

# **Data Collection and Issue Analysis for Capacity Enhancement on Child Protection**

## **Final Report**

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**Koei Research & Consulting Inc.**

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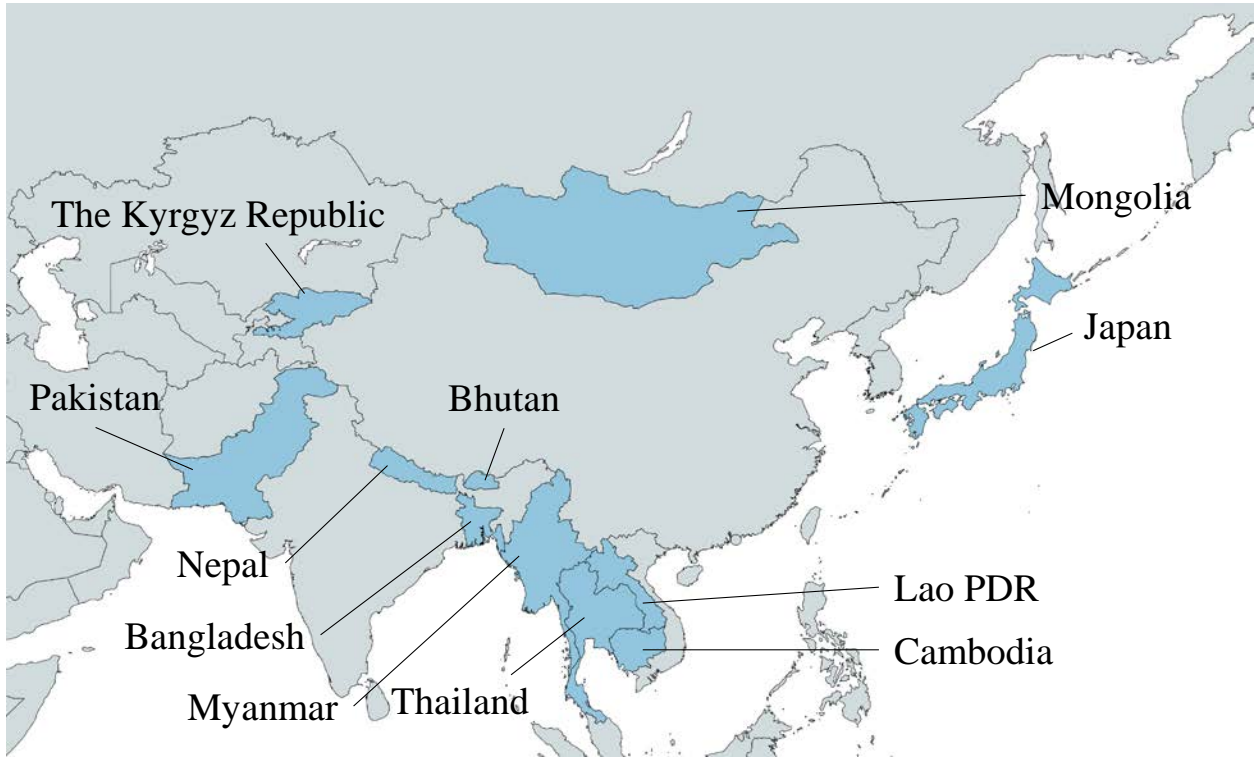
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The analysis and findings in this report are based on the publications and information reviewed in Japan from October 2020 to March 2021. The recommendations are suggested by the Survey Team and do not represent JICA's official cooperation strategy.



**Surveyed Countries**

Source: <https://mapchart.net/>

## Acronyms

(Common in all chapters)

|                 |   |
|-----------------|---|
| ADB             | Asian Development Bank  |
| ASEAN           | Association of South East Asian Nations   |
| COVID-19        | Coronavirus disease 2019  |
| CRC             | United Nations Convention on the Rights of the Child                            |
| CSOs            | Civil Society Organizations   |
| DV              | Domestic Violence   |
| ECCD            | Early Childhood Care and Development  |
| ECD             | Early Childhood Development   |
| GBV             | Gender-Based Violence   |
| GDP             | Gross Domestic Product  |
| GNI             | Gross National Income   |
| HDI             | Human Development Index   |
| ILO             | International Labour Organization   |
| JICA            | Japan International Cooperation Agency  |
| MICS            | Multiple Indicator Cluster Survey   |
| MOE             | Ministry of Education   |
| MOH             | Ministry of Health  |
| MDT             | Multi-disciplinary Team   |
| MPI             | Multidimensional Poverty Index  |
| NGOs            | Non-Governmental Organizations  |
| OSCC            | One Stop Crisis Centre  |
| SAAC            | South Asian Association for Regional Cooperation                                |
| SDGs            | Sustainable Development Goals   |
| The Survey      | Data Collection and Issue Analysis for Capacity Enhancement on Child Protection |
| The Survey Team | The consultant Team for the Survey  |
| UNFPA           | United Nations Population Fund  |
| UNICEF          | United Nations Children's Fund  |
| WHO             | World Health Organization   |

(Chapter 2: Cambodia)

|       |   |
|-------|---|
| 3PC   | Partnership Program for the Protection of Children              |
| CCWC  | Commune/Sangkat Committee for Women and Children                |
| CNCC  | Cambodia National Council for Children                          |
| CPIMS | Child Protection Information Management System                  |
| DoSVY | Department of Social Affairs, Veterans and Youth Rehabilitation |
| EBA   | Everything But Arms   |
| MoSVY | Ministry of Social Affairs, Veterans and Youth Rehabilitation   |
| NISA  | National Institute of Social Affairs                            |
| NSDP  | National Strategic Development Plan                             |
| OSVY  | Office of Social Affairs, Veterans and Youth Rehabilitation     |
| WCCC  | Province/District Women and Children Consultative Committee     |

(Chapter 3: Lao PDR)

|      |   |
|------|---|
| CPN  | Child Protection Network                    |
| INGO | International Non-governmental Organization |
| LDC  | Least Developed Country                     |

|         |  |
|---------|--|
| LSIS    | Lao Social Indicator Survey  |
| LWU     | Lao Women's Union  |
| MOES    | Ministry of Education and Sports                                   |
| MOLSW   | Ministry of Labour and Social Welfare                              |
| NCAW-MC | National Commission for the Advancement of Women, Mothers-Children |
| OHCHR   | Office of the United Nations High Commissioner for Human Rights    |
| UXO     | Unexploded Ordnance  |

(Chapter 4: Thailand)

|       |   |
|-------|---|
| DCY   | Department of Children and Youth                  |
| LAO   | Local Administrative Organization                 |
| MDP   | Multidimensional Poverty                          |
| MSDHS | Ministry of Social Development and Human Security |
| PAO   | Provincial Administrative Organization            |
| TAO   | Tambon Administrative Organization                |

(Chapter 5: Myanmar)

|       |  |
|-------|--|
| CERP  | Covid-19 Economic Relief Plan                      |
| DWS   | Department of Social Welfare                       |
| EAO   | Ethnic Armed Organization                          |
| ECI   | Early Childhood Intervention                       |
| MLCS  | Myanmar Living Conditions Survey                   |
| MOHS  | Ministry of Health and Sports                      |
| MSDP  | Myanmar Sustainable Development Plan               |
| MSWRR | Ministry of Social Welfare Relief and Resettlement |
| NVSU  | National Volunteer Steering Unit                   |

(Chapter 6: Bangladesh)

|              |   |
|--------------|---|
| CAD          | Child Affairs Desk                                |
| CBCPC        | Community Based Child Protection Committee        |
| CWB          | Child Welfare Board                               |
| GPS          | Government Primary School                         |
| MOSW         | Ministry of Social Welfare                        |
| MOWCA        | Ministry of Women and Children Affairs            |
| NCWCD        | National Council for Women and Child Development) |
| NNPS         | Newly Nationalized - Government Primary Schools   |
| NSSS         | National Social Security Strategy                 |
| SSPS Program | Social Security Policy Support Programme          |

(Chapter 7: Bhutan)

|         |   |
|---------|---|
| CCPO    | Child Care and Protection Office  |
| CDST    | Child Development Screening Tool  |
| CMIS    | Central Management Information System   |
| D/TWCC  | Dzongkhag/Thromde Women and Children Committee                                  |
| GBV-SOP | Standard Operating Procedure for Gender Based Violence Prevention and Responses |
| MOLHR   | Ministry of Labour and Human Resources  |
| NCWC    | National Commission for Women and Children                                      |
| RBP     | Royal Bhutan Police   |

|         |  |
|---------|--|
| RENEW   | Respect, Educate, Nurture, and Empower Women   |
| SEN     | Special Educational Needs  |
| TIP-SOP | Standard Operating Procedure for Multi-Sectoral Response to Address Trafficking in Persons in Bhutan |
| UNODC   | United Nations Office on Drugs and Crime   |
| WCPU/D  | Women and Child Protection Unit/Desk   |
| WCWC    | National Women and Children Welfare Committee  |

(Chapter 8: Nepal)

|        |  |
|--------|--|
| CCH    | Child Care Home  |
| NCCR   | National Centre for Children at Risk                   |
| NCRC   | National Child Rights Council                          |
| MOFAGA | Ministry of Federal Affairs and General Administration |
| MOWCSC | Ministry of Women, Children and Senior Citizens        |
| WFP    | United Nations World Food Programme                    |

(Chapter 9: Pakistan)

|          |   |
|----------|---|
| CRVS     | Civil Registration and Vital Statistics                             |
| CSC      | Centers for Street Children   |
| GII      | Gender Inequality Index   |
| HRCP     | Human Rights Commission   |
| NCCWD    | National Commission for Child Welfare and Development               |
| NCRC     | National Commission on the Rights of the Child                      |
| NHRC     | National Commission for Human Rights                                |
| NISE     | National Institute of Special Education                             |
| WASH-IPC | Water, Sanitation and Hygiene and Infection Prevention and Control) |

(Chapter 10: Mongolia)

|        |   |
|--------|---|
| AFCYD  | Authority for Family, Child and Youth Development     |
| GALSWS | General Agency for Labour and Social Welfare Services |
| MDT    | Multi-disciplinary Team                               |
| MLSP   | Ministry of Labour and Social Protection              |
| MNT    | Mongolian Tugrik                                      |
| NSO    | National Statistics Office                            |
| OSSC   | One Stop Service Center                               |
| PM2.5  | Particulate Matter 2.5                                |
| SISS   | Social Indicator Sample Survey                        |

(Chapter 11: the Kyrgyz Republic)

|       |   |
|-------|---|
| CEFM  | Child, Early and Forced Marriage          |
| MoLSD | Ministry of Labour and Social Development |
| NSC   | National Statistical Committee            |
| PM    | Particulate Matter                        |

(Chapter 12: Trends in Donor Assistance)

|     |                                      |
|-----|--------------------------------------|
| ARC | Asia Regional Child Labour Programme |
| CEO | Chief Executive Officer              |
| EU  | European Union                       |

|        |  |
|--------|--|
| GAC    | Global Affairs Canada  |
| IBRD   | International Bank for Reconstruction and Development                        |
| IDA    | International Development Association  |
| IDS    | Institute for Development Studies  |
| IPEC   | International Programme on the Elimination of Child Labour                   |
| IPEC+  | International Programme on the Elimination of Child Labour and Forced Labour |
| MHPSS  | Mental Health and Psychosocial Support                                       |
| SAP/FL | Special Action Programme to combat Forced Labour                             |
| SCI    | Save the Children International  |
| SIDA   | Swedish International Development Cooperation Agency                         |
| SOPs   | Standard Operating Procedures  |
| UNHCR  | United Nations High Commissioner for Refugees                                |
| USAID  | United States Agency for International Development                           |
| WVI    | World Vision International   |

(Chapter 13: Current Status in Japan)

|          |  |
|----------|--|
| ADHD     | Attention Deficit Hyperactivity Disorder                       |
| CBCPM    | Community-based Child Protection Mechanism                     |
| COVID-19 | Coronavirus disease 2019                                       |
| CRC      | United Nations Convention on the Right of the Child            |
| DV       | Domestic Violence  |
| GDP      | Gross Domestic Products  |
| JANIC    | Japan NGO Center for International Cooperation                 |
| LINE     | A mobile messenger application operated by LINE Corporation    |
| MDT      | Multi-disciplinary Team  |
| MEXT     | Ministry of Education, Culture, Sports, Science and Technology |
| MHLW     | Ministry of Health, Labour and Welfare                         |
| NBA      | National Basketball Association                                |
| NGO      | Non-governmental Organization                                  |
| NPO      | Nonprofit Organization   |
| SCJ      | Save the Children Japan  |
| SNS      | Social Networking Service                                      |
| UNHCR    | United Nations High Commissioner for Refugees                  |

# Data Collection and Issue Analysis for Capacity Enhancement on Child Protection

## Final Report

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## **Executive Summary**

### **1. Objectives and Methods of the Survey**

In 1989, the United Nations General Assembly adopted the Convention on the Rights of the Child (CRC), which defines the "right to live," "right to grow up," "right to be protected," and "right to participate" as basic human rights for children. By ensuring these four rights, it will be possible to achieve "well-being", a state of physical, mental, and social well-being, as stated in the 1946 draft charter of the World Health Organization (WHO). In this context, child protection (child welfare) could be regarded as a series of social measures and practices for realizing the well-being of children.

Although many countries and the international society are working to ensure children's rights, namely the well-being of all children, the rights and livelihoods of many children in developing countries are still under threat. In addition, the outbreak of the COVID-19 is causing not only health problems, but also increasing and worsening poverty, leading to children not attending school, abuse, child labour, and other situations that threaten to worsen the situation for children.

Looking at Japan, it has been shifting its understanding and approach of child welfare in response to international trends and changes in social conditions related to children's rights. Even today, in a society of disparity and inequality, various issues related to children's well-being are arising in Japan. In response to this situation, from the perspective of inclusive society, measures to the issues related to child protection are now being promoted with a comprehensive and community-based approach, connecting fields such as welfare, education, and health in a cross-sectional manner. These efforts and experiences of Japan in the field of child protection could have useful implications for developing countries in responding to the challenges and needs in this field.

Taking the above, the Japan International Cooperation Agency (JICA) conducted the “Data Collection and Issue Analysis for Capacity Enhancement on Child Protection” (hereinafter referred to as “the Survey”) to examine the direction of future cooperation. This Survey consisted of (1) a country survey (current status, issues, and initiatives in 10 Asian countries), (2) trends in donor assistance (multilateral aid agencies, bilateral aid agencies, and international NGOs), and (3) a current status in Japan (current status, issues, and initiatives in Japan and resources that can be utilized for cooperation). After a comprehensive analysis of the above, recommendations for JICA's future cooperation were derived. This Survey was conducted based on the latest materials and statistics from governments and international organizations available on the Internet (in the survey on the current status in Japan, online interviews were conducted).

In order to effectively examine the direction of future cooperation among the various interpretations and targets of child protection, the information collected in the country survey and the Japan's current status survey was organized and analyzed according to the framework of child protection systems<sup>1</sup>. Using a

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<sup>1</sup> Child protection system is a framework that has been developed by UNICEF and international NGOs that have been working in the field of child protection since around 2010. The components of the system, which is a framework for understanding child protection, include the environment surrounding children, the goals of child protection, and the support system for child protection (measures, implementation structure, social service delivery and interventions, evaluation and reporting). For details, see Chapter 1, Section 1.6 (2), "Child Protection System" (p1-5).

common framework, the current status and issues of the 10 countries and Japan were compiled and analyzed in a systematic manner.

This Survey report consists of 14 chapters. Chapter 1 provides an outline of the Survey, Chapters 2 to 11 summarize the general situation and priority issues in the child protection sector in 10 Asian countries, Chapter 12 describes trends in donor assistance, and Chapter 13 summarizes and analyzes the efforts and resources in the child welfare sector in Japan. Based on the results of Chapters 2 to 13, Chapter 14 presents a comprehensive analysis and recommendations for JICA's future cooperation in the sector.

## 2. Country survey (10 Asian countries)

The country surveys covered 10 Asian countries, namely Cambodia, Lao PDR, Thailand, Myanmar, Bangladesh, Bhutan, Nepal, Pakistan, Mongolia, and the Kyrgyz Republic, and a literature review was conducted to summarize the general situation and priority issues in the field of child protection. Specifically, after reviewing the socio-economic, political and cultural situation, the following major issues that threaten the rights and welfare of children were summarized. Then, efforts and challenges in the child protection systems were organized and analyzed in terms of (1) legal and policy framework, (2) measures, (3) implementation structure, (4) infrastructure, (5) social service delivery and interventions, and (6) evaluation and reporting.

- Child poverty
- Violence and abuse against children
- Child labour
- Child marriage
- Child trafficking
- Unsupervised children
- Children in institutions
- Children with disabilities
- Children without birth certificate
- Impact of COVID-19 in child protection sector

The results of the Survey confirmed that, overall, violence against children is commonplace and violent discipline is widespread, although to varying degrees in different countries. Gender-based violence is also a serious problem, and it is important to understand the actual situation and strengthen countermeasures. There is also concern about the worsening of violence against children, including domestic violence, due to COVID-19.

With regard to the major issues of child protection, each country has a different picture and understanding of the actual situation. In areas where child poverty is serious, such as Pakistan, Myanmar, and Cambodia, there are concerns about the impact of poverty on child welfare, and it is necessary to pay attention to issues such as child labor, child marriage, and child trafficking caused by poverty. As for child labor, the situation of children engaged in hazardous and harmful work is specific to each country's major industries. About child marriage, the proportion of such marriages is high in Bangladesh, Nepal and Bhutan, suggesting that child marriage is socially tolerated. It has been pointed out that the actual situation of unsupervised children such as street children, children living in institutions, and child trafficking in persons, etc., is not sufficiently understood, which is an urgent issue from the perspective of protecting children's rights.

With regard to efforts related to child protection systems, it was confirmed that each country is working on the development of domestic laws and regulations in line with international conventions, including the CRC. In the past, laws and measures were developed in a fragmented manner, focusing on vulnerable children



(e.g., child labor and human trafficking) or specific groups (e.g., children with disabilities and children without parental care). In recent years, however, there has been a trend to formulate policies and laws to create a comprehensive child protection system. On the other hand, it was pointed out that a comprehensive child protection system, which outlines a series of child protection service delivery from early detection to assessment, support, and follow-up for high-risk children and their families, has not been established or is in the developmental stage, which is recognized to be an important issue to be addressed. In relation to this, it was confirmed that in the countries surveyed, community-based service delivery mechanisms (such as committees and networks) have been established at the smallest administrative unit (regional level). However, the available information suggest that these mechanisms are not functioning well or hardly at all. There is a need to strengthen the implementation of social protection service provision for high-risk children and families, from prevention to intervention and support, along with the development of infrastructure, including human resource development.

### 3. Trends in donor assistance

Regarding trends in donor assistance, information was organized and analyzed for the following nine organizations as major donors in the child protection sector.

- Multilateral Donor: United Nations Children's Fund (UNICEF)  
World Bank  
International Labour Organization (ILO)
- Bilateral Donor: United States Agency for International Development (USAID)  
Global Affairs Canada (GAC)  
Swedish International Development Cooperation Agency (SIDA)
- International NGO: Save the Children, World Vision, Plan International

It was noted that these agencies focus their efforts on combating all forms of violence, abuse, and exploitation against children, including child labor, child marriage, and child trafficking. In this context, GAC and SIDA are focusing on gender-based violence (GBV), which includes addressing sexual trafficking. USAID's goal in its international assistance strategy in the field of child protection is unique in that it places family-based care as the first priority and explicitly states that family-based care should be promoted.

UNICEF is actively involved in the establishment and strengthening of a comprehensive child protection system, and is working on the development of laws, as well as an integrated information system and human resource development. Save the Children and World Vision also emphasize the strengthening of child protection systems. Regarding the strengthening of community-based child protection service delivery mechanisms and its implementation, it was noted that Save the Children and other NGOs are mainly working on this. In addition to addressing issues related to child protection, there was also a development of activities for prevention. UNICEF and Save the Children are working to prevent violence and abuse against children by providing positive discipline and other parenting support.

#### 4. Current status in Japan

Japan has shifted its interpretation and approach to child welfare in response to international trends on children's rights and changes in social conditions, and is now strengthening its efforts in "Child and Family Welfare," which aims to "realize well-being for all children and their families" not only for children in need of protection. It is unique in that it integrates the prevention, intervention, and support for child protection and welfare by developing child and family welfare measures for all families, which are the foundation of children's lives and growth.

The Government of Japan, although still in the process of development, is working towards the establishment of a system to provide seamless social protection services at the community level, by connecting the fields of welfare, education, health and medical care in a cross-sectional manner. It is a community-based mechanism that aims to prevent and reduce the risk of child maltreatment and other forms of violence through support for all child-rearing families (populational approach). At the same time, connecting children and families in need of intervention to support and protection, as well as promoting family reintegration through family support. By building a relationship of trust between supporters and families in the community at an early stage through child-rearing support as a form of prevention, it is also easier for families to seek consultation and support when they find themselves in need of assistance. The experience of building such a comprehensive regional approach will be useful for developing countries that are working toward the establishment of community-based child protection mechanism.

Efforts to promote care and protection for children in an environment similar to that of the home will also be useful knowledge for developing countries that will be faced with similar challenges in the future. In Japan, institutional care has developed from the experience of taking care of orphans in institutions from the Meiji era to the postwar period. As a result, a wealth of knowledge has been accumulated on institutional care, including methods of caring for children and protecting their rights. With this background, Japan set forth the principle of prioritizing family-based care in its "New Vision for Social Care" in 2017, and approved a policy of nurturing all children including children in need of care and protection in an environment as similar to that of a family as possible. Although the Survey identified various challenges in practice, the lessons learned and experiences gained from the process of various initiatives, such as the development of multifunctional and small-scale Child Care Institutions and family-like child-rearing environments (family homes and foster homes), will have many implications for developing countries.

In addition to the above, Japan has accumulated distinctive experience and knowledge on measures to support child rearing, child poverty, children with disabilities, and juvenile delinquency, respectively.

#### 5. Conclusion: Recommendations for JICA' future cooperation in child protection

While UNICEF is the main international organization working on the institutionalization of child protection systems, Japan has many years of experience in developing the system and mechanisms to provide a series of support services for child protection. In particular, the process of developing a comprehensive child protection system that prioritizes family-based care has a variety of implications and lessons learnt for developing countries. Therefore, it is proposed to include establishment and strengthening of

comprehensive child protection systems as one of its future cooperation strategies in the field of child protection.

In relation to child protection systems, and to the extent that this Survey was able to confirm, the provision of child protection, particularly at the local level, is likely to be inadequate or barely functioning in the 10 countries surveyed. Whereas, Japan has established a community-based mechanism to provide child-rearing support as prevention and a series of support services, including identification, assessment, intervention, support, and follow-up for high-risk children and families. They are useful experiences and lessons for developing countries facing the above issues. Strengthening community-based mechanism for child protection is an area in which Japan has an advantage.

In Chapter 14, 14.3.2, "Possible JICA's cooperation in child protection sector", some specific cooperation projects are proposed based on the comprehensive analysis, such as "establishment of a comprehensive child protection system" and "strengthening community-based child protection mechanisms (including prevention)". In addition, the last section summarizes points to be considered when planning cooperation projects: support for the development of measures based on a child rights-based approach; consideration of socioeconomic and political-cultural conditions of each country; and development of activities based on systems and institutions in related fields (health, education, social security, etc.).

## **Chapter 1 Objectives and Methods of the Survey, International Trends in the Field of Child Protection**

### **1.1 Background of the Survey**

In 1989, the United Nations General Assembly adopted the Convention on the Rights of the Child (CRC), which defines the "right to live", "right to grow up", "right to be protected", and "right to participate" as basic human rights for children. This led to a shift from the narrowly defined concept of child protection (child welfare), which focused on the relief of orphans and other children in need of protection, to child welfare, which considers children as the subjects of their rights and aims to comprehensively ensure their rights for survival, development, protection, and participation. By ensuring these four rights, it will be possible to achieve "well-being", a state of physical, mental, and social well-being, as stated in the 1946 draft charter of the World Health Organization (WHO). In this context, child protection (child welfare) could be regarded as a series of social measures and practices for realizing the well-being of children.

Although many countries and the international society are working to ensure children's rights, namely the well-being of all children, the rights and livelihoods of many children in developing countries are still under threat. In addition, the outbreak of the novel Coronavirus disease (COVID-19) is causing not only health problems, but also increasing and worsening poverty, leading to children not attending school, abuse, child labour, and other situations that threaten to worsen the situation for children.

Japan is also facing various problems related to well-being of children in a society of disparity and inequality. Due to the weakening of local communities and the increasing number of nuclear families, social problems surrounding children are becoming more diverse and complex, such as abuse, isolation in child-rearing, increase in single-parent households, and school refusal. In order to address these issues, the government and local governments are strengthening child protection measures. At present, from the perspective of an "inclusive society", a comprehensive community-based approach is being taken by cross-sectionally integrating the fields of welfare, education, and health. Accordingly, various organizations, including non-profit organizations and private companies, are working together to solve issues related child welfare. These efforts and experiences of Japan in the field of child protection could have useful implications for developing countries in responding to the challenges and needs in this field.

In response to this situation, the Japan International Cooperation Agency (JICA) conducted the "Data Collection and Issue Analysis for Capacity Enhancement on Child Protection" (hereinafter referred to as "the Survey") to examine the direction of future cooperation.

### **1.2 Objectives of the Survey**

The Survey was conducted with the purpose of collecting and organizing the following information on the field of child protection, analyzing them comprehensively, and making recommendations for JICA toward the future cooperation.

- ◆ The current status, issues, and measures in 10 Asian countries
- ◆ The trend in donor assistance (multilateral aid agencies, bilateral aid agencies, international NGOs)
- ◆ The current status, issues, and measures taken in Japan, and resources that could be utilized for cooperation and assistance.

### 1.3 Target and scope of the Survey

#### (1) Target of the Survey

With regard to the country survey, the 10 countries listed in Table 1-1 were selected in consideration of the needs in the field of child protection (depth and diversity) and the cooperation strategy of JICA, as well as the possibility of collecting information necessary for analysis since the Survey was conducted only through literature review via internet.

Table 1-1 Ten countries for the country survey

| Southeast Asia                             | South Asia                                | East and Central Asia           |
|--|---|---------------------------------|
| Cambodia<br>Lao PDR<br>Thailand<br>Myanmar | Bangladesh<br>Bhutan<br>Nepal<br>Pakistan | Mongolia<br>The Kyrgyz Republic |

Source: Prepared by the Survey Team

As for the trends of donor assistance, nine organizations in Table 1-2 were targeted as major donors in the field of child protection.

Table 1-2 Target agencies for the survey on the trend of donor assistance

| Type of Organization | Name of Organization   |
|----------------------|--|
| Multilateral Donor   | UNICEF (United Nations Children's Fund)<br>World Bank<br>ILO (International Labour Organization)   |
| Bilateral Donor      | USAID (United States Agency for International Development)<br>GAC (Global Affairs Canada)<br>SIDA (Swedish International Development Cooperation Agency) |
| International NGO    | Save the Children<br>World Vision<br>Plan International  |

Source: Prepared by the Survey Team

#### (2) Scope of the Survey

As mentioned earlier, child protection could be regarded as "a series of social measures and practices for realizing the well-being of children". Therefore, child protection covers a wide range of sectors, including poverty reduction, education, health, and judicial affairs. For the country surveys and donor trends, the focus was on the field of child protection, while also collecting and analyzing information on education, health, social security, and other areas relevant in the context of each country. In the case where "child protection" is used in the original text, the term "child protection" is applied in the text. For the survey on the current status in Japan, it covered the entire field of Child and Family Welfare, targeting all children and families, and analyzed the wide range of information and resources in this field that Japan has developed since the end of World War II.

### **(3) Definition of terms**

As for the definition of "child", the entire report adopts the CRC definition of "a child under the age of 18". In the country surveys and the survey of Japan's current status, the definitions provided by the laws of each country are used.

The term "social care" is defined as a public responsibility to provide social care for children in need of social care and protection, such as children without guardians or abused children, and children in need of guidance in their daily lives. The term "alternative care" refers to the care of such children not under the care of their guardians, but in the care of relatives, foster parents, or child welfare facilities.

The term "violence" is interpreted from Article 19.1 of the CRC as "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" [5]. In other words, violence against children takes many forms, including physical violence, including violent discipline at home and corporal punishment at school, neglect, mental abuse through abusive language, and sexual abuse.

## **1.4 Structure of this report**

In this report, Chapter 1 provides an outline of the Survey, Chapters 2 to 11 summarize the general situation and priorities in the field of child protection in 10 Asian countries, Chapter 12 describes the trend of donor assistance, and Chapter 13 summarizes the efforts and resources in the field of child protection in Japan. Based on Chapters 2 to 13, Chapter 14 presents a comprehensive analysis and recommendations on the future cooperation of JICA.

## **1.5 Method of the Survey**

### **(1) Organizing and analyzing information based on a framework of child protection systems**

In order to effectively examine the direction of future cooperation among the various interpretations and targets of child protection, the information collected in the country survey and the Japan's current status survey was organized and analyzed according to the framework of child protection systems described in the next section. Using a common framework, the current status and issues of the 10 countries and Japan were compiled and analyzed in a systematic manner.

### **(2) Country survey and survey on donor assistance**

For the country survey and the survey on donor assistance, the report was compiled based on the latest data and statistics from governments and international organizations available via internet. Therefore, further information collection through field surveys is necessary in the future, since the analysis of the situation and issues in practice is limited in this Survey.

### **(3) Interviews in the survey on current status in Japan**

For the survey on the current status in Japan, an inception report and questionnaire were prepared through a literature review using existing sources, and interviews were conducted. All interviews were conducted through online due to the influence of COVID-19. Table 1-3 shows the organizations interviewed for the Survey.

Table 1-3 Organizations interviewed for the Survey

|   | Category                             | Name of Organization                           | Interviewee   | Date of Interview |
|---|--------------------------------------|--|---|-------------------|
| 1 | Municipalities/Child Guidance Center | Child Guidance Center, Sagamihara City         | Mr. Tomooki Watanabe<br>Mr. Satoshi Tabata                    | February 3, 2021  |
| 2 | Social care facilities               | Children's Home Sanai (Child Care Institution) | Mr. Kazushito Takase,<br>Director                             | February 9, 2021  |
| 3 | Local Agencies                       | Aichi Children's Health and Medical Center     | Dr. Yoshihisa Yamazaki,<br>Deputy Director                    | January 29, 2021  |
| 4 | International NGO                    | Save the Children Japan                        | Ms. Maiko Fujii<br>Ms. Mariko Shiohata<br>Mr. Mitsuaki Toyoda | January 19, 2021  |
| 5 | Academic Expert                      | Japan College of Social Work                   | Kiyoshi Miyajima,<br>Professor                                | February 3, 2021  |

Source: Prepared by the Survey Team

#### (4) Analysis and making recommendations

Based on the results of the country surveys, a comprehensive analysis was conducted in line with the framework of child protection systems, and the current status and issues in the 10 countries were summarized. Then, based on the trend of donor assistance and the advantages of Japan, the issues faced by each country were matched with the experience and resources of Japan, and recommendations for the future cooperation of JICA were analyzed and compiled.

#### (5) Members of the Survey Team

This Survey was conducted by the Survey Team members listed in Table 1-4.

Table 1-4 Members of the Survey Team

| Name of Expert    | Title  |
|-------------------|--|
| Kumiko NISHIMURA  | Chief Advisor/Aid Trends/Survey of Current status in Japan |
| Junko YAMADA      | Country Survey (Cambodia, Mongolia, the Kyrgyz Republic)   |
| Rika FUJIOKA      | Country Survey (Myanmar, Thailand, Lao PDR)                |
| Akiko SHIMIZU     | Country Survey (Bangladesh, Bhutan, Nepal, Pakistan)       |
| Shino NISHIMAGI   | Survey of Current status in Japan                          |
| Shunsuke NISHIOKA | Aid Trends/Survey of Current status in Japan               |

Source: Prepared by the Survey Team

## 1.6 International trends in the field of Child Protection

This section outlines the international trends in the field of child protection concerning the entire report.

### (1) International conventions related to Child Protection

Table 1-5 provides an outline of international conventions related to child protection. In the country survey and the survey on the current status in Japan, the status of ratification of these treaties was confirmed.

Table 1-5 International conventions on Child Protection

| International Convention   | Adopted Year | Outline   |
|--|--------------|---|
| Convention on the Rights of the Child (CRC)  | 1989         | A convention to internationally secure the basic human rights of children. It defines a child as all those under the age of 18 and stipulates specific matters necessary to realize and ensure the comprehensive rights of children to live, grow, be protected and participate.                  |
| Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict                            | 2000         | In order to protect children who are involved in armed conflicts, it stipulates a ban on soldiers under the age of 18.  |
| Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography           | 2000         | It provides for the prohibition of trafficking and sexual exploitation of children, and for strengthening controls and punishments.   |
| Optional Protocol to the Convention on the Rights of the Child on a communications procedure   | 2011         | It provides for reporting to the UN Committee on the Rights of the Child and the investigation system of the committee in cases where the rights of the child as defined in the CRC have been violated.   |
| Convention Concerning Minimum Age for Admission to Employment (ILO Convention No.138)  | 1973         | With the aim of abolishing child labour and improving the working conditions of young workers, the minimum age for employment is set at the end of compulsory education, and in no case must be less than 15 years old. In the case of developing countries, the age of 14 is allowed at present. |
| Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (ILO Convention No. 182) | 1999         | It prohibits hazardous work that may harm the safety, health, and morals of children. These include trafficking in persons, bonded and forced labour, child prostitution, and child pornography, criminal and other illicit activities, and the use of children in armed conflict.                |
| Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoptions  | 1993         | It provides measures of protection to ensure that intercountry adoptions are carried out in the best interests of the child and with respect for the basic rights of the child as recognized by international law.  |

Source: Prepared by the Survey Team

In addition, the Guidelines for the Alternative Care of Children were adopted by the UN General Assembly in 2009. The guidelines were developed to strengthen measures for the protection and welfare of children who are deprived of parental care or are at risk of being deprived. It states the principle of the priority of family-based care and that the primary goal should be to enable children to live under the care of their parents or to return to them<sup>1</sup>. The importance of family support for the continuation of family-based care is mentioned, stating that children should not be shifted to alternative care solely because of poverty or problems caused by poverty. It also states that the most appropriate alternative care should be provided when the best interests of the child cannot be protected in the process of seeking a permanent solution, that

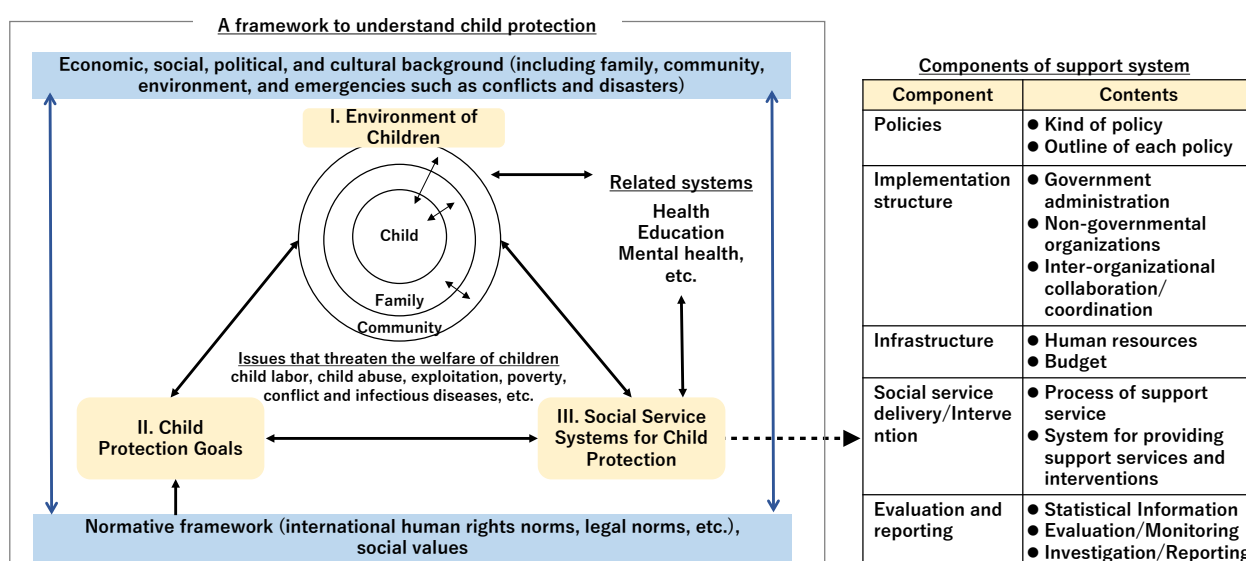
<sup>1</sup> It should be noted that the principle of "the best interest of the child" as expressed in Article 3 of the CRC is a precondition for prioritizing family care. Article 5 of the CRC stipulates the primary responsibility of parents/guardians for the upbringing of their children, but when it is determined that the "best interests of the child" cannot be ensured in family care, alternative care through public intervention will be provided. In Japan, Article 2, Paragraph 2 of the Child Welfare Act stipulates the primary responsibility of parents for the upbringing of their children, and Article 820 of the Civil Code stipulates the role of parents in exclusively fulfilling their duty of upbringing for the benefit of their children. Under the Child Welfare Act, the national and local governments are obligated to provide support for families raising children so that this duty of care can be properly fulfilled. On top of this, when it is judged that parents/guardians are unable to properly exercise their child-rearing duties in the best interest of their children even with support, public intervention takes place. In cases where there is a difference between public intervention and the intentions of parents/guardians, the judiciary will make a decision based on the "best interests of the child" [4].



family-based care rather than institutional care should be promoted in alternative care, that brothers and sisters should not be separated when alternative care is provided, and that alternative care under the age of three should be provided in a family-based environment [1].

## (2) Framework for child protection system

Child protection system is a framework that has been developed by UNICEF and international NGOs that have been working in the field of child protection since around 2010. Conventionally, in the field of child protection and child welfare, measures have been taken for each issue, such as trafficking in persons and child labour, but it has become clear that such measures do not solve the underlying issues and that they are inefficient due to duplication of support. Instead, UNICEF and international NGOs have pointed out the importance of understanding child protection as a system and its strengthening.



Source: Prepared by the Survey Team with reference to [2]

Figure 1-1 Framework for child protection system

## (3) Other international trends in Child Protection

Recent movements in the countries surveyed include the initiatives of the Association of Southeast Asian Nations (ASEAN)<sup>2</sup> and the South Asian Association for Regional Cooperation (SAARC)<sup>3</sup> to protect children's rights. ASEAN countries have agreed to the "Declaration of Elimination of Violence against Women and Elimination of Violence against Children in 2013"<sup>4</sup>, and are committed to eradicating violence against women and children by improving national laws and institutions, and strengthening comprehensive cross-sectoral approaches. In the framework of SAARC, the "National Action and Coordinating Group against Violence against Women and Children"<sup>5</sup> has been established in each member country to strengthen cooperation among governments and child-related organizations to eliminate violence against women and children. In the framework of SAARC, the National Action and Coordinating Group against Violence

<sup>2</sup> Among the countries surveyed, Cambodia, Myanmar, Thailand, and Laos are included.

<sup>3</sup> Among the countries surveyed, Bangladesh, Bhutan, Nepal, and Pakistan are included.

<sup>4</sup> [https://www.ohchr.org/Documents/Issues/Women/WG/ASEANdeclarationVaW\\_violenceagainstchildren.pdf](https://www.ohchr.org/Documents/Issues/Women/WG/ASEANdeclarationVaW_violenceagainstchildren.pdf)

<sup>5</sup> <https://saievac.org/nacg/>

against Women and Children has been established in each member country to strengthen cooperation among governments and child-related organizations to eliminate violence against women and children.

There are various international initiatives on violence against children and child protection. The major initiatives are listed below, and details are referred to in Chapter 12, Trends in Donor Assistance in Child Protection.

- **Global Partnership to End Violence Against Children (<https://www.end-violence.org/>)**  
Established in 2016 by the Secretary-General of the UN under the leadership of UNICEF. The partnership aimed at eradicating all forms of violence against children, as stated in Target 16.2 of the Sustainable Development Goals (SDGs). More than 500 organizations from governments, international organizations, research institutions, international NGOs, civil society organizations, and the private sector are registered as members.
- **Spotlight initiative (<https://www.spotlightinitiative.org/>)**  
Launched in 2017 by the UN and the European Union (EU) as a new partnership to end all forms of violence against women and girls. The EU was the main contributor, with an initial investment of €500 million.
- **Together for Girls (<https://www.togetherforgirls.org/>)**  
Launched in 2009 as a public-private partnership aimed at eradicating violence against girls. Private organizations such as the CDC Foundation and Becton Dickinson and Company, international organizations, and U.S. governmental organizations such as USAID and Peace Corps have joined to collaborate on research and advocacy on sexual violence.
- **WePROTECT Global Alliance (<https://www.weprotect.org/>)**  
Launched in 2014, led by the United Kingdom. As a public-private partnership, it aims to eliminate online sexual violence and exploitation.

## Chapter 2 Current Status of Child Protection: Cambodia

### 2.1 Situation of children

#### 2.1.1 Basic statistical data related to child protection

As background, the basic statistical data related to child protection in the Kingdom of Cambodia (hereinafter referred to as Cambodia) are shown in Table 2-1.

Table 2-1 Basic statistical data related to child protection in Cambodia

|  | Indicators  |  | Year    | Total  | Male  | Female | Source   |
|--|---|--|---------|--------|-------|--------|----------|
| Demographics   | Population (thousands)  | All  | 2018    | 16,250 | 7,930 | 8,320  | [1], [2] |
|  |   | Under 18                                   | 2018    | 5,944  | -     | -      |          |
|  |   | Under 5                                    | 2018    | 1,774  | -     | -      |          |
|  | Age dependency ratio <sup>1</sup> (% of working-age population) |  | 2019    | 56     | -     | -      | [3]      |
|  | Urban population (% of total population)                        |  | 2019    | 24     | -     | -      | [3]      |
|  | Total fertility (live births per woman)                         |  | 2018    | 2.5    | -     | -      | [2]      |
|  | International child migrants (thousands)                        |  | 2019    | 7.1    | -     | -      | [4]      |
| Child mortality  | Neonatal mortality rate (deaths per 1,000 live births)          |  | 1990    | 40     | -     | -      | [2]      |
|  |   |  | 2018    | 14     | -     | -      |          |
|  | Infant mortality rate (deaths per 1,000 live births)            |  | 1990    | 85     | -     | -      | [2], [4] |
|  |   |  | 2018    | 24     | 27    | 21     |          |
| Under-five mortality rate (deaths per 1,000 live births) |   | 1990                                       | 116     | -      | -     | [2]    |          |
|  |   | 2018                                       | 28      | 31     | 25    |        |          |
| Maternal health  | Age at first birth <sup>2</sup>                                 |  | 2014    | 22.4   | -     | -      | [5]      |
| Nutrition  | Malnutrition rate (%) (0-4 years of age)                        | Stunted (moderate and severe) <sup>3</sup> | 2014    | 32     | -     | -      | [2]      |
|  |   | Wasted severe <sup>4</sup>                 | 2014    | 2      | -     | -      |          |
|  |   | Wasted moderate and severe <sup>5</sup>    | 2014    | 10     | -     | -      |          |
| Education  | Completion rate (%)   | Primary education                          | 2014    | 73.3   | 68.2  | 78.8   | [4]      |
|  |   | Lower secondary education                  | 2014    | 40     | 41    | 38.9   |          |
|  |   | Upper secondary education                  | 2014    | 19.9   | 20.1  | 19.8   |          |
|  | Dropout rate (primary education) (%)                            |  | 2015/16 | 4.6    | 5.5   | 3.8    | [6]      |
| Family environment, Child protection                     | Birth registration rate (%)                                     |  | 2014    | 73.3   | 73.7  | 72.9   | [4]      |
|  | Child marriage (%)  | Married by 15 y.o.                         | 2014    | -      | -     | 2      | [2]      |
|  |   | Married by 18 y.o.                         | 2014    | -      | 4     | 19     |          |
|  | Children living in single-parent households <sup>6</sup> (%)    |  | 2014    | 10.7   | -     | -      | [5]      |

<sup>1</sup> Percentage of total population aged 15-64 years.

<sup>2</sup> Mean age at first birth for women aged 25-49 at the time of the survey.

<sup>3</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median height-for-age of the WHO Child Growth Standards.

<sup>4</sup> Percentage of children aged 0-4 years who are below minus 3 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>5</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>6</sup> Percentage of children who live with either their fathers only or with their mothers only. Denominator is the number of children.

|        | <b>Indicators</b>   | <b>Year</b> | <b>Total</b> | <b>Male</b> | <b>Female</b> | <b>Source</b> |
|--------|---|-------------|--------------|-------------|---------------|---------------|
|        | Number of children in institutions <sup>7</sup> (0-17 y.o.)             | 2017        | 26,187       | 13,661      | 12,526        | [7]           |
|        | Number of children with disabilities (0-19 y.o.) <sup>8</sup>           | 2013        | 52,240       | 27,424      | 24,820        | [4]           |
| Equity | GDP per capita (current US\$)   | 2019        | 1,643.1      | -           | -             | [3]           |
|        | GDP growth (annual %)   | 2019        | 7.1          | -           | -             | [3]           |
|        | Unemployment rate (15-19 y.o.) <sup>9</sup>                             | 2014        | -            | 1.2         | 1             | [4]           |
|        | Employment rate in informal sector (%)                                  | 2012        | 60.2         | 57.6        | 63.2          | [8]           |
|        | Child poverty (Children in multidimensional poverty <sup>10</sup> ) (%) | 2018        | 43.17        | -           | -             | [9]           |
|        | Gini coefficient  | -           | n.a.         |             |               | [2]           |

### 2.1.2 Social, economic, political, and cultural situation

Before the Coronavirus disease 2019 (COVID-19) pandemic, Cambodia had recorded steady economic growth averaging 7% for over two decades. Cambodia’s gross national income (GNI) per capita reached US\$1,070 in 2015 and was upgraded from low-income to lower-middle-income country status in 2016. Cambodia also is one of the youngest countries among Southeast Asian countries with 36.5% of its population of 16.25 million (2018) being children under the age of 18. Cambodia’s Human Development Index increased significantly over the past few decades from 0.364 in 1990 to 0.581 in 2018, placing it in the medium human development category.

Despite stable economic growth and overall improvements in human development, inequality remains in the country. According to official government estimates, the poverty rate declined from 47.8% in 2007 to 13.5% in 2014. However, about 90% of the poor live in rural areas, and the urban-rural divide remains an ongoing challenge. Around 4.5 million people in Cambodia remain near-poor and are vulnerable to falling back into poverty [10].

In addition to domestic economic disparities, Cambodia’s economic growth depends heavily on foreign investment and markets, making it highly vulnerable to external economic shocks. Recently, in August 2020, the European Commission partially suspended the application of the Everything But Arms (EBA) preferential trade status in light of the human rights violations<sup>11</sup> in Cambodia. The products subject to the suspension of preferential tariffs are selected clothing and footwear, travel goods, and sugar. Cambodia’s economic growth has been strongly dependent on the garment sector, the largest share of which has been exported to the European market under the EBA framework. Currently, about 700,000 people are employed in the garment sector, 85% of whom are women from rural and vulnerable communities, forming the backbone of the economy. A partial suspension of preferential trade status could affect the Cambodian economy and the livelihoods of its people, especially women and children. Moreover, it has been reported that more than 150,000 workers, or about 15% of the garment industry workforce, have lost their jobs due

<sup>7</sup> Institutions include residential care institutions, transit homes and temporary emergency accommodation, group homes, pagodas and other faith-based care in religious buildings, and boarding schools.

<sup>8</sup> Listed as source. The number of men and women does not equal the total.

<sup>9</sup> Percentage of adolescents aged 15-19 years in the labour force who are unemployed.

<sup>10</sup> Percentage of children in multidimensional poverty, i.e., multiple deprivations in health, education, and living standards.

<sup>11</sup> Violations of the human rights principles enshrined in the International Covenant on Civil and Political Rights such as violations of the rights to political participation and to the freedoms of expression and association [39].

to the COVID-19 pandemic [11], and poverty could increase among households involved in key sectors such as tourism, construction, trade, manufacturing, and the garment industry [12]. Thus, Cambodia's social and economic transition creates both opportunities and risks for the realization of child rights [10].

Furthermore, in Cambodia, the challenges in responding to disasters and emergencies are expected to continue due to climate change and land depletion. Land degradation and soil erosion have a significant impact on food security. Frequent and unpredictable droughts and floods negatively affect agricultural production and increase the vulnerability of the poor and near-poor, mostly women and children [10].

### **2.1.3 Key issues on child protection**

As stated above, children in Cambodia are exposed to a variety of risks. The situation of children in need of protection in Cambodia is described below.

#### **(1) Violence against children**

The experience of violence in childhood is commonplace in Cambodia. In extreme cases, violence against children can result in disability or death, as well as increased levels of violence and criminality. Cambodia's Violence Against Children Survey 2013 estimated that the health consequences of violence against children accounted for 1% of Cambodia's gross domestic product (GDP), or a total of US\$168 million [13].

According to the Violence Against Children Survey 2013, over half of both females and males aged 18 to 24 (53% and 54%, respectively) reported at least one experience of physical violence before age 18. Females and males in the younger age group, 13 to 17 years, reported similar rates of physical violence (61.1% and 58.2, respectively). Among all respondents who reported experiencing physical violence before age 18, more than three quarters experienced multiple incidents [14].

Emotional violence in childhood was reported by one in five females and one in four males aged 18 to 24. Nearly 3 of 10 females and males 13 to 17 years of age experienced emotional violence by a parent or caregiver. Among 18 to 24 year old who reported emotional violence, most (approximately 8 in 10) of both females and males reported multiple instances of emotional violence prior to age 18 [14].

As for sexual violence, 4.4% of females and 5.6% of males aged 18 to 24 experienced at least one incidence of sexual violence before the age of 18. The average age for the first incident of sexual violence was 15 years for females and 10 years for males. Three per cent of females and less than 1% of males aged 13 to 17 reported at least one incident of sexual violence in the 12 months before the survey [14].

#### **(2) Child labour**

In Cambodia, the Labour Law (1997) allows children as young as 12 years old to work in light and non-hazardous employment that does not interfere with their education. The minimum legal age for general employment in the country is 15 years and 18 years for hazardous work [13].

Child labour is declining but remains commonplace. The survey in 2014 revealed that 30% of individuals under 18 not in school cited the need to contribute to household income as the reason for non-attendance. Another 12.5% said they were too poor to attend, and 6.6% said they were needed to help with household chores. According to the International Labour Organization (ILO) and the National Institute of Statistics,

Cambodia, 19.1% of children aged 5-17 participated in the labour force in 2012, of whom 50.7% were girls, 37.0% were younger than 15 years old, and 86.7% lived in rural areas. By the Government of Cambodia’s definitions, 56.9% of children participating in the labour force were classified as child labourers, among whom 31.3% were engaged in hazardous labour<sup>12</sup> [15].

Figure 2-1 shows a decline in child labour between 2004 and 2014, which was especially pronounced between 2009 and 2014 and among younger age groups. Still, among those aged 15-17, more than 50% participated in the labour force in 2014 [15].

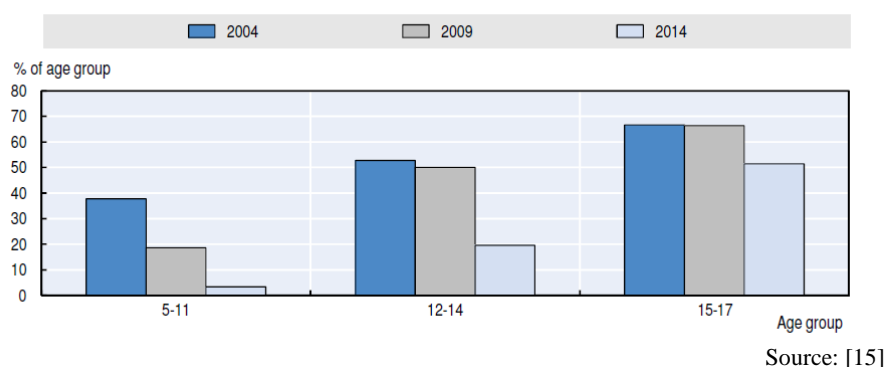


Figure 2-1 Child labour by age group in Cambodia (2004-14)

### **(3) Children living and/or working on the streets**

The Cambodian Orphans and Vulnerable Children Task Force defines children living and/or working on the streets under three categories: children who independently live on the streets; those who work on the streets but return home at least irregularly; and those who are living with their family on the streets. The lack of a comprehensive and more recent survey on these children makes it difficult to estimate their numbers<sup>13</sup> [13].

The Government of Cambodia has collaborated with Non-Governmental Organizations (NGOs) to provide the services to children living and/or working on the streets by encouraging them to accept the services voluntarily. Many children living and/or working on the streets have received assistance from NGOs that provide a range of services such as accommodation, food, education, recreation and vocational training [6].

### **(4) Child trafficking**

The lack of comprehensive data on trafficking makes it impossible to know the precise number of people, including children, affected. While trafficking can be for any purpose, including domestic servitude or labour, the limited related data available for Cambodia are focused on commercial sexual exploitation. Several small studies reveal the extent to which children are being trafficked for sexual exploitation. For example, 41% of the 165 cases of trafficking for sexual purposes reported by NGOs in 2007-2008 were found to be children, the youngest aged just 8 years old. Girls and women aged 13-25 were most often trafficked [13].

<sup>12</sup> Hazardous child labour includes production of bricks and construction work.

<sup>13</sup> Based on a 2006-2007 survey by Mith Samlanh (NGO), the Orphans and Vulnerable Children Task Force estimated that 24,700 children in Cambodia were living or working on the streets in 2007, mostly in urban areas.

According to the 2015 Trafficking in Persons Report of the U.S. Government, Cambodia is a source, transit and destination country for forced child labour and child sex trafficking. All of Cambodia’s provinces are a source for trafficking, while destinations primarily include cities within Cambodia as well as the rest of the region (Thailand, Viet Nam, etc.) and, increasingly, Africa. The report also reveals how children from impoverished families are highly vulnerable to forced labour, and that parents are often complicit in this practice [13].

### **(5) Children in institutions**

In Cambodia, residential care facilities include residential care institutions (or ‘orphanages’), transit homes and temporary emergency accommodation, group homes, pagodas and other faith-based care in religious buildings, and boarding schools [7]. The number of facilities and children admitted is shown in Table 2-2. The 2015 National Institute of Statistics study found that as many as 79% of 13-17-year-old children in residential care facilities have at least one living parent [13]. The same study reports that 75% of children aged 13-17 in residential care facilities named either escape from poverty or educational opportunities as the primary reason for entering residential care. Thus, many children are unnecessarily separated from their families and placed in institutions [7].

Table 2-2 Number of facilities and children living in residential care facilities (2017)

| <b>Type of Facility</b>   | <b>Number of Facilities</b> | <b>Number of Children</b> | <b>Number of Boys</b> | <b>Number of Girls</b> |
|---|-----------------------------|---------------------------|-----------------------|------------------------|
| Residential care institution                                    | 406                         | 16,579                    | 8,803                 | 7,776                  |
| Transit home and temporary emergency accommodation              | 25                          | 628                       | 280                   | 348                    |
| Group home  | 71                          | 1,592                     | 772                   | 820                    |
| Pagoda (wat) and other faith-based care in a religious building | 65                          | 1,349                     | 676                   | 673                    |
| Boarding school/Boarding house                                  | 72                          | 6,039                     | 3,130                 | 2,909                  |
| <b>Total</b>  | <b>639</b>                  | <b>26,187</b>             | <b>13,661</b>         | <b>12,526</b>          |

Source: [7]

In accordance with the United Nations Guidelines for the Alternative Care of Children (2009), the Cambodian government states 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. While the number of residential care institutions formally registered with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) as of 2015 was 254; the 2014-15 MoSVY survey revealed that a total of 16,579 children were reported to be living in the 406 residential care institutions. Based on 2015 population figures, this means that nearly 1 in every 350 Cambodian children lives in a residential care institution [7].

The 2014-15 MoSVY survey shows that many residential care institutions are not identified by the government and are outside the government’s regulatory framework. According to the survey, 21% of all the residential care institutions did not have a memorandum of understanding with the government and 12% were not registered with any government agency [7].

Also, many of the residential care institutions, called “orphanages”, are run by private or religious-based NGOs, most of which are funded by individual donors from abroad. Many of the institutions turn to “orphanage tourism” in order to attract funds and donations from donors and tourists, and to increase the

amount of financial support by increasing the number of children admitted to the institutions. This has led to an increase in unnecessary institutionalization by placing children in institutions without adequately assessing the situation of the child or the family and providing the necessary support [7].

### **(6) Children with disabilities**

According to the United Nations Children’s Fund (UNICEF), with some 9.5% of the Cambodian population estimated to experience at least some form of disability, and an estimated 15% of children aged between 2 and 9 years having an impairment, there is a need for early detection, inclusive education and social protection [10].

On the other hand, according to the 2013 Inter-Censal Population Survey<sup>14</sup>, the number of children with disabilities under the age of 19 was 52,240 [16]. Table 2-3 shows the number of children with disabilities by type of disability.

**Table 2-3 Number of children with disabilities by type of disability (2013)**

| Age Group | In Seeing | In Speech | In Hearing | In Movement | Intellectual Disability | Mental Illness | Other | Multiple Disabilities |
|-----------|-----------|-----------|------------|-------------|-------------------------|----------------|-------|-----------------------|
| 0 - 4     | 2,856     | 855       | 151        | 1,794       | -                       | 557            | 545   | 260                   |
| 5 - 9     | 4,568     | 1,520     | 654        | 1,946       | 662                     | 384            | 438   | 540                   |
| 10 - 14   | 4,475     | 1,486     | 793        | 3,310       | 2,121                   | 1,662          | 479   | -                     |
| 15 - 19   | 4,790     | 1,608     | 1,662      | 6,258       | 1,660                   | 2,687          | 1,468 | 51                    |

Source: [6]

### **(7) Children without birth registration**

In Cambodia, parents are obliged to register their child’s birth under Sub-Decree 103 on civil status (civil registration). The births of 27% of children under age 5 (approximately 1.6 million) were not registered in 2014. Birth registration had improved from 62% in 2010 to 73% in 2014. If trends observed between 2010 and 2014 continue, Cambodia will be able to achieve universal birth registration<sup>15</sup> by 2025 [13].

The level of birth registration in Cambodia shows some disparities, except by sex. It increases with the wealth status of households, the educational level of mothers and residence in urban areas. Significant variations are also found across provinces: four provinces (Phnom Penh, Svay Rieng, Kandal and Otdar Meanchey) had at least 80% registration, while two provinces (Kratie and Mondul Kiri/Ratanak Kiri) had less than 50% [13].

One of the reasons for unregistered births is that communes run out of the documents required to register newborns, and there was no routine system in place to request them. This often results in delays requesting new documents and long periods where communes do not have any stock. When communes run out of the documents, family members who wish to register their child’s births need to wait and return. However, many families do not return to register their child’s birth; thus, the births remain unregistered [17].

<sup>14</sup> The survey is conducted in the middle year of the decennial census. In 2013, a sample of 28,650 households was selected from all households (sample survey). Because of differences in the definition of disability, the estimated rates described in the previous paragraph cannot be simply compared.

<sup>15</sup> Target 16.9 of the Sustainable Development Goals (SDGs): By 2030, provide legal identity for all, including birth registration.



## 2.2 Child protection goals

### 2.2.1 Legal and policy framework

Cambodia ratified the United Nations Convention on the Rights of the Child (CRC) on 15 October 1992. Table 2-4 shows the status of the Cambodian government’s ratification of international conventions related to child protection.

Table 2-4 Status of ratification of international conventions related to child protection in Cambodia

| International conventions   | Year of ratification |
|---|----------------------|
| Convention on the Rights of the Child (CRC)   | 1992                 |
| Optional Protocol to the CRC on the Involvement of Children in Armed Conflict                                 | 2004                 |
| Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography                | 2002                 |
| Optional Protocol to the Convention on the CRC on a Communications Procedure                                  | -                    |
| ILO Convention 182 on the Worst Forms of Child Labour   | 2006                 |
| ILO Convention 138 on Minimum Age for Admission to Employment   | 1999                 |
| Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption | 2007<br>(accession)  |

Source: The Survey Team

Article 31 of the Constitution of the Kingdom of Cambodia stipulates that “The Kingdom of Cambodia shall recognize and respect human rights as stipulated in the United Nations Charter, the Universal Declaration of Human rights, the covenants and conventions related to human rights, women’s and children’s rights”. With regard to CRC in particular, Article 48 stipulates that “The State shall protect the rights of children as stipulated in the Convention on Children, in particular, the right to life, education, protection during wartime, and from economic or sexual exploitation. The State shall protect children from acts that are injurious to their educational opportunities, health and welfare”.

Cambodian laws do not provide the definition of the child but define the word “minor” instead, which refers in general to an individual under 18. Different laws define minor according to their objective [6].

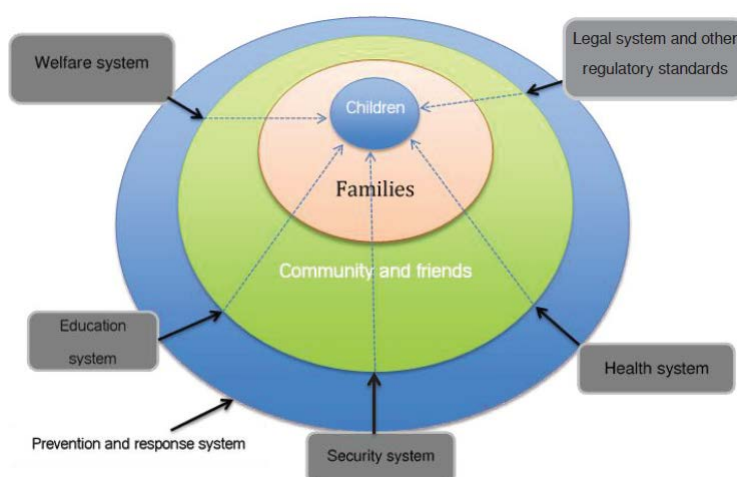
In order to implement the CRC, numerous laws, regulations, policies, national action plans and mechanisms related to child protection have been adopted and enforced. Key recent laws relating to child protection include the Inter-Country Adoption Law (2009) and the Juvenile Justice Law (2016). Despite the introduction of these new laws, Cambodia does not have a law that provides for the comprehensive protection of children from all forms of violence, abuse, neglect or exploitation as required by Article 19 of the CRC. Rather, there are a number of laws that give protection to particular children in particular situations [18]. In response to this situation, the government began developing a child protection law [10]. There are also challenges in the implementation of the new laws that have been introduced partly due to the lack of secondary legislation on implementation and the procedures to be followed, and partly due to a lack of technical knowledge and training on the new laws [18].

The Cambodian government has committed to upholding the rights of children, promoting children’s welfare, and improving education, maternal and child health, among others, in its Rectangular Strategy, which sets out the national development policy, and in its National Strategic Development Plan (NSDP), which is a roadmap for implementing the strategy. The Cambodia National Council for Children (CNCC) developed the National Action Plan for Child Development 2016-2018 to implement the NSDP (2014-

2018) [6]. The National Action Plan was developed to respond to the recommendations from the UN Committee on the Rights of the Child in 2011. The plan sets out the five priority areas of 1) improving the quality of education and capacity building, 2) promoting children’s social welfare, 3) strengthening the protection and prevention of children from violence, drugs, trafficking in persons, and hazardous labour, 4) strengthening cooperation, law enforcement, and legal frameworks and policies, and 5) strengthening national functions and capabilities, activities to be undertaken in the three years from 2016 to 2018, ministries and departments in charge, numerical targets to be achieved, and monitoring methods [19].

As the most recent policy, CNCC launched the National Policy on Child Protection System 2019-2029 in 2020. The child protection system outlined in the policy is shown in Figure 2-2.

The child protection system is based on the CRC principles, which states that it includes legal and policy frameworks, assistance and service delivery, human resources and finance, and changes in social behavior in the treatment of children to protect children from all forms of abuse and exploitation. In addition, the child protection system requires the participation of all stakeholders, particularly the areas of social welfare, education, health, security and justice.



Source: [20]

Figure 2-2 Child protection system

An outline of the National Policy on Child Protection System 2019-2029 is shown in Table 2-5.

Table 2-5 Outline of the National Policy on Child Protection System 2019-2029

|                  |   |
|------------------|---|
| <b>Vision</b>    | To ensure that all children in the Kingdom of Cambodia enjoy equal rights as stipulated in the Convention on the Rights of the Child and additional protocols including the rights to life, protection, development and participation.  |
| <b>Objective</b> | To achieve the above vision in the next 10 years, more raising of child protection is needed by strengthening the comprehensive and interconnected child protection system implemented by all stakeholders to respond to the protection of children from all forms of abuse and exploitation for the best interests of children.  |
| <b>Goals</b>     | <ol style="list-style-type: none"> <li>1. Develop and implement laws and regulatory standards related to effective child protection.</li> <li>2. Design and implement a multidisciplinary and interconnected child protection system.</li> <li>3. Develop human resources in law enforcement and regulatory standards and expertise in all relevant structures.</li> <li>4. Raise awareness and change social behavior in the positive treatment of children everywhere.</li> <li>5. Provide appropriate child protection according to the real situation.</li> </ol> |

Source: Prepared by the Survey Team with reference to [20]

## **2.2.2 Policies**

The main policies related to child protection in Cambodia are outlined below.

### **(1) Violence against children**

The Ministry of Women's Affairs led the development of the Action Plan to Prevent and Respond to Violence Against Children 2017-2021 [6]. For the development of the plan, the Ministry of Women's Affairs established the Steering Committee on Violence Against Women and Violence Against Children, whose membership includes 13 key government ministries and agencies<sup>16</sup>. The ministry also established four Technical Working Groups with members including government, development partners, civil society organizations, UN agencies, and youth [21].

In 2019, Cambodia became the 26th pathfinding country in the world for the Global Partnership to End Violence Against Children, committing to ending all forms of violence against children [10].

### **(2) Child labour**

To promote measures against child labour, the Ministry of Labour and Vocational Training developed the 2008-2012 National Action Plan to Eliminate the Worst Forms of Child Labour and the 2016-2025 National Action Plan on the Reduction of Child Labour and Elimination of Worst Forms of Child Labour. These National Action Plans highlight multi-sectoral intervention, which requires collaboration from other ministries, institutions and related partners. Subsequently, the National Committee on Child Labour has been established by the Government of Cambodia to facilitate the effective implementation of the plan. There are also other activities implemented by other relevant ministries including the Better Factories Cambodia Program by the Ministry of Commerce and the development and implementation of the Policy and 2016-2020 Strategic Plan on Child Protection and Development in Agriculture by the Ministry of Agriculture, Forestry and Fisheries [6].

The Better Factories Cambodia program<sup>17</sup> was launched by the ILO in 2001 to monitor garment factories' compliance with national and international labour standards, including child labour, by the Cambodian government (Ministry of Commerce, Ministry of Labor and Vocational Training, Ministry of Economy and Finance), Cambodian garment manufacturers, and others [22] [23].

The Policy and 2016-2020 Strategic Plan on Child Protection and Development in Agriculture by the Ministry of Agriculture, Forestry and Fisheries establishes a strategic framework to protect children working in the agricultural sector. The policy seeks to prevent and reduce child labour, especially in hazardous work, and improve agricultural vocational training for youth ages 15 through 17. Also, the Action Plan for Gender Equality Promotion and Child Labor Elimination in the Fisheries Sector 2016–2020 is overseen by the Ministry of Agriculture, Forestry and Fisheries to prevent and withdraw children from child labour and hazardous work in the fisheries sector [22].

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<sup>16</sup> The Ministry of Women's Affairs, MoSVY, CNCC, the Ministry of Tourism, the Ministry of Interior, the Ministry of Health, the Ministry of Education, Youth and Sports and others.

<sup>17</sup> Donors include Australia, Germany and the United States.

### **(3) Vulnerable children including children living and/or working on the streets**

The National Multi-sectorial Orphans and Vulnerable Children Task Force<sup>18</sup> launched “the National Strategic Plan on Orphans and Vulnerable Children 2013-2018” aiming at strengthening the care, support and protection for the orphans and vulnerable children and to address their root causes [6].

### **(4) Child trafficking**

The National Committee for Counter Trafficking has launched “the National Action Plan on the Suppression of Human Trafficking, Smuggling, Labour, and Sexual Exploitation 2011-2013” as a roadmap for the implementation at the national and sub-national level, as well as at international level, and then adopted the 2014-2018 National Action Plan. In addition, the National Committee for Counter Trafficking issued the Guidelines on Law Enforcement to Suppress Human Trafficking and Sexual Exploitation, which defines the measures to be taken against each offense [6].

### **(5) Children in institutions**

In order to provide a regulatory framework and guidance on alternative care, the Policy on Alternative Care for Children (2006), the Minimum Standards on Residential Care for Children (2006) and the Minimum Standards on Alternative Care for Children in the Community (2008) were developed. [6]. Based on the results of the survey of residential care facilities [7], the government has developed the action plan<sup>19</sup> with the goal of reuniting 30% of children in institutional care with their families by 2018 in the five priority provinces of Phnom Penh, Battambang, Siem Reap, Kandal and Preah Sihanouk [24].

### **(6) Children with disabilities**

The Government of Cambodia developed the National Disability Strategic Plan 2014-2018 to increase the attention on women and children with disabilities so as they receive equal and full rights and fundamental freedom. In order to implement the plan, the Disability Action Council<sup>20</sup> has been implementing the Disability Rights Initiatives in Cambodia Project with the long-term goal to improve the quality of life for persons with disabilities in Cambodia [6].

### **(7) Children without birth registration**

In 2016, the Government of Cambodia adopted the National Strategic Plan on Identification 2017-2026 that is a long-term policy for strengthening individual identification works, and to ensure its sustainability. In accordance with the plan, the Ministry of Interior has been taking measures such as building the capacity of civil registrars at the sub-national level [6]. Moreover, to address the problem of out-of-stock birth registration documents, UNICEF has been assisting to improve inventory management using an interactive voice response system on mobile phones [17].

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<sup>18</sup> The National Multi-sectorial Orphans and Vulnerable Children Task Force was established in 2006 by MoSVY.

<sup>19</sup> The Action Plan for Improving Child Care 2016-2018

<sup>20</sup> The Disability Action Council was established in 1997 as a semi-private national coordinating body under MoSVY, comprising representatives of relevant ministries and agencies, NGOs, and individuals involved in improving the welfare of persons with disabilities. The council prepares policies and plans for persons with disabilities in collaboration with government agencies and NGOs. [39].

## 2.3 Social service systems for child protection

### 2.3.1 Implementation structure

#### (1) Government administration of child protection

The Ministry of Social Affairs, Veterans Affairs and Youth Rehabilitation (MoSVY) is the lead ministry in the field of child protection in Cambodia. However, as the protection of children’s rights requires a cross-ministry response, the Cambodian National Children's Council (CNCC) was established in 1995. The CNCC is composed of members from 27 ministries and organizations. CNCC is chaired by the Minister of MoSVY. As a coordinating body, CNCC is responsible for monitoring the situation of children and making recommendations to the Cambodian government. CNCC has also established the National Child Protection Commission to collaborate and coordinate with ministries, relevant agencies, national and international NGOs, development partners and relevant institutions in the private sector. In addition to CNCC, there are national committees, task forces, working groups that coordinate on child rights and protection for each specific issue (child trafficking, disability, juvenile justice, and others) [6].

The National Policy on Child Protection System 2019-2029 states that child protection consists of three pillars: prevention, intervention, and response and service delivery, and identifies key ministries and agencies for each pillar as shown in Table 2-6.

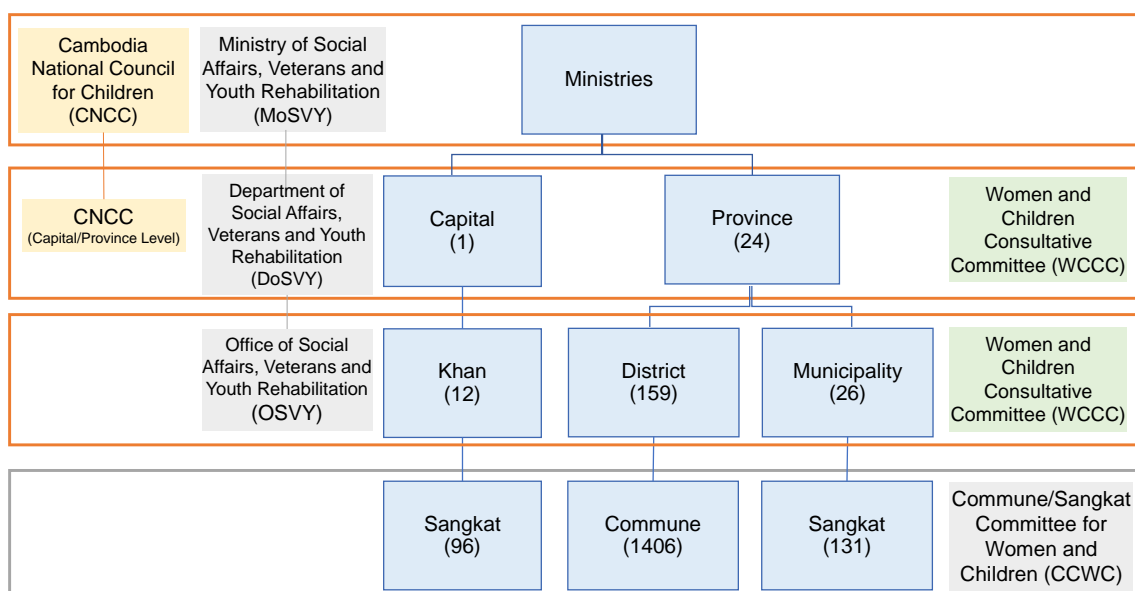
Table 2-6 Key responsible actors for child protection in Cambodia

| Prevention  | Intervention   | Response and service delivery   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• <b>Education system:</b> Ministry of Education, Youth and Sport</li> <li>• <b>Media:</b> Ministry of Information, Ministry of Posts and Telecommunications, and the Cambodian Chamber of Commerce</li> <li>• <b>Indigenous Religions and Traditions:</b> Ministry of Cult and Religion, Ministry of Culture and Fine Arts</li> <li>• <b>Mechanisms at the community level:</b> Department General of Administration of the Ministry of Interior</li> <li>• <b>Positive Family Welfare and Parenting System:</b> Ministry of Social Affairs, Veterans and Youth Rehabilitation and Ministry of Women's Affairs</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Court mechanism:</b> Ministry of Justice, Royal Academy of Judicial Professions</li> <li>• <b>Judicial Police Mechanism:</b> National Police Commissioner General, Police Academy of Cambodia, Royal Gendarmerie</li> <li>• <b>Mechanisms at the community level:</b> Secretariat General of the National Committee for Sub-National Democratic Development, Ministry of Interior</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Child and Family Welfare System:</b> Ministry of Social Affairs, Veterans and Youth Rehabilitation</li> <li>• <b>Education system:</b> Ministry of Education, Youth and Sport</li> <li>• <b>Health System:</b> Ministry of Health</li> <li>• <b>Social Supporting System:</b> Agriculture and Rural Development and Restoration Council, Ministry of Economy and Finance, Cambodia Chamber of Commerce</li> <li>• <b>Reporting System:</b> Ministry of Interior and National Police Commissioner General</li> <li>• <b>Helpline:</b> Ministry of Social Affairs, Veterans and Youth Rehabilitation</li> <li>• <b>Social Service Agent Mechanism:</b> Ministry of Social Affairs, Veterans and Youth Rehabilitation</li> <li>• <b>Legal Service Mechanism:</b> Ministry of Justice and Cambodia Bar Association</li> <li>• <b>Disaster Response Mechanism:</b> National Committee for Disaster Management, Cambodia Red Cross</li> </ul> |

Source: [20]

As shown in Figure 2-3, Cambodia’s local administration has a three-tier structure. MoSVY has the Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY) at the Provincial and Capital level and the Office of Social Affairs, Veterans and Youth Rehabilitation (OSVY) at the Municipality, District and Khan level.

CNCC has subordinate organizations in 24 Provinces and the capital Phnom Penh. Although CNCC does not have any organization below the Provincial or Capital level, the Cambodian government has established Province/District Women and Children Consultative Committees (WCCC) at the Province/Capital and Municipality/District/Khan levels and Commune/Sangkat Committee for Women and Children Committees (CCWC) at the Commune/Sangkat level. WCCC is established in the Capital/Provincial and Municipal/District/Khan Councils. WCCC and CCWC play roles in social development related to mother and child health, community preschool, hygiene, gender equality and especially child protection at the Sub-National level [6].



Source: Prepared by the Survey Team and [19]

Note: The number in parentheses is the number of administrative bodies.

Figure 2-3 Implementation structure for child protection

Since the early 2000s, the lowest level Commune/Sangkat<sup>21</sup> has been strengthened, and each Commune/Sangkat has established a Commune Council composed of councilors directly elected by the residents, which is expected to play a major role in providing social services. CCWC has been established under Commune Councils. CCWC consists of the Commune or Sangkat chief and deputy, a focal point for women and children, a commune clerk<sup>22</sup>, a member of the police, a member of the school faculty, a member of the health center and village chiefs from all villages it represents. The main roles and responsibilities of CCWC include awareness-raising on laws and policies related to women and children’s rights, mobilizing the public on health, education, child development and protection, and participating in the implementation, monitoring and evaluation of women and child-related work plan [19].

<sup>21</sup> Commune/Sangkat covers a population of about 15,000 to 20,000 people.

<sup>22</sup> A clerk of the Ministry of Interior.

According to the study conducted by World Vision Cambodia and others, WCCC is supposed to support Commune Council and CCWC, but it is reported that WCCC is not substantially involved in or supporting the activities of CCWC. Although many of the actual activities of CCWC are unknown, the survey revealed that many CCWCs provided support for family or were link to NGOs to prevent school dropout. The study also found that many CCWCs are underfunded with limited technical capacity, and move beyond their scope of responsibility [25].

## **(2) Non-governmental organizations**

In Cambodia, Civil Society Organizations (CSOs) have actively participated in the establishment, implementation and monitoring and evaluation of child rights-related policies, plans and programs. Local and International NGOs have been participating in the realization of child rights through programs and activities, such as early childhood care and development, child protection, nutrition, education, and water, sanitation, and hygiene [6].

The Partnership Program for the Protection of Children (3PC), a tripartite partnership of UNICEF, MoSVY, and Friends-International (NGO), has been working and coordinating with 11 NGOs, 6 technical partners, and 40 CSOs and other organizations to develop the infrastructure of child protection system and strengthen the capacity of actors involved.

### **2.3.2 Infrastructure**

#### **(1) Human resources**

In Cambodia, the roles and responsibilities of human resources engaged in social services and the qualifications required to perform their duties are not clearly defined. Furthermore, both the government and NGO social service providers recorded 46 different position titles (social worker, case worker, CWCC worker, etc.) [26].

Social workers<sup>23</sup> and other social service workers are the backbone of child protection systems. However, the number of social workers and other social service workers who provide child protection services in Cambodia is currently deficient. In Cambodia, the ratio of social workers<sup>24</sup> per capita is one per 27,000 population<sup>25</sup> [27].

While Cambodia has government staff that work in the social welfare sector, they are not classified as social workers. National- and district-level social welfare workers include the staff of MoSVY, DoSVY and OSVY, who provide services to vulnerable children and other vulnerable populations. Social welfare workers may be fully or partially trained as social workers and work for other vulnerable populations. In

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<sup>23</sup> Globally, social workers are often considered the leading professional cadre of the social service workforce. However, in many countries, the term “social worker” is used in the generic sense, without someone having professional qualifications through training, registration or licensing [39]. The same is true in Cambodia.

<sup>24</sup> The original text uses “social workers”, but the original data uses “social service workers”, thus the term “social workers and other social service workers” is used here.

<sup>25</sup> According to [29], developed European States have a ratio of one social worker to between 300-1500 inhabitants. Middle income countries: South Africa and Uganda, both have ratios of approximately 1:6000, a target that the Cambodian government could seek to match.

Cambodia, the number of government social welfare workers for children is very low – just 917 in 2012<sup>26</sup> – and the majority have not been formally trained as social workers [13].

The need for the social service workforce has been recognized in different policies, including the Juvenile Justice Law (2016). MoSVY has been building the capacity of social work at both national and sub-national levels. As part of this work, 3PC supports social workers in five focal provinces<sup>27</sup> [28].

Currently, the Royal University of Phnom Penh (bachelor's degree program<sup>28</sup>), National Institute of Social Affairs (NISA) (bachelor's degree program), and Saint Paul Institute (bachelor's degree program) offer professional education in social work. However, due to a freeze on recruitment and low wages for social work positions in government agencies, very few social work degree holders are actually employed as social workers [26].

In Cambodia, there is no legal recognition of the professional title of social worker [26].

## **(2) Budget**

Cambodia has successively increased the national budget in social sectors, especially education and health. For 2018, the budget planned for the social sector is 7,014,100 million Riels, which equals to 7.08% of the GDP, and with an increase of 21.9% compared to 2017. However, the government budget does not categorize the child protection budget separately. Moreover, because child protection activities are conducted through different ministries, it is difficult to get a sense of the overall amount spent. The budget has been allocated according to the requests of ministries/institutions, based on their program activities and on national budget possibilities [6] [13].

As for MoSVY, the central ministry responsible for child protection, the share of the MoSVY's budget in the national budget had increased from 2% in 2009 to 4% in 2016. The allocated budget increased from US\$45.4 million in 2009 to US\$178.5 million in 2016. However, a substantial portion of the budget goes to servicing retirees and veterans, leaving only a small percentage for other services, including children<sup>29</sup> [13].

CNCC has a separate budget within the annual budget of MoSVY. Its budget had increased from 145 million Riels in 2016 to 175 million Riels in 2017. CNCC has the right to receive and manage any fund received from international collaboration and other resources for its works [6].

The budget of Communes/Sangkats has been disbursed in accordance with the needs of each of them.

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<sup>26</sup> The breakdown is 291 for MoSVY, 287 for DoSVY, and 339 for OSVY.

<sup>27</sup> Kandal, Phnom Penh, Preah Sihanouk, Battambang and Siem Reap

<sup>28</sup> The master's level program was terminated in 2019 [26].

<sup>29</sup> In 2016, 1.7% of MoSVY's expenditure was on child welfare [15].



### 2.3.3 Social service delivery and intervention

#### (1) System for providing support services and interventions

The provision of assistance and services to at-risk children and families has been taken care of by the government, with the support of NGOs, CSOs and the private sector. The assistance and services include preventive, protection, emergency assistance, rehabilitation services, consulting, integration and monitoring [20]. MoSVY is the ministry tasked with the protection of children nationally; however, it lacks a mechanism for social service delivery at the Commune/Sangkat level and also the necessary funds to support it. Instead, services are often provided by NGOs, which results in limited coverage and changes based on NGO priorities [25].

CCWCs have been established at the Commune/Sangkat level closest to children and families, but there is insufficient information on what roles and functions they actually perform. According to the survey<sup>30</sup> by World Vision Cambodia and other organizations, CCWC is involved in the following activities: 1) providing support to pregnant women; 2) collecting information on vulnerable women and children; 3) providing support for resolving domestic violence; 4) supporting children to stay in school; 5) conducting awareness-raising activities (related to safe migration, prevention of human trafficking, child labour, and gender discrimination); 6) providing information on nutrition and hygiene; 7) training youth groups; 8) helping vulnerable women and children to solve their problems, and; 9) preventing sexual abuse. However, due to the limited technical capacity of CCWCs, these supports may be inadequate and do not lead to fundamental solutions, leaving children at continued risk. In case of sexual abuse, an overreliance on reconciliation of cases places victims at continued risk. For example, the primary response for children who have been sexually abused is to place them in temporary shelters or residential care institutions [25].

#### (2) Process of support services

This section provides an overview of the process of intervention for children whose rights and welfare are threatened in Cambodia. As an example, alternative care is described below. An overview of government agencies involved in alternative care is given in Table 2-7.

Table 2-7 Government agencies responsible for alternative care

| Level                   | Government agencies and their responsibilities   |  |
|-------------------------|--|--|
| <b>National level</b>   | <b>MoSVY:</b> Its responsibilities include managing and monitoring the implementation of policies, laws, regulations and legal procedures related to the implementation of the Policy on Alternative Care for Children; maintaining a national database of children in need of care and placement of such children outside the family and awareness-raising in relation to child protection. | <b>Ministry of Interior:</b> no direct responsibility but oversight of councils.   |
| <b>Provincial level</b> | <b>DoSVY:</b> Its responsibilities include a duty to carry out permanency <sup>31</sup> planning for all children in the province; support and guide the work of OSVY workers; expand resources to strengthen family-based care; collect data and  | <b>WCCC (Provincial Council):</b> Its responsibilities include collaborating with DoSVY and City/District/Khan OSVY and WCCC for planning and advocating for needed services for |

<sup>30</sup> Conducted in 2015 in 10 Provinces and 32 Communes/Sangkats in Phnom Penh Municipality.

<sup>31</sup> Permanency means ensuring a permanent and stable relationship with a particular caregiver.

| Level                        | Government agencies and their responsibilities  |  |
|------------------------------|---|--|
|                              | monitor the implementation of the Minimum Standards.  | children and families to enable DoSVY to carry out the tasks.  |
| <b>District/Khan level</b>   | <b>OSVY:</b> Its responsibilities include providing support, training and technical guidance to CCWC in collaboration with WCCC, and directly managing cases not covered by the Commune Council including but not limited to children in kinship or foster care, children placed in institutions and children in need of permanency planning. | <b>WCCC (District Council):</b> Its role includes the identification and assessment of children and families who face situations of risk where the CCWC are not able to do so.   |
| <b>Commune/Sangkat level</b> | n/a   | <b>Commune Council and CCWC:</b> They are responsible for implementing the tasks delegated by MoSVY. They also have a duty to visit a child or family who is facing difficult circumstances that may cause the family to disintegrate and for opening a file on a family or child where necessary. |

Source: [29]

### 1) Identification and referral of at-risk children and families

Alternative care placements across all forms of care, and particularly pagoda-based care and kinship care, often happen informally, arranged by families and care providers, without the involvement of government bodies. According to the Prakas<sup>32</sup> on Procedures to Implement the Policy on Alternative Care for Children (the Prakas on Procedures), the Commune/Sangkat councils have primary responsibility for identifying and assessing at-risk children and families; establishing a plan for access to necessary services; following up on the family’s progress to preserve the child’s welfare in the family; and making decisions on alternative care placement with kin in the same commune. This makes Commune authorities, and particularly CCWC, the first point of contact when a family requires support, or a child may require placement in alternative care. When the alternative care placement involves non-kin foster care, or involves placement in an institution or is a particularly difficult case, OSVY must be involved in this process. OSVY is also responsible for managing cases not covered by the Commune (CCWC) and collaborating with CCWCs to provide services to promote family preservation. However, a study commissioned by MoSVY in 2016 found that government organizations are not adequately responding to child protection cases and that challenges exist related to staffing, budgets, knowledge and skills of staff [29].

### 2) Family support services to prevent separation

The Prakas on Procedures provides that CCWCs, OSVY social workers and the WCCC are responsible for collaborating with NGOs, pagodas and other religious centers, to provide family support services in order to prevent separation and promote reintegration. In addition to creating a “service plan” and facilitating referrals between children and families and relevant services, this support should include follow-up visits to assess the needs and progress of the family and counselling and social work services when needed [29].

In practice, it appears that government authorities provide very little support to prevent the separation of families or promote reintegration. Neither CCWC members nor OSVY social workers reportedly deliver

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<sup>32</sup> A Prakas has the same status as a Regulation (i.e. secondary legislation).

counselling, case planning or material support themselves. Respondents consistently attributed this to time, budget and capacity constraints. Instead, OSVY and the CCWC tend to refer children to NGO services where these are available [29].

### **3) Reunification and reintegration**

The 2016 survey findings suggest that a considerable number of the cases currently being addressed by government authorities, particularly by DoSVY and OSVY social workers, appear to be cases of children who are moving from a residential care institution, to new, family-based care arrangements. These efforts contribute to the governments' target of safely reintegrating 30% of children in institutional care into family-based care by 2018, and are consistent with responsibilities set out in the Prakas on Procedures to Implement the Policy on Alternative Care for Children. However, given the limited staffing resources, the focus on reintegrating children already in care may detract from the government's ability to respond to new child protection cases when they arise in the general population. Several survey respondents expressed concern that government pressure to reintegrate children into families may, in some cases result in reunifying children into families where their welfare is at risk, compromising children's best interest [29].

#### **2.3.4 Evaluation and reporting**

While there is a relative wealth of data on child protection in Cambodia, data is dispersed across various sectors and studies. Furthermore, the establishment of a comprehensive database on children is not yet possible; only the National Institute of Statistics of the Ministry of Planning provides data related to children. Hence, CNCC collaborates with the National Institute of Statistics to incorporate 66 indicators on child rights, grouped in 4 clusters: education, governance, health and nutrition, and social welfare<sup>33</sup>. Besides this, there are sectorial databases such as the Health Information System for child health and nutrition and the Education Management Information System for the education sector [6]. Therefore, in order to improve the fragmented management of information, UNICEF has been supporting the establishment of a national Child Protection Information Management System (CPIMS) as part of the regular reporting system [18].

Existing data tools leave gaps in measurement that can be corrected. For instance, data on the perpetrators of violence against children do not distinguish between parents and step-parents, despite the fact that they pose different types of risks. Furthermore, improving the quality of data is also an issue. For example, concerning child trafficking, data sources are often based on small-scale surveys, resulting in a lack of detailed data and a lack of clarity on the actual situation. Also, there is no systematic mechanism for the timely dissemination of reliable information on child protection in an integrated and accessible format [13].

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<sup>33</sup> The source document states that the data can be found in CamInfo ([www.caminfo.gov.kh](http://www.caminfo.gov.kh)), but as of 9 November 2020, the link is not assessable.

## 2.4 Impact of and response to Coronavirus disease 2019 (COVID-19)

### 2.4.1 Situation of COVID-19 in Cambodia

According to the World Health Organization (WHO), as of 2 November 2020, 292 confirmed cases of COVID-19 have been reported, of which 254 cases (87%) were acquired overseas. No death has been reported. All cases since 11 April (161 cases) have been imported or directly linked to an importation event. There is no indication of localized transmission [30].

Table 2-8 Situation of COVID-19 in Cambodia (as of 2 November 2020)

|                                     |     |
|-------------------------------------|-----|
| <b>Cumulative number of cases</b>   | 292 |
| <b>of which ages 0-19</b>           | 7   |
| <b>Cumulative number of deaths</b>  | 0   |
| <b>New cases in the past 7 days</b> | 5   |

Source: [30]

In Cambodia, the spread of COVID-19 has been controlled through measures such as entry restrictions, enhanced quarantine, and active epidemiological surveillance. Although the direct impact of COVID-19 has been limited, the socioeconomic impact of COVID-19 is profound since Cambodia is economically heavily dependent on the international community and foreign capital.

### 2.4.2 Impacts and responses in the child protection sector

According to UNICEF, there are three main channels through which children are affected by the COVID-19 crisis: infection with the virus itself; the immediate socioeconomic impacts of measures (lockdown measures, school closures, etc.) to stop transmission of the virus and end the pandemic; and the potential longer-term effects of delayed implementation of the Sustainable Development Goals (SDGs) [31]. In Cambodia, as shown in Table 2-8, the cumulative number of infected children is only 7, and the direct impact of the disease itself is minimal. However, there are concerns that school closures, economic stagnation, and other factors will affect children who are particularly vulnerable and need protection, leading to an increase in child labour, child marriage, human trafficking, teenage pregnancy, and violence against children.

The major impact on the child protection sector in Cambodia has been the nationwide closure of schools since 16 March 2020. A joint statement by six organizations including World Vision (1 June 2020) stated that children’s education had been the hardest hit by COVID-19. A survey of children aged 10-17 revealed challenges in decreasing study time and accessing online learning materials [32].

The government reopened the 20 high-safety standard private schools in Phnom Penh, Siem Reap and Battambang in August 2020. After six months of closures, four provinces considered low risk for COVID-19 transmission (Kratie, Stung Treng, Ratanakiri and Mondulakiri) were allowed to reopen education facilities for all levels, from public kindergartens to high schools, while the rest of the country could reopen classrooms for Grade 9 and Grade 12 students. Safety measures include allowing a maximum of 20 students per classroom, with everyone seated two meters apart [30].

The Government of Cambodia, development partners such as UNICEF, NGOs and others have been taking the following measures and responses to the impact of COVID-19 in the area of child protection.

With UNICEF’s support, MoSVY immediately banned new admissions of children into any residential care facility to prevent transmission of the infection and directed all children who needed alternative care to provincial focal points. Also, visits by external people to orphanages were suspended, and supplies such as soaps and sanitizers were distributed to care facilities [33].

Due to the shortage of human resources for child protection, especially social workers with specialized education, MoSVY and UNICEF collaborated with the National Institute of Social Affairs (NISA) to recruit 20 graduates of NISA in order to deploy social workers in 20 provinces without social workers as an emergency measure. The graduates were provided with training prior to their deployment. These social workers will work closely with provincial and district staff and other stakeholders to prevent and respond to COVID-19 and help children for family reunification or place them in family-based care such as foster or kinship care [34].

In support of MoSVY, UNICEF developed case management guidelines for frontline child protection workers and released a new instruction on the roles and responsibilities of DoSVY in protecting vulnerable children when responding to the pandemic [35].

UNICEF and MoSVY assessed the needs of all registered residential care institutions and worked to assess the situation of children that had been returned to family care. MoSVY led the mapping of alternative care placements and provided a basic service package for all families with ID poor<sup>34</sup> cards, including kinship carers. The majority of households had phone access. All cases were prioritized either through phone calls or home visits, and hygiene kits were provided to all families as well as additional food support and additional emergency cash support to address the immediate income challenges families. Visits to high-risk families continued following public health advice with social workers and physiotherapists equipped with the personal protective equipment. An additional cash support and livelihoods component was added to existing child protection programming [36].

Table 2-9 summarizes the changes and challenges in the responses impacted by COVID-19 as described above. Some of the challenges include those that existed prior to the COVID-19 pandemic. In addition to the new measures required by COVID-19 (infection control, telephone calls to reduce contact, etc.), positive changes (promotion of employment of social workers, development of guidelines, etc.) were also identified.

**Table 2-9 Changes and challenges in responses impacted by COVID-19**

| <b>Area</b>   | <b>Major changes due to COVID-19</b>   | <b>Challenges</b>   |
|---|--|---|
| Education   | School closure and reopening, infection control in schools (ensuring social distance), the introduction of online learning | Ensuring learning, infection control in educational settings, improving the information and technology environment in education, and bridging the digital divide among students |
| Social workers (human resources for child protection) | Employment and deployment of social workers  | Training and employment of social workers   |

<sup>34</sup> The Government program to identify poor households.

|   |   |  |
|---|---|--|
| Residential care facilities                               | Suspension of new admissions, suspension of visits by outsiders, and implementation of infection prevention measures in facilities                                      | Preventing unnecessary institutional care, reducing dependence on NGOs (orphanage tourism), infection control in residential care facilities   |
| Support and protection of high-risk families and children | Developing case management guidelines, prioritization of cases, providing hygiene kits, additional food assistance, cash payments, infection control during home visits | Continuation of service provision in case of emergencies such as outbreaks, identification and data management of high-risk families and children, and securing remote communication means |

Source: Prepared by the Survey Team

## **2.5 Priority issues and suggestions in the child protection sector in Cambodia**

As stated above, since the ratification of the CRC, Cambodia has developed laws related to upholding the rights of child and child protection, developed related policies and guidelines, and established related organizations such as CCWC. However, there are still many issues related to child protection such as violence against children, child labour, and institutional care. In order to protect children from all forms of violence, abuse and exploitation, a more comprehensive, child-centered approach is required to address the root causes of these issues, rather than merely approaching each issue individually. Therefore, there is an urgent need to work towards building a comprehensive and interconnected child protection system, which is the goal of the government's National Policy on Child Protection System 2019-2029.

In Cambodia, the enhancement of human resources for child welfare and child protection, including social workers, is an outstanding issue. To improve the support services, the implementation system at the Commune/Sangkat level needs to be strengthened, especially at CCWC, which is involved in child protection at the level closest to children and their families. Furthermore, it is essential to develop an information system in the field of child protection, as well as an evaluation, monitoring and reporting system, in order to build and improve the child protection system in the future. Against this backdrop, the priority issues in the area of child protection in Cambodia and the actions considered necessary are as follows.

