



NGO Coalition to Address (Sexual)  
Exploitation of Children in Cambodia

# Handbook

## Coordinated Case Management



**A National Coordinated System for Decentralized  
Services to Victims of Exploitation and Violence**

October 2008



NGO Coalition to Address (Sexual) Exploitation of  
Children in Cambodia [COSECAM]

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**'CREATING A LEGAL AND SUSTAINABLE ENVIRONMENT FOR TRAFFICKED  
HUMAN BEINGS FROM AND IN CAMBODIA' Project (CETHCam)**

## **Coordinated Case Management:**

**A National Coordinated System for Decentralized Services  
to Victims of Exploitation and Violence**

**HANDBOOK short version**

# CCCM

Prepared by the CETHCam Team  
October 2008

## Publication

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Counter Trafficking in Persons (CTIP) project of The Asia Foundation

Meetings of the informal Working Group on Assistance to Victims, with a varying participation of international and national agencies, 2006 – 2007

Participants of the three Consultation Workshops on CCM held during 2008

## Why this Handbook?

The CETHCam project in close collaboration with the Child Welfare Department of the Ministry of Social Affairs, Veterans and Youth Rehabilitation, with support from the Counter Trafficking in Persons project of the Asia Foundation, Chab Dai coalition, UNICEF, International Organisation for Migration and other organisations has explored better solutions for assisting victims of exploitation and violence than currently exist. The consolidated result was the development of a coordinated case-management (CCM) system which is organised at the central level and implemented on the provincial or municipality levels, but more importantly puts the interests of the clients at the centre of the approach.

The CCM system needs to be piloted before to become the mainstream and national system. This short-version Handbook is a guide for the policy-makers, service providers and others to get a quick overview of the system and how the client moves through the various stages of the CCM. Professionals should also consult the full version of the CCM Reference Manual (available from COSECAM) and the specific tools, text books and other manuals developed by the CTIP of the Asia Foundation.

## PROBLEM ANALYSIS

Statistics about trafficked people are difficult to come by and often not very reliable. Children among this group are the most vulnerable. Data collected by the International Organization for Migration demonstrates that 96% of the women repatriated through its program from Thailand were 18 years or younger. Of this group 7% were children between the ages of 6 and 13 year<sup>1</sup>. This indicates that a very high proportion of human trafficking concerns children under 18 years or younger. Recent research results were presented of a study about child begging on the streets of Bangkok<sup>2</sup>. In 2000 there were estimated 60 children begging while in 2005 the count increased to the hundreds and in 2008 exceeded the thousand figure. Many of these children are from Cambodia.

NGOs providing services to victims of trafficking report in their annual reports to have sheltered at least 200 under-aged victims that were rescued or escaped from commercial sexual exploitation<sup>3</sup>. This number is not even close to the tip of the iceberg. A UNDP report estimated that at least 2,000 girls under 18 year enter the sex industry every year<sup>4</sup>. The Domestic Violence Law has passed the National Assembly and provides some legal instruments to address the problem of domestic violence. It might also facilitate the apprehension of perpetrators when family members sexually abuse a child. Rape is a growing problem in Cambodia society, not per sé because it is increasing (no data can proof that for lack of baselines) but because it is more recognised as a problem<sup>5</sup>.

The International Labour Organization reports on the basis of a study that two-thirds of one-and-a-half million working children work between 15 and 34 hours a week. Hundreds of children complement their family incomes by working full shifts in salt fields, the fishery sector, rubber plantations, stone queries, brick-making, factories and at other often hazardous work places<sup>6</sup>. The same product reports that social workers estimate that there were at least 1,000 street kids in Phnom Penh alone (p.5). Other organisations estimate this figure much higher now<sup>7</sup>.

The data presented above does not describe in actual reliable statistics the situation of children, women and men that are exploited, abused, maltreated or neglected. It only depicts what happened to some of them. However, it is clear from this data as it is clear for anyone working with victims in the country that there are severe problems and that many of them do not get the protection that they need.

