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Ministry of Social Affairs
Veterans and Youth Rehabilitation

PRELIMINARY DATA COMPILATION AND FINDINGS MAPPING OF RESIDENTIAL CARE INSTITUTIONS



MARCH 2016

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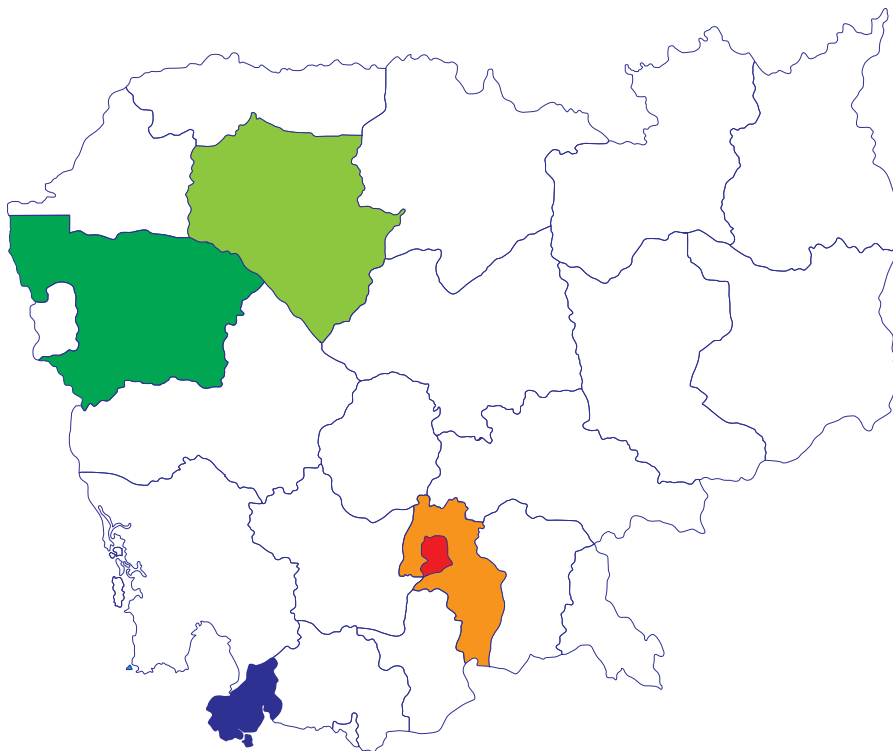
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Phnom Penh, March 2016

**PRELIMINARY DATA
COMPILATION AND FINDINGS**

MAPPING OF RESIDENTIAL **CARE INSTITUTIONS**

MARCH 2016



Phnom Penh | Siem Reap | Battambang | Kandal | Preah Sihanouk Provinces¹

¹ Phnom Penh is a municipality and not technically a province, however, for the purpose of this report the term province includes Phnom Penh.

FOREWORD

It is an honor for the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) to publish the preliminary data compilation and findings of the mapping of residential care institutions for children. This mapping was conducted between November 2014 and February 2015 in five priority provinces, namely Phnom Penh, Siem Reap, Battambang, Kandal and Preah Sihanouk.

The objective of this mapping exercise is to identify all residential care institutions, including those that are currently not registered with the MoSVY and collect basic information about them, in terms of the type of institution and the number of children living in them. The newly identified centers will be included in the MoSVY regular annual inspection and all institutions will be requested to apply for authorization with MoSVY in 2016.

The preliminary finding of this mapping exercise identified 401 facilities operating in the five provinces, with a total of 18,451 children. An additional 7,708 young adults (35 per cent female) over the age of 18 were reported to be living in these facilities. There are 267 residential care institutions that meet the standard definition of a residential care institution. A total of 11,788 children under the age of 18 were reported to be living in the 267 residential care institutions. Of this, 5,607 (48 per cent) were girls and 6,181 (52 per cent) were boys. Other facilities are transitional homes, temporary emergency accommodation, group homes, pagodas and other faith-based care in religious buildings and boarding schools.