### **2.5.1 Enhancement of social service workforce, especially social workers**

In Cambodia, the number of social workers is still insufficient, although COVID-19 has finally led to the deployment of social workers in all provinces. Also, the number of MoSVY, DoSVY, and OSVY staff engaged in child protection is insufficient, and their education and training as social workers are incomplete. Therefore, in addition to training and hiring social workers and strategically deploying them, it is essential to strengthening their capacity by providing training to existing personnel. In order to achieve this, it is necessary to survey the current status of the social service workforce for child protection including social workers (the type of work, number of staff, place of work, location, training history, etc.), calculate the necessary number of staff, formulate a training and employment plan, and develop a training plan and conduct training for existing staff.

Moreover, in order to protect children from all forms of violence, abuse and exploitation, social workers are necessary not only in MoSVY and its umbrella organizations, but also in the fields of health, education and justice. Therefore, the training and deployment of social workers in related fields should also be considered in parallel.

### **2.5.2 Strengthening of coordination at each level and implementation system at the Commune/Sangkat level**

As mentioned above, the Communes/Sangkats at the lowest level have been strengthened, and CWCCs under the Commune Councils are expected to play a major role in providing child protection services. In order for the policies and policies of MoSVY and other related ministries to be implemented consistently at the Provincial, Capital, Municipal, District, Commune/Sangkat levels under a clear division of roles, it is essential to strengthen coordination among the various levels. To strengthen coordination, it is necessary to understand the current status of collaboration among CNCC, WCCC and CCWC, the leading organizations at each level, and consider measures to promote collaboration and division of labour.

At the Commune/Sangkat level, there is a need to strengthen case management capacity and service delivery, such as identification of high-risk children and families, assessment, and provision of necessary support. Since most of the service provision depends on the resources of NGOs, CCWC and OSVY need to improve the system to provide support services through collaboration, such as joint case management with NGOs.

In addition, it is necessary to prepare a simple guide and other documents that define the duties and responsibilities of CCWC, Commune chiefs, and other relevant personnel involved in child protection, and to develop training modules, and conduct training for relevant personnel. Given the fact that there are more than 1,600 Communes/Sangkats, it is desirable to consider a format that can be rolled out nationwide, such as online training.

### **2.5.3 Information system, monitoring, evaluation and reporting**

Since many ministries and relevant agencies are involved at the national and sub-national levels, the content and processes of statistical information systems, monitoring, evaluation and reporting related to child protection remain unclear. In addition to further implementation and utilization of the current initiative of CPIMS, it is necessary to conduct a survey to grasp the whole picture of surveys and researches related to child protection, statistical information systems, monitoring, evaluation and reporting, and to consider and implement necessary measures in order to build a child protection system.

## Chapter 3 Current Status of Child Protection: Lao PDR

### 3.1 Situation of children

#### 3.1.1 Basic statistical data related to child protection

As background, the basic statistical data related to child protection in the Lao People’s Democratic Republic (Lao PDR) are shown in Table 3-1.

Table 3-1 Basic statistical data related to child protection<sup>1</sup> in Lao PDR

|  |  | Indicators                                 | Year  | Total  | Male  | Female | Source |
|--|--|--|---|--------|-------|--------|--------|
| Demographics   | Population (thousands)   | 2019                                       | 2019  | 7,169  | 3,599 | 3,570  | [1]    |
|  |  | 2018                                       | 2018  | 2,726  | -     | -      | [2]    |
|  |  | 2018                                       | 2018  | 788    | -     | -      | [2]    |
|  | Age dependency ratio (% of working-age population)   |  | 2019  | 63.5   | 63.5  | 63.5   | [1]    |
|  | Urban population (% of total population)   |  | 2019  | 35.6   | -     | -      | [1]    |
|  | Total fertility (live births per woman)  |  | 2018  | 2.7    | -     | -      | [2]    |
| International migrants (thousands)                       |  | 2019                                       | 48  | -      | -     | [3]    |        |
| Child mortality  | Neonatal mortality rate (deaths per 1,000 live births)   |  | 1990  | 47.2   | -     | -      | [2]    |
|  |  |  | 2019  | 22.0   | -     | -      |        |
|  | Infant mortality rate (deaths per 1,000 live births)   |  | 1990  | 105.4  | 114.2 | 96.0   | [2]    |
|  |  |  | 2019  | 36.4   | 40.4  | 32.1   |        |
| Under-five mortality rate (deaths per 1,000 live births) |  | 1990                                       | 153.0   | 161.4  | 143.9 | [2]    |        |
|  |  | 2019                                       | 45.5  | 50.1   | 40.7  |        |        |
| Maternal health  | Age at first birth <sup>2</sup> (year old: y.o.)   |  | 2015  | -      | -     | 21.1   | [4]    |
| Nutrition  | Malnutrition (%) (0-4 y.o.)  | Stunted (moderate and severe) <sup>3</sup> | 2017  | 33.0   | 34.0  | 32.0   | [5]    |
|  |  | Wasted (severe) <sup>4</sup>               | 2017  | 3.0    | 3.2   | 2.8    |        |
|  |  | Wasted (moderate and severe) <sup>5</sup>  | 2017  | 9.0    | 9.4   | 8.6    |        |
| Education  | Completion rate (%)  | Primary education                          | 2017  | 83.4   | 83.5  | 83.3   | [2]    |
|  |  | Lower secondary education                  | 2017  | 53.5   | 54.2  | 52.9   | [2]    |
|  |  | Upper secondary education                  | 2017  | 31.1   | 31.6  | 30.6   | [2]    |
|  | Dropout rate (primary education) (%)   |  |   | 8.0    | 8.0   | 8.3    | [2]    |
| Family environment, Child protection                     | Birth registration rate (under 15 y.o.) (%)  |  |   | 73.0   | 71.8  | 73.1   | [5]    |
|  | Child marriage (age of first marriage of couples aged 20-24 y.o.) (%)  | Married by 18 y.o.                         | 2017  | -      | -     | 7.1    | [2]    |
|  |  | Married between 18 and 24 y.o.             |   | -      | -     | 32.7   |        |
|  | Children living in single-parent households (living with one biological parent) (0-17 y.o.) <sup>6</sup> (%) |  | 2017  | 10.7   | 10.8  | 10.5   | [5]    |
|  | Number of children in institutions   |  | (See Section 3.3.3 for number of children in respective institutions, as per available information) |        |       |        |        |
|  | Number of children with disabilities (5-19 y.o.) (persons)   |  | 2015  | 16,138 | 8,977 | 7,161  | [4]    |

<sup>1</sup> Concerning some indicators in the table, gender-disaggregated data are not indicated in the source literatures concerned, including the Datahouse of the United Nations Children’s Fund (UNICEF) (as indicated by “-”).

<sup>2</sup> The average age of women aged 25-49 years old at the time of the survey.

<sup>3</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median height-for-age of the WHO Child Growth Standards.

<sup>4</sup> Percentage of children aged 0-4 years who are below minus 3 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>5</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>6</sup> Percentage of children who live with either their fathers only or with their mothers only. Denominator is the number of children. In the same survey, the share of children living with both biological parents was 81.8%, 7.5% for children living with neither biological parent, and 0.1% for children with parent(s) whose information is missing (error of 0.1% in the source material) [5].



|        | <b>Indicators</b>  | <b>Year</b> | <b>Total</b> | <b>Male</b> | <b>Female</b> | <b>Source</b> |
|--------|--|-------------|--------------|-------------|---------------|---------------|
|        | GDP per capita (current US\$)  |             | 2,534.9      | -           | -             | [1]           |
| Equity | GDP growth (annual %)  | 2019        | 4.7          | -           | -             | [1]           |
|        | Unemployment rate (% in the total labour force)                          | 2017        | 9.4          | 10.7        | 7.8           | [1]           |
|        | Employment rate informal sector, agriculture excluded (%)                | 2019        | 76.0         | 72.0        | 80.0          | [1]           |
|        | Child poverty level (multi-dimensional poverty) <sup>7</sup> (0-17 y.o.) | 2018        | 50.4         | -           | -             | [6]           |
|        | Gini coefficient   | 2012        | 36.4         | -           | -             | [1]           |

### **3.1.2 Social, economic, political, and cultural situation**

Established as a people’s democratic republic in 1975, Lao PDR had implemented planned economy. In 1986, Lao PDR formally adopted policies towards reform, centered on market economy and economic opening. Owing to its rich natural resources and energy sector, the country achieved the economic growth at annual average of 5-8% since the 1990’s [7]. There was a notable progress concerning poverty reduction, and overall improvement was seen in terms of health and education [8]. The Human Development Index (HDI) of Lao PDR in 2020 was 0.613. The index has been following an upward trend since 1990 [9]. Its Sustainable Development Goal (SDG) index is 62.06, ranked at the 116<sup>th</sup> position among 166 countries [10].

Lao PDR was categorized as a Least Developed Country (LDC) by the criteria of the United Nations Committee for Development Policy. It fulfilled the requirements to graduate the LDC status [11], and if the requirements are fulfilled again in 2021, the formal graduation is expected in 2024 [12]. With such background, in 2016, in addition to the “8<sup>th</sup> National Socio-Economic Development Plan (2016-2020)” following the five-year cycle planning, Lao PDR also adopted “10 Year Socio-Economic Development Strategy (2016-2025)” and “Vision 2030” [7] . With a view to achieving upper middle-income country status, the country aims at sustainable and inclusive development as well as notable economic growth [13].

Meanwhile, there are remaining socio-economic issues. There are various disparities between rural areas inhabited by approximately 70% of the population (particularly remote areas including mountainous regions which occupy approximately 80% of the territory) and urban areas, in terms for instance of access to basic services including basic infrastructure such as road networks, health and education, nutrition and economic opportunities such as employment and income<sup>8</sup>. The Lao government has been devising support to these disadvantaged areas and addressing poverty reduction. However, due to reasons such as limited human resources and budget, the progress has not necessarily been favorable [14]. As mentioned in Section 3.1.3, in some aspects on health and nutrition, the standards of Lao PDR are the lowest in Southeast Asia [8] [15]. In addition, there are other problems such as natural disasters such as the major flooding in 2018 combined with its multi-faceted impacts (such as soil degradation, as well as decline in agricultural production and productivity) [13], pressures on land use and soil quality by population growth and large-scale investment, livestock pest and disease, along with the consequent food insecurity [14].

<sup>7</sup> Multi-dimensional poverty is calculated as a share of children facing 3 or more dimensions of deprivation (see Section 3.1.3).

<sup>8</sup> Lao PDR is a country consisting of numerous ethnic groups including Lao which constitute 53% of the population (in 2015 [4]). With regard to disparities in terms of access to services and improvement of livelihoods, it is reported that they depend geographical more than ethnic factors. It is pointed out that many ethnic minorities traditionally live in remote mountainous areas with difficult road access, and the progress of poverty reduction is slow [14].

Furthermore, as described in Section 3.4, there are major impacts of Coronavirus disease 2019 (COVID-19) on the economy of Lao PDR. The structural vulnerability of macro-economics, which lingered even during the period of steady economic growth, has been aggravating due to the impacts of COVID-19, while the national revenue declines and public debts accumulate. Fiscal deficits are estimated to reach 7.6-8.9%. By industry, the resilience of agricultural sector proves to be relatively higher than other sectors. Supported also by the forestry and pulp export, the sector production is expected to increase from -0.6% in 2019 to 2% in 2020. However, most other sectors than agriculture, particularly highly labor-intensive service sector and sectors linked with regional and world value chains, such as tourism, wholesale and retail and manufacturing, have been hardly hit. Against such backdrop, the economic growth of Lao PDR is estimated to largely decelerate, at the rate of -0.6% to -2.4% in 2020. For 2021, based on the assumption that the pandemic is under control domestically, fiscal support measures are effectively implemented and new factors to obstruct the recovery of world economy do not emerge, the growth rate is estimated to be 4.9%. If such favorable development is limited, the rate is estimated to be 2.8% [8] [15] [16].

### **3.1.3 Key issues on child<sup>9</sup> protection**

Owing to the socio-economic improvement described above, and to public and private support explained below, the situations of children have generally been improved, in terms of health, sanitation, nutrition, education and child protection among others [17]. However, there are remaining issues including the following.

#### **(1) Socio-economic situation**

According to the Multiple Overlapping Deprivation Analysis (on nutrition, health, education, early childhood development, child protection, water, sanitation, housing) which was conducted as based on the Lao Social Indicator Survey II (LSIS II) of 2017, the under 18 poverty ratio is 50.4% (see Table 3-1). There are large regional disparities. The degree and intensity of deprivation are highest in Phongsaly Province, Saravane Province, Savannakhet Province, Sekong Province and Xaysomboune Provinces, while it is lowest in Vientiane Capital<sup>10</sup> [18]. Concerning children aged 5 years old or older, the poverty ration is reported to be particularly high among children whose mothers were married under 18 years old or have low education attainment, children remote areas including those of ethnic minorities living in mountainous highlands, and children in households with 3 or more children [19]. It is also reported that stunting ratio among children in most impoverished households is approximately 3 times higher than that of wealthiest households, while the malnutrition ratio in rural areas isolated from road networks is approximately two-fold of that in urban areas [14]. The statistical figures concerning the malnutrition of children (for instance, concerning under-five mortality rate, 118 deaths in 2000 versus 47 deaths in 2018 per 1,000 live births) and maternal mortality (546 deaths in 2000 versus 185 deaths in 2017 per 1,000 persons) largely improved over the years. However, these remain to be among the highest in Southeast Asia [15]. Stunting also declined from 44% in 2014 to 33% in 2017 [13]. Yet, even among wealthy households, 20% of the children in these households are stunted. The reasons attributed include maternal health, knowledge on childrearing, high

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<sup>9</sup> The Law on the Protection of the Rights and Interests of Children (2017) of Lao PDR defines a “child” as being under 18 [35].

<sup>10</sup> In this report, in line with the description of numerous literatures reviewed, Vientiane City is referred to as Vientiane Capital.

ratio of childbirth at young age<sup>11</sup> and low sanitation, as well as the issues related to access to social services [13] [19]. As mentioned above, access to services and livelihoods depend more on geographical than ethnic factors. On maternal health, among ethnic minorities, safe delivery ratio of mothers in easy-to-access areas is reported to be 3 times higher than mothers living in remote areas [20].

## **(2) Violence, abuse, neglect**

Numerous literatures reviewed for this survey point out a longstanding issue of major significance which is the limited data concerning child protection in Lao PDR, along with the resultant difficulty to understand violence, abuse and exploitation based on statistical figures [21]. With this background, the Violence against Children Survey was carried out in 2014, for the first time in Lao PDR<sup>12</sup>. The results of the survey showed that most cases of physical, psychological and sexual violence, and neglect occurred in home environment, that there were more male than female victims<sup>13</sup>, and the ratio of violence was higher in households where the education attainment of the head is low and in impoverished households [22]. The afore-mentioned LSIS II included a survey item entitled “child discipline (attitudes toward physical punishment)”. It was reported that 69% of children aged 1-14 (70.3% of boys and 67.7% of girls) responded that they experienced some form of “violent discipline”<sup>14</sup> in the preceding month, while 25.4% of mothers/caretakers of children aged 1-14 believed that physical punishment was necessary [21] [5].

## **(3) Child labour**

In Lao PDR, a child labour survey was conducted in 2010 (of which the report was issued in 2012). It was reported that 15% of children aged 5-17 (13.1% of boys and 17.1% of girls) was working, of which 10.1% (9.0% of boys and 11.2% of girls) was engaged in child labour (children aged 5-17 working in mining and construction industries, in some specified hazardous occupations, and for 49 hours or more in a week, and children aged 5-13 years who are working for any number of hours). 90% of child labour was seen in agriculture, and child labour was rare in the industry sector [23]. In addition, it was reported that 94% of children engaged in child labour was either out of school or never attended schools, that child labour was mainly in rural areas, and that 89% of the children working lived in rural areas [24]. The afore-mentioned LSIS II also included child labour, where children in child labour are defined to be those working longer than the number of hours set by age groups (1 hour or more for 5-11 years old, 14 hours or more for 12-14 years old, and 43 hours or more for 15-17 years old), engaged in household chores (in a week, 28 hour or more for 5-14 years old and 43 hours or more for 5-17 years old), or working under hazardous conditions.

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<sup>11</sup> The ratios of marriage and childbirth at young age are among the highest in Southeast Asia. According to a report by the government of Laos issued in 2015, concerning 15-19 year old girls, 1 out of 4 is married, 1 out of 10 starts childrearing, and 1 out of 5 drops out of school [14]. UNICEF website page [84] refers to the calculation of the number of childbirths at young age, as being 83 out of 1,000 persons.

<sup>12</sup> This was a national survey based on the retrospective assessment of physical, psychological and sexual violence experienced up to 18 years of age, targeting children aged 13-24 at the time of the survey. The clear definition of violence is not provided [22].

<sup>13</sup> The survey report presents gender-disaggregated figures on physical, psychological and sexual violence. The figures on physical violence are 16.9% for boys and 15.0% for girls, on psychological violence, 17.7% for boys and 24.2% for girls, and on sexual violence, 12.0% for boys and 7.3% for girls [22].

<sup>14</sup> The said report does not provide the definition of “violent discipline”. In the explanation of the indicator concerned, “violent discipline” is affiliated with physical punishment and/or psychological aggression. The definition or explanation on the physical punishment and physical aggression is not provided. The information by UNICEF describes physical punishment as shaking, spanking, hitting or slapping the child on such parts as the bottom, leg and arm with barehand or a hard object, and psychological aggression as shouting, yelling or screaming at the child, and/or calling the child dumb, lazy or a similar term [76].

By this definition, 42.5% of children (42.9% of boys and 42.1% of girls) was in child labour [5]. According to the report by the Ministry of Labour and Social Welfare (MOLSW), the figure for child labour of children aged 5-17 was 15% (13% of boys and 17% of girls) in 2015<sup>15</sup>, and when based on the calculation from the 2017 labour force survey by applying LSIS II definition, 42.8% (42.4% of boys and 43.2% of girls) was in employment [25].

#### **(4) Trafficking in persons**

The compiled information on child trafficking is not available. The record of the Office of the Supreme People's Prosecutors showed that there were 28 cases of trafficking in persons under 18 years of age (with 31 offenders) in 2016, 21 cases (with 21 offenders) in 2017 and 29 cases (with 33 offenders) in 2018 [26]. According to a report by UNICEF, not specified to children, while the number of officially detected victims of trafficking in person was 184 persons in 2016 and 86 in 2017, the actual number was considered to be much higher. The report on the protection and support facilities of the Lao Women's Union (LWU) (see Section 3.3.3) indicated that 52 persons (of which 47 persons were victims of trafficking in persons for labour, and 5 persons were victims in-country) used the facilities<sup>16</sup> [19]. The human rights report by the United State Department of State in 2017 mentioned that approximately 60% of the victims of trafficking in persons were girls aged 12-18 [27]. In addition, the Office of the United Nations High Commissioner for Human Rights (OHCHR) reported that in 2014 to 2015, many children were trafficked to Thailand as destination, mainly for prostitution, household work, work in factories and on fishing boats. There were cases where the victims were sold as bride to China [28].

#### **(5) Children in institutions, orphans, street children**

As shown in Table 3-1, more than 80% of children in Lao PDR live with both parents. According to the information by OHCHR based on the resources dated between 2011 to 2016, the family and community ties are strong and hence, most children live with their direct families or relatives. Orphans are generally cared for by relatives, and may also be adopted by them. The term adoption is commonly used to refer to any care provided by relatives and non-relatives regardless of duration. Monitoring of children in alternative care is under the responsibility of the Committee on Protection and Assistance to Children and village organizations (see Section 3.3.3). While children are entrusted to protection and support facilities for care (see Section 3.3.3), decisions are generally made by parents, often in consultation with relatives, the head of the village and ministry officials [28]. The information in English to clearly indicate the number of children in protection and support facilities, orphans, and street children in Lao PDR is not available. The information in this regard obtained by this survey is described in Section 3.3.3. The related figures reported by UNICEF include the number of children in disabilities in institutions in Lao PDR in 2018, namely, 1,010 persons (602 boys and 408 girls) [19].

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<sup>15</sup> As these figures are almost identical to those of the 2010 Child Labour Survey, the report appears to be using the above-mentioned figures from this survey.

<sup>16</sup> According to the on-site interviews by Japan International Cooperation Agency conducted in December 2019, among the persons staying in the shelters of LWU, many were those repatriated from Thailand and China. In 2019, 10 persons from Thailand and 94 persons from China stayed in the shelters. It was further explained that in the past 10 years the number of persons repatriated from Thailand have been declining, while those from China have been increasing.

## (6) Birth registration

As shown in Table 3-1, the birth registration ratio of children under 5 is 73%. This is the figure based on the outcome of LSIS II, which did not indicate the improvement from the outcome of LSIS I (carried out in 2011-2012), namely, which was 75% [29]. Possible factors to hinder the progress of registration include the complexity and the fee concerning the registration procedures (recording in the family registration book), lack of knowledge on the registration procedures among some parents and caregivers. Birth registration rates are reportedly highest among children of more educated mothers, and those of families from higher income quintiles [30]. The Lao government has been endeavoring to improve birth registration ratio. For instance, the Ministry of Home Affairs, which is the main responsible agency, implements the free of charge mobile birth registration initiative, reaching out to the population in remote areas on important occasions such as the Children’s day [31]. However, there are numerous issues including the limited staff capacity, lack of awareness of importance and benefits of the registration among the population, cumbersome nature of recording and data retrieval concerning paper-based registration<sup>17</sup>, as well as the lack of transportation and operational budget for outreach services in case of the registration in remote areas<sup>18</sup> [32].

## (7) Disabilities

Concerning children with disabilities as well, reference is made to the limited development of data collection system and the lack of information including statistical figures [33]. The survey outcomes covering persons with disabilities of whole age groups. The census which include disabilities among the survey items aggregates the figures for persons aged 5 or older<sup>19</sup>. Table 3-2 shows the number of children with disabilities indicated in the said census<sup>20</sup> [4].

Table 3-2 Number of persons with disabilities (persons)

|        |                 | Whole population | Persons with disabilities in total | Seeing | Hearing | Walking | Remembering | Self-caring | Communication |
|--------|-----------------|------------------|------------------------------------|--------|---------|---------|-------------|-------------|---------------|
| Total  | All ages        | 5,810,245        | 160,881                            | 78,175 | 71,667  | 75,506  | 69,743      | 63,665      | 54,964        |
|        | 5-9 years old   | 679,209          | 5,553                              | 815    | 1,197   | 1,716   | 2,315       | 3,497       | 2,804         |
|        | 10-14 years old | 718,606          | 5,022                              | 1,047  | 1,329   | 1,941   | 2,098       | 2,223       | 2,456         |
|        | 15-19 years old | 699,010          | 5,563                              | 1,205  | 1,790   | 2,093   | 2,438       | 2,200       | 2,757         |
| Male   | All ages        | 2,908,308        | 80,766                             | 37,422 | 33,841  | 34,866  | 30,852      | 28,439      | 25,232        |
|        | 5-9 years old   | 345,380          | 3,072                              | 473    | 691     | 940     | 1,245       | 1,887       | 1,572         |
|        | 10-14 years old | 363,026          | 2,801                              | 587    | 735     | 1,081   | 1,135       | 1,214       | 1,333         |
|        | 15-19 years old | 354,360          | 3,104                              | 658    | 953     | 1,179   | 1,333       | 1,213       | 1,475         |
| Female | All ages        | 2,901,937        | 80,115                             | 40,753 | 37,826  | 40,640  | 38,891      | 35,226      | 29,732        |
|        | 5-9 years old   | 333,829          | 2,481                              | 342    | 506     | 776     | 1,070       | 1,610       | 1,232         |
|        | 10-14 years old | 355,580          | 2,221                              | 460    | 614     | 860     | 963         | 1,009       | 1,123         |
|        | 15-19 years old | 344,650          | 2,459                              | 547    | 837     | 914     | 1,105       | 987         | 1,282         |

Source: Compiled as based on [4]

<sup>17</sup> The birth registration in Lao PDR is carried out by the recording in the family registration book which contains the records of family-related vital events [32].

<sup>18</sup> The “Civil Registration and Vital Statistics Project” (2020-2025) is implemented by the World Bank, with the aim to consolidate the system to register birth, marriage and death through the establishment of the civil management information system [32] [84].

<sup>19</sup> Concerning children with severe disabilities, UNICEF website reports that they are usually kept at home. However, timing of the update of this information is unknown, since the school attendance ratio of children with disabilities (regardless of the degrees) (4%) that are presented alongside is that of 2007-2008 [33].

<sup>20</sup> In this survey report (in English), the term “disability” is used in the title and when referring to disabilities in general, whereas “difficulty” is used when referring to types of impairment inside the table. In the terminology section of the report, disability and difficulty are used interchangeably. Concerning the number and percentage of persons with disabilities under 5, the information in English is unavailable in the said report and other literatures.

The main causes of disabilities in Lao PDR include Unexploded Ordnance (UXO) from the Indochina war, traffic accidents, diseases and congenital conditions [14]. UXO affect 15 out of 18 provinces, and approximately 25% of all the villages of the country. However, due to the progress of the clearance work and awareness raised among the population, the number of casualties was reduced largely from 302 persons in 2008. The number continues to decline in recent years, to 41 in 2017 (of which 8 boys and 7 girls), 24 persons in 2018 (of which 9 boys and 5 girls) and 25 persons in 2019 (of which 5 boys and 5 girls) [25].

## 3.2 Child protection goals

### 3.2.1 Legal and Policy framework

#### (1) International conventions

Table 3-3 shows the international conventions related to child protection which were ratified by the Lao government.

Table 3-3 International conventions related to child protection ratified by the Lao government

| International convention  | Year of ratification |
|---|----------------------|
| Convention on the Rights of the Child (CRC)   | 1991                 |
| Optional Protocol to the CRC on the Involvement of Children in Armed Conflict                                 | 2006                 |
| Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography                | 2006                 |
| Optional Protocol to the Convention on the CRC on a Communications Procedure                                  | -                    |
| ILO Convention 182 on the Worst Forms of Child Labour   | 2005                 |
| ILO Convention 138 on Minimum Age for Admission to Employment   | 2005                 |
| Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption | -                    |

Source: Compiled by the Survey Team

#### (2) Domestic laws

##### 1) Constitution of Lao PDR

In the Constitution of the Lao People’s Democratic Republic, under the Chapter II (Socio-Economic System), the Article 22 stipulates that “the State attends to developing education and implements compulsory primary education in order to build good citizens with revolutionary competence, knowledge and abilities”, and refers to the creation of opportunities and favorable conditions in education for all people, especially people in remote areas, ethnic groups, women and disadvantaged children. The Article 25 stipulates that the State attends to improving and expanding public health services, and that the State and society attend to creating conditions where all people, especially women and children, impoverished people and people in remote areas, are ensured of access to health care. The Article 29 stipulates that the State, society and families attend to implementing development policies and supporting the progress of women and to protecting the legitimate rights and benefits of women and children [34].

##### 2) Laws related to child protection

The Lao government attaches importance to the protection of the rights and interests of children, and has been attending to developing laws, regulations, policies and support mechanisms [28]. With regard to child welfare in general, the Law on the Protection of the Rights and Interests of Children (2007) stipulates on the rights of children (including safe life and development, birth registration, protection and care by parents, access to health care, education opportunities, freedom of expression, access to information suitable for the age and protection from information, protection from abuse, and special legal protection), along with their provision and violation. It also refers to the need to consider the best interest of children at the time of decisions by guardians, as well as decisions concerning care, education, medical treatment and adoptions, among others. The Law also stipulates on the responsibilities of children (respect to parents, guardians, families, teachers, leaders, elders and others, assistance to parents, guardians, family, elders and persons

with disabilities, diligent attitudes for study, care for own health and hygiene and consideration for public property, respect to laws, love for the nation, and contribution to social activities), and the responsibilities of the nation and society towards children [35].

Concerning violence against children, the Law on Preventing and Combatting Violence against Women and Children) (2015) prohibits all forms of violence against women and children. It also makes reference to, *inter alia*, awareness raising and strengthening of origins for prevention and responses, roles and obligations of individuals including reporting, support measures to victims, procedures for investigation and resolution of incidences (including mediation and court procedures), and the roles of ministries and departments [36]. As for trafficking in persons, the Law on Anti-Trafficking in Persons (2016) stipulates that trafficking is considered as a penal offence. According to the Law, when the victim is a child, the act shall be considered as trafficking in persons even if it involves consent or voluntary of the child. The Law also stipulates that any child victim of trafficking in persons or any child accompanying any victim or any child victim in school age shall have the right to continue to learn in the school or educational institution, and if victims do not have conditions for further study, they shall be provided with an opportunity for any professional or vocational training in order to have access to employment, to gain incomes and to improve living conditions [37].

Regarding child labour, the Labor<sup>21</sup> Law (as revised in 2018) defines the age of youth labor as being between 12 and 18 years old. It stipulates that child labour means “youth labor unauthorized to work in dangerous jobs or sectors, working overtime, or undertaking hard labor”, “including children under the age of twelve years undertaking economic work”. As for the acceptance of youth employees, although employers may accept employees under 18 (not younger than 14), these employees are prohibited from working overtime. The Law further stipulates that when necessary, employers may accept and use youth employees under 14 (not younger than 12), on the conditions that the work is a light work without negative physical or psychological impacts, or a light work which will not obstruct attendance of school, professional guidance or vocational training. On labor inspection, the Law refers to the “use of child labor and female labor” [38].

Concerning legal procedures of cases involving children, the Law on Juvenile Criminal Procedures (2013) stipulates on prohibition against violating the rights and freedoms of children, prohibits acts of unlawful holding, arrest, detention, property or physical search of the child, offenders shall be prosecuted and subject to criminal liabilities as well as compensatory fines. If the offense is serious, it is permissible to hold a child in custody for 48 hours if necessary, and it carries a maximum sentence of 3 years imprisonment or more, provided that there are strong and sufficient evidence. The officers must notify the parents on the grounds for holding the child and inform them of their legal rights [31]. The Penal Code (as revised in 2017) stipulates on the penalties and fines concerning the cases where children under 15 who committed an act that did not cause danger to the public (may be applicable to offences by children of aged 15-18) (including education and guidance, expression of apology in public venues, civil compensation by parents or guardians, and reporting to relevant agencies). It also stipulates on the penalties and fines applied to employers who

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<sup>21</sup> Different spelling (labor or labour) is used in different literatures. This chapter employs labour, which is used in many literatures, with the exception of official documents, in which case the spelling follows that in the respective documents.



engage children aged 14-18 in the environment not abiding by the Labor Law, to offenders of trafficking in persons, to those who committed discrimination against children, to those who deprived children of their rights to enjoy liberty, on the cases of sexual exploitation, prostitution, obscenity, child pornography, on the torture and torment of children, on the disclosure of a child's private identity, on the abandonment of a child, and on the juvenile marriage [39]. The Law stipulates on the minimum age of criminal responsibility as 15 years old [40].

With regard to children with disabilities, the Government's Decree on Persons with Disabilities (2014) was legalized into the Law on Persons with Disabilities in 2018. The aim was to reinforce the protection of rights and interests of persons with disabilities, eliminate discrimination, create enabling environment for self-development and self-reliance, promote access to social services and enhance equality under law. The Law provides clearer definition of persons with disability, and includes articles on the obligations of parents to care for children with disabilities [31] [41]. Concerning education of disadvantaged children including children with disabilities, the Education Law (as revised in 2015) stipulates that all Lao citizens, regardless of ethnicity or race, have the equal right to receive quality education and lifelong learning. It provides mandatory education to be completed by the citizens (at least up to the lower secondary school, up to 14 years of age). It further stipulates that students from families in poverty, disadvantage, of disabilities, of great talent or excellent students (especially girls and ethnic students) shall receive allowances according to the regulations [31] [42] [43].

In addition, the Family Law (as revised in 2008) stipulates on the regulations, principles, and the measures on marriage, causes of divorce, the matrimonial relationship, adoption of children, rights of parents and children, the protection and creation of strong families. It prohibits forced or obstructed marriage, and refers to the obligations of the state to protect the rights of mothers and children [42]. The Law further stipulates on responsibilities of parents for children and the support of parents and society to provide care to children, in addition to the Law on the Protection of the Rights and Interests of Children mentioned above. It also includes provisions on birth registration [44].

As for adoption, the Decree on Adoption of Children was enacted in 2014, providing specific procedures for domestic and intercountry adoption. The Government appointed the Ministry of Justice as the "focal point agency" [30].

### **3.2.2 Policies**

#### **(1) The 8<sup>th</sup> National Socio-Economic Development Plan**

The 5-year National Socio-Economic Development Plan (2016-2020) (8<sup>th</sup> Plan) upholds political stability, peace and order, poverty reduction, graduation from LDC status by 2020 through continuous, inclusive and sustainable growth, effective management and efficient utilization of natural resources, development based on national potentials and advantages, and regional and international integration. Its outcomes are (i) sustained and inclusive economic growth with reduced economic vulnerability; (ii) human resource development, capacity upgrading of public and private sectors, poverty reduction, improved access to education and health services, protection of the country's unique culture, political stability, social peace

and order, and maintenance of justice and transparency; and (iii) natural resource and environmental conservation, and their utilization according to green-growth and sustainable principles, readiness to cope with natural disasters and climate change, and reconstruction following natural disasters<sup>22</sup>. Concerning the reference to children, the outcome 2 includes improvement of nutrition and health particularly of disadvantaged children along with their access to health, promotion of universal access to quality education from pre-school to higher grades, and social security service to children. The cross-sector outputs include the protection of the rights and interests of children, reduction of violence and discrimination against children, promotion of development and social participation of children, and the enhancement of girls' participation in the development process [20].

## **(2) Strategies and plans related to child protection**

The literatures reviewed for this survey refer to various strategies and plans related to child protection<sup>23</sup>. Main strategies and plans in this regard are described as follows.

On overall social welfare, including child protection, the “Strategic Plan for Social Welfare Development (2011-2020)” comprises subjects on health, disability and old-age insurance pensions, as well as emergency assistance, food aid, disaster management, measures related to UXO and trafficking in persons. On support to children, reference is made to facilities for neglected and abandoned children under MOLSW [44]. From the perspective of social insurance, “National Social Protection Strategy” upholds a vision to ensure access to basic social protection services, consisting of health insurance, social security and social welfare, in an equitable, adequate, effective and sustainable way by 2030 under the slogan of “Vision 2030 Goal 2025”, and presents goals, strategies and activities concerning the establishment of social protection system by 2025. It draws particular attention to impoverished population and informal sector workers. On children, reference is made to adequate nutrition and counselling services for children at risk, as well as overall protection and support [45].

With regard to the protection from violence, abuse and exploitation, the “National Action Plan on the Elimination of Violence Against Women and Children (2014-2020)” upholds a vision to build a society that protects everyone in society, especially women and children, from violence and exploitation in all forms. The programmes include (i) review of policies and registration, and establishment and database and research, (ii) prevention of violence against women and (iii) prevention of violence against children [46]. The Plan was formulated by taking into account the multi-sectoral priority actions<sup>24</sup> which were devised based on the outcomes of the violence against children survey in 2014 (see Section 3.1.3) [47] [48].

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<sup>22</sup> The English version of the 9<sup>th</sup> Plan (2021-2025) is not available at the time of this survey. According to the literature which describes its outlines, the Plan aims at focusing on socio-economic development based on the existing potentials in order for the country to effectively achieve the LDC's criteria through quality, inclusive and green growth and achieve the SDGs by 2030 [72].

<sup>23</sup> The information in English which explain the contents and the implementation status of strategies and plans other than those described in this chapter. Is apparently unavailable. In addition, these strategies and plans, including those described in this chapter, are apparently not systematically linked.

<sup>24</sup> These actions include the implementation and enforcement of laws and policies that protect children from violence, establishment of systematic national data collection and research, capacity building, awareness raising to prevent violence against children, and timely identification, referral and access to appropriate support services as response to violence against children [71].

Regarding trafficking in persons, the “National Plan on Anti-trafficking in Person (2016-2020)” was formulated, in addition to the above-mentioned “Strategic Plan for Social Welfare Development”. The Plan includes actions such as continued awareness raising campaigns, provision of information to marginalized and vulnerable people, vocational training, support for job opportunities and income generation, strengthening of the capacity communities to prevent and counter human trafficking, capacity building of law enforcement officers and development of a handbook on child sex tourism prevention [49].

Concerning care and support to infants including disadvantaged children, in early childhood including disadvantaged children, the National Plan of Action on Mothers and Children (2014-2020)” refers to free of charge birth and treatment for children aged below 5 years old, capacity building of midwives and awareness raising on the importance of birth registration [31]. The “Reproductive, Maternal, Newborn and Child Health Strategy and Action Plan (2016-2025)” aims at improving the reproductive health status and reduce maternal, neonatal and child mortality and morbidity including malnutrition, with an emphasis on enhancing access to services by people in remote rural areas and impoverished population. The strategic objectives include (a) reproductive health (increased utility and acceptance of quality reproductive health information and services among all women and men of reproductive age), (b) safe delivery, (c) emergency obstetric care, (d) newborn care, (e) child curative care, (f) immunization (for children under 5 years old), (g) nutrition (for mothers, young children and communities), (h) human resources on health, (i) health financing, (j) health information, and (k) medical supplies, commodities and equipment [50]. On birth registration, the Civil Registration and Vital Statistics Strategy (2016-2025)” set the objectives to achieve universal civil registration of births, deaths, and other vital events, to provide legal documentation concerned, and to produce and disseminate accurate, complete, and timely vital statistic [32].

In view of ensuring education opportunities for disadvantaged children, the “Education and Sports Sector Development Plan (2016-2020)” envisages outcomes including the removal of barriers to access to education opportunities children in impoverished circumstances, children of ethnic minorities, children with disabilities, and children in remote areas, and the identification and recording of the number of unidentified children with disabilities (particularly those who are out of schools) along with the types of disabilities. The objectives of the Plan are (i) for all learners to be equipped with the foundation knowledge and skills needed, (ii) to provide post-basic education that is relevant to the requirement of the country’s socio-economic growth, (iii) to achieve the targets to exit from LDC status by reducing disparity, (iv) to ensure planning, financing and monitoring of the education sector, and (v) for the national sports standards to be integrated to regional and international standards. The objective (iii) makes reference to children with disabilities [51].

With regard to child labour, the “National Plan for Prevention and Elimination of Child Labour (2014-2020)” has been devised and implemented [20]. From the perspective of legal protection, the Strategic Framework for Justice for Children (2011-2020)” was formulated [31].

### **3.3 Social service systems for child protection**

#### **3.3.1 Implementation structure**

##### **(1) Government administration of child protection**

Among the ministries and departments in Lao PDR, the Ministry of Labour and Social Welfare (MOLSW) is the main agency responsible for welfare including child protection [44]. The related agencies include the Ministry of Health (MOH) from the perspective of health, Ministry of Education and Sports (MOES) from the perspective of education, Ministry of Information, Culture and Tourism from the perspective of information and media, Ministry of Public Security, Ministry of Justice, the Office of the Supreme People's Prosecutors and the People's Court from the perspective of legal protection, and the Ministry of Home Affairs in charge of local governments from the perspective of provincial and district level implementation of support activities<sup>25</sup>. In addition, the Lao Women's Union (LWU) undertakes duties such as the management of protection and support facilities, and provision of counselling. The Lao Youth Union and Trade Union also carry out activities concerned (see Section 3.3.3).

Local level welfare work is mainly under the responsibility of MOLSW provincial and district offices, including the supervision of child protection and support facilities in various localities (see Section 3.3.3). The duties of district offices include the collection of information and statistical data concerned in collaboration with village leaders, outreach services to villages and provision of support goods. The work of LWU provincial and district offices includes the management of protection and support facilities located in the respective provinces and districts, provision of counselling at various localities and support and supervision of village volunteers [28] [44].

There are numerous committees concerning child protection. For instance, on overall child welfare, the National Commission for the Advancement of Women, Mothers-Children (NCAW-MC) and the Child Protection and Assistance Committee coordinate collaboration among organizations concerned. The committee members include MOLSW, MOH, MOES, Ministry of Public Security, Ministry of Justice, LWU and Lao Youth Union. These committees are also established at the provincial and district levels. For village-level child protection, the Child Protection Network (CPN) and the Village Mediation Unit are set up (see Section 3.3.3). Related village committees (such as education committee, youth committee and women's committee) also take part. In addition, volunteers affiliated with LWU carry out activities in various localities such as counselling [21] [44]. Table 3-4 provides the outline of the central and local level child protection mechanisms.

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<sup>25</sup> At the time of this survey, most contents of the websites of the ministries and departments in Lao PDR (such as MOLSW, MOH and MOES) are in Lao (English contents are mostly the headings only). The literature in English to provide concrete implementation mechanisms is also limited.

**Table 3-4 Outline of the central and local level child protection mechanisms**

| <b>Administrative level<br/>(number as in 2019)</b> | <b>Ministry and departments</b>                             | <b>LWU</b>        | <b>Committee, child protection entity</b>   |
|---|---|-------------------|---|
| Central   | Head offices of related agencies including MOLSW, MOH, MOES | Head office       | NCAW-MC<br>Central Child Protection and Assistance Committee, etc.                      |
| Province<br>(18)                                    | MOLSW provincial office                                     | Provincial office | NCAW-MC provincial office<br>Provincial Child Protection and Assistance Committee, etc. |
| District<br>(148)                                   | MOLSW district office                                       | District office   | NCAW-MC district office<br>District Child Protection and Assistance Committee, etc.     |
| Village<br>(8,421)                                  | Outreach service staff, etc.                                | Volunteer         | CPN<br>Village mediation unit<br>Related committee                                      |

Source: Compiled as based on [52] [44]

## **(2) Non-governmental organizations, international organizations, multi-and bi-lateral entities**

### **1) International organizations**

Concerning support to the Lao government by international organizations, the Lao PDR-United Nations Partnership Framework (2017-2020)” is formulated. This framework upholds 3 pillars, namely, inclusive growth, livelihoods and resilience (of which expected outcomes include decent livelihoods and jobs, access to social protection benefits particularly for vulnerable groups and impoverished groups, protection of forests and other ecosystems as well as preparedness to climate-related events and disasters), human development (of which expected outcomes include enhanced access by children and youth to inclusive and equitable quality basic education and vocational education, improved access to quality health services, water, sanitation and hygiene, as well as improved food security and nutrition to benefit the most vulnerable people), and governance (of which expected outcomes include national and local level institutions and policies to support the delivery of quality services that better respond to people’s needs, and improved access to justice and fulfillment of human rights). The Framework describes support to sustainable development of Lao PDR through coordination and collaboration among international organizations. Child welfare concerns most of the outcomes mentioned above [53].

### **2) Civil society organizations**

Civil society organizations working in the field of child protection include Friends International, Children’s Village International, World Vision, Care International, Village Focus International, Alliance Anti-Human Trafficking, Save the Children, Institute for Legal Support and Technical Assistance, Asia Foundation, Vulnerable Youth Development Association, SENG SAWANG and BEQUAL NGO Consortium. The concrete examples include, in addition to the ones presented in Section 3.3.3, the World Vision implements a project that aims to ensure that children are protected from child trafficking, child labor, commercial sexual exploitation and early child marriage (2017-2020), in collaboration with MOLSW. Village Focus International collaborates with MOLSW to implement a project on providing shelter and repatriation services for survivors of trafficking in persons (2016-2018). Save the Children implements a project on strengthening child protection and assistance systems (2017-2018) in collaboration with MOLSW. Alliance Anti-Human Trafficking cooperates with LWU to implement a project aiming to provide assistance to victims of trafficking and to prevent sexual violence against children in the Champasak Province (2016-

2018). Projects carried out in Lao PDR by international non-governmental organizations (INGOs) are subject to an approved memorandum of understanding with a government counterpart as per the Decree on INGOs and the INGO Guidelines [49].

### 3.3.2 Infrastructure

#### (1) Allocation of national budget related to child protection

According to this survey, the literature in English to comprehensively present the budgets of responsible ministries in social sectors (MOLSW, MOH, MOES) is not available. The information on the budget expenditures by the respective ministries is also limited. For MOLSW, Table 3-5 shows the share of its budget in the national budget from the fiscal year 2015 to 2019 [25]. For MOES, it is reported that the share concerned in the fiscal year 2015 was 15.8% and 13.7% in the fiscal year 2019 [54]. For MOH, the share concerned for the fiscal year 2010 is reported to be 7.7%, and for the fiscal year 2017, 7.2% (including external funding<sup>26</sup>) [55].

Table 3-5 Share of MOLSW budget in the national budget (%)

| Ministry | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------|------|------|------|------|------|
| MOLSW    | 2.24 | 2.46 | 2.64 | 2.78 | 3.0  |

Source: Compiled as based on [25]

#### (2) Human resources

According to a report by UNICEF, the term “social worker” is not clearly or officially defined, and therefore, it is not possible to state the exact size of the workforce [44]. Concerning the definition of a “social worker” in domestic laws in Lao PDR (see Section 3.2.1), the Law on the Protection of the Rights and Interests of Children stipulates that social workers are “persons who are appointed by relevant State agencies to provide as protection)” [35]. The Law on Preventing and Combatting Violence against Women and Children describes a social worker as “a person who is approved or designated by the state concerned organization to help or assist the victim”. The Law on Preventing and Combatting Violence against Women and Children also stipulates that “Social Welfare Staff means staff members or authorities that belong to Lao Women’s Union and Labour and Social Welfare Sector that working on social welfare” [36]. In reference to these definitions, the said UNICEF report explains that the social worker may include the staff of MOLSW and LWU responsible for social welfare (in charge mainly of dispersing social security payments), trained professionals, as well as village heads and other community members involved in child welfare activities (including CPN members) [44]. Meanwhile, there is a lack of human resources in the field of child welfare, and responses to child protection are generally fragmented and limited [21] [19].

In the field of social work, only the National University of Lao offers a bachelor’s degree programme in social work since 2011. The University’s master level programmes include social work education. The University also organizes short-term courses for the staff of MOLSW and non-governmental organizations (NGOs). Social work qualified officers are employed at national level in policy and research work, and rarely provide direct social work services [44]. It is also reported that the number of new posts for social

<sup>26</sup> With regard to “including external funding” described in the source literature, the concrete explanation on the external funding is not provided. It is presumed to mean assistance from donor organizations such as international organizations.

service is limited, and students graduating from social work related faculties tend to find employment in other fields [21] [19].

There are also reports on the examples of capacity building training for staff working on child welfare. For instance, parasocial worker training targeting MOLSW provincial and district office staff engaged in child-related work was organized, by using a module developed by MOLSW (with support of UNICEF). Another example is the community-level child protection training for CPN members [40] [44] [26]. The government undertook capacity building of law enforcement officers, social welfare staff and concerned officials in order to implement the newly approved laws, particularly laws related to children, which was attended by more than 400 judges, judge assistants, prosecutors, police officials, and social welfare staff from 17 provinces and Vientiane Capital [13]. There was also training sessions organized for LWU staff who provides counselling in such locations as villages nationwide, based on the national guideline on protection and assistance to women and children victims of trafficking and an associated training module developed by the national Anti-Human Trafficking Committee (led by the Ministry of Public Security and LWU). Training in Xiengkhuang and Savannakhet Provinces was supported by UNICEF [44]. In addition, UNICEF organized training for village leaders and para-legal workers in Vientiane concerning legal and social assistance to children in contact with the law [21]. Furthermore, MOLSW, with the support of the International Organization for Immigration, conducted training of trainers for staff from the labour and social welfare, public security, and education sectors in 7 districts in Khammouane Province, Vientiane Province and Oudomxay Province [49].

### **3.3.3 Social service delivery and intervention**

#### **(1) Protection and support concerning violence, abuse and neglect**

##### **1) Awareness raising activities**

The Lao government has been implementing various activities aiming at raising awareness and understanding on the respect for the rights of children including the prevention of and responses to violence and exploitation. Concrete examples include ceremonies organized on International Human Rights Day, lectures on human rights at academic institutions, and celebration ceremonies for the public on the Children's Day. The Ministry of Justice, Ministry of Public Security and NCA-WMC created brochures on protection of the rights and interests of children for free of charge distribution nationwide. Other examples include dissemination of copies on the Law of Rights Protection and Benefits of Children under 18 in 990 villages and 105 schools (total of 201,464 persons), dissemination of 122,412 printed copies of compilations of over 90 laws to each village, distribution of booklets on CRC and its optional protocols, creation of posters and cartoons on children's rights and their distributed to students and other stakeholders [31] [20]. The Ministry of Foreign Affairs disseminated information on CRC and optional protocols to students, police officers, civil servants and civil society organizations nationwide [49]. LWU provides education to parents on the prevention of and responses to violence against children [21]. Furthermore, international conventions including CRC and its optional protocols are included, in the curriculum of primary to secondary schools [49].

## 2) Institutions for protection and support

The Counseling and Protection Center for Women and Children is opened in Vientiane Capital, as well as at the provincial and district levels<sup>27</sup>. The Center is under the responsibility of MOLSW, and is operated by LWU. The center provides temporary shelter to the victims of violence, trafficking in persons and sexual exploitation, among others. It also officers protection and support to the victims through, for instance, counselling, legal aid, medical support, education and vocational training, economic support, referral to relevant agencies, and promotion of reintegration with society and families [14] [31] [46]. The Center also operates 24-hour hotline (1326) for the population nationwide, to receive reports on domestic violence and provide counselling (to victims) [27] [31] [46] [41].

Table 3-6 Number of persons residing in the Counseling and Protection Center for Women and Children (Vientiane Capital) (2015-2017) (persons)

| Reason                   | Total (of which under 18 years old) | Male (of which under 18 years old) | Female (of which under 18 years old) |
|--------------------------|-------------------------------------|------------------------------------|--------------------------------------|
| Trafficking in persons   | 76 (23)                             | 33 (1)                             | 43 (22)                              |
| Risk group <sup>28</sup> | 51 (15)                             | 12 (2)                             | 39 (13)                              |
| Rape                     | 8 (6)                               | - (-)                              | 8 (6)                                |
| Domestic violence        | 23 (10)                             | 3 (3)                              | 20 (7)                               |
| Total                    | 158 (54)                            | 48 (6)                             | 110 (48)                             |

Source: [49]

An institution for victims of neglect (street children) is *Pheuan Mit* Center. According to a report by MOLSW in 2005, the Center was opened by MOLSW with support of UNICEF and Friends International (an INGO headquartered in France). The Center provides basic medical care, food and clothing, and the staff undertakes recreation activities, counselling and support to reintegration with families. During the daytime, children (street children) can directly come to the Center. In addition, the mobile educators of the Center talk to children on the street [43]. According to the information from the Friends International website, the activities of the Center include community outreach for children, youth and caregivers living on the streets and in marginalized<sup>29</sup> communities in Vientiane and Luang Prabang, provision of temporary shelter, education, support to reintegration with families, vocational training and facilitation of employment for youth, and strengthening of income generation capacity of care givers. In addition, with a view to raising awareness on child protection, the Center undertakes activities which target general public, such as training and campaigns, and operation of hotline. In 2019, the Center supported 4,345 persons (children, youth and caregivers) in total. 208 children and youth were also provided transitional shelter, reintegration into family care or supported into independent living [56].

An institution for orphans is SOS Children’s Village. MOLSW reported in 2005 that this institution was founded under MOLSW, and accepted 670 orphans (343 boys and 327 girls) (as of 2005). The Center accepts children under 7 years old or siblings of children under 7 years old. The institution comprises primary and secondary schools and kindergarten, which accept children commuting from outside of the Village, in addition to children inside [43]. According to the information from the website of the SOS Children’s Village International (an INOG headquartered in Austria), there are 6 locations of SOS

<sup>27</sup> According to the findings of this survey, the literature in English to indicate the number of the locations of the Center is not available.

<sup>28</sup> Specific definition or explanation on the risk group is not provided in the source literature.

<sup>29</sup> Friends International website does not provide specific definition of “marginalized”.



Children's Village in Lao PDR (Samneua, Luang Prabang, Xiengkhuang, Vientiane, Savannakhet and Pakse), and provides day care, primary and secondary education, vocational training and counselling for children, youth and their families. Children who are taken into care as families are unable to provide care are accepted as members of an SOS family. The support varies among the locations. For instance, the Center Savannakhet has a facility to provide temporary care for malnourished children. In Samneua, a medical center provides advice and carries out vaccinations [57]. The total number of children in the 6 locations of the Village was reported to be approximately 1,000 persons (as of 2006) [28].

Other institutions operated by private civil society organizations include shelters for victims of trafficking in persons operated by Village Focus International (in Champasak Province and Vientiane Capital) [58], and the rehabilitation center operated by SENSAVANG for girls at risk of trafficking in persons pr sexual violence (in Savannakhet Province) [59] [49].

### **3) Child protection network**

Child Protection Network (CPN) was established in 2017 at village level to support children in need of protection (children at risk or victims of abuse, neglect and abandonment, exploitation, discrimination and violence and children in contact with the law), in line with the Ministerial Agreement to set up Child Protection Networks. The membership of the CPN include village leaders, security focal persons, LWU volunteer, Lao Youth Union volunteer and one MOLSW volunteer. The roles expected of CPN include capacity building of communities to identify vulnerable children with child protection risks and refer them to the appropriate support services, as well as sensitizing of the communities to prevent violence in homes and communities [44]. Other roles attributed to CPN include the provision of correct information to children on who, and how, to safely turn to when they feel at risk of trafficking or sexual exploitation, and awareness raising for these children concerning potential risks when they consider working abroad [26]. As of 2019, CPN has been set up in over 1,000 villages. However, it is reported that CPN is not fully functional, due to such factors as unclear roles and accountability among members, limited resources, capacity building and operationalization support provided to the members [44].

### **(2) Child labour**

Ministry of Public Security, Ministry of Justice and MOLSW are the main responsible agencies for measures related to child labour. Preventive measures of child labour undertaken include public awareness campaigns, and workshops in the northern and southern provinces in collaboration with NCAW-MC, in addition to data collection on child labour. However, it is reported that the effectiveness of enforcement has been low due to such factors as the lack of inspectors [27].

### **(3) Trafficking in persons**

Various ministries and departments, including MOLSW, Ministry of Public Security and Ministry of Justice, along with LWU, have been attending to the prevention of and responses to trafficking in persons, with support of international organizations, in order to eradicate the fundamental causes<sup>30</sup>. Examples in this

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<sup>30</sup> According to the on-site interviews by Japan International Cooperation Agency conducted in December 2019, due to the changes of duties and responsibilities among ministries and departments, based on the Law on Trafficking in Persons (as revised in 2015), the focal point of anti-trafficking in persons was changed to the Ministry of Public Security from MOLSW, while the main responsibilities of support to victims were transferred from MOLSW to LWU.

regard include awareness raising campaign on the risks of trafficking in persons through various activities such as radio and television programmes, brochures, dramas and short movies, and music contents. This campaign targets the population nationwide, with a view particularly of raising awareness of women, children and the population living in border areas and high-risk villages. Annual events are organized on the World Day against Trafficking in Persons, with the presence of stakeholders including government representatives as well as the general public. Other activities include training for mass media on the effectiveness of public relations and advertising in the measures against trafficking in persons and illegal immigration [31], training for workers in tourism industry (in collaboration with NGOs), production of spot advertising and posters (in Lao, Hmong and Khmou) at the Counseling and Protection Center for Women and Children in each province and Vientiane Capital. In addition, the Lao Youth Union produced a child and youth-led radio program on children's rights (with support of Save the Children), as well as an ethnic documentary film on child rights in cooperation with MICT and UNICEF. The Lao Trade Union also produced a news story targeting ethnic groups to prevent child trafficking [27] [49].

In terms of enforcement, an example is the on-site inspection of child sex tourism including that conducted at major hotels in the capital and Luang Prabang [27]. Concerning the protection of and support to child victims, the above-mentioned Counseling and Protection Center for Women and Children provides support [19]. In addition, in accordance with the memorandum of agreement with Thailand, MOLSW undertakes activities for the repatriation of victims of child trafficking [49].

#### **(4) Adoption**

According to the report by UNICEF, domestic adoption in Lao PDR is not unusual, involving mostly infants and sometimes older children<sup>31</sup> [28]. The intercountry adoption was formally suspended by the Lao government in 2012, attributed to the lack a legal framework and mechanisms to monitor and ensure that the adoption of any Lao child by foreigners. As mentioned in Section 3.2.1, the Decree on Adoption of Children was promulgated in 2014, and the training on the Decree was conducted. Intercountry adoptions from then onward have been undertaken in line with the Decree. According to the information by the Ministry of Justice, 17 international adoption applications (11 from France, 2 from the United States, 2 from Canada, 1 from Australia and Austria respectively) were approved by the adoption committee. As for domestic adoption, a total of 265 cases were approved by the committee in 2017 [30].

#### **(5) Legal responses and consolidation of mediation mechanisms**

In Lao PDR, there have been on-going reinforcement and reforms concerning the response to children in contact with laws and the handling of cases involving children. In this regard, new child court proceedings have been introduced. These take place in a courtroom designed to avoid the intimidation of children. Those who are present, including judges, children, parents and prosecutor, sit at the same level around a table. Judges wear less formal clothes and use a simple language. The intention is to create less formal atmosphere and environment.

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<sup>31</sup> The adoption here apparently includes the cases of care provided by relatives and non-relatives regardless of duration, which is a commonly used interpretation of adoption in Lao PDR, as explained in Section 3.1.3.

The government has also been attending to facilitate the solution of problems at village level before they develop into lawsuits and cases. For instance, training has been organized in 2,264 villages (representing 27 % of all villages in the country) on arbitration strategies and dispute solution at village level [13]. In addition, the Village Mediation Unit, designated for village-level dispute solution, is established. According to a report by the Lao government, during the period of 7<sup>th</sup> Socio-Economic Plan (2011-2015), the capacity building of 5,534 village mediation units was conducted, while basic law education (training) has been provided to 28,057 persons (of whom 5,813 were women and 22,266 were those with major responsibilities in the villages). During the same period, 16,160 of 17,000 cases of disputes in the village were settled within the villages<sup>32</sup> [20].

## **(6) Support to children with disabilities**

With regard to support to children with disabilities, MOLSW is mainly responsible for welfare, MOPH for health, and MOES, for education [27]. The Lao government has been attending to awareness building in society and consolidation of environment, with particular attention drawn to persons with disabilities in rural areas who face difficulties in access to infrastructure and social services. Concrete examples include village-level awareness building through village education development committees, with a view to enhancing awareness of parents, community and school-related stakeholders concerning the rights of children with disabilities (including education opportunities). In addition, the importance is attached to the expansion of the roles and mandates of the Inclusive Education Centre<sup>33</sup> affiliated with MOES, development of systematically disaggregated statistics by types and status of disability, and establishment of dedicated systems and registers to monitor persons with disabilities [13].

In addition, in accordance with the Law on Persons with Disabilities (see Section 3.2.1), information material, such as handbook on basic facilitation for persons with disabilities, handbook for parents and guardians of children with disabilities, and handbook for village authorities and those working in projects related to children with disabilities. These handbooks present detailed regulations and procedures. Awareness raising campaigns on the rights of persons with disabilities have been regularly held nationwide, with the support and cooperation of international organizations, among others [31] [41].

In collaboration with the National Committee for Disabled Persons, MOLSW pilots a community-based child protection service model for preventing and responding to violence, abuse and exploitation of children with disability in Savannakhet and Xiengkhuang provinces (with support from UNICEF). The approaches include advocacy and awareness raising about the rights of children with disabilities to promote social inclusion of and reduce discrimination against children with disabilities, establishment of a bottom-up data collection mechanism for children with disabilities, piloting of multi-sectoral community-based services

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<sup>32</sup> The People's Supreme Court reported that there were 269 cases in 2016 and 264 cases in 2017 involving children. None of these cases concerned the sales of children, child prostitution or child pornography [49].

<sup>33</sup> The Inclusive Education Centre acts as a coordination body for inclusive education. It was initially a department in MOES [82]. Since 2016, it has been an independent center directly under the Vice Minister. The reported activities of the Center include the following: (1) development of templates for data collection system, which nevertheless is not a full proof system, and thus with possible delays of up to 2 years to get the information; (2) funding of school meal provision to children of ethnic minorities and organization of training on nutrition and basic hygiene, in collaboration with such agencies as the World Food Program, Catholic Relief Services; (3) management of scholarships to students with disabilities (including provision of fee-free study) [83]. Concerning inclusive education, the report of the Lao Disabled People's Association in 2014 refers to a number of special schools for students with hearing impairment and for those with visual impairment, based in provincial capitals [82]

for early screening, referral and case management, and capacity building of family members and professionals working with children on knowledge and skills to support children with disabilities [33]. Examples of collaboration by civil society organizations in the field concerned include the project on the promotion of access to education by children with disabilities supported by Japan Foundation, which aims at improving education for children with hearing impairment and children with visual impairment (maximum of 10 years since 2019) [60], and a project on the quality of and access to basic education in Khammouane Province supported by BEQUAL NGO Consortium (2017-2018) [61]. Under the inclusive education project supported by Save the Children Norway (1993-2009), 539 schools (in 17 provinces, 2-3 schools per province) were designated as inclusive education schools, three schools (1 school for the blind and 2 schools for the blind), providing learning opportunities to 3,000 children with disabilities at inclusive education schools [62].

### **3.3.4 Evaluation and reporting**

The mechanisms of evaluation and reporting concerning child welfare include statistical information described in Section 3.1.3, reporting and information collection of MOLSW and LWU by their provincial and district offices and through CPN mentioned in Section 3.3.1, and the reporting and information collection by support facilities and hotlines explained in Section 3.3.3.

As described above, most literatures reviewed for this survey point out issues concerning statistics, survey and analysis in the field of child welfare. These issues include the penury of statistical information in general and category-specific data as well as limited accuracy, insufficient development of systematic mechanisms for data collection, survey and analysis, and unconsolidated formats used for reporting on the same or similar survey items. There is also a problem related to the inconsistency of figures and methodologies among different information sources. With regard to violence against children, the definition provided is not always clear or consistent (see Section 3.1.3). In addition, attention is drawn to issues such as the need for categorized data such as violence and abuse and for more substantial status analysis, and the differences between the terminology used in statistical information and the definition provided in government strategies and plans (see Section 3.2.2) [22] [46] [48]. As for child labour, the percentage varies largely depending on the methodology and terminology used (see Section 3.1.3). In addition, the need for identifying the number of children with disabilities both in total and by type of disability is pointed out. Furthermore, with regard to school attendance of children with disabilities, it is deemed essential to verify the consistency between the data managed by MOES and other sources (including for instance 2015 population and housing census data) [13]. Moreover, concerning malnutrition, in addition to the 3-year cycle tracking on the subject using the formats of the United Nations Food and Agriculture Organization, measurement of the percentage of population under the food poverty line (those consuming less than the minimum dietary energy requirements of 2,100 kcal/person/day) is provided under the 5-year cycle Lao Household Expenditure and Consumption Survey. Child malnutrition is measured also in the child anthropometry survey which is carried out on an irregular basis (not annually). It is considered important to ensure the consistence among these measurements [14].

### **3.4 Impact of and response to Coronavirus disease 2019 (COVID-19)**

#### **3.4.1 Situation of COVID-19 in Lao PDR**

According to the World Health Organization, as of January 27, 2021, the accumulated number of cases of is 44, and the accumulated number of deaths is nil [63]. While COVID-19 pandemic has been under control in Lao PDR, major impacts on the economy have been manifested as described in Section 3.1.2. Unemployment and loss of incomes have increasingly been serious not only in-service industries including tourism, but also in various other sectors. The unemployment ratio rose from 16% at the end of 2019 to 25% in May 2020. The impacts on informal economy workers<sup>34</sup> and impoverished households have been significant. The poverty ratio in 2020 is expected to raise by 1.4% to 3.1% depending on the level of economic growth. In addition, increase in food prices have affected food security particularly of low-income households. The impact of COVID-19 has also been manifested in terms of money transfer from overseas, due to which approximately 214,000 persons are deemed to possibly fall into poverty. Over 100,000 migrant workers returned to Lao PDR since COVID-19. The number of these returned migrants is estimated to correspond to the reduction of USD\$ 125 million in terms of money transfer in 2020 (0.7% in terms of GDP share). It is estimated that 9% of households in Lao PDR receive money transfer from overseas and the money transfer constitutes approximately 60% of household incomes. Hence, the recovery from the impact of declined money transfer is considered to take time both at the household level and for overall national economy [8] [15] [16].

COVID-19 have also been affecting the provision of social services. In the field of health in particular, there are large geographical disparities even in normal times, in terms of the placement and response capacities of the frontline medical workforce including in places where prenatal and maternal care is provided. Additionally, the outreach services for remote communities and impoverished households have been disrupted due to travel restrictions imposed as part of COVID-19 preventive measures. While these remote communities and impoverished households depend on the outreach services for both preventive and curative care, pervasive lack of medical tools and equipment necessary for outreach services has been aggravated by COVID-19 [15].

The Lao government has been implementing a series of COVID-19 emergency assistance measures, including 3-month-long tax exemption for employees with a monthly income equal to or less than 5 million kip, tax exemptions for microenterprises with the profit between 40 to 50 million kip, 3-month-long tax payment deferral for tourism operators, 3-month-long deferral of road tax payment, 3-month-long deferral of compulsory social security contribution payments for affected businesses, exemption of electricity bill payment for impoverished households, and the provision of insurance for social insurance subscribers [64]. However, these measures are deemed limited to substantially mitigate economic impacts of COVID-19. For instance, the World Bank reports that approximately 96,000 workers subscribe to the social insurance scheme, which nevertheless represents only 3.1% of the total employment and 26% of the total urban wage

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<sup>34</sup> The employment in informal sector constituted 35% of all employment sector constituted in the 2017 Labour Force Survey, while informal employment constituted 83% (1.5 million of the total 1.8 employees). Informal sector here means an industry sector consisting mainly of a group of production units comprised of unincorporated enterprises owned by households. Informal employment refers to all remunerative work that is not registered, regulated or protected by existing legal or regulatory frameworks, as well as non-remunerative work undertaken in an income-producing enterprise [73] [70].

workers. Therefore, the scope of the scheme is not broad enough to support and protect the livelihood of all the persons affected by COVID 19 [15] [16].

### 3.4.2 Impacts and responses in child protection sector

With regard to the impact of COVID-19 in Lao PDR on child protection, reference is made to school closure. The closure of schools between March 19 to June in 2020 affected the total of 1,440,733 pupils and students of 3-17 years old [65]. Based on the information identified by this survey, response measures to COVID-19 related to child protection are summarized in Table 3-7.

**Table 3-7 Responses to the impacts of COVID-19 related to child welfare**

| Area                            | Contents  |
|---------------------------------|---|
| Education                       | <ul style="list-style-type: none"> <li>- Preparation, sharing and distribution of infection prevention guidelines                             <ul style="list-style-type: none"> <li>• Distribution to all schools (kindergartens, primary and secondary education institutions) of resource materials on [65] [64]</li> <li>• Distribution of information materials on COVID-19 risks to primary and secondary education schools (to approximately 700,000 students) (MOES, MOH) [65]</li> <li>• Creation of Lao version and translation into Lao of the “Global Safe School Operation Guidelines” released by UNICEF, World Health Organization and the International Federation of Red Cross and Red Crescent Societies [66]</li> <li>• Sharing of “Global Interim Guidance” on food and nutrition of students, released by the United Nations Food and Agriculture Organization, UNICEF and World Food Programme [66]</li> </ul> </li> <li>- Communication of information and promotion to apply prevention measures through audio-visual media, social medial, mobile application, and teacher network: communication by the central government, MOEX and MOH to parents, teachers and children of the information on COVID-19 and New Normal and promotion to apply prevention measures [65]</li> <li>- Support to remote and home-based learning                             <ul style="list-style-type: none"> <li>• Preparation and television and radio broadcasting of home-learning materials by MOES (started on March 23) [65] [64]</li> <li>• On-line learning materials for the promotion of early childhood learning by MOES/NGO (e.g. “My Village TV”) [66]</li> <li>• Setting up of websites for learning on COVID-19 (in English and Lao) [66]</li> <li>• Communication with students and support to learning by teachers through social media and message applications [64]</li> <li>• Information exchange among teachers through social media [64]</li> <li>• Preparation of teacher manuals for support to remote learning [64]</li> <li>• Creation and broadcasting of new progrmmes by MOES and the Ministry of Information, Culture and Tourism, as long-term investment in favor of disadvantaged students [64]: early childhood development series with messages on COVID-19 prevention and response (10 episodes), broadcasted by Lao Star channel, MoES TV Channel, ESTV on LaoSat Channel 8, Lao National TV and provincial TV, and distributed by social media and YouTube (support by the Japanese government through UNICEF) [67]</li> </ul> </li> <li>- Provision of supplies                             <ul style="list-style-type: none"> <li>• Provision of thermometers to 740 schools [65]</li> </ul> </li> <li>- Facility development                             <ul style="list-style-type: none"> <li>• Additional construction of washing facilities (3,051 pupils and students in the total of 36 primary schools and early childhood development facilities) [65]</li> </ul> </li> </ul> |
| Health, nutrition <sup>35</sup> | <ul style="list-style-type: none"> <li>• Preparation of guidelines to support health services by midwives engaged in outreach and home visits [66]</li> <li>• Collection of data on pregnant women, children and adolescents including those in the Quarantine Center, and provision of special care to these pregnant women by MOH [66]</li> <li>• Communication of messages for awareness building on feeding and nutrition of the new-born and infants by MOH [66]</li> <li>• Distribution of food take-home rations to students by MOES [68]</li> <li>• Provision of necessary commodities and provisioning of nutrition supplies by MOH [66]</li> </ul>  |

<sup>35</sup> On health and nutrition, Japan, Ireland and EU provided health and nutrition supplies equivalent to USD \$1,163,860, through UNICEF [74]. Japan and the United States also provided supplies for COVID-19 prevention for over 1,000 children in residential care institutions under the Lao government in 6 provinces and two facilities of civil society organizations for child victims of violence and street children in Vientiane Capital [75]. Furthermore, not limited to child protection, Japan supports a campaign on COVID-19 prevention and response (safe migration) on public buses by the International Migration Organization transport [80].

| Area             | Contents   |
|------------------|--|
| Child protection | <ul style="list-style-type: none"> <li>• Counselling and awareness raising through LWU hotline (See Section 3.3.3) [65]</li> <li>• Organization of awareness raising workshop by the Ministry of Information, Culture and Tourism (supported by UNICEF) (July 2020, Luang Prabang Province), with the subject of the roles of media in the dissemination of information related to increasingly serious problems on child protection under COVID-19 (such as protection from violence and online crimes, response to stress and mental health), which was attended by government officials in charge of information-related duties [69]</li> <li>• Communication of information on child protection and COVID-19 risks through audiovisual media and public announcement by the Ministry of Information, Culture and Tourism, MOLSW, LWU and Lao Youth Union (supported by UNICEF and UNFPA) [69]</li> </ul> |

Source: Compiled as based on [65] [64] [67] [66] [68] [69]

### 3.5 Priority issues and suggestions related to child protection in Lao PDR

As described above, Lao PDR aims at sustainable and inclusive development, upholding the 8<sup>th</sup> Plan, 10-Year Socio-Economic Development Strategy and Vision 2030. Importance is attached also to child welfare. The cross-sector outputs of the 8<sup>th</sup> Plan include the protection of the rights and interests of children, reduction of violence and discrimination against children, and promotion of development and social participation of children. However, in order to achieve the objectives set under the plan, strategy and policy, various issues remain, such as further improvement of socio-economic situation of disadvantaged children and children in remote areas, consolidation of mechanisms to protect children from for instance violence and exploitation, along with the collection of more accurate information on children which is essential when addressing these issues. In this regard, and based on the findings of this survey, the points presented below are deemed to call for particular attention from the perspective of child welfare and child protection<sup>36</sup>.

#### 3.5.1 Review and reconsideration of related policies and organizations

In Lao PRD, numerous policies, strategies and plans have been formulated and revised, and the central and local level ministries, departments, offices and committees have been designated to carry out various duties and mandates. It is difficult to understand substantial situations based solely on the review of literatures in English. Nevertheless, it is presumed that the projects and activities set in the related policies, strategies and policies have in reality not been fully implemented. This is attributed to, *inter alia*, the lack of human resources and budget, and the need to their reinforcement is pointed out. The strengthening of human resources on child protection, in terms both of number and capacity, as well as the increase of budget are important. It would be essential to continue and even reinforce the on-going endeavors in this regard. However, the lack of human resources and budget is an issue not only in the field of child protection but in the overall national administration. Hence, in parallel to the endeavors above, it would be relevant to review the existing policies, strategies and plans, as well as the duties of the organizations concerned including ministries, departments and committees, and then to consider reduction of duplications, reorganization and streamlining, in view of the realistically available human resources and budget.

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<sup>36</sup> According to the website of the Embassy of Japan in the Lao PDR, there are not Grant Assistance for Grassroots Projects in the relevant fields [77] [78]. As for volunteers, there are 13 Japan Overseas Cooperation Volunteers as of November 2020 (by Japan International Cooperation Agency website, information by sector unavailable) [79].

### **3.5.2 Strengthening of village-level child protection mechanism and enhancement of coordination**

According to the findings of this survey, the mechanisms and organizations affiliated with CPN and village mediation unit which were established in line with the above-mentioned policies, strategies and plans, in addition to the traditional and existing mechanism and organizations at the village level (such as village heads and leaders and committees), are expected to play important roles in child protection. With this background, awareness raising and capacity building activities have been carried out, targeting village heads and leaders, and people in the community involved in child protection. However, they are apparently not sufficient. The coordination among village, district, provincial and central level mechanism and organizations are in practice not always explored fully. In Lao PDR, regular access to outreach services by government agencies is difficult for a number of villages such as those in remote areas including highlands. Hence, it is deemed essential to strengthen village level mechanisms and organizations. In this regard, it would be important to examine the village level child protection mechanisms in place, and based on its results, undertake capacity building for the community. In addition, it would be essential to clarify the roles of and reporting structures among village level mechanisms and organizations on the one hand, and the district and provincial child protection mechanisms which have jurisdictions over these villages on the other, in such a way as to enhance coordination.

### **3.5.3 Development and consolidation of statistical information management systems, and verification of data consistency**

Concerning the consolidation of statistical information management system in the field of child welfare, there are initiatives such as the introduction of health-related District Health Information Software (DHIS2) [13] and the planned development of civil registration and vital statistics information management system mentioned in Section 3.1.3. However, as explained in Section 3.1.4, various issues are pointed out, including the penury of statistical information in general and category-specific data as well as limited accuracy, unconsolidated formats used for reporting on the same or similar survey items, and insufficient development of systematic mechanisms for data collection, survey and analysis. In order to address these issues, it would be essential to undertake a comprehensive review of statistical information related to child welfare, to be followed by the examination of possible activities to be carried out, based on the outcomes the review. For this purpose, proactive involvement, collaboration and coordination among the ministries and departments involved in the preparation of these statistical information would be indispensable.



## Chapter 4 Current Status of Child Protection: Thailand

### 4.1 Situation of children

#### 4.1.1 Basic statistical data related to child protection

As background, the basic statistical data related to child protection in the Royal Kingdom of Thailand (hereinafter referred to as Thailand) are shown in Table 4-1.

Table 4-1 Basic statistical data related to child protection

|  | Indicators  |  | Year   | Total  | Male   | Female | Source |
|--|---|--|--|--------|--------|--------|--------|
| Demographics   | Population (thousand persons)   | All  | 2019   | 66,559 | 32,605 | 33,954 | [1]    |
|  |   | Under 18                                   | 2019   | 13,340 | 6,855  | 6,485  |        |
|  |   | Under 5                                    | 2019   | 3,186  | 1,637  | 1,548  |        |
|  | Age dependency ratio (% of working-age population) <sup>1</sup>       |  | 2019   | 69.7   | 69.9   | 69.4   | [1]    |
|  | Urban population (% of total population)                              |  | 2019   | 50.7   | -      | -      | [2]    |
|  | Total fertility (live births per woman)                               |  | 2018   | 1.5    | -      | -      | [2]    |
|  | International migrants (thousand persons)                             |  | 2019   | 3,635  | -      | -      | [3]    |
| Child mortality  | Neonatal mortality rate (deaths per 1,000 live births)                |  | 1990   | 20.5   | -      | -      | [4]    |
|  |   |  | 2000   | 12.8   | -      | -      |        |
|  |   |  | 2019   | 5.3    | -      | -      |        |
|  | Infant mortality rate (deaths per 1,000 live births)                  |  | 1990   | 30.2   | 33.4   | 26.8   | [5]    |
|  |   |  | 2000   | 18.7   | 20.8   | 16.4   |        |
|  |   |  | 2019   | 7.7    | 8.5    | 6.9    |        |
| Under-five mortality rate (deaths per 1,000 live births) |   | 1990                                       | 36.9   | 40.6   | 33.1   | [6]    |        |
|  |   | 2000                                       | 22.0   | 24.3   | 19.4   |        |        |
|  |   | 2019                                       | 9.0  | 9.9    | 8.1    |        |        |
| Maternal health  | Age at first birth <sup>2</sup> (year old: y.o.)                      |  | 2009   | 23.3   | -      | -      | [7]    |
| Nutrition  | Malnutrition (%) (0-4 y.o.)   | Stunted (moderate and severe) <sup>3</sup> | 2013~18 <sup>4</sup>   | 11     | -      | -      | [8]    |
|  |   | Wasted (severe) <sup>5</sup>               | 2013~18  | 1      | -      | -      |        |
|  |   | Wasted (moderate and severe) <sup>6</sup>  | 2013~18  | 4      | -      | -      |        |
| Education <sup>7</sup>                                   | Completion rate (%)   | Primary education                          | 2016   | 97.9   | 98     | 97.8   | [9]    |
|  |   | Lower secondary education                  | 2016   | 81.7   | 76.2   | 87.6   | [10]   |
|  |   | Upper secondary education                  | 2016   | 56     | 50.1   | 61.9   | [11]   |
|  | Dropout rate (primary education) (%)                                  |  |  | 1      | 1.1    | 0.9    | [12]   |
| Family environment, Child protection                     | Birth registration rate (under 5 y.o.) (%)                            |  | 2016   | 99.5   | 99.5   | 99.5   | [13]   |
|  | Child marriage (age of first marriage of couples aged 20-24 y.o.) (%) | Married by 15 y.o.                         | 2019   | -      | 2.5    | 3.0    | [14]   |
|  |   | Married by 18 y.o.                         |  | -      | 9.8    | 20.2   |        |
|  | Percentage of children living with biological parents (%)             |  | 2019   | 53.7   | 53.3   | 54.0   |        |
|  | Number of children in institutions                                    |  | (see Section 4.3.3 for number of children in each institution) |        |        |        |        |

<sup>1</sup> The working age as per statistical documents in Thailand is from 16 to 59 years old. In this table, the population aged 15 to 64 years old is calculated the working age in view of the cross-country comparison.

<sup>2</sup> The average age of women aged 25-49 years old at the time of the survey.

<sup>3</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median height-for-age of the WHO Child Growth Standards.

<sup>4</sup> This is as per the description in the source document. The year in which respective information was obtained is apparently not indicated in the documents in this regard by the Thai government.

<sup>5</sup> Percentage of children aged 0-4 years who are below minus 3 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>6</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>7</sup> The description on the education system is provided in Section 4.3.3 (including Chart 4.2).

|        | Indicators  | Year    | Total                   | Male   | Female | Source |      |
|--------|---|---------|-------------------------|--------|--------|--------|------|
|        | Number of children with disabilities (persons)                        | 2020    | (0-5 y.o.) <sup>8</sup> | 13,611 | -      | -      | [15] |
|        |   |         | (6-14 y.o.)             | 68,628 | -      | -      |      |
| Equity | GDP per capita (current US\$)   | 2019    | 7,808.2                 | -      | -      | [2]    |      |
|        | GDP growth (annual %)   | 2019    | 2.4                     | -      | -      | [2]    |      |
|        | Unemployment rate (% in the total labour force)                       | 2019    | 0.7                     | 0.7    | 0.7    | [2]    |      |
|        | Employment rate informal sector, agriculture excluded (%)             | 2018    | 51.4                    | 50.5   | 52.5   | [2]    |      |
|        | Child poverty (Children in multidimensional poverty) <sup>9</sup> (%) | 2015/16 | 21.5                    | 23.6   | 19.5   | [16]   |      |
|        | Gini coefficient  | 2018    | 36.4                    | -      | -      | [2]    |      |

#### 4.1.2 Social, economic, political, and cultural situation

Having achieved long-term economic growth and notable poverty reduction, Thailand has come to be classified as a middle-income country in 2011. The country is referred to as a success case of development [16] [17] [18]. Its Human Development Index (HDI) for 2020 is 0.765. It has been following an upward trend since 1990 [19]. It has achieved most of Sustainable Development Goals (SDGs) earlier than had originally been planned [16]. Its SDG index for 2020 is 74.54, ranked at the 41<sup>st</sup> position among 166 countries [20]. With the aim to attain the high-income country status by 2037, the Thai government places stable economic growth and social equality at the core of its policies. In view of upgrading competences to respond to increasingly integrated regional and world economy while promoting traditions and social values of Thailand, it underlines lifelong human development [17] [18].

The main social issues of Thailand concern the alleviation of poverty and disparities. The poverty ratio declined largely from 65% in 1988 to 7.2% in 2015. It has however resurged to 9.85% in 2018 due to the declining pace of increase in the household incomes and consumption. While the household consumption per capita rose for the population as a whole, it declined for the bottom 40% of the population. As such, the poor population rose from 4.85 million to over 6.7 million persons in the same period [18]. There is also lingering disparities among the population, and hence the afore-mentioned HDI, when inequality-adjusted<sup>10</sup>, drops to 0.635 [19]. In terms of geographical distribution, the poor population is concentrated in the Northeastern part of the country, areas bordering with Myanmar in the Northern part, and the conflict areas in the deep-south [21]. There is also an increase of the urban poor population against the backdrop of urbanization combined with the aggravating problems related to living conditions, security and crimes [22] [23].

Addressing ageing is also a major issue. Thailand has entered an aged society in 2015, and complete-aged society in 2021. It is estimated to enter super-aged society in 2035<sup>11</sup> [24]. In view of such demographic

<sup>8</sup> Gender disaggregation of age group-categorized numbers of disabled persons is not provided. For the total number of disabled persons, male continues 52.22%, and female, 47.78% [15].

<sup>9</sup> Percentage of children in multidimensional poverty, i.e., multiple deprivations in health, education, and living standards.

<sup>10</sup> The inequality-adjusted HDI is calculated based on the average degree of country-wide achievement in terms of 3 aspects of health, education and income, combined with the disparity of achievement within the country. The disparities of the respective aspects are deducted from the indices concerned, to arrive at the inequality-adjusted HDI [109].

<sup>11</sup> In the Thai Government documents, the elderly refers to persons aged 60 years old or older. Meanwhile, taking also into account the international standards, “aged society” refers to a population in which the proportion of those age 60 years or older exceeds 10% of the total (or a population in which 7% are age 65 years or older). “Complete-aged society” is a population in which the proportion of those age 60 years or older exceeds 20% (or a population in which 14% are age 65 years or older). “Super-aged

trend, an increasing importance is attached to fair delivery of various social services, such as social protection. Thailand has a reputation for its social services such as education and universal health care. Overall, the contents and target groups of these social services have been broadened over the years. Nevertheless, the quality and standard of different services tend to vary. There is also a disparity in access to these services among regions and groups [17] [23] [25] [26].

A principle issue from the economic perspective is the strengthening of international competitiveness. The economic growth rate of Thailand was maintained at the annual average of 6% for nearly 60 years. It has however been slowed down since 2017, such factors as the decline in export demand, stagnating public investment, and the influence of natural disasters on agricultural production (3.9% in 2017 and 2.4% in 2018 and 2019 respectively). The underlying factors to the decelerating economic growth are considered to include internationally acknowledged skills and low level of labour productivity [17] [18].

In terms of cultural issues, the increasing cross-border movement of people and goods, amid the advanced computer-oriented society, has brought various benefits such as improved quality of life and invigoration of industry. At the same time, however, there is a concern over the influx of negative influences of cultures from overseas and the increasing risk of internet addiction and crimes. Thailand is both a destination and a transit point of people and goods involved in cross-border crimes. Therefore, the problem is serious, and its management is becoming increasingly difficult. It also raises concerns in terms of the ethics, morality, civility and social responsibility of its citizens, which are emphasized in the main policy document of Thailand [23] [27].

Furthermore, there is also a reference to environmental issues such as aggravating disasters, increasingly severe pollution and waste management, as well as national security related issues including political instability [17] [27].

#### **4.1.3 Key issues on child<sup>12</sup> protection**

Taking into account the social, economic, political, and cultural environment described above, this section describes key issues related to child protection in Thailand.

##### **(1) Poverty and disparity**

According to the 2015/16 Multidimensional Poverty (MDP) survey<sup>13</sup>, the MDP ratio of children in Thailand is 21.5% (see Table 4-1) declined by more than 6% compared to that of 2005/06 survey. The intensity of poverty, which is based on the weighted calculation of poverty dimensions faced by a child, is 34.7% according to the 2015/16 survey, which is significantly lower than that of the 2005/06 survey. The figures associated with respective dimensions also indicate notable improvement. Nevertheless, there are regional, dimensional, age-wise and gender-wise differences. The poverty rate is higher in the rural areas (23%) than

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society” is a population in which the proportion of those age 60 years or older exceeds 28% (or a population in which 20% are age 65 years or older). “Aging society” refers to a population that is aging as indicated by the proportion elderly of the total population that is steadily increasing [110].

<sup>12</sup> In the policy documents of the Thai government, a “child” defined to mean a person under 18 years old [23].

<sup>13</sup> Multidimensional Poverty Index indicates the degree and frequency of the dimensions of poverty in terms of health, education and living standard. It was introduced in the 2010 Human Development Report of the United Nations Development Programme [111]. As for the child multidimensional poverty, it measures deprivations of a child and the household in terms of 10 indicators affiliated with education (learning), child welfare, living standard and health aspects [16].

urban areas (19%), and among regions, it is high in the Northeast (25.6%) and the North (23.2%). It is estimated that 38% of children experiencing multidimensional poverty resides in the Northeast. Among age groups, the poverty ratio is the highest for the 0-4 year old group, which is attributed most largely to the learning aspect. Meanwhile, the intensity of poverty is higher among older children, who are apparently more prone to be influenced by the increasing influence of vicious cycle of poverty. The gender-wise difference varies among dimensions. When all are calculated, the poverty ratio is higher among boys (23.6%) than girls (19.5%) (see Table 4-1), while the intensity of poverty is similar. There is also a correlation between the situation of the household and child poverty. It is indicated that the level of education of the household head has the largest influence [16]. This outcome implies that the disparity during childhood will lead to the lifelong disparity [28].

## **(2) Skipped-generation households and the child rearing**

In Thailand, a large number of people move from the rural to urban areas, particularly to Bangkok, in search of work. There are often cases of children raised in a single-parent household, or in a household of a relative(s) or (a) family member(s) other than own parents including a skipped-generation household [23]. According to the results of the 2019 Multiple Indicator Cluster Survey (MICS), 53.7% of the children in the whole Thailand lived with own biological parents (53.3% for boys and 54.0% for girls) (see Table 4-1). 4.7% of the children (5.2% for boys and 4.2% for girls) lived only with the father, and 23.5% of children (23.2% for boys and 23.9% for girls) lived with neither of the parents<sup>14</sup>. In a notable high percentage (72.8%) of the target households, regardless of whether the children lived with the biological parent(s) or not, the main caregiver of the children is a grandparent [14]. It is pointed out that the skipped-generation families, particularly when the household head and/or the caregiver is an elderly grandparent, are highly vulnerable, which also affects the development and education opportunities of the children [27]. 69% of the target households of the MICS responded that they benefitted from the social insurance scheme and/or received some form of social transfer from family members, relatives or acquaintances in the previous three months. 82% of the children in all the target households lived in such households [14]. Similar tendencies were observed from the rapid survey which looked at the impact of the Coronavirus disease 2019 (COVID-19) on the children whose parent(s) migrate domestically for work<sup>15</sup>. A Half of the all target households and 80% of the households where both parents migrate for work responded that the livelihood of the households depended on the money transfer from these parent(s) [29]. The 12<sup>th</sup> Economic and Social Development Plan refers to an increasing tendency of skipped-generation households [27].

## **(3) Physical and mental development**

National development policies of Thailand emphasize “people-centered development” and thus, underlines the development during the childhood which is the basis for lifelong growth [27]. Owing also to the medical insurance provision through the universal health care, the improvement has been seen with regard to the nutrition, health and development of the children [30]. Meanwhile, it is pointed out that the lack of time and knowledge of the family for child-rearing can lead to the delay in early childhood development, and

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<sup>14</sup> The survey identified the cases where the situations of the parents are unknown. With the percentages of these cases and the above-mentioned cases combined, the total is 100%.

<sup>15</sup> More concrete explanation of the survey is provided in Section 4.4.

the problems in the early ages may be the causes for the penury of the theoretical and practical skills at older ages, and ultimately for the low labour productivity. reference is made also to the lack of awareness on the health and life-related risks which may lead to inappropriate consumption patterns and lack of exercise. It could also induce non-communicable diseases and early death. Furthermore, it is mentioned that psychological and emotional problems of children such as the decline in the sense of responsibility, social awareness and discipline could lead to problems including violence, drug use and crimes. As described in Section 4.3.3, there are child development facilities including early childhood facilities in Thailand, which offer various activities. However, the standards of the management and the activities among these facilities remain varied [23] [27].

#### **(4) Children in need for special considerations**

The Child and Youth Development Plan (see Section 4.2.2), which is one of the main national plans concerning child welfare, refers to children who are highly vulnerable and who need special considerations in terms of the protection from various forms of violence, abuse, exploitation and neglect. These include street children, children without nationalities, children of foreign workers<sup>16</sup>, children affected by HIV/AIDS, orphans, abandoned children, children living in remote areas and/or wilderness and children with disabilities [23]. Witnesses of the violence, abuse, exploitation and neglect against children often do not report such incidences. According to the Department of Children and Youth (DCY) under the Ministry of Social Development and Human Security (MSDHS), although the average daily number of incidence reported is 52 and has been increasing, this number does not fully capture the real number of incidences. The concrete nature of the incidences is described in Section 4.3.3. In this regard, in MICS, 57.6% of the target 1-14 years old children (60.5% for boys and 54.6% for girls) responded that they received physical punishment or some form of psychological aggression<sup>17</sup> in the preceding one month [14]. With regard to sexual violence, more than half (53%) of the incidences were by those close to the victims of a family member, followed by those not known to the victim (38.2%), and then by those known to the victim through social media (8.8%). Based on the interviews conducted by DCY, it was reported that 1,296 children in 2018 and 502 children in 2019 were reported to be victims of sexual exploitation. These were the number of children under the protection of DCY, and the actual numbers concerned were seen to be higher [31].

It is difficult to identify the number of children in need for special considerations. It is estimated that many of the street children are those sold from outside the country, in addition to the orphans and abandoned children found inside the country [32].

As for the children affected by HIV/AIDS, the highest percentage of HIV/AIDS by pregnant women was 2.3% in 1995. The ratio declined to 0.5% in 2012. Mother to child infection also largely declined from 10.3% in 2000-2013, to 1.68% in 2017 [30]. Concerning the infection of 0-14 years old children, it was estimated to be 5,900 persons in 2015 and 3,200 persons in 2018 [33]. Thus, the overall situations have been improving. Nevertheless, there are problems that are pointed out, such as the lack of health services,

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<sup>16</sup> The issues of children without nationalities and children of foreign workers involve complex factors including legal procedures, which is beyond the scope of this Section. As mentioned in Section 4.2.1, the Thai government implements various measures to address these issues such as revisions of relevant laws and regulations.

<sup>17</sup> The said MICS does not provide definition of the physical punishment. The statistics-related UNICEF website describes that “physical (or corporal) punishment is an action intended to cause physical pain or discomfort, but not injuries” [122].

lack of consideration for confidential information at the time of transfer of the cases between the agencies concerned, and the inability for sick children to stay with families [30].

Concerning drug-related crimes by children, they constitute approximately half of the juvenile (18 years old) crimes (11,352 cases out of the total of 22,609 cases in 2018, and 10,634 cases out of the total of 20,824 cases in 2019) [34]. In terms of geographical distribution, the children concerned are considered to be concentrated in Bangkok and other major cities and in the provinces in the South near the borders [23].

The children under extreme poverty were considered in the Child and Youth Development Plan (at the time of its formulation) to be those in the family with the total annual income of 20,000 baht or less. More recent policy documents point out the need to draw attention more broadly to children in poverty. No specific definitions are provided for children in remote areas and/or wilderness. They call for considerations in terms particularly of the access to support services.

### **(5) Child labour**

The difficulty to understand the actual situations of child labour lies also in the fact that many of the children working legally do not receive legal protection and social services [23]. The outcomes of the sample survey conducted jointly by the Thai government and international organizations were disseminated in 2019, which demonstrated that out of approximately 177,000 working children (including those working legally), approximately 133,000 children were engaged in work under dangerous environment [35].

### **(6) Trafficking in persons**

Thailand is a receiving, transit and receiving country of trafficking in persons including children. It is difficult to identify the tangible number of child victims of trafficking in persons. The information in this regard is therefore limited. Between 2015 and 2017, 36 cases of child prostitution were prosecuted through the enforcement against trafficking in persons and subjected to prison sentences. In 2017, 18 of 41 cases dealt by the Thailand Internet Crimes Against Children Task Force under the Royal Thai Police were related to child trafficking (and the information on gender disaggregated numbers was not provided for both of these reports) [36]. In most cases, the number of victims of trafficking in persons is that for all ages, and they are reported as victims of forced labour and in the sex industry (not indicating whether they are victims of trafficking in persons or not). Such tendency is apparently one of the reasons for the difficulty in identifying the tangible number of child victims of trafficking in persons.

### **(7) Children with disabilities**

According to the disability survey which was conducted in 2017 targeting 109,000 households<sup>18</sup>, there were persons with disabilities in 12.7% of the target households, of whom 0.7% was one to 17 years old [15]. Table 4-2 shows the number of persons with disabilities by age group and kind of disability as of June 2020. The children with disability in education institutions are described in Section 4.3.3.

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<sup>18</sup> The disability survey has been conducted every five years since 2002 by the National Statistics Office. For the 2017 survey, the list of child-centered questions prepared under the initiative of UNICEF were included for the first time [114].

Table 4-2 Number of persons with disabilities by age group and kind of disability (as of June 2020)

|                         | <b>0-5 years old</b> | <b>6-14 years old</b> | <b>15-21 years old</b> | <b>15-59 years old</b> | <b>60 years and older</b> | <b>Total</b> |
|-------------------------|----------------------|-----------------------|------------------------|------------------------|---------------------------|--------------|
| Seeing                  | 339                  | 1,929                 | 3,017                  | 57,224                 | 132,521                   | 192,019      |
| Hearing / understanding | 1,016                | 5,155                 | 6,069                  | 104,395                | 274,514                   | 385,087      |
| Physical / moving       | 3,520                | 13,203                | 15,722                 | 379,118                | 620,225                   | 1,016,075    |
| Emotional / behavioral  | 60                   | 702                   | 1,362                  | 119,861                | 38,002                    | 158,625      |
| Intelligence            | 3,769                | 19,889                | 22,955                 | 105,481                | 10,916                    | 140,059      |
| Learning                | 62                   | 4,442                 | 4,240                  | 7,052                  | 552                       | 12,108       |
| Autistic                | 1,240                | 7,491                 | 3,836                  | 6,041                  | 69                        | 14,841       |
| Multiple                | 3,621                | 15,790                | 14,582                 | 71,535                 | 33,067                    | 124,017      |
| Unidentified            | 2                    | 27                    | 144                    | 3,625                  | 1,881                     | 5,535        |

Source: [15]

## 4.2 Child protection goals

### 4.2.1 Legal and Policy framework

#### (1) International conventions

Table 4-3 shows the international conventions related to child protection which were ratified by the Thai government<sup>19</sup>.

Table 4-3 International conventions related to child protection ratified by the Thai government

| International convention  | Year of ratification |
|---|----------------------|
| Convention on the Rights of the Child (CRC) <sup>20</sup>   | 1992                 |
| Optional Protocol to the CRC on the Involvement of Children in Armed Conflict                                 | 2006                 |
| Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography                | 2006                 |
| Optional Protocol to the Convention on the CRC on a Communications Procedure                                  | 2012                 |
| ILO Convention 182 on the Worst Forms of Child Labour   | 2001                 |
| ILO Convention 138 on Minimum Age for Admission to Employment   | 2004                 |
| Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption | 2004                 |

Source: Compiled by the Survey Team

#### (2) Domestic laws

##### 1) Constitution of the Kingdom of Thailand

The current constitution of Thailand (2007) guarantees the rights and equality of the people based on the principle of non-discrimination. Its Section 80 refers to the protection by the State of children of youth, basic education guaranteed, gender equality, as well as the integrity of the family system and community. It also stipulates that the State provides aid and welfare to the elderly, the indigent, persons with disabilities and destitute persons<sup>21</sup> for their better quality of life and ability to become self-reliant [23] [37].

##### 2) Laws related to child protection

Table 4-4 is the summary of the main laws related to child protection<sup>22</sup>.

