</sup> mothers are expected to share their food with their children.

During consultations several participants mentioned that they had been promised a new weekly ration of food by the government. This was confirmed by some prison chiefs, who explained that they were expecting to receive a daily increase of 1300 riel per adult and 1400 per child. The allocation of these additional rations has not yet been provided and it is unclear if and when these new allowances could be expected.

### **Adequacy of food and water**

*"When my son is hungry he asks for food and when I don't have food, he holds the plate and asks other prisoners. "*

Mother, CC2 prison.

*"I don't have enough breast milk for my child so I feed him sugary water which gives him diarrhea."*

Mother, Kampong Cham Prison.

Whilst mothers and their children now receive additional food and water through the Adopt-A-Prison project to supplement the rations that they receive in prison, surveys suggest that 66 percent of participants and 63 percent of children still do not receive adequate food.

Without sufficient breast-milk, some women have resorted to feeding their children sugary, unsterilized water or cooked rice with breast-milk. Older children without enough to eat regularly cry, ask others for food, and eat from the garbage.

Prisoners are permitted to receive additional food from their families however only 35 percent of prisoners surveyed receive family support, many report that their families are required to pay the guards in order to bring food into the prison, and some claim that there is still not enough. While some mothers receive food donations from NGOs, NAAA, Embassy of the order of Malta and Enfants du Mekong, many women however are incarcerated far from their families, have no family support and no money to purchase additional food from the guards, thereby preventing them from sourcing additional food.

The amount and quality of food that mothers receive varies widely from prison to prison, and depends to a large extent on the support each person receives from outside. In Battambang prison for example, two prisoners gave very different accounts of their daily diet. The first said she regularly ate rice, soup, fish and vegetables, and did not complain about the quality of the food. The second woman, from the same prison, said she only ate rice and vegetables, and said the food was dirty and poorly cooked. The difference between the two women's experiences may be accounted for by the way in which they procured food; the first woman said she received additional rations from NGOs and her family, the second woman did not mention any outside support.

<sup>1</sup>

See Proclamation 217 issued by the Ministry of Interior on 31 March 1998, article 18B.

After the opening of the daycare centre at CC2, food rations for children were reportedly been cut by 50 percent. They explained that the Embassy of the Order of Malta had previously provided food directly to mothers, and had told mothers that children at the day care center would be given three meals a day, but they were only receiving two.

### ***Nutritional value of food***

Women surveyed expressed concern that the quality and nutritional value of the food provided by the prison is so poor that it is detrimental to their health and inadequate for the development of their children. There are reports that food is often poorly prepared and barely edible, that rice is usually burnt or undercooked, that the soups 'smell terrible'. Some expressed concern that the food might be making their children sick as their children frequently suffer from diarrhea and fever.

Some prisons are provided with fish and rice by donors, whilst other prisons are only provided with additional rice, and milk for children. Mothers indicated that without fresh vegetables and some form of meat for iron and protein, the food rations provided by donors do not provide them with the nutrition that they need for healthy development.

### ***Availability of clean water***

Clean, sterilized drinking water is not always available to women and children in prison. Not all prisons are connected to the main water supply and instead rely on well or rain water held in storage tanks. Water reserves held in storage tanks are not always sufficient to provide prisoners with enough water. One director from Koh Kong prison noted that larger containers to store rain water would help to address this issue.

## **Clothing**

Despite the provision of clothing to women and children by donors, most mothers indicated that their children still lack sufficient clothing and toys.

## **Health and healthcare**

### ***Frequency of illness***

Women and prison guards surveyed reported that children often suffer from illness, infection and disease. The most common conditions (in order of frequency) are fever, diarrhea, respiratory infections, skin infections or rashes, head lice and TB. Women surveyed attributed the prevalence and severity of these conditions to the lack of adequate food and clean drinking water, limited access to healthcare, and low levels of hygiene and sanitation. Left untreated, these conditions can progress very quickly (particularly for children) and often lead to infant mortality in Cambodia. <sup>2</sup> Without access to appropriate medical care, illness can be easily transmitted to those living and working in close proximity, thereby placing other women and children at risk.

