



COSECAM

Exchange Visits to Centers:

NGO Child Rehabilitation Centers in Cambodia Reviewed

Reported by
Amanda McLaughlin

May 2003

Report No: 004

Project funded by
Kerkinactie / Kinderen in de Knel Fund

**CHILD REHABILITATION CENTRE
CAPACITY BUILDING PROGRAM**

REPORT # 004

EXCHANGE VISITS TO CENTRES: NGO Child Rehabilitation Centers in Cambodia Reviewed

Center Exchange Visit Project

**NGO COALITION TO ADDRESS SEXUAL
EXPLOITATION OF CHILDREN IN CAMBODIA
(COSECAM)**

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WORD of THANKS

The two Commission members, Mrs. Hing Srey (CCPCR) and Mrs. Chhun Vanny (HCC) deserve much thanks for their input and motivating participants to complete the mission objectives. Further, *'Shelter Group'* regular members are also thanked for their input.

The staff and management of the 13 child rehabilitation centers were very cooperative and contributed with their hospitality much to the success of the visits.

The staff of COSECAM's Secretariat, in particular Ms. Huot Sovanneary who arranged for the logistics and final documentation deserve thanks.

Ms. Amanda McLoughlin who compiled the report on the basis of the 13 visit reports, SWOT analyses and interviews with the commission members is thanked for this report that makes the information available for others.

Last but not least we thank Mrs. Janet Ashby whose suggestion led to the project.

John L. Vijghen
Coalition Co-ordinator

PREFACE

The project Exchange Visits was conceived during a conversation with the at the time co-ordinator of the Inter-Agency Project to Combat Trafficking of Women and Children. Her remark that center staff needed more to learn from each other led to the project proposal with the aim to *learn from lessons learned* and to *learn from best practices*.

After Kerkinactie (Global Ministries Netherlands) had committed funds a project commission was established and visit plans made. The first visit to Sway Rieng and Prey Veng provinces was in March 2002. The participants were staff of other child-care centres, among them managers, trainers or social worker. They visited the centres, talked with staff and resident girls, and made observations. During the evening they made a S.W.O.T. analysis guided by one project commission member and made a group report.

This became the working model for the subsequent study trips. The participants varied each study tour so that from every co-operating child-care centre several staff had the opportunity to join and take back their experience. At every opportunity participants indicated to be very pleased with this exposure.

After the completion of the year 2002 visit program the 13 reports and S.W.O.T. analysis were reviewed by the project commission and Coalition staff. Their preliminary findings were presented and discussed during a Shelter Group meeting. It was then decided to assign the task to analyze the reports and prepare a paper for input in the scheduled Workshop on Minimum Standards to a consultant. Mr. Sim Souyoung was recruited and this document is the result of that process.

We may say that the work done by the participants of the exchange visit program, the project commission, coalition staff and the consultant have done an excellent job. What is more, the results have facilitated the process of developing a legal framework including minimum standards for child-care centres that is currently ongoing.

The exchange visit program will restart after the national elections in year 2003 but with a slightly different format. Instead of a mixed group of staff each of the planned three study tours will comprise of a specific category of staff, namely one tour for social workers, one for teachers and one for care-takers. Doing this we follow the suggestion of the previous participants.

The goal of the 2003-visit program is to get specific input in social work, vocational training and care-giving. In view of the positive results of the previous program we expect that this year results will contribute to enhancing skills of people and capacity of centres.

I thank the old group for their enthusiasm and wish the new group a similar experience.

John Vijghen,
Acting Coalition Co-ordinator

EXECUTIVE SUMMARY

In 2002, the COSECAM members identified a need for an improvement of management skills in centers for victims of sexual exploitation or domestic violence. The first step was to implement a series of exchange visits during the period between May and December 2002. This enabled staff to observe the management and daily work in centers other than their own. Each visit was concluded with a SWOT session (Strengths, Weaknesses, Opportunities and Threats) regarding that center. Following this, the Visit Participants compiled a report on each center focussed on Lessons Learned and Best Practices but also pinpointing problems and offering recommendations. This resulted in a series of thirteen individual center reports. These then needed to be consolidated into one piece, which would hopefully identify the areas requiring across the board improvement, as well as proposing suggestions for reform. This report collates the essential points from the thirteen center visits and recommendations from the visit participants. I include my own observations (*italicized*), which are gleaned from the data and talks with the Commission Members but not through field visits.