Why not may we ask? Are there no civil society and government efforts to help them? The opposite is true. Many international organisations, international and local NGOs and government agencies are concerned and do what they can to protect the victims. However, the efforts are fragmented, isolated, poorly designed and often not so effective. Despite the various national plans and policies there is still no comprehensive approach to victim protection<sup>8</sup>.

It is obvious that any mechanism that will bring and keep the current interventions in line and on track must be on a national level and should attract the great majority of interventions. It is also obvious that such a mechanism only could work if the major actors and in particular the government will agree with it. In this case we are not looking for councils or committees or workgroups who would advise on the direction to take. Such bodies exist – the National Task Force on Human Trafficking is an example - and are relevant, but they are not the mechanism we seek that can bring current interventions on line. We need something that has the power to act and that can entice those organizations and agencies involved in activities to assist victims to join. The answer to this is the here described CCM system.

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<sup>1</sup> Database Report on Children Trafficked from Cambodia to Thailand; International Organization for Migration, 2003 p. 4

<sup>2</sup> Workshop Cambodian Beggars, UNIAP, Phnom Penh, 24 June 2005.

<sup>3</sup> Residential Child-Victims of Commercial Sexual Exploitation: conditions, constraints and facts, COSECAM forthcoming.

<sup>4</sup> UNDP, Steinfat et.al, 2002

<sup>5</sup> Lichado

<sup>6</sup> Project Document Support to the Cambodian National Plan of Action on the Elimination of the Worst of Child Labour, ILO 2004