With the additional funding support from USAID and UNICEF, MoSVY conducted a mapping of residential care institutions in the remaining 20 provinces from October to December 2015. The Ministry will publish a full report of the mapping in all provinces in mid-2016,

which will include further analysis of the data and recommendations to strengthen the alternative care system based on the key findings in the 25 provinces. In this sense, the Ministry welcomes and endorses the findings of this preliminary report and commits itself to take further necessary actions with relevant stakeholders as well as other Ministries, civil society organizations, including directors of residential care institutions and relevant local authorities, to review and enforce the existing policies and legal framework in order to reintegrate children from residential care institutions in these five provinces by 30 percent by 2018. The Ministry also commits to applying the principles of do no harm and the best interest of the child in all decisions concerning children.

The Ministry would like to express its profound appreciation to ministries, relevant authorities, institutions, and in particular to the Child Welfare Department, DoSVY and OSVY Staff, UNICEF, the Cambodian Mine Action and Victim Assistance Authority, the Partnership Program for the Protection of Children (3PC) for providing technical support for the mapping exercise. The Ministry would also like to convey special thanks to USAID for its on-going commitment to supporting the child care reform process in Cambodia.

Last but not least, I would like to emphasize that this mapping exercise was our first experience, so some information may be missing. Caution is advised when reading the data regarding institution type and numbers of children, as these were based on self-reported data provided by the institutions and not verified by the data collectors. Therefore, the Ministry would gladly welcome any feedback and constructive criticism from all relevant partners to improve future similar exercises and make the best use of the data collected.

Phnom Penh, March 18, 2016

MINISTER

VONG SAUTH

1.0

INTRODUCTION AND SCOPE OF THE REPORT

The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) conducted a mapping exercise to address a lack of information on the number of residential facilities providing care for children. The only information available to date was based on inspections conducted by the Ministry. This was limited to the residential care institutions that were officially known to or which had a Memorandum of Understanding with the Ministry. The assumption was that there were many more residential care institutions in Cambodia and a mapping exercise would be an effective way to identify them.

Along with providing key data on the number of institutions in five targeted provinces (Phnom Penh, Siem Reap, Battambang, Kandal and Preah Sihanouk), this report provides estimates of the type of facilities and the number of girls and boys living in them. The Ministry is confident that it has identified the vast majority of residential care facilities in the five provinces, as they were identified after consultations with village chiefs and members of the Commune Committee for Women and Children, and were physically visited by the mapping teams. Caution is advised when reading the other data in this report, such as the type of facility and the number of children in residential care, which were determined based on self-reported data

provided by the institutions. Unlike information on the number of institutions, this data was not verified by data collectors. Lessons learned from this mapping exercise have informed the mapping of residential care institutions in the remaining 20 provinces, which was concluded in December 2015. The Ministry will publish a full report of the mapping in all provinces in mid-2016 which will include further analysis of the data and recommendations to strengthen the alternative care system based on the key findings.

The scope of this report is limited to the presentation of the key preliminary data.

The Ministry sincerely thanks UNICEF, the Cambodian Mine Action and Victim Assistance Authority, the Partnership Program for the Protection of Children (3PC)², for providing technical support for the mapping exercise. The Ministry also thanks USAID for its on-going financial contribution and commitment to supporting the improvement of child care in Cambodia.

² *The Partnership Program for the Protection of Children (3PC) is a collaboration between the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), UNICEF and Friends International (FI). Additional Nine civil society organisations and 41 local community groups are also part of the 3PC programme under the umbrella of Friends International.*

2.0

SUMMARY OF KEY FINDINGS

There are 401 residential care facilities operating in the five targeted provinces. Based on self-reported data from institution staff, these facilities can be categorized into five types:

267

Residential care institutions

20

Transitional homes and temporary emergency accommodation

57

Group homes

11

Pagodas and other faith-based care in religious buildings

46

Boarding schools

This report focuses on the 267 residential care institutions that meet the standard definition of a residential care institution as described in Annex 1. Briefly, residential care is a group living arrangement for children who have been abandoned or cannot stay with their biological families or relatives in communities, and where care and services are provided by remunerated adults. Of the 267 residential care institutions, 173 (65 per cent) provide long-term care (more than six months) while 23 (9 per cent) provide short-term care (less than six months). There are 71 residential care institutions (26 per cent) where the duration of a child's stay is not known.