1 INTRODUCTION

By consolidating the constructive criticism of those who participated in the exchange project it is hoped that more centre personnel will learn something about the best procedures practised by other organisations and thus be able to improve and further professionals their own management and care. It is also hoped that lessons can be learned from those practices that were found to be wanting.

1.1. MANAGEMENT

The foundation of any centre is its management, and if there are weaknesses within its structure the entire institution is affected. This first section will examine aspects that fall under the jurisdiction of the management.

STAFFING

Understaffing

Several centres were found to be understaffed, sometimes with as few as 5 staff coping with 35 clients. Conversely, in two cases, it was suggested that overstaffing was the problem, with the staff members outnumbering the clients. One participant recommended that for every 20 children there should be at least five staff: a manager, two counsellors, a cook and a parent.

Staff Flow

Some centres suffered from a constantly changing workforce, either because workers departed because of the poor salary or because they had insufficient skills for the job.

Defined Roles

Another serious problem was that many staff does not have clearly enough defined roles – they are expected to be a “jack of all trades”, and their duties fuse into one another.

Professional Skills

A complaint raised after every visit was that of inadequately trained staff. This is most serious in the area of counselling. Most centres do provide counselling services, but in not one instance were these offered by professionals. The participants also suggested that the role of counsellor should be kept separate from the role of vocational trainer. Professionally trained staff is also lacking in the areas of medicine, HIV education and human rights education. The participants recommend that each centre have a regular nurse, because where young children are concerned, sickness is rife and they are not equipped to take care of themselves.

CHILD-CARE

One visit report raised fears that children were being **indoctrinated** and those centres could be used as a channel for the religious beliefs of their management. One centre in particular was thought to operate a policy of pressurising the staff and girls into becoming Christian. The participants recommended that the will of the child should be respected.

Specialised Education

Different children are at different educational levels and need to be taught accordingly. This was pointed out at one location but is undoubtedly a problem encountered by all centres, and complicates the provision of vocational training and education. At another centre, the level of training was said to be high above the capacity of the clients.

Discrimination

Discrimination was observed at one centre, where a pregnant, HIV+ infected girl was placed in isolation. This was seen to be the fault of the management, and it was suggested that this should be corrected and future discrimination avoided.

Target Group

Some centres took in girls outside the target participants, leading to overcrowding.

1.2 CO-OPERATION AND SECURITY

The choice of location for a centre is vital, and after that choice has been made, the interaction with individuals and participants in that area is equally crucial. Understanding and working with the local land and community creates a happy give-and-take working-relationship, which everyone can benefit from. These considerations must be balanced with an acute consciousness of security measures.

CO-OPERATION**Good co-operation with local authority**

Many visit reports cite a good co-operation, but do not specify what it actually involves, how it can be achieved and sustained, and what advantages it brings. One centre suffers from a bad relationship with the local authorities because of negative associations with its predecessor. Questions were raised how bad relations can be improved? The participants also stress that it is advantageous to link with local police.

Strong linkage with NGOs

Some centres report especially good links: CCPCR Svay Rieng, Neavea Thmey and CCPCR S'ville. Others could benefit from forming stronger ties. The participants state that centres should link with organisations in the area to refer victims to when necessary.

Conflict with the local community

One centre unfortunately antagonised the surrounding Cham ethnic minority by raising pigs. One visit report mentions a conflict between the girls and the community they come from.

OPERATION**Doubling services**

In one location, the participants observed that two centres are doing similar work.

Selection of location

The following problems have been highlighted: strong winds and floods in the rainy season in Poipet, and also at a Siem Reap centre. A Sihanoukville centre complained of bad soil, hampering efforts to grow vegetables. However, the same centre was said to be lucky enough to have a large space with fresh air, centre from the many surrounding trees and a good general environment. The same goes for AFESIP in Siem Reap – the visit report praises the fact that it is located in a large, safe area.