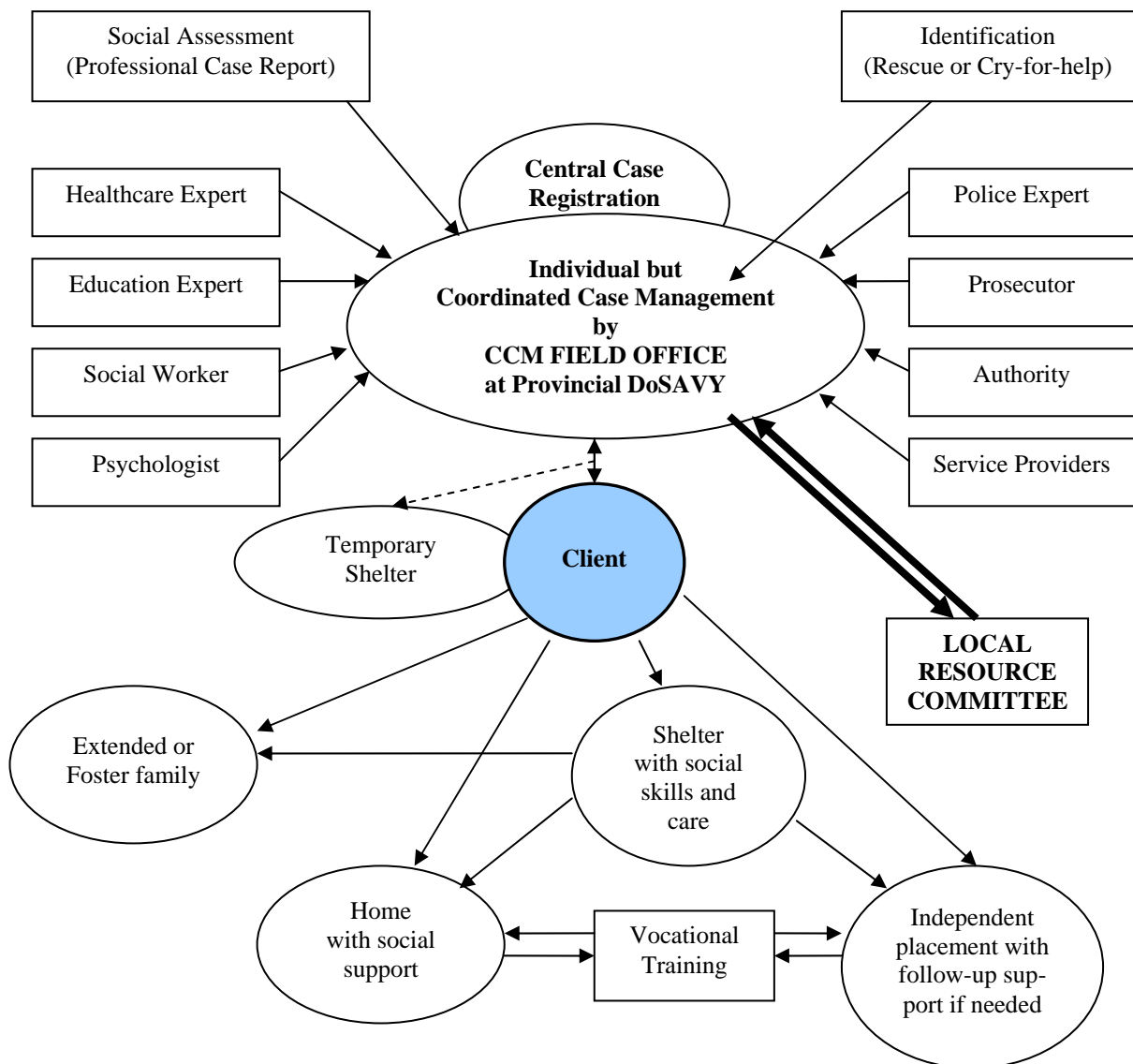
<sup>7</sup> Friends International

<sup>8</sup> Cambodia has many of the legal instruments to address the problem, such as National Plan of Action on the Worst Forms of Child Labour, a draft National Plan of Action on Trafficking in Persons and the National Task Force on Human Trafficking.

## OVERVIEW OF THE ‘CCM’ APPROACH

The Coordinated Case-Management approach, as here proposed, integrates five methods which makes the approach unique. The Coordinated Case-Management approach (CCM) links individual client case-management, a national registration system of victims of trafficking, a coordinated reference system, a client-oriented social assessment combined for complex cases with a case-conference approach at the provincial level and the rehabilitation and reintegration of victims of trafficking at the location which is in the best interest of the client (contrary where it is most convenient for the service providers). Except for the registration system all other methods are already practiced to some extent in some places in Cambodia, but without systematic coordination.

A major advantage of this proposed system is that while existing support mechanisms will remain **in-tact**? the best interest of the client will become the standard to offer services. This system will also make the service provision, from care taking through non-residential solutions or at a shelter, social skill building, legal support, social empowerment and self-sustainability through life skills education, vocational skill training and small business encouragement more efficient and effective.



## **THE CCM FIELD OFFICE**

An essential coordination component of the CCM system is the Field Office for the CCM in the province located at the provincial Department of Social Affairs, Veterans and Youth Rehabilitation (DoSAVY). The Field Office (FO) will be staffed by a designated staff member of DoSAVY, a social worker employed by the CETHCam project acting as the Field Case Manager (FCM) and a clerk. This team will coordinate all stages of the process for registration, assessment, client case management, referral to service providers and reintegration & follow-up if the latter takes place in their province. If the services are provided and/or reintegration takes place in another province or municipality the Field Office will hand-over the case to the Central Office in Phnom Penh which will coordinate the referral to other destinations.

The role of the Field Office is thus to guide the client through the stages of the CCM. The FO will also organise the social and other assessments and in more complex cases arrange for a client case conference. In the latter situation a group of relevant experts will assess on the basis of the social assessment and their own review what need to be done to assist the client in the best way possible. The FO will, guided by the social assessment or the client case conference, refer the client to the appropriate service providers or victim support agencies (VSA). The FO will consult with the CETHCam project's Field Coordination Unit to calculate the costs associated with the provision of these services and develop a budget proposal. This budget proposal will be submitted to the CETHCam project for approval.

## **THE PROVINCIAL CCM LOCAL RESOURCE COMMITTEE**

In the province or municipality where the CCM system will be implemented a **CCM Local Resource Committee (LRC)** will be established or an existing body will be selected to take on the responsibilities of this committee. The LRC will function as the local body to facilitate the operation of the Field Office. It is a body that makes structural arrangements with the local government agencies, civil society organisations, health and educational institutes etc. to assist clients. For example, for clients of school-age the LRC will make it possible that this child is attending public school. Another example is for clients who need medical care make it possible to be hospitalised or seen by a physician. Or if a client wants to stay at home but needs income generating skills the LRC has made structural arrangements for such assistance. The LRC will also, using the criteria developed by the Pilot project, designate service providers in the project area for the various services required by the clients. The LRC will on behalf of the provincial government provide advice to the Field Office on the implementation of the pilot trial.