<sup>19</sup> For reference, Thailand is the only country in Asia which was ranked within the highest 10 countries (in the 8<sup>th</sup> rank with the score of 0,893) by KidsRights Index 2020, announced annually by the KidsRights Foundation which is the association on support for and advocacy of the rights of children [112] [113].

<sup>20</sup> With regard to the ratification of CRC by Thailand, the latest concluding observations from the Committee on the Rights of the Child were as of 2012 [119]. Its recommendations concerned the strengthening of child protection (including awareness building, legal procedures, birth registration promotion, promotion of coordination in the implementation structure, and consolidation of detection systems such as help lines) were addressed by the formulation and/or revisions of the laws and regulations, policies and the introduction of various projects and programmes, as explained in this Section onwards.

<sup>21</sup> Similar expressions include “deprived” (used for instance in UNICEF website), “vulnerable”, “destitute” [116] [117]. In this Chapter, the expressions in line with the source documents are used. In case the source documents are in Thai, the closest English translation is used.

<sup>22</sup> The main Acts in Thailand are promulgated as “Royal Decrees”. In addition to the acts described here, there are numerous other related acts such as those related to accommodation (girl dormitories), protection of children born by infertility treatment, measures against internet crimes and child welfare. There are also a number of ministerial decrees.



**Table 4-4 Laws related to child protection**

| <b>Name</b>  | <b>Devised in</b> | <b>Revised in</b>            | <b>Outline</b>  |
|--|-------------------|------------------------------|---|
| National Child and Youth Development Promotion Act | 2007              | 2017                         | With the best interest of children and youth as a basis, it stipulates on their civil registration, participation, non-discrimination, education, health, self-development, responsibility, civility and self-expression, as well as the associations concerned. It underlines the promotion of the quality of life in accordance with the physical, emotional and intellectual development at respective ages along with the social environment, socio-economic, moral, ethical and sport skill development, and the development and protection of children and youth in need for special considerations.  |
| Child Protection Act                               | 2003              | -                            | It stipulates the support procedures and implementations related to the welfare, safety, care and behavioral development in order to promote competences of children and their protection from abuse and exploitation. It calls for the participation of the society in child protection, and refers to the obligations of reporting to the authorities concerned when witnessing illegal acts.   |
| Early Childhood Development Act                    | 2018              | -                            | It includes stipulations on the early childhood development committees and early childhood development support, in order to ensure maternal health during pregnancy and early childhood as well as safe and appropriate care, promote comprehensive development in due respect to the individual needs of young children, ethical and moral consciousness, child-rearing skills of the guardians, along with the public, private and community participation and cooperation.   |
| Social Welfare Act                                 | 2003              | 2007                         | In line with the national policies to guarantee the protection and development of children and youth, gender equality in the family and community, and welfare support to the elderly, persons with disabilities and the underprivileged, it stipulates the promotion of efficiency in the delivery of public and private social insurance based on the participation of the family and community, as well as the strengthening of equality of social security provisions through the community networks.   |
| National Education Act                             | 1999              | 2002<br>2010<br>2019         | In its stipulations on the overall education, it refers to the education opportunities of children who have special educational needs including children with disabilities.   |
| Labour Protection Act                              | 1998              | 2003<br>2013                 | It prohibits the employment of children under 15 years old, and obliges the employers to notify the labour inspectors when employing children aged 15 to 18 years old. With the exception of special permits (such as entertainment industry), it in principle prohibits the employment between 22 o'clock to 6 o'clock, work overtime and on weekends, as well as engagement in dangerous work and specific areas. It also acknowledges the right to take leave in order for the activities beneficial for development (such as training).   |
| Penal Act  | 1956              | 1999<br>2007<br>2015<br>2016 | It stipulates the minimum age for legal responsibility as 10 years old. According to the Act, children aged 10 to 15 years old are not subject to punishment but to warning, and sent back to (regular) schools or sent to rehabilitation and development facilities (see Section 4.3.3). In case the punishment is imposed on children aged 15 to 17 years old, the penalties which are half of the standard are applied. The concrete legal procedures are stipulated in the Juvenile and Family Court and Juvenile and Family Case Procedure Act.  |
| Act on Protection of Victims of Domestic Violence  | 2007              | -                            | It prohibits domestic violence and calls any witnesses of domestic violence to report to the authority concerned. It also stipulates on penalties of offenders, support for victims and rehabilitation measures of both.  |
| Act on the Prevention of Trafficking in Persons    | 2008              | 2015<br>2017                 | It places emphasis on the establishment of the victim protection mechanism and the fundamental rights, along with the physical and psychological rehabilitation by a multi-disciplinary team. It includes stipulations related to prison sentences and fines charged for child trafficking.   |
| Act on the Prevention of Prostitution              | 1996              | -                            | It prohibits child prostitution, induced or forced prostitution and the business operations concerned. It provides clear provisions of penalties for children under 15 years old and those for children aged 15 to 18 years old. It also stipulates on the penalties in cases of the involvement of family members and relatives.   |
| Civil Registration Act                             | 1991              | 2008<br>2019                 | Under this Act, a birth certificate (up to 5 years old) or citizen identification is issued if stipulated procedures are respected even in cases when the situations of birth or nationality at birth are not identified at the time of application for the birth certificate. When the proof of continuous residency for 10 years or longer, Thai nationality is granted. There is a remark that “the stipulations are based on the humanitarian considerations for the applicants including those without nationalities, taking into account the fairness and efficiency of the civil registration as well as the demographic realities of Thailand”. |
| Child Adoption Act                                 | 1971              | 1990<br>2010                 | It includes stipulations on the supervision, considerations and approvals of the adoption committee, the clarifications on the regulations and procedures on public and private child adoption, the establishment of the trial period of minimum 6 months (with the exceptions  |

| Name | Devised<br>in | Revised<br>in | Outline  |
|------|---------------|---------------|--|
|      |               |               | such as the adoption by relatives), as well as the confidentiality and non-exposure of the interpretation of the verdicts related to the criminal records and adoption arrangements. |

Source: Compiled as based on the respective acts, [23] and [38]

## 4.2.2 Policies

### (1) National policies

#### 1) The 12th National Economic and Social Development Plan (2017-2021)

The 5-year economic and social development plan provides the basis for the national policies of Thailand. Since the 8<sup>th</sup> Plan (1997-2001), people-centered development which is founded upon Sufficiency Economy<sup>23</sup> has been the core. The current 12<sup>th</sup> Plan (2017-2021) upholds such elements as the promotion of values based on social norms, the upgrading of skills necessary for the quality of life, and the enhancement of lifelong well-being. In terms of child protection, it refers to issues including the strengthening of the roles of family as a social unit and of the bonds between parents and children, promotion of Early Childhood Development (ECD), consolidation of working environment favorable for child-rearing, improvement of child-rearing environment in the community and improvement of standards of child-rearing facilities. With a view to facilitating access to public services by lowest income groups, it mentions concrete measures such as support for family income generation to enhance education opportunities for disadvantaged children, scholarship and travel allowance, and the provision of universal and tailor-designed infrastructure in due consideration for children, women, people with disabilities, the elderly and the disadvantaged. It also refers to the establishment of data collection and monitoring systems which comprise the information of all children from birth to be linked with the citizen identification registration [27].

#### 2) 20-year Development Strategy and Thailand 4.0 (2018-2037)

The 20-year Development Strategy (Thailand 4.0<sup>24</sup>) presents the long-term direction of the country. It upholds national strategies on security, competitiveness enhancement, human capital development, social equity, eco-friendly growth and public sector rebalancing and development<sup>25</sup>. In order to respond to the rapid ageing in society, it underlines the consolidation of environment including welfare services suitable for quality of life, human capital development in line with the needs of the respective age groups (support for child-rearing, provision of nutrition knowledge information as well as investment for early childhood development facilities during pregnancy and early childhood, development of skills in respect for morals and ethics and suitable for the 21<sup>st</sup> century during the school age to youth). It also refers to fostering the amiability of society for children and the elderly, enhancing the roles of the community and the local

<sup>23</sup> Sufficiency Economy is a concepts proposed by the former King Rama IX. With the self-sufficiency as the basis, it underlines the balanced development among people, society, economy and environmental resources [115].

<sup>24</sup> Thailand 4.0 was proposed as a new economic model which aims for the conversion into the value-based economy, by transforming traditional agriculture, small and medium enterprises and service industry into “smart” ones, and by applying creativity, innovation and technology to various economic acuties. Human resource development is an important element of Thailand 4.0 [56].

<sup>25</sup> The public sector rebalancing and development means that the size of the public sector to be appropriate in accordance with its roles and missions, and the roles of regulatory agencies to be clearly defined and distinguished from those of operating agencies [17].

government for the strengthening of the family system, revising laws and regulations concerned, promoting the roles of the local government and reforming the responsible media. Furthermore, it aims at preventing the transgenerational poverty by accurately identifying the people in need for social welfare and protection (low income groups, people under poverty and those who are subject to recurrent discrimination) based on targeted social investment [17].

### 3) Policies of the current administration

The statements by the second Prayuth administration announced at its inauguration on September 25, 2019 comprise the subjects related to child protection, such as the consolidation of a seamless system from the new-born to the school age with a view to enhancing learning and strengthening potentials of all age groups, care-giving in due consideration of the future of children based on warm family and community support, preparations to become parents, promotion of knowledge on nutrition, health and child-rearing, improvement of the quality of public services concerned, and the standardization of the facilities for childhood development. It is also mentioned that the administration would work on the further expansion of the target of the welfare to include also pregnant women, new born babies and school-age children in the families faced with economic problems, which mitigating discrepancies among different measures concerned [39].

### (2) Strategies and plans related to child protection

Table 4-5 presents the summary of the main current strategies and plans related to child protection. These strategies and plans are formulated through such processes as the discussions of the respective stakeholders, workshops and public hearing with the participation of the general public, and the collection of relevant data.

Table 4-5 Main strategies and plans related to child protection

| Name   | Period (current) | Main elements   |
|--|------------------|---|
| National Child and Youth Development Plan  | 2017-2021        | From the physical, mental, emotional, social and behavioral perspective, the Plan aims at facilitating children and youth to maintain a quality of life appropriate for the respective ages, to be prepared and to have immunity necessary to lead a living, strengthening the role of the family, religious institutions, early childhood development institutions, educational institutions and the community, and creating the safe places for learning. It provides the principles and procedures for the inter-organizational cooperation. |
| National Child Protection Strategy   | 2017-2021        | The Strategy aims at attaining the conform and happiness of children in the family, community and society which constitute the surrounding environment of child protection and care. It describes the strategies to strengthen the individuals and organizations involved in the protection from violence and the solution of problems.   |
| National Strategic Plan for Early Childhood Development                          | 2018-2021        | The Plan aims to promote collaboration among the stakeholders, public and private organizations, in order to achieve the quality of life which responds to the needs of the individuals, the learning opportunities and the welfare. It describes the directions and concrete procedures in this regard.  |
| National Education Plan  | 2017-2034        | The Plan aims to ensure education opportunities of all citizens including children with disabilities and the disadvantaged people, human development of all generations and the materialization of a learning society. The concrete measures described in the Plan include the provision of high-quality early childhood care, improvement of education service management mechanism, and formulation of curriculums and manuals for parents in line with the ASEAN and world standards.  |
| National Plan on the Enhancement of Quality of Life of Persons with Disabilities | 2017-2021        | The Plan describes the measures to be implemented and their concrete procedures, in order for the strengthening of the network of guardians, care-givers and the families, and for the improvement of the efficiency of the social protection, support and welfare system. This is with a view to allow people with disabilities to enhance their potential and quality of living throughout the life based on their needs.   |

| <b>Name</b>   | <b>Period<br/>(current)</b> | <b>Main elements</b>  |
|---|-----------------------------|---|
| Family Development Policy and Strategy  | 2017-2021                   | The Policy and Plan refer to the preparation before the formation of the family, child-rearing learning, family communication, prevention and solution of family problems, and the provision of appropriate family welfare. The concrete measures include the facilitation of work-life balance and child-rearing support in the workplaces.  |
| Policy, Strategy and Regulations on the Prevention of Trafficking in Persons                  | 2017-2021                   | The measures mentioned include the enhancement of inter-agency collaboration at all administrative levels, assurance of social safety, appropriate responses to the crimes such as legal procedures applied to those involved including government officials, capacity building of the staff in charge, consolidation of guidelines, promotion of collaboration among various networks in the country, and the revision of the relevant laws and regulations. |
| National-level Policy and Plan on the Prohibition of the Worst Forms of Child Labour          | 2015-2020                   | The subjects included are the prevention of the worst forms of child labour, protection and assistance, efficient application of relevant laws and regulations, strengthening of the organizations and networks concerned, and the establishment of governance and monitoring mechanisms.   |
| Policy and Strategy on the Protection from Violence against Children and Solution of Problems | 2015-2021                   | The reference is made to the prohibition of violence, protection, assistance, treatment and rehabilitation of child and youth victims for their social reintegration, legal responses, mechanisms at all administrative levels and their governance, collaboration and participation, collection of knowledge and investigation, and cooperation with overseas entities.  |

Source: Compiled as based on the respective strategies and plans, [23] and [38]

## 4.3 Social service systems for child protection

### 4.3.1 Implementation structure

#### (1) Government administration of child protection

The work related to child protection is carried out by a multiple number of government agencies and department, in line with the relevant laws, regulations, policies and budget planning<sup>26</sup>. DCY under MSDHS is mainly responsible for capacity building, development and the protection of the rights of children and youth, along with the duties on their and the families’ welfare promotion<sup>27</sup> [40]. Other agencies and department concerned include the Ministry of Public Health (Department of Health), Ministry of Labour (Department of Labour Protection and Welfare), Ministry of Education (Office of the Basic Education Commission), Ministry of Justice (Department of Juvenile Observation and Protection), and the Ministry of Interior (Department of Local Administration, Community Development Department).

The monitoring, evaluation and reporting and the presentation of the recommendations on the aforementioned strategies and plans are carried out by various committees consisting of members such as practitioners, experts and private sector stakeholders in the fields concerned, and/or the sub-committees which are organized as needed, through for instance the regular discussions and information exchange. Table 4-6 shows the composition of the main committees in the field of child protection, namely, the National Child and Youth Development Promotion Committee, and the National Child and Youth Protection Committee.

Table 4-6 National Child and Youth Development Promotion Committee and National Child and Youth Protection Committee

| Name   | Chair  | Vice-chair   | Members  |
|--|--|--|--|
| National Child and Youth Development Promotion Committee | Prime Minister, or the Deputy Prime Minister appointed by Prime Minister | (First) Minister of MSDHS / (Second) Minister of Education | Permanent Secretaries of the Ministry of Defense, Ministry of Tourism & Sports, Ministry of Interior, Ministry of Justice, Ministry of Justice, Ministry of Culture, Ministry of Education and Ministry of Public Health / Private sector professional practitioners appointed by Prime Minister, experts / Local government representatives / Representatives of the National Child and Youth Council   |
| National Child and Youth Protection Committee            | Minister of MSDHS  | Permanent Secretary of MSDHS                               | Permanent Secretaries of the Ministry of Interior, Ministry of Justice and Ministry of Education, Attorney General, Thai Royal Police Commissioner General, Director General of the Department of Provincial Administration of the Ministry of Interior, Director General of the Department of Mental Health of the Ministry of Public Health, Chief Judge of the Juvenile Court, Director General of DCY / Private sector experts and practitioners appointed by Prime Minister |

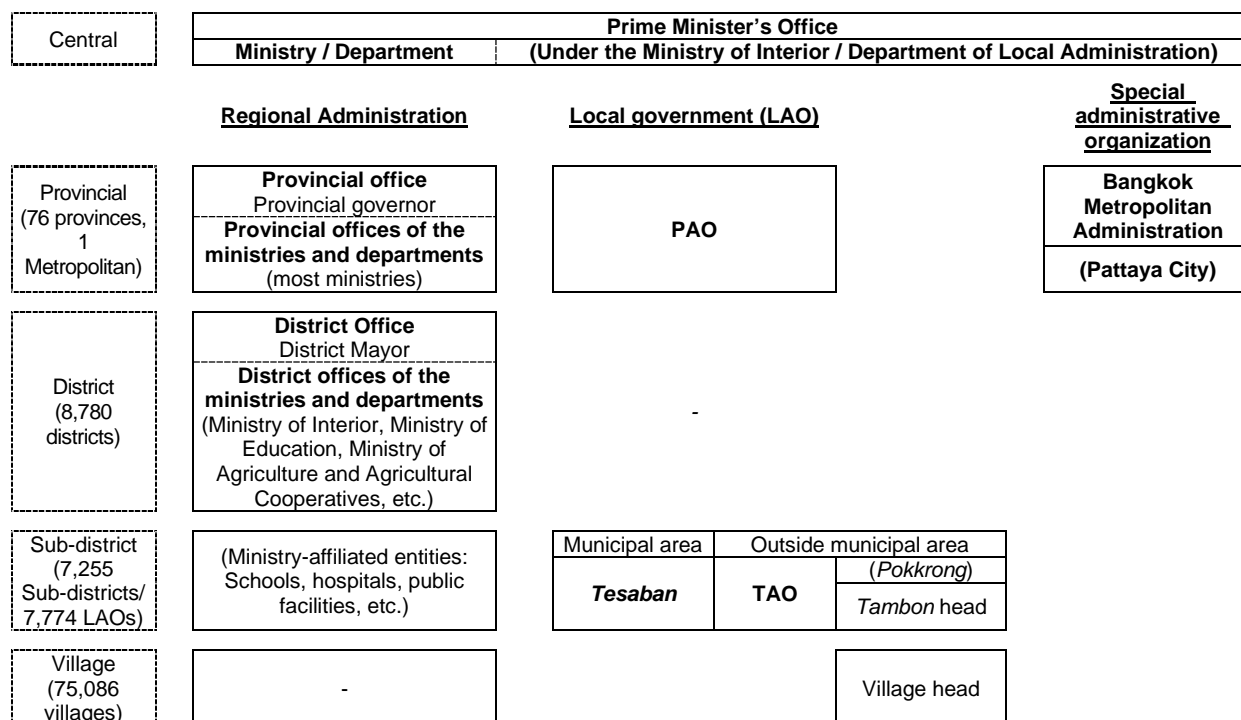
Source: Compiled as based on the respective laws and regulations

Figure 4-1 is the outline of the administrative structure of Thailand. At the local level, the provincial and district offices of the ministries and departments coordinate with the Local Administrative Organization (LAO). They conduct the duties in line with the policies of the central government (Prime Minister’s Office) and the annual development plans concerned, with the cooperation of the *tambon* heads and village heads

<sup>26</sup> In Thailand, departments in the ministries and agencies are highly independent. Many of the duties are carried out by the respective departments.

<sup>27</sup> DCY was established in June 2015, with the integration of all duties related to children and youth of the three departments (Office of Promotion and Protection of Children, Youth, the Elderly and Vulnerable Groups, the Department of Social Development and Welfare, the Office of Permanent Secretary, Ministry of Social Development and Human Security [40].

and the community volunteers as needed<sup>28</sup>. Depending on the activities, various entities, such as royal foundations, civil society organizations, private companies and academic institutions also participate. Child and Youth Council is established at each administrative level, with a view to promoting the participation and initiatives of children and youth who are the members (see Section 2.3.3 for Child and Youth Council).



Source: Prepared by the Survey Team based on [41] [42]

Figure 4-1 Administrative structure of Thailand

## (2) Non-governmental organizations, international organizations, multi-and bi-lateral entities

Many private organizations carry out activities concerning child protection in Thailand. The literature reviewed obtained under this survey, does not refer to specific names of the networks of private organizations<sup>29</sup>. The examples of the cooperation between government agencies and private organizations include the private representation in the committees mentioned above, cooperation in the capacity building training, the organization of workshop by instructors from the private sector as part of the activities of the Child and Youth Council, joint enforcement of child labour for awareness building, and the collaboration

<sup>28</sup> The administrative structure of Thailand is complex. It consists of the “regional administration” which includes the provincial and district offices of the ministries and department and the provincial governor and district mayor appointed generally by the Ministry of Interior, and of the local government (LAO) which comprises a locally elected chief officer and council members as well as the clerks affiliated with the Ministry of Interior. The former is generally responsible for police, health and irrigation which are beyond the administrative capacity of the latter. Concerning the latter, there is a Provincial Administrative Organization (PAO) in each province, and one or more municipality(ies) (*tesaban* in Thai) or *Tambon* Administrative Organization(s) (TAO(s)) at the sub-district level. The Bangkok Metropolitan Administration and Pattaya City are special administrative organizations. A *tambon* consists of two or more villages. In addition, village heads (elected by villagers) and *tambon* heads (elected among village head candidates in the *tambon*) who have semi-official status under the Ministry of Interior are responsible for the maintenance of local security described as *pokkrong* in Thai [41] [42].

<sup>29</sup> UNICEF website lists the partners of its activities, which include CRC Coalition Thailand, a network of non-government organizations undertaking activities such as meetings and advocacy vis-à-vis the government for the purposes of child protection and promotion of child rights [120] [121].

between the Royal Thai Police and non-governmental organizations in the management of child protection centers and their activities, as described in Section 4.3.3. With regard to the “Child Protection Fund” described also in Section 4.3.3, one of its objectives is to contribute to the revitalization of the private organizations undertaking child-related activities through financial support [43]. In addition, there are numerous projects that are implemented in collaboration with the United Nations Agencies such as United Nations Children’s Fund (UNICEF) (on child protection overall), International Labour Organization (on labour, vocational training, trafficking in persons), World Health Organization (on health), United Nations Population Fund (on demographic issues), United Nations Food and Agriculture Organization (on nutrition), international financial institutions, regional entities such as the European Union, and also bilateral partners such as the United States and Australia.

### 4.3.2 Infrastructure

#### (1) Budget

##### 1) Allocation of national budget related to child protection

The budget of Thailand for the fiscal year 2020 (from October 2019 to September 2020) is 3,200,000 million baht (18.2% of GDP), consisting of strategies on national security (13.3% of the total budget), development of competitiveness (11.7%), human development (17.7%), social equality (24.3%), green growth (3.7%), realignment for balance and development of administrative system (15.8%) and general administration (13.5%). The strategy on social equality has the largest share of the total budget, followed by human development. The budget is formulated in line with the 5-year national economic and social development plan, the national 20-year strategy, and the policies of the current administration. Attention is drawn also to the consistency between the national and local level development plans. Each strategy comprises various programmes, of which those with reference to children are summarized in Table 4-7 [44].

Table 4-7 Programmes under the national budget with reference to children

| Strategy          | Programme   | Outline  | Amount<br>(million baht) |
|-------------------|---|--|--------------------------|
| National security | Management of problems of alien workforce and human trafficking | To improve related laws and regulations, to provide integrated enforcement, to prevent and suppress fraudulent and corrupt practices among government officials, to ensure comprehensive protection of victims and vulnerable groups, to promote co-operation among domestic and international networks, to develop systematic support mechanisms, and to integrate relevant database system, with a view to respond to problems of human trafficking including those of vulnerable groups, and child and forced labour.   | 526.7                    |
|                   | Prevention, suppression and treatment of drug addiction         | To create psychological immunity from narcotics for children, youth, workforce and vulnerable groups of people, to organize mechanisms to systematically prevent and solve problems and assist people, to devise legal procedures to apprehend drug producers, traffickers, dealers, and public officials implicated in drug business, to foster international cooperation for rehabilitation, problem-solving and prevention of recurrence.   | 5,299.6                  |
| Human development | Development of human potentials on a life-long basis            | For balanced physical and emotional development of people of every age group, to implement projects such as provision of allowance to children (from birth to 6 years of age), milk and lunch for early-age and school-age children.   | 18,009.0                 |
| Social equality   | Social empowerment  | To encourage people’s participation for the creation of solid society, to create enabling environment for robust families, to provide protection and welfare services to children and youth, to strengthen occupational skills for the enjoyment of women’s roles in social development and their self-reliance, to broaden people’s access to public services, to foster natural resource and environmental management, to solve problems of poverty and land encroachment through agricultural land allocation to communities, to create values of unique Thai knowledge and wisdom. | 12,291.4                 |

| Strategy | Programme                | Outline  | Amount<br>(million baht) |
|----------|--------------------------|--|--------------------------|
|          | Creating social security | To provide medical services based on medical insurance, to provide social welfare to all age groups, to provide public health service to HIV/AIDS patients, and to protect children and youth. | 285,371.5                |

Source: [44]

## 2) Budget of government agencies concerned with child protection

The national budget allocated to MSDHS, which is mainly responsible for welfare-related duties, is 21,173.4 million baht. Its share in the total budget is 0.7%, which is relatively low. However, it is the double of the figure of the previous year which was 0.4% (13342.6 million baht). This growth in terms of the share in the total budget is notable among all the ministries. The highest growth of the share in the total budget is by the Ministry of Labour (1.8 percent for the fiscal year 2019 and 2.3% for the fiscal year 2020). The share of the budget for the Ministry of Public Health is 4.5% for the fiscal year 2019 and 4.3% for the fiscal year 2020. Among all the agencies<sup>30</sup>, the Ministry of Education occupies the highest share of the total budget, namely, 12.3% for the fiscal year 2019 and 11.5% for the fiscal year 2020 [44]. Concerning the budget of DCY, its share in the MSDHS budget is approximately 50% for the fiscal years 2019 and 2020 (amounting to 5,512.8 million baht and 12,785.2 million baht respectively), which is a far larger share than that of other 5 departments and 1 office in the Ministry. In addition to the Ministry budget, DCY is allocated a budget for the “Child Protection Fund” under the budget item of “Revolving Funds as Juristic Persons” (30.0 million baht annually for both the fiscal years 2019 and 2020) [44]. In addition, DCY calls for donations from the general public (cash and in-kind) for the purpose of contributing to the management expenses of child and youth protection and welfare facilities (see Section 4.3.3) and to various activities of the Department [45].

## 3) Budget of regional administration and local government

The budget for the provincial and district offices of the ministries and departments is allocated by the respective head offices. The budget of the local government consists of the subsidy from the national budget and its own revenue (including income from legally admitted fund-raising activities, contribution and revolving fund). The local government implements projects and activities in line with the development plans devised by each local government, which include projects and activities related to child welfare [46].

## (2) Human resources

According to the UNICEF report (published in 2019) compiled as mainly based on the situations as of 2017, a “social worker” in Thailand is defined as those having recognized qualifications under the Social Welfare Promotion Act (2013) and registered with the Thailand Social Worker Professions Council. By this definition, there are 3,008 social workers, of which 2,176 persons are licensed, and the remaining persons are completing required postgraduate courses or hours of practice before the examination. Under the Social Work Professions Act, those who have not obtained the required degree are eligible for the license upon completion of 4 year long practical training. The said report also explains that more broadly used “social

<sup>30</sup> In the budget brief document, “ministries” include central budget allocated for emergency purposes such as disaster response, local governments, public enterprises, independent organs and Red Cross, of which the highest share is by the central budget, namely, 471,532.0 million baht for the fiscal year 2019 (15.7% of the total) and 518,770.9 million baht for the fiscal year 2020 (16.2%) [44].



service worker” is not clearly defined, and its precise number is unknown. Social service refers to support, assistance activities and work in the public and private sectors undertaken to respond to social problems. In the public sector (government agencies), social service is under the responsibility of agencies such as MSDHS, Ministry of Public Health, Ministry of Justice, Ministry of Education, Ministry of Defense and Royal Thai Police and Bangkok Metropolitan Administration. As for academic institutions, 6 public universities (Thammasat, Prince of Songkla, Mahachulalongkorn Rajavidyalaya Monastic, Mahamakut Buddhist and Rajabhat Pibulsongkram) and 1 private university (Huachiew Chalermprakiet) offer a degree programme on social service, of which Thammasat and Huachiew Chalermprakiet also provide a master’s degree programme. In addition to the degree programmes, short-term capacity building training is organized by public and private organizations (government agencies, non-governmental organizations, academic institutions and professional associations among others) for those engaged in social service work. The participation in such training either during the working hours or after hours (nighttime or weekends) is often by individual initiative of a social service worker. The capacity building of social work personnel including social workers is encouraged under the policies of the employing organizations and the government. Hence, employers often provide subsidies for the participation in the training. Nevertheless, in view of the contents and volume of social work required in reality, the said report points out the lack of number and capacity of such personnel [47].

### 4.3.3 Social service delivery and intervention

#### (1) Support for development of children including those in need for special considerations

##### 1) Child and Youth Council

In order to promote development of children and youth as members of society and enhance their participation in social development in line with the National Child and Youth Development Act, Child and Youth Council is established [48]. As of July 2020, Child and Youth Council is established at all the administrative levels in addition to the national level. Hence, there are 77 councils at the provincial level including Bangkok, 8,780 councils at the district levels, 50 councils at minor district level (in case of Bangkok), 7,774 councils at the sub-district level (outside Bangkok) [49] [50]. The member profile as of October 2019 is summaries in Table 4-8<sup>31</sup> [31].

Each council undertakes activities in accordance with the policies of DCY and Child and Youth Council Sub-committee. It is required to fulfill the set standards (covering 4 subjects of establishment and management, operation and activity implementation, quality of activities, and participation) [51]. As of 2017, 80% of the council fulfill these standards. Nevertheless, the importance is attached to the further capacity enhancement [23]. The activities of the councils are related to children and youth and categorized into (1) capacity building for the 21<sup>st</sup> century, (2) protection from various problems and problem-solving campaign, (3) activities related to important dates (such as Children’s Day), (4) nature and environmental protection activities, (5) activities related to tradition, art and culture, (6) volunteer-oriented activities, (7) activities related to occupations and local traditions, (8) activities for fraud and corruption prevention, (9) activities related to the policies of the central government, ministries and departments, (10) activities for self and social development, and (11) regular activities (such as meetings) [52]. Table 4-9 summarizes the activities having been carried out the largest number of times.

|                                       | Number (persons) | Share (%)  |
|---------------------------------------|------------------|------------|
| <b>Total</b>                          | <b>159,557</b>   | <b>100</b> |
| <Gender>                              |                  |            |
| Male                                  | 66,300           |            |
| Female                                | 93,257           |            |
| <Age ( years old)>                    |                  |            |
| 0-6                                   | 1,210            | 0.76       |
| 6-12                                  | 2,254            | 1.41       |
| 12-18                                 | 86,264           | 54.06      |
| 18-25                                 | 68,392           | 42.86      |
| Unknown                               | 1,437            | 0.90       |
| <Education>                           |                  |            |
| Before primary                        | 54               | 0.03       |
| Primary                               | 24,110           | 15.50      |
| Secondary                             | 113,748          | 73.12      |
| Vocational                            | 8,543            | 5.49       |
| Higher                                | 6,316            | 0.04       |
| Informal <sup>1</sup>                 | 2,785            | 1.79       |
| <Schooling/Working>                   |                  |            |
| Schooling only                        | 156,041          | 96.19      |
| Schooling and working                 | 1,058            | 0.65       |
| Schooling completed, working          | 2,012            | 1.24       |
| Schooling completed, before working   | 3,104            | 1.92       |
| [Members with disabilities]           |                  |            |
| Total (0.16% of the total membership) | 282              | 100        |
| Seeing                                | 49               | 19.76      |
| Hearing/understanding                 | 35               | 14.11      |
| Physical/moving                       | 37               | 14.92      |
| Emotional/behavioral                  | 26               | 10.48      |
| Intellectual                          | 65               | 26.21      |
| Learning                              | 25               | 10.08      |
| Autistic                              | 11               | 4.44       |

Source: [50]

<sup>31</sup> While some of figures of the sub-items do not add up to 100%, they are in line with those provided in the source document.

Table 4-9 Activities carried out by Child and Youth Council

|   | 2015 | 2016 | 2017 | 2018 | 2019 | 2020<br>(as of July) |
|---|------|------|------|------|------|----------------------|
| Activities for self and social development (times)                    | 258  | 203  | 179  | 277  | 269  | 252                  |
| Capacity building (times)   | 109  | 202  | 159  | 211  | 103  | 70                   |
| Protection from various problems and problem-solving campaign (times) | 88   | 205  | 192  | 208  | 55   | 57                   |
| Volunteer-oriented activities (times)                                 | 40   | 88   | 66   | 59   | 142  | 151                  |
| Activities related to tradition, art and culture (times)              | 65   | 48   | 50   | 62   | 108  | 81                   |

Source: [31]

## 2) Support for early childhood development

As mentioned above, the Thai government places importance to early childhood development, which is the foundation for lifelong human development. A multiple number of ministries and departments are involved in the support for early childhood development. As of August 2018, there are more than 50,000 facilities for early childhood (pre-school) development. They include 30,006 nursery schools under the management of the Office of the Basic Education Commission of the Ministry of Education, 19,429 childhood development support centers under the management of LAO of the Ministry of Interior, 1,830 pre-elementary schools under the supervision of the Office of the Private Education Commission of the Ministry of Education, over 1,600 private child care facilities under the supervision of DCY, and 429 nurseries under the management of the Bangkok Metropolitan Administration [53]. Table 4-10 shows the number of 2-5 years old children in these facilities. Of the total population of the respective ages, slightly less than 40% of 2 year old children, over 90% of the 3 year old children attend these facilities. The figures for 4-5 years old include children of other ages attending facilities for 4-5 years old and thus, are over 100% [54].

Table 4-10 Children attending facilities for early childhood development

| Age | Total population at the age (persons) | Number of persons in the facilities (persons) | Share in the total population at the age (%) |
|-----|---------------------------------------|---|--|
| 2   | 683,536                               | 268,557                                       | 39.29  |
| 3   | 725,867                               | 659,299                                       | 90.83  |
| 4   | 742,948                               | 951,616                                       | 128.09                                       |
| 5   | 796,090                               | 801,022                                       | 100.62                                       |

Source: [54]

Based on this outcome, most of children aged 3 years old or older receive development support [23]. However, it is pointed out that in areas such as those in the Northeast, some families do not have early childhood development facilities in their vicinities [25]. It is also reported that the quality of the facilities is varied, and only 34% of the facilities fulfill the standards required by the managing / supervising organizations<sup>32</sup> [23]. In view of this situation, the importance is attached to the achievement of these standards by the respective facilities. At the same time, the standards have been reviewed [27] [53] [55].

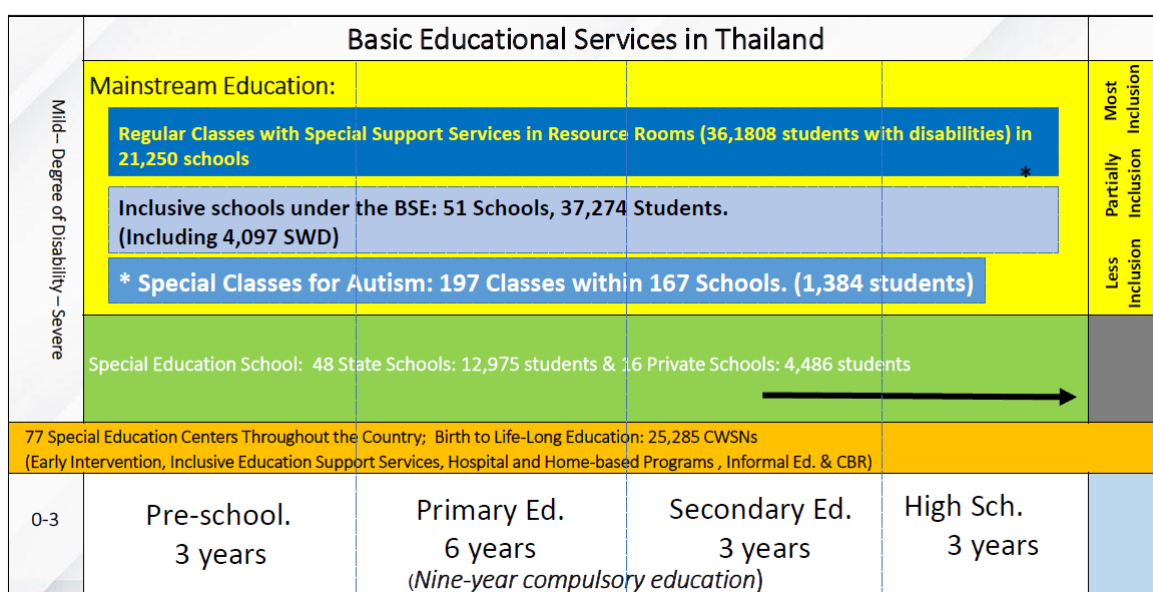
## (2) Inclusive basic education

The basic education in Thailand include pre-school education before primary education for 3-5 years old children (*anuban* 1, 2, 3, which corresponds to the ages attending facilities for child development support<sup>33</sup>),

<sup>32</sup> The detailed standards in the areas of service, personnel/staff, building/location/surroundings/ safety, technical expertise/curriculum, participation/support/promotion, and network promotion [55].

<sup>33</sup> 2 years old is categorized as “preparatory for *anuban* 1”.

primary education, and lower and upper secondary education (Figure 4-2)<sup>34</sup>. In the basic education, many of the “children in need for special considerations” go to regular schools or public schools called “inclusive schools” (including the above-mentioned facilities for early childhood development support). “Children in need for special considerations” are considered to include disadvantaged children (including children subject to forced labour, children in sex industry, abandoned children, orphans, children in protection facilities, street children, children affected by HIV/AIDS, children of ethnic minorities, abused children, children under poverty and children affected by drugs) and children with disabilities [56]. Figure 4-2 shows the number of students with disabilities and students with special needs in basic education. Most students attend regular classes with supplementary lessons, or inclusive schools.



Source: [57]

Figure 4-2 Number of students with special educational needs in basic education in Thailand<sup>35</sup>

### (3) Protection of children in need for special considerations

#### 1) Protection and welfare facilities under DCY

Under DCY, there are 30 child protection and welfare facilities nationwide and 77 temporary accommodation facilities (1 per province) (“Shelter for Children and Families”) [31]. Table 4-11 describes the outline of these facilities<sup>36</sup>, and Table 4-12 indicates the number of persons entering and leaving the facilities.

<sup>34</sup> In Figure 4-2, “Pre-school” in the bottom corresponds to *anuban*, “Primary Ed.” to primary education (primary school), “Secondary Ed.” to lower secondary education (junior high school) and “High Sch.” to upper secondary (high school), of which compulsory education is from primary to high schools. For pre-school education, attendance at the afore-mentioned development facilities is encouraged [56].

<sup>35</sup> The acronyms in the Figure include BSE for Special Education Bureau, SSWD for student with disabilities, CWSN for children with special needs, Informal Ed. For informal education, and CBR for community-based rehabilitation. The number of students as 36,1808 in the “Regular Classes” in the upper part of the figure is presumably mistaken for the correct number of 361,808.

<sup>36</sup> The first acceptance centers are located in Nonthaburi and Pathum Thani provinces. The safety support centers are located in Rayong and Khon Kaen provinces. The development and rehabilitation centers are located in Nong Khai, Chon Buri, Lampang and Surat Thani provinces. The welfare centers are located in Bangkok (2 locations), Saraburi, Chiang Mai, Nakhon Ratchasima, Chon Buri, Si Saket and Kanchanaburi provinces. The young child welfare centers are located in Nonthaburi, Bangkok (two locations), Khon Kaen, Chiang Mai, Udon Thani (for girls), Songkla and Nakhon Ratchasima (for boys) [31] [58].

**Table 4-11 Facilities accepting children in need for special considerations**

| Name                                  | num<br>ber | Outline   | Eligibility  |
|---------------------------------------|------------|---|--|
| First acceptance center               | 2          | In order to examine the children and the family to identify appropriate welfare and protection in line with individual needs, the center accepts children up to 3 months.   | 6-18 years old street children, children betting, child victims of abuse and exploitation, children with behavioral problems, victims of child trafficking, etc.   |
| Safety support center                 | 2          | The center provides four basic needs (food, shelter, clothing and medicine), physical and mental rehabilitation, therapy, emotional education, training and vocational training.  | 6-18 years old children with behavioral problems, children whose attitudes are not appropriate, children not receiving appropriate care.   |
| Development and rehabilitation center | 4          | The center was established for the education, research and vocational training with the aim for physical and mental rehabilitation, therapy and cure to be provided at schools, research institutions and facilities.   | 6-18 years old children not receiving appropriate care, child victims of domestic violence, abuse (including sexual abuse) and exploitation who need special welfare (care).   |
| Welfare center                        | 14         | The center provides four basic needs (food, shelter, clothing and medicine), medical care, support for physical and mental development, education, vocational training and recreation. The center also looks for families for adoption, and provides discipline training for social and family reintegration. | 6-18 years old children under poverty, orphans, abandoned children, children whose family is broken, children infected or affected by HIV/AIDS, children whose parent(s) or guardian(s) are unable to provide appropriate care.                      |
| Young child welfare center            | 8          | The center provides four basic needs (food, shelter, clothing and medicine), medical care, and support for development and care suitable for the respective ages.   | New-born to 6 years old (or to 18 years old at 4 locations) orphans, abandoned children, children whose family is broken, children infected or affected by HIV/AIDS, children whose parent(s) or guardian(s) are unable to provide appropriate care. |

Source: based on [31] [58]

**Table 4-12 Number of persons entering and leaving the facilities**

| Reason   | 2017             | 2018  | 2019  | 2020  |
|--|------------------|-------|-------|-------|
| <Entering (persons): as of July, for 2020>         | 6,547            | 6,054 | 5,737 | 4,167 |
| Poverty of the guardian                            | 845              | 837   | 793   | 579   |
| Inappropriate care                                 | 669              | 696   | 744   | 746   |
| Detention of the guardian                          | 463              | 498   | 462   | 420   |
| Birth by a mother not prepared for pregnancy       | 293              | 294   | 266   | 261   |
| Other  | 3,991            | 3,471 | 3,262 | 1,902 |
| <Leaving (persons): as of June, for 2020>          | (no information) | 1,125 | 1,015 | 516   |
| Return to family / hometown                        |                  | 564   | 543   | 168   |
| Adoption   |                  | 186   | 157   | 127   |
| Transfer to a division in charge of the Department |                  | 175   | 146   | 78    |
| Other  |                  | 200   | 169   | 143   |

Source: [31]

The “Shelter for Children and Families” is a facility to provide support for new-born to under 18 years old children (street children, children betting, child victims of abuse and exploitation, children with behavioral problems, victims of child trafficking, orphans, abandoned children, lost children, children whose parent(s) or guardian(s) are unable to provide appropriate care, children under guardian(s) whose behavior or occupation may affect their growth), youth (over 18 and under 25 years old) and women who are victims of trafficking in persons or illegal acts, experiencing social problems, as well as their families. The Shelter provides a temporary accommodation for the target children, youth and their families when they are faced with problems, in view of their safety protection and social welfare. It also plays a role of a center to provide information and counselling 24 hours a day [31]. Table 4-13 shows the number of persons using the shelter for temporary accommodation and their reasons. The straightforward year-on-year comparison is not possible, since the number of persons for 2020 is as of April, and the categorization of the reasons of that year is different from 2016 and 2017. However, there is a large number of persons who apparently use the facility for the reason of poverty [59] [60].

**Table 4-13 Number of persons using the Shelter for Children and Families**

| Reasons for use   | 2016   | 2017   | 2020 (as of April) |
|---|--------|--------|--------------------|
| Total (persons)   | 16,578 | 43,870 | 7,011              |
| Poverty / economic reasons of the family                                    | 4,396  | 23,593 | 837                |
| Difficulty of guardian(s) to provide (appropriate) care                     | 4,759  | 6,902  |                    |
| Violence, abuse   | 3,030  | 5,065  | 3,119              |
| Orphans, abandoned children, street children, those without a place to stay | 2,110  | 3,822  | 1,028              |
| Behavioral and attitude problem of children                                 | 2,035  | 4,488  | 547                |
| Joining family members or relatives staying in the Shelter                  | -      | -      | 329                |
| Other   | 248    | -      | 1,151              |

Source: based on [59] [60]

In addition to the facilities under DCY mentioned above, there are 5 facilities under the Department of Empowerment of Persons with Disabilities of MSDHS for the protection and development support of children with disabilities (1 location in Nonthaburi province for 0-7 years old children, and for 7-18 years old children, 3 locations in Nonthaburi province and 1 location in Ratchaburi) [61].

## 2) Adoption and foster families

The system of adoption and foster family was founded in 1977, with the objective to allow children to have families based on their rights and to ensure the safety of children under the law. DCY is the main responsible agency. Table 4-14 shows the number of adoptions. The conditions for adoption include the adoptive parent to be above 25 years old and is older than the adopted child by at least 15 years, be healthy, have stable occupation and income, have less than two children (either own or adopted), have no criminal history, have no mental issues in the past, have good attitude and plan for child-rearing, and to go through adoption preparatory process designated by the concerned authority or other agency concerned with child welfare [62]. In addition to the adoption, DCY also makes arrangements for foster families which accept children for a specific length of time<sup>37</sup>. 5,616 children in 2018 and 5,297 children in the fiscal year 2020 were accepted in foster families<sup>38</sup> [63] [64] [65]. DCY website includes pages entitled “abandoned children looking for fathers and mothers” [66].

**Table 4-14 Number of persons for adoption**

|  | Fiscal Year<br>2018 | Fiscal Year<br>2019 | Fiscal Year<br>2020 |
|--|---------------------|---------------------|---------------------|
| Total (persons)                        | 2,166               | 2,325               | 2,450               |
| <Gender (persons)>                     |                     |                     |                     |
| Male                                   | 1,052               | 1,187               | 1,206               |
| Female                                 | 1,114               | 1,138               | 1,244               |
| <Address of adoptive parent (persons)> |                     |                     |                     |
| In Thailand                            | 1,906               | 2,083               | 2,174               |
| Outside Thailand                       | 260                 | 242                 | 276                 |
| <Reasons for adoption (persons)>       |                     |                     |                     |
| Wish of the father or mother           | 1,869               | 1,991               | 2,094               |
| Children under DCY (facilities)        | 166                 | 171                 | 219                 |
| By verdict                             | 72                  | 105                 | 89                  |
| Other                                  | 59                  | 58                  | 48                  |

Source: [64] [63] [67]

<sup>37</sup> For foster families, there are regulations on various subjects such as the conditions and available grants and allowances, depending on the length of fostering and the situation of the respective foster families [62].

<sup>38</sup> The summary reports on the number of foster parents are apparently issued on irregular basis, and the time covered may be during a calendar year or a fiscal year.

### **3) Enforcement on child labour**

Among the ministries and departments in Thailand, the Department of Labour Protection and Welfare of the Ministry of Labour is mainly responsible for protection of children from child labour. The duties of the Department include review and improvement of child labour environment, on-site inspection of workplaces with potentially high risk of child labour, and reduction of illegal labour. Recent examples include review of domestic standards to be in line with the international standards for the weight to be lifted by children with a view to suppressing worst forms of child labour [68], awareness building campaign of employees, business partners and customers undertaken jointly with private companies and CSOs [69], and promotion of preparedness of children before entering the labour market. In addition, under the initiative of the Subcommittee on the prohibition of child labour, the information collection and meetings are organized in order for child labour prevention and monitoring of the corrective measures in place [70]. The Ministry of Labour has also been collaborating with the United States Department of Labour to support the Attaining Lasting Change for Better Enforcement of Labour and Criminal Law to Address Child Labour, Forced Labour and Human Trafficking Project (ATLAS Project) implemented by a non-governmental organization, namely, Winrock International. Through international cooperation, this project aims at consolidating legal systems related to child labour, forced labour and trafficking in persons, carrying out legal enforcement, and enhancing coordination between enforcement agencies and social protection agencies [71].

### **4) Measures against child trafficking**

With regard to victims of child trafficking, the support and welfare are provided through for instance the services at the above-mentioned protection and welfare facilities, enforcement and protection by organizations tasked for child protection explained below. The Thai government reported that 108 victims of trafficking in persons stayed in state (MSDHS) or private run shelters (no indication of breakdown by facilities), of whom 81 were below 18 years old. In addition, examples of concrete measures undertaken in this regard include the preparation of the revised format (approved by the government in January 2020) to identify the victims of forced labour by MSDHS in collaboration with the Thai Royal Police, Ministry of Labour, Ministry of Interior, Ministry of Justice and non-governmental organizations. This form is for victims of trafficking in persons and forced labour (all age groups) and victims of the worst form of child labour. The revised format is expected to contribute to the identification of victims while drawing due attention to the perspective of the victims and care needed to respond to their trauma, which will lead to the provision of protection in line with the needs of the victims. It is also expected to facilitate the collection of comprehensive information of the offenders and consequently expedite the appropriate legal procedures [71].

### **5) Promotion of coordination and human resource development on child protection**

As explained above, child protection concerns a multiple number of ministries and departments. There are protection facilities which undertakes duties on specific geographic areas or subjects under the collaboration of the ministries and departments concerned. For instance, the Southern Border Provinces Administration Centre (located in Yala province) under the Ministry of Interior is responsible for child protection in the conflict areas in the South. Its activities include donation of goods for disadvantaged children and awareness building [72] [73] [74]. The Children's Advocacy Center was established through

the cooperation of the Thai Royal Police, the United States Federal Bureau of Investigation and Homeland Security Investigations. The Centers located at 7 locations in the country are operated by several non-governmental organizations. The activities for the protection of the victims of child trafficking include counselling, recreations and workshops with the participation of the families of the victims [75] [76]. There are also Border Police, local medical facilities and legal agencies which are engaged in child protection in their respective areas and on their respective subjects. The local private companies and civil society groups also participate in the activities concerned.

In order to promote the work on child protection at different locations, and to provide venues for information exchange and networking in favor of inter-organizational coordination, various capacity building activities are undertaken. Table 4-15 shows the examples.

**Table 4-15 Examples of capacity development activities on child protection in various localities**

| Content                                  | Outline   |
|--|---|
| Awareness building, detection, reporting | Preparation of training of trainer curriculum and its modules by DCY for TAO and volunteer networks nationwide, and the implementation of the training for target groups [77].  |
|  | Organization by the Southern Border Provinces Administration Centre and MSDHS of child protection workshop for practitioners on child protection, security force and non-governmental organization staff working in the conflict areas in the South, information exchange among the workshop participants, and the creation of common understanding on detection and reporting for child protection [25].   |
| Legal responses                          | Creation of manuals related to child protection by the Department of Attorney-General and the organization of training for prosecutors [77] [75].   |
|  | Training on interviews of victims and witnesses and on scientific interview methods at child advocacy centers [26].   |
| Health services                          | Implementation of a pilot project called Parenting for Lifelong Health in the Northeast under the cooperation of the Ministry of Health, UNICEF and the Oxford University. With 2-9 years old children of low-income families as its target, the project undertakes activities such as the surveys with the objective for the reduction of violence against children, alleviation of stress by parents, improvement of child-rearing attitudes, and promotion of social support, as well as the knowledge and skill enhancement of medical facility staff [77]. |

Source: based on [25] [26] [77] [75]

#### **(4) Support for rehabilitation and sound development**

Among the ministries and departments in Thailand, rehabilitation and sound development support (response to delinquency) are mainly under the responsibility of the Department of Juvenile Observation and Protection of the Ministry of Justice. Under the Department, Child and Youth Training Centre is established at 20 locations nationwide and the Juvenile Observation and Protection Center is established at each province (77 locations nationwide). In accordance with court verdicts and/or instructions, or as part of protection within its authority designated by the Minister, the Child and Youth Training Centre undertakes such activities as vocational training, awareness building on ethics, moral, and national and local traditions, medical care and health support, and training on social disciplines. It also undertakes rehabilitation, development, protection and welfare services for children and youth who committed social offences or affected by drugs as well as their monitoring, organizes community activities, and formulates individual plans based on the inter-agency collaboration, based on which the Center advocates the rights of children and youth in order for their social integration [78]. The duties of the Juvenile Observation and Protection Center include the investigation of the criminal and family court cases, protection and advocacy of the property and rights of the juvenile in accordance with the court instructions, as well as the protection, rehabilitation, behavioral discipline training and community activities for children and youth being



investigated, prosecuted, or having been released. It also coordinates with the agencies and organizations concerned for the advocacy of child rights [79] [80].

## **(5) Grants related to child welfare**

### **1) Child Protection Grant**

The Child Protection Grant constitutes one of the main policies related to human development emphasized by the Thai government. It was approved by the Cabinet in 2015. With a view to mitigating social inequality, the scheme provides welfare and social protection for households experiencing poverty or facing risks (households of which annual income is 36,000 baht or less). The application is filed by a parent or a guardian, and the grant is provided to cover expenses on the health, nutrition, clothing, and various costs for development of (new-born) children. During the one year (12 months) since the introduction of the scheme, 400 baht per month per child was provided to the target households (with the annual income of 36,000 baht or less) with children born from October 2015 to September 2016. In March 2016, the Cabinet approved the age of eligible children to be raised to 3 years old and the monthly amount to be raised to 600 baht. This was applied starting October of the same year. In March 2019, the Cabinet approved the age of eligible children to be raised to 6 years old and the threshold annual income of the target household to be raised to 100,000 baht. This was applied starting October of the same year. The Ministry of Interior and the Ministry of Public Health collaborate in the implementation of the Grant [81]. Table 4-16 shows the number of children having received the Grant.

Table 4-16 Provision of the Child Protection Grant

|  | 2015   | 2016    | 2017    | 2018    | 2019    | 2020 (as of September) | Total     |
|--|--------|---------|---------|---------|---------|------------------------|-----------|
| Culminative total number of children having received the Grant (persons) | 53,908 | 186,405 | 217,364 | 293,364 | 627,256 | 348,904                | 1,727,201 |

Source: based on [31] [81]

### **2) Child Protection Fund**

The Child Protection Fund aims at enhancing welfare and safety of the children and their families (including foster families) and providing financial support to the activities and projects to encourage children’s behaviors and activities based on social norms. It was founded in line with the Child Protection Act (2003). The eligible applicants include individuals under 18 years old (including street children, orphans, abandoned children, children whose guardian(s) are unable to provide care, children engaged in inappropriate work, child victims of exploitation, children with disabilities, other children in difficult situations, abused children, and students encouraged to correct behaviors), families and foster families of the children, as well as public and private organizations (projects) undertaking child related activities. While substantial enough reports on the Child Protection Fund are not available, information on the application for the Fund is updated and disseminated on the websites of several provincial offices of MSDHS as of October 2020 [82].

## **(6) Mechanisms for detection, reporting and response**

In Thailand, with a view to consolidating the point of reception and response to the problems such as violence, exploitation and trafficking in persons (particularly those needing urgent response), and to

expedite the coordination among and response of the respective organizations in charge, the One Stop Crisis Center (OSCC) is being reinforced. OSCC also called “Hotline 1300” was established in 2013 as based at the Shelter for Children and Families at different locations (see Section 4.3.3). In the following year of 2014, it was integrated into one location, namely, MSDHD head office, and its full-fledged work commenced. With the residents in Thailand and Thai people living abroad as target, the Center is operated on a 24-hour a day and 356 day a year basis, to accept reporting, provide counselling and coordinate with organizations concerned. It also undertakes activities including awareness raising for social problems through media, preparation of manuals and system development concerning responses to social problems [83]. The reporting and notification to OSCC may be made by the hotline 1300, direct contact to more than 20,000 contact points nationwide (hospitals, government offices, etc.), or may be made online in the dedicated website. The mobile application for this purpose is being created. Upon reception of the reporting or notification, MSDHS (related to areas such as protection and social welfare), Ministry of Public Health (including the affiliated medical facilities), Ministry of Labour, Royal Thai Police Headquarters, and other public or private organizations are to respond to the incidences concerned. When the incidences are dealt and responded in a swift and urgent manner, the information on the response is collected, recorded and disseminated by for instance OSCC website [84].

The information on violence (including abuse and trafficking in persons) is also provided by categories of victims, namely, children and youth, women, the elderly, and other persons with disabilities. Table 4-17 shows the results of the reporting for fiscal years from 2016 to 2018. Overall, the largest number of incidences involve children and youth. For the information of the fiscal year 2018, the number of incidences is also provided specifically for the category of children. For the youth, a new category of male youth is newly added, and female youth is merged into women category [83].

**Table 4-17 Reporting on violence**

|   | Fiscal Year 2016 |              | Fiscal Year 2017 |              | Fiscal Year 2018       |              |
|---|------------------|--------------|------------------|--------------|------------------------|--------------|
|   | Domestic         | Non-domestic | Domestic         | Non-domestic | Domestic               | Non-domestic |
| Total number of reporting on violence (incidences)        | 2,166            |              | 2,899            |              | 2,710                  |              |
|   | 1,578            | 756          | 1,869            | 1,030        | 936                    | 1,774        |
| Of which violence against children and youth (incidences) | 1,362            |              | 1,588            |              | Children only<br>1,222 |              |
|   | 768              | 594          | 841              | 747          | 681                    | 541          |
| Physical violence   | 430              | 137          | 517              | 227          | 413                    | 166          |
| Sexual violence   | 170              | 292          | 176              | 328          | 159                    | 294          |
| Abandoning children                                       | 105              | -            | 103              | -            | 73                     | -            |
| Obscenity   | 57               | 46           | 25               | 66           | 36                     | 81           |
| Information on trafficking in persons                     | 6                | 119          | 20               | 112          | -                      | -            |
| Prostitution  | -                | -            | -                | 14           | -                      | -            |

Source: based on [83]

#### **4.3.4 Evaluation and reporting**

The evaluation and reporting of the projects under the responsibility of the Thai government, including those related to child welfare, are broadly carried out. While many of the literatures concerned are available only in Thai, they are informative and appear to be regularly updated in general.

### **(1) Evaluation and reporting in line with general government procedures**

The policy, strategy and plan documents include sections on the methods and indicators of monitoring and evaluation. The committees, ministries, departments and organizations in charge undertake regular monitoring and evaluation, based on which reports including recommendations are prepared. In case a policy, strategy and plan are devised in a series of versions covering different periods, the process of devising the most current version including the analysis of the previous period is also described. Similar procedures are applied for the formulation of projects. The formats of the budget reports of the ministries and departments are in line of the format of the national budget brief, which indicate the budget consumption ratio and the degree of achievement of set indicators. More detailed reporting of activities of the ministries and departments are submitted in the form of annual reports.

### **(2) Statistics**

The website of the National Statistics Office of Thailand disseminates various statistical information. On a number of subjects, age group disaggregated data are also provided. In addition, although the frequency and the contents of the updates are not uniform, the statistical information of specific projects may be provided on the pages of the said projects of the websites of the ministries and departments in charge. Examples of child-focused statistics include the above-mentioned MDP and MICS, of which reports are disseminated on UNICEF website.

In addition, community surveys are conducted on a regular basis in Thailand. The surveys in this regard which are broadly referred to for policy formulation are the biannual “Villages in Rural Areas in Thailand” concerning socio-economic situations of villages [21], and the annual “Quality of Life of Thai People” related to overall household situations [85]. Community Development Department of the Ministry of Interior is mainly responsible for both. The outcomes of the household- or village-based interviews are aggregated at each administrative level and reported. In the most recent reports, the former has 31 and the latter has 33 survey subjects, some of which are related to child welfare<sup>39</sup>.

### **(3) Information dissemination**

Many of the above-mentioned laws, regulations, policies, strategies, plans, reports concerned, and the budget reports and annual reports of the ministries and departments are disseminated on the respective websites. In addition, as referred to in Section 4.3.3 above, the information on specific areas of work and projects, though not necessarily comprehensive, are available to a certain degree. In addition to the source literature of this Chapter, the information on the rights of children and families is provided on the website of DCY, among others [86].

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<sup>39</sup> For instance, both surveys include subjects such as household sanitation and safety (quality and availability of water, disaster and security, among others), education opportunities and education level, and income. In addition, the “Quality of Life of Thai People” also includes maternal health (breast feeding, weight of new-born babies and immunization, pre-school education and compulsory education), hygienic condition of living environment and warmth in the family [21] [85].

## **4.4 Impact of and response to Coronavirus disease 2019 (COVID-19)**

### **4.4.1 Situation of COVID-19 in Thailand**

According to the Ministry of Public Health of Thailand, the accumulated number of COVID-19 cases in Thailand as of December 5, 2020 is 4,072 persons, and the accumulated deaths, 60 persons [87].

In Thailand, the first case of COVID-19 in Southeast Asia was reported on January 13, 2020 [88]. The government set up the COVID-19 Situation Administration in order for efficient responses and centralize the provision of information [89], with a view to controlling the infection. The economic measures and emergency support measures for companies and vulnerable households by the Thai government include the following, the total of which is equivalent to 15% of GDP [88] [90] [91] [92].

- Support for financing of small and medium sized enterprises through low interest loans
- Purchase of company bonds, exemption from payment for electricity and water bills and public housing
- Monthly allowance of 5,000 baht to farmers (3 months)
- Monthly allowance of 5,000 baht to children under 6 years old in needy families, the elderly and persons with disabilities (3 months) and allowance of 3,000 baht to additional target groups
- Exemption from social security premium payment (3~6 months)
- Unemployment benefits to migrant workers with social insurance coverage (3 months), and the payment of retirement grant to those having worked continuously for 4 months
- Provision of temporary accommodation for those who lost places to stay

In the meantime, the economic growth is expected to contract to contract in 2020 in Thailand, which is among the sharpest projected declines in the East Asia and Pacific region, due to a decline in tourism (a main industry of the country) and the stagnation of trade and supply chains [18]. There is an increasingly serious problem of unemployment. The spread of infection and its preventive measures are largely affecting socio-economically vulnerable people. Many low wage workers engaged in occupations in which social distancing and remote work are difficult, street vendors losing customers due to lockdown measures, and the households depending on money transfer from relatives working elsewhere in the country or abroad are facing loss of jobs and/or incomes [88].

### **4.4.2 Impacts and responses in child protection sector**

In response to the outbreak of COVID-19, measures such as school closure, suspension of visits to and activities in protection facilities involving children, the elderly and persons with disabilities have been implemented [31] [93]. The preventive measures also included the formulation and application of strict infection prevention guidelines by the Ministry of Public Health and the Ministry of Education targeting all academic institutions, and the organization of remote learning and online lessons in collaboration with UNICEF. There were also other measures undertaken, such as the distribution of self-learning materials free of charge, provision of emergency allowance to cover meal expenses for children needing support, and the continuous provision of milk during the school closure. There is also a report on the long-term investment for the development of satellite and remote learning television programmes as well as interactive

radio lessons (on pre-school and primary education subjects) with particular attention to disadvantaged children and youth. MDSHS carried out such measures as the distribution and of child infection prevention manuals to its affiliated facilities (see Section 4.3.3) and LAO, and the implementation of preventive measures based these manuals. In addition, the Ministry, through DCY and in collaboration also with various organizations including LAO, has been providing support materials and counselling services for the children and their families who lost their jobs and/or income due to COVID-19 [88] [94] [95] [96] [97] [98] [99] [100].

Another impact of COVID-19, as pointed out, was the higher risk of a online exploitation due to the increase in time spent online during school closures. The investigation by the Thailand Internet Crimes against Children Task Force, which is responsible for the enforcement of internet child crimes, led to the arrest of 94 suspects in 2020, including 22 on trafficking in persons, 65 on child exploitation, and 39 on child pornography possession<sup>40</sup>. In addition, 51 victims were rescued, of which 43 were children aged below 18 years. Since 2015, 215 victims were rescued [71].

Several rapid surveys were conducted to identify physical and psychological impacts of COVID-19 on children. The outcomes indicated the psychological concerns caused by the decline of the household income by the unemployment of (a) parent(s) and/or business closures, as well as the risks to the lives of the close ones including the elderly. The outcomes also suggested the economic impacts including financial hardships of the households, and the resultant social impacts such as the difficulties in travelling/commuting to schools [101] [102]. A large number of discussions and public seminars were organized with the participation of public and private practitioners and experts to consider the impacts of COVID-19 on children and child welfare. The issues raised included the impacts on the nutrition of children due to the suspension of school meals, discrepancies in access to remote learning, and risks of losing education opportunities among disadvantaged children [94]. The vulnerability of skipped-generation households to poverty was also pointed out [103]. Directing attention to the rapid survey on the impacts of COVID-19 on the children whose parent(s) migrate domestically for work, 48% of the fathers and 48% of the mothers continued working, and thus, there was a small percentage of households where the fathers and/or mothers returned home (as 4% of fathers and 8% of mothers returned home). The reason which the largest number of responded provided for return home was the temporary closure of the workplace and unemployment<sup>41</sup>. The income declined among 90% of households, and expenses increased (for utility, costs for prevention goods, etc.) in some households. The countermeasures included reducing expenses and working more (54%), borrowing money (20%) and using savings (16%). One-third of the households responded that they reduced the number of meals by one when compared to before COVID-19. 88% of the households were indebted, of which 74% did not complete repayment. Three-quarters of the households applied for the government subsidy, of which 39% was rejected. 16% of the households did not apply because they were

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<sup>40</sup> Considering these figures indicated in the source literature, some cases involve multiple charges.

<sup>41</sup> The said survey aimed to understand the impacts of the parents' domestic migration on the well-being and impacts of young children. As a follow-up to the survey carried out in 2013 which targeted 1,080 households (in Khon Kaen and Pisanulok provinces) with 0-3 years old children, it interviewed 80% of these households, or 854 households. At the time of the said survey, the children were 7-10 years old (primary school children). 21% were single parent households, and in more than half of the households (58%) the children lived with neither of the parents. In the largest number of households (68%), child-rearing was mainly under the responsibility of grandparents [29].

able to access application website. The required support included cash (80%), reinforcement of national welfare (37%), creation of employment and income (27%), exemption of debt (24%). 81% of the household responded that they would need support related to children, of which the largest number of responses were school uniforms (61%), followed by school supplies (58%), extra class supplies (42%) and scholarships (22%) [29]. Such outcomes of the survey demonstrate that COVID-19 affect various aspects of daily lives of households where (a) parent(s) migrate for work in many cases of which skipped generation are responsible for child-rearing.

## **4.5 Priority issues and suggestions related to child protection in Thailand**

As described above, the national policies of Thailand underline “people-centered development”, placing stable economic growth and social equality at the core. Supporting physical and mental development in early childhood when the foundation of lifelong growth is formed, with due considerations to disadvantaged people, is deemed to contribute to the country’s longstanding issue of alleviating disparities and strengthening competitiveness in the regional and world economy. Child protection is also related to the national security including responses to cross-border problems. Hence, drawing attention particularly to socio-economically vulnerable children and endeavoring for their development support and protection are in line with the national policies.

Child protection in Thailand concerns a broad range of issues. As illustrated in this Chapter, various policies, measures, projects and activities have been devised and implemented in Thailand, through public-private collaboration. Continuous implementation of such activities will remain important. Here, based on the outcome of this survey, the subjects which are considered to call for further attention are suggested below. Japan has carried out cooperation to Thailand in the areas related to these subjects, through such forms as technical cooperation, as well as dispatch of experts and volunteers<sup>42</sup> [104] [105]. It will be useful to utilize the knowledge and lessons learned from these activities, and also to explore the possibilities for linkage with the current activities. Another possibility is to establish and/or consolidate comprehensive information exchange network between Japan and Thailand on areas related to child welfare and protection.

### **4.5.1 Understanding situation of children in skipped-generation households and devising support**

As described above, there are often cases of children living with their grandparent(s) for reasons such as the work-related migration of their parent(s) in Thailand. It is pointed out in the policy documents of the Thai government that the households of which the head or the caregiver of (a) child(ren) are elderly grandparent(s) are particularly vulnerable in various aspects including income and employment opportunities, and thus prone to fall into poverty. This is likely to hinder development and education opportunities of children [27] [43] [103]. As mentioned in Section 4.1.3, MICS of 2019 shows that in 72.9% of the households, the main caregiver of (a) child(ren) is a grandparent. The share of such households is higher in the rural than urban areas (74.8% versus 68.9%), and among the region, it is highest in the Northeast (81.3%), followed by the North (73.4%). Such tendency is observed for child poverty described in Section 4.1.3 and also for poverty of the whole population mentioned in Section 4.1.2. In addition, as illustrated above, these households are particularly susceptible to devastating impacts of unpredictable emergencies such as COVID-19 (see Section 4.4). As explained in Section 4.1.2 ageing is a major issue of Thailand. As ageing progresses, the ages of grandparents taking care of their grandchildren further advance,

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<sup>42</sup> For instance, in the Rolling Plan for the Kingdom of Thailand, the “Social Security Program” includes “the Partnership Project for Global Health and Universal Health Coverage”, “Volunteer Group in the Area of Support for the Socially Vulnerable” and “Inclusive Development through Disability-inclusive Sports (Third Country Training Program)”. The Third Country Training Program is a training in a developing country which accepts participants from other developing countries under the assistance of (a) support country(-ies) and/or agency(-ies), in order to transfer, disseminate and entrench distinguished development experiences, knowledge and technology. In addition, the “Project on Development of Community-based Integrated Health Care and Social Welfare Services Model for Thai Older Persons”, “Project on Long-Term Care Service Development for the Frail Elderly and Other Vulnerable People”, “Project on Seamless Health and Social Services Provision for Elderly Persons” have been implemented. Furthermore, the “ASEAN/Mekong Regional Connectivity Strengthening and Gap Reduction Program” includes “Protection, Repatriation and Reintegration of Trafficking in Person for Mekong Region” [104] [105] [122].

which is likely to add to the economic vulnerability of skipped-generation households. This raises concern over socio-economic situation of children living in these households. According to the outcomes of this survey, the Thai government has not yet devised support measures specifically targeting skipped-generation households. Though not numerous, there are survey and research works which draw attention to skipped-generation households [106] [107] [108]. From the perspectives of child welfare as well as ageing which constitutes one of the main social issues of Thailand, and also of social equality situated at the core of the national policies, it is deemed highly relevant to undertake a more comprehensive survey to deepen understanding on the situations of children in skipped-generation households while taking into account the contents of the existing surveys and research works, and thus explore more tangible measures and projects for the benefits of children in the skipped-generation households with high degrees of social-economic vulnerability.

#### **4.5.2 Compiling and sharing information on cases of community-based child welfare**

The community-level activities implemented at the local administrative levels of Thailand include those in accordance with the central government policies, those based on the situations of the respective provinces, districts and sub-districts, as well as and those in line with the development plans of the respective local governments. As emphasized in a number of policy documents, it is important not only for child welfare but also for various other subject, to provide support services responding to the situations of the respective localities while promoting community participation in this process. With this background, it is likely that community-based child welfare is put into practice in various localities in Thailand. In addition, the roles of community are expected to be increasing in the areas related to physical and mental development of children which is one of the priority issues of the government, and as in the consolidation of flow from detection and reporting of child welfare related incidences to protection of children through OSCC which also aims to contribute to reinforcing child protection mechanisms. Nevertheless, comprehensively compiled information of specific community-based activities to promote child welfare (specific instances) has apparently not been disseminated. A possibly reason is that child welfare concerns a broad range of subjects on which the work and activities fall under the responsibilities of a multiple number of ministries and departments. Taking into account such background, in terms of deepening understanding of current situations based on specific instances, it is deemed useful to draw attention to, and broadly disseminate the information on the community-based (including village- and/or *tambon*-level) activities for child welfare promotion, particularly those aiming at physical and psychological development of children and reinforcing detection, reporting and child protection through OSCC, which in turn will contribute to their improvements and reinforcement. For this purpose, it is preferable to undertake surveys to understand current situations of community-based child welfare, and organize and promote venues to share the information collected as well as the outcomes of the analysis. Tangible examples in this regard may include the utilization and promotion of information sharing networks through Child and Youth Council, child welfare and protection facilities and LAOs, along with capacity-building activities concerned. The participation therein of village and *tambon*-level leaders (including village heads, *tambon* heads, leaders of organizations such as the women's club) as well as the volunteers working in the concerned fields (such as health) are deemed to be important.



## Chapter 5 Current Status of Child Protection: Myanmar

### 5.1 Situation of children

#### 5.1.1 Basic statistical data related to child protection

As background, the basic statistical data related to child protection in the Republic of the Union of Myanmar (hereinafter referred to as Myanmar) are shown in Table 5-1.

Table 5-1 Basic statistical data related to child protection in Myanmar

|  | Indicators  |  | Year   | Total   | Male    | Female  | Source  |
|--|---|--|--|---------|---------|---------|---------|
| Demographics   | Population (thousands)  | 2019                                       | 2019   | 54,045  | 26,045  | 28,000  | [1] [2] |
|  |   | 2018                                       | 2018   | 17,238  | -       | -       |         |
|  |   | 2018                                       | 2018   | 4,518   | -       | -       |         |
|  | Age dependency ratio (% of working-age population)                    |  | 2019   | 68.1    | 67.9    | 68.2    | [1]     |
|  | Urban population (% of total population)                              |  | 2019   | 30.9    | -       | -       | [1]     |
|  | Total fertility (live births per woman)                               |  | 2019   | 2.0     | -       | -       | [3]     |
|  | International migrants (thousand persons)                             |  | 2019   | 76      | -       | -       | [4]     |
| Child mortality  | Neonatal mortality rate (deaths per 1,000 live births)                |  | 1990   | 47.4    | -       | -       | [2]     |
|  |   |  | 2019   | 22.4    | -       | -       |         |
|  | Infant mortality rate (deaths per 1,000 live births)                  |  | 1990   | 81.2    | 88.9    | 73.1    | [2]     |
|  |   | 2019                                       | 35.8   | 39.5    | 31.8    |         |         |
| Under-five mortality rate (deaths per 1,000 live births) |   | 1990                                       | 114.6  | 122.1   | 106.8   | [2]     |         |
|  |   | 2019                                       | 44.7   | 48.8    | 40.2    |         |         |
| Maternal health  | Age at first birth <sup>1</sup> (year old: y.o.)                      |  | 2019   | 23.2    | -       | -       | [3]     |
| Nutrition  | Malnutrition (%) (0-4 y.o.)   | Stunted (moderate and severe) <sup>2</sup> | 2016   | 29.4    | 31.1    | 27.5    | [2]     |
|  |   | Wasted (severe) <sup>3</sup>               | 2016   | 6.6     | 7.0     | 6.2     |         |
|  |   | Wasted (moderate and severe) <sup>4</sup>  | 2016   | 1.3     | 1.5     | 1.1     |         |
| Education  | Completion rate (%)   | Primary education                          | 2016   | 83.1    | 81.7    | 84.4    | [2]     |
|  |   | Lower secondary education                  | 2015   | 44.8    | 44.6    | 45      | [2]     |
|  |   | Upper secondary education                  | 2015   | 16.8    | 13.9    | 19.3    | [2]     |
|  | Dropout rate (primary education) (%)                                  |  |  | 6.2     | 5.4     | 6.9     | [2]     |
| Family environment, Child protection                     | Birth registration rate (under 15 y.o.) (%)                           |  | 2016   | 81.3    | 81.9    | 80.6    | [2]     |
|  | Child marriage (age of first marriage of couples aged 20-24 y.o.) (%) | Married by 18 y.o.                         | 2019   | -       | -       | 16.4    | [3]     |
|  |   | Married between 18 and 24 y.o.             |  | -       | -       | 83.6    |         |
|  | Percentage of children living with parents (%)                        |  | 2015-6   | 75.2    | 75.8    | 74.6    | [5]     |
|  | Number of children in institutions (5-15 y.o.)                        |  | (Approximately 600,000, according to UNICEF website) |         |         |         | [6]     |
|  | Number of children with disabilities (0-19 y.o.) (persons)            |  | 2014   | 253,597 | 134,984 | 118,613 | [7]     |
| Equity   | GDP per capita (current US\$)   |  | 2019   | 1,407.8 | -       | -       | [1]     |
|  | GDP growth (annual %)   |  | 2018   | 2.9     | -       | -       | [1]     |
|  | Unemployment rate (% in the total labour force) <sup>5</sup>          |  | 2020   | 1.7     | 1.3     | 2.3     | [1]     |

<sup>1</sup> The average age of women aged 25-49 years old at the time of the survey.

<sup>2</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median height-for-age of the WHO Child Growth Standards.

<sup>3</sup> Percentage of children aged 0-4 years who are below minus 3 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>4</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>5</sup> There no literatures that refer to direct impacts of the Coronavirus disease 2019 (COVID-19) on this figure. For information, the unemployment rates of 2018 and 2018 were respectively 1.5% (1.2% for male, 2.0% for female) and 1.6% (1.2% for male, 2.1% for female) [1].

|  | Indicators  | Year | Total | Male | Female | Source |
|--|---|------|-------|------|--------|--------|
|  | Employment rate informal sector, agriculture excluded (%) | 2019 | 79.6  | 78.0 | 81.3   | [1]    |
|  | Child poverty level (0-17 y.o.) (%)                       | 2017 | 31.2  | 31.1 | 31.3   | [8]    |
|  | Gini coefficient  | 2015 | 38.1  | -    | -      | [1]    |

### 5.1.2 Social, economic, political, and cultural situation

Myanmar is located in a geopolitically strategic position between China and India. It has rich natural resources. The closed socialist policies since 1962 led to economic difficulties including the decline of foreign reserve, stagnation of production and accumulation of external debts. In 1987, the country was designated by the United Nations as a least developed country. The military government since 1988 abandoned socialist policies and promoted open economy polities. However, due to such factors as the unrealistic exchange rates and rigid economic structure, the lack of foreign currencies became acute. The economy was further stagnated following the economic sanctions of the western countries attributed *inter alia*, to human rights violations, causing hardships of people’s livelihoods. Since the shift to the civil administration in 2011, the economic reforms including the opening of the markets have been implemented. Owing to the active foreign investment, the country attained stable economic growth at the annual average of approximately 7%. The sanctions of western countries have been lifted since 2012 [9] [10].

The current administration since 2016<sup>6</sup> have been focusing on the administrative management with such objectives of formulation of socio-economic policies and implementation of relevant measures. In 2018, the Myanmar Sustainable Development Plan (MSDP) (2018-2030) was adopted. The Plan aims at maintaining the momentums for economic transition and socio-economically balanced growth [9] [10] [11]. The Human Development Index (HDI) of Myanmar for 2020 is 0.584, and the index has been following an upward trend since the 1990’s [12]. The Sustainable Development Goals (SDGs) index for 2020 is 64.58, ranked at the 104<sup>th</sup> position among 166 countries [13].

The economic growth rate of the fiscal year 2019 (October 2019 to September 2020) was predicted to be 6.3% prior to the outbreak of Coronavirus disease 2019 (COVID-19). However, due to the decline in economic activities following the pandemic, it is expected to be revised down to 1.7%. This figure will be considerably lower than 6.8% of fiscal year 2018. Such economic decline is deemed to reverse the trend for poverty reduction until 2019, with the poverty ration estimated to be 27% in the fiscal year 2020, much higher than 22.4% in the fiscal year 2018. The economic growth for the fiscal year 2020 (October 2020 to September 2021) will largely depend on the situation of COVID-19. Nevertheless, the domestic economy is expected to gradually recover, to enable the growth ratio of 2% [11] [14].

In terms of social aspects, the World Bank refers to a significant decline of poverty ratio from 48% in 2005 to 25% in 2017, bringing overall improvements in people’s standards of living [11]. However, during the same period, the disparities of wealth remained in the country. For instance, the rural-urban disparity on

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<sup>6</sup> The current ruling administration won the election in November 2020 [87]. However, the military launched a coup on 1 February 2021. It detained the State Counsellor Aung San Suu Kyi as well as many senior members of the ruling party, and declared the state of emergency. A series of protests have been continuing nationwide, raising concerns over socio-economic situations [89] [88].

poverty ratio stayed at around 20% (53.9% for rural areas and 32.2% for urban areas in 2005, and 30.2% for rural areas and 11.2% for urban areas in 2017) [8].

A major issue for the stable growth and development of Myanmar is armed conflict. There are at least 20 Ethnic Armed Organizations (EAOs) in Myanmar. In many of the areas under the rule of these organizations, the government and EAO agencies in parallel undertake road constructions, education and provide healthcare [10]. The conflict between the government and ethnic minority armed forces has continued over 60 years. A large number of people reside in the conflict-affected areas [15]. It is reported that in 2016, active or latent conflict was present in over one-third of the townships, and 11 states/regions of the country<sup>7</sup> [10]. Peace negotiations have been on-going through such instances as the National Reconciliation Peace Centre, for the signature of cease-fire agreements by between the government and all these organizations [16].

### **5.1.3 Key issues on child<sup>8</sup> protection**

A number of aspects related to the situations of children, including health, sanitation, nutrition, child protection and education in Myanmar have overall been improving in the context of the above-mentioned social-economic improvements and owing to various forms of public and private support activities as mentioned below [17]. There are however issues remained including the following.

#### **(1) Poverty**

As shown in Table 5-1, over 30% (31.2%) of children in Myanmar face poverty. This figure is from the Myanmar Living Conditions Survey (MLCS) of 2017. According this survey, the poverty ratio of children, which was 31.2% (31.1% for boys, 31.3% for girls) was higher than that of the whole population (24.8%). Child poverty was a main reason for school drop-out and employment [8]. According to the Inter-censal Survey of 2019, the school attendance ratio declined gradually after the completion of the primary education (at the age of 12), dropped sharply at the age of 14, and the ratio at the age of 18 was as low as approximately 30%. Half of the target interviewees of the Survey referred to economic factors as a reason for school drop-out [3]. Impoverished households lacked clean water or hygienic facilities. The United Nations Children's Fund (UNICEF) reported that 25% of the households with children lacked toilet facilities. In such environment, the risks for illness was high particularly among young children [17]. In addition, MLCS reported that poverty was more severe among the households with a larger number of children, and the average number of children in impoverished household was approximately twice as high as that of other households. The attributing factors included the relatively small size of workforce in the household, and the high medical expenses for children [3].

There were large geographical disparities. The poverty ration of children in rural areas was 36.4%, approximately 2.5 times higher than that of children in urban areas which is 15.4%. There were also considerable differences among the regions. Approximately 50% of impoverished children were concentrated in 5 regions/states, namely, Ayeyarwady Region, Shan State, Sagaing Region, Rakhine State and Magway Region. There was a notable difference between the rates of Chin State and Rakhine State of

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<sup>7</sup> The administrative structure of Myanmar is explained in Section 5.3.1.

<sup>8</sup> In Myanmar, a "child" is defined as being under 18, according to the Child Rights Law of 2019 [32].

which the child poverty rates were the highest (64.3% and 49.1% respectively) and Tanintharyi Region and Mandalay Region of which the child poverty rates were the lowest (15.6% and 16.5% respectively) [8] [18].

## **(2) Violence, abuse, neglect**

Under the 2015-16 Myanmar Demographic and Health Survey, interviews were conducted with the heads or family members of households with 2-14-year-old children, concerning the child discipline. It concerned the methods of discipline carried out within one month preceding the date of the interviews. According to the responses, 15% of children (13.7% of boys and 16.7% of girls) received some form of non-violent discipline, 74% of children (76.8% of boys and 71.0% of girls) received some form of psychological aggression, 43% of children (46.9% of boys and 38.6% of girls) received some form of physical punishment, and 12% of children (13.4% of boys and 9.9% of girls) received some form of physical punishment<sup>9</sup>. There are differences among age groups concerning physical punishment, namely, 54% for 2-4 years old, and 32% for 10-14 years old. The differences concerning severe physical punishment were attributed to the level of education of the head of the household. The ratio was 11% for children in households with head who had no education, 7% for children in households where the household head had more than secondary education. In terms of wealth quintiles, 19% of children in households in the highest wealth quintile and 11% of children in the lowest quintile faced only nonviolent discipline [5].

Concerning neglect, interviews were conducted with mothers concerning whether the child under the age of 5 was left alone or left in the care of other children under age 10 for 1 hour or more. The figure in this regard was 13%, and there were no age-oriented differences. Meanwhile, the figure was 15% for children in rural areas, which was twice as high as that of children in urban areas, namely, 7%. Among regions/states, the highest was 23% for Chin State, compared to the lowest in Yangon Region, which was 3%. There were notable contextual differences. The figure was 19% for children of mothers with no education, 5% for children of mothers with more than secondary education. In terms of wealth quintiles, the figure was 21% for children in the lowest quintile and 5% for children in households in the highest wealth quintile [5].

As mentioned in Section 5.1.2, there is on-going domestic conflict in Myanmar. According to a report by UNICEF, the conflicts affects approximately a million persons, of which 450,000 persons are presumed to be children [19]. Frequent natural disasters are also a major issue. In 2019, approximately 460,000 children were in need for humanitarian assistance due to the conflict and/or natural disasters. These children face risks of sexual violence, exploitation, abuse, detention and trafficking in persons [17].

## **(3) Child labour**

As mentioned above, many children are forced to drop out from schools or seek employment due to economic reasons of the households such as poverty. Child labour is thus frequently observed. In urban areas, children often work in street vendors, garbage collection, restaurants and housework. In rural areas, children often work in agriculture. There are also reports of children subjected to forced labour in order to

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<sup>9</sup> Nonviolent discipline concerns taking away privileges, forbidding something the child likes, not allowing the child to leave the house, explaining that the child's behavior was wrong, and/or giving the child something else to do. Psychological aggression includes shouting, yelling or screaming at the child, and/or calling the child dumb, lazy or a similar term. Physical punishment includes shaking the child, spanking, hitting or slapping the child on the bottom or another part of the body with barehand or a hard object. Severe physical punishment includes hitting or slapping the child on the face, head or ears, and/or hitting the child over and over as hard as one can [5].

repay the debts of the household [20]. The labour participation ration of 5-17-year-old children in 2017 was 10.2%. Within this age group, the ratio was 0.57% for 5-11-year-old children, and 20.4% for 12-17-year-old children. In terms of wealth quintiles, the labour participation ration of 5-17 year old children in the lowest quintile and 15.0%, which was 2.3 times higher than the children in households in the highest wealth quintile [8].

#### **(4) Trafficking in persons**

Approximately 4.25 million persons of Burmese nationality are estimated to live abroad (many in neighboring Thailand). In-country migration is also common. UNICEF reports that 1 out of 5 people continue to change places to live throughout the life. Children often accompany family members to migrate aboard or internally. They face problems in terms of education opportunities and/or birth registration. They are also exposed to risks of trafficking in persons [17] [21]. While it is difficult to understand the realities of trafficking in persons including children, many children and women are reportedly prone to be victims of human trafficking for various industries such as sex industry, manufacturing, agriculture, fisheries and entertainment [22]. According to the statement of the Vice President of Myanmar in September 2019, child trafficking is one of the 5 main forms of trafficking in persons for Myanmar, along with forced marriage, forced prostitution, forced labour and debt bondage. Concerning the countries of destination in 2018, 79.61% of trafficking was related to China, 1.46% was for Thailand and 18.93% was inside Myanmar [23]. The United States Department of State reported that the main destinations of trafficking in persons including children included China and Thailand, and children were often forced to work in sex industry, textile industry or housework [24]. The Minister of Interior of Myanmar explained in September 2020 that annually about 300 to 360 Burmese citizens were identified as victims of trafficking in persons either externally or internally, for reasons such as forced labour, forced prostitution, forced marriage and surrogacy [25]. There are also research findings based on which thousands of Burmese women and girls are victims of trafficking in persons for forced marriage in China [26].

#### **(5) Children in institutions, street children**

The number of children in public and private child protection institutions in the whole Myanmar is not available. The institutions under the Department of Social Welfare (DSW) of the Ministry of Social Welfare Relief and Resettlement (MSWRR), which is responsible for almost all of child protection related duties in Myanmar [27] are described in Section 5.3.3. There are also other institutions which are or are not registered with the Department. In case of orphanages, most of them are not registered. According to the National Social Protection Strategic Plan of Myanmar, the number of children in orphanages registered with DSW was nearly 20,000 persons, and those in unregistered orphanages were deemed to largely exceed this number. While the precise number of street children was not available, the Strategic Plan referred to unofficial number of tens of thousands [22].

In Myanmar, there are many Buddhist monasteries. These monasteries support livelihoods of those who are unable to receive support from families and relatives, such as children and youth, the elderly and persons with disabilities [28]. UNICEF reports that in 2016, approximately 200,000 children (mostly between 10-19 years old) leave their parents and live in religious institutions [17]. According to the report by the World

Bank, there are over 1,500 schools affiliated with religious associations (many of which are Buddhist monasteries) in areas where the programmes of the Ministry of Education (MOE) are not carried out. They deliver the MOE curriculum and provides room and board for almost 297,000 children from impoverished households and communities. EAOs also operate education programmes. Apart from government agencies, the schools affiliated with Buddhist monasteries, which deliver education in line with the government education curriculum, are eligible for programmes and projects implemented with the national budget [10].

## (6) Birth registration

As shown in Table 5-1, the birth registration ratio for children aged 15 years old or younger as of 2016 was 81.3% (81.9% for boys, 80.6% for girls). According to the 2019 Inter-censal survey, 81.7% of children had birth certificate, and 4.2% did not have birth certificate but were registered. For the whole Myanmar, the birth registration ratio exceeds 80%. However, there are large geographical differences. For instance, 91.6% in urban areas had birth certificate, while in rural areas, the figure was 78.5%. The highest figure was 92.5% for Kachin State, and the lowest was 59.4% for Rakhine State [3].

## (7) Disabilities

Table 5-2 shows the outcomes of the 2014 census concerning the number of persons with disabilities, along with the numbers by 5-year-old age groups between of 0-19 year (s) old<sup>10</sup>. For all ages, persons with disabilities constitute 4.6% (4.4% for male, 4.8% for female) of the total population<sup>11</sup>. The figure is 1% level for all the 5-year-old age groups between of 0-19 year (s) old [7].

Table 5-2 Number of persons with disabilities

|        |                  | Whole population (persons) | All disabilities  |                               | Seeing            | Hearing           | Walking           | Remembering       |
|--------|------------------|----------------------------|-------------------|-------------------------------|-------------------|-------------------|-------------------|-------------------|
|        |                  |                            | Number of persons | Share in total population (%) | Number of persons | Number of persons | Number of persons | Number of persons |
| All    | All ages         | 50,279,900                 | 2,311,250         | 4.6                           | 1,249,737         | 673,126           | 957,736           | 835,598           |
|        | 0-4 year (s) old | 4,472,130                  | 75,397            | 1.7                           | 9,584             | 10,256            | 57,297            | 53,178            |
|        | 5-9 years old    | 4,819,077                  | 56,464            | 1.2                           | 8,996             | 12,547            | 22,122            | 33,835            |
|        | 10-14 years old  | 5,108,362                  | 65,302            | 1.3                           | 12,879            | 15,018            | 20,754            | 36,978            |
|        | 15-19 years old  | 4,625,989                  | 56,434            | 1.2                           | 14,889            | 12,567            | 17,840            | 27,287            |
| Male   | All ages         | 24,228,714                 | 1,056,755         | 4.4                           | 537,455           | 292,485           | 433,803           | 376,588           |
|        | 0-4 year (s) old | 2,262,783                  | 38,805            | 1.7                           | 4,902             | 5,271             | 29,484            | 27,111            |
|        | 5-9 years old    | 2,438,372                  | 30,961            | 1.3                           | 4,945             | 6,794             | 11,933            | 18,574            |
|        | 10-14 years old  | 2,595,749                  | 35,773            | 1.4                           | 6,617             | 8,091             | 11,240            | 20,722            |
|        | 15-19 years old  | 2,290,998                  | 29,445            | 1.3                           | 6,768             | 6,678             | 9,637             | 14,845            |
| Female | All ages         | 26,051,186                 | 1,254,495         | 4.8                           | 712,282           | 380,641           | 523,933           | 459,010           |
|        | 0-4 year (s) old | 2,209,347                  | 36,592            | 1.7                           | 4,682             | 4,985             | 27,813            | 26,067            |
|        | 5-9 years old    | 2,380,705                  | 25,503            | 1.1                           | 4,051             | 5,753             | 10,189            | 15,261            |
|        | 10-14 years old  | 2,512,613                  | 29,529            | 1.2                           | 6,262             | 6,927             | 9,514             | 16,256            |
|        | 15-19 years old  | 2,334,991                  | 26,989            | 1.2                           | 8,121             | 5,891             | 8,203             | 12,442            |

Source: [7]

<sup>10</sup> The 2019 Inter-censal survey also included “disability” as its subject. However, it covered persons aged 5 years old or higher, and the persons in institutions were not covered. Therefore, the outcomes of the 2014 census are described here.

<sup>11</sup> The share increases as ages advance. For Instance, that of 30- 34 year old was 1.7% (1.8% for male, 1.5% for female), that of 50- 54 year old was 8.3% (8.3% for male, 8.4% for female), that of 70- 74 year old was 22.5% (22.4% for male, 22.7% for female), and that of 90 year old or above, the highest age group surveyed, was the highest, namely, 49.2% (50.0% for male, 47.7% for female) [7].

## 5.2 Child protection goals

### 5.2.1 Legal and Policy framework

#### (1) International conventions

Table 5-3 shows the international conventions related to child protection which were ratified by the government of Myanmar.

Table 5-3 International conventions related to child protection ratified by the government of Myanmar

| International convention  | Year of ratification |
|---|----------------------|
| Convention on the Rights of the Child (CRC)   | 1991                 |
| Optional Protocol to the CRC on the Involvement of Children in Armed Conflict                                 | 2019                 |
| Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography                | 2012                 |
| Optional Protocol to the Convention on the CRC on a Communications Procedure                                  | -                    |
| ILO Convention 182 on the Worst Forms of Child Labour   | 2013                 |
| ILO Convention 138 on Minimum Age for Admission to Employment   | 2020                 |
| Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption | -                    |

Source: Compiled by the Survey Team

#### (2) Domestic laws

##### 1) Constitution of the Republic of the Union of Myanmar

With regard to the Constitution of the Republic of the Union of Myanmar of 2008, which was enacted in 2001 [29], its Chapter I (Basic Principles of the Union) refers to the principles of liberty and equality of every citizen. Under the article 32, the Union shall care for mothers and children, orphans, fallen Defence Services personnel's

children, the aged and the disabled, and ensure disabled ex-Defence Services personnel a decent living and free vocational training. In the Chapter VIII, the article 347 guarantees equal rights before the law and legal protection. The article 348 stipulates on non-discrimination regardless of race, birth, religion, official position, status, culture, sex and wealth. Under the article 351, mothers, children and expectant women shall enjoy equal rights as prescribed by law [30].

##### 2) Laws related to child protection

Table 5-4 is the summary of the main laws related to child protection<sup>12</sup>.

<sup>12</sup> The laws and regulations related to child protection, in addition to the ones mentioned in this table, include the “Anti-Trafficking in Persons Law”, “Directive on Child Friendly Police Procedures”, “Directive on Child Friendly Court Procedures”, “Child Safeguarding Code of Conduct and the Minimum Standards of Care and Protection for Children in Residential Facilities”, and “Violence Against Women Law”. The substantial enough information on these laws and regulations are apparently unavailable.

**Table 5-4 Laws related to child protection**

| Name                                     | Outline  |
|--|--|
| Child Rights Law <sup>13</sup>           | Enacted in July 2019. The main points raised in various literatures on this law, including the differences from the 1993 Child Law, are as follows: (a) the articles in consideration of children’s needs are added, to comprise 121 articles in 30 chapters (while the 1993 Child Law had 75 articles in 19 chapters) [31] [32]; (b) physical, psychological and sexual violence against children are clearly defined, and the penalties for the acts in this regard are described. For instance, the law stipulates that parents, guardians and teachers do not resort to physical punishment when providing guidance to children [33]. The need for special protection for children affected by armed conflicts is clearly mentioned (in such descriptions as severe violence against children in the armed conflicts being deemed to be a criminal act) [34]. All forms of sexual child trafficking are deemed to be a criminal act [24]. (c) The importance is attached to the fundamental rights of children from birth. In view of the consistency with international standards on age, child is defined to be under 18 (it was under 16 in the 1993 Child Law) [32] [34]. The minimum age for marriage is established to be 14 [35], minimum age for work to be 14, and minimum age for hazardous work to be 18. Some sector-specific laws identify activities that are prohibited for children under 18 [36]. (d) Chapters on appropriate care are added, and the importance is attached to child welfare regardless of the places of living. (e) Departing from a conventional punitive-focused juvenile justice system, the diversion and alternative mechanisms for children in conflict with the law are established. A chapter is added on the protection and assistance of child victims and witnesses who come into contact with the law [35]. The age at which a child could legally be considered a criminal is raised from 7 to 10 [24]. (f) In the chapter concerning disabilities, equal rights are guaranteed for children with and without disabilities [37]. |
| Early Childhood Care and Development Law | The law stipulates on the registration of the facilities providing early childhood care and Early Childhood Care and Development (ECCD) for new-born to 8-year-old children. The law was enacted in 2014, its regulation was adopted in 2015, and it was amended in 2018. It stipulates that the permits for home based or community based daycare center are issued by DSW [38] [39].   |
| Right of Persons with Disabilities Law   | Enacted in 2015. It guarantees fundamental liberty and rights of children with disabilities. It stipulates that “every child with disability shall obtain the educational opportunities including early childhood care and the lifelong learning”, and that one of its objectives is “to protect persons with disabilities from abuse and exploitation including different types of extreme violence and domestic violence and to protect person with disabilities especially women and children” [37] [40] [41].  |
| Social Security Law                      | Enacted in 2012. Concerning child welfare, it stipulates on the right to medical treatment during pregnancy and to leave for the female insured, namely, free medical treatment during pregnancy, maternity leave. It also provides cash benefits during pregnancy and maternity leave. Concerning family assistance insurance, the law stipulates on scholarship stipend for children of the insured who earns less than the stipulated amount of income, free medical treatment for the family of the insured affected by natural disasters, along with cash assistance and relief materials [28] [42].  |
| National Education Law                   | Enacted in 2014. It guarantees access to education by children with disabilities [43] [37].  |

Source: Compiled as based on the respective laws

## 5.2.2 Policies

### (1) Myanmar Sustainable Development Plan

The Myanmar Sustainable Development Plan (MSDP) (2018-2030) is a long-term plan, which “is people-centered and aims to achieve inclusive and continuous development”. Its vision stipulates that the policy “aims to establish an economic framework that supports national reconciliation, based on the just balancing of sustainable natural resource mobilization and allocation across the States and Regions”. Its cross-cutting themes are equity and inclusion, sustainability, conflict-sensitive approaches and democratic principles. It consists of 3 pillars, 5 goals 28 strategies and 251 action plans [44].