Adequate security measures

Most centres complain of harassment from pimps, husbands or armed gangs. The participants recommend seeking co-operation with local police in order to combat these threats.

Escapes

Security measures aren't only taken to keep the hostile presence out, but also to keep the clients in. Many girls make (often-successful) escape attempts, sometimes spurred by the need to earn money for their families.

1.3 REINTEGRATION

The ultimate goal of a successful centre must be a successful reintegration, aided by a comprehensive follow-up. It is essential that the clients are not merely being sheltered but also being prepared for a smooth transition into the outside world.

SERVICES

Professional Counselling

The main obstacle to successful reintegration as highlighted across the board is the lack of professional counselling services. Participants recommend that there should be one counsellor for every ten girls, and whilst many centres do boast one or more amongst their workforce, few if any are professionally qualified.

Staying on

Another widespread problem is that when the time comes many clients are very reluctant to leave. In one case it was made possible for the girls to stay on and work at the centre. Even in centres where the system was praised, such as CCPCR Svay Rieng, where each girl was given a sewing machine, an animal and \$70 credit, as well as rigorous follow-up procedures, reintegration often fails, mainly because of an unwillingness to leave the sanctuary of the centre. The participants recommend not taking the girls more than twice.

Vietnamese girls

It is mentioned more than once in the visit reports that there is a particular problem regarding the reintegration of Vietnamese girls. This was said to cause difficulties financially, technically and formally.

Reintegration

How adequately are the clients being prepared for the outside world? Many are not permitted to visit their families, even on national holidays. HCC Prey Veng offers weekly tours at the end of the recovery program. AFESIP have a Reintegration Team, who visit the child's village and meet with the parents and local authority to assess whether the time is right.

How is a "successful" reintegration gauged? Procedures vary from centre to centre, so it seems impossible to reach a consensus as to whether a reintegration has succeeded or failed. At some centres, monthly visits are made for the first year. It has been shown to be beneficial to co-operate with other NGOs to aid the smooth running of the process and the Participants salutes this. The following procedure is recommended by the participants: regular follow-ups every three months. After three follow-ups, it should be assessed whether the girl can make enough income to support her living, and if not the follow-ups should be continued.

Loans

Most centres complain of non-repayment of loans. Clearly the loan system needs revision. It is seen as general practice to give each girl a small sum to help her get on her feet, but this is rarely able to be paid back.

Marketability of vocational training

The participants observed that in some cases, the skills being taught were out-of-date. They suggested referring the clients to the right NGO for more professional vocational training.

1.4 LIVING CONDITIONS

This is something that certainly depends on the funding situation in each individual organisation but several points were raised in the visit reports pertaining to this and should not be overlooked.

Standards of hygiene

Several centres were thought to be dirty and unhygienic, posing a risk to young children who are vulnerable to disease anyway.

Food

Some centres boast admirable dining services, even offering the children dessert. Others barely have enough food or water to go round.

Space

Overcrowding is a common problem. Those lucky enough to have ample space were able to utilise this for recreation, agriculture, animal raising and skills training. Plentiful space also affords the benefit of separating the office and the centre – this is recommended by the Participants to ensure that the comings and goings of visitors do not disturb the clients.

Leisure time and recreational activities

An obvious boost to the well being of the clients is an active schedule with plenty of time to indulge in personal interests. In addition to literacy and vocational classes, one centre also provides drama classes as well as the luxury of TV until 9pm. At another centre, the girls participate in sporting activities.

Family visit

Only a handful centres offer tours outside or family visits. Perhaps this has to do with limited resources or problems with exposure of girls to the outside world. At least one centre offers a monthly out of centre tour.

2. REMARKS & SUGGESTIONS

2.1 STAFF & CARE

An unstable personnel is detrimental to the well being of the clients and the smooth running of the centre. This instability could be avoided through better employee selection procedures, better training and better funding, so that once the desired staff is found they can be retained. The question of how to attract capable staff, especially female staff, should be addressed. Without a specific job description, staff resources are diluted, plus it causes confusion amongst the clients. Staff members must have a clear area of responsibility.