## **THE CCM MONITORING TEAM**

The whole process of assisting a victim needs to be monitored, not only in the context of the CETHCam project and its obligations to the main sponsor the European Union, but also as a means to assure that the best interests of the client will be guarded. The CCM Monitoring Team (MT) will comprise staff from the MoSAVY and CETHCam, both from the central levels (Ministry and CETHCam Field Coordination Unit) and with an involvement of members of a local team (Provincial Departments and CCM-assigned NGOs). The central level team will mainly coordinate the monitoring activities and guide or train the local teams for the monitoring activities.

## **THE CCM ADVISORY GROUP**

A CCM Advisory Group (AG) will be established comprising the major stakeholders (including the MoSAVY) which will supervise the operation of the CCM system in the pilot provinces. The CETHCam Technical Coordination Unit will document the process and report to the AG. The AG will assess the results and if needed recommend proper action to the CETHCam project team.

## THE 10-STAGE CCM PROCESS

### **Stage 1: The Identification**

Before anything can be done the victim must be identified, for example through a police raid on a brothel, a complaint by the victim or in other ways (hotline, neighbours etc.). The system will target victims of trafficking, irregular migration, domestic violence, sexual assault and other cases.

### **Stage 2: The Registration**

As soon as a victim has been identified s/he should be offered temporary shelter if needed. The case should immediately be registered at the database of the CCM Central Office. Any further action and 'move' of the client should be reported so that the register is always updated and the client case easily can be followed by professionals, so that there is no chance that a client will be lost in the system. The client identity and confidentiality will be safe guarded.

### **Stage 3: The Social Assessment**

As soon as possible, but at least within two work weeks, a social assessment should be made by a professional social worker of the case and a Case Report submitted to the Field Office in the Province. The Case Report will include suggestions if an initial case-conference should be organised and if so which experts should be consulted. The Field Office will review the Case Report immediately and call the experts required for the case-conference together.

### **Stage 4: The Initial Case-Conference**

The invited experts and officials for the case-conference come together to discuss what need to be done for the victim, what services should be offered and which the following stages in the process of recovery, rehabilitation and reintegration should be. The experts must not only be experienced in their field of work but be motivated to assist the client. They also must be ready to come together after a very short notice period (the victim can not wait too long before knowing what will happen to her or him). Which experts need to come together is dependent on the case and indicated by the Social Assessment Case Report prepared by a professional (e.g. Social Worker). For example, if psycho-social trauma is reported a Psychologist should join the conference. Or if the victim wants to testify at court a Police Officer should join. In case of medical problems a Healthcare Experts is needed, while an Educational Expert should join when education and vocational training is an issue. A Social or Pastoral Worker will always be needed, while a Representative of Service Providers (Government agencies or NGOs) also always are required in order to give input about the services the client will need to rehabilitate and reintegrate in family, community and society. The Field Office can decide to organise the initial case-conference in stages, for example first about the social-medical aspects and secondly about the legal or training aspects.

The CCM Field Case Manager will chair the Case-Conference and will consult the client about the actions and measures suggested for the recovery, rehabilitation and reintegration, after which the Field Office will make a final decision about the actions to take. Part of this decision will be which institution, agency or NGO will provide the various services needed.

### **Stage 5: The Client Case Plan**

The Field Office will prepare a tentative recovery, rehabilitation and reintegration plan with time schedule, the nominated service providers and the budget required to cover the expenses. This Case Plan is tentatively and will be adjusted during the process of recovery, rehabilitation and reintegration when and where needed in view of the best interests of the client.

The Field Office will follow-up on the case and keep the central registration system updated. The designated case manager on his/her own accord or on request by the client, a case worker or on suggestion by the service providers can call a follow-up Case-Conference to discuss the progress or changes in the tentative Case Plan. This follow-up Case-Conference can be held in the same province and with the same participants as the first conference or in the current location of the client with other experts involved.