A total of 11,788 children under the age of 18 were reported to be living in the 267 residential care institutions. Of this, 5,607 (48 per cent) were girls and 6,181 (52 per cent) were boys. Similarly, the total number of children under 18 living in all the 401 facilities was 18,451 (48 per cent female). An additional 7,708 young people (35 per cent female) over the age of 18 were reported to be living in these facilities. The combined total of children and young people reported to be living in the 401 facilities was 26,159 (45 per cent female).

3.0

BACKGROUND AND CONTEXT

In recent years, residential care in Cambodia has become increasingly common and many children have been unnecessarily separated from their families and placed in institutions. Most children living in residential care in Cambodia are neither orphans nor abandoned, but come from vulnerable households and are brought there by their parents or extended family to relieve a financial burden. However, not all poor families send children to residential institutions and there are additional factors, such as the separation of parents (divorce), the perception that a residential care institution would be a good option for care, or education, and active advertising and recruitment by residential institution owners that drive vulnerable families towards institutionalizing their children³. This situation is particularly worrying as there is scientific evidence that living in residential care can harm a child's social, physical, intellectual and emotional development and has long-term impacts on their adult life. In addition, children in residential care can be more exposed to abuse and violence⁴.

Since 2006, the Ministry has strengthened the alternative care framework to promote family and community-based care and better regulate all forms for alternative care. Despite this effort, the Ministry has only been able to verify compliance with the Minimum Standards of Alternative Care for Children for a very limited number of facilities, specifically residential care institutions that have a Memorandum of Understanding with the Ministry. Many children are currently living in services that fall outside the Ministry's standards of care, meaning they are not subject to Government scrutiny to ensure quality services are being provided.

To fill this gap, the Ministry conducted a mapping of non-family type facilities providing care for children, including those that were not registered and had not been inspected by the Ministry. The mapping was undertaken in the five provinces where it was believed the highest number of residential care institutions would be found: Phnom Penh, Siem Reap, Battambang, Kandal and Preah Sihanouk.

The Ministry conducted the mapping between November 2014 and February 2015, with support from UNICEF and 3PC and financial support from USAID's Displaced Children and Orphans Fund (DCOF).

Following this initial mapping exercise there are three other processes that will provide data on residential care in Cambodia in the coming months and will be useful as a means of triangulation to further strengthen the trustworthiness of the data. In December 2015, MoSVY completed the mapping of residential care facilities in the other 20 provinces and a national mapping report will be published by mid-2016. The National Institute of Statistics, Ministry of Planning, and the Columbia University have recently completed a national measurement exercise to estimate the population of children living in residential care institutions. Data were collected at the commune level across 24 sentinel sites in 11 selected provinces. Furthermore, as per the implementation of the Sub-decree on the management of residential care institutions and the MoSVY Statement of Commitment⁵ for its implementation, all residential care institutions will be required to submit to MoSVY by 28 February 2016 a completed notification form to inform of their existence, along with basic background information. The notification form will provide key data on the number and type of institutions and the children in them, including disability and orphan-hood status, by gender and age. Given that it is a legal requirement for providers of residential care facilities to complete the notification process to be eligible for formal registration and assessment, there is a high degree of confidence that the data provided through this process will be robust.

³ UNICEF, 2011. *A study of attitudes towards residential care in Cambodia*, UNICEF, Phnom Penh.

⁴ Bowlby, 1951; Hodges & Tizard, 1989; Johnson et al., 2006; Vorria et al., 1998; Wolkind & Rutter, 1973.