### ***Access to medical services***

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<sup>2</sup> Out of 106 deaths of infants or young children, the DHS estimates 31.1% were due to diarrhea, 41.5% were due to cough, and 66% were due to fever: National Institute of Public Health, National Institute of Statistics (Cambodia) and ORC Macro. *Cambodia demographic and health survey 2005* Calverton, Md: National Institute of Public Health/National Institute of Statistics/ORC Macro, (2006) p133.

Despite the provision of some medical assistance through donor organizations, the prompt access to and the availability of appropriate medical care for women and

*"We need a health care center so that we can consult with medical experts and have enough medicine when our children are sick,"* Mother, Kampong Chnang Prison

children in prison is still inadequate. According to some prison directors, some prisons do not stock sufficient medicine onsite and cannot always provide access to a doctor when required. Access to medical services is problematic at night, particularly for pregnant women and children, who cannot obtain medical assistance until daylight, if at all. If a child's medical condition deteriorates, they have to travel to a provincial hospital with their mother under the close supervision of guards, which is logistically difficult to coordinate in a short space of time.

Without the money to buy or source medicine from prison guards, some women and children have to wait until the donor is able to deliver medicine or pay for emergency medical procedures.

### **Access to pre-natal and post-natal health care**

*" I want to have a special program for pregnant women so that we can understand how to take care of ourselves during pregnancy, how to give birth, how to breast feed and use medicine correctly,"* Mother, CC2 prison.

Cambodian prisons do not currently provide adequate pre-natal or post-natal care for prisoners. Five of the six pregnant women surveyed in three prisons claimed that they were not receiving medical care before, during and after the birth of their child, and all expressed health-related concerns.

Most had not seen a doctor or had a pre-natal check up and had not therefore been provided with necessary vitamins, vaccinations or medicine to ensure the healthy development of their unborn children.

While plans for the birth of a child are meant to be finalized by the end of the seventh month of pregnancy,<sup>3</sup> this rarely occurs in practice. Women surveyed indicated that they were aware of little or no plan for the birth of their child. Although key informants working in prisons claim that it is now very rare for a woman to give birth in prison rather than at a hospital, one prisoner interviewed

indicated that she thought that she would give birth in prison.

Night-births present additional complications where there are no plans in place for the birth of a child. Some women expressed concern that if they went into labor at night, they would not be able to obtain medical assistance to assist with the delivery of their child. Night-births, while uncommon, still occur.

Pre and post-natal care in prisons is seriously deficient and women do not have access to programs to learn how to care for themselves during pregnancy, how to give birth, and how to breastfeed or otherwise look after their babies after birth. Given that all pregnant women surveyed intend to keep their children in prison after the birth but none have been informed how to look after their children, greater pre-natal and post-natal health care

*"If I give birth in prison I will be alone, especially at night. I heard a woman give birth alone and she waited until the baby was almost dried before she saw the prison doctor,"* Mother, CC2 Prison.

is required to ensure that women have the skills to provide their children with the physical and emotional care that they need.