The Field Office will decide in consultation with the client and service providers when the case should be closed and consequently inform the central registration system.

**Stage 6: The Referral**

The referral to service providers will be based upon the client case plan – what services are needed – and provided in consultation with the client. Service providers will be designated by the LRC using quality criteria to obtain the best services for the client concerned. However, the cost-efficiency of the services also needs to be taken into account. Furthermore, it will be important to assess at what location the various services best can be provided – for example medical services which are urgent in the current location but vocational training in the province of origin, so that reintegration would be facilitated.

Residential care, even temporarily, will be considered the last resort of action and only considered if other options are not appropriate. However, the client will need support during the period of recovery and adaptation to the new situation. This means that while residential care is not encouraged in every and all cases a ‘host agency’ needs to provide guidance services. These host agencies will generally be the same VSA that also provides residential care. This is fortunate so that in case after trying the alternative options residential care is required the same hosting agency could provide these. In such cases no change of case manager is required and the bond established between the host agency staff and client can be maintained.

**Stage 7: The Services**

The kind and combination of services will vary with the demands for services by the client. Social services will almost always be required, while often medical and psycho-social counselling services are similarly needed. Other services are needed subject to each individual case, such as legal assistance in case the perpetrator will be prosecuted, shelter in case no family or friends can take the victim in, education in case of school aged children, life skills and vocational training in case of lack of income generating skills. Some of these services will be of short duration while other services could continue into the reintegration process – for example, job counselling or small business advice.

**Stage 8: The Reintegration & Follow-up**

The reintegration is the final stage and should only start when recovery and preparation for a life back in society (rehabilitation) have been sufficiently successful. The reintegration support is meant to enable the client to rebuild her/his social and economical life. The length of the material and social support period can not be predicted and is subject to the case. However, it is important not to terminate this assistance too quickly because it is at this stage that the previous investment in the person of the client will be consolidated. That is a reason why a follow-up stage is required which is part-and-parcel of the reintegration process.

During the follow-up period not only the situation of the client and the conditions of the reintegration need to be monitored but more importantly further need for support must be assessed and provided. It should be kept in mind that during the second half of the first year many reintegrated clients give up and succumb to the pressures of their new life – too often again falling prey to exploiters. Thus continued moral and sometimes material support will need to be given until the client is clearly able to do it without professional support.

**Stage 9: The Case Closure**

It is at that stage that the case can be closed and the registration as client can be cancelled. The case closure should be followed by a validation of the various stages for future improvements of the system.

**Stage 10: The Evaluation**

The final tenth stage is the evaluation of the case together with other cases to identify success factors and aspects of the system that need to be improved or changed. While in most cases the client will not be involved in this stage it might in some cases be useful to obtain the opinion of the client about her own case and handling by the professionals.

## THE PILOT PROJECT

The CCM system is new for Cambodia and, although similar efforts have been successful in other countries, the efficacy and practicality of the system in the Cambodian and local context need to be explored. To this end a pilot project will be tested in three provinces and the capital city. This choice has been made because conditions in provinces are less complex and more open for cooperation than in the complex situation of the large capital city with so many agencies. After several fact-finding missions and workshops Battambang province covering also Banteay Meanchey and Pailin has been selected for the first trial.

The CETHCam Project with financial support of the European Union and ICCO, and with specific funds for the Pilot project granted by ANESVAD and INTERVIDA the CCM Pilot system will be tested during year 2009 and 2010. The first pilot project will start in January 2009. After about nine months a second pilot will start October 2009 in another province, followed after a six-month period with trials in a third province and the national capital (April 2010). It is assumed that after these four trials the system has been developed enough to scale-up to a national level and be implemented nationwide.

## MONITORING MECHANISM

The CCM system and its piloting process will require close monitoring by the relevant government agencies and civil society organisations. To this end the establishment of a CCM Advisory Group is proposed as follows.

### Guidelines for the CCM Advisory Group

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The aim of the CCM Project is to centralize and professionalise coordination of victim support.

The target group is victims of trafficking, irregular migration, exploitation and abuse.

The CCM Project will run from 2008-2010.