⁵ *The Statement of Commitment establishes key priorities regarding residential care. These include the commitment to reintegrate 30 per cent of children in residential care back to their families or family based care; not to accept applications for new residential care institutions until all existing institutions have been assessed; and to commence a planning process to identify how many residential care institutions are needed nation-wide, which should be concluded by the end of 2016. MoSVY will create a gate keeping mechanism to control unnecessary requests to place children in institutions, and starting from early 2016, no child shall be admitted to a NGO run institution without official Authorization from MoSVY. The placement of a child under the age of three years into a residential care institution will not be approved if other alternative care options have not yet been exhausted. MoSVY will establish a rapid response team to respond to reports of abuse and irregularities at residential care institutions. These teams will respond within 48 hours of a reported case of abuse or irregularity.*

4.0

METHODOLOGY AND LIMITATIONS

The methodology was designed to overcome the gap of knowledge on the number of facilities providing residential care for children in the five targeted provinces, and constituted in the identification of all facilities providing residential care for children based on key informants' knowledge and physically visiting the facilities. The non-family type facilities considered were residential care institutions, transitional homes and temporary emergency accommodation, group homes, pagodas and other faith-based care in religious buildings and boarding schools. Facilities with no paid staff were excluded. The primary key informants included commune chiefs, village chiefs and members of the Commune Committee for Women and Children, who identified non-family type facilities providing care for children, based on the intimate knowledge they have of their communes and villages. The data collectors were 51 district office of social affairs staff of the Ministry. These data collectors were supported by partner NGO staff and supervised by ten provincial focal points from the Department of Social Affairs, Veterans and Youth Rehabilitation at the sub-national level and by the national inspection team from the Child Welfare Department staff of MoSVY. The Ministry, 3PC partner NGOs and UNICEF staff jointly conducted

a seven-day training for the data collectors and supervisors. After the data collection, the completed forms were checked, verified and corrected by the ten provincial focal points and the national Ministry staff before sending to Cambodian Mine Action and Victim Assistance Authority for entering into the database. All the data collectors were required to submit a certified form signed by commune chiefs with the commune stamped on it to confirm that they had consulted with commune chiefs and had visited the reported residential facility.

The data collected were compiled and analysed by the Cambodian Mine Action and Victim Assistance Authority and the Child Welfare Department of MoSVY, with support from UNICEF. Again, readers are advised that the data regarding institution type and numbers of children were self-reported by the facilities' staff without verification or head count and therefore should be treated with caution. While the Ministry is confident that the vast majority of facilities in the five provinces have been identified, it is possible that the key informants may not have been aware of all non-family type facilities existing in their areas, especially small, informal and newly established ones.

5.0

PRESENTATION OF THE DATA AND KEY FINDINGS

This part of the report is divided into three sections. The first section presents the number and type of facility, the second section presents data on the institutions that fit the standard definition of a residential care institution for orphaned or abandoned children, and the third section presents data on transit and emergency accommodation, boarding schools and young people over the age of 18 residing in institutions.

5.1 Number and type of residential care facility

Table 1: Number and type of facilities providing care for children

Type of facility	Number of facilities
Residential care institution	267
Transit home and temporary emergency accommodation	20
Group home	57
Pagodas and other religious buildings housing children	11
Boarding school	46
Total	401

Table 1 shows that there are 401 facilities providing residential care for children in the five provinces. There are 267 residential care institutions, 20 transitional homes or temporary emergency accommodation, 57 group homes, 11 pagodas and other religious buildings and 46 boarding schools. The table reveals that the majority of the facilities fit the standard definition of a residential care institution.

5.2 Data on residential care institutions

Table 2: Comparison between number of residential care institutions known before and after the mapping

Residential care institutions known based on the Ministry’s inspection in 2014	Residential care institutions identified during the mapping	Percentage increase in the number of identified facilities
139	267	92

Table 2 shows that there were 139 residential care institutions in the five provinces that were known to the Ministry and that had been inspected in⁶ 2014 , whereas the mapping identified a total of 267 residential care institutions⁷, a 92 per cent increase. This was mainly due to the fact that only those residential care institutions with a Memorandum of Understanding with the Ministry had been inspected.