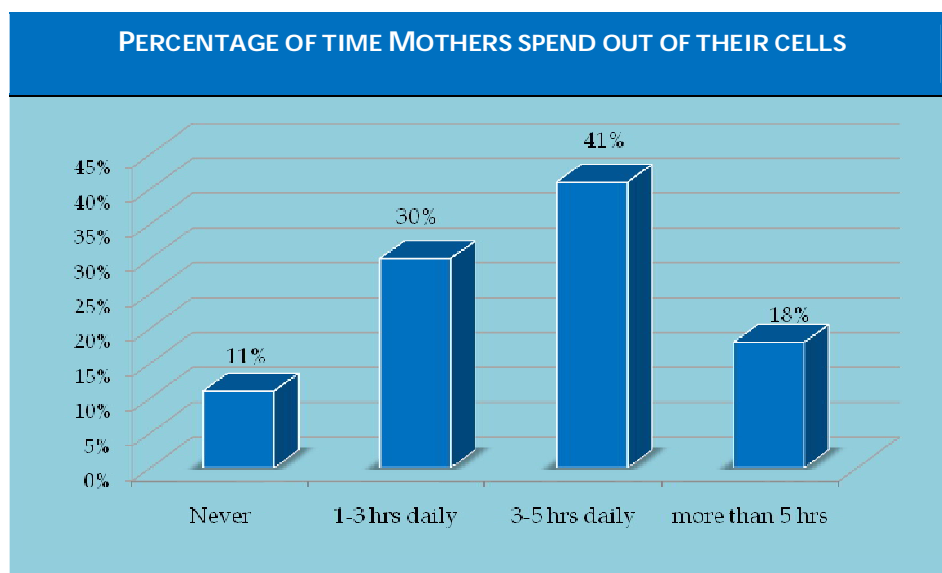
### Access to family

Sixty-five percent of women surveyed receive no family support, and 35 percent have no contact with their family at all. Without this support, women cannot secure additional food or medical supplies for their children.

### Time out of cell

Time out of cell is crucial to the health and wellbeing of prisoners and their children. It includes the amount of time that prisoners and their children are able engage in purposeful activity – such as education, play, work and offending behavior programs - but it also includes time spent doing exercise, eating meals, associating with other prisoners, and doing basic tasks such as showering, using the phone, drying clothes and doing textile work for the prison.<sup>4</sup>

Eighty-two percent of women surveyed spend between 19 and 24 hours locked in their cells. Only 18 percent of women spend more than five hours out of their cells with their children, and 11 percent of women surveyed are never allowed to leave their cells at all.



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These women worked for the prison, it was unclear whether they received any remuneration for this work.

## Education

### *Access to education*

Mothers living in prison with children over four years old identified lack of education as the most important issue faced by their children in prison. Most mothers in prison are illiterate and are therefore unable to educate their children.

*"My child is growing older and will not have a good future because she is illiterate," Mother, Takmao prison*

The Adopt-A-Prison project does not currently provide children with access to education and playtime, however some education and recreation and educational programs are available for children at CC2 through another NGO that is not affiliated with the Adopt-A-Prison Project. Children go to pre-school in the morning and return in the evening, providing them with up to six hours outside their cell where they can play with other children and obtain early-childhood education.

As children approach school age, their access to education and recreational time inside prison becomes a key determinant in whether mothers choose to keep them in prison with them. Education was frequently cited as a reason for children leaving the prison. Without educational programs in prison for children, a mother is essentially forced to choose between placing her child in the custody of a friend, relative, NGO or orphanage so that they may attend school outside prison, or providing her child with no education at all. This dilemma is complicated by the

reality that once a child is released there is no guarantee that they will attend school. One mother from Siem Reap prison reported that her child now lives with her dad and his new wife but she has to do all the housework and does not go to school.



Women and children at CC2 prison on International Women's Day

Concerns about the safety and welfare of children outside the prison are also relevant to a mother's choice to relinquish custody.

Without supervision of their children, mothers expressed concern that their child might be subject to abuse or neglect, and that the children might face discrimination or bullying from teachers or children because their mother is in prison, sentiments which were echoed by a number of prison directors. Some mothers indicated that harm could be minimized if their children were permitted to attend school outside of prison during the day and return to their mother in prison at night. However one prison director was worried that children sent to school outside the bounds of the prison might get lost or have an accident on the way, presumably because the children would be unsupervised outside the grounds.



Access to school supplies such as books and school clothes were also identified as a potential barrier to education. Several mothers said that they want their children to attend school but cannot afford to provide school supplies. Without bicycles, some children released from prison are also unable to travel to school every day due to the distance between their homes and school.

### ***Knowledge of outside world***

Mothers in prison feel less able to educate their children about life outside prison. In addition, children who grow up in prison inevitably have limited awareness of the outside world. Children who have been raised in institutions often suffer from a lack of knowledge of society, and studies have linked this to an inability to find a place in society later in life.<sup>5</sup> Children who have been institutionalized often lack basic life skills, such as how to shop in the market, or how to behave within the community. This appears to be true of many of the children being raised in prison, and would be exacerbated by the fact that so many of these children are not learning to read.

The CRC grants children the right to participate in their own culture. Young children living in prison are unable to do this, and this may have long term implications for their futures. This is particularly true for children whose mothers come from other countries as children are denied the opportunity to learn their native tongue, thereby creating communication barriers when the child is released from prison.