During 2008, four provinces and municipalities in Cambodia will be chosen for testing and consolidating the CCM system.

Proposed members of the Advisory Group (AG) are:

<b>Agency</b>	<b>Number of persons</b>	<b>Role</b>
Deputy Director General of MoSAVY	1	Chairperson
CETHCam project Technical Coordination Unit	1	Vice-chair
CCM Central Office	1	Secretary
Representative from Ministry of Interior	1	Member
Representative from Ministry of Justice	1	Member
Representatives from CCM pilot areas	4	Members
NGO legal service provider	1	Member
NGO counselling service provider	1	Member
NGO shelter service provider	1	Member
NGO foster/home care service provider	1	Member
CETHCam project Field Coordination Unit	1	Member

Members of the AG will be selected by the Chairperson and the Vice-chair.

The Secretariat is located at the COSECAM office, until space has been allocated at the MoSAVY.

The objectives, expected outcomes and meeting frequency of the AG will be determined during the first meeting of the AG. Objectives must be clear, considered, agreed and recorded.

Members must agree to keep all personal information of clients discussed in the AG confidential. Members must take all reasonable stages to ensure that written documents containing confidential information are securely stored. Members found to have breached the confidentiality of the AG will be replaced. All members will sign an agreement to this effect.

Meetings will take place as long as the quorum is present (quorum number to be defined as one-third of Members plus Chair or Vice-chair). Decisions will be made based on consensus or if requested by 2 participants through voting. A majority is defined as half plus 1 of the members of the AG present.

Members who resign should propose a suitable replacement to the Chair. The Chair and the Vice-chair will nominate one or more candidates for the replacement, including the suggested nominee by the outgoing member, after having checked whether the nominees are eligible for the position. The AG will vote using the secret ballot system for acceptance of the nominee.

## **Roles and Responsibilities**

The main responsibilities of the **Chair** of the AG are to:

- chair the meeting.
- circulate the agenda to members a reasonable time before the meeting.
- see that the AG develops a common view of its purpose.
- ensure the meeting starts and end on time.
- facilitate productive discussion and debate.
- ensure decisions are made after proper information and discussion, and will be recorded and filed.
- ensure action items are assigned.
- represent the AG.
- resolve conflicts and solve other problems of the AG.
- build positive networks in selected target implementation areas.
- invite representatives from relevant agencies and experts to participate in meetings.
- schedule the next meeting.
- assign a Vice Chair to take on the responsibilities of the Chairperson when required
- regularly report on the AG's progress and its achievements, as well as on the results of the pilot implementation.

The main responsibilities of the **Vice Chair** of the AG are to:

- take on the responsibilities of the Chairperson when required.
- ensure the objectives and outcomes of the AG are being achieved.
- build positive networks in selected target implementation areas.

The main responsibilities of the **Members** of the AG are to:

- attend regular meetings.
- engage in productive discussions about the CCM project.
- share information and ideas on the CCM project including case management approaches and best practice.
- promote the CCM project.
- review Minutes after each meeting.
- take on the responsibilities of the Secretariat when required.
- monitor the progress of the CCM project and of each victim.
- facilitate coordination and enhance partnerships between government agencies, NGOs, international NGOs, experts, individuals and stakeholders.
- support the development of the CCM Manual and be familiar with its contents.
- attend CCM training.
- make decisions through consensus by all attending the particular meeting.

- draft documents or processes for the CCM project as required.
- help to determine appropriate target areas for CCM implementation.
- ensure relevant stakeholders in the suggested target areas support implementation of the CCM project.
- execute activities in relation to the CCM project in a timely manner including:
  - reviewing the Case Report and arranging a case conference with all required service providers and professionals;
  - ensuring the Case Plan is being followed;
  - arranging a follow-up case conference to discuss progress or changes to the Case Plan if requested by the victim; and
  - informing the central database after the successful reintegration of the victim into the community.

The main responsibilities of the **Secretary** are to:

- support the AG.
- draft invitation letters to the proposed members of the AG.
- obtain and circulate contact details for AG member's to the AG.
- provide or organize a meeting room.
- draft agendas for each meeting and provide agendas to the Chairperson a reasonable time before the meeting.
- draft and circulate Minutes after each meeting.
- retain agreed Minutes.
- ensure action items from previous meetings are completed.