⁶ Ministry inspection reports and Alternative Care Database

⁷ It should be noted that the Ministry’ inspection covers others provinces in the country as well, but the data here only refer to the five study provinces.

Table 3: Residential care institutions providing short- and long-term care

Type of institution	Number	Percentage
Residential care institution providing short-term care (less than six months)	23	9
Residential care institution providing long-term care (more than six months)	173	65
Residential care institution with no specification in terms of average duration of care provided	71	26
Total	267	100

Table 3 shows that there are 267 institutions that could be classified as residential care institutions designed to provide services to children who have been orphaned and abandoned, or who cannot stay with their biological families or relatives in communities. Of the 267 institutions, 173 (65 per cent) provide long-term care (more than six months) and 23 institutions (9 per cent) provide short-term care (less than six months). There are 71 institutions (26 per cent) where no data is available on the duration of stay. The table reveals that the majority of residential care institutions provide long-term care. It is important to note that both the Guidelines for the Alternative Care of Children⁸ and the Policy on Alternative Care for Children⁹ clearly state that institutional care should be the last resort and a temporary solution, and that family care and community care are the best options for alternative care.

Table 4: Number of children living in residential care institutions as reported by the institutions

Children	Number	Percentage
Male	6,181	52
Female	5,607	48
Total	11,788	100

Table 4 shows 11,788 children under the age of 18 are reported to be living in residential care institutions in the five provinces. There are 6,181 (52 per cent) boys and 5,607 (48 per cent) girls. It is important to note that this information was self-reported by the staff or other responsible persons of the 267 residential care institutions and was not based on a direct count of children living there. The Ministry's own inspection reports counted 7,545 children. This data would suggest that the number of children in residential care institutions is 56 per cent higher than previously estimated, noting the caveats mentioned above.

Table 5: Situation on the registration of residential care institutions

Type of registration	Number	Percentage
Registered with the Ministry of Interior	152	57
Registered with the Ministry of Foreign Affairs	48	18
Registered with both Ministry of Interior and Ministry of Foreign Affairs	14	5
Registered with local authorities	7	3
State orphanages under MoSVY (registration not required)	9	3
Unregistered institutions	37	14
Total	267	100

⁸ Resolution adopted by the United Nations General Assembly in February 2010, page 4, point 14.

⁹ Policy on the Alternative Care for Children, Royal Kingdom of Cambodia, April 2006, Chapter IV, page 12. provinces.

Table 5 shows there are 152 residential care institutions registered with the Ministry of Interior, 48 registered with the Ministry of Foreign Affairs, 14 registered with both ministries and seven registered with local authorities¹⁰. There are also nine residential care institutions run by the Ministry which therefore do not require any registration. There are 37 unregistered institutions. The table reveals that 86 per cent of residential care institutions (including the nine state orphanages) are registered and 14 per cent are not registered.

Table 6: Residential care institutions with a Memorandum of Understanding with a government agency

Status of Memorandum of Understanding with the Government	Number	Percentage
Institutions with one or more Memoranda of Understanding	174	65
Institutions with no Memorandum of Understanding	84	32
State orphanages (Memorandum of Understanding not required)	9	3
Total	267	100

Table 6 shows that 174 residential care institutions (excluding state orphanages that do not require one) have one or more Memoranda of Understanding with a government ministry, while 84 institutions do not. The table reveals that approximately one in three institutions operate without any formal agreement. A total of 144 residential care institutions (54 per cent) have a Memorandum of Understanding with MoSVY.