### **Recreation**

Children in prison were described as engaging in a wide range of improvised play activities and physical games, such as acting out scenarios from daily life, and playing football or traditional Khmer games. In the absence of proper toys, many children play with toys made by other prisoners or general prison items such as pots or rocks.

Mothers generally indicated that their children lacked playmates. They said that mothers and other prisoners often played with the children, but that this was insufficient. While most children reportedly play with other children in prison, they seldom play with the guard's children. 84 percent of children interact with other children compared with 16 percent who do not. Interestingly, only 13.5 percent of children interact with guards' children.

Some participants felt that children do not have enough space to play. Many spend long hours in the cells, which are overcrowded and described as hot and stuffy.

CC2 is currently the only prison that provides children with access to toys and allows them to attend pre-school for eight hours per day. NAAA has completed building a pre-school in Siem Reap prison and sought permission to begin sessions (which has now been obtained). No other prisons affiliated with the Adopt-A-Project have pre-school or play sessions.

Opportunities for children to engage in play or recreation outside the prison cell were welcomed by mothers and identified as critical to each child's personal development. International research studies have long shown that play is a crucial component in children's

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<sup>5</sup> Tizard, B., & Hodges, J. (1978). "The effect of institutional rearing on the development of 8-year-old children", *Journal of Child Psychology and Psychiatry* (1978): vol. 19, 99 - 118.

growth.<sup>6</sup> Play helps children build the physical and mental skills necessary for normal development, and without it children can suffer from developmental delays.

Section 3.9 of The Prison Health Operating Manual describes appropriate procedures for “Care of Young Children in Prison.” The procedure mandates the systematic and methodical evaluation of each child’s welfare and the development of action plans for development that are “age specific and needs sensitive.” No prison directors or prisoners mentioned any form of evaluation or plan for children, and the environment in which children lived was far from promoting children’s development. Young children in Cambodia’s prisons grow up with limited opportunities to play, learn and grow, and thereby fail to comply with both the frameworks of the government of Cambodia and the CRC.

## **Abuse**

Several mothers reported that their children were subject to physical abuse from guards and other prisoners. Reports of physical abuse and emotional distress of children in prison merely serve to highlight the need for a safe space for children in prison where they can play and be free from abuse and maltreatment.

Article 19 of the CRC notes that “States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation.” However, within Cambodia’s prisons young children suffer from neglect and are often victims of both physical and emotional abuse. State Parties do not intervene to prevent this abuse, and in some cases are actually responsible for it, when government guards terrorize or hit children.

Article 19 also notes that State Parties are responsible for offering “social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral.” There are no mechanisms within the prison for identification or reporting of neglect or abuse and no clear procedures for referral. Nor does the government offer any social programs to support mothers and children to prevent abuse.

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<sup>6</sup> Ginsburg MD, K. “Clinical report: The importance of play in promoting healthy child development and maintaining strong parent-child bonds.” *American Academy of Pediatrics, Pediatrics* (2007) Vol.119, No. 1, pp 182-191; MacDonald, K., & Parke, R. “Bridging the gap: parent-child play interaction and peer interactive competence”, *Child Development*, (1984) Vol. 55, pp1265-1277

## 5. Future Directions

### Key concerns

Whilst the review of the Adopt-A-Prison project confirms that it has helped to provide children, their mothers and pregnant women with much needed food, water clothing and medication, many women are still concerned about the adequacy of the food and water, and the availability of health care and education.

Whilst access to nutritious food, water, toys and health care were the primary concerns of pregnant women and mothers with children less than four years old, women with older children were more concerned about the lack of education.

In response to these concerns, women called for health centers and schools within or close to the prison grounds so that the children could access these services without having to be separated from their mothers.

Prison directors raised similar issues to the mothers. They were primarily concerned with the lack of nutrition, requesting the money promised by government for extra food rations for children, breastfeeding mothers and extra milk for young babies. Others simply asked for food rations from the government to come on time. They were also similarly concerned with health issues, and one director from Kompong Chnang prison wanted to see a “24 hour medical staff and a health center” to provide better medicine and support for women and children in prison.