Wrongly executed psychological help can be more damaging than healing, so a professional training program is vital. Tackling ignorance about health and STDs is also crucial. Services to traumatised young children should remain free of religion, however beneficial it could be seen to be, owing to their youth and vulnerability. Young children are not in a position to select a religion.

Education must cater towards different age participants and levels of intelligence. Treatment like this promotes prejudice and miscomprehension about the AIDS virus. A specific set of criteria should be drawn up to ensure that the right type of clients receives the proper care.

2.2 CO-OPERATION

Centres need to specify the nature of co-operation with others. Unfortunately the visit reports don't stipulate how links are created, how many NGOs one centre should ideally be co-operating with and what assistance the NGOs offer. Conflict with the local community must be treated sensitively. It is important to be receptive to the wishes of those in the area. Those centres that co-operated the most closely with the local police seemed to have the least trouble.

Centres doing similar work in the same area can lead to conflict as well as risking a dilution of care. The same goes for Phnom Penh, where there are a lot of organisations working for a mixture of target participants instead of targeting specific cases such as rape victims, child sex workers or victims of domestic violence.

2.3 REINTEGRATION

To stay on and work at the centre is an excellent short-term solution but does not tackle the deeper problem of a general tendency to avoid reintegrating. The reluctance to face the world may be caused by being so closed-off for so long. In the run-up to reintegration the child should be mentally equipped to face a dramatic change. Before distributing credit, the centre should be confident that the departing client is in a good enough position in terms of psychological stability and relevant skills to make the money back. The relevance of skills learnt by the clients must be ensured; that is, all vocational training should be up to date and saleable. If not, reintegration will probably fail and the girl will become redundant and indebted to the centre.

It is necessary that clear rules for post-reintegration should be made, as well as systematically monitoring the progress of the reintegrate. A monthly out-of-centre tour, as offered by one centre, is surely a good way to make the hurdle of reintegration less intimidating.

2.4 LIVING CONDITIONS

Higher standards of sanitation would protect the health of the clients and consequently ease pressure on the staff. Obviously providing enough quality food is a funding issue, but one which could lead to discontent and even malnutrition. Again this creates more work for the staff, especially seeing as most centres do not have professional medical staff. In this respect centres should avoid overcrowding as it could lead not only to discomfort but also to conflict.

2.5 GENERAL

A strong management breeds a strong and successful practice, which has the know-how and means to deal with difficult inevitabilities such as drug abuse, discrimination and dissatisfaction (on the part of the clients and the staff). Location and community-interaction are essential factors and should both be considered with great care. Before reintegrating, all clients must have access to a period of professional psychological care. Reintegration must be systematically monitored – both to decide when the time is right and to assess its success. Poor living conditions create sickness, disorder and even conflict. A healthy standard of living is more conducive to a successful reintegration and better for staff/client relations.

My overall recommendation would be to install a set of collective guidelines so that individual centres have a clear idea of what they are doing right, and what they need to work on. With a solid set of criteria the centres will achieve focus, and hopefully be able to move forward together.

APPENDIX A**CENTRES VISITED**

| Visit: No. | Participant Group | Center Name & Location | Visit Date | Number of Participants |
|---------------|----------------------|------------------------------------|---------------------|---------------------------|
| 1 | A | CCPCR Svay Rieng | 16 May 2002 | |
| 2 | A | HCC Prey Veng | 17 May 2002 | |
| 3 | B | CCHDO Banteay Meanchey | 20 June 2002 | |
| 4 | B | CWCC Banteay Meanchey | 20 June 2002 | |
| 5 | C | CWDA Phnom Penh | 24 July 2002 | |
| 6 | C | HCC Kaun Laho, Phnom Penh | 24 July 2002 | |
| 7 | D | CCSO Kampong Thom | 27 August 2002 | |
| 8 | D | House of Hope, Kampong Thom | 28 August 2002 | |
| 9 | E | AFESIP, Phnom Penh | 27 September 2002 | |
| 10 | E | Neavea Thmey, Phnom Penh | 27 September 2002 | |
| 11 | F | AFESIP Siem Reap | 22 October 2002 | |
| 12 | F | CWCC Siem Reap | 22 October 2002 | |
| 13 | G | CCPCR Sihanoukville | 19-20 December 2002 | |