Table 7: Number of residential care institutions by province

Province	Number	Percentage
Phnom Penh	117	44
Siem Reap	80	30
Battambang	35	13
Kandal	20	7
Preah Sihanouk	15	6
Total	267	100

Table 7 shows that there are 117 residential care institutions in Phnom Penh, 80 in Siem Reap, 35 in Battambang, 20 in Kandal and 15 in Preah Sihanouk. The table reveals that the majority of the institutions are in Phnom Penh province (44 per cent) followed by Siem Reap (30 per cent).

5.3 Data on other types of facilities providing care for children and young people over the age of 18 living in institutions

5.3.1 Data on transit homes and temporary emergency accommodation

Table 8: Number of transit homes and temporary emergency accommodation and number of children living there

Province	Number of transit homes	Number of children		
		Female	Male	Total
Phnom Penh	14	224	108	332
Siem Reap	1	6	10	16
Battambang	0	0	0	0
Kandal	2	10	19	29
Preah Sihanouk	3	301	273	574
Total	20	541	410	951

¹⁰ Please note that registration with MoSVY was not a requirement for residential care institutions. The situation has changed recently with the adoption in September 2015 of the Sub-decree on the management of residential care institutions. This provides that all institutions must be authorized by MoSVY.

Table 8 shows that there are 20 self-identified transit homes and temporary emergency accommodation facilities. Transit homes and temporary emergency accommodation are a form of residential care with limited duration of stay. They are for children in the process of family permanency planning or whose families are experiencing acute crisis and require temporary housing for their children to achieve a stable family environment. There are 14 transit homes in Phnom Penh, three in Preah Sihanouk, two in Kandal and one in Siem Reap. The table reveals that the majority of transit homes are in Phnom Penh, but that the majority of children who reside in transit homes are in Preah Sihanouk. The majority of children in these centres are girls (57 per cent).

Table 9: Number of group homes and number of children living there

Province	Number of group homes	Number of children		
		Female	Male	Total
Phnom Penh	17	243	179	422
Siem Reap	14	79	61	140
Battambang	19	54	72	126
Kandal	5	85	71	156
Preah Sihanouk	2	201	247	448
Total	57	662	630	1,292

Table 9 shows there are 57 self-identified group homes reportedly providing alternative care for a total of 1,292 children, including 662 girls. A group home is defined as care provided to a limited number of children in a family environment under the supervision of a small group of caregivers who are not related to the children. There are 19 group homes in Battambang, 17 in Phnom Penh, 14 in Siem Reap, five in Kandal and two in Preah Sihanouk. The table shows that the majority of group homes are in Battambang province, providing care for a total of 126 children. However, most of the children living in the group homes are in two homes in Preah Sihanouk province, where there are 448 children.

Table 10: Number of boarding schools and number of children living there

Province	Number of boarding schools	Number of children		
		Female	Male	Total
Phnom Penh	22	1,179	1,036	2,215
Siem Reap	16	539	768	1,307
Battambang	3	4	101	105
Kandal	4	39	91	130
Preah Sihanouk	1	103	128	231
Total	46	1,864	2,124	3,988

Table 10 shows a total of 46 self-identified boarding schools providing care for 3,988 children, including 1,864 girls. There are 22 boarding schools in Phnom Penh, 16 in Siem Reap, four in Kandal, three in Battambang and one in Preah Sihanouk. The table shows that the majority of boarding schools are in the province of Phnom Penh, where 2,215 children including 1,179 girls are living. Technically, a boarding school is generally defined as a housing arrangement for children to stay for a term or multiple terms of their studies due to accessing education far from home. Boarding schools were included in the mapping as there was a concern that some schools might in fact be residential care institutions.

5.3.2 Pagoda and other faith-based care provided in religious buildings

Pagoda (Wat) and other faith-based care in a religious building is defined as the care provided to children by monks, Preah Sang, nuns, lay clergy and religious bodies, who attend to their basic needs in the pagoda and other faith facilities. The mapping identified a total of 11 pagodas and other faith-based care facilities reportedly providing residential care to 432 children, including 259 girls. There are between two and four pagodas and other faith-based care facilities in each of the five targeted provinces providing residential care to children. It should be noted that generally a province has a high number of pagodas and religious buildings, however, not all of them provide residential care. The mapping team only counted those pagodas and religious buildings that provide residential care.