Many directors also support the introduction of education programs for children in prison. Some called for NGO support to open an education center, and one requested access to both a kindergarten and a primary school. They were also concerned the children’s lack of play requesting toys and play spaces for the children. One director from Siem Reap prison felt this could be best accomplished by adding a separate building for children to sleep and play.

Several directors also supported education programs and training for mothers in prison covering topics such as life skills, child development, health and hygiene.

### Expanding the Adopt-A-Prison project

#### *Improving existing services*

LICADHO and Horizons intend to work closely with donors to improve the food, clothing and health services provided identified above, as well as implement education programs for children who live in prison, and provide support to mothers and children who have left the prison.

#### *Developing education programs*

Over 30 percent of children in prison are between four and seven years old, and legally, children are only able to stay in prison until the age of six, (although many prison directors said that they sometimes allowed children older than six to stay in prison because their mothers had no other options.) These children are fast approaching the point at which they would be expected to enter formal education. Children start primary school at six years old, and Battambang prison is the only prison to offer primary school education, through support from NAAA who cover costs to send the one child who is primary school age to school. In

Cambodia 89% of children enter grade one at age six,<sup>7</sup> so children who miss this year would be at a disadvantage.

As noted before, most mothers had mixed feelings about keeping their children in prison with them. They love being near to their children but fear the impact it would have on their children's futures. Many mothers have no plans for their children's future after they turn six. Most mothers said their children were with them at the present because they had nowhere else to place them. Their families were either too poor, or unable/unwilling to take the children for other reasons. The mothers assumed this would still be the case in the future, and many mothers said they simply had no idea what they would do with the children when the time came for them to leave.

Without external support to care for their children and help provide education, mothers have little choice but to place their children in the custody of NGOs or orphanages. They appeared to be unaware of any other options, and did not seem to have discussed the future of their children with any supporting NGOs or authorities.

International research has shown that children placed in orphanages or residential care facilities are more likely to suffer developmental delays, physical and sexual abuse, and are less able to integrate in to society later in life.<sup>8</sup> Despite the detrimental impacts of incarceration on children, many mothers believe that institutionalization in prison is the only option for their children.

Prison directors noted that some of the children in the prison were older than eight, and explained they permitted the children to stay because there were no other options. Some said there was no limit on how long children when there is nobody to take them outside.

At the same time prison directors were often unhappy to see children in prison, and felt that it was not fair to the children. One indicated that prisons keep children if the mother has no choice, but the children need to go to school. The prison directors understood that the mothers often had no choice, but did not want to keep them in prison for too long.



Mother with her child at Koh Kong Prison

<sup>7</sup> UNICEF Situational Analysis, Cambodia (2007), <http://www.unicef.org/about/execboard/files/2010-CRR-Cambodia.pdf>, p5

<sup>8</sup> Everychild & Carter, R, *Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union*. (2005) [http://p-ced.com/reference/Family\\_Matters\\_summary.pdf](http://p-ced.com/reference/Family_Matters_summary.pdf); Tizard, B., & Hodges, J, "The effect of institutional rearing on the development of 8-year-old children", *Journal of Child Psychology and Psychiatry* (1978): vol. 19, pp 99 - 118; Nelson, C., Zeanah, C., Fox, N., Marshall, P., Smyke, A., and Guthrie, D, "Cognitive recovery in socially deprived young children: the Bucharest early intervention project", *Science* (2007) Vol 318, pp1937-1940.

Expanding the project will help address the immediate education needs of children by providing a regular teacher within the prison, as well as access to books, uniforms or clothes, toys. Donors will play an important role in providing these services.

***Integrating the children of prison guards***

Sixty-two children of prison guards under the age of 12 live just outside the prisons visited, of which 34 were less than six.

Prison guards were interviewed about their own children to assess the possibility of developing programs which could benefit both guard's children and prisoners' children. In offering benefits to guards' children, these programs would help provide a peer group for incarcerated children, and might reduce resentment amongst guards of the services offered to incarcerated children. 87.5 percent of prison guards' children cannot play with children who lived inside the prison.

Most guard's children went to school only in the morning, until 11am, although some took after school lessons or went to school on the national alternating schedule of one month of mornings, one month of afternoons. Since many guards had many children, it was unclear from the data the ages of children attending school, although it is more likely that the primary school age children were at school than the pre-school age children.