With regard to the reference to children in MSDP, under the first pillar (Peace & Stability), it is stipulated that the strategies for peace and national reconciliation are formulated by taking into account and responding to challenges faced by vulnerable groups, including but not limited to children, youth, women,

<sup>13</sup> In some literatures, this law is referred to as “Child Law”. In this report, it is referred to as “2019 Child Rights Law”, in line with the descriptions in such information as the government media of Myanmar [32]. At the time of this survey, the official English translation of this law is not available.



the elderly, ethnic minorities and others affected by armed conflict and inter-communal tensions. The third pillar (People & Planet) includes reference to access to education by all children. It stipulates that investing in education in the early childhood which is a formative phase is to “improve equitable access to high quality lifelong educational opportunities”. It also refers to the expansion of an adaptive and systems based social safety net and extend social protection services throughout the life cycle for all citizens, with a priority focus on children and youth, pregnant women, workers and the elderly. Concrete measures related to child welfare include universal cash allowance to all pregnant women and children up to age 2 and (gradually to) children above age 3, measures to prevent school drop-outs and child labour, back to school programmes for working children and/or vocational training school assistance until they reach the legal age for work [44].

## (2) Strategies and plans related to child protection

Table 5-5 presents the summary of the main current strategies and plans related to child protection<sup>14</sup>.

Table 5-5 Main strategies and plans related to child protection

| Name  | Period / Year | Outline  |
|---|---------------|--|
| Policy for Early Childhood Care and Development (ECCD Policy) | 2014          | It stipulates on services for children from new-born to 8 years old to achieve their full potential during the period of development, and services for parents and caregivers to support children’s development. Its policy strategies are (a) preconception, antenatal and postnatal services, (b) services for children, 0 to 3 years, (c) early childhood intervention (ECI) services, 0 to 5 years, (d) preschool education for children, 3 to 4 years, (e) transition, kindergarten and early primary grades, 5 to 8 years, (f) Children with special needs <sup>15</sup> , (g) pre- and in-service training system, (h) ECCD system of accountability and quality assurance, (i) Policy advocacy and communications, and (j) organization of the ECCD system [39]. |
| National Strategic Plan for Early Childhood Intervention      | 2017-2021     | It stipulates on a goal by which initial ECI services will be developed in all states, regions and self-administered areas by 2021, and by 2025, children with special needs in all communities of all townships will be served. The areas of its strategic priorities are (a) advocacy, communication and awareness, (b) community outreach, developmental screening and referrals, (c) ECI service development, (d) pre- and in-service training development, (e) establishment and phased expansion of ECI services, (f) ECI programme accountability, (g) intersectoral cooperation and collaboration, and (h) organizational structure, annual planning and budgeting [41].   |
| Myanmar Health Vision 2030                                    | 2000-2030     | It sets directions to address health-related issues in the designated period. The main objectives include (a) improvement of the health of citizens, (b) reduction of communicable diseases, (c) prediction of emerging issues and formulation of necessary measures, (d) provision of health services to all citizens, (e) in-country training for health workers of all categories, (f) modernization of traditional medicine and extensive application, (g) health research activities of international standard, (h) in-country production of good quality basic medicine and traditional medicine, and (i) formulation of health system in accordance with the changes of eras [28].  |
| National Health Plan  | 2017-2021     | It aims to extending the basic package of essential health services to the entire population and towards a longer-term goal of achieving universal health coverage [45], and shows plans for projects in board areas including reproductive, maternal, new-born, and adolescent health [46]. The measures to expand health services in rural areas, where about 0% of the population reside, include the guaranteed access to local health and medical facilities, provision of basic health services, consolidation of township medical plans, and strengthening of health systems [28]. The National Health Plan also aims at maternal nutrition and improvement of health [46].   |
| National Social Protection Strategic Plan                     | 2014          | Under the vision for social protection to be an inclusive, equitable and sustainable system, the Plan refers to its main programmes consisting of (a) cash allowance for pregnant women and children to age 2, (b) gradual extension of that allowance to older children, (c) cash allowance for people with disabilities, (d) school feeding programmes, (e) public employment and vocational education programmes, (f) social pension, (g) older person self-help groups, and (h) Integrated Social Protection Services. It stipulates that meeting children’s basic needs sets a foundation for later stage of life, and will contribute to the country’s   |

<sup>14</sup> In addition to those mentioned in this table, there are the “Plan of Action Aimed at Eliminating Child Labour”, “Plan of Action to Combat Human Trafficking”, “Plan of Action for Women and Emergencies” and “Child Protection Policy”. However, the information in English to clearly describe the contents and the status of the formulation is apparently unavailable.

<sup>15</sup> In the ECCD Policy and the National Strategic Plan for Early Childhood Intervention, the explanation on “special needs” is not provided.

|  |           |  |
|--|-----------|--|
|  |           | long-term growth and poverty reduction. It also underlines the roles of the family and community surrounding children, and considerations for the needs of vulnerable and marginalized groups [22].  |
| National Education Strategic Plan                    | 2016-2021 | With regard to basic education, it underlines the need for measures to support children in remote and rural areas to attend schools. It also places emphasis on the promotion of school attendance by children with disabilities and children from mobile families. Concerning preschool education, it refers to the promotion of access to preschools in rural and remote areas and in community-based preschools, support to children with special needs aged 3 to 5 years including their transition to mainstream schooling, prevention of drop-outs among children including those in impoverished households and promotion of access by children with special needs, along with the enhancement of compulsory and inclusive education. It also refers to the promotion of comprehensive technical and vocational education and training targeting also disadvantaged people and people with disabilities [47]. |
| National Strategic Plan for the Advancement of Women | 2013-2022 | It consists of 12 key priority areas, namely, women and livelihoods; women, education and training; women and health; violence against women; women and emergencies; women and the economy; women and decision-making; institutional mechanisms for the advancement of women; women and human rights; women and the media; women and the environment; and the girl child. Concerning the girl child, reference is made to research and surveys, awareness raising, implementation, as well as budget and policy making, which are to promote, protect and fulfil the rights of the girl child [48].  |

Source: Compiled as based on the respective strategies and plans

## **5.3 Social service systems for child protection**

### **5.3.1 Implementation structure**

#### **(1) Government administration of child protection**

Among the ministries and departments in Myanmar, welfare is under the responsibility of the Ministry of Social Welfare Relief and Resettlement (MSWRR). It is in charge of most of the duties related to social protection of children [27]. The Ministry consists of Department of Social Welfare (DSW), Department of Disaster Management and Department of Rehabilitation. With regard to concrete duties on children, DSW is responsible for support to early childhood development, child protection, support to youth development, support to women, promotion of decent living and care for the elderly, care for persons with disabilities, allowance to volunteer organizations and social protection. The Department of Rehabilitation is in charge of the rehabilitation of children (including those affected by armed conflicts), youth, persons with disabilities, people affected by disasters, women, migrant workers, and former drug users, education on landmines and rehabilitation of those affected by landmines, as well as repatriation and (social) integration of victims of trafficking in persons [49]. The other ministries concerned include MOE, Ministry of Health and Sports (MOHS) , Ministry of Home Affairs, Ministry of Border Affairs, Ministry of Labour, Immigration and Population, Ministry of Religious Affairs and Culture, Ministry of Planning, Finance and Industry, and Ministry of Information [39] [41].

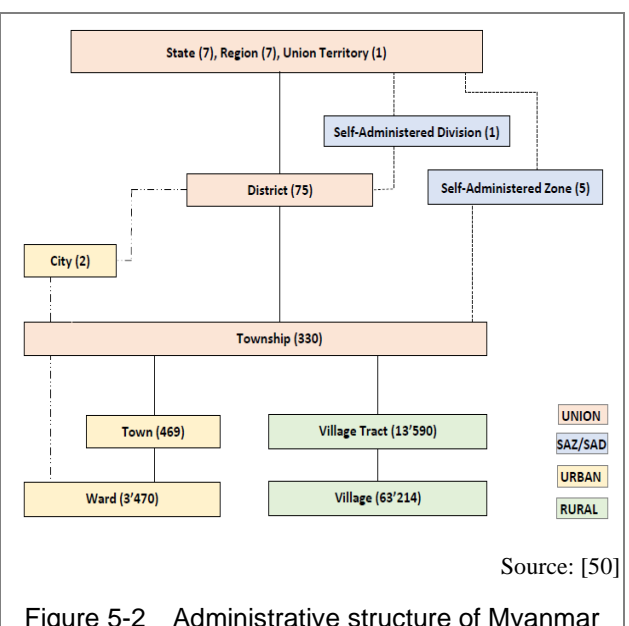
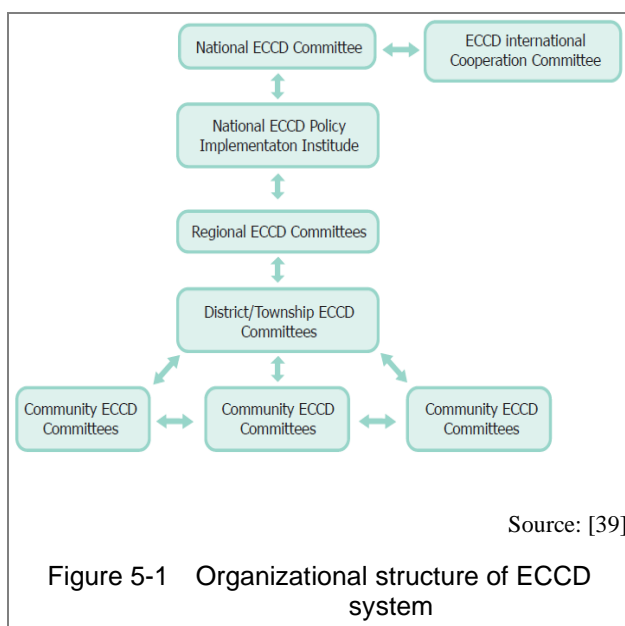
There are numerous committees related to child welfare. However, the information in English on many of those, including the timing of updates, is limited<sup>16</sup>. Figure 5-1 shows the system of the National ECCD Committee<sup>17</sup> in Myanmar. Figure 5-2 provides the overview of the administrative structure of Myanmar<sup>18</sup> as of March 2020 [50], for reference.

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<sup>16</sup> For instance, there are the “National Committee on the Rights of the Child” [90], “Women and Children Rights Committee” [80], “National Early Childhood Care and Development Committee” [49] [83], “National Committee on Child Labor Eradication” [67], “National Committee for Preventing Grave Violations Against Children in Armed Conflict” [49].

<sup>17</sup> The National ECCD Committee is chaired by the Minister of MSWRR. Its members include the representatives from the above-mentioned ministries concerned and the Union Attorney General’s Office, as well as community organizations, Non-Governmental Organizations (NGOs), industry associations, foundations, United Nations agencies and private companies related to child welfare [39].

<sup>18</sup> SAZ/SAD stands for Self-Administered Zone/Self-Administered Division. The numbers in the brackets in the Figure are the numbers as of December [50] [85] [86].



## (2) Non-governmental organizations, international organizations, multi-and bi-lateral entities

Concerning the cooperation between the government agencies of the government of Myanmar and public-private organizations in and out of the country, the cooperation mechanism is provided in the “Myanmar Development Assistance Policy” (published in September 2020), under “Bilateral Partners & Bilateral Development Institutions”, “Multilateral Partners & International Financial Institutions”, “United Nations Country Team” and “Local & International Civil Society Organisations” [51]. As for MSWRR, it disseminates the list of international NGOs with which it has signed the memorandum of understanding (MOU) (28 organizations), letter of technical agreement (2 organizations), letter of agreement (LOA) (2 organizations), project agreement (2 organizations) and workplan agreement (2 organizations) [52]. Table 5-6 lists the organizations which carry out projects and activities related to child protection.

Table 5-6 Activities of international NGOs related to child protection

| Name                         | Headquarters   | Document (year signed) | Outline  |
|------------------------------|----------------|------------------------|--|
| Save the Children            | England        | MOU (2018)             | 3-year project concerning child protection, child rights governance, education, nutrition & livelihoods multi-sectorial emergency response (29.4501 million USD)   |
| New Humanity Myanmar         | Italy          | MOU (2018)             | 3-year project concerning social activities towards vulnerable people (especially children with difficult and challenging environment (1.9 million USD)  |
| Good Neighbors International | South Korea    | MOU (2019)             | 3-year project concerning child-focused community development (5 million USD)  |
| Danish Refugee Council       | Denmark        | MOU (2018)             | 3-year project concerning the prevention of landmine incidences and support to the victims (including the reinforcement of knowledge of the family and community on protecting children from, <i>inter alia</i> , abuse as well as physical and psychological trauma (4 million USD) |
| People in Need               | Czech Republic | MOU (2017)             | 3-year project concerning the strengthening of the capacity of community-based child protection mechanism and community-based organizations (5 million USD)  |
| Voluntary Service Overseas   | England        | MOU (2017)             | 3-year project concerning on the strengthening of women’s voices, persons with disabilities and research on ECD and youth (3.11million USD)  |
| Action Aid Myanmar           | South Africa   | MOU (2018)             | 3-year project concerning the empowerment of the marginalized communities including women, youth, adolescent and children, through such activities as capacity and resilience building, creating livelihood alternatives and disaster risk reduction (3million USD)                  |

| Name                         | Headquarters  | Document (year signed)   | Outline   |
|------------------------------|---------------|--------------------------|---|
| Japan Heart                  | Japan         | MOU (2016) (2020)        | 2016 MOU: 3-year project concerning the rehabilitation of persons with disabilities, participation in community, vocational education and training, improvement of their and their families' incomes (1.5 million USD) / 2020 MOU: 3-year project concerning vocational training for visually impaired persons, child protection in Kungyangone Township, and support to funds for the Child Development Center for vulnerable children in North Dagon Township (1.5 million USD) |
| Terre des Hommes             | Switzerland   | MOU (2016)               | 3-year project concerning child protection, ECCD and multi-sectorial emergency response (6.301 million USD)   |
| Child Fund Myanmar           | Australia     | MOU (2016)               | 3-year project concerning community-based child protection and child-centered community development (3.5 million USD)   |
| Plan International (Myanmar) | England       | MOU (2016) LOA (2020)    | 3-year project concerning ECCD, child protection, child-centered disaster risk reduction and multi-sectorial emergency response (2016 MOU: 12 million USD / 2020 LOA: 0.331 million USD)  |
| Latter-Day Saint Charities   | United States | MOU (2016) LOA (-)       | Project concerning child protection, child rights governance, education, nutrition & livelihoods multi-sectorial emergency response (2016 MOU: 3.5million USD for 3 years / LOA: 0.95million for 2 years)   |
| American Refugee Committee   | United States | Project agreement (2019) | One-year project concerning the improvement of health and socio-economic status of the beneficiaries of the Maternal and Child Cash Transfer (see Section 3.3.3) (1 million USD)  |

Source: Compiled as based on [52]

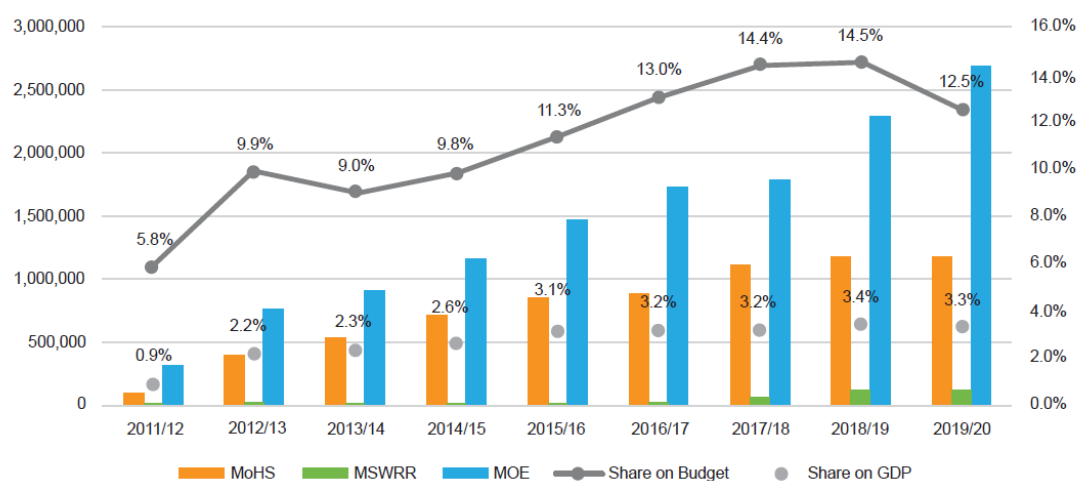
There are also community-based voluntary organizations carrying out various activities on child protection in different parts of the country. DSW provides subsidies (for meals, clothing, stipends for managers, etc.) and technical support for the activities by these organizations, particularly those established by youth, women, persons with disabilities and the elderly. The objectives include to assist voluntary organizations that take care of children without guardians, women, person with disability, elderly on behalf of the Government; to join forces in the country's reserve forces by nurturing the children who need to be protected; to support caregivers in the organizations and centers in accordance with the provisions; and to strengthen voluntary organizations under the supervision of DSW in a sustainable manner. In the fiscal year 2019, the support was provided to 231 organizations for youth development; 13 organizations for women development, 12 organizations for persons with disabilities, 83 home for the aged, 1,545 voluntary pre-primary schools, 28 youth centers, and 19 voluntary primary night schools [53]. Specific examples of support are described in Section 5.3.3.

### 5.3.2 Infrastructure

#### (1) Allocation of national budget related to child protection

Figure 5-3 shows the national budget of the ministries in charge of social sector (indicated by the left vertical axis, with 1 million kyats as unit), as well as the share in the total national budget and in GDP which is the share vis-à-vis the GDP (indicated by the right vertical axis, with % as unit). Concerning the share in the total budget, it was 5.8% in 2011, and reached 12.5% in 2019. The growth rate in recent years are relatively flat due to the increase in the overall amount of the national budget. The GDP growth has also been following upward trend, at an annual figure of over 5% for the past 5 years. Concerning the budget of MOE, MOHS and MSWRR combined in the fiscal year 2019, its total amount was higher than that of the

previous fiscal year. However, the share in the total national budget declined from 14.5% in the previous fiscal year [27].



Source: [27]

Figure 5-3 Share of the national budget and of total GDP by the ministries in charge of social sector

By ministry, the budget of MSWRR in the fiscal year 2019 was 121 billion kyats. The share in the total national budget was 0.38%, same as the fiscal year 2018. As for the share in the fiscal year in 2017, it was 0.25, approximately 3 times higher than that of the fiscal year 2016 [54]. The budget of MOHS in the fiscal year 2019 was 1,172 billion kyats. The share in the national budget declined to 3.7% from 4.6% in the fiscal year 2018. Thus, while the amount itself has increased, the share has declined. The share in the national budget of the budget of MOE in the fiscal year 2019 was 8.4%, down from 8.8% in the fiscal year 2018 [27].

## (2) Human resources

### 1) MSWRR personnel

Table 5-7 shows the size of the personnel of MSWRR as of January 2018<sup>19</sup>. The information on the size of the personnel of MOHS and MOE is apparently not available in English.

Table 5-7 MSWRR personnel (persons)

|                                    | Officer | Staff  | Total  |
|------------------------------------|---------|--------|--------|
| Minister's Office                  | 50      | 115    | 165    |
| Department of Social Welfare (DSW) | 765     | 8,383  | 9,148  |
| Department of Disaster Management  | 1,120   | 5,814  | 6,934  |
| Department of Rehabilitation       | 54      | 264    | 318    |
| Total                              | 1,989   | 14,576 | 16,565 |

Source: [55] [56]

<sup>19</sup> The clear definitions of “officer” and “staff” are not provided in the source documents of this table, the website of the Union Civil Service Board [81] or the “Union Civil Service Personnel Rules” [82]. Meanwhile the “gazetted officer” (personnel of which vacancy information and transfer of positions are officially announced) refers to (a) Administrative Staff (Administrative and Social) grades 1 and 2, (b) Administrative Staff (Economics) grades 1 and 3, (c) Intellectual Staff grades 1, 2 and 3, (d) Clerical Staff grade -1, (e) Technical Staff grades - 1 to 8, or (f) Office helper pull on grade -1. These literatures apparently do not provide information on the size of personnel by category, including social workers.

## 2) Workforce

According to a report by UNICEF, social service workforce is employed in government agencies (including MSWRR, hospitals and the judiciary), NGOs or other local organizations. However, the precise numbers are not available. The Burmese term for “social worker” is used to refer to anyone who is providing a social service, including community volunteers as well as senior government and NGO officers. In recent years, this term was used to refer to DSW staff and social workers working in the medical field. At the time of the said report, due to the introduction of the case management system by DSW (see Section 3.3.3), 188 case managers are placed in 59 townships. In addition, almost 300 medical social workers under MOHS are assigned to hospitals nationwide [57].

Concerning educational programmes, the University of Yangon administered a post-graduate diploma programme between 2006 and 2011, with support from UNICEF and RMIT University in Australia. In 2017 a new curriculum was approved, based on collaborative work between the University of Yangon and ASEAN/Thammasat University in Thailand<sup>20</sup>. With regard to the capacity building and support to the duties of social service workforce, including the professionalization of social workers, in addition to the examples of capacity building below, and the establishment of the case management system along with the organization of the associated training (see Section 3.3.3), there are on-going discussions on, for instance, the establishment of the Social Work Institute which will support research, training and licensing of social work in Myanmar with support from UNICEF among others [57].

## 3) Capacity building related to child protection

With support from local and international public and private organizations, various capacity building activities are carried out for those working on child protection. Table 5-8 summarizes the examples of capacity building training, based on the information obtained through this survey. In addition to these examples, capacity building is also carried out as part of the establishment of case management system. This capacity building is described in Section 5.3.4.

Table 5-8 Examples of capacity building of personnel related to child protection

| Subject                 | Outline   |
|-------------------------|---|
| Early childhood support | Training on care and development support targeting public and private teachers and for parental education, organized nationwide [58].   |
|                         | Basic ECCD training at Central Early Childhood Care and Development Resource Center, organized 18 times in 2016, 26 times in 2017, 16 times in 2018, 14 times in 2019 and 7 times in 2020 [59].         |
| Child protection        | Training on trafficking in persons by Myanmar Police Force, organized 80 times in 2019, with the participation of 11,388 officers [24].   |
|                         | Training on the communication of information and preparation of information material for the prevention of trafficking in persons of women and girls, targeting the Myanmar Police Force and NGOs [60]. |
|                         | Training on the investigation methods in consideration of the victims including children, organized by the Myanmar Police Force, with 40 officers completing the course [60].                           |
|                         | Training on awareness raising concerning positive discipline in communities including monasteries, organized nationwide by DSW targeting caregivers <sup>21</sup> [60].                                 |
|                         | Training on sexual abuse and case management targeting judges and police officers [33].   |
|                         | Training on the prevention of trafficking in persons, protection and enforcement, supported by UNICEF [21].   |
|                         | Training of trainers on care for children with disabilities, organized 6 times in Yangon between 2015 and 2019, with the participation of 180 persons [37].   |

<sup>20</sup> The names and the contents of the degree and curriculums are not described.

<sup>21</sup> In the source literature, the term care giver seems to be used in a broad sense, to refer to, *inter alia*, a person taking care of children, personnel in nurseries to look after children, and monks in monasteries.

| Subject                               | Outline  |
|---------------------------------------|--|
| Support to children with disabilities | Basic teacher training organized 17 times in states/regions between 2015 and 2019, with the participation of 1,169 persons [37]. |

Source: Compiled by the Survey Team

### 5.3.3 Social service delivery and intervention

#### (1) Support to child development and child protection

##### 1) Institutions for early childhood development support

Since 1953, DSW has established pre-primary schools, in order to provide early childhood education and institutional based activities to ensure that there is no difference between urban and rural communities. There are 142 pre-schools (Table 5-9) and 1 kindergarten<sup>22</sup>. Additional facilities are planned to be opened nationwide in the fiscal year 2020. These institutions aim to nurture holistic development of children, create opportunities for children to develop and participate in accordance with the provisions of the 1993 Child Law and 2019 Child Rights Law, and to strengthen foundation prior to primary schools by collaborating with various organizations including the United Nations agencies, local and international NGOs as well as community volunteers [58].

| State/region | Number of locations |
|--------------|---------------------|
| Kachin       | 5                   |
| Kayah        | 3                   |
| Karen        | 8                   |
| Chin         | 3                   |
| Sagaing      | 12                  |
| Tanintharyi  | 4                   |
| Bago         | 11                  |
| Magway       | 11                  |
| Mandalay     | 13                  |
| Mon          | 7                   |
| Rakhine      | 5                   |
| Yangon       | 34                  |
| Shan         | 13                  |
| Ayeyarwady   | 9                   |
| Nay Pyi Taw  | 5                   |
| Total        | 142                 |

Source: Compiled as based on [58]

| State/region | Year of establishment |
|--------------|-----------------------|
| Yangon       | 1952                  |
| Mandalay     | 1971                  |
| Magway       | 1982                  |
| Mon          | 1989                  |
| Shan         | 1978                  |
| Ayeyarwady   | 2014                  |
| Rakhine      | 2015                  |

Source: Compiled as based on [58]

There are also residential nurseries under DSW, aiming to (a) support development of new born to 10 years old socially disadvantaged children without guardians and provide early childhood care and development support to facilitate the completion of primary education; (b) provide care to children with physical and intellectual developmental delays until 10 years of age and transfer them to the respective training schools; and (c) provide adoption services for them to grow up in a normal family life<sup>23</sup> in accordance with the 1993 Child Law and the 2019 Child Right Law and to provide primary education opportunities for children of 5 years of age or

older. These facilities accept children abandoned in hospitals and community without parents or guardians, economically disadvantaged children, children from broken families, children without guardian due to the passing away or weak health of their parent, children whose parent (s) is/are detained and children faced with other social problems. The services provided include meals and snacks, care and support to holistic development based on early childhood care and development methods, health care services by nurses appointed by the Department of Health of MOHS and the departmental doctors, visits to pagodas and recreational activities. The residential nurseries are located at 7 locations indicated in Table 5-10, where

<sup>22</sup> In the source literature, a pre-school and a kindergarten are described separately, without clear indication of their differences, and the indication of the kindergarten is not indicated.

<sup>23</sup> Concerning the alternative family-based care, the National Foster Care Guideline was formulated for the first time in 2018. A small pilot community-based foster care programme started in Mandalay and Yangon [6] [21].



the total of over 350 children are taken under care. In addition, a new residential nursery with the capacity of 100 persons is scheduled to open in Nay Pyi Taw by the donation of a locally based association (Association for Prevention, Care and Protection of Abandoned Children, Myanmar) [58]. In 2017, guidelines on minimum standards of care and protection for children in residential facilities were developed with support from UNICEF [21] [60].

In addition to the above facilities, the Central Early Childhood Care and Development Resource Center was opened in 2014 in Yangon. The Center is designated to, *inter alia*, play a leading role in the formulation of learning materials and guidelines on the relevant subjects to be used in the country, to provide venues for training, collect information and conduct research [58] [59].

## 2) Early Childhood Intervention (ECI)

As mentioned in Section 5.2.2, the National Strategic Plan for Early Childhood Development sets the goal to develop initial ECI services in all states, regions and self-administered areas by 2021, and to serve children with special needs<sup>24</sup> in all communities of all Townships by 2025. The ECI processes comprise the community outreach to identify children with special needs, followed by the consideration on the need for intervention in view of children’s development and delay, referral to intervention services, initial intake, establishment of the eligibility status based on the comprehensive assessment of the children and the families, formulation of individual service plans, regular home visits or care at daycare centers, regular re-assessment of the individual plans and revisions, transition to inclusive preschools or primary schools, and provision of services as needed for children with complex disabilities. If necessary, follow-up services are subsequently implemented. At the time of this survey, there are 7 ECI pilots sites in the country (1 site in Yangon Region, 2 sites in Ayeyarwady Region, 2 sites in Sagaing Region, and 2 sites in Mon) [41] [58].

In the ECI implementation mechanism, under the leading role of MSWRR, importance is attached to the coordination among the ministries concerned such as MOHS, MOE, Ministry of Home Affairs, Ministry of Planning, Finance and Industry, Ministry of Border Affairs, Ministry of Labour, Immigration and Population and Ministry of Information. Concerning the implementation at the township level where the local level service provision is undertaken, the “general organizational relationships” among MSWRR, MOHS and MOE (Table 5-11) is illustrated in the National Strategic Plan for Early Childhood Development. Members of a transdisciplinary team include experts on the relevant fields outside of the government ministries and departments, social workers and medical staff. It is mentioned that some of the functions or roles indicated in the organizational relations are not available in some townships, and therefore, flexible responses are required [41] [58].

Table 5-11 Example of organizational relations in the implementation of ECI

|                    | MSWRR                           | MOHS                                | MOE                                | Intersectoral, transdisciplinary team |
|--------------------|---------------------------------|-------------------------------------|------------------------------------|---------------------------------------|
| Township office    | MSWRR township office           | Township health center / sub-center | Township education office          | Transdisciplinary ECI team            |
| Township committee | Township child rights committee | Township health committee           | Focal ECI team of education office | Township ECI committee                |

<sup>24</sup> In the source literature, the explanation on “special needs” is not provided.

|                  | <b>MSWRR</b>                           | <b>MOHS</b>                       | <b>MOE</b>  | <b>Intersectoral, transdisciplinary team</b> |
|------------------|--|-----------------------------------|---|--|
| Professional     | Social work case manager <sup>25</sup> | Medical officer / Nurse           | Township education officer / headmaster / teacher | ECI team leader and professional             |
| Paraprofessional | Social work paraprofessional           | Midwife / health aid              | Assistant teacher                                 | ECI home visitor                             |
| Volunteer        | Social work volunteer                  | Auxiliary midwife / health worker | Preschool and school volunteer                    | ECI volunteer                                |

Source: [41]

### **3) Institutions in support for women**

A measure to address gender-based violence, which is part of the duties of DSW, is the management of the One Stop Women Support Center. There are 5 locations of the Center, namely, Yangon, Mandalay, Lashio, Mawlamyine and Loikaw. Preparations are underway to set up another location in Monywa. The Center provides services for survivors such as medical care, legal aids and psychosocial support. The child protection and support concerning sexual abuse are also provided [61].

The Center for Women Care and Development in Yangon Region accepts convicted female students, girls taken in care, female students with mental disorder and disabilities. The services provided include physical and mental health awareness building activities, medical care, welfare to HIV positive persons, individual counselling, meditation, instructions on reading and writing, vocational training, facilitation of employment opportunities, and support for social integration [61].

### **4) Community volunteer organizations and support to early childhood development**

As mentioned above, community volunteer organizations, private companies and associations are undertaking activities and projects related to child protection in different parts of Myanmar. Concerning the institutions and facilities for early childhood development support which are affiliated with these organizations, companies and associations, based on the application for their establishment and the examination of such application, the permit for the establishment and the registration permit for 3 year period are issued. At the time of this survey, the permits have been issued to 2,200 voluntary pre-primary schools, 1,167 private pre-primary schools, 9 daycare centers and 90 community-based businesses. Among these, DSW has provided financial grants to 1,545 voluntary pre-primary schools, at the rate of 100,000 kyats per school for the purchase of teaching aids, and 50,000 kyats per month for a teacher in charge [58].

### **5) Mother circle**

As part of early childhood care and development support, DSW has been organizing mother circles since 2007, targeting mothers with children of 6 months to 3 years of age, and providing financial and material support. The number of mother circles has been following upward trend. 10 mother circles in 27 townships in 2017, and 1,200 mother circles in 44 townships in the fiscal year 2019 have been organized [58].

### **6) Child friendly space**

DSW provided for Child Friendly Spaces in communities, especially in conflict areas and crisis situation with rapid needs assessment<sup>26</sup>, with a view to protecting children from physical harm and psychosocial

<sup>25</sup> The description on case manager is provided below.

<sup>26</sup> Tangible explanations concerning “crisis situation with rapid needs assessment” are not provided in the source literature concerned and other related literatures.

distress, facilitating them to continue learning and developing both during and immediately after and emergency, as well as identifying and exploring ways to respond to threats to children after the emergency or crisis [37].

## **(2) Prevention of juvenile delinquency, protection and rehabilitation**

### **1) Institutions for children and youth<sup>27</sup>**

DSW manages institutions for protection, prevention of delinquency and rehabilitation. Youth training centers at 11 locations in the country (Table 5-12) serve as institutions to provide protection for children in conflict with the law, children sent to the custody of the training school by the Juvenile Court to curb juvenile delinquency, children facing a trial in

| Category     | Number of locations | Location  |
|--------------|---------------------|---|
| Boys school  | 7                   | Yangon Region: Hnetawsan (Nget-Aw-San) School, Thanlyin School, Kyaik Wine School<br>Mandalay Region: Mandalay School, Patheingyi School<br>Mon State: Mawlamyine School<br>Shan State: Lashio School |
| Girls school | 3                   | Yangon Region: Htaukyant School, Malikha School<br>Mandalay Region: Mandalay School   |
| Co-ed        | 1                   | Ayeyarwady Region: Labutta Youth Strength Training School   |

Source: [62]

court, as well as orphans, homeless children, street children, children in armed conflict, children affected by violence, abuse, neglect and exploitation, and children in need for protection in accordance with the Child Rights Law. In total, 1,590 children are in these training schools. The services provided at these schools include activities to promote ethics and morality, vocational training, support to obtain citizenship identity cards, facilitation of job opportunities in public and private organizations and companies, and support to reunification with the families. Food, shelter and medical care are also provided, and education and sport activities, cultural skill training, meditation, counseling, recreation and social visits are also organized.

As for institutions for prevention of juvenile delinquency, there are 70 youth centers established nationwide. The activities provided at these centers aim to promote effective use of time including leisure time to prevent delinquent behaviors. At the time of this survey, 7,584 persons participate in the activities at these centers [62].

In addition to the institutions affiliated with DSW, 211 youth development centers are established by community voluntary organizations nationwide, providing protection to disadvantaged children including orphans. In addition, 89 voluntary primary night schools opened by communities, targeting children who cannot access primary education for various reasons. There is a total of 252 voluntary teachers and 5,842 students. DSW annually provides honorarium fee for voluntary teachers, as well as electricity charges, funds for furniture, stationary and sports accessories needed for the operation of the schools [62].

## **2) Institutions for women**

<sup>27</sup> The term “youth” referred to in the MSWRR website can often be understood as meaning the one above 16 and below 18 years of age as per the definition in the 1993 Child Law [31], or, as meaning a juvenile below 18 years old. As mentioned above, the official English version of the 2019 Child Rights Law is not available, and therefore, it is not possible to confirm the definition of “youth” in this law.

There are 4 locations of the Vocational Training Centre for Women, in Yangon Region, Mandalay Region, Shan State and Tanintharyi Region (the 5<sup>th</sup> location under preparations for opening [36]). Targeting girls under 18 referred from Child Court, and girls and women sent by the instructions of DSW, the Centre undertakes such activities are ethical and moral education, vocational training, skill training for social reintegration and non-formal education. In addition, clothing, food, shelter, health care, and family reunification support are provided [61]. In addition, as mentioned above, the Center for Women Care and Development also provides assistance for rehabilitation.

### **(3) Support to children with disabilities**

#### **1) Institutions for children with disabilities**

DSW has established 8 facilities nationwide for persons with physical, visual and hearing, and intellectual disabilities. As shown in Table 5-13, except for the Vocational Training School for Adult Disabled, these institutions target children [63].

Table 5-13 Schools and institutions for persons with disabilities

| <b>Name</b>                                   | <b>Location</b> | <b>Capacity (persons)</b> | <b>Outline</b>  |
|---|-----------------|---------------------------|---|
| School for Children with Disabilities         | Yangon          | 250                       | Accepting 6-18 year old children with intellectual and physical disabilities, the school provides support to facilitate self-care (for daily living) and adaptation in society, per-vocational training, primary education, and special education system (writing, reading and calculating) for children with learning difficulties.  |
|   | Mandalay        | 100                       |   |
| School for the Blind                          | Yangon          | 200                       | Accepting 6-18-year-old children with visual disabilities, the school provides services such as primary education using braille as necessary, secondary and high school education under MOE as inclusive education, and vocational training for children unable to attend formal schools.   |
|   | Sagaing         | 100                       |   |
| School for the Deaf                           | Mandalay        | 200                       | Accepting 6-18 year old children with hearing disabilities, the school provides leaning opportunities by using audio and speech materials and sign language, vocational training for children with learning difficulties, sing language course for social reintegration, sign language interpreters and arrangement of sign language in (regular) school curriculums. It also organized sign language supporter training (18 months), and 82 persons have been trained. |
|   | Yangon          | 100                       |   |
| Disabled Children Care Center                 | Yangon          | 100                       | Accepting children without parents or guardians, the school provide support and special education for children with learning difficulties.  |
| Vocational Training School for Adult Disabled | Yangon          | 100                       | The school provides vocational training for persons with physical disabilities aged 18 to 45, and facilitates their self-employment opportunities.  |

Source: Compiled as based on [63]

#### **2) Education for children with disabilities**

The Department of Basic Education in MOE held seminars and organized awareness raising activities on inclusive education, with a view to preparing recommendations for the mainstreaming of rights of persons with disabilities in the national policies, as well as to promoting knowledge and common understanding on disabilities while at the same time removing negative perceptions. It has also been working on the inclusion of children with disabilities through, for instance, the construction of barrier free school buildings and facilities in accordance with construction guidelines, and on incorporating perspectives of children in disabilities in the school quality assurance standards. Since the academic year 2016-2017, the concept of social inclusion has been comprised in basic education textbooks, based on which flexible learning activities have been undertaken [37]. According to the statement of the Union Minister for Education in July 2019, 1,281 students with disabilities attending basic education schools in Kachin State and Mandalay,

Sagaing and Yangon Regions for 2018-2019 academic year were provided education stipend. These included 843 primary school students with disabilities (K50,000 kyats year per person), 352 middle school students (80,000 Kyats per year per person), and 86 high school students (100,000 kyats year per person)<sup>28</sup> [64].

#### **(4) Social protection**

Since 2012, in theory, care for all emergency, maternal, and childhood illnesses has been provided free of charge in all public hospitals in Myanmar. However, clear communication on the scope of the policy and the awareness of the staff in charge in this regard are not necessarily sufficient. As mentioned in Table 5-5 above, progressive development of the system has been undertaken, with a view to establishing comprehensive medical insurance system by 2030 [46]. Meanwhile, of 8 main programmes under the National Social Protection Strategic Plan described in Table 5-5, only the Maternal and Child Cash Transfer<sup>29</sup> and social pension are implemented at the time of this survey.

With regard to the Maternal and Child Cash Transfer, which is related to child welfare, monthly amount of 15,000 kyats is distributed to pregnant women and mothers of children under 2 years old, on a quarterly basis [65]. The programme starting in June 2017 in Chin State, followed by the Naga Autonomous Area and Rakhine State in January 2018, and in Kayah State and Kayin State in October 2018. In July 2020 the programme started in Shan State and Ayeyarwady Region, the most populous area of the country (with the estimated approximately 300,000 women and children to register) [18]. At the time of the first round of distribution (September 2020), 50% of beneficiaries in Shan State and 70% in Ayeyarwady Region received payments [11].

#### **(5) Child forced labour**

As shown in Table 5-3, Myanmar ratified “ILO Convention 182 on the Worst Forms of Child Labour” in 2020. Concrete examples of measures related to child forced labour include the protection and support of child victims of forced labour by MSWRR through 100 DSW township offices, and the on-site inspection of illegal acts in factories, shops and various facilities led by the Ministry of Labour, Immigration and Population. In addition, with the support of the International Labour Organization (ILO), the Forced Labour Complaint Mechanism has been established [36].

#### **(6) Trafficking in persons**

Concerning child trafficking, the Department of Rehabilitation in MSWRR provides services including long-term rehabilitation. The Department also collaborates with the Ministry of Defense to verify documentation when child labor complaints are received. In 2018, it provided rehabilitation and reintegration services for 16 cases from Thailand and 55 cases from China related to child trafficking, as well as the support to 16 persons of Burmese nationality who were victims of trafficking within Myanmar including 5 child victims of sex trafficking in persons. The duties of the Myanmar Police Force include investigation and protection of trafficking in persons, through its 32 Anti-Trafficking Task Forces

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<sup>28</sup> This is a statement at a seminar organized in the capital on inclusive education for children with disabilities [64].

<sup>29</sup> This corresponds to the “cash allowance for pregnant women and children to age 2” under the National Social Protection Strategic Plan.

nationwide. There are specialized Child Protection Units in Rangoon, Mandalay, and Naypyidaw, with newly established child protection squads. The Myanmar Police Force also organized survivor roundtable meetings to collect feedbacks from victims [24]. In 2017, information materials aimed at preventing trafficking of women and girls to China were designed by the Myanmar Police Force and civil society organizations, with support from UNICEF [21]. It is also reported that in the same year, 130 victims of child trafficking were reintegrated into society under the collaboration of the Myanmar Police Force, MSWRR and UNICEF [6].

In addition, 24-hour hotlines are set up for the public in Nay Pyi Taw, Yangon, Mandalay and Muse, to receive information related to trafficking in persons, facilitate efficient investigation, actions against perpetrators and rescue of victims of trafficking. It is reported that between September 2019 and September 2020, 148 trafficking in person cases were identified and actions were taken on a total of 475 offenders (170 male and 305 female). A total of 222 victims of trafficking (45 males and 177 females, including 6 boys and 40 girls) were rescued [25].

## **(7) Case management**

In order to strengthen assessment and reporting mechanism on child protection, DSW is working on the reinforcement of case management system with support from UNICEF. Its concept is to manage social problems in community supported by trained social workers. While the system is mainly intended to support child protection, at the time of this survey, its functions also include helplines to receive reports on gender-based violence other than that related to children as well as complaints from social media. In the future, its mechanism is expected to be utilized by DSW and the Department of Rehabilitation to respond systematically to the needs of vulnerable groups including persons with disabilities and ex-drug users. In the case management process, services provided upon receipt of complaints include compensation for the child sexual abuse, support for travel expense for a child who is a defendant in court, facilitation of legal aids, and arrangement of counselling in case of severe trauma. The training of personnel for case management is a part of a process of the Case Management System. The process began in 2015, with 77 case managers. Since then 259 case managers were trained. At the time of this survey, 145 persons are undertaking duties on case management<sup>30</sup> [66]. In addition, more than 200 medical social workers were trained. They support DSW case managers on child protection cases in hospital settings [60].

### **5.3.4 Evaluation and reporting**

#### **(1) Detection and reporting**

Concerning the detection and reporting related to child protection, the strengthening of the case management system is on-going. The operation of the case management system involves public and private organizations. DSW case managers in the state/regional officers are responsible for the supervision and collection of monthly data of “statutory” cases, which national and international NGOs form a working

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<sup>30</sup> The information on these 145 persons is not provided. It is presumed that there have been transfers of personnel. The number of case managers varies among the literatures. For instance, a report by the United States Department of Justice refers to 27 persons in 2015 and 188 in 2019 [36]. The number in this report is in line with the information in the MDWRR website.

group for coordination to handle “non-statutory” cases<sup>31</sup>. For the data collection and analysis in the state/regional level officers, support from the central level is provided as deemed necessary. From 2015 to 2018, 2,980 cases were handled, consisting of 2,699 “statutory” cases and 311 “non-statutory” cases [66].

DSW started helpline services in November 2016, to receive complains on gender-based violence including sexual abuse of children. The complaints from the victims or the general public are handled as confidential. The trained case managers mentioned above are assigned in different parts of the country as helpline personnel. These case managers meet with survivors and provide support needed for their safety, health, psychosocial, legal, livelihood and capacity building [61].

## **(2) Statistics**

With regard to statistical information on child protection, the collection and analysis are conducted at the time of the formulation of the strategies and plans such as those described in Section 5.2.2. There are also regular meetings on the updates of the statistical information and the implementation of the survey. According to the information by the Ministry of Planning, Finance and Industry, the examples in this regard include the 3<sup>rd</sup> Meeting of the Statistical Data Collection Working Committee on Child Labor Eradication held at the at Central Statistical Organization, under the chairmanship of the Permanent Secretary of the Ministry, and with the participation of the stakeholders at the central and regional / state levels. The discussions and deliberations at the meeting concerned the questionnaire, time schedule for the survey, budget estimation for surveys in the states and region [67].

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<sup>31</sup> The source literature does not provide explanations on “statutory” and “non-statutory”.

## 5.4 Impact of and response to Coronavirus disease 2019 (COVID-19)

### 5.4.1 Situation of COVID-19 in Myanmar

According to the World Health Organization, as of January 15, 2020, the accumulated cases of COVID-19 in Myanmar is 132,865 persons, and the accumulated deaths, 2,912 persons [68]. The first case in Myanmar was reported on March 24, 2020 [69]. As mentioned in Section 5.1.2, the impact of COVID-19 on the economic growth has been significant. In addition, due to the problem of securing labour force and logistics issues, the industrial production of the fiscal year 2012 dropped down to 0.2%. The service industry, including tourism is expected to largely decline. The agriculture sector has shown more resilience than other sectors, and information and technology industry has been reinvigorated following the expansion of communication volume and e-commerce. However, in terms of the overall economy, problems such as unemployment and loss of income opportunities have been increasingly serious. The income of impoverished household has declined even further, implying possibilities for the declining tendency of poverty ration to be reversed [70] [71]. The rapid survey conducted by the International Food Policy Research Institute on the impact of COVID-19 at the household level shows the large decline of the household income and the increase of debts of impoverished households. The aggravation in terms of food security and maternal nutrition is also reported [72].

The government of Myanmar devised preventive measures including the expansion of test and treatment capacity, provision of quarantine facilities, restriction of public gatherings, screening of temperatures at borders, suspension of international flights except for relief and cargo flights, as well as the closure of restaurants, day care facilities, learning facilities, and non-essential businesses [69]. The government has also implemented the COVID-19 Economic Relief Plan (CERP), which comprise a broad range of special financial measures based on social considerations<sup>32</sup>. As shown in Table 5-14, CERP consists of 7 goals, 10 strategies (some goals and strategies with the same working), 36 action plans and 78 actions [73].

**Table 5-14 Outline of CERP**

| Goal   | Strategy                                     | Action plan outline   |
|--|--|---|
| 1. Improve macroeconomic environment through monetary stimulus                                       | 1.1. Provide monetary stimulus               | Lower interest rates, lower minimum reserve requirement on banks, credit auctions, increase in the Central Bank’s financing of fiscal deficit (one-off measure), reduction of treasury bonds/bills auctions   |
|  | 2.1. Ease the impact on private sector firms | Low-cost funds, credit guarantee schemes, tax/fees deferral or waiver, exemption of lease fees charged to affected firms, tax credits, loan restructuring and rescheduling, support to farmers, small agri-processors, seed farmers and agri-businesses for planting and income retention |
| 2. Ease the impact on the private sector through improvements to investment, trade & banking sectors | 2.2. Ease the strains in the banking sector  | Policy flexibility on prudential controls, easing of impacts of possible non-performing loans on banks  |
|  | 2.3. Promote investment                      | Expedited investment approval process, expedited solicitation process to develop strategic public-private-partnership projects, call for investments via a simplified procurement process, prioritization of ready, high impact public investments  |
|  | 2.4. Promote international trade             | Trade financing, facilitation of importation / exportation processes  |
| 3. Easing the impact on labourers & workers  | 3.1. Ease the impact on private sector firms | Labour benefits extension, implementation of labour-intensive community infrastructure projects   |

<sup>32</sup> The Japan International Cooperation Agency (JICA) signed the “COVID-19 Crisis Response Emergency Support Loan Agreement” in September 2020, to support the economic recovery by the Burmese government through the implementation of CERP [86].



| Goal  | Strategy   | Action plan outline   |
|---|--|---|
| 4. Easing the impact on households  | 4.1. Ease the impact on households   | Electricity tariff exemptions, unconditional cash and in-kind transfer, eased liability burdens on households   |
| 5. Promoting innovative products & platforms                                    | 5.1. Promote innovative products   | Promotion to use mobile financial payments, and of e-commerce and social-commerce systems   |
| 6. Healthcare systems strengthening   | 6.1. Promote healthcare system through increased government spending & regulatory reform | Extension and improvement of quarantine centres / facilities, import of key medical products, improvement of preventive measures, improvement of health sector human resource capacity, upgrading of existing health facilities |
| 7. Increase access to COVID-19 Response Financing (including Contingency Funds) | 7.1. Increase the COVID-19 Fund and Contingency Fund                                     | Budget reallocation, improvement of budget flexibility and responsiveness, increase in access to COVID-19 related development financing   |

Source: Compiled as based on [73]

While the text of the official CERP document in English [73] does not directly refer to children, the secondary literature reports that the Maternal and Child Cash Transfer is included as part of emergency responses to protect socially vulnerable persons [14]. The above-mentioned rapid survey conducted by the International Food Policy Research Institute reported that 16% of the pregnant women (those eligible for the Maternal and Child Cash Transfer) interviewed received the cash transfer. As for the cash transfer for households (20,000 kyats), almost all households received it by September 2020 [72]. Other outcomes of CERP reported include the provision of 500 kyats per person (user) for shelters for 30 days (total amount provided of 408.915 million kyats) [53].

#### **5.4.2 Impacts and responses in child protection sector**

The impacts of COVID-19 in Myanmar related to child protection, as reported, include aggravation of sanitation and nutrition environment in daily life, loss of education opportunities and increase of burdens of parents, in addition to the closure of related facilities as mentioned above [69], as well as the increase of risks of domestic violence [14]. Reference is made also to the increase of risks of trafficking in persons including children due to the increased use of internet and the increase of immigration in terms of employment opportunities [25] [74].

According to the survey conducted by the World Bank, in terms of learning, at the timing when the schools had been closed for 7 months, less than 40% of households indicated that their children who were enrolled in school in February 2020 had been engaged in some form of learning activities. For over 80% of households, these learning activities were mostly carried out by parents' tutoring, while less than 10% of households could provide online learning to their children. It is also pointed out that it is highly likely for households, especially impoverished households, to keep children out of school and leave them working with a view to supplementing household incomes. As for nutrition, it is estimated that children born in the environment under sustained impacts of COVID-19 tend to have low nutrition, which could pose risks on their health at older age. It is also pointed out that while regional disparities in terms of health, nutrition and access to health services are generally prevalent, the access by vulnerable groups is likely to be even more difficult when health service system is subjected to increasing pressures under COVID-19 [14]. Furthermore, based on a model using statistical techniques and assumptions, child poverty in Myanmar is likely to increase by over 10% under the impact of COVID-19, and since the impact is the hardest on

children in impoverished households, the existing wealth inequalities are estimated to be widened even further [18].

Various preventive measures for children have been implemented with support from local and international NGOs and international organizations. Concrete examples include the provision of life and hygienic goods and supplies to schools, early childhood development facilities and medical facilities among others, and communication of preventive methods and correct information on the situations by media agencies and social media. The work on child protection and social insurance has been continuously undertaken. Nevertheless, there are children living in the environment where the basic infrastructure including waterworks and hygienic facilities have not been well consolidated. For them, regularly washing hands is not easy. For children in urban impoverished households and children of migrants in crowded living settings, ensuring social distancing is difficult. Hence, thorough application of preventive measures is not always easy [69].

The MSWRR website mentioned duties and activities on child protection which have been implemented while applying COVID-19 preventive measures. For instance, concerning ECI, these duties and activities include storybook reading workshops for the staff and home visitors (2 day long, organized twice in June), online speech therapy course (once in August and September respectively), ECI global webinar (held in June), online meeting concerning the implementation of activities, establishment of evaluation management team and technical reference team to carry out evaluation and monitoring system, evaluation and situation analysis of the sites planned for pilot projects. It is also reported that in the pilot sites (see Section 5.3.3), 79 children with disabilities which need to be referred to relevant departments were provided 30,000 kyats per person, and support to tele-communication services for children were provided [58].

In addition, with a view to support and acknowledge the efforts of volunteers working on the prevention of and responses to COVID-19, the National Volunteer Steering Unit (NVSU) was set up in April 2020, with the State Counselor as its chair and NSWRR as its secretariat. The areas of activities of volunteers supported by NVSU are not limited to the areas related to child protection. Table 5-15 summarizes the NVSU related activities targeting mainly volunteers concerning welfare [75].

Table 5-15 Outline of NVSU activities mainly for welfare volunteers

|   | Outline  |   |                                   |
|---|--|---|-----------------------------------|
|   | Subject  | Prepared by   |                                   |
| Preparation of guidebook  | Guidebook for volunteers   | Staff in charge in MSWRR, MOHS and the Myanmar Medical Association  |                                   |
|   | COVID-19 manual for ambulance drivers  | (no description)  |                                   |
| Training  | Subject  | Number of times   | Number of participants            |
|   | Training of trainers using the guidebooks above  | 8 times   | 450 persons (trainers)            |
|   | Training in states / regions by the trainers above   | 501 times (face to face)  | 21,936 persons                    |
|   |  | 7 times (online)  | 472 persons                       |
|   | Training on child protection   | 4 times   | 285 persons                       |
|   | Training on gender violence  | 8 times   | 564 persons                       |
| Training for ambulance driver volunteers by the Myanmar Medical Association | 5 batches  | 662 persons   |                                   |
| Grants, subsidies   | Target   | Amount  |                                   |
|   | To support costs for COVID-19 prevention kits (as necessary), lunch box, and fuels for volunteers in 11 states / regions | Total of 1596.8352 billion kyats (from the National Natural Disaster Management Fund)                                   |                                   |
|   | Vulnerable groups (pregnant women, children under 5, elderly above 60, persons with disabilities) <sup>33</sup>          | 30,000 kyats per person (received by 2,446 pregnant women, 1,839 children, 1,398 elderly, 67 persons with disabilities) |                                   |
| Other   | Content  | Number of times / timing  | persons                           |
|   | Psycho-social support: for cheering-up   | 4 times   | 479 persons                       |
|   | Election volunteer   | Election in 2020  | 72,343 persons (assigned locally) |

Source: Compiled as based on [75]

<sup>33</sup> In the source literature, this activity is included in NVCU activities for volunteers. However, considering its contents, its target recipients are apparently not necessarily volunteers.

## **5.6 Priority issues and suggestions related to child protection in Myanmar**

As described above, the government of Myanmar aims at maintaining the momentum for the economic transition and achieving socio-economically balanced development. MSDP, which is a long-term plan, upholds a vision to establish an economic framework that supports national reconciliation, based on the just balancing of sustainable natural resource mobilization and allocation across the states and regions. Based in these objective and vision, numerous of policies and measures have been devised and various organizations such as communities have been established in Myanmar. With regard to child welfare, considerations for children in the formulation and implementation of policies and measures, and the regional/state, township and community level implementation mechanisms have been consolidated. In addition, in terms also of ensuring protection and welfare of children under lingering conflict and emergencies such as COVID-19, the roles of communities and volunteers are underlined. In view of such background, and taking into account the outcome of this survey concerning the situations of Myanmar, the following recommendations are presented in this chapter.

### **5.6.1 Streamlining and reinforcement of efficiency of child protection mechanisms**

In Myanmar, the introduction, review, amendment, revision and reintegration of various laws and regulations, policies, organizations, projects and programmes. In the field of child protection, numerous policies, strategies, policies, organizations such as communities, as well as projects and activities have been formulated, implemented, evaluated and reviewed. It is difficult to identify based on the literature review, in a thorough manner, the organizations in the field concerned. However, such committees appear to be numerous and frequently established in general. It is deemed necessary, at some point, to review these structures, policies and organizations, including the verification of possible duplication of their functions and personnel, and consider their streamlining and reinforcement of efficiency. Given the current situation where the policies in favor of the economic reform have been devised successively, such streamlining and reinforcement of efficiency are likely to be mid-to long-term endeavors.

Japan has experiences of providing assistance related to the legal framework including that from the perspective of peace building. It is deemed relevant for Japan to identify the timing and activities of the assistance to Myanmar in this regard, based on the experiences concerned.

### **5.6.2 Reinforcement of community-based child protection service provision mechanisms**

In view of the objective stipulated in MSDP, namely, inclusive and continuous development with due consideration to the issues and needs of vulnerable groups including children, and in order for the alleviation of shocks from COVID-19 as well as the socio-economic recovery, a priority issue calling for increasingly swift responses is the reinforcement of the community-based child protection service provision mechanisms.

As described above, in order for the provision of child protection services in the community in Myanmar, public-private coordination mechanisms comprising local and international support organizations and associations have been (planned to be) established. There are also many community volunteer organizations which provide services with support from, for instance, MSWRR. Based on the outcome of this survey, the public-private coordination mechanisms have been consolidated to a certain degree, and a number of tangible activities have been undertaken by community organizations. Nevertheless, considering the

statistical figures on subjects such as child poverty, further assistance is apparently needed in the fields of, *inter alia*, health, sanitation, nutrition, child protection and education. In many localities in Myanmar, due to such reasons as conflict, government agencies do not have the offices established and/or the activities by the government staff face difficulties. In view also of these situations, further reinforcement of the community-based service provision mechanism is deemed necessary in various localities. Concrete examples of activities in this regard include the consolidation of basic infrastructure, capacity building of those undertaking local level activities, namely, the staff and personnel affiliated with township, village, town level government offices and private organizations as well as volunteers (reinforcement of training system concerning for instance the duration, frequency and number of participants of the training), and the dispatch of technical experts.

Japan has undertaken technical cooperation and grants to Myanmar concerning the development of hospitals and strengthening of health sector [76] [77]. In addition, the support to the areas of ethnic minority affected by conflict comprising elements of new-born and maternal health (grant) is planned [78] [79]. It is deemed important to understand tangible needs of the localities, taking into account also the experiences of the said cooperation projects and activities, as well as the potentials for coordination with the on-going and planned projects and activities. A concrete example is to consider the relevance of introducing and/or examining the perspective of child protection in the area of basic infrastructure (for instance, installation or expansion of early childhood development support functions at the time of designing hospital facilities).

## Chapter 6 Current Status of Child Protection: Bangladesh

### 6.1 Situation of children

#### 6.1.1 Basic statistical data related to child protection

As background, the basic statistical data related to child protection in the People's Republic of Bangladesh (hereinafter referred to as Bangladesh) are presented in Table 6-1 below.

Table 6-1 Basic statistical data related to child protection in Bangladesh

|  |   | Indicators                                 | Year  | Total   | Male   | Female | Source |
|--|---|--|-------|---------|--------|--------|--------|
| Demographics   | Population (thousands)  | All  | 2019  | 163,046 | 82,473 | 80,572 | [1]    |
|  |   | Under 18                                   | 2018  | 54,163  | -      | -      | [2]    |
|  |   | Under 5                                    | 2018  | 14,517  | -      | -      |        |
|  | Age dependency ratio <sup>1</sup> (% of working-age population) |  | 2019  | 67.6    | 67.4   | 67.9   | [1]    |
|  | Urban population (% of total population)                        |  | 2019  | 37.4    | -      | -      | [1]    |
|  | Total fertility (live births per woman)                         |  | 2018  | 2.0     | -      | -      | [2]    |
|  | Child immigrants (thousands)                                    |  | 2019  | 633     | -      | -      | [3]    |
| Child mortality  | Neonatal mortality rate (deaths per 1,000 live births)          |  | 1990  | 64.2    | -      | -      | [1]    |
|  |   |  | 2019  | 19.1    | -      | -      |        |
|  | Infant mortality rate (deaths per 1,000 live births)            |  | 1990  | 99.7    | 106.8  | 92.2   | [1]    |
|  |   |  | 2019  | 25.6    | 27.3   | 23.8   |        |
| Under-five mortality rate (deaths per 1,000 live births) |   | 1990                                       | 143.8 | 147.3   | 140.1  | [1]    |        |
|  |   | 2019                                       | 30.8  | 32.9    | 28.6   |        |        |
| Maternal health  | Adolescent fertility rate (births per 1,000 women ages 15-19)   |  | 2018  | -       | -      | 82.3   | [1]    |
| Nutrition  | Malnutrition (%) (0-4 y.o.)                                     | Stunted (moderate and severe) <sup>2</sup> | 2018  | 30.8    | 30.8   | 30.9   | [3]    |
|  |   | Wasted (severe) <sup>3</sup>               | 2018  | 1.5     | 1.6    | 1.3    |        |
|  |   | Wasted (moderate and severe) <sup>4</sup>  | 2018  | 8.4     | 9.2    | 7.6    |        |
| Education  | Completion rate (%)   | Primary education <sup>5</sup>             | 2019  | 82.6    | 76.3   | 89.1   | [3]    |
|  |   | Lower secondary education <sup>6</sup>     | 2019  | 64.7    | 59.2   | 70.5   |        |
|  |   | Upper secondary education <sup>7</sup>     | 2019  | 29.4    | 31.5   | 27.3   |        |
|  | Dropout rate (primary education) (%)                            |  | 2019  | 6.4     | 8.1    | 4.5    | [3]    |
| Family environment, Child protection                     | Birth registration rate <sup>8</sup> (%)                        |  | 2019  | 56.0    | 56.0   | 56.1   | [3]    |
|  | Child marriage (%)  | Married by 15 y.o. (women ages 20-24)      | 2014  | -       | -      | 22.4   | [1]    |
|  |   | Married by 18 y.o. (women ages 20-24)      | 2014  | -       | -      | 58.6   |        |
|  | Children living in single-parent households (%) <sup>9</sup>    |  | -     | -       | -      | -      | -      |

<sup>1</sup> Percentage of total population aged 15-64 years.

<sup>2</sup> Percentage of children whose height-for-age is below minus 2 standard deviations from the median of the WHO Child Growth Standards.

<sup>3</sup> Percentage of children aged 0-4 years who are below minus 3 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>4</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>5</sup> Grades 1-5.

<sup>6</sup> Grades 6-8.

<sup>7</sup> Grade 9-12.

<sup>8</sup> Percentage of children under age five years whose births have been registered.

<sup>9</sup> Percentage of children who live with either their fathers only or with their mothers only. Denominator is the number of children.

|        | Indicators   | Year | Total   | Male | Female | Source |
|--------|--|------|---------|------|--------|--------|
|        | Number of children in institutions (0-17 y.o.)       | -    | -       | -    | -      | -      |
|        | Number of children with disabilities (5-17 y.o.)     | 2019 | 8.3     | 8.8  | 7.7    | [4]    |
|        | Child Labour <sup>10</sup> (%)                       | 2019 | 6.8     | 8.8  | 4.6    | [4]    |
| Equity | GDP per capita (current US\$)                        | 2019 | 1,855.7 | -    | -      | [1]    |
|        | GDP growth (annual %)                                | 2019 | 8.2     | -    | -      | [1]    |
|        | Unemployment rate <sup>11</sup> (15-19 y.o.)         | 2017 | -       | 17.7 | 11.5   | [3]    |
|        | Employment rate in informal sector <sup>12</sup> (%) | 2017 | 91.3    | 91.2 | 91.9   | [1]    |
|        | Child poverty <sup>13</sup> (%)                      | 2019 | 28.28   | -    | -      | [5]    |
|        | Gini coefficient                                     | 2016 | 32.4    | -    | -      | [1]    |

### 6.1.2 Social, economic, political, and cultural situation

Bangladesh is one of the most densely populated countries, with a particularly high rate of population growth in the capital, Dhaka. Out of the country's population of 163 million, one-third, about 54.2 million (2018), are children under the age of 18. Bangladesh's economic has seen significant growth, with an average Gross Domestic Product (GDP) growth rate of 5.94% between 1994 and 2019, reaching the highest ever annual growth rate of 8.2% in 2019. In addition, GDP per capita has increased from US\$300 in 1994 to US\$1,856 (2019) [1]. With rapid economic growth, the poverty rate<sup>14</sup> has halved over the past decade from 34.5% (2000) to 14.5% (2019). However, the Gini coefficient has been on an upward trend from 32.1 in 2010 to 32.4 in 2016, indicating a widening gap, and therefore it cannot be said that the benefits of economic growth have been uniformly enjoyed by all citizens. In addition, the poverty rate of households with children (28.3%) is higher than that of households without children (24.3%). Children in poor households have lower school attendance rates and higher malnutrition rates than children in non-poor households, suggesting that poverty has a significant impact on children's education and health [6].

Since the ratification of the United Nations Convention on the Rights of the Child (CRC) in 1990, Bangladesh has made substantial progress towards securing the rights of children. For example, the under-five mortality rate decreased (from 143 per 1,000 in 1990 to 30 per 1,000 in 2019), the gross enrollment rate<sup>15</sup> in primary education increased (from 83.8 % in 1990 to 116.5 % in 2018), and the gross enrollment rate in secondary education<sup>16</sup> increased (from 20.9 % in 1990 to 72.6 % in 2019) [1].

Meanwhile, many challenges still remain; for example, with regard to child malnutrition, the stunting rate for children under five is still high at 30.8% (2018) [3]. The government has raised the importance of addressing stunting as it has a negative impact on school completion rates and lifetime wages [7]. In addition, as discussed below, children in Bangladesh face many issues related to child rights defined by the CRC such as violence and abuse against children, child labor, child marriage, and human trafficking, which

<sup>10</sup> Percentage of children age 5-17 years who are involved in economic activities or in household chores.

<sup>11</sup> Percentage of adolescents (aged 15-19 years) in the labour force who are unemployed.

<sup>12</sup> Agriculture sector is not included.

<sup>13</sup> Percentage of the population aged 0-17 years in multidimensional poverty.

<sup>14</sup> Poverty headcount ratio at \$1.90 a day.

<sup>15</sup> It may exceed 100% due to the inclusion of over-aged and under-aged students because of early or late entrants, and grade repetition.

<sup>16</sup> Grades 6–12.

reportedly occur in all settings, including within the family, on the street, at work, at school, and in the community [8].

### **6.1.3 Key issues on child protection**

The situation of children in need of protection in Bangladesh is described below.

#### **(1) Violence against children**

Violence against children is widespread in Bangladesh. According to the Multiple Indicator Cluster Survey (MICS) in 2019, 88.8 % of children aged 1-14 experienced corporal punishment and/or psychological violence by a parent or caretaker in the past month [4]. This represents an increase of 6.5 percentage points compared to the 2012-13 data [9]. While violence against children is said to hamper their development, leading to learning difficulties, poor interpersonal skills and low self-esteem, and sometimes even to self-harm, the survey found that 35.0% of parents or caretakers believe that corporal punishment is necessary to discipline children [4].

In terms of sexual violence, the Bangladesh Shishu Adhikar Forum, a non-governmental organization (NGO), reports that out of 4,381 children who experienced various forms of violence, 1,383 were victims of sexual violence (2019) [9]. The problem of gender-based violence is acute in Bangladesh, with girls in particular being at risk of sexual violence in all settings, including in the community, at home, in school and online. 1,080 rape victims were reported in 2019, of which 737 of these were girls under the age of 18. [10]. In recent years, there has been an increase in the number of victims of online sexual harassment, with 90% of victims being teenage girls [9].

#### **(2) Child labour**

According to the report of MICS (2019), 6.8% of children aged 5-17 years were engaged in child labour [11]. Moreover, 1.28 million children are engaged in the worst forms of child labour, according to the United States Department of Labor. The child labour market in Bangladesh is predominantly in the informal sector, including domestic work, labour on the street and work on small agricultural farms, often accompanied by hazardous working conditions, particularly in the informal manufacturing and dried fish industries. For example, children working in the garment industry have reported working up to 16 hours a day, carrying heavy loads and using dangerous machinery and chemicals without protective equipment [12]. Table 6-2 shows the proportion of children by age group who are engaged in economic activity<sup>17</sup>. It indicates that boys are more likely than girls to be involved in economic activities with long working hours and/or hazardous work.

**Table 6-2 Percentage of children aged 5-17 who are engaged in economic activity (%)**

| Age groups | Working conditions                        | Total | Boys | Girls |
|------------|---|-------|------|-------|
| Ages 12-14 | Working less than 14 hours per week       | 13.6  | 18.5 | 8.9   |
|            | Working more than 14 hours per week       | 6.1   | 10.2 | 2.2   |
| Ages 15-17 | Working less than 43 hours per week       | 23.9  | 34.1 | 12.2  |
|            | Working more than 43 hours per week       | 6.9   | 11.2 | 1.2   |
| Ages 5-17  | Hazardous work in the economic activities | 8.0   | 12.2 | 3.6   |

Source : [4]

<sup>17</sup> Work for someone who is not a member of the household, or work for a family farm or business (excluding household chores such as cooking, cleaning or caring for children).



### **(3) Child marriage**

Child marriage not only violates the rights of the girls, but it also negatively affects the development at the individual, community and social levels. Girls who marry before the age of 18 are at risk of Human Immunodeficiency Virus (HIV) and other sexually transmitted diseases, as well as poor health due to early pregnancy and early childbirth. In addition, child marriage has been shown to increase the risk of violence and abuse, limit opportunities for education and economic activity, and drive children into poverty [13]. According to the annual report (2019) of the United Nations Children's Fund (UNICEF), the proportion of girls married by the age of 18 is 51.4% (2019), which remains a high rate of child marriage compared to 58.6% in 2014. The fact that the situation has not changed much over the five years shows the persistent and widespread acceptance of child marriage in Bangladesh [11].

### **(4) Child trafficking**

Collecting data on trafficking in persons is extremely difficult due to the nature of the underlying criminal activity, and the number of victims identified is said to be only a small part of the reality. According to the Trafficking in Persons Report released in 2020 by the US State Department, the Government of Bangladesh identified 585 potential trafficking victims. Among them, it is reported that 403 cases were investigated (including 29 cases continued from the previous year), 312 suspects were prosecuted (including 246 cases of sex trafficking and 56 cases of forced labour) and 25 individuals were convicted in nine trafficking-related cases [14]. According to the report in 2019, out of the 419 potential victims of trafficking, 155 were adult males, 172 were adult females and 92 were children<sup>18</sup> [15]. Child sex trafficking is prevalent, as experts on trafficking estimate that 20,000 children are growing up in Bangladeshi brothels and exploited in commercial sex [14].

### **(5) Children living and/or working on the street**

According to the report of UNICEF in 2010, the number of street children was estimated at 670,000 in 2004, and could reach 1.14 million in 2014 and 1.61 million in 2024<sup>19</sup> [16]. Street children suffer from social marginalization, losing the ability to claim their rights and access to education. Especially in the capital, Dhaka, the human rights violations of street children are serious. According to a survey of 125 street children aged between 8 and 14, 80.8% of street children experienced physical or sexual abuse [17]. In terms of health, 87.2% of street children were found to suffer from a variety of illnesses including accidental injuries, skin infections, hepatitis, sexually transmitted infections and worm infections [17]. Moreover, quite a few street children are exploited by criminal gangs to survive on the streets, and become involved in criminal activities and drug use [18].

### **(6) Children with disabilities**

According to MICS in 2019, the proportion of children aged 5-17 years (sample size: 66,705) with any functional difficulty was 8.3%. (8.8% of boys and 7.7% of girls)<sup>20</sup>. Based on this proportion, approximately

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<sup>18</sup> No mention of the number of child victims in the 2020 Trafficking in Persons Report.

<sup>19</sup> The estimates are based on a survey of street children in major cities in Bangladesh conducted by the Bangladesh Institute of Development Studies.

<sup>20</sup> Based on the "Child Functioning Module" developed by the Washington Group under the United Nations Statistical Commission and UNICEF, the Disability Data for children aged 5-17 are applied.

4.5 million children have functional difficulties that prevent them from participating in society. The percentages of functional difficulty by domain of functioning are shown in Table 6-3.

Table 6-3 Percentage of children age 2-4 years who have functional difficulty, by domain (%)

| Functional domains   | Total | Boys | Girls |
|----------------------|-------|------|-------|
| Total                | 8.3   | 8.8  | 7.7   |
| Seeing               | 0.3   | 0.2  | 0.3   |
| Hearing              | 0.3   | 0.3  | 0.3   |
| Walking              | 0.9   | 1.0  | 0.9   |
| Self-care            | 1.0   | 1.1  | 0.9   |
| Communication        | 0.6   | 0.7  | 0.6   |
| Learning             | 1.6   | 1.8  | 1.4   |
| Remembering          | 1.7   | 1.8  | 1.6   |
| Concentrating        | 0.9   | 1.0  | 0.8   |
| Accepting change     | 1.3   | 1.4  | 1.1   |
| Controlling behavior | 2.2   | 2.7  | 1.6   |
| Making friends       | 0.6   | 0.6  | 0.5   |
| Anxiety              | 3.2   | 3.2  | 3.2   |
| Depression           | 3.7   | 3.8  | 3.7   |

Source : [4]

According to the Government's report on the Convention on the Rights of Persons with Disabilities issued in 2017, special schools were established by the Government for children with visual impairment (5 places), hearing and speech impairment (5 places), intellectual disability (62 places) and autism (11 places). The Government has also been promoting their enrolment in general schools. There are also a number of special schools for children with disabilities run by NGOs [19]. On the other hand, the UNICEF Bangladesh Office reported in 2014 that while 97% of children were enrolled in primary education, only 11 % of children with disabilities had received some form of education [20].

### **(7) Children in institutions**

The Ministry of Social Welfare (MOSW) operates 85 children's homes (Shishu Paribars) across the country, with a capacity of 10,300 orphans (as of 2018) [21]. There are also a number of private orphanages in Bangladesh, but statistics on orphanages and orphans are not confirmed from the collected sources.

### **(8) Children without birth registration**

The CRC (Article 7) states that “Every child shall be registered after birth and shall have the right to a name and nationality”, but the birth registration rate for children under five in Bangladesh is very low at 56% (2019) [3]. It is said that in the absence of formal birth registration, children may not be able to access basic services such as education, health care and social security.

## 6.2 Child protection goals

### 6.2.1 Legal and Policy framework

#### (1) International Conventions

The Government of Bangladesh ratified the CRC on 3 August 1990 and has an obligation to ensure and promote the rights of every child. Table 6-4 shows the status of the Bangladesh government’s ratification of international conventions related to child protection.

Table 6-4 Status of ratification of international conventions relating to child protection in Bangladesh

| International Conventions   | Year of ratification |
|---|----------------------|
| Convention on the Rights of the Child (CRC)   | 1990                 |
| Optional Protocol to the CRC on the Involvement of Children in Armed Conflict                                 | 2000                 |
| Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography                | 2000                 |
| Optional Protocol to the Convention on the CRC on a Communications Procedure                                  | -                    |
| ILO Convention 182 on the Worst Forms of Child Labour   | 2001                 |
| ILO Convention 138 on Minimum Age for Admission to Employment   | -                    |
| Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption | -                    |

Source : The Survey Team

The challenges children face in relation to their rights and well-being occur in a variety of settings including at home, at school, in care homes, in the community, on the streets and across borders, and they are interrelated across multiple sectors (poverty, education, health, welfare, justice, etc.). While there is no comprehensive child protection system in place, Bangladesh has developed issue-specific laws and regulations in line with the Constitution and international conventions such as the CRC.

#### (2) National laws

##### 1) The Constitution of the People's Republic of Bangladesh

Articles 27 and 28 of the Constitution contain provisions on fundamental rights. It states that “All citizens are equal before the law and are entitled to equal protection, shall be treated in accordance with the law without any discrimination”. It also stipulates that “Nothing shall prevent the State from making special provision in favour of women or children”. Article 17 also provides that “the State shall establish a uniform, mass oriented and universal system of education and extending free and compulsory education to all children to such stage as may be determined by law”.

##### 2) Children Act

The Children Act (1974) had been the basic law of justice relating to children. Since the Children Act 1974 was not in accordance with the CRC and other international standards, it was amended in 2013. The amendment of the Children Act (2013), which refers to the CRC in its preamble, ensures that children in Bangladesh are fairly protected under both international and national law. Following the amendment in 2013, the definition of a child in the Act was changed from under 14 to under 18 years of age [22].

The amended Children Act strengthens judicial protection for children. It specifies, for example, that all children, including disadvantaged children such as street children, would not be unjustly detained. The Act also provides for the establishment of Child Affairs Desks (CAD) in every police station under the Ministry

of Home Affairs to deal with cases involving children. CAD is required by the Act to process cases regarding suspected children as separate cases from adults, and to conduct joint investigations with probation officers to take appropriate measures and arrange for bail. In addition, there are some new provisions regarding arrest procedures for children that no child under the age of 9 may be arrested under any circumstances. It was also newly stipulated that there shall be at least one court to be called the Children’s Court in every district headquarters and in every metropolitan area. Moreover, the media are prohibited from publishing reports, photographs or information relating to cases in which a child is on trial or in court proceedings [22].

### **(3) National policies**

#### **3) National Children Policy**

The “National Children Policy”, adopted in 2011, was formulated to ensure the rights of the child in the light of the Constitution of the People’s Republic of Bangladesh, the Children Act and the CRC. The policy has five fundamental principles: 1) ensuring the rights of the child in the light of the Constitution of Bangladesh, the Children Act and international charters and conventions; 2) reducing child poverty; 3) eliminating all forms of child abuse and discrimination; 4) eliminating all forms of abuse and discrimination against female child; and 5) ensuring the participation and consideration of the views of the child in the protection and best interests of the child [23].

#### **4) National Social Security Strategy**

The Government of Bangladesh formulated the National Social Security Strategy (NSSS) in 2015. The strategy aims to tackle poverty and inequality and to build inclusive social security systems for all. The strategy outlines five priority programmes, one of which is a children’s programme. The programme includes “child benefits” and “school stipend” for children from poor and vulnerable families, disability benefits for disabled children, the school meals programme and the orphan’s programme [24].

## **6.2.2 Policies and Measures**

The main policies and measures relating to child protection in Bangladesh are described below.

### **(1) Violence against children**

A special law enacted in 2000 (partially amended in 2003), the Suppression of Violence against Women and Children Act, 2000, provides for measures against sexual abuse and violence. The Act defines a person under 16 years of age as a ‘child’ and provides severe penalties for violent crimes, trafficking in persons, rape and abduction, with the aim of deterring violence against children. In addition, the Domestic Violence (Prevention and Protection) Act, 2010, prohibits domestic violence which is defined as physical, psychological, sexual or economic abuse against a woman or a child of a family by any other person of that family with whom victim is (or has been) in a family relationship. The Act defines a ‘child’ as a person under the age of 18 [25].

The “National Action Plan to Prevent Violence Against Women and Children 2013-2025” prioritizes the elimination of physical and psychological violence, sexual abuse and exploitation, trafficking in persons and child marriage [26]. In 2018, the National Action Plan 2013-2025 was revised to the “National Action

Plan to Prevent Violence Against Women and Children 2018-2030” to align it with the SDGs, but the details of the revision were not available from the sources collected.

The “Suppression of Violence against Women and Children Act 2000” and the “Penal Code (Article 375)” contain provisions on rape. The “Suppression of Violence against Women and Children Act” stipulates that sexual intercourse, with or without consent, with a girl under the age of 14 who is not married is considered rape [27] [28]. In this regard, the protection of married girls above the age of 14<sup>21</sup> is not clear in Bangladesh, where more than half of the women are reported to be married before the age of 18. Under the Penal Code (Article 375), sexual intercourse with a girl under the age of 14 is also considered rape, regardless of whether or not she consents [28]. On the other hand, the Penal Code states in its exemption that sexual intercourse by a man with his own wife, the wife not being under 13 years of age, is not rape [29] [30]. In other words, it does not apply to married girls over the age of 13, and it is unclear whether sexual intercourse with a wife over the age of 13 without consent is considered rape under the Penal Code [29] [30] [28].

## **(2) Child labour**

The Government of Bangladesh ratified the “ILO Convention 182 on the Worst Forms of Child Labour” in 2001 and adopted a list of the worst forms<sup>22</sup> of child labour in 2013. In 2010, the “National Child Labour Elimination Policy 2010” was developed with the aim of eliminating all forms of child labour, including the worst forms. Furthermore, the “Child Labor National Plan of Action 2012-2021” was developed, which includes strategies for capacity building for institutional reform, strengthening law enforcement, increasing children's access to education and health services, raising social awareness, and forming prevention and rehabilitation programmes [12].

The Government of Bangladesh has not ratified the “ILO Convention 138 on Minimum Age for Admission to Employment”. The Convention sets a minimum working age of 15 years in principle (with an exception for developing countries of 14 years of age). In addition, children aged 13 and over (12 in developing countries) are allowed to engage in light labour<sup>23</sup> under certain conditions, and prohibits hazardous work<sup>24</sup> for children under 18. The “Bangladesh Labour Act” defines a child as being under 14 years of age and sets the minimum working age at 14 years. In exceptional cases, light labour is allowed for children above 12 years of age as long as it does not prevent them from attending school. In addition, it prohibits hazardous and harmful work for children under the age of 18<sup>25</sup>, in line with the international convention. The Bangladesh Labour Act does not apply to employment in shops and stalls, agricultural farms, domestic servants and family-run establishments. Furthermore, the Bangladesh Labour Act also states that employment in any establishment as an apprentice or for receiving vocational training is not applicable with respect to the minimum working age for children from 14 to under 18 years of age [31]. In Bangladesh,

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<sup>21</sup> The World Vision report [28] says it is under 18, and the UN report [57] says it is under 16.

<sup>22</sup> 1. All forms of slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, 2. The use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances, 3. The use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs, 4. Work which is likely to harm the health, safety or morals of children.

<sup>23</sup> Work that does not interfere with education and does not harm the health or welfare of children.

<sup>24</sup> These include work exposed to harmful substances such as pesticides, work in poorly ventilated and unhygienic workplaces, work in hazardous areas such as mines and construction sites, work with dangerous tools and long working hours.

<sup>25</sup> The Bangladesh Labour Act defines 'Child' as up to 13 years of age and 'Adolescent' as from 14 to under 18 years of age.

where more than 85% of the child labour market is in the informal sector, a large number of children under the appropriate age are engaged in labor [12].

### **(3) Child marriage**

The Government of Bangladesh ratified the “Convention on the Elimination of all forms of Discrimination Against Women” in 1984, which states that child betrothal and marriage shall have no legal effect. In national legislation, the “Child Marriage Restraint Act, 2017” strengthened penalties for child marriage by setting the minimum age for male marriage at 21 years and the minimum age for female marriage at 18 years. However, Article 19 of the Act provides for a special exception that allows families to invoke special circumstances to override the Act. As the Act does not define what constitutes a special exception and the courts shall decide whether special circumstances exist, it is concerned that such an exception could encourage child marriage by legalizing statutory rape [28] [13].

The government of Bangladesh, in the “National Plan of Action to End Child Marriage 2018-2030” formulated in 2018, aims to reduce the marriage rate of girls under the age of 18 to one-third by 2021 and to eliminate child marriage altogether by 2041 [32].

### **(4) Child trafficking**

The Government of Bangladesh ratified the “Protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations Convention against Transnational Organized Crime (the Palermo Protocol)” in September 2019. In terms of national legislation, the “Suppression of violence against women and children Act, 2000” and the “Prevention and Suppression of Human Trafficking Act, 2012” provide for the prohibition of trafficking in persons.

In addition, the Government of Bangladesh, with technical assistance from the International Organization for Migration (IOM), has developed the “National Plan of Action for the Prevention and Suppression of Human Trafficking 2018-2022”. The Plan aims to strengthen the capacity of the public administration to combat trafficking in persons and to establish economic and social safety nets for victims and vulnerable groups, especially for children [14].

### **(5) Children living and/or working on the street**

The Vagrancy Act was amended in 2011 with the main aim of protecting and rehabilitating the homeless, including street children. The “National Children Policy 2011” states that social safety nets should be expanded to ensure the rehabilitation of street children [23]. In addition, according to the “National Child Labour Elimination Policy” formulated in 2010, the government may enact separate laws and formulate action plans may be formulated for street children as necessary [33]. Furthermore, the “Concluding observations of the Committee of CRC” (2015), issued in response to the fifth periodic report (2014), made recommendations, including that a comprehensive policy be developed to address the root causes of the phenomenon of street children, based on an accurate assessment of their situation [34]. No specific action plans have been confirmed from the collected sources.

### **(6) Children with disabilities**

The Government of Bangladesh ratified the “Convention on the Rights of Persons with Disabilities” in 2007. As a domestic law, the “Rights and Protection of Persons with Disabilities Act, 2013” was enacted in 2013, which provides a wide range of rights and protections for persons with disabilities, including the

right to be employed based on individual capabilities, and the right to access education and health services [35]. In the “Concluding observations of the Committee of CRC” (2015), issued in response to the fifth periodic report (2014), it was recommended to develop a comprehensive policy for the social inclusion of children with disabilities [34]. The Government of Bangladesh has developed the “Action Plan for the National Social Security Strategy (2016-2021)” based on the NSSS, and addresses benefits for children with disabilities and strengthening the social security system for people with disabilities [36]. The number of children with disabilities enrolled in mainstream primary education has increased from 83,023 in 2010 to 98,311 in 2019, as shown in Table 6-5. According to the report of the Ministry of Primary and Mass Education in 2019, the percentage of children with disabilities enrolled in Government Primary Schools (GPS) and Newly Nationalized - Government Primary Schools (NNPS) is because more children with disabilities, including those who are autistic, are now attending specialized institutes<sup>26</sup> [37].

**Table 6-5 Number of children with disabilities enrolled in mainstream primary education**

|   | 2015              | 2016   | 2017              | 2018              | 2019              |
|---|-------------------|--------|-------------------|-------------------|-------------------|
| GPS   | 49,368<br>(57.9%) | NA     | 34,085<br>(45.4%) | 45,977<br>(47.7%) | 42,957<br>(43.7%) |
| NNPS  | 18,425<br>(21.6%) | NA     | 11,742<br>(15.7%) | 15,370<br>(15.9%) | 13,515<br>(13.7%) |
| Non- Registered Non-Government Primary School | 627<br>(0.7%)     | NA     | 314<br>(0.4%)     | 1,069<br>(1.1%)   | 1,232<br>(1.3%)   |
| Ebtedayee Madrashas                           | 932<br>(1.1%)     | NA     | 1,266<br>(1.7%)   | 656<br>(0.7%)     | 1,612<br>(1.6%)   |
| Other primary education institutions          | 15,852<br>(18.6%) | NA     | 27,614<br>(36.8%) | 33,313<br>(34.6%) | 38,995<br>(39.7%) |
| Total   | 85,204<br>(100%)  | 81,891 | 75,021<br>(100%)  | 96,385<br>(100%)  | 98,311<br>(100%)  |

Source: Prepared by the Survey Team based on [38] [39] [40] [37]

## **(7) Children in institutions**

In the “Action Plan of the National Social Security Strategy (2016-2021)” developed under the NSSS, the orphan’s programme has been implemented such as the establishment of children's homes (Shishu Paribars), the provision of grants to private orphanages run by NGOs as well as the provision of benefits to children living in institutions [36]. In 2018, the number of beneficiaries of non-governmental orphanages reached 86,400 [21].

## **(8) Children without birth registration**

The Government of Bangladesh adopted the “Birth and Death Registration Act 2004”, which came into force in July 2006. The Act sets out the obligation to provide information related to birth of a child to the Registrar within 45 days of the child's birth. In October 2010, an online birth registration system (BRIS: Birth Registration Information System) was launched with the support of UNICEF. Furthermore, the Government of Bangladesh amended the Act in 2013 to establish the Office of the Registrar General. Online birth and death registration in 5,085 registration offices are available across the country as of 2020 [41].

<sup>26</sup> It is not confirmed from collected sources what the "specialized institutions" refer to.

## 6.3 Social service systems for child protection

### 6.3.1 Implementation structure

As noted above, Bangladesh has made progress in developing laws and policies related to child rights and protection. However, at the implementation level, there are needs to strengthen the institutional and organizational structures and to improve the capacity for promoting policies.

The Ministry of Women and Children Affairs (MOWCA) is responsible for the development of relevant national policies, inter-ministerial cooperation, monitoring, and coordination among national ministries<sup>27</sup> and international agencies to ensure the legal and social rights of women and children. The MOWCA takes a central role in setting the direction of policies relating to children. The Committee of the CRC has been established under the Secretary of the MOWCA.

Meanwhile, lack of inter-ministerial coordination has been pointed out as one of the reasons for not obtaining the expected results in the implementation of the CRC. It has also been pointed out that the work undertaken by the MOWCA are focused on activities related to women and that the budget for children is not allocated sufficiently and efficiently [42]. In a report published by the Ministry of Finance (2018), it was indicated as one of the challenges to ensure the child welfare is to establish the Directorate of Children [21]. The MOWCA has submitted a proposal to the Ministry of Public Administration for consultation on the creation of the Directorate of Children down to the upazila level.

Although there is a wide range of work related to child rights and protection, individual issues are addressed by each lead ministry. The lead ministries for national policies and national action plans relating to child protection are listed in Table 6-6.

Table 6-6 Lead ministry for national policies, strategies and action plans for child protection

| National Policy/Strategy/ Action Plan  | Lead Ministry                     |
|--|-----------------------------------|
| National Children Policy (2011)  | MOWCA                             |
| National Plan of Action to End Child Marriage (2018-2030)  |                                   |
| National Action Plan to Prevent Violence Against Women and Children (2018-2030)                  |                                   |
| National Child Labour Elimination Policy (2010)  | Ministry of Labour and Employment |
| Child Labor National Plan of Action (2012-2021)  |                                   |
| National Plan of Action for Prevention and Suppression of Human Trafficking (2018-2022)          | Ministry of Home Affairs          |
| National Social Security Strategy (NSSS) (2015)  | Ministry of Social Welfare (MOSW) |
| Action Plan Implementation of National Social Security Strategy (NSSS) of Bangladesh (2016-2021) |                                   |

Source: Prepared by the Survey Team

#### (1) National Council for Women and Child Development (NCWCD)

The “National Council for Women and Child Development (NCWCD)”, chaired by Prime Minister, is a high-level inter-ministerial body established at the national level. NCWCD is stipulated in the “National

<sup>27</sup> Prime Minister’s Office, Cabinet Division, Ministry Of Chittagong Hill Tracts Affairs, Ministry of Primary and Mass Education, Ministry of Cultural Affairs, Ministry of Food and Disaster Management, Ministry of Education, Ministry of Public Administration, Ministry of Finance, Ministry of Health & Family Welfare, Ministry of Home Affairs, Ministry of Housing & Public Works, Ministry of Information, Ministry of Labour and Employment, Ministry of Planning, Ministry of Local Government, Rural Development and Cooperatives, Ministry of Religious Affairs, Ministry of Social Welfare, Ministry of Youth and Sports, Ministry of Expatriates Welfare and Overseas Employment.



Children Policy” and responsible for formulating / amending acts, developing related rules and regulations, monitoring implementation of UN convention and maintaining the child right welfare activities in national action plan [43].

## **(2) Child Welfare Board (CWB)**

The “Child Welfare Boards (CWBs)” have been established at the national, district and upazila levels in accordance with the Children Act (2013). The national CWB is chaired by the Minister of the MOSW. The national CWB is responsible for providing direction to relevant bodies in formulating policies, making and implementing plans regarding reintegration and rehabilitation in the family and society. The duties of the district CWBs are stated in the Children Act, including supervision, monitoring and evaluation of the Child Development Center or any other institute for children. The district CWBs also discharge the duties to determine the method of necessary alternative care for the disadvantaged children and for children in contact with the law, and, where applicable, send them for alternative care and to analyze the data and information of the child, to call for report from CWBs at the upazila level on their activities and, if necessary, to organize inter-board meetings for coordination of their activities [22].

Although the status of the activities of district CWBs could not be confirmed from the sources collected, a report by the NGO Plan International (2014) mentions that CWBs at the upazila level provide services related to child protection, such as support for reintegration into families and society for children who have been separated from their parents or are in conflict with the law, and coordination with relevant organizations to reduce child marriage and violence against children. Members of CWBs at the upazila level include upazila probation officers, health administrators, women's affairs officers, education officers, social welfare officers, prosecutors and representatives of child-focused NGOs based at the upazila level [44].

The CWBs at the upazila level also provide support to the Community Based Child Protection Committee (CBCPC). The members of CBCPC consist of representatives of community, adolescents, teachers. They monitor the child rights situation at the community level and report cases of violence against children and other violations of children's rights to social workers, Probation Officers, CAD or Child Helpline 1098. Serious cases of violation of children's rights are reported to the CWBs, and the probation officers submit a follow-up reports to CWBs [45].

## **(3) National Child Labor Welfare Council**

The National Child Labor Welfare Council, chaired by the Minister of Labour and Employment, is the highest authority for the implementation of the National Child Labour Elimination Policy (2010) and coordinates with the relevant ministries. It is also responsible for monitoring the national and international child labour situation and providing advice to the government accordingly [33].

## **(4) Non-governmental organizations**

In Bangladesh, a number of NGOs are working in the field of child rights and protection. BSAF (Bangladesh Shishu Adhikar Forum) is a national network of 269 NGOs actively undertaking activities in the field of child rights and protection. BSAF aims to promote the CRC through a range of activities, including networking with stakeholders on the CRC, advocacy with governments and the media, capacity

building for NGOs, and submitting reports to the UN based on research into the situation with regard to children's rights [46].

The coordination with the government and NGOs is promoted through CWBs, as representatives of NGOs working on children's rights and welfare are nominated as members of CWBs at the national, district and upazila levels [22].

### 6.3.2 Infrastructure

#### (1) Human resources

A Social Worker” is defined in the Children Act as a social worker working for the Department of Social Welfare or the union or municipal social worker working under the Department of Social Welfare, and other similar rank, who provides care for children. The Children Act stipulates that probation officers are appointed by the Government and are located in each province and upazila. The probation officers coordinate with the police to provide assistance to children, whether in contact with the law or in conflict with the law. According to the report of UNICEF in 2018, there were 3,454 Governmental Social Service Workers employed in governmental organizations and the number of social service workers per 100,000 children population was 6.07 per 100,000 children [45].

#### (2) Budget

In the CRC, it stipulates that states parties shall undertake all appropriate legislative, administrative, and other measures to ensure the maximum allocation of available resources and to ensure the rights of the child. As shown in Table 6-7, the percentage of child-related budget in the total budget of the MOWCA increased from 35.87% in 2017-18 to 39.68% in 2018-19.

Table 6-7 MOWCA's child-related budget

|  | (Unit: billion Taka) |           |           |
|--|----------------------|-----------|-----------|
|  | 2016-2017            | 2017-2018 | 2018-2019 |
| MOWCA's total budget   | 21.73                | 25.76     | 34.90     |
| Of which child-related budget                                  | 8.31                 | 9.24      | 13.85     |
| Percentage of child-related budget in the MOWCA's total budget | 39.68 %              | 35.87 %   | 39.68 %   |

Source: Prepared by the Survey Team based on [21]

MOSW conducts a number of child-related activities and programmes to implement the NSSS, covering a wide range of aspects of children's welfare. The percentage of child-related budget in the MOSW 's total budget increased from 21.56 per cent in 2017-18 to 25.17 per cent in 2018-19.

Table 6-8 MOSW's child-related budget

|  | (Unit: billion Taka) |           |           |
|--|----------------------|-----------|-----------|
|  | 2016-2017            | 2017-2018 | 2018-2019 |
| MOSW's total budget  | 41.40                | 48.34     | 55.93     |
| Of which child-related budget                                  | 8.57                 | 10.42     | 14.08     |
| Percentage of child-related budget in the MOSW 's total budget | 20.70 %              | 21.56 %   | 25.17 %   |

Source: Prepared by the Survey Team based on [21]

### 6.3.3 Social service delivery and intervention

Social services under the Children Act (2013) are mainly the responsibility of the MOWCA. These include the operation of Day Care Centers to ensure the safety of children and Child Development Centers for children living in poverty or in difficult circumstances. It also includes the delivery of institutional care in Children Homes (Shishu Paribar), for which the MOSW is responsible. Another activity related to the Children Act is the establishment of CADs in all police stations under the Ministry of Home Affairs [21]. One of the main services supported under the National Children's Policy (2011) is the establishment and operation of Adolescent Clubs for the empowerment of children and adolescents, for which the MOWCA is responsible. Adolescent clubs provide training to adolescents to improve their negotiation and decision-making skills, as well as their life skills to increase their active involvement in society [11] [21]. The establishment and operation of Adolescent Clubs are supported by UNICEF, and 108,780 adolescents (80% girls) in 1,897 Adolescent Clubs in villages participated in activities to improve their life skills in 2018 [47].