### **Monitoring and Evaluation**

The AG will be involved in monitoring and evaluating the pilot trials of the CCM Project. Before this task commences, the AG will seek the assistance of an expert to assist the AG develop best practice monitoring and evaluation tools and processes.

The AG will report on the results of the monitoring and evaluation to government agencies, NGOs, international NGOs and other relevant agencies and individuals.

Based on the results of the monitoring and evaluation, the AG will make a recommendation to either phase out the CCM Project or extend its coverage across Cambodia in accordance with funding and agency support.

## COSECAM PUBLICATIONS

- 01- Annual report 2003
- 02- Advocacy Training Report: Lobby and Advocacy: Methods and Principles, 2003
- 03- Minimum Standard for Shelter, by Sim Souyoung, March 2003 (Khmer & English Version)
- 04- Minimum Standards for Residential Child Care, by Sim Souyoung, March 2003 (Khmer & English Version)
- 05- Exchange Visits to Centers: NGO Child Rehabilitation Centers in Cambodia, Reviewed by Amanda McLaughlin, May 2003
- 06- Victims of Trafficking Workshop Report 1, Sold like Chickens: Trafficked Cambodian Girls Speak Out, by Sandy Hudd, May 2003 (Khmer & English Version)
- 07- Training Investigation Manual: Investigation of Commercial Sexual Exploitation of Children and Child Sexual Abuse in Cambodia (Khmer & English Version), 2003
- 08- Child Recovery Centers: Intentions versus Realities, by John Vijghen, 2003
- 09- Campaign Against Child Exploitation in Cambodia Report, May 2004
- 10- Victims of Trafficking Workshop Report 2, Tricked by the Trade: Trafficked Cambodian Girls Speak Out, by Diane Lawrence, May 2004
- 11- National Conference Report on Effective Strategies to Eliminate Sexual Trafficking and Exploitation of Children in Cambodia, August 2004
- 12- Job and Business Search for Young Woman Project, by Lucid Cube Consulting, September 2004
- 13- Cambodian Commodity Chain analysis study, Volume 1: Comparative Industry Assessments, by Lucid Cube Consulting, September 2004
- 14- Cambodian Commodity Chain analysis study, Volume 2: Job Facilitation Program Recommendations, by Lucid Cube Consulting, September 2004
- 15- Impact of Closing Svay Pak Research Report, by Dr. Frédéric Thomas, January 2005
- 16- New Practices of Prostitution Research Report, by So Sokbunthet, June 2005
- 17- Situation Analysis of Paedophilia in Sihanouk Ville Research Report, by Judith Von Gyer June 2005
- 18- Goods & Girls: Trade Across Borders, by John L. Vijghen, Khun Sithon, 2005
- 19- Child Sex Tourism: Study of the Scope of the Problem and Evaluation of Existing Anti-Child Sex Tourism Initiatives, by Caroline Putman-Cramer, 2005
- 20- COSECAM Evaluation Report, by Lucid Cube Consulting, 2005.
- 21- Stories from The Heart: Girls Speak Out – Three Years On, by COSECAM Advocacy Team, 2007
- 22- Agreement on Guidelines for Practices and Cooperation between the Relevant Government Institutions and Victim Support Agencies In Cases of Human Trafficking
- 23- Integrated Child Issue Programming: The Survey of Situational Analysis on Integrated Programming to Combate Child Trafficking and Exploitation in Cambodia, conducted by IHRD Team, July 2007
- 24- COSECAM Annual Report 2004-2006, Published October 2007
- 25- Situation Analysis of the Commercial Sexual Exploitation of Children in the Kingdom of Cambodia: 2006-2007. Published December 2007
- 26- NGO Joint Statistics: Database Report on Trafficking and Rape in Cambodia 2005-2006. Published 2008
- 27- COSECAM's Delegates Meeting Record, October 2008
- 28- Annual Report 2007, Published November 2008
- 29- Coordinated Case Management: A National Coordinated System for Decentralized Services to Victims of Exploitation and Violence, October 2008

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