5.3.3 Young people living in facilities providing care for children

The mapping found that 7,708 young people over 18 years of age, including 2,717 young women, are living in all types of facilities providing care for children. The majority of them, 5,706, including 1,655 women, are living in residential care institutions, particularly in Phnom Penh. A total of 1,030 young people, including 588 women, are living in boarding schools.

6.0

CONCLUSION

The mapping exercise was conducted to count and gather key information on all facilities providing institutional care for children in the five provinces of Phnom Penh, Siem Reap, Battambang, Preah Sihanouk and Kandal. It was found that there are a total of 401 facilities providing care for children in the five targeted provinces. Of these, 267 are residential care institutions where 11,788 children (6,181 boys and 5,607 girls) are living, compared to the 139 residential care institutions (housing 7,545 children) which were known to and were inspected by the Ministry in 2014. The other facilities identified during the mapping were: 20 centres for temporary care (with 951 children, including 541 girls), 57 group homes (with 1,292 children, including 662 girls), 11 pagodas and other faith-based care in religious buildings (with 432 children, including 259 girls) and 56 boarding schools (with 3,988 children, including 1,864 girls). It was reported that there are also 7,708 young people (4,991 men and 2,717 women) living in those facilities. Reportedly, 14 per cent of the 267 residential care institutions are not yet registered and 32 per cent do not have a Memorandum of Understanding with any ministry. The majority, 65 per cent, provide long-term services.

The preliminary findings can be used to inform further analysis of the situation of children in residential care and to measure progress in reducing the number of children in them. The Ministry has now concluded the mapping of institutions in the other provinces. A full report on mapping in all provinces will be published in mid-2016. The findings of this exercise along with

the findings of the national measurement exercise conducted by the National Institute of Statistics, Ministry of Planning, and the Columbia University, and an analysis of the data generated through the notification process for all residential care facilities, will provide further and much needed data on children living in residential care institutions.

According to international standards, as well as the alternative care policies and regulations adopted by the Government of Cambodia, residential care should be considered only as a last resort and for the shortest period of time. Every child and young person has the right to live in a supportive, protective and caring environment that promotes his or her full potential. As it is known that most of the children living in residential care in Cambodia are actually not orphans, it is essential to promote family and community-based care for them to ensure their safety, protection and wellbeing. The recent endorsement of the Sub-decree on the management of residential care in Cambodia is a critical achievement which will help enforce the existing regulatory frameworks and the minimum standards on alternative care. The Ministry reiterates its commitment to promoting family and community-based care and preventing institutionalization of children whenever possible. To achieve this target and ensure the implementation of the existing alternative care framework in Cambodia, the Ministry is committed, by 2018, to reintegrate 30 per cent of children from residential care and prevent any child below three years of age from being placed in residential care.

Annex 1: Definitions

For the purposes of this study the following types of residential care facilities were considered :

- **Residential care institution without any specialization:** A centre that provides services to all types of children who have been abandoned or cannot stay with their biological families or relatives in communities
- **Transit home and temporary emergency accommodation:** A form of residential care with limited duration of stay for children in the process of family permanency planning or whose families are experiencing acute crisis and require temporary housing for their children to achieve a stable family environment.
- **Group home:** Care provided to a limited number of children in a family environment under the supervision of a small group of caregivers who are not related to the children.
- **Pagoda (Wat) and other faith-based care in a religious building:** Care provided to children by monks, Preah Sang, nuns, lay clergy and religious bodies, who attend to their basic needs in the pagoda and other faith facilities.
- **Boarding school / boarding house:** A housing arrangement for children to stay for a term or multiple terms of their studies due to accessing education far from home.

NUMBER AND TYPES OF FACILITIES PROVIDING CARE FOR CHILDREN