Table 6-9 Achievements over the three years of 2015/2016, 2016/2017 and 2017/2018

| Institutions                     | Achievements   | Responsible ministry     |
|----------------------------------|--|--------------------------|
| Day Care Centers                 | Support was provided to 10,690 children in 93 Day Care Centers <sup>28</sup> .   | MOWCA                    |
| Child Development Centers        | Support was provided to a total of 750 children in difficult circumstances in six Child Development Centers (Azimpur, Keraniganj, Gazipur, Khulna, Chittagong and Rajshahi). | MOWCA                    |
| Children Homes (Shishu Paribars) | Twenty-two institutions (out of 85) have been established.   | MOSW                     |
| CAD                              | As of 2018, CADs have been installed in all police stations.   | Public Security Division |
| Adolescent Clubs                 | 529 Adolescent Clubs were established with the aim of empowering teenagers.  | MOWCA                    |

Source: Prepared by the Survey Team based on [21]

With regard to the main activities related to the NSSS (formulated in 2015), the “Social Security Policy Support Programme 2014-2025” (SSPS Programme) has been conducted under the lead of the MOSW with the support of UNDP, DFID and other partners. The individual programmes in SSPS Programme are under the responsibility of each relevant ministry, for example the Child Benefit Programme is under the responsibility of the MOWCA. The MOWCA is currently piloting maternity and lactating mothers' benefits with children aged 0-4 years as part of its “Child Benefit Programme”, with plans to upscale the target group to 50% of the population by 2025. The "Primary School Stipend", which provides benefits to parents in need of financial support on condition that their children attend school, covers some 15 million children. In addition, the Cabinet has just approved a universal public-school meals policy to be implemented nationwide by 2023. According to the review report (2020) of the SSPS Programme, there is a need to strengthen the technical capacity for developing concept notes and conducting technical studies for programmes such as the Child Benefit Programme, requiring support from development partners [48].

<sup>28</sup> It is unknown if all 93 Day Care Centers are operated by MoWCA. Based on a March 2017 article in the Daily Star, MOWCA operates 43 Day Care Centers across the country. According to the article, most of the day care centers operated by MOWCA serve children from low-income families [58].

**Table 6-10 Activities relating to child protection conducted by the MOWCA and MOSW**

| Policies and Strategies                                       | Main related activities  | Responsible ministry |
|---|--|----------------------|
| Children Act (2013)   | <ul style="list-style-type: none"> <li>• Establishment of Day Care Centers</li> <li>• Establishment of Child Development Centers</li> </ul>  | MOWCA                |
|   | <ul style="list-style-type: none"> <li>• Establishment of children's welfare institutions (Children Homes (Shishu Paribar), Choto Moni Nibash, etc.)</li> <li>• Establishment of Custody Safe Homes for women and children</li> </ul>  | MOSW                 |
| National Children Policy (2011)                               | <ul style="list-style-type: none"> <li>• Establishment of an adolescent club for adolescents</li> </ul>  | MOWCA                |
| Rights and Protection of Persons with Disabilities Act (2013) | <ul style="list-style-type: none"> <li>• Provision of cochlear implant services for children with hearing impairment</li> <li>• Establishment of schools for children with visual impairment</li> <li>• Establishment of specialized centers for children with intellectual disabilities</li> <li>• Establishment of a technical training center for children with disabilities</li> </ul>   | MOSW                 |
| National Social Security Strategy (NSSS) (2015)               | <ul style="list-style-type: none"> <li>• Child Benefit Programme</li> <li>• Street Children Rehabilitation Programme</li> <li>• Provision of counselling to women and children for the prevention of violence</li> <li>• Establishment of a toll-free helpline providing a 24-hour service to women and children who are victims of violence</li> <li>• Establishment of centers to support women and children survivors of violence, such as one-stop crisis centers and national trauma counseling centers.</li> </ul> | MOWCA                |
|   | <ul style="list-style-type: none"> <li>• Orphan's programme (Provision of capitation grant to non-government orphanages, stipend for orphans, etc.)</li> <li>• Disability benefits for children with disabilities</li> </ul>   | MOSW                 |

Source: Prepared by the Survey Team based on [21] [36]

### **6.3.4 Evaluation and reporting**

In Chapter 10 (Implementation Strategies) of the National Children Policy (2011), it is stipulated that focal points at the level of with the rank of Deputy Secretary or above in each of the ministries shall be appointed for monitoring the implementation of the UN Conventions and maintaining the child right welfare activities in National Action Plan. These focal points shall submit quarterly progress reports to the MOWCA [23]. In addition, in order to establish a monitoring and evaluation framework for the implementation of the Sustainable Development Goals (SDGs), the Government of Bangladesh developed the “SDG National Action Plan” in 2018, which details the targets for implementation, monitoring and evaluation of the SDGs [49].

UNICEF has been supporting the MOWCA to strengthen its national information system, including the establishment of the Information and Communication Technology (ICT) platform since 2017 as a tool of data collection and monitoring to realize the SDGs' principle of "leaving no one behind". For example, it is used by health authorities to register births and deaths electronically and to ensure that children receive the immunizations they need at the appropriate times [50].

With regard to the SSPS Programme supported by UNDP and other partners, the review report (2020) of the SSPS Programme identifies as a key challenge to establish the effective monitoring and evaluation mechanisms for social security reforms. In particular, the lack of gender-disaggregated data has made it difficult to conduct insightful analysis and to make informed policy recommendations [48].

## 6.4 Impact of and response to Coronavirus disease 2019 (COVID-19)

### 6.4.1 Situation of COVID-19 in Bangladesh

According to WHO, as of 9 November 2020, the cumulative number of COVID-19 cases in Bangladesh was 421,921 (347 per 100,000 population) and the number of deaths was 6,092 (3.6 per 100,000 population). In the seven days from 3 to 9 November, the number of new cases was 10,986. As shown in Table 6-11, the highest number of infections occurs in the Dhaka Division, where the capital Dhaka is located.

Table 6-11 Situation of COVID-19 outbreak in Bangladesh

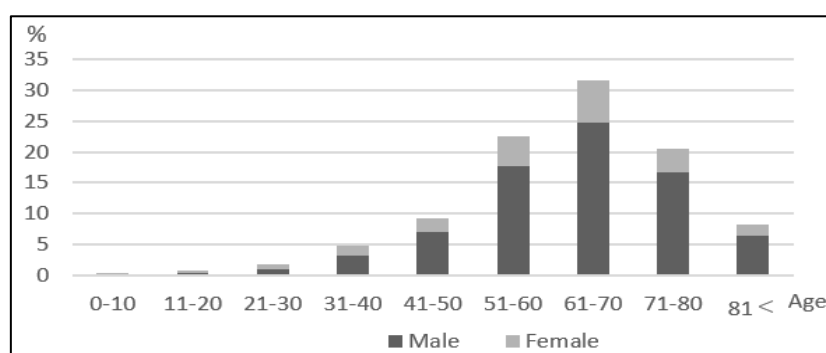
|   | National | Dhaka Division |
|---|----------|----------------|
| Number of cumulative cases of infection           | 421,921  | 282,741(67%)   |
| Number of cumulative deaths                       | 6,092    | 3,178 (52%)    |
| Number of new cases (7 days from 3 to 9 November) | 10,986   | 8,734 (80%)    |

Source : [51]

The Government of Bangladesh declared a nationwide ‘lockdown’ from 23 March to 30 May, with all educational institutions closed from March 2020 onwards (as of January 2021, they are scheduled to remain closed until 16 January 2021). Restrictions on movement in public places were imposed, including a ban on outdoor movement between 10pm and 5am (except in emergencies), and the closing of all shops and a ban on gatherings after 8pm, until they were officially lifted on 1 September. The economic impact of COVID-19 is enormous: it is estimated that the unemployment rate for people aged 15 to 24 in 2020 could be almost doubled from 11.9% in 2019 to 24.8% in 2019 [52].

### 6.4.2 Impacts and responses in child protection sector

Cumulative deaths are highest among males aged 61- 69 years (24.7%). Child mortality associated with Covid-19 is relatively low: 0.2% for males and 0.2% for females aged 0-10 years, and 0.4% for males and 0.3% for females aged 11-20 years [51].



Source: Prepared by the Survey Team based on [51]

Figure 6-1 Distribution of the cumulative number of deaths by age and sex

Meanwhile, there are concerns about the impact of COVID-19 on children, including violence against children and negative health outcomes. For example, Bangladesh has been piloting the provision of school meals in some public primary schools, and as school meals are often the only reliable source of nutrition for poor children in these schools, it is feared that school closures may not only lead to the loss of educational institutions but also cut off children's access to food sources [53]. As shown in Table 6-12, the Government of Bangladesh has made food security a priority and has provided rice and cash allocations.

Table 6-12 Relief allocation by the Ministry of Disaster Management and Relief (as of April 2020)

|   |             |
|---|-------------|
| Rice allocation for relief (MT) (Up to 9 April)   | 65,967      |
| Special rice allocation for COVID Response (MT) (As of 13 April)                          | 9,500       |
| Cash allocation for relief (BDT) (Up to 9 April)  | 324,573,264 |
| Special cash allocation for COVID Response (BDT)  | 47,000,000  |
| Cash allocation for Child Food (BDT) (Up to 9 April)                                      | 31,400,000  |
| Special Cash allocation for Child food for COVID Response COVID-19 (BDT) (As of 13 April) | 16,000,000  |

Source: [54]

In addition, according to the Bangladesh Rural Advancement Committee (BRAC), one of the leading NGOs in Bangladesh, there was a nearly 70% increase in reported incidents of violence against women and girls in March and April 2020 compared to the same period of the previous year. A survey of 17,203 women and children, conducted in April 2020, showed that 4,705 people experienced domestic violence during the lockdown, with nearly half of these saying they experienced violence for the first time, indicating an increase in gender-based violence due to COVID-19. According to the report of Save the Children (2020), court services and shelters for victims of gender-based violence were temporarily closed during the lockdown and also some victims were turned away at police stations, making it even more difficult to access emergency assistance and legal protection [55]. Moreover, when restrictions on movement were imposed due to COVID-19, street children who earn their daily bread by begging or selling goods on the street lost their means of livelihood and are facing severe hunger. However, for those invisible children who do not possess an official identity document, government support is difficult to reach [56].

## **6.5 Priority issues and suggestions in child protection sector in Bangladesh**

As mentioned above, Bangladesh has been developing its legislation and policies on children's rights since the ratification of the CRC in 1990. In particular, the enactment of the Children Act 2011 (revised in 2013) was a major step forward in the development of domestic laws in conformity with international conventions on children's rights. Furthermore, in the light of the Children Act and the CRC, the National Children Policy in 2011 and the NSSS in 2015 set out to strengthen child protection systems and inclusive social security systems, and some national action plans were developed to address respective challenges that children face (such as violence against children, child marriage, trafficking in persons, child labour and child social security). However, further efforts are required to strengthen the capacity for management, coordination, monitoring and evaluation in order to properly implement these policies and plans. The following two measures are considered to be priority issues for the implementation of comprehensive measures to promote the rights of the child as well as for prevention, protection, and recovery from the violation.

### **6.5.1 Strengthening the institutional capacity of the MOWCA to take comprehensive measures**

One of the challenges related to the child protection and the rights of the child is the lack of a comprehensive child protection system to provide seamless services that allows to comprehensively address each of the challenges faced by the child, while those challenges cross over a range of sectors, including social welfare, security and justice, labour, health and education. The MOWCA is required to coordinate with relevant ministries by, for example, developing Standard Operating Procedures (SOPs) for child protection, which clarify the roles and functions of the relevant ministries and organizations. In addition, as mentioned above, in some cases there is a gap between international and domestic law, and inter-ministerial coordination is needed to develop legislation to further strengthen the child rights and protection. However, the capacity of the MOWCA, in its role of collaboration and coordination, is not sufficiently developed to respond comprehensively to the children's challenges. Since the international interest in gender equality is growing, it has been noted that the MOWCA's work is relatively more focused on activities related to women. It is an urgent challenge of the MOWCA to establish the directorate dedicated to child-related tasks and to establish a comprehensive child protection system, including the identification and assessment of children and families in need, and the monitoring and the review of policies and interventions. For strengthening the institutional capacity of the MOWCA, it is also important to ensure the recruitment and capacity building of its human resources and the efficient allocation of its budget, with the support of the NCWCD, chaired by the Prime Minister.

### **6.5.2 Establishment of a comprehensive mechanism by the MOWCA for data collection, monitoring and evaluation**

The National Children Policy stipulates that ministries and authorities submit quarterly progress reports to the MOWCA to monitor the implementation of activities related to child rights and protection. However, the actual situation is not well understood and there are many unknowns in the information related to child rights and protection. No information system has yet been established to ensure that information on child

rights and protection is comparable across data sources and to manage data in a comprehensive manner. The MOWCA is required to facilitate the collection of information on child rights and protection by relevant agencies, and to establish mechanisms of monitoring and evaluation, with a view to developing evidence-based policies, through comprehensive data management. Furthermore, from the perspective of social inclusion, it is urgent to assess the actual situation of children who are often not represented in the data, such as children who are unregistered in the context of a very low birth registration rate (56%), and street children who have difficulty to access basic social services such as education, health care and social security, as well as children living in private orphanages, in order to take measures to ensure their rights and protection. There is a high demand to conduct a national survey through an initiative of the MOWCA in collaboration with civil society organizations, including NGOs engaged in the protection and guarantee of children's rights.



## Chapter 7 Current Status of Child Protection: Bhutan

### 7.1 Situation of children

#### 7.1.1 Basic statistical data related to child protection

As background, the basic statistical data related to child protection in the Kingdom of Bhutan (hereinafter referred to as Bhutan) are presented in Table 7-1 below.

Table 7-1 Basic statistical data related to child protection in Bhutan

|                                      | Indicators  |   | Year | Total | Male  | Female | Source |
|--------------------------------------|---|---|------|-------|-------|--------|--------|
| Demographics                         | Population (thousands)  | All   | 2019 | 763   | 405   | 358    | [1]    |
|                                      |   | Under age 18                                | 2018 | 237   | -     | -      | [2]    |
|                                      |   | Under age 5                                 | 2018 | 63    | -     | -      | [2]    |
|                                      | Age dependency ratio <sup>1</sup> (% of working-age population) |   | 2019 | 68.6  | 69.4  | 67.6   | [1]    |
|                                      | Urban population (% of total population)                        |   | 2019 | 41.6  | -     | -      | [1]    |
|                                      | Total fertility (live births per woman)                         |   | 2018 | 3.5   | -     | -      | [2]    |
|                                      | Child immigrants (thousands)                                    |   | 2017 | 3.7   | -     | -      | [3]    |
| Child mortality                      | Neonatal mortality rate (deaths per 1,000 live births)          |   | 2000 | 22.2  | -     | -      | [1]    |
|                                      |   |   | 2019 | 16.6  | -     | -      | [1]    |
|                                      | Infant mortality rate (deaths per 1,000 live births)            |   | 2000 | 57.4  | 61.3  | 53.3   | [1]    |
|                                      |   |   | 2019 | 23.8  | 26.0  | 21.5   | [1]    |
|                                      | Under-five mortality rate (deaths per 1,000 live births)        |   | 2000 | 77.1  | 81.1  | 72.8   | [1]    |
|                                      |   | 2019  | 28.5 | 31.1  | 25.7  | [1]    |        |
| Maternal health                      | Adolescent fertility rate (births per 1,000 women ages 15-19)   |   | 2018 | -     | -     | 18.9   | [1]    |
| Nutrition                            | Malnutrition (%) (0-4 y.o.)                                     | Stunted (moderate and severe) <sup>2</sup>  | 2010 | 33.5  | 33.4  | 33.6   | [3]    |
|                                      |   | Wasted (severe) <sup>3</sup>                | 2010 | 2.0   | 2.2   | 1.9    | [3]    |
|                                      |   | Wasted (moderate and severe) <sup>4</sup>   | 2010 | 5.9   | 6.2   | 5.5    | [3]    |
| Education                            | Gross Completion rate <sup>5</sup> (%)                          | Primary education (Up to Grade VI)          | 2020 | 108.8 | 107.6 | 110.0  | [4]    |
|                                      |   | Secondary education (From Grade VII to XII) | 2020 | 93.1  | 88.6  | 97.6   | [4]    |
|                                      | Dropout rate (primary education) (%)                            |   | 2020 | 3.7   | 5.1   | 2.2    | [1]    |
| Family environment, Child protection | Birth registration rate <sup>6</sup> (%)                        |   | 2010 | 99.9  | 100   | 99.8   | [3]    |
|                                      | Child marriage (%)  | Married by 15 y.o. (women ages 20-24)       | 2010 | -     | -     | 6.2    | [5]    |
|                                      |   | Married by 18 y.o. (women ages 20-24)       | 2010 | -     | -     | 25.8   | [5]    |
|                                      | Children living in single-parent household (%)                  |   | -    | -     | -     | -      | -      |

<sup>1</sup> Percentage of total population aged 15-64 years.

<sup>2</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median height-for-age of the WHO Child Growth Standards.

<sup>3</sup> Percentage of children aged 0-4 years who are below minus 3 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>4</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>5</sup> It may exceed 100% due to the inclusion of over-aged and under-aged students because of early or late entrants, and grade repetition

<sup>6</sup> Percentage of children under age five years whose births have been registered.

|        | Indicators  | Year | Total   | Male | Female | Source |
|--------|---|------|---------|------|--------|--------|
|        | Number of children in institutions (0-17y.o.)                         | -    | -       | -    | -      | -      |
|        | Number of children with disabilities (5-17y.o.)                       | -    | -       | -    | -      | -      |
|        | Child Labour <sup>7</sup> (%)   | 2010 | -       | 17.6 | 19.1   | [5]    |
| Equity | GDP per capita (current US\$)   | 2018 | 3,243.2 | -    | -      | [1]    |
|        | GDP growth (annual %)   | 2019 | 5.5     | -    | -      | [1]    |
|        | Unemployment rate <sup>8</sup> (15-19 y.o.)                           | 2015 | -       | 4.8  | 7.3    | [3]    |
|        | Employment rate in informal sector (%)                                | -    | -       | -    | -      | -      |
|        | Child poverty (Children in multidimensional poverty) <sup>9</sup> (%) | 2010 | 39.42   | -    | -      | [6]    |
|        | Gini coefficient  | 2017 | 38.4    | -    | -      | [1]    |

### 7.1.2 Social, economic, political, and cultural situation

Bhutan is a landlocked country bordered by China to the north and India to the east, west, and south, and much of its land is mountainous. Bhutan has a land area of about 38,394 km<sup>2</sup> (equivalent to 90% of the area of Kyusyu in Japan) and is divided into 20 districts (dzongkhags). The estimated population is about 763,092 (equivalent to the population of Fukui Prefecture in Japan), and about a third of the population consists of children under the age of 18. In recent years, there has been an increase in migration to urban areas, with 42% (2019) of the population living in urban areas [1]. Since the promulgation of the constitution in 2008, Bhutan has transitioned from an absolute monarchy to a constitutional monarchy.

In terms of economic situation, the average growth rate (2000-2019) of Gross Domestic Product (GDP) is about 7.2% [1]. Stable economic growth is mainly driven by the hydropower sector, which accounts for about 15% of GDP (2014). The poverty rate based on the international poverty line<sup>10</sup> has decreased from 8.2% in 2007 to 1.5% in 2017. In addition, Gross National Income (GNI) per capita is US\$3,140 (2019), and the country is on the verge of transitioning from a low- to middle-income country to an upper-middle-income country according to the World Bank classification<sup>11</sup> [1].

In Bhutan, the basic principle of the development is based on the concept of “Gross National Happiness”, which aims to create a society in which all citizens can live with a sense of well-being. In line with this concept, about 25% of the annual budget is allocated to social services (education and health) to ensure free basic public services [7].

In the educational sector, the gross enrolment rate for primary education is over 100% (2020)<sup>12</sup>. The public schools are free of charge until Grade X (the fourth year of secondary education). In addition, starting in

<sup>7</sup> Percentage of children (aged 5-14 years) engaged in economic activity or house chores. (aged 5-11 years: 1 hour or more per week of economic activity or 28 hours or more per week of household chores; aged 12-14 years: 14 hours or more per week of economic activity or 28 hours or more per week of household chores.)

<sup>8</sup> Percentage of the population aged 15-19 that is included in the labor force but not employed.

<sup>9</sup> Percentage of the population aged 0-17 years in multidimensional poverty, i.e., multiple deprivations in health, education, and living standards.

<sup>10</sup> Poverty rate of the population living on less than US\$1.90 per day.

<sup>11</sup> Lower-middle income countries: GNI (per capita) 1,036 ~ 4,045 USD, Upper-middle income countries: GNI (per capita) 4,046 ~ 12,535 USD

<sup>12</sup> As a result of a policy shift in 2020, the age of eligibility for the first year of primary education will be lowered from 6 to 5 years old, and primary education will now include one year of Pre-Primary (PP) education. With this reform, primary education

2019, all students who complete Grade X are eligible for scholarships to enroll in public or private schools from Grade XI (the fifth year of secondary education) [4]. Moreover, the Government of Bhutan has been promoting the Early Childhood Care and Development (ECCD) policy for children aged 3-5 years, with the ECCD enrolment rate increasing from 9% in 2014 to 25% in 2019 [7]. The Government of Bhutan has set a goal of achieving 50% of ECCD enrollment rate by 2023.

In terms of the health sector, medical services are provided free of charge. The infant mortality rate (per 1000 live births) has been halved from 57 in 2000 to 24 in 2019 [1]. According to the last two National Nutrition Surveys, stunting among children aged 6-59 months has decreased from 37% in 2008 to 22.3% in 2015, but about one in five children is still stunted [8].

### **7.1.3 Key issues on child protection**

The situation of children in need of protection in Bhutan is described below.

#### **(1) Violence against children**

According to a research on violence against children (2016), more than 6 in 10 children (65.1% boys and 63.3% girls) between the ages of 13 and 17 in Bhutan have experienced physical violence at least once in their lives. Of those who experienced physical violence, more than 4 in 10 children (43.3% boys and 43.8% girls) reported being physically violated at home and more than half (68.0% boys and 66.9% girls) at school, and the perpetrators included parents, relatives, and teachers. Meanwhile, nearly half of the children (40.9% of boys and 52.3% of girls) had experienced emotional violence at least once. The most common form of emotional violence was ‘feeling unloved’ (27.8%), followed by ‘being humiliated or shamed’ (24.5%) and ‘being threatened’ (21.1%) [9].

With regard to sexual violence, more than one in ten (12.8%) children (11.9% of boys and 13.5% of girls) between the ages of 13 and 17 reported that they had been sexually violated at least once in their lives. Of these, the most common form of sexual violence was sexual touching (11.5% of boys and 13.1% of girls). The most common place of sexual violence to occur was at home, followed by at school. In addition, there are concerns about the emerging problem of exposure to digital pornography, with more than 20 % of children reporting that they have been exposed to pornography at home (10.3 %) or at someone else's house (11 %). This may be due to the recent increase in online access via mobile phones and tablets [9].

#### **(2) Child marriage**

Child marriage may increase children's vulnerability to sexual exploitation, but it can also be argued that child marriage itself is a form of sexual exploitation. According to the Multiple Indicator Cluster Survey (MICS) conducted in 2010, 6.2% of women aged 20-24 years were married before the age of 15 and 25.8% before the age of 18 [5]. The MICS has not been conducted since 2010, so the recent situation of child marriage is unknown, but according to data from the World Bank in 2018, 18 per 1,000 people experienced childbirth between the ages of 15 and 19 [1]. Child marriage is said to increase the risks of deterioration of health due to early pregnancy and early childbearing and other factors. Furthermore, there is a negative

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covers seven years, from PP (age 5) to Grade VI (age 11). Secondary education lasts six years, from Grade VII (age 12) to Grade XII (age 17).

correlation between child marriage and the education of girls. Among girls who have experienced marriage and childbirth between the ages of 15 and 17, the school enrollment rate is close to zero, indicating that child marriage hinders girls' educational opportunities. In particular, girls in rural areas, girls from poor families, and orphans were more likely to experience child marriage and early childbearing [10].

### **(3) Child labour**

According to the MICS report (2010), 17.6% of boys and 19.1% of girls in the 5-14 age group were engaged in economic activities or household chores. Children aged 5-14 engaged in child labour tend to live in poor households or rural areas, and child labour has been reported to have a negative impact on school attendance and educational outcomes [5]. Although the situation in recent years is unclear because no national survey on child labour has been conducted since 2010, the Trafficking in Persons Report 2020 released by the U.S. Department of State notes that the media has reported cases of child labour in restaurants and car factories in Bhutan, some of which showed signs of forced labour [11].

### **(4) Child trafficking**

According to the U.S. State Department's Trafficking in Persons Report (2020), unregistered foreign employment agencies and human traffickers in Bhutan are increasingly using social media to induce Bhutanese into forced labour and human trafficking. In December 2019, an international organization identified approximately 140 Bhutanese women engaged in forced domestic labour in Iraq. The Ministry of Foreign Affairs assisted the international organization and the Iraqi government in screening women as trafficked persons and facilitating their repatriation. In the U.S. State Department's Trafficking in Persons Report (2020), it was reported that the efforts of the Government of Bhutan to identify and protect trafficking victims have been minimal. During the 2019 reporting period, only one victim was identified, while none of the trafficking victims were identified during the 2020 reporting period. The report also points out that some Bhutanese participating in work-study programs, including those in Japan and Malaysia, have been subjected to forced labour, including fraudulent contracts and non-payment of wages. Several Bhutanese students participating in Japan's work-study program have died of serious illnesses due to poor living conditions, and Japanese hosts are under investigation for labour exploitation [11]. No information on child victims of trafficking in persons is confirmed during this Survey.

### **(5) Children in institutions**

According to the MICS report (2010), 79% of children in Bhutan between the ages of 0 and 17 years live with both parents, 11% live with mother only, 2.4% live with father only, and 7.5% (1 in 13) of children do not live with either parent [5]. In Bhutan, monastic institutions serve as homes for orphans and children from poor families. It is estimated that about 6,000 children are living in monastic institutions across the country [12].

### **(6) Children with disabilities**

According to a report (2012) of United Nations Children's Fund (UNICEF), which analyzed MICS data of 2010, the percentage of children aged 2-9 years with at least one disability was 21.3%. The report finds that the percentage of children with disabilities was higher among children from poor households and children living in rural areas [13]. According to the Knowledge, Attitudes, and Practices Study conducted in 2016,

more than 85% of people with no education and more than half of those educated to degree/postgraduate level believe that children with a disability is due to bad deeds in a previous life (karma). This traditional belief was widely common not only among parents and children, but also among professionals, leading to prejudice and lack of dignity for people with disabilities [14].

## 7.2 Child protection goals

### 7.2.1 Policy framework

#### (1) International Conventions

The Government of Bhutan ratified the United Nations Convention on the Rights of the Child (CRC) on August 1, 1990. The status of ratification of international conventions related to child protection in Bhutan is shown in Table 7-2.

Table 7-2 Status of ratification of international conventions related to child protection in Bhutan

| <b>International Conventions</b>  | <b>Year of ratification</b> |
|---|-----------------------------|
| Convention on the Rights of the Child (CRC)   | 1990                        |
| Optional Protocol to the CRC on the Involvement of Children in Armed Conflict                                 | 2009                        |
| Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography                | 2009                        |
| Optional Protocol to the Convention on the CRC on a Communications Procedure                                  | Unratified                  |
| ILO Convention 182 on the Worst Forms of Child Labour   | Unratified                  |
| ILO Convention 138 on Minimum Age for Admission to Employment   | Unratified                  |
| Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption | Unratified                  |

Source : Prepared by the Survey Team

In addition to the above table, as a member of the South Asian Association for Regional Cooperation (SAARC), the government of Bhutan ratified the “SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution” and “SAARC Convention on Regional Arrangements for the Promotion of Child Welfare” in 2002.

#### (2) National laws

##### 1) Constitution of the Kingdom of Bhutan

The constitution, enacted in July 2008, provides for free education up to Grade X (Article 9.16) and stipulates that the government is responsible for taking appropriate measures to protect children from all forms of discrimination and exploitation, including trafficking in persons and violence (Article 9.18) [15].

##### 2) Child Care and Protection Act, 2011

The Child Care and Protection Act was enacted in 2011 with the aim of establishing a comprehensive judicial system that takes into account the best interests of the child and ensures that children in difficult circumstances are treated equally and fairly. The Act provides for the establishment of facilities necessary for the protection, care, education, and rehabilitation of children in difficult circumstances and children in conflict with the law [16]. In the Concluding Observations (2017) on the CRC report submitted by the Government of Bhutan, the CRC Committee welcomed the enactment of the Child Care and Protection Act and recommended that the Act be reviewed to include all children, not just those considered to be in “difficult circumstances” [17].

##### 3) Child Adoption Act, 2012

The Child Adoption Law was enacted in 2012 in order to ensure that adoptions are conducted in respect of the fundamental rights and in the best interest of the child, as well as to establish a uniform adoption process

(for both domestic and international adoptions). The Act stipulates that children have the right to express their opinions on adoptions [18]. In the Concluding Observations on the CRC report (2017), the CRC Committee welcomed the enactment of the Act and recommended that the Government of Bhutan consider ratifying the “Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption” and review the Act to ensure that all safeguards are in place when a child is adopted in a country that is not a party to the Hague Convention [17]. In addition, the “Child Adoption Rules and Regulations”, was approved in 2015 to ensure implementation of the Act.

#### **4) Domestic Violence Prevention Act, 2013**

The Domestic Violence Prevention Act (2013) prohibits physical, sexual, emotional, and economic violence<sup>13</sup> in the domestic setting. The purpose of the Act is to ensure prompt and fair legal remedies for victims (including children) of domestic violence, to facilitate access to immediate and effective assistance, shelters and protections, and to ensure that relevant national authorities give full effect to the provisions of this Act. Regarding relevant authorities, for example, the Act stipulates the establishment of Women and Child Protection Unit/Desk (WCPU/D) at the police station, with sufficient personnel with expertise on domestic violence (at least one female police officer) [19]. In addition, the “Domestic Violence Prevention Rules and Regulations” was enacted in 2015 to ensure enforcement of the Act.

### **(3) National policy**

#### **1) National Child Policy**

The National Commission for Women and Children (NCWC), the body responsible for promoting and protecting the rights of women and children, has drafted a “National Child Policy”. It is reported that the proposed policy was approved by the Cabinet in 2020 [20], but policy document was not obtained during this research.

In addition, the “National Action Plan for Child Wellbeing and Protection”, which will succeed the “National Plan of Action for Child Protection (2013-2018)”, has been drafted by the NCWC, but the status of its approval has not been confirmed during this Survey.

### **7.2.2 Measures**

The main measures for child protection in Bhutan are described below.

#### **(1) Violence against children**

According to UNICEF, a key concern in the prevalence of violence against children is that parents and teachers accept violence as a way of discipline and that there is a lack of awareness about the negative effects of violence on children's development [12]. The Government of Bhutan, with the support of UNICEF, launched an awareness campaign (Public Communication Campaign) in 2019 and 2020 to eradicate violence against children and to change social norms against violence at home and schools [12].

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<sup>13</sup> Economic violence is defined as the unreasonable deprivation of economic resources and facilities that the victim is entitled to enjoy, resulting in emotional distress or hardship.

The NCWC also conducted training in 2020 for the “Standard Operating Procedure for Gender Based Violence Prevention and Responses” (GBV-SOP) for members of the “Dzongkhag/Thromd Women and Children Committee”. The GBV-SOP provides the roles and responsibilities of relevant organizations. In the GBV-SOP, GBV-related laws, policies, and procedures are outlined for the purpose of early detection of GBV, safe referral, provision of necessary assistance, and promotion of cooperation among relevant organizations [21].

**(2) Child marriage**

The Child Care and Protection Act (2011) and the Bhutan Penal Code (2004) provide the legal basis for preventing child marriage. These laws classify sexual intercourse with children under the age of 18 as rape and severely punish the perpetrators. Meanwhile, in the Concluding Observations on the CRC report (2017), the CRC Committee recommended to amend the minimum age of marriage for women in the Marriage Act, 1980, from 16 to 18 years, and to take all necessary measures to eradicate child marriage, in accordance with the Child Care and Protection Act, 2011 [17]. It is reported that an amendment to raise the age of marriage for women to 18 years was drafted in 2017 [22], but it is not confirmed whether it has been revised during this Survey.

**(3) Child labour**

The Government of Bhutan has not ratified the “ILO Convention 138 on Minimum Age for Admission to Employment”. The Convention sets the minimum working age at 15 years in principle (14 years as an exception for developing countries). On the other hand, the Bhutan Labour and Employment Act, 2007 stipulates a minimum working age of 13 years, which is not in line with international standards.

Table 7-3 Agencies responsible for enforcing laws related to child labour

|  |   |
|--|---|
| Ministry of Labour and Human Resources (MOLHR) | Investigations of child labor complaints. Assessing whether employers are complying with laws on child labour. Reporting the worst forms of child labor cases to the Royal Bhutan Police (RBP). |
| Royal Bhutan Police (RBP)                      | Investigations under criminal law related to the worst forms of child labour. Referrals of exploited children to Child Welfare Officers or the NCWC.  |
| Child Welfare Officers                         | Protection and assistance for children in difficult circumstances, including those abused or exploited.   |
| Child Justice Court                            | Adjudication of cases involving child labour.   |

Source: [23]

In order to combat child labour, the challenge is to strengthen the capacity of labour inspections and increase the number of labour inspectors, but due to limited financial and human resources, the number of inspections conducted has been limited. Against this backdrop, a total of 2,711 labour inspections were conducted in 2019 with an increase in the number of labour inspectors from 24 to 35 (20.2 % increase from the number conducted in 2018) [23].

**(4) Child trafficking**

It has been pointed out that Bhutan's criminal prohibitions against trafficking in children are not in line with international standards, as the Bhutanese Penal Code requires proof of the use of force, fraud, or coercion in order to criminalize trafficking in children. In response, the Bhutanese Parliament is in the process of amending the law on trafficking in persons to bring it in line with international standards [23].



Moreover, in 2019, the Government of Bhutan adopted the “Standard Operating Procedure for Multi-Sectoral Response to Address Trafficking in Persons in Bhutan” (TIP-SOP), which defines the roles and responsibilities of each government agency in preventing and responding to trafficking in persons. The TIP-SOP was developed by the Bhutan Department of Law and Order in collaboration with the United Nations Office on Drugs and Crime (UNODC), the United States Department of State's Trafficking in Persons Office, and Bhutan's law enforcement and social service agencies [23].

In addition, the MOLHR and UNODC have been implementing a project (2019-2022) funded by the United States Department of State's Trafficking in Persons Office, which aims to improve the investigative capacity of RBPs to combat trafficking in persons, to improve information sharing, and to strengthen the implementation of TIP-SOP. In 2019, the project has trained 16 journalists, 82 law enforcement officers, and 95 prosecutors on how to implement the TIP-SOP [23].

#### **(5) Children in institutions**

The Child Care and Protection Office (CCPO) was established in Thimphu under the Commission for Monastic Affairs to create a child-friendly environment in monastic institutions and to strengthen the capacity of monastic staff in child rights and protection. An emergency shelter for child nuns and monks has been set up in the CCPO [24]. In addition, more than 300 children took classes in English reading and writing and other subjects at the monastic institutions, with support from UNICEF (2019). Training for educators in monastic institutions has also been provided [12].

In addition to the above, RENEW (Respect, Educate, Nurture, and Empower Women), a non-governmental organization (NGO), with funding from the Government, provides shelter, counseling, and rehabilitation to women and children who are victims of violence and trafficking.

#### **(6) Children with disabilities**

Bhutan has made remarkable progress in expanding access to primary education, but more needs to be done when it comes to education for children with disabilities. The government of Bhutan has adopted an “Inclusive Education Strategy” in which children with and without disabilities are educated together. The “Special Educational Needs (SEN) Program” has been introduced in educational institutions to expand educational services for children with disabilities. As of June 2020, a total of 997 children with disabilities (594 boys and 403 girls) attend school in 24 schools (1 primary, 5 lower secondary, 8 middle secondary, 8 higher secondary, and 2 special schools) with the SEN program, and 2 vocational training centers [4].

Meanwhile, the National Policy for Persons with Disabilities 2019 (NPD 2019) was approved in 2019. Under the policy, in order to meet the diverse needs of people with disabilities. The Policy states that the Ministry of Education (MOE) shall raise awareness among teachers, students, families and communities and implement awareness programs to meet the diverse needs of people with disabilities. The Policy also requires the MOE to formulate a comprehensive education policy on child protection to ensure the prevention of violence, abuse, neglect and discrimination against children with disabilities in all educational institutions [25].

In addition, starting in 2019, all children under the age of five can receive a screening which allows early detection of developmental delays and disabilities, and also allows timely referral to necessary services using the Child Development Screening Tool (CDST) located in health care facilities. The CDST was developed by the Ministry of Health (MOH), MOE and UNICEF in 2018 as part of maternal and child health services [26].

## **7.3 Social service systems for child protection**

### **7.3.1 Implementation structure**

#### **(1) National Commission for Women and Children**

In 2004, the Government of Bhutan established the NCWC under the MOH as the competent authority for the rights and protection of women and children. Later, in 2008, the NCWC was upgraded to an autonomous agency in response to the increasing number of issues and roles addressed by the NCWC. The member of NCWC consists of a chairperson (the Cabinet Minister) and representatives from related government agencies as well as non-governmental organizations. There are four divisions/services under the NCWC Secretariat: 1. Children Division, 2. Women Division, 3. Legal Services, and 4. Secretariat Services. The NCWC aims to mainstream women's and children's rights and to build a sustainable and comprehensive support system for women and children in need of protection and care [27].

#### **(2) Functions of the NCWC**

The functions of the NCWC are as follows [27].

- Review and formulate gender responsive and child sensitive policies.
- Advocate for gender equality and child sensitive Legislations, Policies and Plans to relevant agencies.
- Coordinate and Partner with stakeholders on issues pertaining to women and children.
- Coordinate the preparation and submission of reports at the national, regional and international levels (including the CRC, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on South Asian Association for Regional Cooperation (SAARC))
- Monitor and Evaluate of all activities pertaining to issues related to women and children
- Develop, propose and support gender responsive and child sensitive programs.
- Build and strengthen the capacities of Gender and Child Focal Point.

#### **(3) Children Division of NCWC**

The Children Division of the NCWC is responsible for implementing and monitoring all activities related to the promotion and protection of children's rights. The Children Division strives to ensure compliance with the CRC and SAARC conventions, in addition to working in accordance with the provisions of the Constitution and other national laws, particularly the Child Care and Protection Act of 2011. It also has a role in coordinating with RBP, Dratshang Lhentshog and other governmental and non-governmental sectors to address issues of child rights and protection.

#### **(4) National Women and Children Welfare Committee**

At the national level, the National Women and Children Welfare Committee (WCWC) was established as a technical body on issues of the rights and protection of women and children. The WCWC serves as an advisory body to the competent authority (NCWC) on issues of violence against women and children. WCWC is working on effective implementation of the Child Care and Protection Act (2011), Child Adoption Act (2012), Domestic Violence Prevention Act (2013) as well as institutionalization of support mechanisms for women and children. The WCWC membership consists of representatives from the NCWC, RBP, MOH, Royal University of Bhutan and NGOs. At the local level, the “Dzongkhag/Thromde Women

and Children Committees” (D/TWCCs) were established. D/TWCCs have been set up in all the 20 districts and four thromdes<sup>14</sup> as of 2019. The D/TWCCs are responsible for the facilitation and coordination of issued related to women and children in difficult circumstances and children in conflict with the law, as well as responsible for providing support for protection officers such as child welfare officers and child inspectors at the local level [28] .

### **(5) Non-governmental organizations**

The main development partner of the NCWC Children Division is UNICEF. The SAARC Development Fund has also been supporting the NCWC since 2012 through “South Asia's Initiative to End Violence Against Children”, which focuses on eradicating violence against children [29]. Non-governmental organizations are focusing on the implementation of welfare and counseling services for children, especially in relation to violence, abuse and exploitation. For example, Nazhoen Lamtoen established a children's shelter in 2018 with financial and technical support from Save the Children and the European Union. The shelter provides aftercare services to children released from juvenile detention centers, prisons, and rehabilitation facilities, as well as to children in difficult circumstances [30]. In addition, RENEW, which works to eradicate GBV, provides a 24-hour shelter (Gawailing Happy Home) and assists individuals and families affected by GBV with counseling, legal aid (if needed), emergency medical aid, and education for children. Save the Children has implemented a project<sup>15</sup> aiming at building effective child protection and response systems, with 3,708 children receiving assistance in 2019 [31].

## **7.3.2 Infrastructure**

### **(1) Twelfth Five Year Plan 2018 -2023**

In the “Twelfth Five Year Plan 2018 -2023”, an action plan for child rights and protection was developed, with specific targets and indicators for up to 2023 [32]. Some of activities related to child rights and protection are shown in Table 7-4.

Table 7-4 Targets and indicators of the Twelfth Five Year Plan (2018 -2023) related to child rights and protection

| <b>Activities</b>  | <b>Indicators</b>                                       | <b>Baseline</b> | <b>Targets by 2023</b> | <b>Responsible ministries</b>                      |
|--|---|-----------------|------------------------|--|
| Early Childhood Care and Development (ECCD) programs                   | Enrollment rate in ECCD for children aged 3-5 years (%) | 19.2<br>(2018)  | 50                     | MOE  |
| Special Educational Needs (SEN) Program for children with disabilities | Number of schools with SEN programs                     | 0<br>(2018)     | 28                     | MOE  |
| Promotion of CDST  | Percentage of health facilities with CDST (%)           | NA              | 80                     | MOH  |
| Child protection programs in monastic institutions                     | Number of interventions                                 | 0<br>(2017)     | 5                      | Dratsang Lhentshog (Council for Religious Affairs) |
| Establishment of One Stop Crisis Centers (OSCC)                        | Number of OSCC  | 1<br>(2017)     | 3                      | NCWC   |

<sup>14</sup> Bhutan's administrative divisions consist of counties (Gewog) under 20 districts (Dzongkhag) and four special municipalities (Thromde) such as the capital Thimphu.

<sup>15</sup> Strengthening Child Protection and Response Services for Most Deprived Children Project

| Activities   | Indicators              | Baseline     | Targets by 2023 | Responsible ministries |
|--|-------------------------|--------------|-----------------|------------------------|
| Programs for children in need of care and protection | Number of interventions | 3<br>(2017)  | 7               | NCWC                   |
| Establishment of WCPU/D                              | Number of WCPU/D        | 13<br>(2017) | 16              | NCWC                   |

Source: Prepared by the Survey Team based on [32]

The Twelfth Five Year Plan recognized violence against women and girls as an area of priority and included it as one of the Agency Key Performance Indicators for which specific budget allocations are made. The Indicators serve as a reference for the annual development of action plans by the NCWC and other relevant agencies to address violence against women and girls [28].

## **(2) Program to enhance gender equality and strengthen child wellbeing and protection**

In the Twelfth Five Years Plan, ‘Enhancing gender equality and child wellbeing and protection’ is listed as a program to be implemented by the NCWC. The action plan includes revising the Child Care and Protection Act (2011), the Child Adoption Act (2012) and the Domestic Violence Prevention Act (2013), formulating the National Child Policy and National Action Plan, and mainstreaming of gender and children into legislations, policies, plans and programs [32].

## **(3) Human resource**

The Child Care and Protection Act stipulates that the government shall appoint a Child Welfare Officer as a human resource to support and protect children in difficult circumstances. It is not confirmed in which agencies the Child Welfare Officers are assigned during this Survey.

According to the UNICEF report on social service workers (2018), there were 246 government social service workers (94.98 per 100,000 children). The number of government social service workers per 100,000 children is relatively more substantial than in other countries (Bangladesh: 6.07; and Nepal: 5.99) [33].

## **(4) Budget**

The allocation of the Government of Bhutan budget related to children is not identified during this Survey. Table 7-5 shows that the allocations to social services (education and health) have remained between 25% and 30% of the overall budget. The NCWC's budget increased sharply in FY 2017/18, rising to 0.16% of the overall budget in FY 2018/19.

Table 7-5 National budget for social services and NCWC's budget (Unit: million Nu)

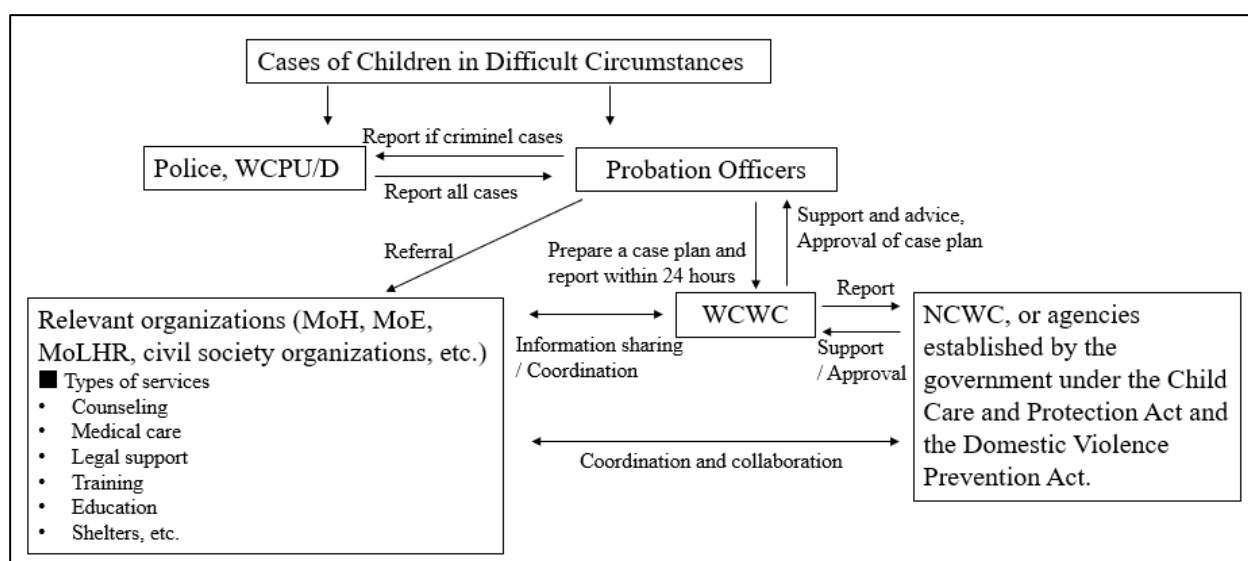
|  | 2015/16           | 2016/17           | 2017/18           | 2018/19           | 2019/20            |
|--|-------------------|-------------------|-------------------|-------------------|--------------------|
| National budget  | 47,937            | 52,712            | 59,201            | 46,593            | 64,827             |
| Social services (education and health) budget<br>(Percentage allocated from the national budget) | 13,092<br>(27.3%) | 15,087<br>(28.6%) | 15,716<br>(26.6%) | 14,353<br>(30.8%) | 16,268<br>(25.1 %) |
| NCWC budget<br>(Percentage allocated from the national budget)                                   | 30<br>(0.06%)     | 27<br>(0.05%)     | 71<br>(0.12%)     | 76<br>(0.16%)     | NA                 |

Source : Prepared by the Survey Team based on [34] [35] [36] [37] [38]

### 7.3.3 Social service delivery and intervention

#### (1) Services for children in difficult circumstances

In order to provide effective and appropriate services to women and children in difficult circumstances, the “Standard Operating Procedures (SOP) on Case Management for Women and Children in Difficult Circumstances” was developed. The SOP clearly states the roles and responsibilities of respective support providers. As shown in Figure 7-1, when a protection officer<sup>16</sup> (child welfare officer or probation officer) is notified of a case involving a child in difficult circumstances, the protection officer prepares a case plan within 24 hours that outlines the child's environment, health condition and necessary support. Then children in need of support are referred to the relevant organizations to receive emergency support and various other support based on the case plan [39].



Source: Prepared by the Survey Team based on [39]

Figure 7-1 Support system for children in difficult circumstances

#### (2) Child Helpline 1098

The NCWC launched Child Helpline 1098 in 2017 to provide a free-toll, 24/7, nationwide hotline service for children in need of care and protection. A team of trained operators and counselors provide services such as online counseling, referral services, and legal information in cases of child abuse and other violations [28].

#### (3) One Stop Crisis Centre (OSCC)

The OSCC was set up in 2016 at the Jigme Dorji Wangchuck National Referral Hospital to provide medical and legal services for victims of GBV, including child sexual assault. The OSCC also works with the NCWC, RBP, and other relevant agencies to provide referral services to ensure that victims receive the support they need [28].

<sup>16</sup> Protection Officer refers to a person who performs the role of a child welfare officer or probation officer as defined in the Child Care and Protection Act, the Child Adoption Act, and other regulations.

#### **(4) Women and Child Protection Unit/Desk (WCPU/D)**

The Domestic Violence Prevention Act (2013) provides for the establishment of WCPU/Ds in the RBP to ensure the rights of women and children and to strengthen their protection. WCPU/Ds addresses the provision of child-friendly police services, and a total of 398 children were reported to have received these services in 2019 [12]. As of 2019, WCPU/Ds have been set up in 14 of the 20 districts (dzongkhags). The Government of Bhutan aims to promote WCPU/Ds, and has set a goal of increasing the number of WCPU/D to 16 by 2023.

#### **(5) Capacity building in child protection**

The NCWC has conducted a number of capacity building programs for relevant organizations as a key strategy to promote the rights of women and children. For example, at the local level, through an advocacy program aimed at establishing the D/TWCCs, training was provided on legislation on child protection, relevant guidelines and existing support services. Moreover, periodic capacity building programs are conducted for police officers to enhance their understanding of women and children's issues and to ensure that GBV cases are addressed in an appropriate and discreet manner [28]. In addition, in November 2020, training on basic counseling and communication skills, assistance techniques and case management was provided to relevant stakeholders, including gender and child focal points<sup>17</sup> at the district (dzongkhag) level [40]. JICA has been conducting a technical cooperation project (Country-focused Training) on “gender mainstreaming, women's empowerment, child well-being and child rights” (2019-2021) to strengthen the capacity of gender and child focal points located in the districts. Apart from the training conducted by the NCWC, the MOLHR conducts regular orientation and awareness training for its personnel on gender and child protection issues [28].

#### **(6) Public awareness programs**

In 2016 and 2017, a national high-level advocacy program was implemented and awareness activities on issues of child rights, including reproductive health, GBV, child marriage, teenage pregnancy, and support for children in difficult situations, were conducted in all 20 districts (dzongkhags). The program targeted a wide range of groups, including the local government leaders, teachers at schools, and vulnerable groups. The NCWC also conducts a number of awareness programs, for example, in 2019, an awareness program on the elimination of stereotypical norms, including child marriage, was conducted among 3,199 police officers of the RBP and 1,862 citizens [28].

### **7.3.4 Evaluation and reporting**

#### **(1) Central Management Information System**

In Bhutan, there are several data systems (law enforcement, health, education, population data, and civil registration), but the lack of information sharing among existing systems and the lack of a system to integrate existing data for analysis have been major challenges in providing effective and timely services. In this context, in 2017, the NCWC, with funding from Save the Children, launched the Central Management Information System (CMIS) to provide appropriate services to women and children in

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<sup>17</sup> An official is appointed in each administrative body; the NCWC is promoting the deployment of gender child focal points not only in central ministries but also at the district and county levels.

difficult circumstances. Through the use of CMIS, it is expected that data on the rights and protection of women and children can be aggregated and shared for evidence-based decision-making and needs-based planning and policy making [41]. In addition, through the use of CMIS, it is expected that the definition and management of the respective indicators and data owned by the NCWC, RBP, OSCC, RENEW, etc. can be streamlined, thereby promoting the provision of coordinated and timely case management among all concerned agencies [7].

## **(2) Multiple Indicator Cluster Survey**

The National Statistical Bureau leads the collection of data, including on birth registration, child health, and education. The National Statistical Bureau has not implemented the MICS since 2010. The Government of Bhutan sought financial support from the South Asian Association for Regional Cooperation (SAARC) to implement the MICS in 2020, but it was not realized [7]. According to the “Strategic Plan to Improve Statistics 2020-2023” released by the National Bureau of Statistics in 2020, the MICS is to be implemented every five years, with plans to start in the fiscal year 2021/22 [42].



## 7.4 Impact of and response to Coronavirus disease 2019 (COVID-19)

### 7.4.1 Situation of COVID-19 in Bhutan

According to the MOH, as of January 11, 2021, the cumulative number of COVID-19 cases in Bhutan is 831 (111 per 100,000 population), of which 481 have recovered; the first death was confirmed on January 8, 2021. The number of new infections spiked in December 2020, and the capital, Thimphu, was placed under the lockdown from December 20, 2020. Then the second nationwide lockdown (7 days) since the first nationwide lockdown in August 2020 was implemented from December 23, 2020. Although the number of cases in Bhutan is low compared to other Asian countries, according to the World Health Organization Southeast Asia Office, the country with the second highest increase in new cases during the week of December 28, 2020 to January 3, 2021 was Bhutan (20%, 119 new cases), following Thailand (25.3%, 1,553 new cases) among Southeast Asian countries [43].

Table 7-6 Situation of COVID-19 outbreak in Bhutan (as of January 11, 2021)

|                                       | Total | Male | Female |
|---------------------------------------|-------|------|--------|
| Cumulative number of cases            | 831   | 559  | 272    |
| Cumulative number of people recovered | 481   | 350  | 131    |
| Cumulative number of deaths           | 1     | 1    | 0      |

Source: [44]

The National COVID-19 Task Force, chaired by the Prime Minister, has been established as the highest national body for making all decisions related to COVID-19. At the regional level, three Multi-sectoral Regional COVID-19 Task Forces have been established [45].

### 7.4.2 Impacts and responses in child protection sector

The Government of Bhutan aligns to the United Nations' joint statement entitled “Protect our Children” (prioritizing children's education, food, health and safety in the Corona disaster). The NCWC, with the support of UNICEF and others, has developed a plan, “Gender and Child Protection Emergency Preparedness and Response Plan during COVID 19 Pandemic”, to ensure the protection and well-being of children and to ensure that basic social services and their rights are not violated due to COVID-19. The Plan outlines interventions that should be implemented by relevant governmental and non-governmental partners to address COVID-19 pandemic [46]. The Plan proposes the formulation and implementation of guidelines for remote child protection support and the provision of remote psychological support by counselors to parents and caregivers, in response to concerns about possible increases in child abuse [47]. Under the Plan, JICA agreed to implement 15 sub-projects in collaboration with the NCWC, including COVID-19 assessment study, provision of educational materials to ECCD, and awareness raising activities [48]. For example, JICA provided educational materials (picture books) to 148 ECCDs in remote areas for children to promote communication with their families and children who are required to study at home.

According to the United Nations Population Fund (UNFPA), there has been a sharp increase in gender-based violence and mental health cases reported by the OSCC, which is located in the National Referral Hospital. In the first three months of COVID-19 expansion, 22 cases of rape and sexual assault against the minors have been reported to the OSCC. The NCWC and RENEW, with support from UNFPA and others, are providing psychosocial counseling services and temporary shelters [49]. The NCWC and RENEW, with

support from UNICEF and others, conducted training for social welfare workers and volunteers to prevent GBV and provide appropriate support to victims during COVID-19 pandemic. In addition, the NCWC, with the support of JICA and others, conducts awareness-raising activities on domestic violence and abuses against women and girls through mass media and social media [50].

## **7.5 Priority issues and suggestions in child protection sector in Bhutan**

The following two points are considered to be priority issues to be addressed for the implementation of national policies and action plans.

### **7.5.1 Strengthening the capacity of the Dzongkhag/Thromde Women and Children Committee (D/TWCC)**

The Government of Bhutan has been developing legislation by enacting the “Child Care and Protection Act” (2011), the “Child Adoption Act” (2012), and the “Domestic Violence Prevention Act” (2013) as well as the rules and regulations for these Acts. The NCWC has also developed the “National Child Policy” and the “National Action Plan for Child Wellbeing and Protection”, which are expected to facilitate comprehensive service delivery related to children's rights and protection. On the other hand, in order to enforce these Acts and implement policies at the local level, the D/TWCCs, which is responsible for collaboration and coordination with relevant agencies, are supposed to play a critical role. However, as the D/TWCCs are relatively new organizations that have only been established in recent years, it is important to strengthen their capacity to facilitate the provision of appropriate services to children in difficult circumstances. There is a strong need to promote understanding of the various Standard Operating Procedures for the Protection of Children that have been developed in recent years, and to provide regular training to child welfare officers and probation officers to ensure that they are able to provide appropriate advice, support and supervision. In addition, while efforts to address gender equality have been promoted with support from donors and other partners, it is also important to strengthen capacities that put the best interest of the child and focus on the provision of child-sensitive services.

### **7.5.2 Strengthening awareness-raising programs on the rights and protection of the child**

In Bhutan, legislation and policies related to the rights and protection of the child are being developed, but violent discipline at home and corporal punishment at school are still observed, and stigma against children with disabilities persists. In order to ensure the solid implementation of laws and policies related to the rights and protection of children, efforts are required to raise awareness among people for preventing violations of the rights of children. As part of its efforts against violence against children, child marriage, and stigma against people with disabilities, the NCWC has been conducting awareness-raising programs for government officials, parents, teachers, and other groups, but further efforts are expected to conduct those programs in systematic manner rather than on a one-off basis.

## Chapter 8 Current Status of Child Protection: Nepal

### 8.1 Environment of children

#### 8.1.1 Basic statistical data related to child protection

As background, the basic statistical data related to child protection in the Federal Democratic Republic of Nepal (hereinafter referred to as Nepal) are presented in Table 8-1 below.

Table 8-1 Basic statistical data related to child protection in Nepal

|                                      | Indicators  |  | Year | Total  | Male   | Female | Source |
|--------------------------------------|---|--|------|--------|--------|--------|--------|
| Demographics                         | Population (thousands)  | All  | 2019 | 28,608 | 13,046 | 15,561 | [1]    |
|                                      |   | Under 18                                   | 2018 | 10,490 | -      | -      | [2]    |
|                                      |   | Under 5                                    | 2018 | 2,721  | -      | -      | [2]    |
|                                      | Age dependency ratio <sup>1</sup> (% of working-age population) |  | 2019 | 64.6   | 61.6   | 66.6   | [1]    |
|                                      | Urban population (% of total population)                        |  | 2019 | 20.2   |        | -      | [1]    |
|                                      | Total fertility (live births per woman)                         |  | 2018 | 1.9    |        | -      | [2]    |
|                                      | Child immigrants (thousands)                                    |  | 2019 | 39     | -      | -      | [3]    |
| Child mortality                      | Neonatal mortality rate (deaths per 1,000 live births)          |  | 2000 | 38.9   | -      | -      | [1]    |
|                                      |   |  | 2019 | 19.8   | -      | -      | [1]    |
|                                      | Infant mortality rate (deaths per 1,000 live births)            |  | 2000 | 59.9   | 63.8   | 55.8   | [1]    |
|                                      |   |  | 2019 | 25.6   | 27.8   | 23.3   | [1]    |
|                                      | Under-five mortality rate (deaths per 1,000 live births)        |  | 2000 | 81.0   | 83.0   | 78.9   | [1]    |
|                                      |   |  | 2019 | 30.8   | 32.9   | 28.5   | [1]    |
| Maternal health                      | Adolescent fertility rate (births per 1,000 women ages 15-19)   |  | 2018 | -      |        | 64.4   | [1]    |
| Nutrition                            | Malnutrition (0-4 y.o.) (%)                                     | Stunted (moderate and severe) <sup>2</sup> | 2016 | 36.1   | 36.1   | 36.0   | [4]    |
|                                      |   | Wasted (severe) <sup>3</sup>               | 2016 | 1.9    | 2.1    | 1.7    | [4]    |
|                                      |   | Wasted (moderate and severe) <sup>4</sup>  | 2016 | 9.6    | 9.4    | 9.9    | [4]    |
| Education                            | Completion rate <sup>5</sup> (%)                                | Primary education                          | 2019 | 120.4  | 117.7  | 123.2  | [1]    |
|                                      |   | Lower secondary education                  | 2019 | 99.5   | 97.3   | 101.6  | [1]    |
|                                      |   | Upper secondary education                  | 2016 | 43.7   | 51.9   | 38.5   | [4]    |
|                                      | Dropout rate (primary education) (%)                            |  | 2016 | 3.4    | 3.0    | 3.9    | [4]    |
| Family environment, Child protection | Birth registration rate <sup>6</sup> (%)                        |  | 2014 | 58.1   | 59.2   | 57.0   | [5]    |
|                                      |   |  | 2019 | 77.2   | -      | -      | [6]    |
|                                      | Child marriage (%)  | Married by 15 y.o. (women ages 20-24)      | 2014 | -      | -      | 7.6    | [5]    |
|                                      |   |  | 2019 | 5.2    | 1.5    | 7.9    | [6]    |
|                                      |   | Married by 18 y.o. (women ages 20-24)      | 2014 | -      | -      | 39.5   | [5]    |
|                                      |   |  | 2019 | 22.7   | 9.0    | 32.8   | [6]    |

<sup>1</sup> Percentage of total population aged 15-64 years.

<sup>2</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median height-for-age of the WHO Child Growth Standards.

<sup>3</sup> Percentage of children aged 0-4 years who are below minus 3 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>4</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>5</sup> It may exceed 100% due to the inclusion of over-aged and under-aged students because of early or late entrants, and grade repetition

<sup>6</sup> Percentage of children under age five years whose births have been registered.

|        | <b>Indicators</b>  | <b>Year</b> | <b>Total</b> | <b>Male</b> | <b>Female</b> | <b>Source</b> |
|--------|--|-------------|--------------|-------------|---------------|---------------|
|        | Children living in single-parent households (%)                        | -           | -            | -           | -             | -             |
|        | Number of children in institutions (0-17y.o.)                          | -           | -            | -           | -             | -             |
|        | Number of children with disabilities (5-17y.o.)                        | -           | -            | -           | -             | -             |
|        | Child Labour <sup>7</sup> (%)  | 2014        | 37.4         | 36.5        | 38.3          | [5]           |
| Equity | GDP per capita (current US\$)  | 2019        | 1,071.1      | -           | -             | [1]           |
|        | GDP growth (annual %)  | 2019        | 7.0          | -           | -             | [1]           |
|        | Unemployment rate <sup>8</sup> (15-19 y.o.)                            | 2017        | -            | 22.9        | 26.4          | [4]           |
|        | Employment rate in informal sector <sup>9</sup> (%)                    | 2017        | 77.6         | 75.4        | 82.4          | [1]           |
|        | Child poverty (Children in multidimensional poverty) <sup>10</sup> (%) | 2016        | 38.5         | -           | -             | [7]           |
|        | Gini coefficient   | 2010        | 32.8         | -           | -             | [1]           |

### 8.1.2 Social, economic, political, and cultural situation

The monarchy was abolished in 2008 and Nepal has become a federal democratic republic since the promulgation of the new constitution (2015). The federal structure consists of three levels of government: the federal government, the provincial governments (7) and the local governments (77). Each government has a system of separation of powers: a legislature, an executive and a judiciary. It is expected that the process of transitioning to the new system will promote the equitable participation of different groups in society, and the expansion and improvement of public services.

Prior to the spread of the new coronavirus infection (COVID-19), the economy had been growing at a consistent pace, reaching an economic growth rate of 7.0% in 2019, although Nepal experienced a decade-long civil war (1996-2006) and a major earthquake in 2015. Gross National Income (GNI) per capita has almost doubled in ten years, from US\$438 in 2008 to US\$919 in 2018 [1]. According to the Human Development Report (2019) of the United Nations Development Programme (UNDP), Nepal ranks 147th out of 189 countries in the global ranking of the Human Development Index, the lowest in Asia after Yemen, Afghanistan and Pakistan, , while the Human Development Index, has increased substantially over the past almost two decades, from 0.380 in 1990 to 0.579 in 2018. Nepal aims to graduate from a least-developed country to a middle-income country by 2030 [8].

Meanwhile, it is said that there are many people in Nepal who have been left behind by this steady economic growth and significant progress in human development. There are also persistent and significant disparities among rich and poor, region, education, caste, gender, age, disability and income. Looking at poverty rates by region, the poverty rate in rural areas, where about 80% of the population lives, is much higher at 33.2% compared to 7% in urban areas. The Multidimensional Poverty Index<sup>11</sup> also shows that only 5% of the poor live in urban areas, while the poor are concentrated in rural areas (95%). In addition, when the Multidimensional Poverty Index is analyzed by age, children under 10 are classified as the poorest age

<sup>7</sup> Percentage of children age 5-17 years who are involved in economic activities or in household chores.

<sup>8</sup> Percentage of adolescents (aged 15-19 years) in the labour force who are unemployed.

<sup>9</sup> Agriculture sector is not included.

<sup>10</sup> Percentage of the population aged 0-17 years in multidimensional poverty, i.e., multiple deprivations in health, education, and living standards.

<sup>11</sup> A new indicator introduced to highlight the reality that people are suffering from different dimensions of poverty, not only a monetary measure.

group [9]. Nepal's demographic composition is predominately young, with around 40 % of the population under the age of 18, which means that investing in children is crucial for the country's development.

In terms of children's education, the completion rate of primary education is high at 120.4% and lower secondary education at 99.5%. On the other hand, there are concerns about the disparities in access to education between regions and ethnic groups, as well as the widening gap in the quality of education between public and public schools. In addition, according to the annual report of the United Nations Children's Fund (UNICEF) (2019), more than 300,000 children were out of school in the 2018/19, mostly for financial reasons such as to supplement their families' livelihoods, posing a challenge to high dropout rates due to poverty. In terms of child health, child malnutrition continues to be a priority issue, with 36% of children under five reported to be stunted [10]. With regard to issues of welfare and protection of children, there are a number of challenges, including child marriage and child labour, as discussed below.

### **8.1.3 Key issues on child protection**

The situation of children in need of protection in Nepal is described below.

#### **(1) Violence against children**

In Nepal, many children experience domestic violence in their daily life. According to the results of the 2014 Multiple Indicator Cluster Survey (MICS), 82 % experienced at least one form of psychological or physical punishment by household members. Among these cases, 78% were psychological aggression and 53% were physical violence. In addition, 14% experienced severe physical punishment (hitting the head, ears or face, or hitting hard and repeatedly) [5].

In terms of sexual violence, 1,420 cases of rape were reported to the Nepal Police in 2018/19, 298 of which were against girls under 10 years of age [11]. There are various forms of gender-based violence (GBV) in Nepal, including domestic violence, marital rape, child marriage and sexual abuse. The reality of GBV is not well represented in the data, as research shows that 60% of women who have experienced violence have never told anyone about it [12]. Furthermore, in recent years, with the internet becoming more widespread, it has been reported that child pornography and other forms of sexual exploitation online have been increasing [13].

#### **(2) Child marriage**

Child marriage not only prevents girls from completing their education and deprives them of opportunities for empowerment, but also increases the risk of sexually transmitted diseases, poor health due to early pregnancy and early childbirth, and sexual exploitation. In 2018/19, a total of 88 cases of child marriages were registered with the Nepal Police, which was the third highest number of cases among the member countries of the South Asian Association for Regional Cooperation (SAARC) following Bangladesh and India [11].

According to the census in 2011, the number of children married before the age of 10 was 138,015 (115,150 girls and 22,865 boys). The number of children married between the ages of 10 and 14 was 1,363,107 (1,110,223 girls and 261,884 boys), showing that child marriage occurs overwhelmingly more for girls than for boys. [11]. Looking at the rate of girl child marriages (the percentage of girls married before the age of

18), it was 32.8% in 2019 compared to 39.5% in 2014, a poor decline over the five years, it indicates that child marriage is deep-rooted in practice [6].

### **(3) Child Labour**

In Nepal, many children are engaged in the worst forms of child labour, including commercial sexual exploitation, forced labour in agriculture, brick production and quarrying [14]. According to the MICS conducted in 2014, 37.4% of children aged 5-17 were engaged in labour, of which 30% were working in hazardous conditions. By age, 28% of aged 5-11 years, 59% of aged 12-14 years and 64% of aged 15-17 years were engaged in economic activities, suggesting a higher level of involvement in economic activities with higher age [5].

According to the MICS report (2015), children in rural areas were more likely to be involved in economic activities compared to children in urban areas (41% and 16% respectively). It was also reported that children not attending school children were more likely to be involved in labour than children attending school (47% and 36% respectively) [5].

In addition, mother's level of education and household income had a negative correlation with child labour, indicating that family circumstances influence the involvement of child labour. Among children aged 12-14, 18% of children of uneducated mothers were more likely to be involved in economic activity, compared with 6% of children of educated mothers. Furthermore, 28 % of children from the poorest households were more involved in economic activities, compared with only 4 % of children from the richest households [5].

### **(4) Child trafficking**

Nepal is an origin, transit and destination country of trafficking in persons, and cross-border trafficking has been a serious problem for decades. In 2018, Nepalese victims of trafficking in persons were estimated to be around 35,000 (15,000 men, 15,000 women and 5,000 children). Nearly 1,000 Nepali women and girls are rescued from India every year. These women were taken away for sex trafficking, forced labour, forced marriages and sometimes taken further to third countries [15].

Collecting data on trafficking in persons is extremely difficult due to its nature of criminal activities, and the number of victims known is said to be only a small part of that entity. According to the Nepal Police, in 2018, 2,104 Nepalis who were potential victims of trafficking from the India-Nepal border were repatriated. On the other hand, data from Non-Governmental Organizations (NGOs) and other sources indicate that more than 10,000 Nepalis have been rescued from various countries during the same period [15]. As there is no information system that keeps track of the number of victims of trafficking, it is difficult to obtain an accurate picture of the situation of trafficked persons, including children.

### **(5) Children living and/or working on the street**

With regard to street children, it is also difficult to ascertain accurate numbers and actual situation. There are currently no reliable statistics, but it is estimated that between 5,000 and 6,000 children are living on the streets, many of them are boys who have fled poverty and violence by their families [16] [17]. These children are among the most vulnerable in society and are exposed to a range of risks including violence, drug addiction, crime and the worst forms of child labour and exploitation [16].

## (6) Children in institutions

As of 2019, 533 Child Care Homes (CCHs) were registered in 46 districts, with 15,045 children living there. In addition, there are 5 Martyr's Academies for children who lost their parents during armed conflicts, with 1,523 children living there. Moreover, rehabilitation centers serve as short-term shelters for vulnerable children without parents or guardians, providing support in the form of socialization, family reintegration, psychological counselling and skill-based training. Children stay in rehabilitation centers until their families are identified and reunified, or until they are referred to a long-term institution [11].

Table 8-2 Number of children living in institutions (2019)

|                       | Number of institutions | Boys  | Girls | Total  |
|-----------------------|------------------------|-------|-------|--------|
| Child Care Home (CCH) | 533                    | 7,412 | 7,633 | 15,045 |
| Martyr's Academy      | 5                      | 926   | 597   | 1,523  |
| Rehabilitation Center | 17                     | 157   | 80    | 237    |

Source: Prepared by the Survey Team based on [11]

## (7) Children with disabilities

According to the “Population Monograph of Nepal Vol. 2” (2014), results obtained from the 2011 Population Census show that 0.99%<sup>12</sup> of children aged 0-14 years (92,012 out of 9,248,246 of all ages (51,640 boys and 40,372 girls)) had at least one type of disability [18]. The distribution by age group and by type of disability is shown in Table 8-3.

Table 8-3 Distribution of children with disabilities by age and type of disability (2011)

|                         | 0~4 years            | 5~9 years            | 10~14 years          |
|-------------------------|----------------------|----------------------|----------------------|
| Physical                | 35.9 %               | 36.6 %               | 35.6 %               |
| Blindness/low vision    | 28.4 %               | 12.8 %               | 14.0 %               |
| Deaf/hard of hearing    | 6.0 %                | 11.5 %               | 13.8 %               |
| Deaf-blind              | 1.5 %                | 1.2 %                | 1.4 %                |
| Speech problem          | 13.0 %               | 18.8 %               | 14.7 %               |
| Mental disability       | 2.1 %                | 4.7 %                | 6.8 %                |
| Intellectual disability | 3.1 %                | 4.2 %                | 5.4 %                |
| Multiple Disabilities   | 10.1 %               | 10.2 %               | 8.2 %                |
| <b>Number</b>           | <b>15,887 (100%)</b> | <b>31,816 (100%)</b> | <b>44,309 (100%)</b> |

Source: Prepared by the Survey Team based on [18]

## (8) Children without birth registration

The birth registration rate has increased dramatically from 58.1% in the 2014 MICS report to 77.2% in the latest 2019 MICS report. On the other hand, there are still many children such as abandoned children and street children who do not have a birth registration certificate to claim their identity. The registration of births within 35 days of birth is free of charge, after this period a late fee is charged, and the amount of the late fee varies according to local regulations [19].

<sup>12</sup> According to the Population Monograph Vol 2, the prevalence of disability in Nepal (1.94%) was far less compared with the disability prevalence of the world (15%) from World Health Organization (WHO) statistics. This could happen because of social stigma against disability and lack of awareness about disability and its types, only visible disability or severe disabilities is reported.



## 8.2 Child protection goals

### 8.2.1 Legal and Policy framework

#### (1) International Conventions

The Government of Nepal ratified the United Nations Convention on the Rights of the Child (CRC) on 14 September 1990. The status of ratification of international conventions related to child protection in Nepal is shown in Table 8-4.

Table 8-4 Status of ratification of international conventions relating to child protection in Nepal

| <b>International Conventions</b>  | <b>Year of ratification</b> |
|---|-----------------------------|
| Convention on the Rights of the Child (CRC)   | 1990                        |
| Optional Protocol to the CRC on the Involvement of Children in Armed Conflict                                 | 2007                        |
| Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography                | 2006                        |
| Optional Protocol to the Convention on the CRC on a Communications Procedure                                  | Unratified                  |
| ILO Convention 182 on the Worst Forms of Child Labour   | 2002                        |
| ILO Convention 138 on Minimum Age for Admission to Employment   | 1997                        |
| Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption | Unratified                  |

Source: Prepared by the Survey Team

#### (2) National laws

Following the ratification of the CRC, the Government of Nepal has enacted the Children’s Act (1992) and the Children's Rules (1995), and has developed laws and measures specific to child protection issues such as child labour, violence, trafficking in persons, child institutions and juvenile justice. However, these efforts have been made with a fragmented approach, focusing on specific groups or specific issues for vulnerable children.

As a result, there has been a disproportionate emphasis on addressing specific issues, a partial compliance with international standards, inconsistencies between various legal frameworks and a lack of coordination across sectors such as social protection, welfare, justice, health, education and labour [20]. In these circumstances, the enactment of the new Constitution in 2015 marked a major turning point in the institutional reform of children's rights and protection.

##### 1) Constitution of Nepal (2015)

Article 39 of the new Constitution, promulgated in 2015, ensures the rights of the child, including the right to birth registration, education and health, child-sensitive justice and the right to special protection for vulnerable children. In addition, it provides for the prohibition of hazardous work, child marriage, trafficking in persons, physical, psychological and sexual abuse, torture and other forms of exploitation in accordance with the law. Furthermore, Article 43 provided for the right to inclusive social security for vulnerable people, including children, in accordance with the law [21].

## 2) Children’s Act (2018)

In 2018, the Government of Nepal amended the “Children's Act 1992”. The new Children's Act sets out 13 rights<sup>13</sup> of the child, based on the new Constitution (2015) and international conventions related to children's rights. It provides for the obligations and responsibilities of the State, institutions, family/guardians and the media towards children. It also provides for justice for children and for the protection of children in need of special measures. For the purposes of the Act, a child is defined as a person who have not completed the age of eighteen years [22].

### (3) National policies

#### 1) National Child Policy

The National Child Policy was developed in 2012 with the aim of ensuring children's rights and promoting collaboration between government agencies, parents, teachers and national and international development partners. The policy sets out five objectives as bellow [11].

1. Protect children from all forms of violence, harm, abandonment, neglect, exploitation and abuse.
2. Provide anti-natal and post-natal care, and educational opportunities to develop children's physical, mental and cognitive aspects.
3. Promote child participation by providing opportunities to express their views in child related concerns.
4. End discrimination against children.
5. Strengthen juvenile justice system.

#### 2) Approach paper of the Fifteenth National Plan (2019-2024)

The approach paper of the Fifteenth Plan (2019-2024), developed in 2019, sets out three objectives in relation to children. The Paper sets out strategies and expected outcomes to achieve these objectives.

Table 8-5 The 15th National Plan Approach Paper (2019-2024)

| Three objectives  | Eight strategies to achieve three objectives   | Expected outcomes from the implementation of the strategy   |
|---|--|---|
| 1. To protect and promote the rights of children and adolescents<br><br>2. To develop child and adolescent friendly environment<br><br>3. To end all forms of violence, discrimination, exploitation, abuse and neglect | 1. Reduce child mortality by improving child health services.<br>2. Increase access of Child Early Development for mental and physical development of children.<br>3. Secure life of children and adolescents by ending all forms of violence.<br>4. Protect and promote the rights of orphans, disables<br>5. Develop environment to make children able to participate in social life.<br>6. Adopt necessary measures to end all forms of child labor.<br>7. Develop accessible infrastructure to children. | 1. Child rights protection and promotion related policy, law, plan and program, and standard operating procedures will be in implementation at the federal, provincial and local level<br>2. The rights of children with special needs will be protected.<br>3. Children's access to education, nutrition and health services will be increased.<br>4. All forms of violence, exploitation and abuse against children will be drastically reduced.<br>5. Responsibilities of government agencies, child related institutions, parents and guardians will be improved. |

<sup>13</sup> 1. Right to survival, 2. Right to name, nationality and identity, 3. Right against discrimination, 4. Right to live and meet with the parents, 5. Right to protection, 6. Right to participate, 7. Right to freedom of expression and information, 8. Right to operate institution and peaceful gathering, 9. Right to privacy, 10. Rights of children with disabilities, 11. Right to health and nutrition, 12. Rights to sports, recreation and culture, 13. Right to education.

| Three objectives | Eight strategies to achieve three objectives  | Expected outcomes from the implementation of the strategy  |
|------------------|---|--|
|                  | 8. Promote alternative care for needy children by deinstitutionalizing and discouraging residential Child Care Homes (CCH). | 6. National Centre for Children at-Risk (NCCR) - Toll Free No. 104 as well as Child Helplines - Toll Free NO. 1098 will be more functional to support targeted children. |

Source: Prepared by the Survey Team based on [11]

## 8.2.2 Measures

The main measures relating to child protection in Nepal are described below.

### (1) Violence against children

The sixth amendment of the Education Rules in 2011 added a code for teachers stating that teachers should not use physical or mental torture on students. The Ministry of Education, Science and Technology has established a reporting mechanism “Suggestion Box<sup>14</sup>” in schools to encourage the reporting by students of various forms of violence experienced, including corporal punishment by teachers and bullying by students [23]. A case was reported in which a suggestion box contributed to preventing child marriages arranged by families [24].

In addition, the Children's Act (2018) stipulates that physical psychological, sexual violence and any other undignified behavior towards children at home, school or elsewhere shall be deemed “violence against children” and prohibits discrimination, exploitation, abuse, corporal punishment, bullying and all forms of inhumanity against children [22].

### (2) Child marriage

In November 2014, the Government of Nepal hosted the Regional Convening, where an outcome document “Kathmandu Call for Action to End Child Marriage in South Asia” was adopted. Moreover, in 2016, the Government of Nepal formulated the “National Strategy to end Child Marriage”. The Strategy has put forward a campaign of "Child Marriage Free Local Bodies". The provincial governments, which have declared their commitment to eradicate child marriage, have promoted a variety of campaigns and programs. Moreover, through child clubs in the community, the children themselves are working against child marriage [11].

### (3) Child labour

The Children's Act (2018) stipulates that children under the age of 18 must not be engaged in work that may adversely affect their education, health, physical or mental development. It also prohibits children under the age of 14 from performing hazardous work, including paid domestic work [11] [22]. Although the Government of Nepal ratified the “Convention on the Minimum Age for Admission to Employment (ILO Convention No. 138)”, which prohibits hazardous work for children under the age of 18, the minimum age for hazardous work does not meet international standards as the Children's Act does not prohibit hazardous work for children between the ages of 14 and 17.

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<sup>14</sup> A suggestion box allows students to express concerns or make complaints, in a confidential manner, about issues that they may not feel comfortable interacting with adults directly.

The Ministry of Labour, Employment and Social Security developed a 10-year “National Master Plan to End Child Labor” (2018-2028) to eliminate all forms of child labour. It sets a goal of eliminating the worst forms of exploitative child labour by 2022 and all forms of child labour by 2025 [11]. The Master Plan provides for the establishment of a National Child Labour Elimination Committee, chaired by the Secretary of the Ministry of Labour, Employment and Social Security, to make recommendations on the revision of existing child labour laws and policies, and to provide consultation to the government to make necessary arrangements for health, safety, education, and occupational training for working children, as well as monitor the implementation of laws and policies. In addition, a new Anti-Trafficking in Persons Bureau has been established within the Nepal Police, headed by a Senior Superintendent of Police, which is expected to strengthen coordination for the rescue and rehabilitation of children and the arrest of perpetrators [14].

#### **(4) Child trafficking**

The Government of Nepal ratified the “Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime (Palermo Protocol)” in June 2020. According to the 2020 Trafficking in Persons Report issued by the U.S. Department of State, the Government of Nepal made increasing efforts to fund repatriation of Nepali victims overseas, and to establish the Anti-Trafficking-in-Persons Bureau which is a law enforcement unit dedicated to trafficking in persons [25].

On the other hand, it is pointed out that measures for identification and protection for male trafficking victims and transnational labor trafficking victims remained inadequate. The Trafficking in Persons Report (2020) also points out that national legislation<sup>15</sup> does not criminalize all forms of trafficking in persons. In addition, cases of arrest and detention of child victims of sex trafficking have been reported, calling for appropriate protection and adequate provision of services to child victims. The report makes recommendations to promote legislation, strengthen the investigation of trafficking offences, and provide adequate shelter and care for victims [25].

#### **(5) Children living and/or working on the street**

The Children's Act (2018) stipulates that the State shall provide special protection to vulnerable children such as street children [22]. In addition, the National Children's Policy (2012) sets out the provision of support to street children which ranges from data management to rescue, protection, rehabilitation and reunification with their families, including providing support to vulnerable families [11].

The Ministry of Women, Children and Senior Citizens (MOWCSC) developed the "Street children rescue, protection and management guidelines, 2015" to rescue, counsel, protect and reintegrate street children into society, families and communities, and the MOWCSC plays a role in coordination between NGOs and development partners [11].

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<sup>15</sup> For example, the Human Trafficking and Transportation (Control) Act, 2007 criminalizes slavery and bonded labour, but does not criminalize the recruitment, transportation or harboring of persons for the purpose of forced labour. Also, sex trafficking has been criminalized, but unlike international law, required a demonstration of force, fraud, or coercion to constitute a child sex trafficking offense [25].

### **(6) Children in institutions**

Article 20 of the CRC states that "States parties shall, in accordance with their national laws, ensure alternative care for children who are temporarily or permanently deprived of his or her family environment or for whom it is not in their best interests to remain in a family environment". In accordance with this provision, the “Residential Child Care Homes Operation and Management Standard” was developed in 2012. This has enabled orphans and children in need of special protection to receive services in CCHs. However, as it has been reported that some CCHs are operating without proper registration, the MOWCSC recognizes the need for a survey to ascertain the operation of all forms of CCHs [11].

### **(7) Children with disabilities**

The “Persons with Disabilities’ Act” was amended in 2018. The Act sets out six specific provisions for children with disabilities: 1. the right to a dignified life; 2. the right to education, health care, and opportunities of entertainment; 3. the right to freedom of expression; 4. the right not to be detached from his or her home and family on the basis of disability; 5. the Government to establish a learning curriculum suitable for the learning needs of children with disabilities; and 6. the right to special protection [26].

The “Inclusive Education Policy”, developed in 2016, sets out the provision of free education or allowances for children with disabilities. The number of children with disabilities in educational institutions in 2018 is shown in Table 8-6.

Table 8-6 Number of children with disabilities in school education (2018)

| Primary Education<br>(Grade 1-8) | Secondary education<br>(Grade 9-10) | Higher secondary Education<br>(Grade 11-12) | Total<br>(Grad 1-12) |
|----------------------------------|-------------------------------------|---|----------------------|
| 52,366                           | 13,515                              | 1,074                                       | 66,955               |

Source: Prepared by the Survey Team based on [27]

### **(8) Children without birth registration**

The enactment of the Children’s Act (2018) strengthens the provisions for birth registration. Parents must register the birth of their child within 35 days of the child's birth and some fees are imposed for late registration. A birth registration certificate is required for school enrolment and for access to basic services such as social security allowance. The Government of Nepal has set a target of providing universal birth registration by 2023. The department in charge of birth registration is the Department of National Identity Card and Civil Registration under the Ministry of Home Affairs, which works with local governments to promote birth registration through public awareness campaigns [11].

The birth registration rate has dramatically increased to 90% (2015) among the beneficiary households of the “Child Grant<sup>16</sup> Program”, launched in 2009 with support from UNICEF, while the national average in Nepal was 58% [28]. The child benefit program initially targeted some children living in poor and remote districts, but the program has been expanding its coverage since 2019 [29], and it is expected to further increase the birth registration rate.

<sup>16</sup> Households with children under the age of five are eligible to receive unconditional cash grants every four months.

## **8.3 Social service systems for child protection**

### **8.3.1 Implementation structure**

The MOWCSC is the lead ministry responsible for the formulation, implementation, monitoring and evaluation of policies, plans and programs on child rights and protection at the federal level. The MOWCSC is also responsible for liaising and coordinating with relevant national, international and local organizations on child rights and protection, and for monitoring and evaluating child-related programs implemented by governmental and non-governmental organizations [11].

#### **(1) Child Rights Council**

Child rights Council/Committees have been established at the federal, state and local levels under the Children's Act (2018). The National Child Rights Council (NCRC) at the federal level regularly publishes an annual report on the situation of children, based on information and reports from the Provincial and Local Child Rights Committees. The NCRC is chaired by the Minister of the MOWCSC and consists of 25 members, including 12 representatives from federal ministries, National Planning Commission and Nepal Police, secretary of Ministry of Social Development<sup>17</sup> of 7 provinces and 4 members nominated by the Government of Nepal from civil society, and Executive Director of the Council as a Member-Secretary [30]. The main duties and responsibilities of the NCRC are as follows.

- Provide suggestions to federal, provincial and local governments to adopt required policies, plans and programs, as well as monitoring, evaluation and advice on programs implemented by governments, with the aim of respecting, protecting, promoting and fulfilling the rights of the child.
- Coordinate with and facilitate to Provincial and Local Child Rights Committees to monitor, evaluate and review programs conducted by Provincial and Local Governments.
- Strengthen capacity of concerned stakeholders in course of protecting and promoting the rights of children.
- Develop coordination, collaboration and network among government, non-government and corporate sector.
- Develop capacity and mobilize NCCR hotline (toll free 104) and Child Helpline (toll free 1098).
- Develop, operate, manage and strengthen child related national information system.
- Conduct child rights related awareness raising programs.
- Advocate with multilateral and bilateral agencies, international organizations and others to increase partnership.

#### **(2) Initiatives at provincial and local level**

In addition to federal interventions, the provincial Ministries of Social Development have been involved in the formulation and implementation of child-related laws, policies and programs. As well, governments at the local level have been implementing child-related programs.

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<sup>17</sup> One of the seven ministries in each province.

### **1) Provincial level**

With regard to the provincial level, Province-1 has included a policy to end child marriage by 2025/26; Province-2 included a policy as “Save daughter, educate daughter”; and Province-3 included a policy to encourage local governments to declare “child-friendly local governance” by 2023/24. Karnali Province has adopted policies to implement a “daughter and daughter-in-law empowerment program” to eradicate child marriage and traditional and harmful practices. Similarly, Sudur Pashchim Province has conducted a campaign to eradicate child marriage in collaboration with relevant stakeholders [11].

### **2) Local level**

Since the transition to a federal democratic republic, each local government and ward has been encouraged to declare itself a “child-friendly local governance”. The child-friendly local governance aims to take child-friendly legal, institutional and intervention measures with a view to respecting and promoting the rights of the child, through the process of planning, resource allocation, implementation, monitoring and evaluation at the local level. As of 2019, four local governments and 35 wards (wards) out of 753 have been declared child-friendly local governments. These local governments have reported cases where children's participation in the process of child-related policy and program formulation has been facilitated [11].

Although few initiatives have been launched at the local level to address child rights and protection, some local governments are undertaking initiatives such as targeted benefits for orphans and covering educational expenses for children from marginalized communities [11].

Meanwhile, JICA implemented the “Project for Improving Local Governance Training through Capacity Enhancement on Research and Analysis” (2016-2019), which supported the development of modules for training to strengthen the capacity of local governments.

### **(3) Non-governmental organizations**

The various programs undertaken by UNICEF and other UN agencies, a number of international NGOs, non-governmental organizations and civil society, in collaboration with relevant agencies of government from the federal to the local level, to address a wide range of issues relating to the welfare of children. For example, the MOWCSC developed the “Street children rescue, protection and management guidelines, 2015”, with mutual cooperation and coordination among UN agencies, international NGOs and NGOs. Moreover, the NCRC, which is responsible for coordination and liaison with government and non-government agencies, provides support to street children under the supervision of the MOWCSC and in collaboration with the Nepal Police and with the support of a number of NGOs (VoC, Child Watabaran Centre Nepal, CPCS, UCEP, Raksha Nepal, APC Nepal, Sobar Recovery Treatment and Rehabilitation Centre) [11]. In addition, the Children's Act refers to the role of the media sector and it stipulates that “it should publish and transmit information, without violating the rights of the child and causing adverse effect on the interests of the child” [22].

The MOWCSC is expected to facilitate child-related initiatives by the federal, provincial and local governments, as well as further collaboration with all stakeholders, including development partners, NGOs, civil society, media and the private sector, in order to improve the lives of all children.

### **8.3.2 Infrastructure**

#### **(1) Systems for the protection and welfare of children**

Nepal has not yet developed a comprehensive and systematic child protection system, as the new Constitution (2015) and the new Children's Act (2018) have just recently provided the basic legal framework. The various risks faced by children occur in different settings, such as at home, in schools, in care homes, in the community, on the streets and across borders, and involve multi-sectoral issues (including poverty, education, health, welfare and justice) that are multilayered and interrelated. For example, in order to provide seamless support to children who have been victims of trafficking in persons overseas, it is necessary for various organizations to work together to provide support for their return, legal support, medical support, psychological care for trauma, provision of shelter, and reintegration into society. In addition, it is important for all relevant agencies to work together with a common vision and strategies in order to avoid duplication of work and unbalanced budget allocation for child protection.

Meanwhile, UNICEF has been providing social protection support to the Government of Nepal as a chair of the Social Protection Task Team of Development Partners since 2017, coordinating and collaborating with the European Union, World Bank, UK Department for International Development, ILO and other donors. As part of this initiative, UNICEF has been providing support to the National Planning Commission in developing a National Integrated Social Protection Framework for a more coordinated and comprehensive social protection [10].

#### **(2) Budget**

Article 4 of the CRC urges States parties to maximize their available resources for the realization of all rights under the CRC. In order to improve policies and programs for the realization of children's rights and the promotion of their protection in the context of limited national budgets, it is important to allocate child-related budgets effectively and to weight them in need based. The Government of Nepal had prepared a concept paper for child-related budget analysis and consulted with relevant ministries prior to the transformation to a federal system, but these efforts have been postponed along its transformation. In this context, it is required to revive such initiatives for budgetary analysis by the MOWCSC, NCRC, National Planning Commission and Ministry of Finance [11].

The five-year budgets of the five main ministries related to children are shown in Table 8-7. With the exception of the Ministry of Federal Affairs and General Administration (MOFAGA), the annual budget related to children at the federal level has decreased since 2017/18 due to increased budgetary allocations to provincial and local governments following the decentralization.



**Table 8-7 Five-year child-related budget (federal level) (In Rs '000)**

| <b>Ministries</b>                                  | <b>2014/2015</b>  | <b>2015/2016</b>   | <b>2016/17</b>     | <b>2017/18</b>    | <b>2018/19</b>    |
|--|-------------------|--------------------|--------------------|-------------------|-------------------|
| MOFAGA   | 8,434,770         | 16,759,344         | 19,208,427         | 16,202,534        | 18,891,020        |
| MOWCSC   | 740,197           | 899,047            | 924,980            | 678,992           | 222,472           |
| Ministry of Education, Science and Technology      | 70,112,678        | 76,932,150         | 87,454,960         | 33,721,988        | 16,704,000        |
| Ministry of Health and Population                  | 13,419,813        | 15,529,472         | 15,434,948         | 10,831,005        | 7,251,240         |
| Ministry of Labour, Employment and Social Security | 62,811            | 16,832             | 19,427             | 21,673            | 15,165            |
| <b>Total</b>                                       | <b>92,770,269</b> | <b>110,136,845</b> | <b>123,042,742</b> | <b>61,456,192</b> | <b>43,083,897</b> |

Source: [11]

Budgets relating to children at provincial level are under the jurisdiction of the provincial Ministries of Social Development, but no analysis of annual budgets relating to children at provincial level has been made [11].

### **8.3.3 Social service delivery and intervention**

#### **(1) Child protection**

In order to address issues of vulnerable children, the MOWCSC formulated the “Guideline for Child Helpline Operational Procedures, 2007” in 2007 and the NCRC has been promoting the Child Helpline as its secretariat. The Child Helpline is a toll-free service for people living in difficult circumstances or in need of special protection, which is required to be introduced in the National Child Policy. The toll-free service is provided with the support of Nepal Telecommunication Authority and is operated by NGOs. A further project to strengthen the service is being undertaken with financial support from the SAARC Development Fund. Through the Child Helpline, a system is in place to provide rescue, protection, humanitarian assistance and integration into the family for children whose rights have been violated. In 2018/19, more than 7,800 children received the necessary support through this service [11].

**Table 8-8 Number of children targeted through the Child Helpline in 2018/19**

| <b>Details of support</b>                     | <b>Number</b> |
|---|---------------|
| Health support                                | 2,170         |
| Psycho-social counseling                      | 381           |
| Family support                                | 1,814         |
| Legal treatment                               | 497           |
| Immediate protection and humanitarian support | 1,325         |
| Education support                             | 890           |
| Others  | 726           |
| <b>Total</b>                                  | <b>7,803</b>  |

Source: [11]

In addition, the NCRC monitors and advises children on laws, policies and programs related to child protection, and responds to various cases of violence against children. The NCRC regularly conducts monitoring of CCHs and rescues children from CCHs that do not meet the “Residential Child Care Homes Operation and Management Standard”. Out of 82 CCHs monitored in 2018/019, 192 children (116 boys and 76 girls) were rescued from five CCHs in Kathmandu, Lalitpur, Bhaktapur and Nawalparasi and these CCHs were notified to be closed at the earliest [11].

Moreover, a program for street children has being implemented in Kathmandu Valley under the initiative of MOWCSC and managed by NCRC with the support of the police and NGOs. The program has been

accelerated since 2016; by July 2019, 1,011 street children (903 boys and 90 girls)<sup>18</sup> were reported to be rescued. The number of rescued children by age group is shown in Table 8-9.

Table 8-9 Number of rescued street children by age (as of July 2019)

| Age group       | Number of rescued street children |
|-----------------|-----------------------------------|
| 1-5 years old   | 14 (1%)                           |
| 6-10 years old  | 141 (14%)                         |
| 11-14 years old | 485 (48%)                         |
| 15-18 years old | 371 (37%)                         |
| Total           | 1,011 (100%)                      |

Source: Prepared by the Survey Team based on [11]

Out of the 1,011 rescued children, 582 were integrated into families, while others were placed in institutions such as Drop-in-Centers<sup>19</sup> (110 children), Socialization Centers<sup>20</sup> (78 children) and CCHs (45 children). There are plans to expand the program for street children to other areas since 2019/2008, in collaboration and cooperation with local governments and non-government stakeholders [11].

## (2) Social security for children

The Government of Nepal has adopted various social security allowance schemes, including cash and kind transfers, as part of its social security program. The MOFAGA launched the Child Grant Program since 2009/10 which provides a Child Nutrition Grant to poor families to support improved nutrition for children under five years of age. Although the coverage rate was limited to about 16% of under-five children nationwide due to budget constraints that limited the number of households eligible for the program, the Government of Nepal set a goal in 2016 to disseminate the Child Grant Program nationwide within 10 years, and plans to expand the coverage area with support from UNICEF<sup>21</sup>. According to the program evaluation conducted by UNICEF in 2019, the Child Grant program has contributed to the improvement of the nutritional status of children and the empowerment of mothers [10] [28].

Besides the above, the Government of Nepal provides child disability allowance, allowance for endangered children, allowance for children of martyrs, as well as various scholarships. In addition, free medical services and medicines are provided to children, and free textbooks, stationery, and school lunches are provided in some schools. Table 8-10 shows the number of beneficiaries and budget for social security allowances for children provided by MOFAGA [11].