Women and children at CC2 Prison on International Women's Day

## 6. Individual prison reports

Prison	No. of women with children	No. of children	Age of children (in years)	Affiliated Organizations	Support provided	Key priorities
CC2	9	9	0.1 0.4 0.5 1.2 1.5 1.8 2.9 3.8 4.6	<ul style="list-style-type: none"> <li>▪ LICADHO</li> <li>▪ Embassy of the Order of Malta</li> </ul>	<ul style="list-style-type: none"> <li>▪ LICADHO cooperates with other stakeholders to support children within or exiting prison. They also offer health care services.</li> <li>▪ MALTA provides additional food rations every two weeks.</li> </ul>	<p>Mothers indicated that provision of additional food rations (particularly fish) has significantly helped meet the food and nutritional needs of mothers and children.</p> <p>The main priorities of women surveyed were:</p> <ul style="list-style-type: none"> <li>▪ clean water and adequate food (food rations at the day care centre for children have reportedly been cut)</li> <li>▪ better access to prompt and appropriate medical assistance.</li> </ul> <p>In addition women surveyed also expressed concerns about the:</p> <ul style="list-style-type: none"> <li>▪ risk of TB, particularly for young children who are placed in close proximity to TB sufferers</li> <li>▪ unhygienic and cramped cell environments, placing children at greater risk of infection and illness.</li> </ul>
Kampong Chhnang	2	2	3 3	<ul style="list-style-type: none"> <li>▪ NAAA</li> <li>▪ New Humanity</li> </ul>	<ul style="list-style-type: none"> <li>▪ NAAA provides food and materials to children and pregnant women every two weeks through New Humanity.</li> </ul>	<p>The main priorities of women surveyed were:</p> <ul style="list-style-type: none"> <li>▪ the improved provision of nutritious food and clean water</li> <li>▪ additional clothes, shoes and toys for the children</li> <li>▪ increased time out of cells for children to attend pre-school and have play time.</li> </ul>
Kampong Cham	2	2	0.5 2.9	<ul style="list-style-type: none"> <li>▪ Legal Aid of Cambodia</li> <li>▪ NAAA</li> <li>▪ SCA (Save the Children Australia)</li> </ul>	<ul style="list-style-type: none"> <li>▪ NAAA provides food and materials to children and pregnant women every two weeks.</li> <li>▪ SCA visits one child a week to provide food and materials. SCA ceased</li> </ul>	<p>Mothers indicated that provision of additional food rations (particularly fish) has significantly helped meet the food and nutritional needs of mothers and children.</p> <p>The main priorities of women surveyed were:</p> <ul style="list-style-type: none"> <li>▪ better access to prompt and appropriate medical assistance</li> </ul>

Prison	No. of women with children	No. of children	Age of children (in years)	Affiliated Organizations	Support provided	Key priorities
					working in prisons in April 2009.	<ul style="list-style-type: none"> <li>additional food for babies</li> <li>additional clothes, shoes and toys for the children</li> </ul>
Takmao	5	6	0.1 0.2 0.2 2 2 5	<ul style="list-style-type: none"> <li>Embassy of the Order of Malta</li> </ul>	<ul style="list-style-type: none"> <li>Provides food and materials every fortnight to all pregnant women and mothers with children at CC2. Also provides medical assistance at the Prison Infirmary and financial assistance to mothers so that they can deliver their babies in hospital.</li> </ul>	<p>The main priorities of women surveyed were:</p> <ul style="list-style-type: none"> <li>better access to prompt and appropriate medical assistance</li> <li>additional clothes, shoes and toys for children.</li> </ul> <p>Education was however the main priority of the mother with the five year old child because her child has no alternative but to live with her in prison.</p>
Siem Reap	4	5	0.6 1.11 2.5 3 4	<ul style="list-style-type: none"> <li>NAAA</li> </ul>	<ul style="list-style-type: none"> <li>NAAA provides food and materials to children and pregnant women every two weeks.</li> </ul>	<p>The main priorities of women surveyed were:</p> <ul style="list-style-type: none"> <li>better access to prompt and appropriate medical assistance</li> <li>additional rations of vegetables</li> <li>toys for children.</li> </ul>
Preah Sihanouk	1	1	1.9	<ul style="list-style-type: none"> <li>NAAA</li> <li>M'LopTapang</li> </ul>	<ul style="list-style-type: none"> <li>NAAA provides food and materials to children and pregnant women every two weeks, which is delivered by M'Lop Tapang, who also offer workshops on drug use to women in prison.</li> </ul>	<p>The main priorities of the woman surveyed were:</p> <ul style="list-style-type: none"> <li>additional clothes and shoes for children</li> <li>play time and toys to encourage the child to start speaking</li> <li>medical care for pregnant women</li> </ul>
Koh Kong	1	1	1.5	<ul style="list-style-type: none"> <li>NAAA</li> </ul>	<ul style="list-style-type: none"> <li>NAAA provides food and materials to children and pregnant women once a month.</li> </ul>	<p>The main priorities of the woman surveyed were:</p> <ul style="list-style-type: none"> <li>additional rations of nutritious food</li> <li>additional toys</li> </ul>
Banteay Meanchey	6	7	1.1 3 3 4 4	<ul style="list-style-type: none"> <li>Enfants du Mekong</li> </ul>	<ul style="list-style-type: none"> <li>Enfants de Mekong provides mothers with powdered milk (3 cans a month per child), food, materials, clothes and medicine every 2 weeks and</li> </ul>	<p>The main priorities of women surveyed were the:</p> <ul style="list-style-type: none"> <li>provision of clean water</li> <li>provision of educational programs inside the prison.</li> </ul>