Table 8-10 Social security allowance for children provided by MOFAGA in FY 2018/19

|  | Number of Beneficiaries | Budget (Rs)   |
|--|-------------------------|---------------|
| Child Nutrition Grants                       | 737,579                 | 3,540,379,200 |
| Child Disability Grants                      | 53,447                  | 112,930,000   |
| Grants for Children of Endangered categories | 10,185                  | 366,660,000   |
| Total  | 801,211                 | 4,019,969,200 |

Source: [11]

<sup>18</sup> The sum of boys and girls does not equal the total number, but it is shown as per the source.

<sup>19</sup> Institutions for temporary shelter

<sup>20</sup> Institutions that support children's physical, psychological, and skill development. Some institutions also offer family visits for family reunification.

<sup>21</sup> UNICEF provided technical support to the MOFAGA, including the development of a long-term plan to disseminate the child grant program nationwide.

#### **8.3.4 Evaluation and reporting**

The NCRC is responsible for monitoring and evaluating activities related to child rights and protection. The NCRC receives reports and information from the Provincial and Local Child Rights Committees and publishes reports on children on a regular basis. The monitoring, evaluation and review of programs implemented by provincial and local governments are the responsibility of the Provincial and Local Child Rights Committees. The NCRC's five-year strategic framework has as its main objective to develop the capacity of the Provincial and Local Child Rights Committees in course of protecting and promoting child rights, and to achieve this objective, it has set out to strengthen their capacity in monitoring and evaluation [30].

According to the “National Monitoring and Evaluation Guidelines” developed by the National Planning Commission in 2013, a Management Information System (MIS) has been introduced to collect statistical data on children. MIS is a mechanism to collect information on plans, policies, and programs/projects from the implementation to the decision-making level. MIS aims to provide systematic, reliable, and accurate data necessary to carry out policies and decision-making in an efficient, effective, qualitative, and evidence-based manner [31].

On the other hand, individual indicators and estimated data specific to child rights and protection are not systematically collected and managed. It has been noted that various sectoral agencies and civil society groups have compiled data sets related to child rights and protection in a fragmented manner, which leads to limited data comparison and analysis. A comprehensive and integrated framework of collecting and managing information with standard operational definitions, common measurement approaches has not been developed [20].

## 8.4 Impact of and response to Coronavirus disease 2019 (COVID-19)

### 8.4.1 Situation of COVID-19 in Nepal

According to the World Health Organization, as of November 25, 2020, the cumulative number of COVID-19 cases in Nepal is 224,077 (752 per 100,000 population). The gender distribution is skewed towards males, accounting for 65.8% of infected cases. Among the male infected cases, 82.6% were in the economically active age group of 15-54 years. The total number of deaths was 1,361 (5 per 100,000 population), with 945 (69.4%) reported for males and 416 (30.6%) for females. For both males and females, the highest number of deaths occurred in the age group of 65-74 years, with 230 males and 98 females [32].

Table 8-11 Situation of COVID-19 outbreak in Nepal (As of November 25, 2020)

|                                    |         |
|------------------------------------|---------|
| Number of cumulative cases         | 224,077 |
| Of which 0-14 years old            | 10,256  |
| Number of cumulative deaths        | 1,361   |
| Of which 0-14 years old            | 11      |
| Number of new cases (past 14 days) | 24,318  |

Source: [32]

In Nepal, a lockdown was imposed in urban areas including Kathmandu from March 2020. The lockdown was lifted in July, but some areas remain under restrictions, including the closure of educational institutions (as of November 2020). Due to the impact of the lockdown and restrictions on movement, it is estimated that GDP growth could slow to 0.2% in 2020 and 0.6% in 2021. The economic and livelihood impacts of COVID-19 across Nepal are expected to be most severe for informal sector workers and for vulnerable people who do not receive social security or assistance, including street children, putting them at high risk of falling into extreme poverty [33].

### 8.4.2 Impacts and responses in child protection sector

As shown in Table 8-11, the number of infections and deaths due to COVID-19 among children is relatively low, but there are concerns that children are exposed to a variety of risks, including malnutrition, child labor, child marriage, human trafficking and violence due to school closures and economic stagnation.

The United Nations World Food Programme (WFP) said the school closures have pushed many children to work to help their families. Since the beginning of the lockdown in March, 2.4 million children in Nepal have reportedly lost their access to nutritious school meals, and WFP has supported the Ministry of Education, Science and Technology and local governments in distributing food, including rice, to 150,000 children and their families to ensure that they have access to meals cut off due to COVID-19 [34].

Moreover, school closure may also increase the risk to witness domestic violence and the risk of children to encounter exploitation and abuse. During April to June 2020, a total of 885 complaints on domestic violence were received to the 24-hour toll-free number operated by the National Women Commission. This number was more than double of the complaint cases received during the same period before the lockdown. In the first six weeks of school closure, 48 calls to the helpline on child sexual assault were reported, which is an alarming number when compared to the annual total number of 211 in the previous year (2018/2019). In addition, it has been reported that the COVID-19 epidemic has led to an increase in child marriages [35], and it is estimated that millions more child marriages will occur in the future, as families are more likely to marry off their daughters to ease the economic burden due to COVID-19 [36].

## **8.5 Priority issues and suggestions in child protection sector in Nepal**

As mentioned above, the legal framework for child rights and protection has been strengthened, since Nepal transitioned to a federal democratic republic in 2015 and the Children's Act was amended in 2018. In addition, the 15th National Plan (2019~2024) presents the national vision on the child rights and protection. At the same time, various measures are required at the implementation level, including the formulation of policies in line with the Children's Act, the development of the implementation structure to realize the national vision, the implementation of specific action plans, and strengthening of organizations. The following three suggestions are considered to be priority issues to be taken in order to take comprehensive measures to address the outstanding challenges related to children's rights and protection.

### **8.5.1 Establishment of a system for the protection and welfare of children**

Challenges related to the rights and protection of children cross various sectors, including social welfare, security and justice, labor, health, and education, which engages many relevant ministries and agencies. On the other hand, it is observed that a comprehensive child protection system has not been established. In order to prevent duplication of work by relevant ministries and agencies as well as an unbalanced investment in specific issues, and to make efficient use of limited resources (human resources and budget), it is important to establish a cross-sectional child protection system, including the formulation of comprehensive policies, coordination with relevant ministries and agencies, collaboration between the federal and local governments to provide seamless services, and provision of support services through collaboration between the government and the private sector. And in order to establish a comprehensive system to address the issues, the MOWCSC, which is the lead ministry in charge of child rights and protection, is required to strengthen its organization and to enhance coordination and collaboration with relevant ministries and agencies. It is also required to clarify the necessary services and the responsibilities of relevant organizations on each specific issue faced by children.

### **8.5.2 Comprehensive policy formulation and effective budget allocation through strengthening the information management system, and monitoring and evaluation mechanism.**

The need to establish the comprehensive system for child rights and protection is mentioned above, but as a prerequisite for this, it is important to identify needs based on statistical data, formulate specific plans based on those needs, and monitor and evaluate (review) those plans and implementations. For this to be realized, it is essential to develop an information management system on child rights and protection sectors and to strengthen the mechanisms for evaluation and monitoring.

In addition, in order to make effective use of limited resources and strengthen cooperation with relevant ministries, it is important to clarify the roles of each ministry and to allocate the budget for each program appropriately. For this purpose, the MOWCSC is expected to make decisions on priorities based on evidence by using statistical data, and to conduct budget analysis in cooperation with the National Planning Commission and the Ministry of Finance.

### **8.5.3 Strengthening capacity of Provincial and Local Child Rights Committees**

Provincial and Local Child Rights Committees are responsible for coordinating and monitoring the activities of relevant agencies in relation to children's rights and protection at provincial and local level. In order to promote the rights and protection of children, it is essential to strengthen the capacity of Provincial and Local Child Rights Committees which work closely with children and families. While the NCRC is responsible for coordinating and facilitating the activities and develop the capacity of Provincial and Local Child Rights Committees, the number of local governments that have declared “child-friendly local governance” is still limited. Therefore, it is required to promote “child-friendly local governance” through strengthening the capacity of Provincial and Local Child Rights Committees.

## Chapter 9 Current Status of Child Protection: Pakistan

### 9.1 Situation of children

#### 9.1.1 Basic statistical data related to child protection

As background, the basic statistical data related to child protection in the Islamic Republic of Pakistan (hereinafter referred to as Pakistan) are presented in Table 9-1 below.

Table 9-1 Basic statistical data related to child protection in Pakistan

|                                      | Indicators  |  | Year | Total   | Male    | Female  | Source |
|--------------------------------------|---|--|------|---------|---------|---------|--------|
| Demographics                         | Population (thousands)  | All  | 2019 | 216,565 | 111,447 | 105,117 | [1]    |
|                                      |   | Under 18                                   | 2018 | 87,938  | -       | -       | [2]    |
|                                      |   | Under 5                                    | 2018 | 27,291  | -       | -       | [2]    |
|                                      | Age dependency ratio <sup>1</sup> (% of working-age population) |  | 2019 | 60.6    | 60.4    | 60.9    | [1]    |
|                                      | Urban population (% of total population)                        |  | 2019 | 37.0    | -       | -       | [1]    |
|                                      | Total fertility (live births per woman)                         |  | 2018 | 3.5     | -       | -       | [2]    |
|                                      | Child immigrants (thousands)                                    |  | 2019 | 162.9   | -       | -       | [3]    |
| Child mortality                      | Neonatal mortality rate (deaths per 1,000 live births)          |  | 2000 | 56.9    | -       | -       | [1]    |
|                                      |   |  | 2019 | 41.2    | -       | -       | [1]    |
|                                      | Infant mortality rate (deaths per 1,000 live births)            |  | 2000 | 84.4    | 90.2    | 78.3    | [1]    |
|                                      |   |  | 2019 | 55.7    | 60.6    | 50.5    | [1]    |
|                                      | Under-five mortality rate (deaths per 1,000 live births)        |  | 2000 | 107.5   | 111.4   | 103.4   | [1]    |
|                                      |   |  | 2019 | 67.2    | 71.6    | 62.7    | [1]    |
| Maternal health                      | Adolescent fertility rate (births per 1,000 women ages 15-19)   |  | 2018 | -       | -       | 38.2    | [1]    |
| Nutrition                            | Malnutrition (0-4 y.o.) (%)                                     | Stunted (moderate and severe) <sup>2</sup> | 2018 | 37.1    | 38.2    | 37.6    | [4]    |
|                                      |   | Wasted (severe) <sup>3</sup>               | 2018 | 2.4     | 2.7     | 2.1     | [4]    |
|                                      |   | Wasted (moderate and severe) <sup>4</sup>  | 2018 | 7.1     | 7.6     | 6.6     | [4]    |
| Education                            | Completion rate (%)   | Primary education                          | 2019 | 73.3    | 78.8    | 67.3    | [4]    |
|                                      |   | Lower secondary education                  | 2019 | 49.5    | 52.4    | 46.3    | [4]    |
|                                      |   | Upper secondary education                  | 2018 | 23.4    | 23.6    | 23.3    | [4]    |
|                                      | Dropout rate (primary education) (%)                            |  | 2018 | 23      | 19      | 27      | [4]    |
| Family environment, Child protection | Birth registration rate <sup>5</sup> (%)                        |  | 2018 | 42.2    | 42.5    | 41.9    | [4]    |
|                                      | Child marriage (%)  | Married by 15 y.o. (women ages 20-24)      | 2018 | -       | -       | 3.6     | [1]    |
|                                      |   | Married by 18 y.o. (women ages 20-24)      | 2018 | -       | -       | 18.3    | [1]    |
|                                      | Children living in single-parent households (%)                 |  | -    | -       | -       | -       | -      |

<sup>1</sup> Percentage of total population aged 15-64 years.

<sup>2</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median height-for-age of the WHO Child Growth Standards.

<sup>3</sup> Percentage of children aged 0-4 years who are below minus 3 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>4</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>5</sup> Percentage of children under age five years whose births have been registered.

|        | <b>Indicators</b>   | <b>Year</b> | <b>Total</b> | <b>Male</b> | <b>Female</b> | <b>Source</b> |
|--------|---|-------------|--------------|-------------|---------------|---------------|
|        | Number of children in institutions (0-17y.o.)                         | -           | -            | -           | -             | -             |
|        | Number of children with disabilities (5-17y.o.)                       | 2018        | 17.9         | 18.8        | 16.9          | [5]           |
|        | Child Labour <sup>6</sup> (%)   | 2018        | 12.8         | 12.7        | 12.9          | [4]           |
| Equity | GDP per capita (current US\$)   | 2019        | 1,284.7      | -           | -             | [1]           |
|        | GDP growth (annual %)   | 2019        | 1.0          | -           | -             | [1]           |
|        | Unemployment rate <sup>7</sup> (15-19 y.o.)                           | 2018        | -            | 9.5         | 6.0           | [4]           |
|        | Employment rate in informal sector <sup>8</sup> (%)                   | 2018        | 71.2         | 71.0        | 72.6          | [1]           |
|        | Child poverty (Children in multidimensional poverty) <sup>9</sup> (%) | 2018        | 44.82        | -           | -             | [6]           |
|        | Gini coefficient  | 2015        | 33.5         | -           | -             | [1]           |

### 9.1.2 Social, economic, political, and cultural situation

Pakistan is a federal state consisting of four provinces (Sindh, Punjab, Khyber Pakhtunkhwa, and Balochistan), Islamabad Capital Territory, and Federally Administered Tribal Areas. In recent years, the country has been overcoming a long period of political and security instability, and has maintained relatively stable economic growth. Meanwhile, the country is still facing conflicts among terrorist organizations, Islamic sects, and ethnic and tribal groups. In addition, the unstable situation around the border area of Afghanistan remains a security concern.

Pakistan is the world's fifth most populous country (approximately 216.56 million population), of which 40 % (87.94 million) are children under the age of 18 (2019). Pakistan's Gross National Income (GNI) per capita is US\$1,530 (2019), which is classified as a lower-middle-income country with the clarification of World Bank. The government of Pakistan aims to join the ranks of upper-middle-income countries by 2025, but economic growth is stagnating at 0.99% in 2019. In addition to the low economic rate, the country is facing economic challenges due to insufficient tax revenues, fiscal and current account deficits, and a severe shortage of foreign exchange reserves, as well as the impact of the new coronavirus disease 2019 (COVID-19), which has been raging globally.

The poverty rate based on the international poverty line<sup>10</sup> decreased dramatically from 16.6% in 2005 to 4.0% in 2015. On the other hand, about a quarter of the population (24.3%) lives below the national poverty line, and 38.3% of the population lives in poverty according to the Multidimensional Poverty Index<sup>11</sup>, which measures not only income but also various other dimensions. The Human Development Index ranks 152nd out of 189 countries (2019), while the Gender Inequality Index (GII) ranks 151st out of 153 countries (2020), both are ranked low [7] [8]. In addition, the Gini coefficient, which indicates income disparity, increased from 32.7% in 2005 to 33.5% in 2017 [1].

<sup>6</sup> Percentage of children age 5-17 years who are involved in economic activities or in household chores.

<sup>7</sup> Percentage of adolescents (aged 15-19 years) in the labour force who are unemployed.

<sup>8</sup> Agriculture sector is not included.

<sup>9</sup> Percentage of the population aged 0-17 years in multidimensional poverty, i.e., multiple deprivations in health, education, and living standards.

<sup>10</sup> Poverty headcount ratio at \$1.90 a day.

<sup>11</sup> A new indicator introduced to highlight the reality that people are suffering from different dimensions of poverty, not only a monetary measure



In the health sector, the infant mortality rate is 55.7 per 1,000 live births (2019), which is the 15th highest in the world. The government of Pakistan has been also working to eradicate polio, but in 2019, 128 cases of wild poliovirus and 12 cases of vaccine-derived poliovirus were reported. Government spending on health accounts for 0.53% of GDP, well below the 5% recommended by the World Health Organization (WHO) [9]. In the education sector, the primary education completion rate has increased from 62% in 2010 to 73% in 2019. On the other hand, the high number of out-of-school children<sup>12</sup>, the high dropout rate<sup>13</sup>, and the low enrollment rate in secondary education<sup>14</sup> are issues to be addressed [10] [4]. In addition, compared to the 100 boys enrolled in elementary school, there are 87 girls, indicating a gender disparity. Spending on education accounts for 2.6% of GDP, which is well below the 4-6% recommended in the “Education 2030 Framework for Action” adopted at the World Education Forum (2015) organized by the United Nations Educational, Scientific and Cultural Organization (UNESCO) [9].

### 9.1.3 Key issues on child protection

The situation of children in need of protection in Pakistan is described below.

#### (1) Violence against children

In Pakistan, many children are exposed to various forms of violence (physical, psychological and sexual) and exploitation. According to the Multiple Indicator Cluster Survey (MICS) conducted by the governments of Sindh, Punjab and Khyber Pakhtunkhwa, more than 80 % of children aged 1-14 years have been subjected to violent discipline in the form of psychological aggression or corporal punishment by their parents or caregivers in the past month [11] [5] [12].

Table 9-2 Percentage of children (ages 1-14) who received discipline in the form of psychological aggression or corporal punishment from their parents or caregivers

| Province                     | Total | Boys  | Girls |
|------------------------------|-------|-------|-------|
| Sindh (2014)                 | 81.3% | 82.5% | 80.0% |
| Punjab (2017/18)             | 80.8% | 81.8% | 79.8% |
| Khyber Pakhtunkhwa (2016/17) | 81.0% | 82%   | 80.0% |
| Balochistan (2010)           | —     | —     | —     |

Source: Prepared by the Survey Team based on [11] [5] [12]

Although it is difficult to provide statistical data on sexual violence, SAHIL, a non-governmental organization (NGO), conducts an annual survey on the number and content of child sexual abuse cases reported in the media nationwide. According to a report (2020) analyzing the number of cases from 2010 to 2016, child sexual abuse has been on the rise since 2010, with 4,139 cases of child sexual abuse (1,729 boys (42%) and 2,410 girls (58%)) reported in 2016. These figures only show cases reported in the media, and the actual situation of sexual violence against children may be much worse. Many of the abusers are someone close to a victim, such as an acquaintance, relative, or teacher, and the victimization occurs in the child's usual living area, such as home, school, or on the street. In addition, the number of girls abused was about 2.5 times that of boys from 2010 to 2013, but the number of boy's victims increased from 2014 to 2016. With regard to the relatively high rate of abuse against boys (42% boys and 58% girls) compared to

<sup>12</sup> It is estimated that 44% (22.8 million) of Pakistan's children between the ages of 5 and 16 are out of school.

<sup>13</sup> Primary education dropout rate 23% (2018).

<sup>14</sup> Net enrolment rate in lower secondary education 33% (2018).

other countries, the report states that this may be due to the fact that relationships between men and women outside of marriage are strongly condemned by the society, while expressions of affection between men are relatively tolerated in the society [13]. Further analysis of the factors behind the increase in abuse against boys is required.

Furthermore, according to the National Commission for Human Rights (NCHR), 1,096 women (170 of whom were minors under the age of 18) were killed in “honour killings<sup>15</sup>” in 2015. There is no official data on honor killings, but real situation may be far more serious. The United Nations Resident Coordinator in Pakistan mentioned honor killings, in which hundreds of women and girls are killed every year to protect the honor of their families and communities, and urged the government of Pakistan to prevent honor killings and bring those responsible to justice [14]. According to a study, about 75% of the victims of honor killings were women. The reason behind the high number of victims in women may be the prevailing mindset that women are supposed to serve men, and the fact that women are economically and socially vulnerable in Pakistan [15]. The Concluding Observations (2016) of Committee of the United Nations Convention on the Rights of the Child (CRC) on the fifth periodic report submitted by the Government of Pakistan suggested that the government strengthens its judicial enforcement on honor killings [16].

## **(2) Child Labour**

In Pakistan, many children are involved in the worst forms of child labour, including hazardous work and commercial sexual exploitation. According to MICS, 10.3 % (13.7 % boys and 6.5 % girls) of children aged 5-17 years in Punjab (2017-18), and 20.9 % (24.4 % boys and 17.2 % girls) in Sindh (2014) were engaged in hazardous work, with the proportion being higher for boys in both province [11] [5]. For example, children who work in carpet factories and brick mills face vision and lung problems because they are exposed to large amounts of dust on a daily basis [17] [18].

In some areas, the traditional practice called ‘bacha bazi’, where wealthy men exploit boys for sexual entertainment, still exists. Moreover, children, especially boys, may also be sexually exploited to get or keep jobs in factories, workshops, mines and other places of employment. In Kasur, a city in Punjab province where child sexual exploitation is the highest in the country, 90 % of working children under the age of 14 reported having been sexually harassed or exploited [18] [19].

## **(3) Child trafficking**

Pakistanis voluntarily migrate abroad, particularly to the Gulf countries and Europe, in search of low-skilled employment such as agriculture, domestic service, construction work. Under this context, some traffickers, including organized criminal groups, exploit Pakistani adults and children for forced labor and sexual trafficking by deceiving some migrant seekers with fake job offers and fake employment documents. According to the 2020 Trafficking in Persons Report released by the U.S. State Department, nearly 11,000 Pakistanis were detained in foreign countries in 2019, including more than 3,000 in Saudi Arabia, for possessing fake employment documents and other reasons. Pakistan is also a destination country for human trafficking particularly from Afghanistan, Bangladesh, Sri Lanka [20].

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<sup>15</sup> It refers to the murder of a woman (wife or daughter) who are alleged to have committed an indecent act that damages the honor of the family by her husband, parents, siblings, or relatives.

In addition to cross-border trafficking in persons, traffickers kidnap and sell children for forced labor, including begging, domestic work, and commercial sexual exploitation in the country. Furthermore, bonded labor<sup>16</sup> is a serious problem in Pakistan. It has been reported that 70% of the victims of bonded labor due to family debt are children, and poor rural families may be forced to sell their children to pay their debts. Sometimes they are tricked by unscrupulous agencies into paying to find employment for their children, believing that the children can work under proper working conditions, when in fact they are not. As such, poverty and social structure produce human trafficking victims [20].

#### **(4) Children living and/or working on the street**

Poverty, family disintegration, and physical or sexual abuse are factors that push many children and young people out on the streets. Although there is no statistical data on the number of street children in Pakistan, it is estimated that as of 2010, there were between 1.2 and 1.5 million street children in urban areas [21]. The number of street children, especially in large cities, is said to be increasing dramatically. More than 90% of street children have been reported to have been victims of sexual abuses, assaults, or rapes [22]. It can be said that they are in the most vulnerable and unsafe situation. The Society for the Protection of the Rights of the Child (SPARC), a well-known NGO in Pakistan, established its fifth Center for Street Children (CSC) in 2017. In each center, 2,000 children annually receive support such as food, recreation, medical services, mental health care, informal education, and family reunification. According to the SPARC report, 87% of children were unable to read and 96% were unable to write before receiving support at CSC [21].

#### **(5) Children in institutions**

In each province, the Social Welfare Department and other organizations operate centers for the protection of children, such as “Nigheban” (for the lost and run-away children), “Kashana” (an orphanage for girls), and “Model Children's Home” (an orphanage for boys). However, no national data are available on the services and status of these centers [23]. For example, the Punjab government has implemented various projects for the welfare and rehabilitation of socially disadvantaged and vulnerable children, as part of which the Social Welfare and Bait-ul-Mal Department runs 12 children homes [24]. There are also a number of private orphanages in Pakistan, but data on these are not available.

#### **(6) Children with disabilities**

According to the Pakistan Demographic and Health Survey (2017/18), 19% of household members aged 5 years and above had difficulties in one or more of the following functional domains: seeing (10.0%), hearing (3.4%), communicating (2.0%), remembering or concentrating (5.9%), walking or climbing steps (9.3%), and washing all over or dressing (3.2%) [25]. The distribution of functional disability specific to children is unknown, but the extent of disability by age is shown in Table 9-3.

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<sup>16</sup> Children are forced to work for low or no wages due to debts owed by their families. Sometimes debts are handed down from generation to generation, with children taking on debts owed by their parents decades ago.

Table 9-3 Degree of disability by age<sup>17</sup>

| Age group | No difficulty | Some difficulty | A lot of difficulty | Cannot do at all | Total <sup>18</sup> |
|-----------|---------------|-----------------|---------------------|------------------|---------------------|
| 5-9       | 93.7%         | 4.2%            | 1.3%                | 0.6%             | 99.8%               |
| 10-14     | 93.7%         | 3.9%            | 1.5%                | 0.6%             | 99.7%               |
| 15-19     | 92.7%         | 4.8%            | 1.8%                | 0.6%             | 99.9%               |

Source: [25]

According to the Government Report (2020) on the Convention on the Rights of Persons with Disabilities, there is a 2% quota for children with disabilities in public and private educational institutions. The federal government runs 51 special schools for children with various disabilities. There are more than 200 institutions for people with disabilities operating at the provincial level. There are also about 230 private special schools. A total of 13,122 children with disabilities attend special schools and more than 30,000 children with disabilities attend general schools [26].

### (7) Children without birth registration

The birth registration rate of children under the age of five in Pakistan is very low at 42.2% (2018) [4]. According to the MICS data, birth registration rates vary widely across provinces. Punjab has the most prevalent birth registration among the four provinces (75.3%), while Khyber Pakhtunkhwa has the lowest birth registration rate (19.1%).

Table 9-4 Birth registration rate (under 5 years) by province (%)

| Province                     | Total                          | Urban | Rural |
|------------------------------|--------------------------------|-------|-------|
| Sindh (2014)                 | 29.1 (Boys: 29.4, Girls: 28.9) | 50.3  | 11.0  |
| Punjab (2017/18)             | 75.3 (Boys: 75.8, Girls: 74.8) | 74.8  | 75.8  |
| Khyber Pakhtunkhwa (2016/17) | 19.1 (Boys: 19.2, Girls: 19.0) | 29.0  | 17.3  |
| Balochistan (2010)           | 22.9 (Boys: 23.7, Girls: 22.0) | 38.6  | 18.8  |

Source: Prepared by the Survey Team based on [5] [11] [12] [27]

Children who do not have birth registration certificates, which provide legal proof of identity, are at risk of being treated as adults by the judicial system, undermining severely their right to protection from child labor, child marriage and other harms. Birth certificates are also required to obtain National Identity Cards, passports, and to enroll in school [28]. It is said that without formal birth registration, children may not be able to access basic social services such as education, health care and social security. The Government of Pakistan is making efforts to strengthen birth registration with technical assistance from the United Nations Children's Fund (UNICEF) and financial support<sup>19</sup> from the World Bank.

<sup>17</sup> Only the highest level of difficulty is counted if there are difficulties with more than one function.

<sup>18</sup> The sum of each age group does not add up to 100%, but it is indicated in this report as stated in the source report.

<sup>19</sup> Securing Human Investments to Foster Transformation (SHIFT)

## 9.2 Child protection goals

### 9.2.1 Legal and Policy framework

The Government of Pakistan ratified the CRC in November 1990 and has an obligation to ensure and promote the rights of all children. Table 9-5 shows the status of ratification of international conventions relating to child protection in Pakistan.

Table 9-5 Status of ratification of international conventions relating to child protection in Pakistan

| <b>International Conventions</b>  | <b>Year of ratification</b> |
|---|-----------------------------|
| Convention on the Rights of the Child (CRC)   | 1990                        |
| Optional Protocol to the CRC on the Involvement of Children in Armed Conflict                                 | 2007                        |
| Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography                | 2006                        |
| Optional Protocol to the Convention on the CRC on a Communications Procedure                                  | Unratified                  |
| International Labour Organization (ILO) Convention 182 on the Worst Forms of Child Labour                     | 2002                        |
| ILO Convention 138 on Minimum Age for Admission to Employment   | 1997                        |
| Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption | Unratified                  |

Source: Prepared by the Survey Team

#### (1) Constitution

Article 25 of the Constitution of Pakistan (1973) stipulates that “all citizens are equal before the law and are entitled to equal protection of the law”. Moreover, Article 11 prohibits hazardous work for children under the age of 14, and Article 25(A) stipulates that the government shall provide free and compulsory education for children between the ages of 5 and 16 [29].

#### (2) Policies relating to the rights and protection of children

In 2006, the Federal Government adopted the “National Plan of Action”. The Plan included national strategies to increase child protection and political commitment, strengthen structures and create a network to promote coordination between relevant agencies. However, the Constitutional Amendment of 2010 has given the provincial governments the power of administration over the welfare and protection of children. Each province is expected to implement its own child protection policy, but at present there is no comprehensive policy on child protection and welfare formulated in the provinces. In addition, in the Concluding Observations by the CRC Committee (2016), it is concerned that provincial governments exercise their own administrative powers, leading to significant variations in standards and services of child protection from province to province, and coordination has become even more difficult and complex among federal and provincial governments. It should be noted that, the Federal Government, despite the devolution of powers to provinces, remains responsible of children’s rights under the CRC and other international conventions [16].

#### (3) Legal framework for the rights and protection of children

Since the 2010 constitutional amendment, the legislative powers of the provinces have been transferred to the federal and provincial governments. The Islamabad Capital Territory and the areas directly under federal jurisdiction are ruled by federal law, while each province is governed by federal law until they adopt a new law on the same subject. As Table 9-6 shows, a number of laws relating to children's rights and protection have been developed in recent years.

**Table 9-6 Recently enacted legislation on the rights and protection of children**

|                             |  |
|-----------------------------|--|
| Islamabad Capital Territory | Islamabad Capital Territory Child Protection Act, 2018<br>Prevention of Trafficking in Persons Act, 2018<br>Prevention of Smuggling Migrants Act, 2018   |
| Sindh Province              | Sindh Child Protection Authority Act, 2011<br>Sindh Prohibition of Employment of Children Act, 2017<br>Sindh Empowerment of Persons with Disabilities Act, 2018  |
| Punjab Province             | Punjab Destitute and Neglected Children (Amendment) Act, 2007<br>Punjab Disabled Persons (Employment and Rehabilitation) (Amendment) Act, 2015<br>Punjab Restriction on Employment of Children Act, 2016<br>Punjab Domestic Workers Act 2019 |
| Khyber Pakhtunkhwa Province | Disabled Persons (Employment and Rehabilitation Act, 2012<br>Khyber Pakhtunkhwa Prohibition of Employment of Children Act, 2015<br>Khyber Pakhtunkhwa Child Protection and Welfare (Amendment) Act, 2016                                     |
| Balochistan Province        | Balochistan Child Protection Act, 2016<br>Balochistan Persons with Disabilities Act, 2017  |

Source: Prepared by the Survey Team

## 9.2.2 Measures

The main measures relating to child protection in Pakistan are outlined below.

### (1) Violence against children

Nearly 30 years after Pakistan ratified the CRC, no public child protection case management and referral system has been established in line with international standards. UNICEF has been supporting the establishment of a case management referral system in the public child protection system by 2022 to address child violence and exploitation, as well as supporting provincial governments for legislative amendments and policy development [30] [31].

The “Islamabad Capital Territory Child Protection Act” was enacted in 2018 aiming to protect children from all forms of physical and psychological violence, harm, neglect, abuse and exploitation and to strengthen the provision of necessary services [26]. Since the constitutional amendment in 2010, it has become the responsibility of each provincial government to develop legislation, formulate policies and provide public services of child protection in their respective provinces. As shown in Table 9-6 above, in recent years, legislation aimed at strengthening child protection from violence, abuse and exploitation has been enacted with the promotion of legislative developments in each province.

However, it has been noted that in some provinces, the prohibition of corporal punishment as the discipline of children is not explicitly stipulated by law. For example, the “Balochistan Child Protection Act (2016)” does not address physical punishment in parenting. In Punjab, a “Prohibition of Corporal Punishment Bill” is under discussion. Corporal punishment in educational institutions has been banned in public high schools in the Islamabad Capital Territory and Sindh, but it is not banned throughout Pakistan, requiring a legal development to protect children from violence in all settings [32]. It is also pointed out that the “Khyber Pakhtunkhwa Child Protection and Welfare” (amended in 2016) lacks clarity in its provisions on the prohibition of corporal punishment and domestic violence [33].

### (2) Child labour

The Government of Pakistan ratified the “ILO Convention 182 on the Worst Forms of Child Labour” in 2001 and the “ILO Convention 138 on Minimum Age for Admission to Employment” in 2006. The Federal

Government enacted the “Employment of Children Act” (1991) but the Act does not meet international standards because it excludes informal employment from its coverage and sets the minimum age for hazardous work at 15 years. The provinces of Sindh, Khyber Pakhtunkhwa and Punjab have enacted new provincial laws<sup>20</sup> stipulating a minimum age of 18 years for hazardous work, in line with international standards, but exempting informal employment from the minimum age, as is the case in the federal law. In Balochistan, where there is no stipulation of a minimum age for employment, the federal law is applied [18].

In Pakistan, it is estimated that more than 264,000 children are engaged in domestic work [20]. While physical and sexual abuses against children by employers in domestic work have been reported, the federal and provincial governments, except Punjab provincial government, do not provide legal protection for children's domestic work. [18] [20]. In Punjab, the “Domestic Workers Act” (2019), which prohibits the employment of children under the age of 15 as domestic workers, was adopted [34]. However, the Act is not yet operational, as no governing body in charge of developing procedures and rules for dealing with claims by victims has been established yet [35].

Within the scheme of the “Pakistan Decent Work Country Programme” (2016-2020), ILO has provided technical assistance to the Government of Pakistan, as well as the employers' and workers' organizations to eradicate the worst forms of child labour in rural areas [36].

### **(3) Child trafficking**

The federal government enacted the “Anti-Trafficking in Persons Act” in 2018. In order to claim a victim of trafficking in persons, it is required to prove that there has been forced or fraud, but as an improvement, the Act excludes child victims from this requirement. It also brings the law into line with international standards by covering all form of trafficking in persons for the purposes of forced labour and commercial sexual exploitation. However, the Act has been questioned while it imposes severe penalties<sup>21</sup> for the crime of trafficking in persons, it allows for a fine in lieu of imprisonment with regard to sex trafficking. The federal government also approved the “Prevention of Smuggling of Migrant Act” in 2018 to protect victims sent to other countries by traffickers. However, the U.S. State Department's Trafficking in Persons Report (2020) points out that government efforts to protect victims are inadequate. According to the report, the provincial police identified 19,954 victims<sup>22</sup> of trafficking in 2019, of whom only 799 were referred to the government or NGOs for their protection. It is noted that the number of referrals is small when compared to the number of victims identified. It is also noted that although some shelters run by NGOs accept the family members of victims, there are insufficient resources to provide support for long-term stays in the facilities. Furthermore, the report raises the issue of child trafficking cases in which parents might have

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<sup>20</sup> Sindh: Sindh Prohibition of Employment of Children Act, 2017  
Khyber Pakhtunkhwa: Khyber Pakhtunkhwa Prohibition of Employment of Children Act, 2015  
Punjab: The Punjab Restriction on Employment of Children Act, 2016

<sup>21</sup> Penalties of up to 7 years imprisonment, a fine of up to 1 million Pakistani Rupees (PKR) or both were prescribed for trafficking offences involving adult male victims, while those involving adult female or child victims were prescribed for penalties of between 2 and 10 years' imprisonment, a fine of up to 1 million PKR, or both.

<sup>22</sup> This included 15,802 female victims and at least 760 bonded labor victims identified in Sindh and Punjab. Due to the lack of data by age, the number of children victimized has not been confirmed.

been complicit that authorities often returned potential child trafficking victims to their parents immediately following identification without any measures to prevent the re-trafficking by their parents [20].

In addition, the Government of Pakistan enacted the federal “Bonded Labor System (Abolition) Act” (1992). The Act prohibits bonded labour, invalidates debts associated with bonded labour and provides for severe penalties<sup>23</sup> for violators [37]. However, according to the US State Department's Trafficking in Persons Report (2020), the government of Pakistan does not effectively enforce such prohibitions. In some cases, the police do not respond to complaints of bonded labour because the perpetrators are influential people in the community, and lower court judges even do not understand the law in some cases. Under the Act, each province is required to set up District Vigilance Committees to ensure reporting and filing of cases, but it has been reported that the government does not take active involvement in the matter unless a case is filed by victims. Furthermore, victims who make action to seek legal protection often face reprisals from their employers as a result of the police and courts not responding appropriately. Note that Punjab was the only province to investigate, prosecute and convict traffickers under the federal Bonded Labor System (Abolition) Act, according to the Trafficking in Persons Report (2020) [20].

#### **(4) Children living and/or working on the street and Children in institutions**

The Government of Pakistan has announced the establishment of the Ehsaas Orphanages Committee to support and protect orphans and street children under the Ehsaas program launched in 2019 for poverty reduction and social protection. The Committee is intended to develop standards for the operation of orphanages and children's homes and for standards of living in orphanages, taking into account national and international standards of care [38]. As of August 2020, the 13th meeting was held and a draft of the standard was finalized [39].

The Government of Punjab enacted the “Punjab Destitute and Neglected Children Act” in 2004 (amended in 2007), which focuses on the rescue, protection, care and rehabilitation of abandoned children. The Child Protection and Welfare Bureau of Punjab, established under the Act, provides services of prevention and protection for vulnerable children [26]. According to the US State Department's Trafficking in Persons Report (2020), the Punjab Child Protection and Welfare Bureau operated Open Reception Centers for identifying and registering children living on the streets, and 8,114 children were identified and received support during the year [20]. In addition, the Government of Punjab has established a registration system in 2020, which require private organizations operating institutions for orphaned and abandoned children to register. This initiative allows the Punjab Child Protection and Welfare Bureau to play a role in monitoring and investing those institutions. Following this initiative, it is expected that the quality of care provided in the institutions will be improved [40]. In Sindh, the Child Protection Act was enacted in 2011, and the Sindh Child Protection Authority was established. The Child Protection Authority works towards establishing institutional mechanisms for child protection, setting minimum standards for all child-related institutions, including educational institutions, orphanages, shelters, children's parks and hospitals, and ensuring their implementation [22]. However, as mentioned below, it has been pointed out by the High

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<sup>23</sup> Forced bonded labour is punishable by imprisonment for a term not less than two years and not more than five years, or a fine not exceeding Rs 50,000, or both.



Court that the Sindh Child Protection Authority is not functioning effectively, and there are a number of issues that need to be addressed, such as strengthening the organization and improving its operation. [41] [42].

### **(5) Children with disabilities**

The “National Plan of Action for Persons with Disabilities”, developed in 2006, sets out short-term measures to be achieved by 2009 and long-term measures (such as the promotion of inclusive education) to be achieved by 2025 [43]. Following the Constitutional amendment in 2010, whereby the administrative power to provide assistance to people with disabilities was transferred to the provincial governments, four provinces have revised and enacted laws relating to people with disabilities (See Table 9-6).

With regard to the education for children with disabilities, the Constitution provides that the State shall provide free and compulsory education for all children as specified by law, including children with disabilities, between the ages of 5 and 16. At the federal level, the Directorate General of Special Education (DGSE), under the Ministry of Social Welfare and Special Education, has established the National Institutes of Special Education (NISE) centers in Islamabad, including 4 centers for children with intellectual, hearing, visual and physical disabilities. The Directorate General of Special Education (DGSE) also runs 51 special schools for children with various disabilities. At the provincial level, support for children with disabilities is provided in more than 200 centers and special schools. The Government of Pakistan recognizes the need to promote the access of students with disabilities to higher education and has proposed plans to further strengthen teacher training and research programs in training institutions such as NISE to improve special education services [26].

### **(6) Children without birth registration**

The Government of Pakistan has established an efficient and effective “Civil Registration and Vital Statistics (CRVS) System<sup>24</sup>” and is in the process of strengthening and reforming the system. With support from UNICEF, the CRVS Technical Support Unit was established within the Ministry of Planning Development and Special Initiatives. The Unit is responsible for managing the steering committee, developing strategic plans, implementing capacity building and facilitating inter- ministerial coordination [44]. UNICEF has also provided technical assistance to the governments of the four provinces to develop provincial CRVS strategies [30].

Under a public-private partnership between the Government of Pakistan and Telenor, a mobile and digital services provider, a hybrid digital-paper approach using both mobile phone-based birth registration and traditional paper birth registration to register the birth of children was piloted and is being extended to other regions including Punjab and Sindh. Traditional paper registration has been implemented in some areas such as Khyber Pakhtunkhwa and Balochistan, depending on the need based on the local context [30].

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<sup>24</sup> System for registering the occurrence of life events (births, deaths, marriages, divorces, emigrations, etc.) and other events related to the population in accordance with the law.

## **9.3 Social service systems for child protection**

### **9.3.1 Implementation structure**

#### **(1) National Commission for Human Rights and National Commission on the Rights of the Child**

The National Commission for Human Rights (NCHR) was established in 2012 with the aim of promoting and protecting human rights. As an impartial national body, the NCHR operates independently from the government and is accountable to the Parliament of Pakistan for its activities. The NCHR monitors the situation of human rights, investigates allegations of human rights violations, visits detention centers and makes recommendations on human rights related policies [45].

With regard to the National Commission on the Rights of the Child (NCRC), after the enactment of the “National Commission on the Rights of the Child Act 2017”, the notification for the establishment of the NCRC was finally issued in February 2020. The NCRC shall examine and make recommendations on existing or proposed legislation, administrative instruments and proposals relating to the rights of the child. It is also responsible for coordinating with provincial commissions established under provincial laws and other relevant provincial bodies, and for investigating and making recommendations on laws and policies relating to the protection of children's rights. The member of the NCRC would include the chairperson of the NCHR and the chairperson of the National Commission on the Status of Women. The “National Commission on the Rights of the Child Act” applies not only to the Islamabad Capital Territory but also to the four provinces although each province has separate laws related to children [46].

#### **(2) National Commission for Child Welfare and Development**

The National Commission for Child Welfare and Development (NCCWD) was established by the Government of Pakistan in 1979. Since 2011, it has been placed under the Ministry of Human Rights. The NCCWD is responsible for coordinating, monitoring and facilitating the implementation of laws and administrative duties related to child protection. The NCCWD recognizes that Pakistan's existing laws do not adequately ensure the rights and protection of children, and has set itself four objectives [47]:

1. To assess the impact of constitutional, legal and administrative provisions relating to the welfare and development of children and to suggest measures to provide adequate opportunities for children's growth.
2. To suggest amendments to the Constitution and amendments to or enactment of national legislation, where possible, to bring it into line with the CRC.
3. To formulate national policies on the welfare and development of children in the country.
4. To formulate legislation to deter all forms of violence against children, including physical violence and child labour, as well as legislation for children with disabilities and children in need of social protection and services.

#### **(3) Authorities for child welfare and protection at the provincial level**

The NCCWD also coordinates and communicates with the provincial Social Welfare Departments, provincial authorities (the names of these authorities vary by province) responsible for child welfare and

protection established under the provincial governments, community-based non-profit organizations and other stakeholders.

**Table 9-7 Authorities for child welfare and protection at the provincial level**

|  |  |
|--|--|
| Sindh Province<br>(Child Protection Authority)                           | Under the “Sindh Child Protection Authority Act, 2011”, the Child Protection Authority was established. However, it has been reported that services provided in relation to child protection are limited including insufficient legal assistance and the lack of a juvenile court [33]. In 2019, a non-governmental organization filed a petition in the Sindh High Court complaining that the Child Protection Authority was not functioning and pleaded the court to make the Authority function properly. In response, the Sindh High Court in 2020 issued an order to provincial secretary of social welfare department to appear and explain to the court, expressing serious resentment against the Child Protection Authority for not properly enforcing the Sindh Child Protection Act. [41] [42]. |
| Punjab Province<br>(Child Protection and Welfare Bureau)                 | The Child Protection and Welfare Bureau has been established under the Punjab government to implement the “Punjab Destitute and Neglected Children Act”. The Bureau provides services for children in need of protection, including food, shelter, medical and psychological care, education and training, as well as support for family reunification, the operation of helplines (1211) and the establishment of a child protection court [48]. It is however pointed out that it is required to have clear referral guidelines to the necessary services and to strengthen coordination with the relevant organizations [33].   |
| Khyber Pakhtunkhwa Province<br>(Child Protection and Welfare Commission) | The Child Protection and Welfare Commission was established under the Khyber Pakhtunkhwa government to implement the “Child Protection and Welfare Act 2010”. The Commission has set up child protection units in several districts with the support of Save the Children [49].  |
| Balochistan Province<br>(Child Protection Commission)                    | The Child Protection Commission was established under the Balochistan government as the body responsible for the implementation of the “Child Welfare and Protection Act”. It has been observed, however, that the implementation of the Act has not been working out due to the fact that no regulations have been formulated for its implementation and that the roles and responsibilities of the relevant bodies are not clearly clarified [33].   |

Source: Prepared by the Survey Team

### 9.3.2 Infrastructure

#### (1) Human resource

According to the UNICEF report on social service workers (2018), there were a total of 717 governmental social service workers in three provinces of Sindh, Punjab and Khyber Pakhtunkhwa (no information available for Balochistan). The number of governmental social service workers responsible for child protection per 100,000 children by province is shown in Table 9-8, which is lower than in Bhutan (95.98), Bangladesh (6.07) and Nepal (5.99) [50].

Table 9-8 Number of governmental social service workers responsible for child protection per 100,000 children

| Province           | Number of governmental social service workers | Population of Children <sup>25</sup> | Number of governmental social service workers responsible for child protection per 100,000 |
|--------------------|---|--------------------------------------|--|
| Sindh              | 240   | 17,984,000                           | 1.33   |
| Punjab             | 396   | 45,809,000                           | 0.86   |
| Khyber Pakhtunkhwa | 81  | 12,644,000                           | 0.64   |

Source: [50]

<sup>25</sup> Population under 18 years of age for Punjab and under 19 years of age for Sindh and Khyber Pakhtunkhwa.

## (2) Budget

In the CRC, it is stipulated that States Parties are responsible for adopting all appropriate legislative, administrative and other measures to maximize the allocation of available resources for the purpose of ensuring the rights of the child. In Pakistan's fiscal management system, budget execution for children is scattered under several sectoral programs, including education, health and social welfare. In order to ensure adequate investment in children, it is important to make effective needs-based budget allocations during the budgeting process by identifying and analyzing child-focused public resources and expenditures, and assessing the impact of child-targeted interventions [51].

Table 9-9 and Table 9-10 show the budgetary allocations for children in the total budgets (FY2013/14) at federal and provincial levels, based on the UNICEF report (2017).

Table 9-9 Budgetary allocation for children in the total budget in 2013/14,  
by region (unit: billions of PKR)

|                    | Total budget | Child budget | Percentage of child budget in the total budget |
|--------------------|--------------|--------------|--|
| Federal            | 3985.0       | 26.9         | 0.7%   |
| Sindh              | 703.5        | 101.6        | 14.5%  |
| Punjab             | 1210.2       | 76.1         | 6.3%   |
| Khyber Pakhtunkhwa | 344.0        | 86.6         | 25.2%  |
| Balochistan        | 179.0        | 14.4         | 8.1%   |
| Total              | 6421.7       | 305.6        | 4.6%   |

Source: [51]

Table 9-10 Budgetary allocation for children in the total budget in 2013/14,  
by sector (unit: billions of PKR)

|                | Total budget | Child budget | Percentage of child budget in the total budget |
|----------------|--------------|--------------|--|
| Education      | 72.7         | 16.9         | 23.2%  |
| Health         | 67.6         | 8.3          | 12.3%  |
| Social welfare | 2.9          | 0.5          | 18.6%  |

Source: [51]

As shown in Table 9-9, the percentage of child budget in Pakistan's total budget in 2013/14 is very low at the federal level, at 0.7 %. It remains low in Punjab, at 6.3 %, although which is the largest percentage among the provinces in Pakistan.

As shown in Table 9-10, when broken down by sector, the allocation to education and health is overwhelmingly higher than that to social welfare. According to the 2019 UNICEF report, public expenditure on social welfare, including child protection, has increased more rapidly than expenditure on health and education, increasing on average by 13% per annum since 2010 [9].

### 9.3.3 Social service delivery and intervention

#### (1) Administrative

##### 1) “Ehsaas”: Social Protection and Poverty Alleviation Program

In 2019, the Government of Pakistan launched “Ehsaas”, which is the largest ever poverty reduction and social protection program. Under the Poverty Alleviation and Social Safety Division, set up to implement

Ehsaas, a range of programs have been launched to alleviate poverty, reduce inequality, provide safety nets and lift up lagging communities. Ehsaas targets a wide range of marginalized people, including the extreme poor, orphans, widows, the homeless, the disabled, those who risk medical impoverishment, students from low-income backgrounds, poor women and the elderly [9]. Under Ehsaas, there is a cash transfer program to improve the health and nutrition of children up to 23 months of age (Ehsaas Nashonuma Programme<sup>26</sup>), a conditional cash transfer program for school-attending children aged 4-12 years (Waseela e Taleem Digital Programme<sup>27</sup>) and a safety net program to support orphans, street children and victims of child labour, implemented in partnership with NGOs (Tahafaz Programme) [52].

## **2) Activities of the Ministry of Human Rights and NCCWD**

NCCWD under the Ministry of Human Rights promotes the revision of human rights laws, establishes the NCRC, and carries out the following activities [53] [54].

- Conducting a study on the legal framework for human rights in Pakistan (2019)
- Conducting a nationwide survey on child labour (To be completed in Dec 2020)
- Conducting public awareness campaign<sup>28</sup> on child abuse and child labour
- Conducting capacity building workshops for provincial and regional governments
- Conducting monitoring of human rights violations (5795 cases of human rights violations were identified during the financial year 2018-19))
- Providing financial assistance to victims of human rights violations (214 victims of human rights violations received financial assistance during the financial year 2018-19)
- Operation of Helpline 1099 (During the financial year 2018-19, 380,000 calls were received and about 36,000 cases were referred to free legal advice for redress from human rights violations)

### **(2) Non-administrative**

NCCWD and related organizations have been working with civil society organizations on a number of programs related to child rights and protection. Meanwhile, in the Concluding Observations by the CRC Committee (2016), it was recommended to establish specific mechanisms and procedures at the national, provincial and district levels for strengthening cooperation with civil society organizations as well as providing financial support to them [16].

Authorities responsible for child welfare and protection at the provincial level also work in partnership with civil society organizations and in coordination with the NCCWD to ensure the rights and protection of children. For example, the Child Protection and Welfare Commission of Khyber Pakhtunkhwa, in collaboration with civil society organizations, has set up a task force to amend the “Child Marriage Restriction Act, 1929” [55]. In Punjab, all organizations involved in children’s rights, protection and

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<sup>26</sup> Cash transfers are paid quarterly (Rs 1,500 for boys and Rs 2,000 for girls) to poor families on condition that 70% school attendance is maintained. The target areas were extended to the whole country in December 2020.

<sup>27</sup> Pregnant and lactating women and children under 23 months of age are eligible for quarterly cash transfers (Rs. 1,500 for boys and Rs. 2,000 for girls) on the condition of attending awareness sessions on nutrition, hygiene, and receiving quarterly immunization and quarterly antenatal and postnatal care. The program has been implemented in pilot areas and will be expanded.

<sup>28</sup> During 2018-19, awareness campaigns were conducted in schools, through media and events on International Girls Day (11 October).

safeguarding activities, including NGOs, have to register with the Child Protection and Welfare Bureau, which is responsible for monitoring their facilities and activities (2020) [56].

### **9.3.4 Evaluation and reporting**

The Government of Pakistan has recognized the need to establish a monitoring and evaluation framework to track the progress of Sustainable Development Goals (SDGs). According to UNICEF's 2019 Annual Report, a Memorandum of Understanding (MoU) was signed between UNICEF and the Government of Pakistan to support strengthening the capacity of the public sector in monitoring and reporting on the child-focused SDGs [9]. In terms of statistical data collection, UNICEF has also been providing support to the provincial governments in implementing MICS, including the preparation of a MICS report for 2018/19 in Sindh, and analysis of 2019 data in Khyber-Pakhtunkhwa and Balochistan.

In addition, the Data4Pakistan portal, developed in collaboration with the World Bank as part of the strategy of Ehsaas, provides poverty and development data for all districts in Pakistan as well as over 120 development and policy indicators on its website<sup>29</sup>. This innovative portal is designed to provide a visual demonstration of the development gap in different districts across the country, allowing development funds to be disbursed according to people's needs. This is said to enable fair and transparent allocation of development budgets. The portal utilizes data obtained from the Social and Living Standards Measurement Surveys and MICS data produced by provincial statistical bureaus. The launch of the Data4Pakistan portal is expected to facilitate evidence-based decision-making and serve as a valuable resource for policy-makers at the federal, provincial and district levels [57].

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<sup>29</sup> <http://www.data4pakistan.com/>

## 9.4 Impact of and response to Coronavirus disease 2019 (COVID-19)

### 9.4.1 Situation of COVID-19 in Pakistan

According to WHO, as of 20 December 2020, the cumulative number of COVID-19 cases in Pakistan was 454,673 (205.8 per 100,000 population) and the number of deaths was 9,250 (4.2 per 100,000 population). The number of new cases in the seven days from 14 to 20 December was 19,617 (8.9 per 100,000 population) [58].

Table 9-11 Situation of COVID-19 in Pakistan

|   | Nationwide | Per 100,000 population |
|---|------------|------------------------|
| Cumulative number of cases                                | 454,673    | 205.8                  |
| Cumulative number of deaths                               | 9,250      | 4.2                    |
| Number of new cases<br>(in 7 days from 14 to 20 December) | 19,617     | 8.9                    |

Source: [58]

Following the expansion of COVID-19, the National Coordination Committee, chaired by the Prime Minister, was set up. The Committee decided to implement a nationwide lockdown since 1st April and extended its period until 9th May. Subsequently, Pakistan has adopted a ‘smart lockdown strategy’, striking a balance between life and livelihood, and limiting the lockdown to high-risk areas where high numbers of COVID-19 cases were reported.

Pakistan is one of the countries that implemented school closure at an early stage. School closure started on 27 February 2020 in Sindh and on 14 March 2020 in the rest of the country, and reopened in phases since 15 September. According to a World Bank study (2020), there are concerns that the loss of income due to COVID-19 could lead to a rapid increase in the number of dropping out of school, as the impact of COVID-19 is estimated to result in 930,000 children dropping out of primary and secondary education [59].

### 9.4.2 Impacts and responses in child protection sector

The Government of Pakistan has launched the “Ehsaas Emergency Cash Program” under Ehsaas for the people experiencing economic hardship due to COVID-19. As of October 2020, a total of PKR 179,209.50 million (approximately US\$ 1,127.1 million) had been transferred to 14,825,443 economically distressed people [60].

UNICEF has also supported the project for “Water, Sanitation and Hygiene and Infection Prevention and Control (WASH-IPC)” at 1,152 schools (232 in Balochistan, 500 in Punjab, 120 in Sindh and 300 in Khyber Pakhtunkhwa) to contribute to the safe return to school for children [60].

In addition, UNICEF provides support for children and families in need of psychosocial support and stigma prevention caused by COVID-19<sup>30</sup>. For example, a total of 5,411 social workers (2,933 women and 2,478 men) were trained in psychosocial support and stigma prevention in all provinces, through a package developed by UNICEF. The trained social workers provided psychosocial support and services (PSS) to a total of 62,217 parents, caregivers and children (3,794 girls and 4,959 boys; 27,535 women and 25,929

<sup>30</sup> UNICEF works with federal and provincial governments as well as implementing partners including DANESH (Drugs and Narcotics Educational Services for Humanity), Agha Khan Foundation, DevCon, School of Leadership Foundation, and PAHCHAAN (Protection and Help of Children Against Abuse and Neglect).

men) in the provinces of Sindh, Punjab, Khyber Pakhtunkhwa and Balochistan. Moreover, awareness-raising activities on the prevention of violence against children and other issues were conducted in Sindh and Punjab, targeting a total of 143,888 people (12,988 girls, 18,787 boys, 36,431 women and 75,682 men) [60].

Moreover, while Pakistan has struggled to eradicate the poliovirus, the expansion of COVID-19 has led to the suspension of the polio vaccination program since April 2020, leaving an estimated 40 million children without access to polio vaccination. There is a concern that delays in the polio vaccination program due to the expansion of COVID-19 may lead to an increase in the number of polio cases in Pakistan and also result in the export worldwide in the long term, although the impact would not be immediately visible [61].



## **9.5 Priority issues and suggestions in child protection sector in Pakistan**

As mentioned above, following the 2010 constitutional amendment, administrative powers relating to the rights and welfare of children have been devolved to the provinces, and each province has been developing its own legislation. Although the progress of legislation in each province and the extent of ensuring children's rights and welfare vary among provinces, amendments to laws are promoted under the initiative of the NCCWD. The establishment of the NCHR in 2020 is also expected to facilitate the legal framework and inter-sectoral collaboration and coordination on the rights of the child. The following two measures are considered to be priority issues for taking comprehensive measures on children's rights, protection and rehabilitation.

### **9.5.1 Developing a comprehensive policy on children's rights, welfare and protection**

Although the National Plan of Action was developed by the Federal Government in 2006, since then no new national plan has been developed. The constitutional amendment entrusts matters relating to the protection and welfare of children to the respective provincial governments, but there are concerns that regulations and standards of service vary among the provinces. For this reason, it is essential to have a comprehensive national policy that sets out national guidelines and allows each province to formulate its own policies in accordance with those guidelines, in order to ensure a uniform quality of social services throughout the country. Furthermore, the quality of social services can be improved through monitoring and evaluation of the implementation under policies that set clear goals and strategies.

At the provincial level, legislations on various issues related to violence against children, child labour and trafficking in persons, as well as legislation for people with disabilities, have been developed. On the other hand, there is no comprehensive provincial policy that sets out clear objectives for child rights, welfare and protection as well as strategies for achieving these objectives. In order to allocate limited resources (budgets and human resources) effectively and to provide needs-based social services strategically to the communities and populations in need, it is crucial that child welfare and protection measures are incorporated into a comprehensive policy framework in each province. It is also essential that the policy clarifies the roles and responsibilities of relevant organizations that provide social services.

### **9.5.2 Clarification of the coordinating body for comprehensive measures and promotion of cooperation with concerned stakeholders.**

In Pakistan, various issues related to children are addressed by each ministry of respective sectors, such as education, health, labour and social welfare. On the other hand, issues related to children often cross over between sectors, so that cooperation and coordination among relevant ministries is essential for the seamless provision of social services. While the National Commission for Child Welfare and Development (NCCWD) is in charge with monitoring and facilitating the implementation of laws and administrative mandates related to child protection, it is also expected to facilitate collaboration and coordination with relevant agencies. Moreover, it is also important to clarify the roles and responsibilities of the National Commission on the Rights of the Child (NCRC) established in 2020.

At the provincial level, it is essential to provide seamless support for child protection, referral to appropriate organizations that provide the necessary social services, and for rehabilitation. To this end, the authorities responsible for child welfare and protection established under each provincial government (the names of these authorities vary according to the province) should clarify the roles and responsibilities of relevant organizations, including NGOs working in the field of child protection, and promote cooperation and coordination among various sectors. Although the range of activities and organizational capacities of the authorities responsible for child welfare and protection vary from province to province, provincial governments are expected to strengthen the institutional structure and develop human resources of those authorities as necessary.

## Chapter 10 Current Status of Child Protection: Mongolia

### 10.1 Situation of children

#### 10.1.1 Basic statistical data related to child protection

As background, the basic statistical data related to child protection in Mongolia are presented in Table 10-1.

Table 10-1 Basic statistical data related to child protection in Mongolia

|  | Indicators  |  | Year    | Total | Male  | Female | Source   |
|--|---|--|---------|-------|-------|--------|----------|
| Demographics   | Population (thousands)  | All  | 2018    | 3,170 | 1,564 | 1,606  | [1], [2] |
|  |   | Under 18                                   | 2018    | 1,092 | -     | -      |          |
|  |   | Under 5                                    | 2018    | 380   | -     | -      |          |
|  | Age dependency ratio <sup>1</sup> (% of working-age population) |  | 2019    | 54    | -     | -      | [3]      |
|  | Urban population (% of total population)                        |  | 2019    | 69    | -     | -      | [3]      |
|  | Total fertility (live births per woman)                         |  | 2018    | 2.9   | -     | -      | [2]      |
|  | International child migrants (thousands)                        |  | 2019    | 3.6   | -     | -      | [4]      |
| Child mortality  | Neonatal mortality rate (deaths per 1,000 live births)          |  | 1990    | 30    | -     | -      | [2]      |
|  |   |  | 2018    | 9     | -     | -      |          |
|  | Infant mortality rate (deaths per 1,000 live births)            |  | 1990    | 77    | -     | -      | [2], [4] |
|  |   | 2018                                       | 14      | 16    | 12    |        |          |
| Under-five mortality rate (deaths per 1,000 live births)     |   | 1990                                       | 108     | -     | -     | [2]    |          |
|  |   | 2018                                       | 16      | 19    | 13    |        |          |
| Maternal health  | Age at first birth <sup>2</sup>                                 |  | 2013    | 22.1  | -     | -      | [5]      |
| Nutrition  | Malnutrition (%) (0-4 years of age)                             | Stunted (moderate and severe) <sup>3</sup> | 2018    | 9.4   | 10.9  | 7.8    | [4]      |
|  |   | Wasted (severe) <sup>4</sup>               | 2018    | 0.3   | 0.3   | 0.3    |          |
|  |   | Wasted (moderate and severe) <sup>5</sup>  | 2018    | 0.9   | 1.0   | 0.8    |          |
| Education  | Completion rate (%)   | Primary education                          | 2014    | 97.4  | 96.3  | 98.5   | [4]      |
|  |   | Lower secondary education                  | 2014    | 89.7  | 87.1  | 93     |          |
|  |   | Upper secondary education                  | 2014    | 66.2  | 60.1  | 73.1   |          |
|  | Dropout rate (primary education) (%)                            |  | 2016    | 2.7   | -     | -      | [6]      |
| Family environment, Child protection                         | Birth registration rate (%)                                     |  | 2018    | 99.6  | 99.6  | 99.6   | [4]      |
|  | Child marriage (%)  | Married by 15 y.o.                         | 2012-18 | -     | -     | 0      | [2]      |
|  |   | Married by 18 y.o.                         | 2012-18 | -     | 3     | 5      |          |
| Children living in single-parent households (%) <sup>6</sup> |   | 2018                                       | 17.3    | 18.2  | 16.3  | [7]    |          |

<sup>1</sup> Percentage of total population aged 15-64 years.

<sup>2</sup> Mean age at first birth for women aged 25-49 at the time of the survey.

<sup>3</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median height-for-age of the WHO Child Growth Standards.

<sup>4</sup> Percentage of children aged 0-4 years who are below minus 3 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>5</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>6</sup> Percentage of children who live with either their fathers only or with their mothers only. Denominator is the number of children.

|        | <b>Indicators</b>  | <b>Year</b> | <b>Total</b> | <b>Male</b> | <b>Female</b> | <b>Source</b> |
|--------|--|-------------|--------------|-------------|---------------|---------------|
|        | Number of children in institutions <sup>7</sup> (0-17 y.o.)            | 2019        | 1,067        | -           | -             | [8]           |
|        | Number of children with disabilities (0-17 y.o.)                       | 2019        | 11,610       | -           | -             | [8]           |
| Equity | GDP per capita (current US\$)  | 2019        | 4,295.2      | -           | -             | [3]           |
|        | GDP growth (annual %)  | 2019        | 5.1          | -           | -             | [3]           |
|        | Unemployment rate (15-19 y.o.) <sup>8</sup>                            | 2017        | -            | 14          | 30            | [4]           |
|        | Employment rate by informal sector (%)                                 | 2019        | 48.2         | 50.2        | 45.9          | [9]           |
|        | Child poverty (Children in multidimensional poverty <sup>9</sup> ) (%) | 2020        | 9.0          | -           | -             | [10]          |
|        | Gini coefficient   | 2010-18     | 32.3         | -           | -             | [2]           |

### 10.1.2 Social, economic, political, and cultural situation

Mongolia is a landlocked country with a land area of about 1,564,100 km<sup>2</sup> (about four times the size of Japan) and is the least densely populated country in the world. Since the transition of the country in the early 1990s to the free market economy and democracy, and as a result of rapid rural-urban migration and urbanization since the 1990s, the majority of the population lives in urban areas and mining centers (66.4% in urban areas and 33.6% in rural areas) [11]. As of 2017, the country’s overall population density was 2 people/km<sup>2</sup>, with 311.3 people/km<sup>2</sup> in the capital city of Ulaanbaatar [12].

Of Mongolia’s total population of 3.17 million (2018), 1.09 million (34%) are children under the age of 18 [2]. The median age of Mongolia in 2018 was 27 years old. Mongolia has a high proportion of youth and children in its population, and the challenge is to create a sufficient number of employment opportunities and increase labour productivity [13].

Since 1991, gross domestic product (GDP) per capita has tripled, with economic growth averaging nearly 6% in 2017-19. However, the economy is likely to contract in 2020 amid adverse impacts of the COVID-19 global pandemic and pre-existing macroeconomic vulnerabilities [14]. During the last 20 years, Mongolia has transformed from a livestock herding-based economy to a mineral resource-dependent economy. The mineral sector accounts for one-fourth of GDP, 90% of all exports and 72% of total industrial production, and 80% of all export is bound to China. This made Mongolia dependent on global commodity price fluctuations and variations in China’s economy [8].

Poverty remains a major challenge, and Mongolia’s official national poverty rate has fluctuated since 2010. The poverty headcount rate declined sharply from 38.8% to 21.6% during the economic boom in 2010-2014. However, between 2016 and 2018, poverty reduction was uneven, declining in rural but not in urban areas. Growth in rural areas was faster and favorable to the poor, contributing to reducing rural poverty from 34.9% in 2016 to 30.8% in 2018, supported by rising livestock prices and expansion of poverty-targeted social protection programs. By contrast, the urban poverty rate remained unchanged at 27% from 2016 to 2018, mainly driven by stagnant wage growth in the poorest population group [14].

<sup>7</sup> Number of children in 31 childcare centers.

<sup>8</sup> Percentage of adolescents aged 15-19 years in the labour force who are unemployed.

<sup>9</sup> Percentage of children in multidimensional poverty, i.e., multiple deprivations in health, education, and living standards.

The concentration of the population in the capital Ulaanbaatar is due to the difficulty in sustaining a rural herding livelihood, as well as natural disasters such as winter dzuds and summer droughts. The rapid urbanization has mostly been unplanned and resulted in many development challenges, including lack of access to essential services and high air pollution levels in peri-urban settlements in the capital city during winter [11].

Air pollution is a critical challenge in Ulaanbaatar and other urban areas. Mortality attributed to air pollution is 155.9 deaths per 100,000 people, placing Mongolia among the most severely affected countries. The Government of Mongolia's efforts have focused on banning the use of raw coal in Ulaanbaatar since May 2019, replacing it with briquettes made from refined coal. While this has reduced visible air pollution and particulate matter (PM2.5) levels, the latter is still far above the World Health Organization (WHO) guidelines and thus continue to be a major maternal and child health risk [15].

In 2019, the country's Human Development Index stood at 0.737, ranking 99th out of 189 countries, placing it in the high category of human development, but its ranking dropped down compared to 2014 [16]. In terms of gender, the overall score of the Gender Gap Index released by the World Economic Forum in December 2019 was 0.706<sup>10</sup>, ranking 79th out of 153 countries. The ranking dropped 21 places compared to 2018<sup>11</sup> [17].

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<sup>10</sup> The value ranges between 0 (complete inequality) and 1 (complete equality).

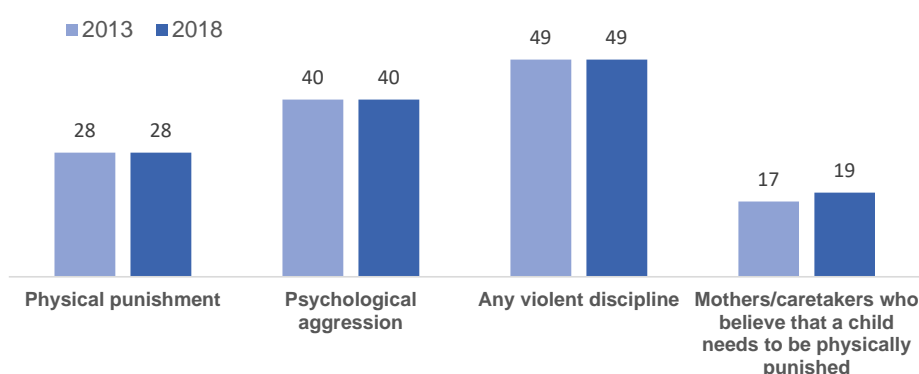
<sup>11</sup> The overall score was 0.714 (58<sup>th</sup> out of 149 countries).

### 10.1.3 Key issues on child protection

The following section provides an overview of issues related to children and the situation of children in need of protection in Mongolia.

#### (1) Violence against children

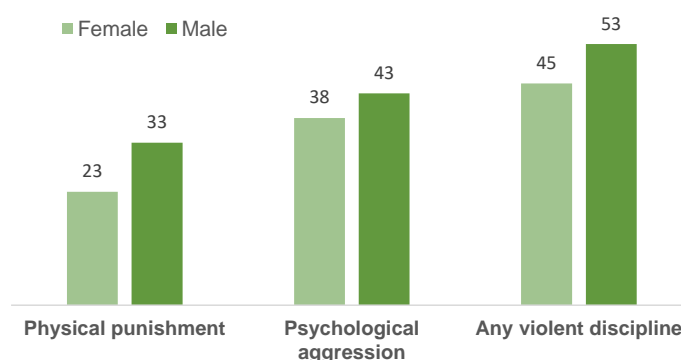
Concerning violence against children by their caretakers, Figure 10-1 shows that there has been no improvement in the situation when comparing the 2013 and 2018 surveys. In 2018, 28% of children aged 1-14 had experienced physical punishment from their caretakers in the past month, and 40% had experienced psychological aggression. This result was similar to the result in 2013. Also, around 19% of caretakers (2018) answered that physical punishment is necessary for the proper care and education of children [7].



Source: Prepared by the Survey Team based on [5] and [7]

Figure 10-1 Children aged 1-14 years who experienced violent discipline during the last one month and caretakers who encourage physical punishment (%) (2013 and 2018)

Figure 10-2 shows the situation of violence against children by gender from caretakers in 2018. Boys are more likely to be exposed to violence than girls.



Source: Prepared by the Survey Team based on [7]

Figure 10-2 Children aged 1-14 years who experienced violent discipline during the last one month by sex (%) (2018)

The survey by the National Human Rights Commission involving 4,264 children aged 12-18 years old revealed that 8 in every 10 children experienced some kind of violence, 1 in every 2 children experienced some level of physical violence, 1 in every 4 children experienced neglect, 3 in every 5 children experienced

emotional violence and 1 in every 8 children experienced sexual violence. The most common perpetrators were a senior grade child (47.6%), step-mother or father (38.6%), teens (38.4%), teachers (15.0%) and parents/carers (12.4%) [18].

## **(2) Child labour**

In Mongolia, 10% of children aged 5 to 17 (over 56,000 children) perform child labour, particularly in the agriculture sector, but also in the forms of horse racing, construction and mining. Hazardous work is widespread in construction and mining, with over half of 15 to 17-year-olds in these sectors performing such work. More children in rural areas than urban areas are engaged in child labour, as are more children from poorer households. Boys face a higher risk of child labour than girls, leading to gender inequality in education outcomes, but girls tend to bear a significantly higher burden in relation to household chores [19].

Although children have participated in horse racing, a traditional Mongolian culture, child jockeys have been regarded as a hazardous form of child labour because of the risks to children's health and safety<sup>12</sup> and the impact on school attendance. In 2019, a total of 10,235 child jockeys were registered [8]. From 2012 to 2014, 326 children received emergency medical treatment after suffering falls, and 18 children died [19]. In response to this situation, the Mongolian government has taken measures to protect the rights and safety of child jockeys. For example, in 2016, the government banned children from participating in horse races from 1 November to 1 May, which is the most dangerous time of year in terms of Mongolia's cold climate. However, challenges remain, such as the fact that child jockeys aged 7 and older can participate in horse races during the summer Naadam festivals [8].

The Mongolian labour law does not allow for the employment of children under the age of 15. Children aged 15 may enter into contracts for vocational training or apprenticeships with the permission of their parents/guardians and the state, and 16-year-olds may enter into employment contracts without permission. However, there are significant challenges in collecting and monitoring data on the employment of children,, as employers are not required to keep a register of workers under 18 [19].

## **(3) Unsupervised children**

With the collapse of the socialist system, the Mongolian economy also suffered a significant blow. Due to the increase in the number of unemployed people and the collapse of families due to poverty, children in Ulaanbaatar who had nowhere to go began to live in manholes through which hot water for heating passes in order to survive the cold of minus 30 degrees Celsius in the winter, becoming a social problem known as "manhole children". In response, the Mongolian government established the Address and Identification Center in 1996 to protect children. In addition, international non-governmental organizations (NGOs) built orphanages to protect and care for the children. As a result, the number of manhole children, which was about 4,000 at its peak, has been reduced to 50 as of 2007. However, there are children who choose to live in manholes of their own volition even after being taken into care due to the poor environment of

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<sup>12</sup> The risks child jockeys face include head, brain and bone injuries, hypothermia, respiratory diseases, eye infections, and shaking during the race can cause kidney related diseases, such as kidney inflammation, urinal defects such as urinating blood, kidney stones and kidney disorders. Kidney related disorders normally do not emerge immediately in childhood, but slowly develop into chronic health problems when a child becomes an adult [8].

orphanages. In addition, due to the lack of aftercare after leaving the orphanage, new issues have been pointed out, such as the emergence of “manhole adults” who live in manholes again after leaving the orphanage [20].

As a result of the operations to identify and register unsupervised children in Ulaanbaatar, the number of children identified as being in need of specialized protection services on a regular basis was 157 in 2011, 65 in 2012 and 57 in 2013. These children practice regularly and are accustomed to an unsupervised street lifestyle as they are either unwilling to live at home or have homeless parents, or are in conflict with their families [21]. According to data from the Authority for Family, Child and Youth Development (AFCYD) in 2018, nationally, there are 97 unsupervised children, among which 76 in Ulaanbaatar, 16 in Darkhan and 2 in Khovd aimag<sup>13</sup> [18].

#### **(4) Child trafficking**

According to the U.S. government’s 2020 Trafficking in Persons Report<sup>14</sup>, Mongolia does not fully meet the minimum standards for the elimination of trafficking in persons but is making significant efforts to do so and is classified as Tier 2<sup>15</sup>. Traffickers force some children to beg, steal, or work in other informal sectors of the economy, such as horseracing, herding and animal husbandry, scavenging in garbage dumpsites, and construction. Some families are complicit in exploiting children in sex trafficking and forced labour. In previous years, traffickers have forced Mongolian girls to work as contortionists—often under contractual agreements signed by their parents—primarily in Mongolia and Turkey. Mongolian boys are at high risk of forced labour and sex trafficking under visa regimes that enable them to work indefinitely as horse jockeys and circus performers across the Chinese border, provided they return with a chaperone once a month; this frequent facilitated transit also makes them more vulnerable to trafficking [22].

In 2018, 10 persons became victims of human trafficking crimes as described in Article 13.1 of the Criminal Law, and of them, 4 were children between 14-17 years of age. In 2019, 9 persons became victims of this crime, including 5 children between 14-17 years of age [8].

#### **(5) Children in institutions**

According to AFCYD, in November 2019, 1,067 children lived in 31 childcare centers across the country. This number included both child victims of abuse and orphans, as AFCYD does not disaggregate the data further. In Ulaanbaatar, 864 children are living in 28 centers [8].

Children who graduate from foster and welfare centers do not possess the social or life skills to live independently. An analysis made of the living situations of some 197 children who had graduated from Unur Bul children’s welfare center over the last 3-4 years revealed that 4 children had died, 16 children were engaged in prostitution in the People’s Republic of China and 70% of those who had been employed were doorkeepers [18].

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<sup>13</sup> There is no mention of the other three in the original text.

<sup>14</sup> According to [22], Japan is listed as one of the related countries for sex trafficking (details on the number of victims and their ages are unknown).

<sup>15</sup> Classified into four tiers in order of decreasing involvement in human trafficking: Tier 1, Tier 2, Tier 2 Watchlist, and Tier 3.



## **(6) Children with disabilities**

In Mongolia, the number of citizens with disability in 2019 was 107,100 and accounted for 3.4% of the total population. Of these, 11,610 are 0-17-year-old children with disability. In terms of the children’s type of disability, the rate of congenital disability is higher than that of acquired disability [8].

As of 2019, 1,076 children with disabilities were enrolled in pre-school education and 6,053 children were enrolled in general education schools. Table 10-2 shows enrolment by region. The most common disability in pre-school education institutions and in general education schools was visual impairment. Despite the desire of children with disability to go to school and study, inaccessible infrastructure such as roads, public transportation, buildings, and school environments restricts their right to study [8]. Generally, around 40% of children with disabilities enter pre-school education and primary schools, but this figure steadily declines in the middle grades and reaches 14% in senior grades [18].

Table 10-2 Number of children with disabilities enrolled in general education schools and pre-school education, by region (2018 and 2019)

| Region, location      | General education schools |              | Pre-school education |              |
|-----------------------|---------------------------|--------------|----------------------|--------------|
|                       | 2018                      | 2019         | 2018                 | 2019         |
| <b>National</b>       | <b>6,518</b>              | <b>6,053</b> | <b>1,087</b>         | <b>1,076</b> |
| <b>Western region</b> | 983                       | 853          | 94                   | 90           |
| <b>Khangai region</b> | 1,409                     | 1,261        | 170                  | 169          |
| <b>Central region</b> | 835                       | 759          | 178                  | 172          |
| <b>Eastern region</b> | 505                       | 488          | 61                   | 90           |
| <b>Ulaanbaatar</b>    | 2,784                     | 2,692        | 584                  | 555          |

Source: [8]

## **(7) Children without birth registration**

In Mongolia, parents undertake a duty to register a newborn at their local Civil Registration Office within 15 days upon the child’s birth date in urban centers and 30 days in soums and baghs<sup>16</sup>. If a parent or both parents are unavailable, the duty to register the child shall be transferred to their kin or authorized staff of the hospital where the child was born [21]. According to the Social Indicator Sample Survey (SISS), in 2018 the registration rate for children aged 0-11 months was 98.2% and 100% for children aged 12 months and above [7]. In Mongolia, there are no significant challenges in birth registration.

<sup>16</sup> Soum is an administrative unit below aimag. Bagh is a lowest administrative unit below soum.

## 10.2 Child protection goals

### 10.2.1 Legal and policy framework

Mongolia ratified the Convention on the Rights of the Child (CRC: United Nations Convention on the Rights of the Child) on 5 July 1990. Table 10-3 shows the status of the Mongolian government’s ratification of international conventions related to child protection.

Table 10-3 Status of ratification of international conventions related to child protection in Mongolia

| International conventions   | Year of ratification |
|---|----------------------|
| Convention on the Rights of the Child (CRC)   | 1990                 |
| Optional Protocol to the CRC on the Involvement of Children in Armed Conflict                                 | 2004                 |
| Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography                | 2003                 |
| Optional Protocol to the Convention on the CRC on a Communications Procedure                                  | 2015                 |
| ILO Convention 182 on the Worst Forms of Child Labour   | 2001                 |
| ILO Convention 138 on Minimum Age for Admission to Employment   | 2002                 |
| Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption | 2000<br>(accession)  |

Source: The Survey Team

The Law on the Rights of the Child (revised in 2016) defines a child as an individual under 18 years of age and states that “Legislation on the rights of the child shall consist of the Constitution of Mongolia, the Civil Code, the Family Law, the Law on Child Protection, this law and other legislative acts enacted in conformity with these laws” [23]. The Constitution of Mongolia states that human rights and freedoms, justice and national unity shall be respected, and with regard to the rights of the child, Article 16, paragraph 11 stipulates that “The State protects the interests of the family, motherhood, and the child”.

A number of laws, regulations, policies and plans relating to child protection have been adopted and implemented to implement the CRC. In 1996, the Law on the Protection of the Rights of the Child was adopted to coordinate relations concerning the protection of child rights. Child rights include the right to live, to develop, to be protected (in particular, the prohibition of child labour in hazardous conditions etc.) and to participate in social life. The law outlines the duties of the child, government, parents, guardians, caregivers, individuals, economic entities and organizations. Also, the law establishes a National and Local Council for Children [24].

Afterwards, the revised Law on Child Rights and the Law on Child Protection were adopted in 2016. The Law on Child Rights, adopted in 1996, as well as relevant laws and international treaties to which Mongolia is a party, did provide a basic system to deal with child rights matters; however, the lack of procedural rules and clarity on the powers and obligations of the authorities, together with financial constraints have hindered the implementation and advancement of child rights protection. The revision of this law and the adoption of the Child Protection Law set out a legal framework for both substantive and procedural laws. These laws create a new national system of child protection, defining the powers and duties of all stakeholders including local and central government, addressing budgetary matters, and establishing a database for research and reporting. They mark a considerable advance for child protection in Mongolia as these laws set out the first systematic framework in this area [25].

In accordance with the Law on the Rights of the Child, the Government of Mongolia approved the National Programme of Action for Child Development and Protection 2017-2021 in 2017, which is currently in the implementation phase. Table 10-4 provides an outline of the programme. The government has declared 2019-2020 to be the Year of Child Development and Protection and announced that it would pay close attention to the implementation of child protection activities [26].

**Table 10-4 Outline of the National Programme of Action for  
Child Development and Protection 2017-2021**

|                   |   |
|-------------------|---|
| <b>Purpose</b>    | Ensuring the rights of children to access a safe and healthy environment, education, development, protection and participation, as well as developing the national child protection framework with assistance from other sectors and creating a child-friendly environment.   |
| <b>Objectives</b> | <ol style="list-style-type: none"> <li>1. Create a child-friendly environment that ensures the rights of children to access a safe and healthy environment.</li> <li>2. Create an environment conducive to the development of each child so that the skills and talents of children can be identified and nourished.</li> <li>3. Promote the practice of listening to and respecting the opinions of children in the society and to increase child participation in policy planning, implementation and evaluation stages.</li> <li>4. Protect children from all forms of neglect, abuse, violence and exploitation as well as at-risk situations.</li> <li>5. Reduce income and non-income poverty <sup>17</sup> among children through support of equal opportunity social welfare measures.</li> </ol> |

Source: [27]

### **10.2.2 Policies**

The main policies related to child protection in Mongolia are outlined below.

#### **(1) Violence against children**

The revised Law against Domestic Violence, which was ratified in 2016, provides a legislative ground for the protection of children from domestic violence (DV) and has a provision on special protection to children. The Law on Child Protection (2016) also prohibits all forms of violence against children and provides for an institutional framework for preventing and responding to violence. The Law on Child Protection prohibits all forms of violence, exploitation, neglect and abuse of children by parents, guardians and third parties responsible for the care, treatment, guidance and education of children and adolescents. It states that non-violent discipline should be used in the education and upbringing of children. As a result of those efforts to create a legislative framework, Mongolia has become the 49th state to prohibit all corporal punishment against children [27]. In 2018, Mongolia became a pathfinding country for the Global Partnership to End Violence Against Children, pledging to end all forms of violence against children [28].

The government has established child protection service mechanisms such as a child helpline, Justice for Children Committees, Multi-disciplinary teams (MDTs), One Stop Service Centers (OSSCs) and temporary shelters [29].

#### **(2) Child labour**

The Government of Mongolia has ratified the main international conventions on child labour (see Table 10-3) and has developed laws and regulations relating to child labour. Policies and national programmes related to child labour include the National Programme of Action for Child Development and Protection

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<sup>17</sup> Sanitary facilities (hand washing spaces and toilets) and housing conditions are set as indicators for the programme.

2017-2021, the National Program on Combating Trafficking in Persons 2017-2021, and the State Policy on Herders 2016-2020<sup>18</sup>. Furthermore, several ministries updated their regulations to prohibit child labour in their respective industries. For example, the Ministry of Mining and Heavy Industry specifically prohibited children under age 18 from entering mining sites as stated in the government resolution on “Regulation of Artisanal Mining.” The Ministry of Construction and Urban Development will only issue licenses to construction companies that have signed a contract affirming that they will not use child labour. In addition, the government has implemented the Child Money Program<sup>19</sup>, a social protection service that provides 20,000 Mongolian Tugrik (MNT) (about US\$7) per month to children under 18 years of age to prevent child labour by offsetting costs related to food, school, and clothing [30].

However, Mongolia’s legal framework does not meet several international standards to protect children. The laws do not specifically criminalize forced labour other than forced begging and forced hazardous work. Also, the Labour Code, which sets a minimum age of 16 to “enter into an employment agreement” does not apply to children in the informal sector or to those who are self-employed, including children who work as horse-racing jockeys. In addition, as of 2019, the lack of authorization to conduct unannounced inspections at the national level in Mongolia may impede the enforcement of child labour laws [30].

### **(3) Unsupervised children, including children living and/or working on the streets**

Between 1997 and 2013, in accordance with the Law on Temporary Detention of Children without Supervision, children living on the streets were supposed to be accepted into the Child Protection and Address Identification Center with support from the Police Department. This center provided unsupervised children with the essential services and referred them to childcare centers. The nullification of the Law on Temporary Detention of Children without Supervision in 2013 resulted in the abolition of the Address Identification Center that operated under the Ulaanbaatar City Police Department. Consequently, the work the Child Protection and Address Identification Center used to perform was transferred to the relevant organizations on child rights’ protection. Thus, the Children and Family Development Centers, newly established in Ulaanbaatar City’s nine districts, the Ulaanbaatar City’s Children and Family Development Department were made responsible for receiving and servicing unsupervised children [21].

To reduce the number of unsupervised children, the Ulaanbaatar City Children and Family Development Department, in cooperation with the Ulaanbaatar City Police, child care organizations and civil society organizations, provided a range of services to children identified as unsupervised (157 in 2011, 65 in 2012, and 57 in 2013) including the identification of their residential address, assessment of their development needs, referral to health services, transfer to family members if deemed appropriate, and referrals of those unable to reunite with their families to temporary care services [21].

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<sup>18</sup> Describes the acceptable minimum conditions and criteria for employing children in herding.

<sup>19</sup> Since its introduction in 2005, the criteria for eligible children and the amount of benefits have been changed, and in 2012, all children were covered, but from 2018 onwards, certain conditions have been imposed. [45]. In response to COVID-19, the Government of Mongolia has made an imperative decision to top-up the monthly child benefit by increasing the amount 5 times (MNT 100,000 or USD 35) in May 2020 as part of its stimulus package in response to the pandemic, till October 2020, and then extended till the end of the year [46].

#### **(4) Child trafficking**

The Mongolian government has been working to combat trafficking in persons by joining the UN Palermo Protocol in 2008 and passing the Law on Combatting Human Trafficking of Persons in 2012. The government approved the National Program on Combating Trafficking in Persons 2017-2021 in 2017 and established an Anti-Trafficking Sub-Council to stop new types of crime such as money laundering, human trafficking, drug trading and online crimes [8]. The Anti-Trafficking Sub-Council coordinates government efforts to combat human trafficking and monitors the implementation of anti-trafficking legislation and functions as part of the Council on Crime Prevention under the Ministry of Justice and Home Affairs. The council has 23 members representing 20 different organizations, including 3 NGOs and one international organization [30]. However, cases and causes of human trafficking crimes have not declined because of the uncertainty of actions by law-enforcement agencies, officials having no common understanding about how to combat with this type of crime, low cooperation between agencies, and lack of a legal environment to work with international bodies. Human trafficking is an organized, transnational crime, so there is a need to expand international cooperation and upgrade systemic approaches to combatting human trafficking [8].

Against this backdrop, in April 2020, the governments of the United States and Mongolia signed a four-year Child Protection Compact Partnership to address child trafficking in Mongolia. With the signing of the Child Protection Compact Partnership, the U.S. Department of State's Office to Monitor and Combat Trafficking in Persons commits to providing approximately US\$5 million in U.S. foreign assistance to nongovernmental and international organizations that will collaborate with members of the Mongolian National Anti-Trafficking Sub-Council. It is hoped that the implementation of this partnership will strengthen the efforts of the Government of Mongolia, law enforcement agencies, prosecutors, NGOs and CSOs to prevent all forms of trafficking in children [31].

#### **(5) Children in institutions**

In relation to alternative care, the Government of Mongolia has amended laws such as the Law against Domestic Violence (2016), the Law on the Rights of the Child (2016) and the Criminal Code (2015) [32]. The Child Protection Law (2016) states that the results of an assessment of a child at risk will be taken into account in providing the child with alternative care services. The Child Protection Law stipulates that alternative childcare services shall be provided by government organizations or accredited child protection service providers, legal entities, families, citizens or they jointly. The law also states that children who have been separated from their families shall be reunited with them wherever possible and that social workers and child rights officers shall organize and monitor the process of reuniting children with their families. In addition, the Alternative Care of Children MNS 5852:2017 Standards were adopted, referring to those laws in order to ensure appropriate alternative care<sup>20</sup>.

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<sup>20</sup> In general, the UN Guidelines for the Alternative Care of Children (2009) provides guidance for appropriate alternative care. The guidelines are based on the best interests and rights of the child and should be followed to ensure appropriateness, including the desirability of providing care as close as possible to the child's usual place of residence.

## **(6) Children with disabilities**

Since the ratification of the Convention on the Rights of Persons with Disabilities in 2008, the Government of Mongolia has been promoting the protection of the rights of persons with disabilities, including the enactment of the Law on the Rights of Persons with Disabilities in 2016. Currently, the National Program for the Promotion of Rights, Participation and Development of People with Disability 2018-2022 has been implemented to enforce the laws and other regulations related to the protection of the rights of persons with disabilities.

The Rule of the Commission for Health, Education, and Social Protection of Children with Disabilities was also adopted in 2016 [18]. The purpose of the Commission for Health, Education, Social Protection of Children with Disabilities is to detect the disability of 0-16-year-old children, to enroll children with disability in health, education and social protection services, and to monitor, implement, and promote inter-sectoral coordination [8]. A central committee has been established under MLSP and branch committees have been set up in each of the 9 districts and 21 aimags to strengthen the capacity of the committees to provide comprehensive developmental support to children with disabilities.

With regard to the education of children with disabilities, efforts have been undertaken to realize inclusive education. Regarding pre-school education, the Mongolian Education Law states that children with light disabilities may be enrolled in regular pre-school classes, with a maximum of two per class. As for general education, there are only six special schools for children with disabilities in Mongolia. In response to the global trend of promoting inclusive education, children with disabilities are being accepted in regular schools. In 2019, the Regulation to ensure inclusive education at regular schools for children with disabilities was adopted (Ministry of Education Ordinance No. A/292), and the Regulation includes the establishment of school enroll meetings and school committees and the creation of individualized education plans<sup>21</sup>.

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<sup>21</sup> Interview with an expert of the JICA's technical cooperation project, the Project for Strengthening Teachers' Ability and Reasonable Treatments for Children with Disabilities.

## **10.3 Social service systems for child protection**

### **10.3.1 Implementation structure**

#### **(1) Government administration of child protection**

The lead ministry in the field of child welfare and protection in Mongolia is the Ministry of Labour and Social Protection (MLSP), which oversees the formulation and implementation of national policies. Other ministries involved in the protection and promotion of children's rights and welfare include the Ministry of Education and Science, the Ministry of Health, and the Ministry of Justice and Internal Affairs.

Within MLSP, the Authority for Family, Child and Youth Development (AFCYD) was established and is responsible for policy implementation. Initially, AFCYD was the National Authority for Children<sup>22</sup>. As the issue of child development and protection started to be considered within the context of the family, the former National Authority for Children was restructured in 2016 to become AFCYD [18]. AFCYD runs a variety of services, such as the Child Helpline, "Unur bul" institutional childcare center, Child and Family Development Centers (offering social work and psychological assistance to families), and the Nairamdal International Youth Camp [33].

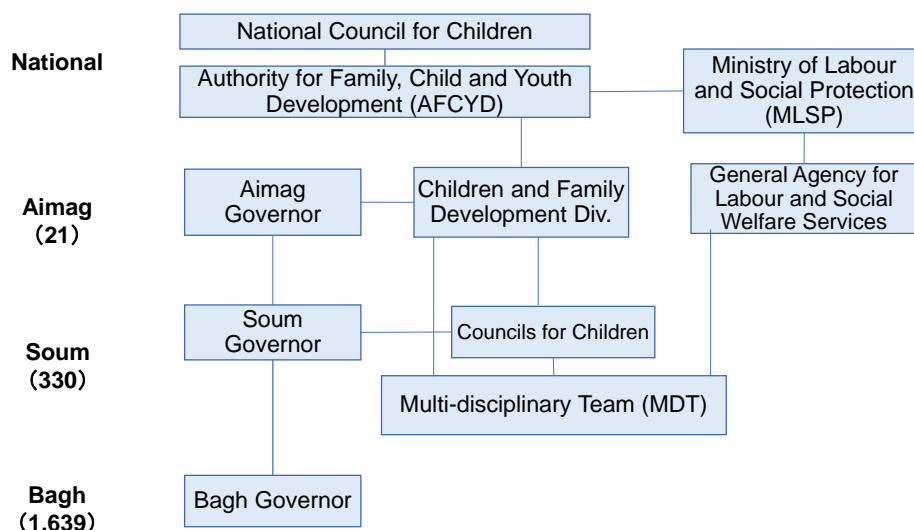
The National Council for Children, headed by the Prime Minister, acts as an oversight body for ensuring and protecting the rights of children since 1996. The council supervises the development of State policies on child development and protection, the allocation of social resources and the mobilization of public and private entities, communities and citizens for implementing the policies and programmes [28] [34].

Local administration in Mongolia consists of three layers (see Figure 10-3). As of 2019, Mongolia is divided into aimag (province) (21) and capital city; aimags are subdivided into soums (330), soums are further subdivided into baghs (1,639). The capital Ulaanbaatar is divided into 9 districts, and districts are subdivided into khoros (169) [8]. The implementation system for child protection in aimags is shown in Figure 10-3.

The Law on Child Protection (2016) provides a framework for a child protection system and outlines the mandatory services which shall be provided to all children in the country, namely the assessment, safeguarding, referral, reunification, and provision of services by the juvenile justice committee. Before the introduction of the Law on Child Protection, MDTs had been established since 2003. The Law on Child Protection mandated the establishment of MDTs to address child protection. Established by governors' resolution at the soum and khoroo levels, MDTs consists of social workers in charge of children and families, school social workers, primary health center medical practitioners, police, and other professionals. The roles include prevention of violence against children and DV, identification and assessments of children at risk of abuse, referral and follow up. Up to 609 MDTs are in operation nationally [33].

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<sup>22</sup> Established in 1990.



Source: Prepared by the Survey Team based on [35]

Note: The number in brackets in the diagram is the number of administrative bodies.

Figure 10-3 Implementation system for child protection in aimags

## (2) Non-governmental organizations

Registered NGOs working with children and families have formed networks such as the National Network on Child Protection, National Network on Eliminating Worst Forms of Child Labour, and Network of Child Participation Organizations. AFCYD cooperates with NGOs through such networks as the networks not only provide a cost-effective solution for delivering innovative services that are not possible to be provided by the government agencies, but also provide effective and efficient means to improve the well-being of children. For example, in 2011, AFCYD<sup>23</sup> contracted with the networks for services over MNT 220 million. In 2013-2014, AFCYD<sup>24</sup> implemented a number of projects with the cooperation of CSOs, including coordination of multi-disciplinary service providers for children exposed to sexual exploitation; specialized assessment of children's well-being during the divorce court proceedings; advocacy teamwork for improving the legal environment for child protection; and counseling and assistance for the phone counsellors and operators of hotline working for children [21].

### 10.3.2 Infrastructure

#### (1) Human resources

AFCYD reports that there are 2,856 social service workers employed within the government sector (see Table 10-5). The work of those social service workers is mainly focused on children and families, with 77% of them indicating that their job description includes work related to child protection. The number of social workers working in NGOs, including international NGOs, is unknown [33].

<sup>23</sup> At the time, it was the National Authority for Children.

<sup>24</sup> Ibid.



**Table 10-5** Number and function of social service providers within government ministries in Mongolia

| <b>Ministry</b>                                 | <b>Department</b>   | <b>Number of staff in post</b> | <b>Function and roles</b>  |
|---|---|--------------------------------|--|
| Ministry of Labour and Social Protection (MLSP) | Family, Children and Youth Development Agency (AFCYD)   | 58                             | Professional staff responsible for developing and implementing public policies for children, youth and family development and child protection |
|   | AFCYD - Childcare Centre “Unur Bul” (state orphanage)   | 103                            | Social workers, psychologists, teachers responsible for 24/7 childcare for orphan children   |
|   | AFCYD - Temporary shelter   | 15                             | Protection of children that requires immediate protection services.  |
|   | AFCYD - Hotline 108 service   | 24                             | Hotline services for child protection and response.  |
|   | AFCYD - aimag and district level branch offices   | 516                            | Professional staff responsible for implementing state policies for children, youth and family in their locality.                               |
|   | National Child Right inspectors   | 38                             | Inspection of child rights incidences.   |
|   | General Agency for Labour and Social Welfare Services (GALSWS) soum and khoroo social welfare specialists | 448                            | Responsible for social welfare service delivery.   |
|   | GALSWS - Soum government social policy specialist (former social workers) and bagh/khoroo social workers  | 450                            | Organizing and delivering social protection services.  |
| Ministry of Health                              | Family health clinics   | 240                            | Social work positions  |
|   | Professional social workers at regional hospitals   | 39                             | Social workers   |
|   | Provincial and local soum health centers  | 35                             | Social workers   |
|   | Family clinics in the capital city  | 50                             | Social workers   |
| Ministry of Education and Science               | School social workers   | 704                            | Social workers   |
|   | Vocation education and training school social workers   | 70                             | Social workers   |
| Ministry of Justice                             | Law enforcement   | 10                             | Child inspectors at the police office  |
|   | Correction centers/prison social workers  | 56                             | Social work services for prisoners and inmates in correction facilities.   |
| <b>Total</b>                                    |   | <b>2,856</b>                   |  |

Source: Prepared by the Survey Team based on [33]

The Law on Social Welfare (2012) defines the social work profession and its functions, regulates education and training, and requires a code of ethics. According to the law, the social worker “must hold a bachelor or higher degree in social work, be trained through specialized professional training, and hold a required license/permission for conducting social work duties.” However, the creation of an Adjunct Council to manage the issuing of licenses to conduct social work services is yet to be completed. In 2009, the social work training and licensing procedure was approved by a decree. However, it was not implemented due to a number of reasons, including the fact that most social work positions are not occupied by professional staff (around 85%). In a survey of 151 social service workers in 2018, 46 (30.5%) had a degree in social work, 103 (68.2%) had a university degree in an unrelated field, and 2 (1.3%) had a non-university diploma [33].

In the same survey, 110 (76.9%) cited low salary, 104 (74.8%) cited heavy workload, and 29 (20.3%) cited lack of opportunities for career advancement as challenges faced by social workers [33].

In Mongolia, social work started to be taught at universities in 1996 and is now available at bachelors, masters and doctoral levels in 10 universities. A child protection elective was developed for the University of Education in 2008 with support from Save the Children UK. The United Nations Children’s Fund (UNICEF) has subsequently supported curriculum updates to reflect legal and policy changes after the approval of the Child Protection Law [33].

The Mongolian Association of Social Workers was founded in 1997. Subsequently, six associations (school social workers, social work educators, professional social workers, social work managers, social welfare and health social workers) were established. The code of ethics for Mongolian social workers was developed in 2006 by a group of professionals and was adopted by the government in 2016. In 2019, a social work ethics committee was established and included representatives of all line ministries, professional associations and academia [33].

## **(2) Budget**

The Mongolian Government budget reached 9,091.9 billion MNT in 2019 with the health sector accounting for 9.1% of all budget spending and the education sector for 19.2%. Educational sector spending accounted for 3.8% of GDP, and the health sector accounted for 1.8%. In 2019, 34.1% of social welfare funds was spent on the “Child Money Program”. Special purpose transfers for child development and protection amounted to 7822.9 million MNT in 2019, and 10676.8 million MNT in 2020 [8].

In the National Programme of Action for Child Development and Protection 2017-2021, the national budget for child protection activities is included in the programme’s performance indicators. As shown in Table 10-6, the target for 2021 is set at an amount of about 23 times higher than in 2016.

Table 10-6 Target of the national budget for child protection activities (MNT million)

| <b>Indicator</b>  | <b>2016<br/>(baseline)</b> | <b>2019</b> | <b>2021</b> |
|---|----------------------------|-------------|-------------|
| <b>Funding allocated from the state budget for child protection efforts</b> | 12.8                       | 236.0       | 300.0       |

Source: [27]

The budgets of MLSP, Ministry of Health, and Ministry of Education and Science, which are closely related to child welfare, are shown in Table 10-7. According to UNICEF estimates, full implementation of the Child Rights and Child Protection Laws would require 22 or at least 11 billion MNT and therefore, budget and funds required for the implementation of the laws and strengthening the national child protection system needs to be assigned in the 2021 Budget Law of Mongolia [8].

Table 10-7 Budget of ministries related to child protection (million MNT)

|  | <b>2018</b> | <b>2019</b> | <b>2020</b> |
|--|-------------|-------------|-------------|
| <b>Ministry of Health</b>                              | 766.31      | 839.95      | 964.55      |
| <b>Ministry of Labour and Social Protection (MLSP)</b> | 1,267.66    | 1,619.40    | 1,547.59    |
| <b>Ministry of Education and Science</b>               | 1,632.35    | 1,863.56    | 2,173.16    |

Source: Prepared by the Survey Team based on [8]

### **10.3.3 Social service delivery and intervention**

A 2014 mapping survey of national child protection services showed that Mongolia has primary, secondary and tertiary level services contributing to child protection. Some examples of interventions are advocacy campaigns to promote child protection and positive discipline (primary); children’s helpline, MDTs (secondary); rehabilitation services for child victims of abuse and neglect (tertiary). However, there is no geographical uniformity for the way in which the Law on Child Protection is being implemented [33]. According to the United Nations Development Assistance Framework 2017-2021 for Mongolia, child protection issues in Mongolia are exacerbated by the absence of a comprehensive and effective child protection system. There are massive gaps in terms of services for prevention, early identification, intervention, referral to rehabilitative and specialized services and follow-up (i.e. a continuum of services) to child neglect, abuse, exploitation and violence [11].

In this context, the enactment of the Law on Child Protection in 2016, and in particular the strengthening of measures to combat violence against children, has led to the development of child protection systems. Specifically, the measures include the Child Helpline 108, the establishment of Juvenile Justice Committees, the mandatory establishment of MDTs, and the establishment of OSSCs and temporary shelters. In follow up to the Law, funds for child protection services were allocated from the state budget to enable the creation of new posts for Child Rights Inspectors; the establishment of a Training, Research and Information Centre at AFCYD; and the provision of funding to NGOs for the services for child victims of sexual abuse. Funding was also provided for a national awareness campaign on positive discipline [29].

OSSCs are intended to provide temporary shelter for victims or potential victims of DV, to protect their lives, health and safety, and to provide medical and psychological services, social services, child protection, rights assistance and other referral services. Temporary shelters were established in 2017 to provide comprehensive services, including detection of children at risk of DV, situational assessment, ensure and support security, referral, adaptation of social relations, and reintegration with family. As of 2019, there were 14 temporary shelters (13 state-run and 1 NGO), and 15 OSSCs (14 state-run and 1 NGO) are working across the nation [8].

The Juvenile Justice Committee<sup>25</sup> is a local unit made up of representatives of professional organizations that provide services for juveniles who were suspected and investigated for a crime, witnessed a crime, became a victim of a crime, were convicted and sentenced for a crime, became the subject of enforcement measures, or were sentenced for committing an offence. The Juvenile Justice Committee has an obligation to work with juvenile offenders, victims, and witnesses of crime and provide counseling for children during criminal proceedings, support former convicts to reintegrate with society, enroll juvenile offenders in training and programs, protect the interests of the juvenile. However, it has been pointed out that the board has not been able to provide sufficient services due to the insufficient number of members [8].

Although MDTs have been activated across the country in compliance with the Law against Domestic Violence and the Law on Child Protection, in reality, conceptual, financial and sustainable human resources and operational challenges hindered their effective functioning. For instance, in addition to their main duties,

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<sup>25</sup> Juvenile Justice Board in the original text.

MDTs are obliged by the two Laws to work with both victims of DV and children exposed to violence. This increases the workload of MDTs and reversely affects the risks and deterioration of quality and access to child rights services. There is also a need to define and regulate many issues, including the development of procedures and rules to transfer unresolved cases from MDTs working in primary administrative units to MDTs in higher administrative units or aimag/district; clarification of roles and responsibilities of MDT members and their performance incentive mechanism; and creating mechanisms to protect MDT members. As there are turnover and transfer of MDT members, it is vital to retain them as well as to strengthen their skills [8]<sup>26</sup>.

At the initiative of the head of the National Council for Children, mobile child protection services were introduced from August 2019 to prevent violence against children and mitigate risks in all social environments. The mobile service provided child protection services in 9 districts of Ulaanbaatar and Dornogobi and Khentii aimags for 13,308 residents and 20,580 children, built a capacity of 43 MDTs, and provided them with technical assistance. In 2019, AFCYD increased accessibility of services for early detection and stopping of violence against children, as well as rehabilitation services, worked with 19 licensed NGOs that provide child protection response services and provided protection response services for 586 children at risk [8].

As society becomes more aware of these efforts, the demand for child protection services has been increasing. In 2017, an average of 12,000 calls was received every month by the national child helpline. This increased to 15,000 calls each month in 2018. Of the cases received each month, the helpline referred 396 to MDTs in 2017, a figure that rose to 657 cases a month in 2018. In addition, a total of 618 children were referred to support services by the Justice for Children Committees in 2017. By September 2018, this figure had already been surpassed, with the Committees referring 897 children to child protection services. This contributed to an increased caseload at the protection shelter of 998 children between January and September 2018, compared to 596 in the whole of 2017 [29].

#### **10.3.4 Evaluation and reporting**

The National Statistics Office (NSO) conducts and publishes official statistics on macroeconomy, population, and others, as well as sector-specific statistics on monetary policy, education, health, social security, children, etc. NSO also conducts surveys to assess the implementation of children's rights, in cooperation with other government agencies and international organizations [21]. NSO conducted the Social Indicator Sample Survey (SISS) in 2013 and 2018, which includes child development and protection areas such as child care environment and child labour.

The Law on Child Protection stipulates that the National and Local Councils for Children shall prepare a child protection report within the third quarter of each year, provide guidance to the state administrative body, local self-governing bodies and other relevant organizations on policy measures to be taken, and inform policy stakeholders. The aimags, capital city, soums and districts shall discuss the report of the

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<sup>26</sup> Save the Children has been implementing the JICA grassroots technical cooperation project, "Strengthening and Sustaining the child protection system in Mongolia (September 2018-August 2022) to strengthen the capacity and the implementing mechanisms of MDTs.

Council for Child Protection and the proposal of the Governor on child protection in their territories within the fourth quarter of each year, reflect it in the local budget and take measures. The Law also states that the implementation of the Law on Child Rights and the Law on Child Protection shall be assessed in accordance with the methodology specified in the Law on Legislation. In 2019, the Government of Mongolia planned to conduct two evaluations to analyze the implementation of the Law on Child Protection and the Law on Child Rights [28].

The National Programme of Action for Child Development and Protection 2017-2021 states that actions shall be taken to create a database for children's rights, conduct research on the challenges faced by children and ensure the implementation of proposed recommendations [27]. It is reported that a Training, Research and Information Center has been established at AFCYD [29]. However, from the available information, the actual status of the database and the Training, Research, and Information Center is unknown.

## 10.4 Impact of and response to Coronavirus disease 2019 (COVID-19)

### 10.4.1 Situation of COVID-19 in Mongolia

According to WHO, as of 24 January 2021, the cumulative number of COVID-19 cases in Mongolia is 1,627, and the cumulative number of deaths is 2. Of the 1,627 cases, 410 (25%) were imported from outside Mongolia, and 1,217 (75%) were locally acquired cases [36]. The latest information on the number of child COVID-19 cases is not available, but up to 21 September 2020, 16 of the 312 cumulative cases were children aged 5-18 [37].

Table 10-8 Situation of COVID-19 in Mongolia (as of 24 January 2021)

|                                     |       |
|-------------------------------------|-------|
| <b>Cumulative number of cases</b>   | 1,627 |
| <b>Cumulative number of deaths</b>  | 2     |
| <b>New cases in the past 7 days</b> | 110   |

Source: [36]

The Mongolian government has taken measures against COVID-19, including restrictions on international and domestic transportation and movement, closure of non-essential production and services, raising public awareness, increasing the capacity of the healthcare workforce, banning public gatherings and events, and closing schools and kindergartens [8]. On 11 January 2021, the curfew in Ulaanbaatar was lifted, and business resumed as usual with infection control measures, except for industries and services at high risk.

### 10.4.2 Impacts and responses in child protection sector

According to UNICEF, there are three main channels through which children are affected by the COVID-19 crisis: infection with the virus itself; the immediate socioeconomic impacts of measures (lockdown measures, school closures, etc.) to stop transmission of the virus and end the pandemic; and the potential longer-term effects of delayed implementation of the Sustainable Development Goals (SDGs) [38].

In Mongolia, the direct impact of COVID-19 itself on children is limited. However, there are concerns about the impact on families and children due to school closures and other infection prevention measures. In light of the risk of COVID-19 spreading, on 27 January 2020, the State Emergency Commission decided to close all kindergartens and schools nationwide until 1 September 2020<sup>27</sup>. As a result, more than 900,000 children in 2,200 schools and kindergartens were affected by the school closures. The Ministry of Education and Science decided to ensure continuity of education by broadcasting lessons on television based on the respective curricula for kindergartens, elementary school, and secondary schools, and the lessons began on 3 February [39].

According to a survey conducted by Save the Children in May 2020, approximately 90% of the surveyed parents were concerned regarding their children's health, the long period of school closures, and the inability to provide for their children's basic needs due to their reduced income. 45.9% of the child protection service providers surveyed reported an increase in violence against children, including emotional abuse and neglect, since the commencement of quarantine. 86.4% of the child protection service providers used new or alternative methods to effectively deliver MDT services during the pandemic quarantine, including phone and online consultations, community patrols, and home visits. Concerning the challenges

<sup>27</sup> Mongolia has the longest school closure period of any member countries in the UNICEF East Asia and Pacific region [47].

which prevented MDT's from maintaining their operations, most responded that MDT members lacked personal protective equipment such as masks, hand sanitizers, gloves, lacked transportation, lacked telephonic support, and lacked technical expertise in response to emergency child protection needs [40].

In the UNICEF-supported survey, 66.2% of all households reported that their income had decreased due to difficulties in running their own business, loss of work or reduced working hours to look after their family. While their income has decreased, 52.8% of households reported that their household expenses have increased due to increases in food, water, electricity and internet costs. Since the restrictions, 10.1% of all households have received assistance from international organizations, individuals, districts and khoros, such as food, disinfectants or financial support [41].

The longer children stay at home, the more problems they have with their parents and caregivers. In fact, physical and emotional abuse of children is on the rise. According to data from the Child Helpline 108, reports of physical abuse in March 2020 increased by 32.9% compared to the previous month, and by 46.8% compared to February 2019 [39]. For child victims of DV, there was an increase of 16.3% in the same period of 2020 compared to the first and second quarters of 2019 [42]. It was observed that the nature of the calls to the Child Helpline 108 changed during the COVID-19 pandemic. In the past, the most common topics covered in calls included peer pressure, love, and relationships. In contrast, calls related to family relationship issues increased by 56.4% during the same period. Additionally, questions related to the tele-lessons and on how to help children do schoolwork were the second most frequent content of calls [43].

Against this backdrop, the Government of Mongolia, development partners such as UNICEF, NGOs and others have been taking the following measures and responses to the impact of COVID-19 in the area of child protection.

A case management reference group has been established, comprising social work faculty members, UNICEF, Save the Children and AFCYD child protection staff to provide remote training, support and supervision on case management for over 100 subnational social workers. To date, 400 children without parental or family care due to COVID-19 have been provided with appropriate alternative care arrangements as a result of UNICEF support [39].

UNICEF supported the reprinting of 3,000 copies of the Child Protection Case Management Guidelines that were adapted and tested by Save the Children (Japan) for distribution to all subnational and community-level social workers/case workers. Using these guidelines, Case Management Reference Group members are developing online modules for further training of professionals. To date, 869 cases have been managed by trained social workers under professional guidance and supervision from the Case Management Reference Group [44].

MLSP, with the support from UNICEF, has conducted online training for the child protection rapid response teams of all aimags and districts on child protection in emergencies, providing guidance on priority interventions during COVID-19. So far, 191 government staff who provide direct services for children and families – including child protection officers, social workers, psychologists, child helpline operators and protection shelter staff – have benefited from the training [44].

With regard to DV, UNICEF has been coordinating its work with the gender-based violence (GBV) subcluster led by the United Nations Population Fund and has jointly developed and distributed guidelines for strengthening GBV/DV prevention and response [44].

## **10.5 Priority issues and suggestions in child protection sector in Mongolia**

As mentioned above, since the ratification of the CRC in 1990, Mongolia has developed laws related to the upholding of children's rights and child protection, formulated relevant policies and guidelines, and established governmental organizations such as the National Council for Children and AFCYD, and service delivery organizations such as MDTs. In particular, the amendment of the Law on the Rights of the Child and the Law on the Protection of Children, as well as the amendment of the Law against Domestic Violence in 2016, have further developed the legislation and implementation system for child protection. The commitment of the Government of Mongolia to child protection is also reflected in the total ban on corporal punishment and the designation of 2019-2020 as the “Year of Child Development and Protection”.

In the future, while taking into account the implementation of the Law on Child Rights and the Law on Child Protection and the results of the evaluation of the National Programme of Action for the Development and Protection of Children 2017-2021, the implementation system and infrastructure (human resources and budget) need to be reviewed to improve the overall services related to child protection, i.e. prevention, early detection, intervention, and referrals to rehabilitation and specialized services, and follow-up service provision and continuity of care. In light of the above, the priority issues in the area of child protection in Mongolia and the responses considered necessary are as follows.

### **10.5.1 Assessing the current status of Multi-Disciplinary Teams (MDTs) and strengthening their structures and capacity**

The 609 MDTs across the country are the core organizations of child protection services because of their direct involvement with children and families. As stated above, challenges have arisen around MDTs, such as increased workload, leaving or transfer of staff, and clarification of roles and responsibilities among members. As the workload of MDTs is expected to increase with the growing public awareness of child violence and DV, support for MDTs will become increasingly important; it is presumed that the needs for strengthening the structures and capacities of MDTs vary depending on when MDTs started their work and where they operate. It is therefore considered necessary to assess the current situation of MDTs across the country and to provide support according to their needs.

In addition, the COVID-19 response measures identified issues for MDTs, such as equipped with personal protective equipment and maintaining remote operations. It is hoped that the lessons learnt from these COVID-19 response measures will be applied to MDT activities and day-to-day preparedness in the event of a disaster or emergency.

### **10.5.2 Building a licensing system for social workers**

The foundation for education and training of social workers has been formed, as there are 10 universities that provide education for social workers in Mongolia. The environment is also well developed, with the establishment of professional associations, codes of ethics and ethics committees. However, there has been



no progress in the licensing system since the approval of the licensing procedure in 2009. There is a need to develop a licensing system for social workers to meet the requirements set out in the Law on Child Protection. In addition to the establishment of a licensing system, it is hoped that a review of the employment system in the education and welfare sectors will lead to the professionalization of social workers and improvement in their salaries and other benefits.

### **10.5.3 Development and operation of information systems related to child protection**

In Mongolia, SISS and related surveys provide some indication of the situation in the field of child protection, but as they are conducted every few years, they do not provide up-to-date information. The government stated that it conducts an evaluation of the Law on Child Rights, the Law on Child Protection, and the National Programme of Action for Child Development and Protection 2017-2021, but this also does not serve to monitor the situation of child protection. The available information indicates that AFCYD also deals with data on child protection, such as residential care institutions. However, the status of the information system in the field of child protection in Mongolia, including the scope and content of data collection in the AFCYD database, is unknown.

In order to provide appropriate interventions and services in a timely manner according to the situation of children and their families, it is essential to have a database on child protection to monitor the situation of children and their families at all times. Therefore, it is necessary to improve and strengthen the development and operation of information systems related to child protection.

## Chapter 11 Current Status of Child Protection: The Kyrgyz Republic

### 11.1 Situation of children

#### 11.1.1 Basic statistical data related to child protection

As background, basic statistical data related to child protection in the Kyrgyz Republic are shown in Table 11-1.

Table 11-1 Basic statistical data related to child protection in the Kyrgyz Republic

|  | Indicators  |  | Year    | Total | Male  | Female | Source   |
|--|---|--|---------|-------|-------|--------|----------|
| Demographics   | Population (thousands)  | All  | 2018    | 6,304 | 3,119 | 3,185  | [1], [2] |
|  |   | Under 18                                   | 2018    | 2,335 | -     | -      |          |
|  |   | Under 5                                    | 2018    | 788   | -     | -      |          |
|  | Age dependency ratio <sup>1</sup> (% of working-age population) |  | 2019    | 59    | -     | -      | [3]      |
|  | Urban population (% of total population)                        |  | 2019    | 37    | -     | -      | [3]      |
|  | Total fertility (live births per woman)                         |  | 2018    | 3.0   | -     | -      | [2]      |
|  | International child migrants (thousands)                        |  | 2019    | 12    | -     | -      | [4]      |
| Child mortality  | Neonatal mortality rate (deaths per 1,000 live births)          |  | 1990    | 24    | -     | -      | [2]      |
|  |   |  | 2018    | 13    | -     | -      |          |
|  | Infant mortality rate (deaths per 1,000 live births)            |  | 1990    | 54    | -     | -      | [2], [4] |
|  |   |  | 2018    | 17    | 19    | 15     |          |
| Under-five mortality rate (deaths per 1,000 live births) |   | 1990                                       | 65      | -     | -     | [2]    |          |
|  |   | 2018                                       | 19      | 21    | 17    |        |          |
| Maternal health  | Age at first birth <sup>2</sup>                                 |  | 2012    | 22    | -     | -      | [5]      |
| Nutrition  | Malnutrition (%) (0-4 years of age)                             | Stunted (moderate and severe) <sup>3</sup> | 2018    | 11.8  | 12.5  | 10.9   | [4]      |
|  |   | Wasted (severe) <sup>4</sup>               | 2018    | 0.7   | 0.7   | 0.7    |          |
|  |   | Wasted (moderate and severe) <sup>5</sup>  | 2018    | 2.0   | 2.0   | 2.1    |          |
| Education  | Completion rate (%)   | Primary education                          | 2018    | 99.2  | 99    | 99.5   | [4]      |
|  |   | Lower secondary education                  | 2018    | 98.9  | 99    | 98.9   |          |
|  |   | Upper secondary education                  | 2018    | 86.8  | 89.1  | 84.9   |          |
|  | Dropout rate (primary education) (%)                            |  | 2017    | 1.9   | -     | -      | [6]      |
| Family environment, Child protection                     | Birth registration rate (%)                                     |  | 2018    | 98.9  | 99.5  | 98.4   | [4]      |
|  | Child marriage (%)  | Married by 15 y.o.                         | 2012-18 | -     | -     | 1      | [2]      |
|  |   | Married by 18 y.o.                         | 2012-18 | -     | 0     | 12     |          |
|  | Children living in single-parent households <sup>6</sup> (%)    |  | 2018    | 13.7  | 13.1  | 14.5   | [7]      |

<sup>1</sup> Percentage of total population aged 15-64 years.

<sup>2</sup> Mean age at first birth for women aged 25-49 at the time of the survey.

<sup>3</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median height-for-age of the WHO Child Growth Standards.

<sup>4</sup> Percentage of children aged 0-4 years who are below minus 3 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>5</sup> Percentage of children aged 0-4 years who are below minus 2 standard deviations from median weight-for-height of the WHO Child Growth Standards.

<sup>6</sup> Percentage of children who live with either their fathers only or with their mothers only. Denominator is the number of children.

|        | <b>Indicators</b>  | <b>Year</b> | <b>Total</b> | <b>Male</b> | <b>Female</b> | <b>Source</b> |
|--------|--|-------------|--------------|-------------|---------------|---------------|
|        | Number of children in institutions                                     | 2019        | 12,002       | -           | -             | [8]           |
|        | Number of children with disabilities <sup>7</sup>                      | 2019        | 29,800       | -           | -             | [8]           |
| Equity | GDP per capita (current US\$)  | 2019        | 1,309.4      | -           | -             | [3]           |
|        | GDP growth (annual %)  | 2019        | 4.5          | -           | -             | [3]           |
|        | Unemployment rate (15-19 y.o.) <sup>8</sup>                            | 2010-18     | -            | 15          | 27            | [2]           |
|        | Employment rate by informal sector (%)                                 | 2018        | 71.6         | 77.8        | 61.5          | [9]           |
|        | Child poverty (Children in multidimensional poverty <sup>9</sup> ) (%) | 2020        | 0.51         | -           | -             | [10]          |
|        | Gini coefficient   | 2010-18     | 27.3         |             |               | [2]           |

### 11.1.2 Social, economic, political, and cultural situation

The Kyrgyz Republic is a landlocked, lower-middle-income country with a land area of approximately 198,500 km<sup>2</sup> (about half the size of Japan). Of the total population of 6.3 million (2018), 2.33 million (37%) are children under the age of 18 [2]. Since its independence in 1991, the country has experienced economic and political instability due to political changes in 2005 and 2010. In the parliamentary elections held in October 2020, the opposition denounced the results as fraudulent and launched protests, which resulted in the annulment of the election results and the eventual resignation of the president [11]. Then, in January 2021, a presidential election was held simultaneously with a referendum on the direction of constitutional reform, and a new president was elected. In the Kyrgyz Republic, corruption is a serious challenge that affects all areas of social life and economic development, and the country ranks 126th out of 180 countries in the 2019 Corruption Perceptions Index [12].

Geographically, the Kyrgyz Republic faces challenges such as drug trafficking and human trafficking. The country is located on major narcotics-trafficking routes from Tajikistan and Afghanistan to the Russian Federation and Europe. It is pointed out that the Kyrgyz Republic is important for the transit of opiates to the Russian Federation and the destabilizing effect this had on the country, including fueling crime and criminal networks [13].

The country has rich endowments, including minerals, forests, arable land, and pastures, and has significant potential for the expansion of its agriculture sector, hydroelectricity production, and tourism industry. However, the economy is vulnerable to external shocks due to its reliance on one gold mine, Kumtor, which accounts for about 8% of gross domestic product (GDP), and on worker remittances, equivalent to about 28% of GDP in 2019 [11].

According to the latest National Statistical Committee (NSC) data, 740,500 citizens of the Kyrgyz Republic are registered as migrants abroad, with most living in Russia (640,000 people), Kazakhstan and Turkey. However, the overall number of migrants could be significantly higher, reaching up to 1.2 million citizens, or 18% of the country's population. The migration of parents negatively affects children, especially those 107,000 children left behind by both parents for the purpose of migration [14]. In addition, there are many

<sup>7</sup> Number of children with disabilities registered with MoLSD and receiving state benefits in 2019.

<sup>8</sup> Percentage of adolescents aged 15-19 years in the labour force who are unemployed.

<sup>9</sup> Percentage of children in multidimensional poverty, i.e., multiple deprivations in health, education, and living standards.

internal migrants, specifically from rural areas to urban areas (mainly Bishkek and Osh cities), and according to estimates, the number of internal migrants is as high as one million [15].

The survey in 2018 revealed that 25.6% of the population were below the national poverty line in 2017, and about 0.8% of the population lived in a state of extreme poverty. The same survey found a poverty rate of 28.4% amongst rural residents and 20.4% amongst urban residents. The child poverty rate is 28.3%. These poverty rates are not static but prone to strong seasonal fluctuations. More than 50% of the population are either chronically poor or experience periods of poverty at least once during the year [16].

The Kyrgyz Republic continues to face challenges related to the environment and climate change. The country's high dependence on hydropower and agriculture and the fact that most of the country is mountainous, making it a vulnerable country with a low capacity to adapt to climate change<sup>10</sup> [16]. As for air pollution, in the winter, air pollution in the capital city, Bishkek, is particularly high, far exceeding the World Health Organization (WHO) guidelines for particulate matter (PM2.5 and PM10), and very often reaching hazardous levels that pose serious hazards to the population, and children in particular [14].

The Human Development Index for 2019 is 0.697, ranking 120th out of 189 countries, placing in the medium human development category [17]. In terms of gender, the overall score of the Gender Gap Index released by the World Economic Forum in December 2019 was 0.689<sup>11</sup>, ranking 94th out of 153 countries, a drop of seven places from 2018 [18].

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<sup>10</sup> The effects of climate change include rising temperatures and extreme weather events that are affecting the amount of water available for drinking, irrigation, and hydropower generation.

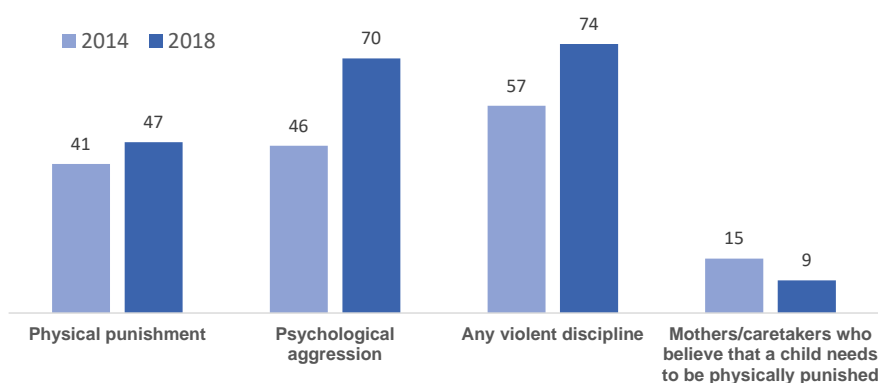
<sup>11</sup> The value ranges between 0 (complete inequality) and 1 (complete equality).

### 11.1.3 Key issues on child protection

The following section provides an overview of issues related to children and the situation of children in need of protection in the Kyrgyz Republic.

#### (1) Violence against children

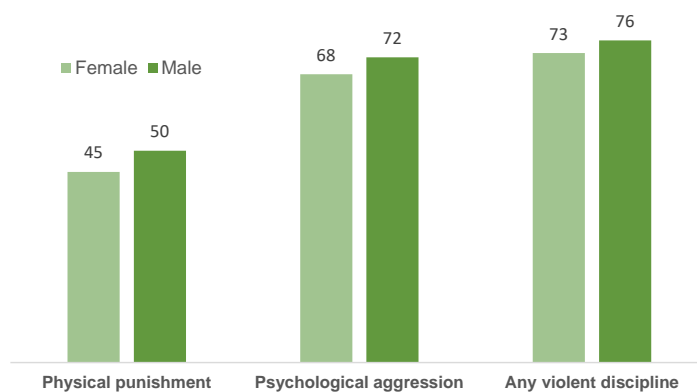
In the Kyrgyz Republic, a striking number of children are victims or witnesses of different forms of violence in various settings, including homes, alternative care settings, schools and detention facilities [19]. With regard to violence against children, the situation has worsened when comparing the results of the 2014 and 2018 Multiple Indicator Cluster Survey (MICS), as shown in Figure 11-1. In 2018, 47% of children aged 1-14 years were subjected to physical punishment by their caregivers and 70% were subjected to psychological aggression. On the other hand, the percentage of parents and caretakers who believed that physical punishment is necessary for the proper care and education of children decreased from 15% in 2014 to 9% in 2018, which is inconsistent with the current status of violence.



Source: Prepared by the Survey Team based on [20] and [7]

Figure 11-1 Children aged 1-14 years who experienced violent discipline and caretakers who encourage physical punishment (%) (2014 and 2018)

Figure 11-2 shows the status of violence against children by sex in 2018. Boys are more likely to be exposed to violence than girls.



Source: Prepared by the Survey Team based on [7]

Figure 11-2 Children aged 1-14 years who experienced violent discipline by sex (%) (2018)

## (2) Child labour

According to the 2018 MICS, about 27% of children aged 5-17 are engaged in child labour in the Kyrgyz Republic. Among them, about 12% of children are engaged in hazardous labour, such as cotton and tobacco cultivation, coal mining [7] [21]. Table 11-2 shows the status of child labour by region. The proportion of children engaged in child labour is highest in Naryn (40.5%), with a large difference compared to Bishkek city (7.3%) and Osh city (6.1%)<sup>12</sup>.

Table 11-2 Percentage of children aged 5 to 17 engaged in child labour, by region (2018)

| Region          | Total child labour | Children working under hazardous conditions |
|-----------------|--------------------|---|
| Batken          | 27.7               | 3.1   |
| Jalal-Abad      | 34.0               | 15.0  |
| Issyk-Kul       | 27.0               | 13.5  |
| Naryn           | 40.5               | 18.4  |
| Osh             | 33.3               | 15.1  |
| Talas           | 35.1               | 22.4  |
| Chui            | 24.5               | 11.3  |
| Bishkek city    | 7.3                | 2.2   |
| Osh city        | 6.1                | 3.0   |
| <b>National</b> | <b>26.7</b>        | <b>11.7</b>                                 |

Source: Prepared by the Survey Team based on [7]

In addition, there are children from the Kyrgyz Republic who travel to Kazakhstan to work, either with their parents or unaccompanied. These children engage in child labour in Kazakhstan in construction, farming, herding, or selling products in the markets; some fall victim to forced child labour [21].

Children in the Kyrgyz Republic are required to attend school only until grade nine, typically when they reach age 14 or 15. Children who have completed compulsory education but have not yet reached the age of 16, when they are legally allowed to work, are at high risk of engaging in hazardous and harmful labour [21].

## (3) Children living and working on the streets

The problem of children living and working on the streets is a relatively new one for the Kyrgyz Republic and is the result of social and economic difficulties during the transition period and the related problems of labour migration, as well as parental drug and alcohol abuse. [22].

Due to the lack of up-to-date data on children living and working on the streets, the current situation remains unclear. A periodic report of the United Nations Convention on the Rights of the Child (CRC) submitted in 2010 stated that children living and working on the streets are a serious problem, especially in Osh city, and that according to various estimates, more than 10,000 children are living and working on the streets in the Kyrgyz Republic [22].

<sup>12</sup> A study by ILO and NSC (2014-15) noted that the better the economic situation of a family, the lower the number of children engaged in child labour. Regions which are better off in terms of child welfare (Bishkek, Osh, etc.) demonstrate a relatively low incidence of child labour [44].

#### **(4) Child trafficking**

The Kyrgyz Republic is a source, transit, and destination country for trafficking. Kyrgyzstani boys and girls are subjected to sex trafficking and forced labour, including the forced selling and distribution of drugs, within the country [19].

According to the U.S. government’s 2020 Trafficking in Persons Report, Kyrgyzstan does not fully meet the minimum standards for eliminating trafficking in persons but is making efforts to do so and is classified as a Tier 2 Watchlist<sup>13</sup>. The report stated that international organizations and non-governmental organizations (NGOs) reported assisting 72 victims in 2019; one of the victims was a child [23].

#### **(5) Child marriage**

In the Kyrgyz Republic, the minimum legal age for marriage is 18. However, according to the 2018 MICS, about 13% of women reported getting married before the age of 18. Rural areas (16%) have a higher rate of child marriage than urban areas (8%) [7].

Child, Early and Forced Marriage (CEFM), especially the practice of bride kidnapping called “ala kachu” in Kyrgyz, is a serious violation of human rights and has been repeatedly recommended by the United Nations human rights mechanisms [24]. While the country adopted legislative amendments to the Criminal Code, increasing the punishment to up to 10 years’ imprisonment for the kidnapping of ‘brides’ below the age of 17 years in 2013, cases often remain unreported by the victims owing to social stigma and pressure [19].

#### **(6) Without parental care**

The Kyrgyz Republic is heavily affected by migration, primarily motivated by economic reasons. As a result of the migration of their parents, many children are left without parental care and are cared for by relatives or acquaintances or placed in residential institutions.

According to the 2018 MICS, the percentage of children living with their parents was 76.8%, while 20.1% of children had one of their parents living elsewhere due to migration or other reasons. As for external migration, 12% of the children had one of their parents living abroad. Table 11-3 shows the children’s living arrangements by region.

Table 11-3 Children’s living arrangements with parents by region (%) (2018)

| <b>Region</b>   | <b>At least one parent living elsewhere</b> | <b>At least one parent living abroad</b> |
|-----------------|---|--|
| Batken          | 19.8  | 13.9                                     |
| Jalal-Abad      | 27.4  | 17.6                                     |
| Issyk-Kul       | 16.1  | 4.4                                      |
| Naryn           | 15.4  | 3.2                                      |
| Osh             | 21.4  | 17.8                                     |
| Talas           | 13.1  | 4.7                                      |
| Chui            | 16.9  | 7.8                                      |
| Bishkek city    | 17.3  | 7.9                                      |
| Osh city        | 25.9  | 16.5                                     |
| <b>National</b> | <b>20.1</b>                                 | <b>12.0</b>                              |

Source: Prepared by the Survey Team based on [7]

<sup>13</sup> Classified into four tiers in order of decreasing involvement in human trafficking: Tier 1, Tier 2, Tier 2 Watchlist, and Tier 3.

## **(7) Children in institutions**

According to a study by the United Nations Children’s Fund (UNICEF) in 2012, a total of 10,908 children live in 117 institutions, which house anywhere between eight and 355 children each. Many children in institutions are from families living in poverty, such as large families or single-parent families, or children with disabilities [25].

The study revealed that the standard gatekeeping procedure established by law to prevent the over institutionalization of children is widely flouted. Admission documents mentioned that decisions were made by a district or municipal administration instead of care decisions being taken by Commissions on Children’s Affairs at the district level. Also, there were children referred by the police, neighbours or relatives, or the parents themselves. In addition, cases have been reported of staff members of certain private institutions purposefully visiting families to persuade them to seek admission for their children. The conditions of care in the residential facilities varied from excellent to poor [25].

According to the 2019 CRC periodic report of the Kyrgyz Republic, there are 143 institutions across the country with 12,002 children. Only 5.4% of the children admitted are orphans, while the rest have parents or single parents [8].

The number of residential institutions increased from 117 (10,908 children) in 2012 to 143 (12,002 children) in 2019, while the placement of children in families from 2012 to the present (adoption, guardianship) remains at the same level [8]. The responsible agencies and the number of institutions are shown in Table 11-4.

Table 11-4 Number of residential institutions by type of responsible agency (2012 and 2019)

| <b>Agency responsible and source of financing</b>  | <b>2012</b> | <b>2019</b> |
|--|-------------|-------------|
| <b>National budget*</b>  | 32          | 61          |
| <b>Local budget</b> (educational boarding schools, temporary shelters)                               | 52          | 25          |
| <b>Private</b> (children’s homes, shelters, boarding schools, religious boarding schools and so on.) | 33          | 57          |
| <b>Total</b>   | <b>117</b>  | <b>143</b>  |

Note\*: Ministry of Education and Science, Ministry of Health,  
Ministry of Social Development and Ministry of Internal Affairs  
Source: [25] [8]

## **(8) Children with disabilities**

Between 2005 and 2012, the number of children with disabilities under age 18 registered with the Ministry of Labour and Social Development (MoLSD) and receiving state benefits increased from 18,519 to 25,346, an increase of 36.9%. Possible explanations include poor health among children and improved reporting, which might be encouraged by improved access to social protection or higher benefits [26]. As of 2019, there were 29,800 children with disabilities in the country [8]. This number may be higher, as often parents feel societal stigma and do not reach out for the services that could help [27].

Despite the rising need for education facilities adapted to children with disabilities, a majority still attend regular facilities. In 2012, 2,350 children with disabilities were enrolled in regular preschools, while only 1,674 attended special facilities for this age group. The disparity grows for school-age children: 2,477 children attended boarding schools specialized for disability care (see Table 11-5), while 9,945 children with disabilities were registered at regular schools [26].



Table 11-5 Secondary boarding schools for children with disabilities

| Type of institution                                 | Institutions |            | Residents    |            |
|---|--------------|------------|--------------|------------|
|   | Number       | %          | Number       | %          |
| For children with learning difficulties             | 8            | 53         | 957          | 39         |
| For children with delayed psychological development | 1            | 7          | 160          | 6          |
| For children with speech impairments                | 1            | 7          | 275          | 11         |
| For children with visual impairments                | 2            | 13         | 310          | 13         |
| For children with hearing impairments               | 3            | 20         | 775          | 31         |
| <b>Total</b>  | <b>15</b>    | <b>100</b> | <b>2,477</b> | <b>100</b> |

Source: [25]

### **(9) Children without birth registration**

Pursuant to the recommendations of the UN Committee on the Rights of the Child, the Kyrgyz Republic has refined birth registration legislation and procedures [22]. According to the 2018 MICS, the registration rate for children aged 0-11 months was 97%, 99% for children aged 12-35 months, and 100% for children aged 36 months and above [7].

While the registration rate seems high, there are hidden groups of children who do not have birth certificates for a variety of reasons, including lack of parental citizenship or marriage documents (such as in religious marriages), internal migration, or stigma about registering birth without being able to prove married status [19].

## 11.2 Child protection goals

### 11.2.1 Legal and policy framework

The Kyrgyz Republic ratified the Convention on the Rights of the Child (CRC: United Nations Convention on the Rights of the Child) on 7 October 1994. Table 11-6 shows the status of the ratification of international conventions related to child protection in the Kyrgyz Republic.

Table 11-6 Status of ratification of international conventions related to child protection  
in the Kyrgyz Republic

| International conventions   | Year of ratification |
|---|----------------------|
| Convention on the Rights of the Child (CRC)   | 1994                 |
| Optional Protocol to the CRC on the Involvement of Children in Armed Conflict                                 | 2003                 |
| Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography                | 2003                 |
| Optional Protocol to the Convention on the CRC on a Communications Procedure                                  | -                    |
| ILO Convention 182 on the Worst Forms of Child Labour   | 2004                 |
| ILO Convention 138 on Minimum Age for Admission to Employment   | 1992                 |
| Hague Convention of 29 May 1993 on Protection of Children and Cooperation in Respect of Intercountry Adoption | 2016                 |

Source: The Survey Team

Concerning the rights of the child, the Constitution of the Kyrgyz Republic states that “The principle of ensuring best interests of a child shall be effective in the Kyrgyz Republic (article 16, paragraph 5).” Article 36 also states that “Family shall be the foundation of the society. Family, paternity, maternity and childhood shall be the subject of care of the entire society and preferential protection by law (paragraph 1)”; “Each child shall have the right to the level of life, necessary for his/her physical, mental, spiritual, moral and social development (paragraph 2)”; “The responsibility for ensuring living conditions necessary for the development of a child, shall be borne by each of the parents or other persons rearing a child within their capacity and financial possibilities (paragraph 3)”; and “The state shall ensure the maintenance, upbringing and education to child orphans and children deprived of parental care (paragraph 4)”. Article 23 prohibits slavery, human trafficking, and child labour.

The term “child” was first defined in Kyrgyzstan by the Family Code of the Kyrgyz Republic of 30 August 2003, in which a child is designated as someone who has not attained the age of 18 (the age of majority). Pursuant to the recommendations of the UN Committee on the Rights of the Child, the Children’s Code defines “child” more precisely: a child (children) is a physical person (persons) that has not attained the age of 18 [22].

The Kyrgyz Republic has amended legislation and adopted enactments regulating children’s issues. The adoption of the Children’s Code on 7 August 2006 marked a significant step towards incorporating into domestic legislation the norms of the Convention on the Rights of the Child and the recommendations of the UN Committee on the Rights of the Child. By adopting the Code, the Government of Kyrgyzstan undertakes to review existing procedures for working with children, as well as the services provided for them, and to establish the basic quality standards essential for child protection and welfare. After the Code was adopted, amendments and additions were made to the Family Code concerning adoption (art. 172) and other laws and regulations [22].

Subsequently, in 2012, the Children’s Code (2012), the revision of the Children’s Code (2006), was adopted. The Children’s Code (2012) emphasizes the standards established by CRC and is based on key human rights principles, including the best interests of the child and the protection of children from all forms of violence. Notably, the Code stresses the importance of the prevention of the separation of the child from the family and ensuring the right of the child to a family situation, including to live and be raised in a family. In this regard, the Code creates strong gatekeeping mechanisms to prevent children from being separated from their families. A decision to place a child in an institution must now be taken by a court and used as a last resort. Another key achievement of the revised Code is the inclusion of child protection among the competencies of local self-governance bodies. These bodies are best placed and informed about the situation of children and of families within their jurisdiction in order to effectively implement early detection and support for children and families at risk and avoid unnecessary institutionalization [28]. The Code also introduced a concept related to the protection of children in conflict with the law<sup>14</sup> as well as child witnesses and victims of crime [19].

Most recently, taking into account the comments and recommendations of the UN Committee on the Rights of the Child in 2014, the practical experience of other countries, as well as the recommendations of state authorities, the development of a new version of the draft Children’s Code was completed in the second quarter of 2019. The principle “prohibition of corporal punishment as a form of child discipline” is introduced in the draft. The draft introduces a social service to protect children, which will directly conduct “case management” - practical social work to accompany children in a difficult life situation and their families at all stages. Furthermore, in order to gradually eradicate residential institutions for children and completely eliminate the placement of children, the draft aims to develop family-type institutions, with the number of children not exceeding 12 [8].

### **11.2.2 Policies**

The main policies related to child protection in the Kyrgyz Republic are outlined below.

#### **(1) Violence against children**

MoLSD has taken the following actions to prevent child abuse and violence against children [29].

- Implementation of the Action Plan for the Prevention of Child Abuse and Violence against Children 2015-2017
- Introduction of a mechanism for the early identification and social monitoring of children in difficult circumstances, including children who have been subjected to abuse or violence (Government Decision No. 391 of 22 June 2015)
- Approval of the Government Programme for Family Support and Child Protection, 2018–2028, the purpose of which is to support, strengthen and develop the institution of the family, enhance family welfare and protect the rights and interests of children.

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<sup>14</sup> Children in conflict with the law are defined as children under the age of 18 who become involved in the justice system as a result of being suspected or accused of committing a crime.

In order to further strengthen its efforts, the government has been implementing the 2019-2020 Plan of Emergency Measures to Prevent Cruelty and Violence against Children. On International Children's Day, 1 June 2019, the national campaign "Tumar" was launched to protect children from violence, including changing perceptions about violence against children, banning corporal punishment and informing parents about positive parenting. The campaign was launched jointly with UNICEF [8].

Since 2015 MoLSD has operated the "Helpline for Children 111", which operates around the clock, calls from all regions of the country are free of charge. The helpline was created for children, but calls are received from both children and adults, and all conversations are recorded. Thus, over three years and nine months, 763,269 telephone calls, or 315 calls a day, were received. Of the calls received, 83% came from adults and 17% from children. The helpline provides counseling and recommendations and offers psychological counseling. Depending on their nature, calls are redirected to the relevant territorial subdivisions of the state agencies, whose competence they fall under [8].

Also, with technical support from UNICEF, psychological and legal aid centers have been created to provide children subjected to abuse and violence in Bishkek, Osh, Karakol and the village of Tyup in Issyk-Kul province and Talas and with the support of the League of Child Rights Defenders in Sokuluk and Alamudun districts of Chui province, where over a thousand children received services. Similar services are provided at the municipal Children's Center in Bishkek [8].

In January 2020, in partnership with the Government of the Kyrgyz Republic, the European Union and United Nations have launched a multi-year country programme under the global Spotlight Initiative on eliminating all forms of violence against women and girls. The programme's vision is to create an environment where all women and girls in Kyrgyzstan, particularly those most vulnerable, live a life free of violence and harmful practices, including child marriage and *ala kachu*. The programme comprises a set of integrated interventions in the areas of policies and legislation, strengthening institutions, prevention of violence, provision of services to survivors of violence, collecting quality data, and supporting women's movement and civil society. The programme is implemented by five UN agencies (UN Women, United Nations Population Fund, United Nations Development Programme, UNICEF and United Nations Office on Drugs and Crime) under the overall leadership of the UN Resident Coordinator in the Kyrgyz Republic [30].

## **(2) Child labour**

The Kyrgyz Republic has ratified major international conventions on child labour (see Table 11-6) and has developed laws and regulations related to child labour. Kyrgyzstan's laws prohibit the exploitation of children through child labour and forced labour. Article 194 of the Labor Code prohibits the employment of persons under the age of 18 in work with harmful and (or) dangerous working conditions, underground work, as well as work which may harm their health and moral development (gambling business, work in nightclubs and cabarets, production, transportation and trade of alcoholic beverages, tobacco products, drugs and toxic substances). It is prohibited for workers under the age of 18 to carry or move weights over the limits established for them [8].

In order to prevent the involvement of children in the worst forms of child labour, on 6 April 2016, the relevant ministries and agencies adopted an Interagency Plan to Prevent the Involvement of Children in the Worst Forms of Child Labour for 2016-2018 [8]. The government drafted a National Action Plan for 2020-2024 on the Prevention and Eradication of Child Labour [21].

The agency in charge of overseeing child labour is the State Inspectorate for Environmental and Technical Safety, which is under the government. The State Inspectorate for Environmental and Technical Safety monitors worksites and refers child labourers to social services and coordinates with the Inspectorate for Minors' Affairs in the Ministry of Internal Affairs, the Prosecutor General's Office, and regional State District Administration authorities to enforce child labour laws [21].

In 2019, the State Inspectorate on Ecological and Technical Safety employed 30 labour inspectors. The number of labour inspectors is likely insufficient for the size of the Kyrgyz Republic's workforce, which includes more than 2.8 million workers. According to the International Labour Organization's (ILO) technical advice of a ratio approaching one inspector for every 20,000 workers in transitioning economies, the Kyrgyz Republic would employ about 142 labour inspectors. The State Inspectorate on Ecological and Technical Safety acknowledged that the number of labour inspectors was inadequate to ensure appropriate enforcement of child labour laws. Reports also suggest that limited staffing may hamper the Inspectorate's ability to monitor places with a high incidence of child labour, such as markets and bazaars [21].

In order to control the use of child labour, investigative raids are conducted, as well as outreach work to promote safe labour for children. Thus, in the first half of 2019, 36 inspections and investigative raids were organized and conducted, during which 26 teenagers working in unacceptable conditions were identified [8].

### **(3) Child trafficking**

In recent years, Central Asian countries have taken active measures to combat human trafficking by developing strategies and national plans in this area, improving the legal framework, strengthening international and regional cooperation, and coordinating the work of law enforcement agencies. In order to bring national legislation into conformity with international acts in the sphere of combating human trafficking, based on the experience of the republics of Central Asia in identifying victims of human trafficking, the Ministry of Internal Affairs conducted the analysis and monitoring of the Law of the Kyrgyz Republic "On preventing and combating trafficking in persons (2005)". As a result of the study, the Law of the Kyrgyz Republic "On preventing and combating trafficking in human beings (2018)" was adopted [8].

In pursuance of the above Law, as well as the Program to Combat Trafficking in Persons for 2017-2020, in order to develop a referral mechanism and criteria for identifying victims of human trafficking, a draft resolution of the Government of the Kyrgyz Republic "On approval of the national referral mechanism for victims of human trafficking in the Kyrgyz Republic" was prepared [8].

A training manual (training module) for law enforcement officials on combating trafficking in human beings was developed. The training modules are provided with theoretical foundations and exercises that

enhance understanding of the norms of international and national legislation of the Kyrgyz Republic on combating human trafficking. A lecture on “Organizational, legal and tactical basis for preventing and combating trafficking in human beings” was given to 407 employees of internal affairs bodies during the period from 2016 to 2018 [8].

In order to eliminate cases of trafficking in children who are citizens of the Kyrgyz Republic left without parental care outside the country, in accordance with the Regulation on the Return to the Kyrgyz Republic of Children - Citizens of the Kyrgyz Republic left without parental care and staying outside the Kyrgyz Republic, approved by Government Decree No. 571 of 21 October 2013, over the period from 2011 to 2019 a total of 104 children who were left without parental care in the Russian Federation were returned [8].

#### **(4) Child marriage especially bride kidnapping**

In the past, government officials have been reluctant to take the necessary measures against bride kidnapping and child marriages. In this context, UNICEF, in collaboration with UN Women and other organizations, has been involved in the reporting and implementation cycle of UN human rights mechanisms, and has taken the opportunity to raise the issue of bride kidnapping especially when CEFM is involved, and to support the implementation of recommendations against bride kidnapping [24].

As a result, the UN human rights mechanisms have issued a number of strong recommendations to the Kyrgyz Republic aimed at eliminating CEFM. In 2013, together with 13 other organizations, UNICEF urged members of the Committee on the Elimination of Discrimination against Women to conduct a country visit to the Kyrgyz Republic (a highly unusual step for a Treaty Body). The Committee and the State agreed, which led to an on-the-ground inquiry, in 2016, into the State’s “failure to prevent, protect and assist victims, as well as to prosecute and adequately punish perpetrators, of bride-kidnapping” [24].

Recommendations from the UN human rights mechanisms, engagement from UN agencies, and criticism<sup>15</sup> from the domestic and international communities have led to the introduction of stricter penalties for bride kidnapping. Whereas previously the abduction of a person under the age of 18 to enter into a de facto marital relationship or to marry against their will was punishable by 5 to 10 years in prison, since 2019, the punishment is imprisonment for minors from 4 to 6 years, for other individuals from 7 years six months to 10 years, with a fine of 80,000 to 220,000 soum. These criminal acts are categorized as serious crimes. Accordingly, criminal cases are initiated without the victim’s statement, and the accused person cannot be released from punishment for the victim’s refusal to maintain the charges, and the criminal case is not subject to termination [8].

UNICEF has supported training programs for police officers, social workers and staff at bride kidnapping hotline call centers, to build awareness and strengthen capacity. UNICEF has also worked with other relevant stakeholders, including religious leaders, to prevent incidences of bride kidnapping [24].

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<sup>15</sup> As an example, in 2018, a 20-year-old woman, the victim of a bride kidnapping, was murdered by her kidnapper inside a police station during interrogation. This led to protests against bride kidnappings in the country and drew criticism from the international community.

## **(5) Without parental care**

In the Kyrgyz Republic, the Children's Code and other laws have been enacted to uphold the rights of children in difficult situations, such as children without parental care. For instance, the Housing Code provides norms where orphans and children left without parental care, upon completion of their stay in educational and other institutions, are provided with housing out of turn. As of 2018, 355 children were registered with local authorities for housing, and 25 children were provided with land plots [8].

According to the Children's Code and the Government Decree No. 670 of 1 October 2012 "On Foster Family", foster family services are being developed in the republic. Since 2014, more than 200 foster parent candidates have been trained and certified. In 2018, with the technical support of UNICEF, foster family candidate training departments were established in Bishkek and Osh [8].

During the period from 2014 to 2019, 150 children were provided with foster family services. During the period, no facts of violence against children in foster families were registered. In order to implement the right of children to a family environment and to develop alternative forms of placement of children left without parental care, a new version of the Regulation on foster family was developed in 2019, where the standards of payment to foster parents and for the maintenance of children in foster families were revised in accordance with the minimum subsistence level established by NSC [8].

In 2018, home visits to families were carried out in order to identify the children of migrant workers. As a result, a total of 85,954 children<sup>16</sup> of migrant parents were identified. Also, specialists from the district and municipal social development offices, in cooperation with local authorities, raise awareness among parents wishing to work abroad to appoint a guardian for their children if they leave the country [29].

## **(6) Children in institutions**

Since the introduction of the Child Code in 2012, the number of children enrolled in public institutions has declined due to the introduction of gatekeeping measures to ensure care in public residential institutions is a last resort and sanctioned by a court. The Code also gives local government greater responsibility for protecting children. However, private institutions are still able to take children on demand. The Government Decree "On the Optimization of the Management and Financing of Residential Child Care Institutions of the Kyrgyz Republic 2013-2018" has two objectives: to reduce the number of residential institutions for children and to promote community-based and kinship care services whereby at-risk children are placed with extended family members or cared for in the community rather than in institutions [26].

While this approach is to be encouraged, it is unlikely to address many factors that drive demand for residential institutions. A systemic approach to vulnerable children (and their wider households) involving state benefits, social services and access to education and health care is needed to reduce reliance on public institutions to provide care [26].

In order to continue the process of deinstitutionalization, the 2019 Action Plan for the Reform of Residential Care Facilities for Children 2019-2021 was approved, which aims to develop social services for children, including the development of alternative forms of child placement. Also, Decree No. 129 of the

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<sup>16</sup> This figure is not final but intermediate.

Government of the Kyrgyz Republic of 18 March 2019 approved the procedure for the operation of the automated information-analytical system of residential institutions for children. According to this decree, the administrations of all residential care institutions enter data on children in, newly arrived, as well as dropped out of the institution. The functioning of the system will make it possible to track in real-time the movement of children, the reasons for their placement, their status, and will also make it possible to track the number of children graduating [8].

### **(7) Children with disabilities**

In March 2019, the Kyrgyz Republic ratified the Convention on the Rights of Persons with Disabilities. Prior to this, the government has been implementing national strategies and programs to support people with disabilities, but the ratification of the Convention marks the beginning of a new initiative. Especially, the Concept and Program for the Development of Inclusive Education for 2019-2023 is the beginning of the implementation of a systematic approach to ensure the right to education for children with disabilities. The Concept and Program represents a vision and measures to be taken to organize the education of children with disabilities in educational organizations of the country. In parallel with the creation of a legal framework, the state is strengthening work to provide the educational process with special educational resources. For example, Braille textbooks and audio educational materials for children with total visual impairment are published annually [8].

In order to ensure unimpeded access of children with disabilities to schools, within the framework of adopted government programs, the reconstruction, strengthening and overhaul of functioning schools are carried out annually, while new educational facilities are commissioned, taking into account the requirements of persons with disabilities. In addition, a joint order of the Ministry of Education and Science, MoLSD and the Ministry of Health dated 25 April 2016 approved the Action Plan to identify and access to educational services for children with autism spectrum disorders. The training and methodological manual for teachers and parents on working with children with disabilities in general education organization was developed and approved (Order of the Ministry of Education and Science dated 5 August 2016) [8].

The Regulation on the terms of payment for the personal assistant of a child with disabilities who needs constant care and supervision was approved in 2018. From 1 January 2019, payment to personal assistants for the care of children with disabilities is introduced (about 5000 soum per month). It is planned to allocate payment for the care of 6,000 children with disabilities. As of 1 June 2019, 5,681 personal assistants are providing services across the state, and 5,766 children are receiving services [8].



## **11.3 Social service systems for child protection**

### **11.3.1 Implementation structure**

#### **(1) Government administration of child protection**

The Ministry of Labour and Social Development (MoLSD) is currently the lead ministry in the field of child protection in the Kyrgyz Republic, although the composition and mandate of ministries have changed frequently since independence. The Family and Child Protection Department has been set up within MoLSD [26]. In addition, a number of ministries and departments such as the Ministry of Education and Science, Ministry of Health, Ministry of Internal Affairs as well as other agencies ensure the implementation of the Children’s Code within their competence [8].

The Kyrgyz Republic has established the Coordination Council on Human Rights, mandated to enforce implementation of international human rights in 2014 [19]. Also, under Article 108 of the Constitution of the Kyrgyz Republic, parliamentary oversight of the observance of human and civil rights and freedoms is exercised by the Ombudsman. According to Article 23 of the Children's Code, the Ombudsman monitors, analyzes and controls the observance of the rights, freedoms and legitimate interests of children by state bodies, local self-government bodies, organizations, regardless of their form of ownership, and their officials. The Children's Code has expanded the powers of the Ombudsman, including the power to receive and consider individual complaints from children. According to the legislation, the Ombudsman independently investigates cases of violations of the rights of citizens and has the right to demand that state and municipal officials take measures to ensure their implementation [8].

Government Decree No. 830 of 4 December 2015 “On the Coordinating Council for Social Protection of the Population and the Rights of Children” created the Coordinating Council for Social Protection and the Rights of Children, which coordinates the implementation of measures in the field of social protection of children, persons with disabilities, the elderly, and develops proposals to improve regulations in the field of social protection and the rights of children. The Coordination Council is chaired by the Deputy Prime Minister for Social Affairs. The members of the Council are representatives of 25 state agencies, local self-government bodies, international and non-governmental organizations [8].

In addition, in response to the recommendation of the UN Committee on the Rights of the Child, a Commission on Children’s Affairs was established at the district and village levels. The commission assesses the needs of children in difficult situations, including child labourers, creates individual development plans, and monitors service delivery. Members include social workers from regional Departments of Child Protection of MoLSD and law enforcement authorities [21].

Under the Children’s Code, local governments (district and village levels) are responsible for assessing the situation of children and providing related services. At the district and local government level (in cities of national and oblast significance), child protection issues are coordinated by deputy heads of local state administrations and city halls, where Commissions on Children’s Affairs function under these bodies. The increase in the staffing of social protection workers in the field is considered within the framework of the developed new version of the Children’s Code [8].

The local government in the Kyrgyz Republic consists of three levels, as shown in Table 11-7.

**Table 11-7 Local governments in the Kyrgyz Republic**

| Level          |   | Number of administrative units |
|----------------|---|--------------------------------|
| Regional level | 7 Regions (Oblast), Bishkek city, Osh city  | 9                              |
| District level | 40 Rayons, 12 cities of oblast significance <sup>17</sup> , 11 cities of rayon significance <sup>18</sup> | 63                             |
| Village level  | 459 Aiyl okmotu   | 459                            |

Source: Prepared by the Survey Team with reference to [31]

## **(2) Non-governmental organizations**

The Asian Development Bank estimated the number of NGOs operating in the country between 8,000 and 12,000 in 2011. Many of these (42.7%) organizations operate projects that provide social services under the State Social Order Law [32].

In the area of child protection, a number of NGOs are involved in drafting and implementing national policy in compliance with CRC. These include the following human rights NGOs: the Promotion of Children’s Rights Network, the Youth Human Rights Group, Children in Danger, the Law Centre, the Child Protection Centre and Adilet Legal Clinic. They also include service NGOs such as the Alliance for Reproductive Health, the National Red Crescent Society, Ulgu, White Crane, and Healthy Generation [22]. In addition, international organizations such as UNICEF are providing technical and financial assistance to the government, including MoLSD.

### **11.3.2 Infrastructure**

#### **(1) Human resources**

In the Kyrgyz Republic, the term “social worker” is currently used to describe a professional providing many levels of social work and social protection. Social workers work at one of two public service administrative levels: village (aiyl okmotu) community workers and district (rayon) social workers. The duties of the village community worker include the delivery of meals, services at home such as cleaning and washing clothes, and tasks such as paying bills. These services are delivered to persons living alone that have difficulties leaving their home, for instance, because of mobility limitations. The duties of the district social worker are to monitor the delivery of services and provide annual reports on the services provided. In addition, the district social worker is responsible for identifying persons in need of social services, assessing their needs and registering them for services [33].

Aiyl okmotu must employ one social protection worker (social worker, etc.) for every 5 000 inhabitants. However, training opportunities are limited, and a very low proportion of social protection experts at a local level are qualified: only 6% of social workers have a basic education in social work [26].

Currently, approximately 1,000 village community social workers work in the Kyrgyz Republic, of which 250 are specialized in child protection, including the protection of children with disabilities. Their salary is relatively low (5,500 soum per month), which leads to a lack of interest among university graduates to

<sup>17</sup> Population of 20,000 or more

<sup>18</sup> Population of 10,000 or more

select social work as their degree, especially in urban areas where the cost of living is high. This, in turn, means that often unqualified employees fill social worker positions. In general, the turnover for social workers is high, especially in urban areas [33].

In 2019, an additional 950 social workers were placed by the government at the local level to identify, report and support vulnerable children. UNICEF provided technical assistance for the drafting of an action plan to guide and enable the government to strengthen the social service workforce<sup>19</sup> [14].

In 1994, the first social work program opened at Bishkek Humanitarian University (present Bishkek State University). The Ministry of Education established educational standards in 1998 [34]. Currently, universities and other institutions that provide professional education in social work include Kyrgyz National University (Bachelor’s degree), Bishkek State University (Bachelor’s and Master’s degree), Osh State University (Bachelor’s degree), Zhalalabad University (Bachelor’s degree), Pedagogical University named after I. Arabaev (Bachelor’s and Master’s degree), Institute of Social Development and Entrepreneurship (Bachelor’s degree) and International University of Kyrgyzstan (Bachelor’s and Master’s degree) [35].

The Association of Social Workers of Kyrgyzstan was established in 1998 in collaboration with the Union of Social Workers and Social Pedagogues in Russia [34].

Currently, there is no certification system for social workers in the Kyrgyz Republic. The government is expected to develop the necessary legislation for the certification of social workers [32].

## (2) Budget

The status of the budget for child protection in the Kyrgyz Republic is unknown. As for expenditure on social protection, as shown in Table 11-8, the expenditure for 2019 is 32.6 billion soum, which is about 19% of total expenditure [36]. The amount of expenditure used for child protection is unknown as social protection-related expenses include pensions and others.

Table 11-8 State budget (revenues and expenditures) and social protection-related expenditures (billion soum)

|  | 2010        | 2017        | 2018        | 2019        |
|--|-------------|-------------|-------------|-------------|
| <b>Incomes</b>                                   | 58.0        | 149.5       | 151.6       | 167.2       |
| <b>Expenditures</b>                              | 68.8        | 166.0       | 157.8       | 167.6       |
| <b>Expenditures on social and culture sphere</b> | 33.5        | 84.2        | 86.2        | 91.4        |
| <b>Education</b>                                 | 12.0        | 32.3        | 33.4        | 35.9        |
| <b>Health care</b>                               | 6.4         | 16.1        | 13.6        | 14.0        |
| <b>Social protection</b>                         | <b>11.1</b> | <b>26.8</b> | <b>30.2</b> | <b>32.6</b> |
| <b>Recreation, culture and religion</b>          | 1.6         | 3.6         | 4.2         | 4.0         |
| <b>Housing and public services</b>               | 2.5         | 5.4         | 4.8         | 4.9         |

Source: Prepared by the Survey Team with reference to [36]

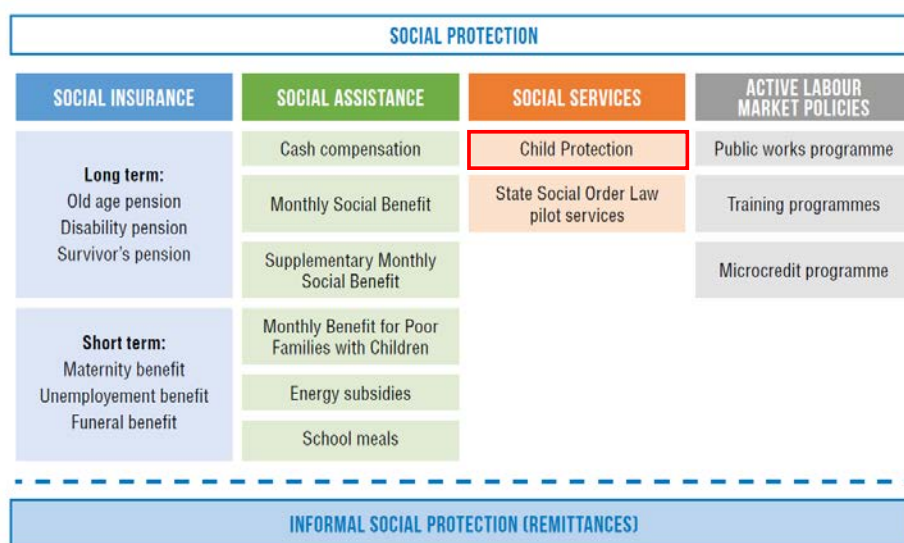
According to the CRC periodic report of the Kyrgyz Republic in 2010, programs aimed at protecting children’s rights remain underfunded, particularly initiatives to help children with special needs (orphans,

<sup>19</sup> The assistance is in line with the UNICEF’s regional “Call to Action for ‘Strengthening the Social Work and Social Service Workforce in Europe and Central Asia’”

children from disadvantaged backgrounds, street and working children). Funding operates on an ad hoc basis rather than through formally structured programs. Due to limited resources and a multitude of problems, the actions taken by the government and other partners are fragmentary, inconsistent and targeted at isolated initiatives rather than at achieving an integrated, gradual solution to child protection issues. The country requires assistance to address these problems [22].

### 11.3.3 Social service delivery and intervention

Social services in the Kyrgyz Republic are predominantly focused around child protection, and within that, the residential care of children. The position of social services and child protection in social protection is illustrated in Figure 11-3.



Source: [32]

Figure 11-3 Social protection scheme in the Kyrgyz Republic

The state has an obligation to provide social services to poor and vulnerable groups, such as children, the elderly and people with disabilities, as codified in Article 5 of the Constitution. In practice, only a very small proportion of vulnerable individuals or households have access to social services due to a lack of resources, low capacity at the local level and the absence of a clear statutory framework for social services. As a result, residential institutions remain the foremost social services intervention in Kyrgyzstan, despite the government's commitment to making the enrolment of vulnerable individuals in such institutions a last resort [26].

Non-residential social services for children and families as well as other forms of social support are provided by the Departments of Family and Child Support at the rayon (district) level and by the lead specialist on social protection at the ayil okmotu (village council) level. Both suffer from a severe lack of capacity since an inadequate number of staff members is responsible for many administrative and social work functions. The ayil okmotu's lead specialist on social protection handles most child protection tasks in the scope of social work. The lead specialist is responsible for the identification of families and children

at risk, the organization and implementation of family support programs and assisting applicants to access social assistance [32].

Improving social services nationally is complicated by the fact that social services are a core function of the *aiyl okmotu*. *Aiyl okmotu* are responsible for implementing economic development and social protection programmes and ensuring the welfare of poor and vulnerable residents. In reality, however, social protection is one of the functions of local government that is not executed due to a lack of resources [26].

#### **11.3.4 Evaluation and reporting**

Social protection statistics pertain to state and private pension plans, compulsory social protection and services. They are under the responsibility of the Department for Social and Ecological Statistics of NSC and are collected and processed in cooperation with MoLSD and the Social Fund. Social protection statistics are published in annual publications as well as in monthly and quarterly publications [37].

In the area of child protection, NSC conducts MICS with the support of UNICEF and other organizations, and surveys of child labour with the support of ILO, among others. In addition, data on child protection, juvenile justice and others are linked from the NSC website to the UNICEF Innocenti Research Center's Transformative Monitoring for Enhanced Equity (TransMonEE)<sup>20</sup>, and the data can be viewed on the TransMonEE website.

Also, MoLSD is developing a database of children in difficult situations for timely and interagency identification and support of children [8].

Monitoring and evaluation of services are critical in child protection, as there is often a conflict between the interest of the child and the interest of service providers (for example, residential institutions and foster care providers). However, currently, there are no formal procedures for monitoring and evaluation other than internal audits [32].

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<sup>20</sup> <http://transmonee.org/>

## 11.4 Impact of and response to Coronavirus disease 2019 (COVID-19)

### 11.4.1 Situation of COVID-19 in the Kyrgyz Republic

According to WHO, as of 11 February 2021, the cumulative number of COVID-19 cases in Kyrgyzstan is 85,328 (1,330 per 100,000 population), and the cumulative number of deaths is 1,437 (22.4 per 100,000 population) [38]. The number of child COVID-19 cases and deaths is unknown.

Table 11-9 Situation of COVID-19 in the Kyrgyz Republic (as of 11 February 2021)

|                                      |        |
|--------------------------------------|--------|
| <b>Cumulative number of cases</b>    | 85,328 |
| <b>Cumulative number of deaths</b>   | 1,437  |
| <b>New cases in the past 7 days</b>  | 496    |
| <b>New deaths in the past 7 days</b> | 19     |

Source: [38]

On 18 March 2020, the first three cases were recorded in the Kyrgyz Republic. Kyrgyzstan’s Security Council recommended the state of emergency on 22 March, and the government declared a state of emergency on 24 March. The government subsequently imposed stricter measures, placing checkpoints in every region and city, and shutting down facilities (cafes, cinemas, shopping malls, and other entertainment places), leaving only grocery stores, food markets, pharmacies, and medical facilities. Strict quarantine ended in mid-May, and the government started to gradually de-escalate the quarantine and curfew measures in the country [39]. However, after the state of emergency was lifted in May, Kyrgyzstan saw a dramatic surge in new cases in June, which peaked in July. This situation has stretched health system capacities [40].

### 11.4.2 Impacts and responses in child protection sector

According to UNICEF, there are three main channels through which children are affected by the COVID-19 crisis: infection with the virus itself; the immediate socioeconomic impacts of measures (lockdown measures, school closures, etc.) to stop transmission of the virus and end the pandemic; and the potential longer-term effects of delayed implementation of the Sustainable Development Goals (SDGs) [41].

While the direct impact of COVID-19 on children in Kyrgyzstan is not clear, the socioeconomic impact of the COVID-19 pandemic is likely to be significant. The World Bank estimates that the poverty rate could rise to 44% (up from 20.1% in 2019) due to a sharp decline in remittances, lower incomes, higher unemployment, higher prices, and higher health care costs [40]. In addition to the impact of the COVID-19 pandemic, the country has also been affected by the political turmoil following the parliamentary elections. Under such circumstances, the government, development partners such as UNICEF, and NGOs have been taking the following measures and responses in the field of child protection.

Approximately 2.4 million children and young people are affected by the educational facility closure and in need of remote learning. The 1st-grade students have started face-to-face schooling from 1 September. The reopening of schools for grade 2-6, which had been scheduled for 6 October, was postponed due to the after-election demonstrations. However, supply support (personal protective equipment supplies, etc.) is needed for schools and preschools to meet the sanitary-hygienic requirements.

As for distance learning, almost all video lessons (1,785) needed for the first quarter of the new school year 2020-2021 based on the Remote Learning Preparation Plan of the Ministry of Education and Science were filmed. Partner organizations provide the necessary support for distance learning and reopening schools [39].

The analysis of children in residential institutions done by MoLSD and UNICEF showed that, before the introduction of the quarantine due to the COVID, 10,868 children (6,036 boys and 4,832 girls) lived in 137 children's residential institutions. However, two months after the announcement of the quarantine (as of 15 April 2020), data showed that out of 137 institutions, only 50 operated with 2,118 children remained<sup>21</sup>. This analysis shall serve as a springboard for working on the prevention of institutionalization of children and the creation of support plans for families [39].

During the quarantine, the number of cases of domestic violence (DV) increased by 65%. Compared to the same period from 24 March to 24 April 2019, in Bishkek, 100 facts were registered, this year 162 facts. With the support of the Spotlight Initiative, temporary short-term safe spaces are arranged for women and girls subjected to violence. In addition, technical support is provided to the government to finalize the guidelines and instructions of an algorithm for a multi-sectoral response to gender-based violence (health, social services, law, police, justice, and humanitarian settings), and the work is done to coordinate on-line psychosocial services during COVID-19 [30].

Since the outbreak and the begin of the lockdown, hotlines and phone lines for psychosocial and legal support have been important resources to ensure continuity and access to essential services, including social, psychosocial, and legal support. The Child Helpline 111, established by MoLSD, increased its capacity with two additional psychologists hired with UNICEF's support. An analysis of calls to the Child Helpline reveals that in April 2020, the helpline received 11,450 calls, which is an increase of 400% from the pre-COVID period. Out of these, 1,525 calls were looking for assistance or advice on the upbringing, behaviour, relations of children and parents, students and teachers. Out of the 1,525 calls, 124 came from children (62% from girls and 38% from boys). Thirty-one calls were referring specifically to child abuse and violence; 43 were about DV against women. In addition, UNICEF supports an online consultation providing psychosocial support for children left behind by migration and their families, and as well an online platform working with 25 psychologists, aiming to provide psychosocial and developmental support for children with disabilities [42].

Lack of centralized and electronic data on vulnerable children remains a significant concern since it makes it challenging to assist children in a difficult life situation, including children victims of sexual violence. For this purpose, UNICEF supports MoLSD in implementing a case management database for children in difficult life situations [42].

UNICEF conducted a survey across every country in the European and Central Asia region to determine how governments and partners have been using digital technology to respond to child protection issues during the COVID-19 pandemic [43]. The situation in the Kyrgyz Republic is shown in Table 11-10.

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<sup>21</sup> There is a report that 10,000 children were returned to their families during the lockdown [40].

**Table 11-10 Use of digital technologies to address child protection issues**

|   |   |
|---|---|
| <b>Digitalization of social work case management</b>          | <ul style="list-style-type: none"> <li>• Kyrgyzstan had already put in place an e-case management system (DolborDB, e-CM), a special online database platform developed specifically for this country.</li> <li>• The system is hosted centrally by MoLSD and is connected to other sectors and agencies, including the police. The software lists more than 100 categories of vulnerability and generates individual plans based on assessments.</li> <li>• The lockdown has pushed the Government to apply this system to an increased number of other districts beyond the capital city, Bishkek.</li> </ul> |
| <b>Distance training and on-line consultation and support</b> | <ul style="list-style-type: none"> <li>• Calls and on-line consultations were conducted with various professionals, particularly psychologists, on how best to address the response to COVID-19 and how to provide on-line support to children with disabilities who have had no access to day care services.</li> <li>• In Kyrgyzstan, psychologists, who had already been trained to work in emergencies were contacted and provided quick information on COVID-19.</li> </ul>  |
| <b>Coaching and supervision</b>                               | <ul style="list-style-type: none"> <li>• Remote coaching was also conducted using social media channels and phone messaging apps such as WhatsApp and Telegram.</li> </ul>  |

Source: Prepared by the Survey Team with reference to [43]



## **11.5 Priority issues and suggestions in child protection sector in the Kyrgyz Republic**

In the Kyrgyz Republic, since the ratification of CRC in 1994, the Children's Code has been enacted in 2006, revised in 2012, and the new version of the Children's Code was drafted in 2019, in response to the recommendations of the UN Committee on the Rights of the Child and the efforts and support of international organizations such as UNICEF. In this way, laws and policies related to the upholding of children's rights and child protection have been developed. The draft of the Children's Code developed in 2019 includes a total ban on corporal punishment and the introduction of case management. Therefore, the new Children's Code is expected to further advance measures in the area of child protection. Also, the ratification of the Convention on the Rights of Persons with Disabilities in 2019 is expected to boost measures related to the rights and protection of children with disabilities. At the same time, however, due to repeated political changes and the resulting reorganization of ministries and agencies, the capacity for policy formulation and implementation is weak, and human resources and budgets for child protection remain insufficient. In addition, since child protection has so far focused on institutionalization, efforts to protect children from violence, abuse and exploitation, and to fully strengthen the implementation system for child protection in general are ongoing challenges. Against this backdrop, the priority issues in the field of child protection in the Kyrgyz Republic and the responses considered necessary are as follows.

### **11.5.1 Understanding the current situation at the district (rayon) and village (ayl okmotu) levels and strengthening systems and capacity**

Districts (rayon) and villages (ayl okmotu) are responsible for the implementation of social services, including child protection. However, as mentioned earlier, child protection issues are not adequately addressed at the rayon and ayl okmotu levels due to multiple duties in the face of human resource and budget shortages. In addition, considering the fact that only a few social workers have received basic education on social work and that there are currently limited opportunities for training on social work, it is necessary and important to strengthen the technical capacity of existing staff and social workers. However, since there is limited information on the current status of implementation systems, human resources and services related to child protection at the rayon and ayl okmotu levels, it is necessary to understand the government's plans and current situation, identify the needs for strengthening the systems and capacity of human resources, and then take measures. In doing so, it is necessary to consider collaboration with the private sector, such as NGOs, since the capacity and resources of government agencies are limited.

### **11.5.2 Capacity building and implementation support for case management**

As stated earlier, the transition from paper-based to digitalized electronic case management is underway, with plans to expand beyond Bishkek in the wake of the COVID-19 pandemic. In addition, the draft of the new version of the Children's Code includes the implementation of case management. Based on these trends, capacity building and implementation support for case management implementation (needs identification, assessment, planning, support, evaluation, use of electronic case management systems, etc.) can be considered. It is hoped that the introduction of case management, in conjunction with the strengthening of

systems and capacities in districts (rayon) and villages (ayl okmotu) as mentioned in 11.5.1, will ensure that children and families are provided with the necessary support in a timely manner.

### **11.5.3 Establishing a professional system and strengthening the capacity of social workers**

In the Kyrgyz Republic, bachelor's and master's programs in social work have been established in universities and institutions, and education for social workers is provided. Although the content and quality of education and the number of graduates per year are not clear, it is reported that there are few social workers with professional education who work in the field due to the absence of a certification system and low salaries. In order to improve the treatment and status of social workers and the quality of services, the professionalization of social workers, i.e., the establishment of a certification system for social workers, is considered to be an important first step. In addition, it is necessary to improve the environment necessary for social workers to perform their work, such as the establishment of a code of ethics and an ethics committee.

It is also essential to strengthen the capacity of existing social workers as well as to establish a professional system. It is necessary to understand the current status of training implementation for social workers and training needs and develop and implement training plans that meet the needs. When conducting training, training could be implemented in the form of joint training so that social workers can exchange opinions, share experiences and build peer networks.

## Chapter 12 Trends in Donor Assistance in Child Protection

### 12.1 Outline

The Survey Team has reviewed the publications on the latest assistance strategies of major multilateral and bilateral donors and international NGOs to uncover the trend of assistance in the field of child protection and child welfare. Table 12-1 shows the reviewed organizations that are discussed in this chapter.

Table 12-1 Organizations reviewed

| Type of Organization | Name of Organization   |
|----------------------|--|
| Multilateral Donor   | <ul style="list-style-type: none"> <li>• UNICEF (United Nations Children's Fund)</li> <li>• World Bank</li> <li>• ILO (International Labour Organization)</li> </ul>   |
| Bilateral Donor      | <ul style="list-style-type: none"> <li>• USAID (United States Agency for International Development)</li> <li>• GAC (Global Affairs Canada)</li> <li>• SIDA (Swedish International Development Cooperation Agency)</li> </ul> |
| International NGO    | <ul style="list-style-type: none"> <li>• Save the Children</li> <li>• World Vision</li> <li>• Plan International</li> </ul>  |

Source: Survey Team

Table 12-2 shows the information collected. Some information is not available depending on the organizations since the Survey Team only reviewed open-to-public publication via internet as the research method.

Table 12-2 Information collected on assistance in child protection

| Information                          | Example  |
|--------------------------------------|--|
| Organization Profile                 | Location, representative, purpose of foundation, funding scale and source, number of employees, etc.                   |
| Assistance Strategy and Plan         | Latest strategy, action plan, etc.   |
| Priority Area                        | Priority areas, issues, country and region, implementation cycle of program, results of sector analysis (if any), etc. |
| Result and Fact of Assistance        | Partner country, assistance areas and issues, duration, budget, major outcomes, etc.                                   |
| Response to COVID-19                 | Response to COVID-19 (assistance and scale), survey and analysis on the impact of COVID-19, etc.                       |
| Examples of Assistance               | Example programs and projects (if any)   |
| Partnership with Other Organizations | Activities implemented in partnership with other organizations, institutions, governments, civil society, etc.         |

Source: Survey Team

## **12.2 Trend of Multilateral Donor Assistance**

### **12.2.1 UNICEF**

#### **(1) Organization Profile**

UNICEF is an international organization, headquartered in New York, with field offices in more than 150 countries worldwide and implements activities in more than 190 countries. Henrietta H. Fore has been the UNICEF's seventh Executive Director since 2018. The United Nations Convention on the Rights of the Child, adopted in 1989, is the basis of all UNICEF work such as the provision of social service to meet children's basic needs and advocacy in different areas such as health, nutrition, water and sanitation, education, child protection, humanitarian assistance, etc.

Major resources of UNICEF are the voluntary contributions of governments, intergovernmental organizations, foundations, the private sector and individuals. The total income was USD 6,400 million in 2019 [1]. Of the total, USD 4,740 million (74%) come from the public sector (governments, governmental organizations, etc.), USD 1,457 million (23%) from the private sector (foundations, non-governmental organizations, UNICEF National Committees, etc.) and USD 203 million (3%) from other organizations.

The direct program expenses were USD 5,650 million in 2019 [2]. Expenses in the UNICEF goal areas were as follows: survive and thrive (38%), learning (21%), environment (20%), protection (12%), and fair chance (9%). Region-wise, Sub-Sahara Africa (42%), Middle East and North Africa (28%), and Asia (17%) are the major regions constituting 87% of the total expenses.

#### **(2) Assistance Areas**

UNICEF Strategic Plan 2018-2021 establishes the following five goal areas to realize the rights of every child [3]. These goal areas span a life cycle of a child, encompassing antenatal care, through infancy, childhood and adolescence, with priority to the most disadvantaged children.

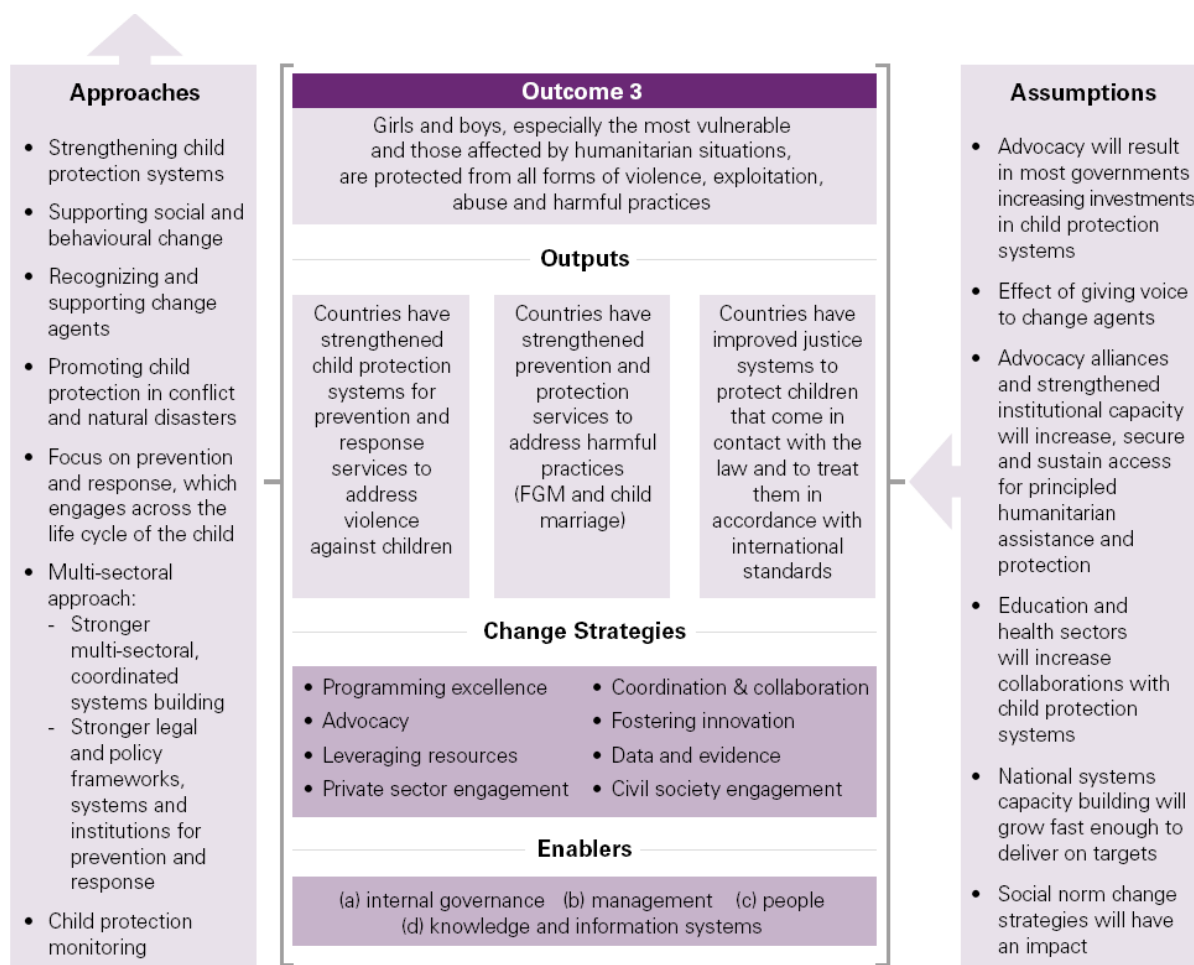
- Goal Area 1: Every child survives and thrives
- Goal Area 2: Every child learns
- Goal Area 3: Every child is protected from violence and exploitation
- Goal Area 4: Every child lives in a safe and clean environment
- Goal Area 5: Every child has an equitable chance in life

Each goal area has output areas aimed to be achieved by 2021. These output areas include provision of basic services such as treatment and care of malnutrition, improved access to education, prevention of violence against children, and safe access to water. The Strategic Plan also has two cross-cutting priorities, i.e. humanitarian action and mainstreaming gender equality.

#### **(3) Assistance in Child Protection**

This section elaborates the UNICEF activities in Goal Area 3 "Child Protection." The 2008 Child Protection Strategy of UNICEF introduced an approach to child protection that went beyond a prior "issue/response" focus, to lead instead towards the creation of a protective environment and the strengthening of child protection systems [4]. The goal area aims to ensure that every girl and boy is protected from violence,

exploitation and abuse, in keeping with the Convention on the Rights of the Child, and supports the achievement of the Sustainable Development Goals (SDGs), in particular Goals 5, 8 and 16 [5]. Figure 12-1 shows the strategic framework.



Source: [5]

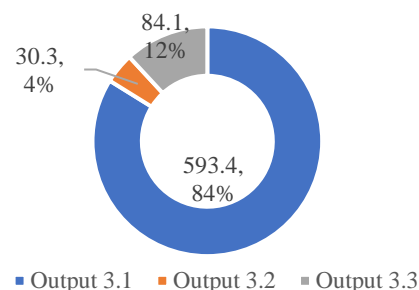
Figure 12-1 UNICEF Goal Area 3 Strategic Framework, 2018-2021

The framework presents three output areas under Goal Area 3. Figure 12-2 shows the expenses by output area in 2019.

**Output Area 3.1:**  
Strengthened child protection systems for prevention and response services to address violence against children.

**Output Area 3.2:**  
Strengthened prevention and protection services to address harmful practices (child marriage and female genital mutilation).

**Output Area 3.3:**  
Improved justice systems to protect children that come in contact with the law and to treat them in accordance with international standards.



Source: Adapted from [5]

Figure 12-2 UNICEF Goal Area 3 expenses by output area, 2019 (USD millions)

Details of each output area are as follows.

**Output 3.1: Strengthened child protection systems for prevention and response services to address violence against children.**

Output 3.1 constitutes 84% (USD 593 million) of the expenses of Goal Area 3 [5]. Ending violence against children is the organizational priority under the Strategic Plan 2018-2021 [5].

Violence, exploitation, and abuse against children take different forms such as violence and abuse at home and school, online bullying, gender-based violence (GBV), etc. Assistance of UNICEF includes: strengthening policy frameworks, including adoption of time-bound and costed national plans to end violence against children; strengthening legislation to fully prohibit all forms of violence; ensuring public financial investment; and strengthening systems such as referral systems in schools and child protection facilities to prevent and respond to violence [5]. Social mobilization via media and Social Networking Service (SNS) and parenting programs that promote communication with stakeholders and their behavioral change are also increasingly being used to advance social norms that do not accept violence against women and children. Strengthening the social service capacity and workforce and information management system for child protection is also one of the UNICEF activities as the basis of the assistance.

Child protection in humanitarian action for children affected by armed conflict, natural disasters, and public health emergencies is another pillar of the UNICEF assistance. Examples of activities in humanitarian action are: securing safety of children under conflict, mental health and psychosocial support, reintegrating children associated with armed forces and groups, protecting children from mine and explosive weapons, and preventing and responding to GBV and sexual exploitation and abuse.

Beneficiaries and results of these efforts in 2019 were as follows [5].

- 2.3 million mothers, fathers and caregivers reached through parenting programs in 79 countries.
- 2.7 million children who experienced violence reached by services in 115 countries.
- +3 countries have standard operating procedures for referring cases of child victims of violence between services.
- +4 countries with legal and policy frameworks to eliminate child labor.
- +8 countries have an inter-operable information management system to track cases, incidents and programs.
- 3.7 million children provided with community-based Mental Health and Psychosocial Support (MHPSS) in 60 countries.
- 3.3 million women and children reached with gender-based violence interventions in 46 countries.
- 14,000 children released from armed forces and groups, reintegrated with their families and provided with adequate care and services.

From 2020, UNICEF continues to end violence against children by strengthening national capacities to scale up evidence-based prevention, consolidating national child protection, and supporting broad social mobilization [5]. Key accelerators to this end are as follows: scaling up parenting programs; formulating

comprehensive policies to prevent and respond to violence in schools through the Safe to Learn Initiative; and strengthening the online protection system through the implementation of WePROTECT Alliance Model National Response. Protection in humanitarian action is also referred to as the focus of UNICEF.

**Example of Assistance in Output Area 3.1**

UNICEF galvanizes partnerships and campaigns with different organizations such as bilateral donors, international organizations, and international NOGs to secure coordinated action of various actors and policy commitment. Examples of these partnerships include #ENDviolence campaign that aims at ending violence in all forms, Global Partnership to End Violence Against Children, Safe to Learn Initiative that strives for safe schools, and WePROTECT Global Alliance to end online sexual violence and exploitation. Especially, UNICEF commits to take a leadership role in Global Partnership to End Violence Against Children in which the UNICEF executive director serve as board chair [5].

**Output 3.2: Strengthened prevention and protection services to address harmful practices (child marriage and female genital mutilation).**

Output 3.2 focuses on issues of early child marriage and female genital mutilation/cutting (FGM), constituting 4% (USD 30 million) of the total expenses of Goal Area 3 [5]. To tackle these challenges, UNICEF provides the following supports: developing national and subnational action plans and legislation to protect the rights of girls; girls' empowerment by establishing safe spaces in communities and schools and developing real-time platforms for girls to voice their opinions; provision of social service such as education and health care; and transformation of social and gender norms via implementing workshops and strengthening community-level surveillance system. Beneficiaries and results of these efforts are as follows [5].

- Child Marriage
- 5.7 million adolescent girls received prevention and care interventions to address child marriage in 45 countries.
- +9 countries implemented a costed action plan or strategy to end child marriage.
- FGM
- 8.5 million people participated in education, communication and social mobilization platforms promoting FGM elimination in 20 countries.
- 158,000 girls and women received FGM-related prevention and protection services in 15 countries.

From 2020, UNICEF continues to put forth interventions to end early child marriage and FGM in Output 3.2, leveraging partnerships and experiences from Global Programme to End Child Marriage and the Joint Programme on the Abandonment of Female Genital Mutilation with UNFPA (United Nations Population Fund) [5]. Interventions to policy direction and transformation of social norms also continue to be the focus of the UNICEF work.

**Example of Assistance in Output Area 3.2: Global Programme to Accelerate Action to End Child Marriage**

Global Programme is a joint program between UNICEF and UNFPA aiming at ending early child marriage in 12 countries such as Bangladesh, Burkina Faso, and Ethiopia that have high early child marriage rates. The program implements various interventions including provision of facilities, health and girls' education programs, and promotion of community dialogue and mobilization of social and behavioral change. The first phase was implemented in 2016-2019, followed by the second phase in 2020-2023. In 2018, the overall program expenditure was USD 17.2 million [6].

**Output 3.3: Improved justice systems to protect children that come in contact with the law and to treat them in accordance with international standards.**

12% (USD 84 million) of the total expense of Goal Area 3 is spent on Output 3.3, emphasizing on protecting child's rights to access justice and strengthening birth certificate system [5].

Discrimination and prejudice based on racial and socio-economic status expose children to violence, exploitation, and abuse by law enforcement organizations. UNICEF strengthens justice system to ensure that children who come into contact with the law – whether as an alleged offender, victim or witness – can claim their rights. Examples of activities are the following: providing training to justice actors on child-friendly and gender sensitive procedures; developing reporting system using Short Message Service (SMS); and strengthening law and policy framework.

The right of a child to be registered and have a legal identity is another focus of Output 3.3, enshrined in Articles 7 and 8 of the Convention on the Rights of the Child [5]. UNICEF supports establishing legislation and policies that provide free and universal registration, investing in safe birth registration system, and engaging communities to raise awareness on the benefits of birth registration for the families.

Beneficiaries and results of these efforts in 2019 are as follows [5].

- 278,000 children benefited from access to justice interventions in 65 countries.
- 73,000 children were subject to an alternative to detention and/or diversion scheme in 66 countries.
- +2 countries have free and universal birth registration.

UNICEF continues to strengthen its role on issues relating to children's access to justice as the leading organization in the area. Emphasis of the activities is placed on strengthening the linkage between the social welfare (such as health, social protection, and education) and justice systems to support children in matters such as civil and family law (care and custody), criminal law (violence against children and child offenders), and administrative law (migration, birth registration and legal identity) [5].



**Example of Assistance in Output 3.3: Birth Registration Reform in Zambia**

At 14% in 2018, Zambia is one of the countries with the lowest birth registration rate in Sub-Saharan Africa. Implementation of birth registration was weak in the country due to different reasons such as the centralized provisions (only the Registrar-General could issue and manually sign a birth certificate) and the low demand for registration as people could obtain a national identity card at 16 years of age without having a birth certificate. To tackle this challenge, UNICEF has been supporting strengthening the national civil registration system over the past 10 years in partnership with the Ministry of Home Affairs and other organizations. As a result of the support, a legal amendment allowed district and provincial civil registrars to issue and sign birth certificates in 2016, and a new civil registration system was introduced in 2019, enabling birth registration to function as the foundation of an integrated birth-to-death system [5]<sup>1</sup>.

**(4) Response to COVID-19**

UNICEF mentions that COVID-19 will bring a devastating negative impact on achieving the goal on child protection [5]. The most vulnerable groups such as migrant children, children in acute poverty, and those who are separated from parents or caregivers will have even more limited access to child protection services. Moreover, the burden of household will increase due to extended quarantine and other physical distancing measures. Household will lose their income sources, resulting in more children exposed to the risks of poverty, violence, exploitation, child labor, early marriage, and trafficking. Exposure to online risks also increases while digital learning is deployed to deal with school closure.