Prison	No. of women with children	No. of children	Age of children (in years)	Affiliated Organizations	Support provided	Key priorities
			5 7		as needed (food, materials and medicine donated in the amount of 50,000 riel/month.)	
Battambang	2	2	5 6	<ul style="list-style-type: none"> <li>▪ NAAA</li> <li>▪ KnK</li> </ul>	<ul style="list-style-type: none"> <li>▪ NAAA provides food and materials to children and pregnant women twice a month.</li> <li>▪ NAAA provides school materials and transportation fees for children to go to public school.</li> <li>▪ KnK Participants mentioned they had been connected with this organization through NAAA, and that it distributes food to children 2 times a month.</li> <li>▪ KnK provide vocational training for women and teenagers. Through this organization the women learn sewing and teenagers learn drawing and sculpture.</li> <li>▪ They also sometimes help with school materials or transportation for teenagers.</li> </ul>	<p>The main priorities of women surveyed were:</p> <ul style="list-style-type: none"> <li>▪ improved hygiene, sanitation and medicine to prevent conditions such as head lice</li> <li>▪ the provision of clean water</li> <li>▪ education and school materials such as books and uniforms</li> </ul>
Kampot	1 pregnant			<ul style="list-style-type: none"> <li>▪ NAAA</li> </ul>	<ul style="list-style-type: none"> <li>▪ NAAA provides food and materials to children and pregnant women twice a month.</li> </ul>	<p>The main priorities of the woman surveyed were the:</p> <ul style="list-style-type: none"> <li>▪ increased provision of nutritious food and vitamin supplements</li> <li>▪ regular access to a medical practitioner to monitor her pregnancy</li> </ul>



## 7. Recommendations

The needs of pregnant women, mothers and their children vary markedly from prison to prison, making general recommendations very difficult. Accordingly, donors should refer to the key priorities for each prison in the table above and identify ways to improve existing food, clothing and medical supplies as well as expand the services provided to help meet the educational needs of children as required.

In summary however, prisoners have indicated a need for the following:

- Vitamin pills, in particular iron pills, for pregnant women.
- Extra food rations for lactating and pregnant women support by a breastfeeding trainer and a quiet, safe space in which to breastfeed.
- Separate sleeping and living spaces for mothers and children.
- Access to medicine and medical care for pregnant women, mothers and children.
- Educational programs for children aged four and over.
- Pre-school for children aged between two and four years old.
- Safe play spaces for children outside their cell.
- Additional toys for children to promote learning and social behavior.

It has been reported that following the period of research additional food rations were due to be distributed to women and children in prison, but this has not yet occurred. Further assessment needs to be done to ascertain if this is adequate to cover the nutritional needs and the mothers and their children.