The UNICEF Official website (accessed on 2 November 2020) shows that the organization provided 75,913 UNICEF staff and stakeholders with training on prevention and response measures to GBV and sexual exploitation and abuse [7]. The strategic orientation of the UNICEF assistance in the pandemic will be reflected in the Strategic Plan 2020-2023 [5].

**(5) Collaboration and Partnership with other Organizations**

UNICEF implements joint programs with international organizations such as WHO (World Health Organization), UNHCR (Office of the United Nations High Commissioner for Refugees), and UNFPA. It also joins the Alliance for Child Protection in Humanitarian Action—a network with NGOs such as the Save the Children and Plan International. Partnership with the private sector is also in progress, for example, in collaboration with Microsoft to develop a technology (Artemis) that prevents online sexual abuse. Artemis is a technology that monitors, detects and reports sexually exploitative posts and messages against children in online chat rooms and other media.

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<sup>1</sup> The total expenditure of this assistance is not available in the publication open on the internet. In 2017, however, EU (European Union) and UNICEF jointly disbursed EUR 1.2 million to enhance the birth registration system in Zambia. (<https://www.unicef.org/zambia/press-releases/eu-and-unicef-provides-12-million-euros-support-birth-registration-zambia>)

## 12.2.2 World Bank

### (1) Organization Profile

World Bank is an international development financial institution that provides loans and grants, technical assistance, and policy advice to the governments in developing countries to end poverty and promote sustainable growth. With the headquarters located in Washington D.C, the Bank has 12,394 employees in 145 countries in 2020 [8]. David Malpass serves as the 13th president since April 2019.

World Bank consists of International Bank for Reconstruction and Development (IBRD) and International Development Association (IDA)<sup>2</sup>, founded in 1944 and 1960 respectively. IBRD mainly provides long-term loans to middle-income and creditworthy low-income countries. IDA provides ultra-long-term and low-interest loans and grants to the poorest countries. Total commitments on development assistance in 2020 were USD 27,969 million for IBRD and USD 30,365 million for IDA respectively [8]. Table 12-3 shows the commitments by assistance area and region.

Table 12-3 Commitments of IBRD and IDA by assistance area and region in 2020 (USD Million)

| Assistance Area                         |                  |                  | Region                          |                |                 |
|---|------------------|------------------|---------------------------------|----------------|-----------------|
| Area                                    | IBDR             | IDA              | Region                          | IBDR           | IDA             |
| Agriculture, Fishing, and Forestry      | 1,767<br>(6%)    | 1,978<br>(7%)    | Sub-Sahara Africa               | 1,725<br>(6%)  | 19,095<br>(63%) |
| Education                               | 1,135<br>(4%)    | 4,037<br>(13%)   | East Asia and Pacific           | 4,770<br>(17%) | 2,500<br>(8%)   |
| Energy and Extractives                  | 2,053<br>(7%)    | 3,218<br>(11%)   | Europe and Central Asia         | 5,699<br>(20%) | 1,497<br>(5%)   |
| Financial Sector                        | 3,702<br>(13%)   | 534<br>(2%)      | Latin America and the Caribbean | 6,798<br>(24%) | 978<br>(3%)     |
| Health                                  | 3,980<br>(14%)   | 4,295<br>(14%)   | Middle East and North Africa    | 3,419<br>(12%) | 203<br>(1%)     |
| Industry, Trade, and Services           | 2,208<br>(8%)    | 2,712<br>(9%)    | South Asia                      | 5,565<br>(20%) | 6,092<br>(20%)  |
| ICT                                     | 886<br>(3%)      | 1,202<br>(4%)    | Total                           | 27,976         | 30,365          |
| Public Administration                   | 4,301<br>(15%)   | 4,252<br>(14%)   |                                 |                |                 |
| Social Protection                       | 4,786<br>(17%)   | 4,185<br>(14%)   |                                 |                |                 |
| Transportation                          | 1,323<br>(5%)    | 2,132<br>(7%)    |                                 |                |                 |
| Water, Sanitation, and Waste Management | 1,834<br>(7%)    | 1,820<br>(6%)    |                                 |                |                 |
| Total                                   | 27,976<br>(100%) | 30,365<br>(100%) |                                 |                |                 |

Source: [8]

Source: [8]

Major source of the IBRD loans comes from borrowing from international capital market, as well as contributions from its member nations, retained profit, and collection of loans [9]. IDA procures sources

<sup>2</sup> Precisely, World Bank is a component of the World Bank Group consisting of IBRD, IDA, IFC (International Finance Corporation), ICSID (International Center for Settlement of Investment Disputes), and MIGA (Multilateral Investment Guarantee Agency). This Survey only reviews the assistance of IBRD and IDA that together constitute the World Bank.

for loans and grants mainly from contributions from the member nations, replenished every three years. In 2018, IDA made its debut in the international capital market issuing the first IDA bond.

## **(2) Assistance Areas**

World Bank sets two goals to be achieved by 2030: ending extreme poverty and promoting shared prosperity, and provides financial and technical assistance [10]. Assistance areas of the Bank are classified as follows: agriculture, fishing, and forestry; education; energy and extractives; financial sector; health; industry, trade, and services; ICT; public administration; social protection; transportation; and water, sanitation, and waste management.

## **(3) Assistance in Child Protection**

The Bank’s strategic plans or priority areas that place primary focus on child welfare or child protection are not found on the internet. The Survey Team therefore made a list of all the Bank’s projects, either implemented or completed in 2011-2020, and filtered the list to find projects related to child welfare by keywords (e.g. child protection, child labor, welfare, survival, vulnerable, orphans, etc.), except for the projects in the areas of education, health, and early childhood development (ECD). Table 12-4 shows only three projects extracted by the procedure above, indicating that the projects primarily working on child welfare are very limited. The three projects are all classified under the area of social protection. World Bank and UNICEF jointly announce that the two organizations take a systems approach<sup>3</sup> to social protection of children [11].

**Table 12-4 List of child-welfare projects implemented by World Bank (2011- 2020)**

| Partner Country | Project Name   | Duration                   | Expenditure (USD Million) | Sector            |
|-----------------|--|----------------------------|---------------------------|-------------------|
| Argentina       | Children and Youth Protection Project                          | June 2016 – June 2022      | 600                       | Social Protection |
|                 | 1st Additional Financing                                       | November 2018              | 450                       |                   |
|                 | 2nd Additional Financing                                       | March 2020                 | 250                       |                   |
| Kenya           | Kenya Cash Transfers for Orphans and Vulnerable Children       | March 2009 – December 2018 | 66                        | Social Protection |
|                 | Additional Financing   | October 2013               | 126                       |                   |
| Togo            | Cash Transfer Program for Vulnerable Children in Northern Togo | May 2013 – July 2017       | 3                         | Social Protection |

Source: [12]

| <b>Example of Assistance in Child Welfare by World Bank</b> |  |
|---|--|
| Project Name  | Children and Youth Protection Project  |
| Partner Country   | Argentina  |
| Total Expenditure   | USD1,250 Million   |
| Duration  | 2016-2022  |
| Implementing Organization                                   | National Administration of Social Security (ANSES)<br>Ministry of Social Development   |
| Project Objective   | (i) Expanding coverage of the family allowances programs; and (ii) improving transparency of social protection programs implemented by ANSES.      |
| Project Details   | The project comprises of four components.<br>(i) Providing grants to universal child allowance beneficiaries to achieve universal child allowance. |

<sup>3</sup> See Chapter 1 for the details of a systems approach in child protection.

|  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>(ii) Conducting an active search to complete missing information of children that currently prevents them from being considered as potential beneficiaries of the allowance and strengthening the government database.</li><li>(iii) Strengthening the capacity of ANSES on information procedures and transparency and project management aiming to improve transparency through access to information on social security programs</li><li>(iv) Improving grievance mechanisms and citizen engagement.</li><li>(v) Strengthening institutional capacity of Ministry of Social Development in terms of program evaluation, monitoring and management.</li></ul> |
|--|---|

Source: [13]

#### **(4) Response to COVID-19**

World Bank published a policy note in April 2020 that presented 15 ways to respond to COVID-19 [14]. The paper pointed out the risk of violence and abuse against children would increase as a result of the COVID-19 pandemic. Of the 15 ways, the following three are strongly related to child protection.

- Train/provide information to frontline workers to identify/respond to child protection and mental health issues.
- Set up support services for women and children experiencing domestic violence and abuse.
- Ensure information campaigns integrate key messages to promote ECD and nurturing care, related to nutrition, health, stimulation and learning, violence prevention and psychosocial support.

#### **(5) Collaboration and Partnership with other Organization**

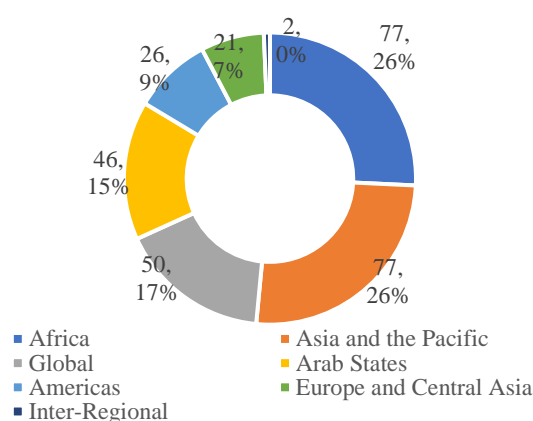
The Survey Team could not find an example of collaboration and partnership with other donors in projects implemented or completed by World Bank in child welfare. However, as the Bank jointly announces with UNICEF to employ a systems approach in social protection, the Bank seems to align strategic orientations with other donors.

### 12.2.3 ILO

#### (1) Organization Profile

The ILO is an international organization that is located in Geneva and has regional offices and field offices in over 40 countries. Guy Ryder serves as the tenth director general from 2012. The organization, founded together with League of Nations in 1919 as part of the Treaty of Versailles, advances universal and lasting peace based on social justice by tackling challenges on employment and work such as labor conditions, labor rights and employment opportunities.

The major funding sources of ILO are contributions from donors such as governments and EU and donations from private institutions. Total project budget was USD 408 million in 2020 [15]. The breakdown of the budget is USD 241 million (59%) from governments, USD 62 million (15%) from other inter-governmental organization such as EU, USD 41 million (10%) from the United Nations, USD 26 million (6%) from private institutions, and USD 39 million (10%) from other organizations. Total project expenditure of the same year was USD 290 million. Figure 12-3 shows the breakdown by region.



Source: Adapted from [15]

Figure 12-3 ILO project expenditure by region (USD Million)

The ILO has eight Policy Outcomes for its assistance. Outcome 7 “Adequate and effective protection at work for all,” which refers to the eradication of child labor, constitutes 4% of the total project budget in 2020<sup>4</sup> [15].

#### (2) Assistance Area

The ILO advances “Decent Work for All” as the principle that guides its work and has four strategic objectives [16].

Table 12-5 ILO strategic objectives

| Objective                       | Details  |
|---------------------------------|--|
| Protect rights at work          | Protect and promote labor rights to help workers in the marginalized position.   |
| Create employment opportunities | Support governments and private companies to create greater opportunities for men and women to acquire necessary skills and gain decent employment and income.                 |
| Enhance social protection       | Secure workplace where people can work safely and healthfully, create environment that increase productivity, and enhance the coverage and effectiveness of social protection. |
| Promote social dialogue         | Strengthen tripartism and social dialogue between governments, employers’ and workers’ organizations to peacefully address issues and conflict at work.                        |

Source: [16]

Promotion of decent work is emphasized in SDG8 “Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all” as a crucial piece for sustainable

<sup>4</sup> Policy Outcomes to which the largest budget is earmarked are Outcome 1 “Strong tripartite constituents and influential and inclusive social dialogue” (31%) and Outcome 2 “International labour standards and authoritative and effective supervision” (26%). [15]

development. The ILO activities mainly revolve around SDG8<sup>5</sup>, taking the following ways to support the achievement of the goals [16].

- Formulation of international policies and programs to promote basic human rights, improve working and living conditions, and enhance employment opportunities.
- Creation of international labor standards backed by a unique system to supervise their application.
- An extensive program of international technical cooperation formulated and implemented in an active partnership with constituents, to help countries put these policies into practice in an effective manner.
- Training, education and research activities to help advance all of these efforts.

### **(3) Assistance in Child Protection**

Assistance of the ILO in child protection is mainly related to SDG8.7<sup>6</sup>, which aims at the prohibition and elimination of child labor.

The ILO works on child labor based on the two pillars: identification of conventions and/or recommendations; and implementation of technical cooperation programs [16]. Since its foundation in 1919, the organization strived for setting international standards of the general minimum age for admission to employment or work by industry. The ILO adopted the Convention 138 in 1973, the legally binding document setting the minimum age at 15 years across industries, and the Convention 182 in 1999 that requires ratifying states to take immediate steps to eliminate the worst forms of child labor.

With regard to technical cooperation, the International Programme on the Elimination of Child Labour (IPEC), launched in 1992, is the main initiative, focusing on the elimination of the worst forms of child labor and, ultimately, all forms of child labor. Today, IPEC is renamed the International Programme on the Elimination of Child Labour and Forced Labour (IPEC+) after being integrated with the Special Action Programme to combat Forced Labour (SAP/FL), a technical cooperation program aimed at banning and eradicating forced labor.

IPEC+ focuses on (i) the rural and informal economies, (ii) enterprises and global and domestic supply chains, and (iii) situations of crisis and fragility. It works on strengthening public policy and governance, empowering vulnerable workers and households, strengthening the evidence base by accumulating and sharing knowledge and data, and advancing partnerships and advocacy to eliminate child and forced labor [17].

Since 2008, the ILO has implemented 47<sup>7</sup> projects on child labor as part of the IPEC program [18]. As of June 2020, the IPEC+ program was implemented in 66 countries: 18 countries in Africa, 18 countries in the Americas, 8 Arab countries, 16 countries in Asia and the Pacific, and 6 countries in Europe and Central Asia [17].

---

<sup>5</sup> The ILO mentions that the goals and indicators related to decent work such as SDG 1, 2, 4, 5, 7, 9, 10, 11, 14, 16 and 17 are also within the scope of its activities [70].

<sup>6</sup> SDG8.7 is “Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms”.

<sup>7</sup> As of January 2021. See the ILO official website (<https://www.ilo.org/ipec/projects/lang--en/nextRow--0/index.htm>) for details of each project.

| <b>Example of the ILO Assistance in Child Labor</b> |   |
|---|---|
| Project Name  | Accelerating Action for the Elimination of Child Labour in Supply Chains in Africa (ACCEL Africa)   |
| Partner Country                                     | Cote d'Ivoire, Egypt, Mali, Malawi, Nigeria, and Uganda   |
| Budget  | EUR 23.5 Million  |
| Duration  | 5 November 2018 – 5 November 2022   |
| Donor   | Ministry of Foreign Affairs of the Netherlands  |
| Project Detail                                      | After developing work plans with governments in 2018, each country is working on its own priorities. ACCEL common outcomes are as follows.<br>Outcome 1: Policy, legal and institutional frameworks are improved and enforced to address child labor in global supply chains.<br>Outcome 2: Innovative and evidence-based solutions that address the root causes of child labor in supply chains are institutionalized.<br>Outcome 3: Strengthening partnership and knowledge sharing among global supply chain actors working in Africa. |

Source: [18]

Examples of ILO's achievements through these efforts, led by IPEC, are as follows [19].

- Beneficiary children of IPEC projects (1995-2010): 985,698 in total
- 59 countries developed, revised, and/or updated their legislative framework (2004-2014)
- 57 countries formulated, adopted and implemented specific policies, plans and programs to combat child labor

#### **(4) Response to COVID-19**

The ILO states that the COVID-19 pandemic will have a significant impact on women and girls, as well as those already in the most disadvantaged working conditions, including child and forced labor [20]. The ILO establishes six approaches to IPEC+ implementation in the crisis, including leveraging the organization's field presence and networks, investing in gender-responsive monitoring and compliance, and repurposing and innovating its operation [20].

**Table 12-6 Short/middle/long term measures of IPEC+**

| <b>Measure</b> | <b>Details</b>  |
|----------------|---|
| Short Term     | Short-term targeted responses focus on reducing vulnerabilities, awareness raising, increasing coordination and information exchange among partners and countries to act quickly with innovative solutions.<br><br>Example<br><ul style="list-style-type: none"> <li>• Raising awareness to prevent child labor and forced labor, with particular attention given to domestic work and the worst forms of child labor.</li> <li>• Providing vulnerable households with viable livelihoods and alternative income generating opportunities, including cash transfers, to mitigate the risk of resurgence of child labor and forced labor.</li> </ul> |
| Middle Term    | Protective measures are applied once the crisis stabilizes.<br><br>Example<br><ul style="list-style-type: none"> <li>• Conducting research to detect new and emerging patterns of child labor, forced labor and human trafficking.</li> <li>• Providing education and training on safe and healthy work practices, free provision of personal protective equipment and access to public health services.</li> </ul>   |

|           |   |
|-----------|---|
| Long Term | <p>Long-term measures focus on structural issues in line with international labor standards for a long-lasting and sustainable response to the crisis.</p> <p>Example</p> <ul style="list-style-type: none"> <li>• Advocating for the prolongation of socio-economic measures adopted by countries during the crisis, such as strengthening national budgets for public health, for education and for the extension of social protection coverage.</li> <li>• Promoting innovative technologies experimented with during the crisis, especially for distance learning, training and monitoring, to make them systemic.</li> </ul> |
|-----------|---|

Source: [20]

### **(5) Collaboration and Partnership with other Organization**

The ILO serves as the Secretariat of the Alliance 8.7, a global partnership established to achieve the SDGs on child and forced labor. More than 250 organizations and groups, including governmental and international organizations, civil society organizations, labor organizations, and academic institutions, participate in the Alliance. The Alliance establishes action groups by theme, such as supply chains, migration, rule of law and governance, and conflicts and humanitarian settings, to coordinate and collaborate with each partner in order to achieve SDG 8.7.

In addition, the IPEC projects are implemented in collaboration with different organizations for each project. For example, UNICEF and the Institute for Development Studies (IDS) in the United Kingdom are partners of ILO in the Asia Regional Child Labour Programme (ARC), which aims to eradicate child labor in Asia [18]. In addition, in the Project to Strengthen Policies and Programmes to Prevent and Remediate Child Labour in the Primark Apparel Supply Chain, which aims to eliminate child labor in the supply chain of Primark (a UK clothing retailer), the ILO collaborated with the retailer and supported the development and implementation of Primark's Child Labour Code and Framework [18].



## 12.3 Trend of Bilateral Donor Assistance

### 12.3.1 USAID

#### (1) Organization Profile

USAID, founded in 1961, is the U.S. government's bilateral aid agency responsible for international development assistance. Headquartered in Washington, DC, Gloria D. Steele is the acting administrator of USAID from 2021. As of September 2019, USAID had a total of 9,688 employees, providing assistance in more than 100 countries [21].

Total budget for FY2019 is USD 30,874 million, with the majority of funding allocated from U.S. Government funds administered by the Department of the Treasury [21]. The total net cost of operation for the same year is USD 12,034 million, broken down into aid categories: humanitarian assistance (32%), economic growth (22%), democracy, human rights and governance (12%), education and social services (10%), program development and oversight (9%), health (9%), and peace and security (6%).

#### (2) Assistance Areas

USAID classifies its development assistance into seven categories in accordance with the Standardized Program Structure and Definition: Democracy, Human Rights and Governance; Economic Growth; Education and Social Services; Humanitarian Assistance; Health; Program Development and Oversight; and Peace and Security [21].

Table 12-7 USAID foreign-assistance categories

| Category                               | Detail  |
|--|---|
| Democracy, Human Rights and Governance | Support the establishment, consolidation, and protection of democratic institutions, processes, and values in countries to advance freedom.   |
| Economic Growth                        | Strive to generate rapid, sustained, and broad-based economic growth.   |
| Education and Social Services          | Aid nations through effective and accountable investments in education and social services to establish sustainable improvements in the well-being and productivity of their populations.   |
| Humanitarian Assistance                | Provide assistance to countries on the basis of need according to principles of universality, impartiality, and human dignity to save lives, alleviate suffering, and minimize the economic costs of conflict, disasters, and displacement. |
| Health                                 | Contribute to improvements in the health of people, especially women, children, and other vulnerable populations in countries globally.   |
| Program Development and Oversight      | Provide program management, accounting, and tracking for costs to assist U.S. foreign-assistance objectives.  |
| Peace and Security                     | Help countries establish the conditions and capacity to achieve peace, security, and stability, and respond to arising threats to national or international security and stability.   |

Source: [21]

#### (3) Assistance in Child Protection

Within the Democracy, Human Rights, and Governance category, Vulnerable Populations Programs are implemented, in which the main child welfare and child protection assistance is included. The U.S. government documented its international assistance strategy for child welfare and child protection in a strategy paper common for the whole U.S. governmental organizations including USAID [22]. According to the strategy, USAID provides assistance in the area of child welfare and child protection to children who are living outside of family care; have been trafficked; are experiencing violence; are affected by, or are

emerging from, armed conflict or humanitarian crises; have disabilities; are orphans; or are otherwise vulnerable (child labor, HIV /AIDS, etc.). It aims to ensure that all children thrive within protective, loving families, free from deprivation, violence, and danger [22]. The objectives of the assistance are as follows.

**Objective 1: Build Strong Beginnings**

Because loving family care during early childhood lays the foundation for life-long well-being, USAID supports parents and caregivers to facilitate the physical, cognitive, linguistic, and socio-emotional development of young children, from before birth until they make the transition to primary school [22]. Interventions include providing evidence-based, culturally appropriate parenting programs; supporting the mental health and well-being of parents and other family caregivers; supporting livelihood interventions and income increase for vulnerable households; and securing safe places for young children in humanitarian settings.

**Objective 2: Put Family First**

Consistent, nurturing, loving, and protective care from parents and other family caregivers provides foundation necessary for a child to thrive. Based on a meta-analysis of 23 studies<sup>8</sup> that finds poorer behavioral and psychosocial outcomes for children placed in residential care settings as compared to those in family foster care, USAID invests in appropriate, safe, permanent family care to secure the best environment for the development of children outside (or at risk of being outside) family care [22]. This includes reunification and reintegration, and when this is not possible, family care, such as kinship care, domestic and inter-country adoption, legal guardianship, etc. In addition, USAID works on providing high-quality, transitional residential care in a setting as close as possible to a family as a short-term solution.

**Objective 3: Protect Children from Violence**

USAID supports the elimination of all forms of violence, exploitation, and abuse against children, child labor, early marriage, FGM, and human trafficking [22]. Interventions include funding for programs aimed at preventing violence against children and providing psychological support and safe educational opportunities; strengthening mechanisms for parents, caregivers, teachers, social workers, religious and community leaders, and others to identify and protect children at risk of violence; developing and enforcing laws and policies; conducting awareness-raising activities on GBV and online violence; and strengthening information/data management and analysis capacity.

| <b>Example of USAID Assistance in Child Protection</b> |   |
|--|---|
| Project Name   | Protection and Quality of Care for Children Project in El Salvador  |
| Partner Country  | El Salvador   |
| Budget   | USD 7 Million   |
| Duration   | June 2018 - June 2023   |
| Implementing Organization                              | Salvadoran Institute for Integral Development for Children and Adolescents<br>National Council for Children and Adolescents |

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<sup>8</sup> Li, Dongdong, Grace S. Chng, and Chi Meng Chu. (2017). “Comparing Long-Term Placement Outcomes of Residential and Family Foster Care: A Meta-Analysis” *Trauma, Violence, & Abuse*. pp.1–12.

|                |   |
|----------------|---|
| Project Detail | This project aims to improve the quality of child protection systems and services for the most vulnerable children in El Salvador. The main activities of the project are to provide training and follow-up on child protection and development to caregivers, staff and technical officials of targeted institutions, and representatives of orphanages. USAID assesses the current child protection system in El Salvador and uses the results to develop policies to ensure that children grow up in safe families. In particular, USAID works on identification of vulnerable children, including migrants, to achieve safe family care through family reunification and the foster/adoptive care system. |
|----------------|---|

Source: [23]

#### **(4) Response to COVID-19**

As the number of incidents of violence against children, including GBV and sexual exploitation, has been on the rise due to city lockdown, USAID implements initiatives at the program and project levels to prevent and respond to violence against children in the pandemic. In Kyrgyzstan, USAID provided grants totaling USD 230,000 to 11 civil society organizations through the Active Communities Project (a project aimed at solving various issues at the community level) to protect children from violence [24]. The funds will be used to expand shelters and provide psychological and legal support to children who experience violence. In Uganda, due to the impact of COVID-19, telephone counseling services for the protection of children and schools were closed by 31 March 2020. In response, USAID supported the reopening of remote child counseling services via WhatsApp, phone, and email through the Coordinating Comprehensive Care for Children Project (a project aimed at improving the health and well-being of orphans and children affected by HIV/AIDS and other hardships) [25]. The Safe City Project, implemented in Egypt to eradicate violence against women and girls, collects data on the social and economic impact of COVID-19 on women and girls in the country [26].

#### **(5) Collaboration and Partnership with other Organization**

USAID makes strategic partnerships with government agencies, the private sector, and NGOs a principle of its work in child welfare and child protection [21]. Sharing the approaches and best practices that put family-based child care first is a priority in the collaboration with other organizations of USAID [21]. One example of collaboration is Together for Girls<sup>9</sup>, a public-private partnership aimed at eradicating violence against girls, which includes private organizations such as the CDC Foundation and Becton Dickinson and Company, UN agencies such as UNICEF and UN Women, and U.S. governmental organizations such as USAID and Pearce Corps. Together for Girls conducts research and policy recommendations on sexual violence in partnership. In addition, the provision of funds to civil society organizations in Kyrgyzstan, mentioned above, is another example of collaboration with NGOs.

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<sup>9</sup> <https://www.togetherforgirls.org/>

## 12.3.2 GAC

### (1) Organization Profile

The Government of Canada disburses development assistance through 19 governmental agencies in total, and GAC is the lead agency for development assistance in Canada. In 2013, the Canadian International Development Agency officially became part of the Department of Foreign Affairs, Trade and Development, which was further reorganized to form GAC. Under the leadership of three ministers, Karina Gould (Minister of International Development), François-Philippe Champagne (Minister of Foreign Affairs), and Mary F.Y. Ng (Minister of Small Business, Export Promotion and International Trade), the agency is responsible for planning and implementing Canada's development assistance. Headquartered in Ontario, the agency has 6,542 staff (including 1,269 overseas staff) as of April 2019 [27].

Overall development assistance disbursements by the Central Government of Canada (excluding those by provincial and municipal governments) in FY2018-2019 were CAD 6,060 million, of which GAC disbursements accounted for CAD 4,648 million (77%)<sup>10</sup> [28]. The following is a breakdown of the Canadian government's aid disbursements by the government's action area and region.

Table 12-8 FY2018-2019 disbursement of GAC and government of Canada by action area and region (CAD Million)

| By Action Area (Whole Government*)                               |                 | By Region (GAC Only)   |                 |
|--|-----------------|------------------------|-----------------|
| Action Area  | CAD Million (%) | Region                 | CAD Million (%) |
| Gender equality and the empowerment of women and girls           | 90 (1%)         | Sub-Sahara Africa      | 2,059 (44%)     |
| Human dignity  | 2,671 (31%)     | North Africa           | 40 (1%)         |
| Health and Nutrition   | 1,171           | Middle East            | 581 (13%)       |
| Education  | 434             | Asia                   | 953 (20%)       |
| Gender Responsive Humanitarian Action                            | 910             | Americas and Caribbean | 756 (16%)       |
| Cross-Cutting Activities   | 157             | Europe                 | 142 (3%)        |
| Growth that Works for Everyone                                   | 983 (11%)       | Oceania                | 38 (1%)         |
| Environment and Climate Action                                   | 630 (7%)        | Global                 | 78 (2%)         |
| Inclusive Governance   | 443 (5%)        | <b>Total</b>           | <b>4,648</b>    |
| Peace and Security   | 314 (4%)        |                        |                 |
| Multi-Action Area Activities, Such as Refugee-Related Activities | 610 (7%)        |                        |                 |
| Administrative Costs   | 318 (4%)        |                        |                 |
| <b>Total</b>   | <b>6,060</b>    |                        |                 |

\*Breakdown of the GAC disbursement is not available.  
Source: [28] [29]

### (2) Assistance Areas

In Canada, Justin Trudeau took office as Prime Minister in October 2015, and as a result of a review of international aid policy, the Feminist International Assistance Policy was announced in 2017 as the new

<sup>10</sup> The government of Canada disburses its development assistance through 18 organizations other than GAC. The breakdown by organization is Department of Finance Canada (13%), Immigration, Refugees and Citizenship Canada (6%), International Development Research Centre (3%), other federal organizations (1%).

aid policy. The policy champions gender equality and women's empowerment as the most effective approaches to eradicating poverty and vulnerability and building an inclusive, peaceful, and prosperous world [30]. The three main initiatives of international assistance are: enhancing the protection and promotion of the human rights of women and girls; increasing the participation of women and girls in equal decision making; and giving women and girls more equitable access to and control over the resources they need to secure ongoing economic and social equality. In line with this policy, 95% of the GAC's bilateral aid disbursements by FY2020-2021 will be allocated to advance gender equality and women's empowerment [30]. Action areas of cooperation are as follows.

1. Core Action Area: Gender Equality and the Empowerment of Women and Girls
2. Human Dignity (health and nutrition, education, humanitarian action)
3. Growth that Works for Everyone
4. Environment and Climate Action
5. Inclusive Governance
6. Peace and Security

### **(3) Assistance in Child Protection**

In child protection, the Feminist International Assistance Policy considers the eradication of sexual violence and GBV, especially against girls, as one of the central issues. In the core action area “Gender Equality and Empowerment of Women and Girls,” sexual violence and GBV are among the most serious human rights violations, and a broad, cross-sectoral approach (health, judicial systems and policies, education, social protection, etc.) will be taken to eradicate them [30]. Specifically, the following initiatives will be undertaken.

#### **Address the unacceptably high rates of sexual and gender-based violence experienced by women and girls.**

Canada supports comprehensive approaches that help end these forms of violence so that fewer women and girls are subjected to domestic violence; intimate-partner violence; trafficking and exploitation; child, early and forced marriage; and FGM. Canada’s support will raise awareness of rights among women and girls to improve their access to justice and to provide psychosocial support for survivors of violence. Canada will also raise the importance of these issues through diplomatic channels and advocacy efforts.

#### **Provide better support for local women’s organizations and movements that advance women’s rights.**

Local organizations lead the way when it comes to pushing for gender equality but often lack the resources needed to provide the help women and girls need. Canada will build their capacity so that they can better advocate for changes in policies, legislation and services and so that they can more effectively challenge harmful and discriminatory social beliefs and practices. To support and expand this work, Canada is dedicating CAD 150 million over five years.

**Help governments in developing countries address the differential needs of women and men through policies and services.**

Governments have an important role to play in ensuring that women and girls have equal rights and opportunities. Canada will work with the governments of developing countries to improve their ability to deliver programs that support gender equality at all levels of government and in all sectors. This will be accomplished, for example, through programming and technical assistance.

**Step up its commitment to evidence-based decision making.**

For the work of civil society, governments and donors to be most effective, Canada will strengthen the evidence base by investing in policy research, better data collection and evaluation for gender equality.

| <b>Example of GAC Assistance in Child Protection</b> |   |
|--|---|
| Project Name   | Addressing Gaps in the Reduction of Sexual and Gender-Based Violence in Nigeria   |
| Partner Country                                      | Nigeria   |
| Budget   | CAD 7.5 Million   |
| Duration   | March 2018 - March 2021   |
| Project Detail                                       | <p>The project aims at realizing the sexual and reproductive health and rights of women and girls in Nigeria. Activities are as follows.</p> <ul style="list-style-type: none"> <li>• Improving the knowledge and skills of government social workers and health care workers to provide age and culturally appropriate FGM and child, early and forced marriage prevention and treatment services.</li> <li>• Upgrading health facilities to provide culturally appropriate and gender-sensitive quality services on harmful traditional practices (FGM and child, early and forced marriage), as well as obstetric fistula care.</li> <li>• Supporting advocacy activities carried out by women-led legislative coalitions at community and state levels to domesticate anti-sexual and GBV laws.</li> <li>• Supporting gender-sensitive and culturally appropriate media activities to raise awareness and mobilize action against harmful traditional practices and other forms of sexual and gender-based violence.</li> <li>• Activating community platforms for dialogue on harmful traditional practices and other forms of sexual and gender-based violence to reach boys, men, women, traditional gatekeepers and religious leaders.</li> <li>• Raising awareness of women and girls of their rights and building their knowledge and capacity to take action against all forms of sexual and GBV.</li> </ul> |

Source: [31]

Eradication of violence against girls is included not only in Action Area 1 but 2, 5 and 6 of the Feminist Aid Policy [30]. Action Area 2 “Human Dignity” promotes the protection of children, including girls, under humanitarian assistance and the development of gender-sensitive school facilities to eradicate GBV in schools. Action Area 5 “Inclusive Governance” supports strengthening police and judicial systems in partner countries to ensure women and girls have access to justice and promote their protection by law. For example, the Support to Child Protection Programme in Ghana (2014-2019), with an investment of CAD 18.5 million, aims to strengthen the National Child and Family Welfare Policy and the Juvenile Justice and support the establishment of child-friendly justice system<sup>11</sup>. In Action Area 6 “Peace and Security,”

<sup>11</sup> <https://w05.international.gc.ca/projectbrowser-banqueprojets/project-projet/details/D000306001>

referring to the spread of GBV affected by conflict, Canada will conduct activities such as training for the police and working with local organizations to strengthen accountability mechanisms for military personnel.

#### **(4) Response to COVID-19**

In May 2020, the Government of Canada together with 59 other governments, including the United Kingdom and Sweden, released a joint press statement for Protecting Sexual and Reproductive Health and Rights and Promoting Gender-Responsiveness in the COVID-19 Crisis. The statement mentions that COVID-19 may make it more difficult for women and girls who are already in a disadvantaged position to realize their rights and points out that mechanisms to protect women and girls from domestic violence and GBV should be strengthened [32]. In addition, the government not only contributed CAD 160 million to WHO, UNICEF, and other organizations in April 2020 but also provided CAD 120 million for Access to COVID-19 Tools Accelerator<sup>12</sup> activities and CAD 180 million for humanitarian assistance in the pandemic in May 2020 [33] [34].

#### **(5) Collaboration and Partnership with other Organization**

The Government of Canada coordinates and collaborates with various organizations, including civil society, governments and donors, in development assistance [29]. For example, the Government of Canada is taking a leading role in the Call to Action on Protection from GBV in Emergencies<sup>13</sup>, a campaign aimed at eradicating GBV in emergencies, starting in 2019. 87 organizations, including major bilateral aid agencies, international organizations, and NGOs, are participating in the campaign to make policy recommendations on GBV. Feminist International Aid Policy also emphasizes the collaboration with local organizations. For example, the Women's Voice and Leadership Program, implemented in 13 countries since 2017, provides support to grassroots organizations and networks working on gender equality and women's rights advocacy, including funding, capacity building, and networking [29].

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<sup>12</sup> An international framework proposed by WHO to accelerate the development, production, and equitable access to vaccines, therapeutics, and diagnostics for COVID-19.

<sup>13</sup> <https://www.calltoactiongbv.com/partners>

### 12.3.3 SIDA

#### (1) Organization Profile

SIDA is a Swedish governmental organization headquartered in Stockholm under the Ministry of Foreign Affairs. Established in 1995, it is responsible for the implementation of the country's bilateral aid. Carin Jämtin is the Director-General from 2017. As of June 2016, SIDA had 782 staff members, of which about 150 work abroad in recipient countries [27].

The total SIDA's aid in 2020 is USD 2,750 million [35]. Afghanistan, Somalia, and Mozambique are the top three countries in terms of the amount contributed. By sector, the “government and civil society” area, which covers human rights protection, democracy promotion, and law enforcement, accounts for 31% of the total.

Table 12-9 Top 10 Partner Countries with the Largest Aid Distributed from SIDA in FY2020 (USD Million)

| Country               | Aid Distributed |
|-----------------------|-----------------|
| Afghanistan           | 100             |
| Somalia               | 80              |
| Mozambique            | 74              |
| Uganda                | 68              |
| Tanzania              | 68              |
| Republic of the Congo | 59              |
| Syria                 | 53              |
| Zambia                | 53              |
| South Sudan           | 53              |
| Bangladesh            | 50              |

Source: [35]

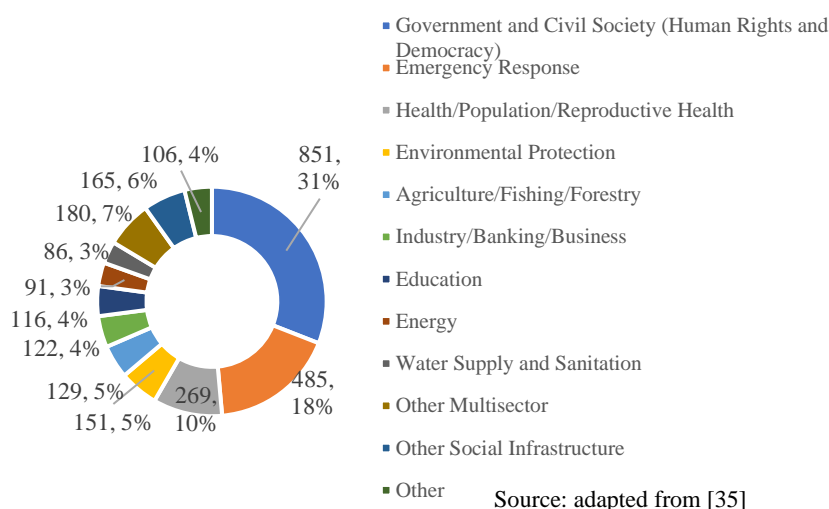


Figure 12-4 SIDA aid distribution by sector in FY2020 (USD Million)

#### (2) Assistance Area

According to the Swedish government's 2016 Aid Policy Framework, the country's development assistance aims at creating preconditions for better living conditions for people living in poverty and under oppression [36]. The governance of development assistance is being strengthened to examine the results of the cooperation. The number of partner countries that used to be widely varied have been reduced to 33, and the sectors to be supported in each country has been more concentrated than before [27]. According to the 2019 Development Cooperation Reference Book, compiled by Japan's Ministry of Foreign Affairs in 2019, Sweden identifies the following areas as priority for development assistance [27].

- Human Rights and Democracy: support for individuals and organizations working to achieve democracy and freedom of expression, etc.
- Environment and Climate: adapting to climate change and raising standards in the water environment and sanitation sectors, etc.
- Gender Equality and Women's Empowerment: contributing to the realization of gender equality



through efforts to achieve the SDGs; supporting expectant and nursing mothers as part of the realization of women's sexual and reproductive health and rights; etc.

Sweden is committed to pursuing gender equality across sectors in diplomacy and development assistance in its 2016 Aid Policy Framework and its Policy for Global Development in the Implementation of the 2030 Agenda [36] [37].

### **(3) Assistance in Child Protection**

SIDA develops aid strategies for each region and area. While there is no strategy document found on the internet that primarily focuses on child welfare or child protection, the strategy on gender equality refers to the eradication of all forms of GBV, including domestic and sexual violence, trafficking, early and forced marriage of children, and FGM [38]. In addition, the eradication of violence against women and children, based on the perspective of human rights protection, is advanced in strategic documents in cooperation areas such as sustainable peace, sexual and reproductive rights in sub-Saharan Africa, and sustainable social development [39] [40] [41].

| <b>SIDA Example of Assistance in Child Protection</b> |   |
|---|---|
| Assistance Name                                       | UNFPA's Gender-Based Violence Response to the Syria Crisis  |
| Aid Type  | Contribution to UNFPA   |
| Partner Country                                       | Jordan, Lebanon, Syria, Turkey  |
| Total Committed Amount                                | USD 13 Million  |
| Duration  | 2019 – 2020   |
| Project Detail  | <p>From 2019, SIDA contributes to the program delivering reproductive health, promoting sexual and reproductive health, preventing and addressing GBV in these countries affected by the Syria crisis. In 2020, additional funds, amounting to USD 6 million, was paid to mitigate the impact of COVID-19 on GBV and sexual and reproductive health. Major objectives are as follows:</p> <ul style="list-style-type: none"> <li>• Increase the availability of and access to specialized reproductive health and GBV services.</li> <li>• Increase the social safety nets for women and girls and youth.</li> <li>• Challenge negative social norms that limit the empowerment of women and girls.</li> <li>• Ensure a coordinated and integrated multi-sectoral GBV response in the impacted area.</li> </ul> |

Source: [35]

### **(4) Response to COVID-19**

SIDA provides additional support to mitigate the impact of COVID-19 on vulnerable populations at the program and project levels from 2020 onwards. In child protection, SIDA makes additional inputs to ongoing activities; for example, SIDA provided USD 3 million to the initiative implemented by UNICEF in collaboration with local NGOs, aimed at preventing violence against children and strengthening administrative capacity for child protection<sup>14</sup>. It also makes funding of USD 2 million for the child protection project “Strengthening Resilience through Child-Centered Programming,” implemented by Save the Children International and Protyashi, a local NGO, for Rohingya refugees<sup>15</sup>. The support to UNFPA in the box above is also an example of additional funding. The UN Trust Fund to Eliminate Violence against

<sup>14</sup> <https://openaid.se/en/activities/SE-0-SE-6-10933A0101-YEM-15180>

<sup>15</sup> <https://openaid.se/en/activities/SE-0-SE-6-12513A0101-BGD-15190>

Women, a mechanism to provide financial support for initiatives aimed at eliminating violence against women, also receives funding of USD 2 million in 2020 in response to the COVID-19 pandemic.

**(5) Collaboration and Partnership with other Organization**

In its strategy document on gender equality, SIDA advocates the collaboration with different organizations such as women's rights advocacy groups, academic institutions, faith communities, cultural practitioners, and trade unions and business, in order to solve various gender-related issues [38]. Examples of collaboration at the individual program/project level, where SIDA takes advantage of its own technical strengths, are not found on the internet, but only examples of cooperation through funding to international organizations and NGOs, as mentioned above, are found.

## 12.4 Trend of International NGOs Assistance

### 12.4.1 Save the Children

#### (1) Organization Profile

Save the Children is a global membership NGO. As of 4 November 2020, Save the Children International (SCI), the umbrella organization, has 29 member organizations with the name Save the Children around the world, with a total of 25,000 staff members and activities in 117 countries [42]. Inger Ashing is the Director General of SCI since 2019.

Total funding for all member organizations is USD 2,256 million in 2019, with Save the Children US (USD 836 million) and Save the Children UK (USD 389 million) being the two largest organizations, accounting for 54% of the total [43]. Breakdown of funding sources is as follows: grants from governmental organizations (52%), individual donations (31%), donations from private companies and foundations (11%), and others (6%).

Program expenditure by thematic area in 2019 is as follows: health and nutrition (36%), education (28%), child poverty and livelihood (17%), child protection (15%), child rights and governance (4%). Region-wise, the expenditure is broken down as follows: East and South Africa (28%), Asia (25%), Middle East and Eurasia (16%), West and Central Africa (13%), Europe (6%), North America (6%), Latin America and Caribbean (4%), and Pacific (2%).

#### (2) Assistance Area

Save the Children’s shared vision is a world in which every child attains the right to survival, protection, development and participation [44]. The organization classifies the activity areas in line with its ambition for 2030: to create a world in which all children survive, learn and are protected (see Table 12-10) [45]. Save the Children provides aid, especially focusing on the most deprived and marginalized children: girls, children in disabilities, children affected by conflict, children who are migrants or displaced, and adolescents [45].

Table 12-10 Classification of Save the Children aid activity

| Breakthrough for its Ambition | Detail   | Activity Focus in 2019-2021  |
|-------------------------------|--|--|
| Survive                       | No child dies from preventable causes before their fifth birthday. | Help more children and their families receive quality essential services and practice healthy behaviors, so children can survive and thrive.<br>Reduce childhood pneumonia for children under five and support adolescent sexual and reproductive health and rights. |
| Learn                         | All children learn from a quality basic education.                 | Focus on children’s early years to improve learning outcomes in literacy, numeracy and well-being.<br>Ensure that children participate in safe, inclusive and quality learning environments.   |
| Be Protected                  | Violence against children is no longer tolerated.                  | Increasing accountability to prevent and reduce the impact of violence against children, especially in conflict settings.<br>Scale up our efforts to protect children and change behaviors that expose children to violence in homes, schools and society.           |

Source: [45]

### **(3) Assistance in Child Protection**

A strategy document common for Save the Children member organizations on the breakthrough “Be Protected” is not found on the internet. This section describes specific initiatives related to this breakthrough available on the website of Save the Children US, the largest of the member organization in terms of funding.

Save the Children US implements overseas projects that protect children in developing countries and those affected by conflict from abuse and exploitation, early marriage, and trafficking. Interventions against abuse and exploitation include strengthening the child protection knowledge and skills of families and caregivers, providing support to governments to develop and enforce child protection policies, and assisting relevant service providers (social workers, medical personnel, teachers, police, etc.) to provide appropriate and effective services [46].

#### **Example of Assistance in Violence against Children**

Project Name: Supporting the Venezuela Migration Crisis and Its Impact on Children

The project provides emergency protection and educational assistance to migrant and refugee children and their families who have been displaced from their home country of Venezuela due to political, economic and social turmoil. It engages community leaders to prevent school violence and child trafficking, and to protect refugee and migrant children from organized crime. Examples of interventions include securing space where refugee and migrant children can play safely, improving learning facilities for preschool children, and providing psychological and social support for these children.

Source: [47]

Save the Children US implements the following activities in early marriages: policy advocacy and public information activities aimed at eradicating early marriages and promoting quality girls' education and health services; promotion of gender equality and gender-sensitive budgetary measures by governments and donors; and awareness-raising to improve laws and change social norms to prevent early marriages [48]. In response to child trafficking, it conducts awareness-raising at the community level, assists children who have become victims of trafficking to return to their original lives, and supports the development of laws to prohibit trafficking and protect children [49].

#### **Example of Assistance in Trafficking: Child Trafficking in Bangladesh**

Save the Children US has been working against trafficking since 1997 in Daulatdia, Rajbari district, Bangladesh, which is considered one of the largest brothels in the world. Many of the sex workers are girls under the age of 18, often trafficked to the town, and the risk of physical and psychological violence against these girls is a serious issue. Save the Children US provides a safe place for children to read, rest, play, and do homework, as well as helping educate and rehabilitate girls either at home or in alternative care.

Source: [49]

The number of beneficiary children to whom all Save the Children member organizations provided support related to child protection was 3.4 million in 2019 [43].

### **(4) Response to COVID-19**

In its COVID-19 response plan common to all member organizations, SCI organizes its response in child protection at the advocacy and program levels [50]. At the advocacy level, based on the organization's

Global Agenda for Action<sup>16</sup>, the organization works to secure child protection budgets, advocate for ceasefires in conflict zones, and collect relevant data. Program-level responses include:

- Support parents and caregivers to deal with multiple new stressors due to COVID-19 by providing resources and guidance on positive parenting to reduce children’s risk of physical and humiliating punishment in the home, and their abuse online.
- Support children at-risk of, and separated from their primary caregivers to live in safe, appropriate care, and access necessary services.
- Provide children at-risk of, or experiencing, sexual and GBV, especially adolescent girls, with appropriate prevention, support and care services, and improved referral pathways across sectors.
- Engage communities in safely preventing and responding to child protection issues and connecting to a social service workforce with increased capacity to adapt and respond to child protection risks in the context of COVID-19.
- Support children and adolescents to cope with stress and anxiety through appropriate and accessible MHPSS support and tools.
- Integrated delivery of cash and voucher assistance to at-risk households to prevent negative coping strategies, such as child labor and child marriage.

#### **(5) Collaboration and Partnership with other Organization**

SCI is a member of Joining Forces<sup>17</sup>, a partnership among NGOs to combat violence against children and advocate for their rights that was launched in 2017. It includes SCI and five other leading NGOs in the field of child rights advocacy (Child Fund Alliance, Plan International, SOS Children's Villages International, Terre des Hommes International Federation, and World Vision International), jointly implementing advocacy and child-protection campaigns.

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<sup>16</sup> <https://www.savethechildren.net/blog/protecting-generation-covid-19-agenda-action%20>

<sup>17</sup> <https://joining-forces.org/>

## **12.4.2 World Vision**

### **(1) Organization Profile**

World Vision is an international NGO, founded in 1950, inspired by the Christian faith that provides development assistance, emergency humanitarian aid, and policy advocacy. In addition to its umbrella organization, World Vision International (WVI), World Vision has offices in about 100 countries as of 2020, employing more than 37,000 people [51]. All World Vision offices are called the Partnerships and governed by their own boards, sharing the same vision and mission.

Vision: Our vision for every child, life in all its fullness.  
Our prayer for every heart, the will to make it so.

Mission: World Vision is an international partnership of Christians whose mission is to follow our Lord and Savior Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good news of the Kingdom of God.

Total revenue of World Vision as a whole is USD 2.9 billion, and the total program expenditure is USD 2.5 billion in FY2019 [52]. Breakdown of total program expenditure by region is as follows: Africa (46%), Asia/Pacific (19%), Middle East/Europe (15%), North America (8%), Latin America/Caribbean (8%), Australia/New Zealand (0.4%), and Other (2%).

### **(2) Assistance Area**

Strategy document common for all the Partnerships mentions that World Vision helps vulnerable children so that they enjoy good health and are protected from disease; are educated for life and enabled to fulfil their potential; are cared for, protected and participating; and experience the profound security of the love of God and others [53]. The WVI's official website lists the following assistance areas: child protection, disaster management, economic development, education, health and nutrition, water, food assistance, peacebuilding, and faith and development [54].

### **(3) Assistance in Child Protection**

Based on INSPIRE<sup>18</sup>, a technical package of interventions developed by WHO and others to eliminate violence against children, World Vision strengthens legislation and accountability, expands social services, promotes behavioral and attitudinal change, and strengthens child resilience in order to protect children from all forms of violence [55].

As one of its initiatives, World Vision promotes a campaign named It Takes a World to End Violence Against Children, aimed at ending violence against children. The campaign promotes behavioral and attitudinal change of government officials and stakeholders regarding violence against children, helps governments secure budgets and strengthen accountability, and disseminates interventions that work [55]. World Vision identifies the following seven lessons learned in its child protection efforts to disseminate interventions that work [56].

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<sup>18</sup> A package of interventions on eradicating violence against children, developed jointly by WHO and other donor agencies. INSPIRE stands for the initial letters of the seven strategies, that is “Implementation and enforcement of laws,” “Norms and values,” “Safe environments,” “Parent and caregiver support,” “Income and economic strengthening,” “Response and support services,” “Education and life skills” [71].

1. It can be done: ending violence against children is possible
2. It takes a world: key actors must be engaged and participating
3. There is no magic wand: ending violence requires a combination of different approaches
4. Context is key: when our approaches reflect the local culture, norms and infrastructure, they work
5. Big picture, little picture: solutions require direct interventions and longer-term system strengthening
6. It takes children: boys and girls play a significant role, as active agents of change
7. Scaling up: do more of what works, in more places

In lesson 7 above, World Vision identifies four key features of interventions that work to end violence against children: integrating solutions into national policies and strategies; strengthening child protection systems; increasing investments at national and international level; and engaging and empowering key actors in designing and implementing solutions, especially children. In 2019, a total of 141,000 parents and caregivers worldwide received training on violence against children as part of these efforts [52].

| <b>Anti-Trafficking Program in East Asia</b> |   |
|--|---|
| Program Name                                 | End Trafficking in Persons Program  |
| Partner Country                              | Cambodia, China, Thailand, Laos, Mongolia, Myanmar  |
| Budget                                       | USD 14 Million (50% funded by the Australian Government, the rest 50% by World Vision support offices including Canada, Japan, Korea and Taiwan)  |
| Duration                                     | 2011-2015   |
| Program Detail                               | This program is designed to combat trafficking, especially for migrant children, in the Greater Mekong Sub-region made up of six countries: Cambodia, China, Thailand, Laos, Mongolia, and Myanmar. The program's approach is threefold: to protect children from the threat of trafficking, to provide protection services to reintegrate victims into society, and to make policy recommendations to the government on child protection. Specifically, the program set up children/youth clubs to provide information about the threat of trafficking and how to protect themselves, conducted awareness-raising activities for the community, and provided housing, medical and psychological support, and educational and legal services to the victims of trafficking. |

Source: [57]

#### **(4) Response to COVID-19**

WVI sets the following strategic objectives common for all World Vision offices to halt the COVID-19 pandemic and reduce its impact on vulnerable children and families [58].

1. Scale up preventive measures to limit the spread of disease.
2. Strengthen health systems and workers.
3. Support for children impacted by COVID-19 through education, child protection, food security, and livelihoods.
4. Collaborate and advocate to ensure vulnerable children are protected.

In Objective 3 that refers to child protection, World Vision adapts existing reporting and referral mechanisms for child protection and equips frontline workers to respond to children affected by violence [58]. It works on ensuring alternative care for children deprived of parental care, preventing institutionalization and unintentional separation, providing psychosocial support, information about COVID-19 and where and how to access support and services.

**(5) Collaboration and Partnership with other Organizations**

WVI joined the Global Partnership to End Violence Against Children, an international child protection partnership, in 2016 to promote evidence-based interventions and advocacy and support the development of government action plans to address child protection [59]. WVI is also a member of Joining Forces as well as SCI. While an example of collaboration between World Vision and other organizations at the program or project level is not found on the internet, there are cases where World Vision implements programs funded by other donors, such as the program on trafficking in East Asia mentioned above.



### 12.4.3 Plan International

#### (1) Organization Profile

Plan International, founded in 1937, is an international NGO that provides development and humanitarian assistance to promote children's rights and gender equality. Since 2015, Anne-Birgitte Albrechtsen has served as Chief Executive Officer (CEO). Plan International's headquarters, Global Hub, is located in the U.K. The organization has field offices in more than 50 countries, four regional hubs (Asia, Middle East, East and South Africa, West and Central Africa), four liaison offices (Geneva, New York, Addis Ababa, Brussels), and national organizations in more than 20 countries, with 9,508 staff members as of June 2020 [60] [61]. National organizations are managed by their own national directors and share a common philosophy and strategy of Plan International.

Total income for FY2019-2020 is EUR 910 million, funded by the national organizations [62]. The main income sources are child sponsorship (donations from individuals) and grants from institutions and corporate donors. Total expenditure for FY2019-2020 is EUR 910 million, of which the program expenditure accounts for EUR 697 million [63]. Figure 12-5 shows the breakdown of program expenditure by area. Program related to emergency accounts for the largest share (25%). The share related to child protection is 14%, roughly equal to education and ECD.

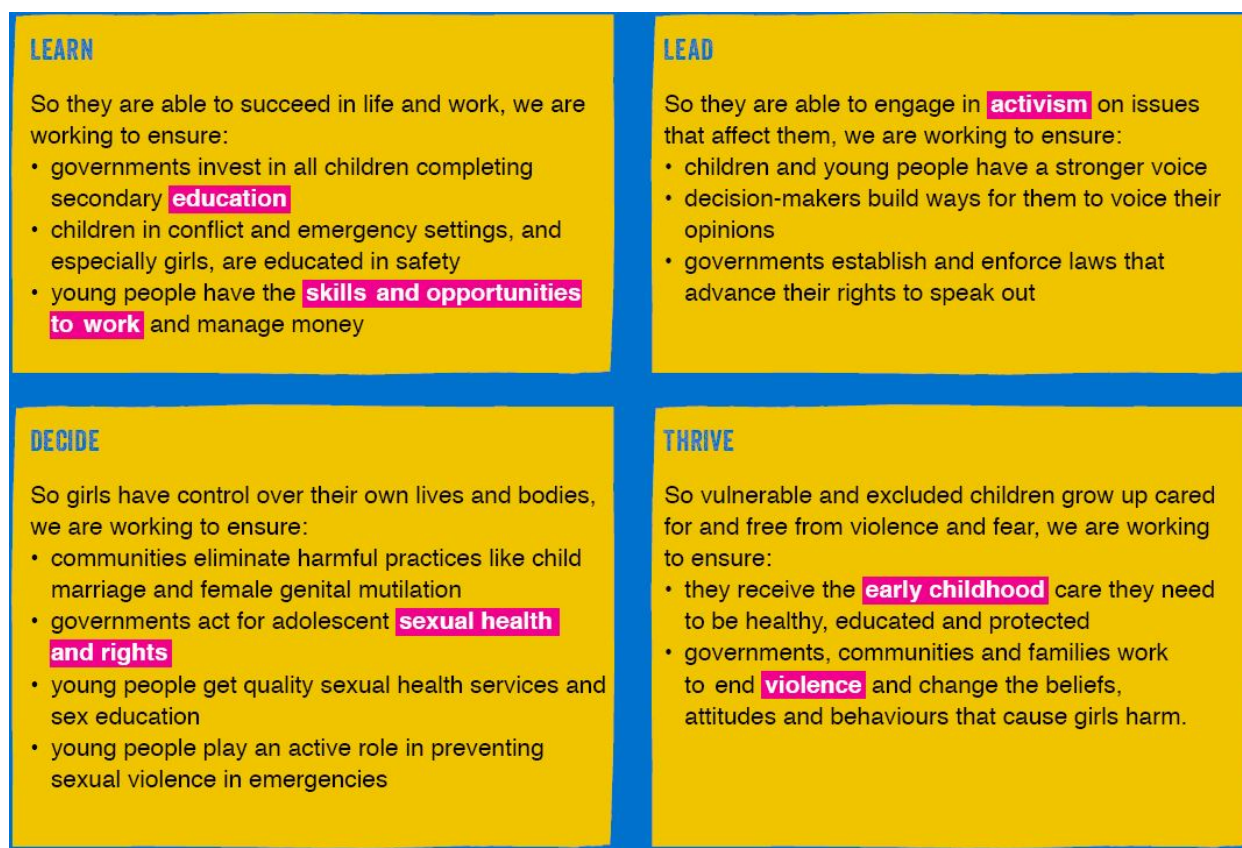


Source : Adapted from [63]

Figure 12-5 Plan International program expenditure by area

#### (2) Assistance Area

Plan International's shared strategy is to work with vulnerable children and especially girls so that they can learn, lead, decide and thrive [64]. Six key areas are defined under this strategy: quality, inclusive education; skills and decent work; young people driving change; sexual and reproductive health and rights; ECD; child protection from violence (see Figure 12-6) [65].



Source: [65]

Figure 12-6 Plan International Area of Work

### (3) Assistance in Child Protection

Plan International's work on child protection is positioned in the area aimed at helping children thrive (see Figure 12-6). The global goal in this area is to eradicate all forms of violence against children, particularly girls and young women affected by violence such as early and forced marriage and FGM [66]. The organization categorizes the root causes of violence against children into three aspects—(i) norms, attitudes and behaviors, (ii) socio-economic assets and safety nets, and (iii) policies, laws and budgets—and stresses the need to address these root causes [66]. Main components of activities related to child protection are as follows.

Table 12-11 Plan International key investment area in child protection

| Assistance Area             |  | Detail and Priority Intervention   |
|-----------------------------|--|--|
| Core Foundational Component | Family and Community Protective Environments | <ul style="list-style-type: none"> <li>• Support parents and caregivers through group discussions, social support groups, training, informal awareness raising to build positive parenting skills, strong parent-child and couple relationships.</li> <li>• Support or provide community-based psychosocial support for parents and caregivers.</li> <li>• Facilitate community critical reflection and dialogue to reduce social acceptance of violence including engagement with traditional and religious leaders.</li> <li>• Training and support to formal and informal child and youth groups to build life skills, resilience, self-protective capacity and provide psychosocial support to children, adolescents and youth.</li> </ul> |

| Assistance Area              |   | Detail and Priority Intervention   |
|------------------------------|---|--|
| Core Complementary Component | Protection Services for Children, Adolescents and Youth Who Have Experienced Violence | <ul style="list-style-type: none"> <li>• Training, mentoring and technical assistance to the social service workforce to improve the quality of protection services for children and families, including psychosocial and legal support services.</li> <li>• Support community-based protection services that are accessible, age appropriate, gender responsive and inclusive.</li> <li>• Training, mentoring and technical assistance to staff and managers across multiple services incl. protection, education, health, law enforcement to improve child and gender sensitive reporting of violence.</li> <li>• Provide direct protection services in humanitarian contexts, particularly to adolescent girls who experience GBV.</li> </ul>   |
|                              | Multi-Sectoral and Coordination, Policies and Legal Frameworks for Protection         | <ul style="list-style-type: none"> <li>• Support community-based child (and family) protection mechanisms (formal and informal) to function effectively as part of the national system through training, mentoring and technical assistance.</li> <li>• Training and technical assistance to law enforcement agencies and other allied services to support them to effectively contribute to the child and family protection system as per their mandate.</li> <li>• Support multi-sectoral collaboration, coordination and referral mechanisms for child and family protection.</li> <li>• Advocate for gender responsive, costed national policy frameworks, plans, and strategies and accountability for their implementation and efficacy.</li> </ul>  |
|                              | Child Protection Programs Addressing Specific Risks                                   | <ul style="list-style-type: none"> <li>• Support Child and Adolescent Friendly Spaces with recreational activities, psycho socio support and access/referral to multi-sectoral services for children and adolescents in emergency settings.</li> <li>• Provide Psychological First Aid to assist children, adolescents, adults and families in the aftermath of disaster and crisis.</li> <li>• Support improved case management, care and services for unaccompanied and separated children and children on the move.</li> <li>• Facilitate the reintegration of children associated with armed forces or groups, particularly girls.</li> <li>• Education, awareness raising, family economic strengthening activities and direct interventions to prevent and respond to the Worst Forms of Child Labor - particularly in humanitarian contexts.</li> </ul> |

Source: [66]

In 2020, 6 million girls received interventions related to GBV across all Plan International's organizations [63].

| <b>Plan International Example of Assistance in Child Protection</b> |   |
|---|---|
| Program Name  | Safer Cities for Girls  |
| Partner Country   | 18 cities in 11 countries including India, Viet Nam, Egypt, Kenya, etc.   |
| Partner Organization  | UN-Habitat, Women in Cities International   |
| Duration  | 2014-2030   |
| Program Detail  | <p>The program aims to build safe, accountable and inclusive cities that protect girls aged 13-18 years living in urban areas from violence (GBV, early marriage, sexual exploitation, etc.). The expected outcomes are: increased safety and access to public spaces, increased active and meaningful participation in urban development and governance and increased autonomous mobility in the city for girls.</p> <p>For example, about 10,000 travel by bus every month in Hanoi, and sexual harassment and theft on the bus have become problems. Plan International has been raising awareness through activities such as training bus drivers and ticket collectors, as well as distributing a total of 40,000 comic books to passengers.</p> |

Source: [67] [68]

#### **(4) Response to COVID-19**

The COVID-19 response framework of Plan International focuses its interventions on gender equality in five key pillars: water and sanitation, health, community engagement and accountability, education, and child protection [69]. The first priority is to ensure that the ongoing emergency responses are integrating COVID-19 prevention and mitigation measures, with particular emphasis on refugee and displacement settings. In child protection, the following priority interventions are identified by COVID-19 pandemic phase to respond to the risk of violence for already disadvantaged children, especially girls, increased by quarantines and school closures.

**Table 12-12 Example of Plan International priority intervention in the COVID-19 Crisis**

| Pandemic Phase  |   |   |   |
|---|---|---|---|
| Preparedness (Prevention and Containment)   | Initial Response (Delay of Transmission)  | Mitigation Response   | Recovery  |
| <ul style="list-style-type: none"> <li>• Conduct gender and protection risk analysis/audit – especially on GBV and sexual violence. Analyze how the crisis will increase the protection risks for excluded and vulnerable groups (e.g. children with disabilities).</li> <li>• Conduct community risk assessment and safety planning inclusive of community-based safe house arrangements for GBV survivors and their children, or safe alternative care arrangements for children separated from their parents/caregivers in quarantine or treatment centers.</li> <li>• Develop COVID-19 child-friendly messages on protection risks and conduct age- and gender appropriate awareness-raising activities.</li> <li>• Develop campaigns and awareness-raising activities to address the risks of domestic violence and GBV, as well as related issues as early/forced pregnancy, online abuse.</li> </ul> | <ul style="list-style-type: none"> <li>• Revise or develop age- and gender responsive Standard Operating Procedures (SOPs) and referral pathways with the health sector and other relevant actors to ensure children at risk of violence and women facing GBV as a result of the COVID-19 outbreak are identified.</li> <li>• Work with service providers in COVID-19 affected areas to map available GBV response services.</li> <li>• Conduct and incorporate alternative phyco-social support activities for all children, adolescents and youth (isolated for prevention measures; infected with COVID-19 in treatment centers or at home; in quarantine at home).</li> </ul> | <ul style="list-style-type: none"> <li>• Provide remote parenting sessions to families, parents and caregivers to support their children equitably, be responsive to age and gender needs emotionally and engage in appropriate self-care.</li> <li>• Provide online psychological support (e.g. through helplines, social media groups, online platforms) – ensuring all children, adolescents and youth have access to this support.</li> <li>• Lobby for cash transfers to vulnerable families, particularly female-headed households affected by COVID-19 to improve health, protection and wellbeing.</li> </ul> | <ul style="list-style-type: none"> <li>• Advocate for social protection schemes supporting most vulnerable households, families and children, especially girls affected by COVID-19.</li> <li>• Build capacity of child protection services and strengthen systems to support recovery and protection of children.</li> <li>• Implement community-based psychosocial support recovery activities.</li> <li>• Support consultation with children and lead documentation and dissemination of lessons learnt and good practices for the protection of children.</li> <li>• Conduct community awareness/ mobilization efforts to counter stigmatization of individuals.</li> </ul> |

Source: [69]

## **(5) Collaboration and Partnership with other Organization**

Plan International is a member of Joining Forces, as are SCI and WVI. In addition, the organization jointly promotes advocacy in collaboration with other international NGOs and donors at the country office level; for example, Plan International Indonesia and Liberia joined the Global Partnership to End Violence Against Children. No example of collaboration is found on the internet at the level of technical cooperation, where Plan International leverages its unique technical strengths. However, there is a case of collaboration with an NGO, the Women's Refugee Commission<sup>19</sup>, conducting a post-evaluation of the Monetary Transfer and Child Protection Project in Central African Republic implemented by Plan International Central African Republic in 2018-2020.

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<sup>19</sup> An international NGO that aims to protect the rights and improve the lives of women, children, and youth displaced by conflict and crisis.

## Chapter 13 Current Status of Child Welfare in Japan

Japan has been shifting its understanding and approach of child welfare in response to international trends and changes in social conditions related to children's rights. Child welfare in the postwar period, which began with the establishment of the Child Welfare Act in 1947, has mainly focused on measures for the welfare of children in need of protection as relief support for war orphans and children who have difficulty being raised at home due to poverty. Since the late 1950s, when Japan was experiencing high economic growth, the scope of child welfare has been expanded to include childcare and child-rearing support measures in line with changes in social conditions, such as women's participation in society and the shift to nuclear families. In this way, child welfare measures were developed based on the family as the foundation for children's growth. Since the 2000s, in addition to the declining birthrate, various social problems related to children have become more diverse and complex, such as child abuse, isolation in child rearing, school refusal, and exclusion of children of foreign nationality. In response to these circumstances, child welfare measures have been shifted to "Child and Family Welfare<sup>1</sup>" which aims to "realize well-being for all children and child-rearing families", not only for children requiring protection, and these efforts are still being strengthened.

Based on the above, this chapter considers child welfare in Japan as "child and family welfare" and summarizes Japan's efforts in this area.

### 13.1 Situation of children

In Japan, along with the changes in socioeconomic conditions such as the aging population with low birthrates, the increasing number of nuclear families, the increasing number of dual-earner families, and the development of information technology, the social environment surrounding children, including their families and communities, is also changing. This section presents an overview of the situation surrounding children as well as on issues such as child abuse, school refusal, delinquency and crime, and poverty.

#### 13.1.1 Statistics related to child protection

As background, the basic statistical data related to child welfare in Japan are presented in Table 13-1 below. The more specific indicators for each issue of child welfare are described in the sections which follow sections.

Table 13-1 Basic statistical data related to child welfare

|              | Indicator  | Year     | Total | Male    | Female | Source |     |
|--------------|--|----------|-------|---------|--------|--------|-----|
| Demographics | Population (thousands)                             | All      | 2018  | 126,443 | 61,532 | 64,911 | [1] |
|              |  | Under 18 | 2018  | 18,875  | 9,666  | 9,207  |     |
|              |  | Under 5  | 2018  | 4,838   | 2,479  | 2,361  |     |
|              | Age dependency ratio (% of working-age population) |          | 2019  | 59      | 62     | 57     | [2] |
|              | Urban population (% of total population)           |          | 2019  | 92      | -      | -      | [2] |
|              | Total fertility (live birth per woman)             |          | 2018  | 1.4     | -      | -      | [3] |

<sup>1</sup> In Japan, the term "child and family welfare" has been used in replacement of "child welfare" since the 1980s [76].

|  | <b>Indicator</b>   | <b>Year</b>                            | <b>Total</b> | <b>Male</b>         | <b>Female</b> | <b>Source</b> |     |
|--|--|--|--------------|---------------------|---------------|---------------|-----|
|  | Number of children of immigrants (thousands)                 | 2019                                   | 249          | -                   | -             | [4]           |     |
| Child mortality  | Neonatal mortality rate (deaths per 1,000 live births)       | 1990                                   | 3            | -                   | -             | [3]           |     |
|  |  | 2018                                   | 1            | -                   | -             |               |     |
|  | Infant mortality rate (deaths per 1,000 live births)         | 1990                                   | 5            | -                   | -             | [3], [4]      |     |
|  |  | 2018                                   | 2            | 2                   | 2             |               |     |
| Under-five mortality rate (deaths per 1,000 live births) | 1990   | 6                                      | -            | -                   | [3]           |               |     |
|  |  | 2018                                   | 2            | 3                   | 2             |               |     |
| Maternal health  | Age at first birth   | 2018                                   | 30.7         | -                   | -             | [5]           |     |
| Nutrition  | Malnutrition (0-4 years) (%)                                 | Stunted <sup>2</sup>                   | 2010         | 7.1                 | -             | -             | [2] |
|  |  | Wasted severe <sup>3</sup>             | 2010         | 0.2                 | -             | -             |     |
|  |  | Waste moderate and severe <sup>4</sup> | 2010         | 2.3                 | -             | -             |     |
| Education  | Completion rate (%)  | Primary education                      | -            | -                   | -             | [3]           |     |
|  |  | Lower secondary education              | -            | -                   | -             |               |     |
|  |  | Upper secondary education              | -            | -                   | -             |               |     |
|  | Dropout rate (tertiary education) <sup>5</sup> (%)           | 2013                                   | 1.7          | -                   | -             | [6]           |     |
| Family environment, Child protection                     | Birth registration rate (%)                                  |  | 2020         | 100                 | 100           | 100           | [4] |
|  | Child marriage rate (%)                                      | Married by age 15                      | -            | -                   | -             | -             | [3] |
|  |  | Married by age 18                      | -            | -                   | -             | -             |     |
|  | Single-parent household ratio <sup>6</sup> (%)               |  | 2019         | 6.5                 | -             | -             | [7] |
|  | Number of children in institutions (0-20 years) <sup>7</sup> |  | 2018         | 38,788 <sup>8</sup> | 21,051        | 17,804        | [8] |
|  | Number of children with disabilities <sup>9</sup> (10,000)   |  | 2016         | 57.3                | -             | -             | [9] |
|  |  | 2018                                   |              |                     |               |               |     |
| Equity   | GDP per capita (current US\$)                                |  | 2019         | 40,246.9            | -             | -             | [2] |
|  | Economic growth rate (%)                                     |  | 2019         | 0.7                 | -             | -             | [2] |
|  | Unemployment rate <sup>10</sup> (15-19 years) (%)            |  | 2018         | -                   | 3.4           | 3.6           | [4] |
|  | Employment rate by informal sector <sup>11</sup> (%)         |  | -            | -                   | -             | -             | -   |
|  | Relative poverty rate (%)                                    |  | 2018         | 15.4                |               |               | [7] |
|  | Child poverty rate (%)                                       |  | 2018         | 13.5                | -             | -             | [7] |
|  | Gini coefficient   |  | 2013         | 32.9                | -             | -             | [2] |

<sup>2</sup> Percentage of children whose height-for-age is below minus 2 standard deviations from the median of the WHO Child Growth Standards.

<sup>3</sup> Percentage of children whose weight-for-height is below minus 3 standard deviations from the median of the WHO Child Growth Standards.

<sup>4</sup> Percentage of children whose weight-for-height is below minus 2 standard deviations from the median of the WHO Child Growth Standards.

<sup>5</sup> The percentage of students who dropped out of school to the total number of students enrolled.

<sup>6</sup> The percentage of children living with only their father or only their mother is added. The denominator is the number of children.

<sup>7</sup> Infant Homes, Child Care Institutions, Psychological Treatment Facilities for Children, Children's Self-reliance Support Facilities, Life Support Facilities for Mothers and Children, Homes for Independence.

<sup>8</sup> Although the number does not match the total number of men and women, it is listed as reported in the survey.

<sup>9</sup> Total of children with physical disabilities (under 18), children with intellectual disabilities (under 18), and people with mental disabilities (under 20).

<sup>10</sup> Percentage of youth aged 15-19 who are in the labour force but not employed.

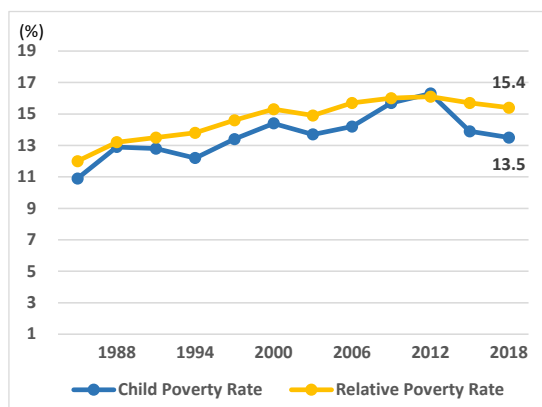
<sup>11</sup> Agriculture is excluded.

### 13.1.2 Poverty among children

#### (1) Poverty rate

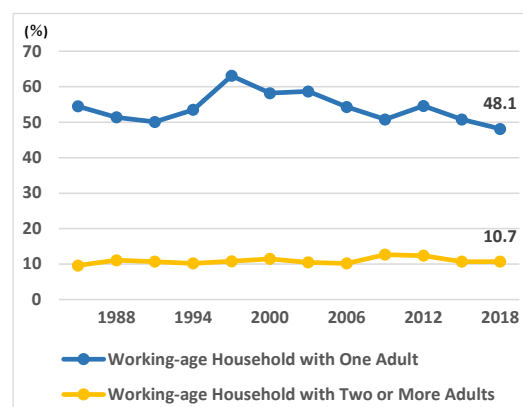
With regard to child poverty, Figure 13-1 shows the trends in the child poverty rate<sup>12</sup> and the relative poverty rate<sup>13</sup>, and Figure 13-2 shows the poverty rate among working-age households<sup>14</sup> with children. The child poverty rate tended to be high until 2012, but dropped significantly in 2015 and was 13.5% in 2018. The lowering in the child poverty rate is considered to be due to the fact that the poverty rate of all household members, the poverty rate of household members with "only one adult"<sup>15</sup>, and the poverty rate of household members with "two or more adults" all declined, however, the most significant factor is considered to be the decline in the poverty rate of households with "two or more adults" [10].

The poverty rate of household members with "one adult" is much higher than that of household members with "two or more adults". As described in the next section, it can be seen that "single-parent families" with one adult are more likely to fall into poverty than households with two or more adults.



Source: [7]

Figure 13-1 Trends in child poverty rate

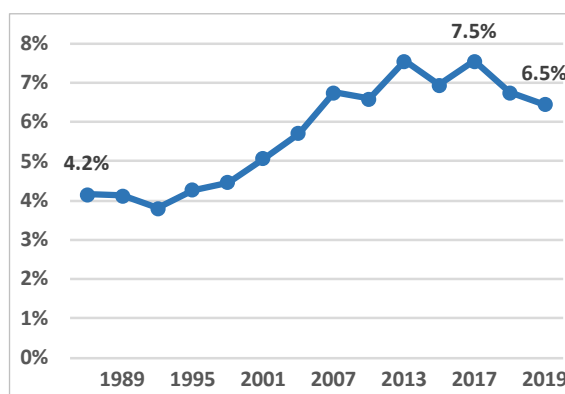


Source: [7]

Figure 13-2 Trends in poverty rate among working-age households with children

#### (2) Single-parent families

Child poverty depends largely on the economic situation of the family, and single-parent families and households with multiple children are most likely to be economically impoverished. Figure 13-3 shows the ratio of single-parent families to all households with children, and it indicates that the ratio of single-parent families has increased significantly since the 1990s and has been at around 7% in recent years<sup>16</sup>. In addition, while the percentage of households with a



Source: [7]

Figure 13-3 Trends in the percentage of single-parent families

<sup>12</sup> The percentage of children aged 17 and under who are below the poverty line as a percentage of all children aged 17 and under. The poverty line is defined as half of the median equivalent disposable income.

<sup>13</sup> Percentage of household members who are below the poverty line.

<sup>14</sup> Working-age households are defined as households in which the head of household is between 18 and 65 years old.

<sup>15</sup> An adult is defined as a person aged 18 or older.

<sup>16</sup> Among households with children, the percentage of households with only a couple and unmarried children (nuclear family)



single father is 0.1% of all households<sup>17</sup>, the percentage of households with a single mother is 1.2%, and most of the single-parent families are single-mother families [7].

Table 13-2 compares the total income and average savings of all households with children and single-mother households. The average income of single-mother households is less than one-half that of households with children, and the average savings is also much lower. The economic situation of households also affects the education of their children. As shown in Table 13-3, the rate of children from single-parent families going to upper secondary school or college is lower than the rate for children from all households.

Table 13-2 Average income and savings per household

(Unit: yen)

| Type of Household        | Gross Income (2018) | Average Savings (2019) |
|--------------------------|---------------------|------------------------|
| Households with Children | 7,459,000           | 7,238,000              |
| Single-mother Households | 3,060,000           | 3,898,000              |

Source: [7]

Table 13-3 Percentage of children from single-parent households who enter higher education

| Contents                                      | All Households | Single-parent Households |
|---|----------------|--------------------------|
| Rate of entering upper secondary school, etc. | 99.0%          | 96.3%                    |
| Rate of entering university, etc.             | 73.0%          | 58.5%                    |

Source: [7]

### 13.1.3 Child abuse

Child abuse is recognized as one of the most serious violations of children's rights, as it seriously affects their physical and mental growth and personality development, and may also be passed on to the next generation. Act on the Prevention, etc. of Child Abuse defines child abuse as four types of behaviors shown in Table 13-4, which are inflicted by a parent or guardian<sup>18</sup> against a child in his/her care.

Table 13-4 Types of child abuse

| Type                | Behavior  |
|---------------------|---|
| Physical Abuse      | To assault a child in a manner that causes or is likely to cause physical or mental trauma to the child.  |
| Sexual Abuse        | To commit an indecent act on a child, or to cause a child to commit an indecent act.  |
| Neglect             | Significant neglect of the child's care by the guardian, such as significant reduction in food intake, prolonged unattended care, or neglect of behaviors similar to physical, sexual, or psychological abuse by a person living with the child other than the guardian that interfere with the child's normal physical and mental development. |
| Psychological Abuse | To use extremely violent words or extremely rejecting responses toward a child, to commit violence against a spouse in a family with whom the child lives, or to use other words or actions that cause significant psychological trauma to a child.   |

Source: Prepared by the Survey Team based on documents from Child Guidance Center in Tachikawa

In addition, in order to strengthen measures to prevent child abuse, the 2019 revision of the Child Welfare Act prohibits the use of corporal punishment as a form of discipline for children. There are many cases where corporal punishment is administered as a form of "discipline", which then develops into physical abuse. In this section, the situation of child abuse and corporal punishment will be described.

households where parents and children live together) is 76.0%.

<sup>17</sup> Includes elderly households and other households.

<sup>18</sup> A person who has parental authority, a guardian of a minor, or any other person who has actual custody or guardianship of the child.

### (1) Number of consultation cases and victim children

As for the current situation of child abuse, Figure 13-4 shows the number of cases of child abuse consultations at Child Guidance Centers, and Figure 13-5 shows the number of child victims and fatalities in child abuse cases apprehended by the police. It is apparent that the number of consultations on child abuse at Child Guidance Centers and the number of victims in child abuse cases have both been increasing year by year. On the other hand, the number of fatalities in child abuse cases has not necessarily been increasing, and the ratio of fatalities to the number of victims has been decreasing. This does not mean that the actual number of child abuse cases is increasing, but rather that child abuse is becoming more easily recognized in society. In particular, in the 2004 revision of the Act on the Prevention, etc. of Child Abuse, it was defined as "neglect" to neglect abuse by a person living with a child and "psychological abuse" to commit domestic violence (DV) in front of a child, and the number of cases reported to the police is considered to have increased [11].

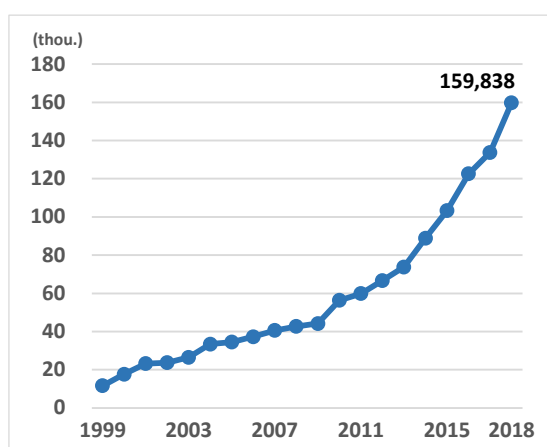


Figure 13-4 Trends in the number of consultations on child abuse at Child Guidance Centers

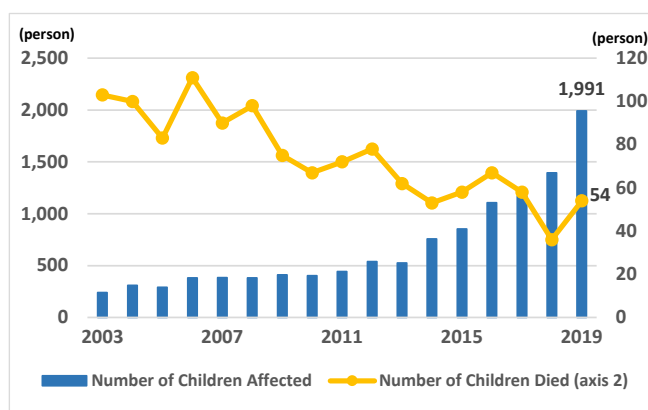
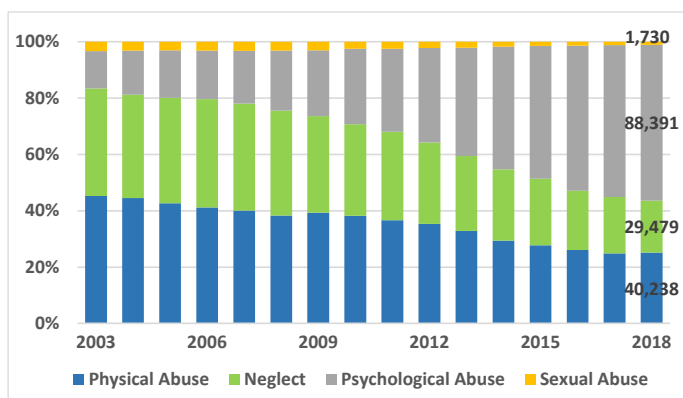


Figure 13-5 Number of child victims and fatalities of child abuse cases apprehended by police

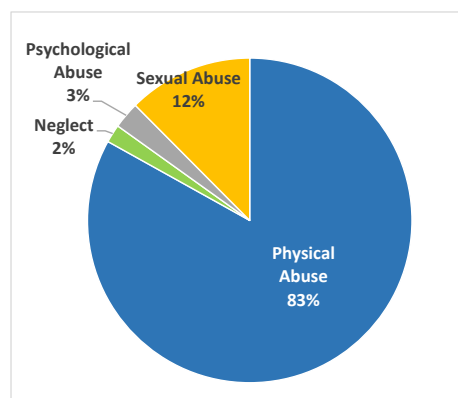
### (2) Substance of abuse

With regard to the substance of child abuse, Figure 13-6 shows the number of cases of abuse consultations at Child Guidance Centers by type of abuse. In 2003, physical abuse and neglect occupied a high percentage of the total, however, in recent years, psychological abuse has become more prevalent. This could be attributed to an increase in the number of recognized cases of abuse due to DV in front of children, which is defined as psychological abuse, as mentioned earlier. On the other hand, as shown in Figure 13-7, psychological abuse, which is difficult to be revealed, accounts for a low percentage of child abuse cases apprehended by the police, with physical abuse accounting for 83%, followed by sexual abuse at 12%.



Source: [12]

Figure 13-6 Trends in the number of cases of abuse consultation at Child Guidance Centers, by type



Source: [13]

Figure 13-7 Child abuse cases apprehended by police, by type (2019)

Table 13-5 shows the analysis of the relevancy of family type and type of abuse from the cases of abuse consultations received at Child Guidance Centers in Hokkaido Prefecture. Among stepfamilies, more than half of the abuse consultations were for physical abuse, and the percentage of sexual abuse was also higher than in other family types. On the other hand, neglect is the most common type of abuse in single-mother families [14].

Table 13-5 Type of abuse by family type

(Unit: case)

| Family type            | Type of Abuse |                |         |              |                     |
|------------------------|---------------|----------------|---------|--------------|---------------------|
|                        | Total         | Physical Abuse | Neglect | Sexual Abuse | Psychological Abuse |
| Total                  | 119           | 46             | 55      | 8            | 10                  |
| Stepfamilies           | 29            | 16             | 5       | 5            | 3                   |
| Biological Parents     | 33            | 14             | 16      | 1            | 2                   |
| Grandparents           | 2             | 1              | 1       | -            | -                   |
| Single-father families | 3             | 1              | 2       | -            | -                   |
| Single-mother families | 49            | 14             | 29      | 1            | 5                   |
| Other                  | 3             | -              | 2       | 1            | -                   |

Source: [14]

### (3) Abusers

With regard to the abusers of child abuse, in consultations on child abuse at Child Guidance Centers, biological mothers account for the largest percentage (46.9%), followed by biological fathers (40.7%). In cases of child abuse apprehended by the police, abuse by the biological father is the most common, accounting for 41.5%. However, in cases resulting in the death of the child, the biological mother accounted for 60.0% of the cases [15].

Table 13-6 shows an analysis of the main abusers and their family structures for the abuse consultations received at Child Guidance Centers in Hokkaido Prefecture. As a characteristic, "single-mother families" were the most common family type for the cases where the biological mother was the abuser. In stepfamilies, abuse was more common in the "stepfather/biological mother" type than in the "biological father/stepmother" type, and stepfathers were the main abusers.

Table 13-6 Main abusers by family type

(Unit: case)

| Family Type                      | Main Abusers |                      |                      |                       |            |            |       |
|----------------------------------|--------------|----------------------|----------------------|-----------------------|------------|------------|-------|
|                                  | Total        | Biological<br>Father | Biological<br>Mother | Biological<br>Parents | Stepfather | Stepmother | Other |
| Total                            | 119          | 15                   | 68                   | 10                    | 19         | 4          | 3     |
| Stepfamilies                     | 29           | 1                    | 5                    | -                     | 18         | 4          | 1     |
| Stepfather/<br>Biological Mother | (24)         | -                    | (5)                  | -                     | (18)       | -          | (1)   |
| Biological Father/<br>Stepmother | (5)          | (1)                  | -                    | -                     | -          | (4)        | -     |
| Biological Parents               | 33           | 8                    | 16                   | 9                     | -          | -          | -     |
| Grandparents                     | 2            | 1                    | 1                    | -                     | -          | -          | -     |
| Single-father families           | 3            | 2                    | -                    | 1                     | -          | -          | -     |
| Single-mother families           | 49           | 3                    | 44                   | -                     | 1          | -          | 1     |
| Other                            | 3            | -                    | 2                    | -                     | -          | -          | 1     |

Source: [14]

Regarding the situation of families where child abuse occurred, a survey by the Bureau of Social Welfare and Public Health of the Tokyo Metropolitan Government showed that 31.8% of families were single parents, 30.8% had financial difficulties, 23.6% were isolated from relatives and neighbors, and 14.0% had unstable employment. In families with a combination of these issues, the situation could be even more serious [16].

Furthermore, domestic violence in families can lead to severe abuse. In an abuse case in Noda City, Chiba Prefecture in 2019, a mother was unable to stop her husband from abusing her child because she was under the control of his domestic violence, resulting in the child's death. Thus, domestic violence in families not only leads to psychological abuse of children, but also poses a risk of child abuse which cannot be stopped and becomes more serious.

#### **(4) Corporal punishment**

In response to the recent increase in the number of abuse consultations at Child Guidance Centers and the number of child abuse persons apprehended, the 2019 amendment to the Child Welfare Act prohibits the use of corporal punishment on children as discipline. In Japan, there exists a deep-rooted sense that hitting children for discipline is unavoidable, and there are many cases where physical punishment in the name of discipline escalates into abuse.

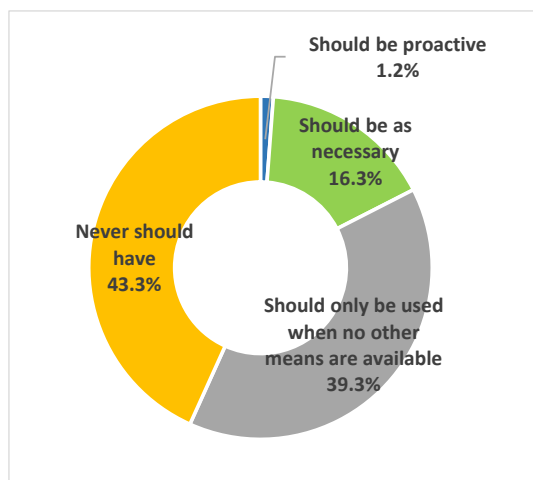
According to the survey<sup>19</sup> on attitudes toward corporal punishment conducted by Save the Children Japan, only around 40% of the respondents answered that corporal punishment should never be used as a form of discipline, while nearly 60% of the respondents were of the opinion that corporal punishment is acceptable (Figure 13-8).

Also, from the results of the survey<sup>20</sup> on the actual situation of corporal punishment, 70% of the respondents answered that they had experienced hitting their children at least once as discipline (Figure

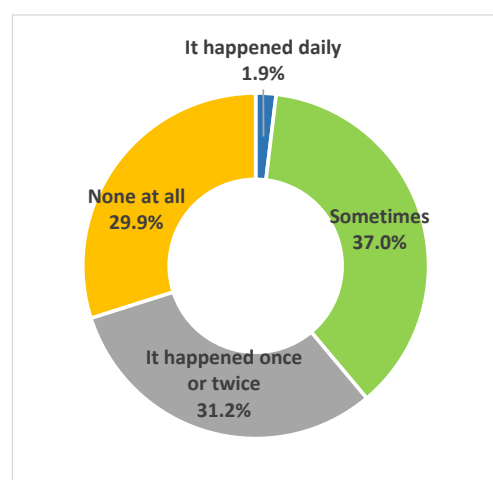
<sup>19</sup> The survey was conducted nationwide among men and women aged 20 and older. The respondents were 20,000 adults.

<sup>20</sup> The respondents were 1,030 adults with children among the respondents to the attitude survey.

13-9). In addition, the survey found that those who had been hit by their parents or other adults were more likely to use corporal punishment on their own children than those who had not been hit.



Source: [17]  
 Figure 13-8 Views on the use of corporal punishment for discipline



Source: [17]  
 Figure 13-9 Experience of hitting a child as discipline

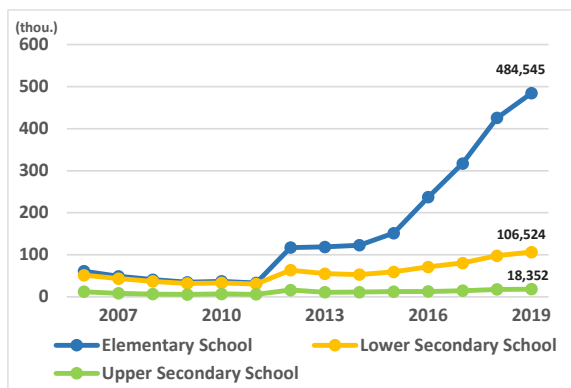
### 13.1.4 Bullying and school refusal

#### (1) Bullying

Bullying (including cyber bullying) is defined as an act inflicted on a child by another child having a certain degree of relationship with the bullied victim (for example, both attending the same school), which causes the victim either physical or psychological pain [18].

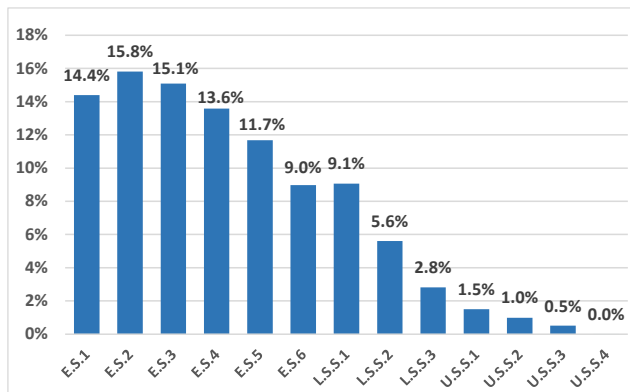
As for the actual situation of bullying, Figure 13-10 shows the trend of the number of recognized cases of bullying from 2006 to 2019, and Figure 13-11 shows the percentage of recognized cases of bullying by grade level. The number of recognized cases of bullying had been declining from 2006 to 2011, but increased significantly in 2012. This is because a suicide case caused by bullying occurred in 2011<sup>21</sup> were widely reported in the media, and the awareness of the need to recognize bullying has increased in schools. Then, in 2013, the Act for the Promotion of Measures to Prevent Bullying was enacted, and the number of recognized cases of bullying has been increasing year by year. In particular, the number of recognized cases of bullying in elementary schools has increased remarkably, and the percentage of cases by grade level in Figure 13-11 shows that a large percentage of cases are in the lower grades of elementary school.

<sup>21</sup> The case of the suicide of a second-year student at a public lower secondary school in Otsu City, Shiga Prefecture, in October 2011.



Source: [6]

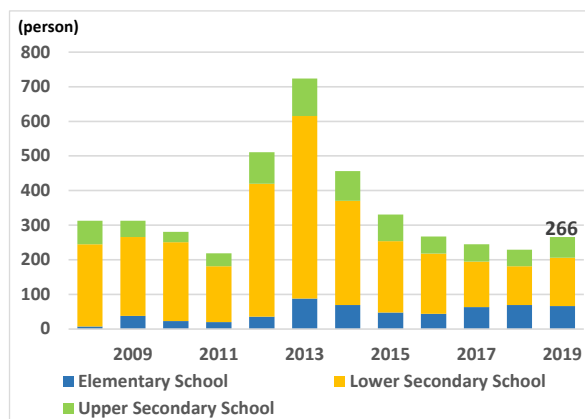
Figure 13-10 Trends in the number of recognized cases of bullying



Source: [6]

Figure 13-11 Percentage of recognized cases of bullying by grade level (2019)

Figure 13-12 shows the number of children and students arrested for incidents caused by bullying. Although the number was highest in 2013 (724 in total) and had been on a declining trend since that year, it again increased in 2019, with a total of 266 children and students being arrested. As mentioned previously, the recognized cases of bullying in elementary schools has been increasing in recent years, and therefore, the percentage of elementary school children and students who are arrested for bullying has also been increasing.



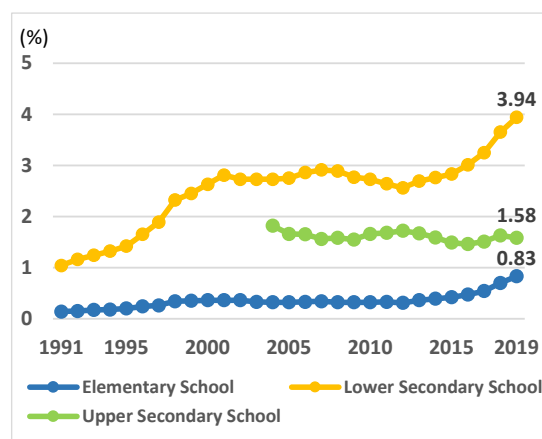
Source: [13]

Figure 13-12 Trends in the number of clearances caused by bullying

Also, in regard to the type of crime in these incidents of bullying, assault and injury accounted for 60% of the total.

## (2) School refusal

With regard to the current situation of students of school refusal, the trends since 1990 are shown in Figure 13-13. Regarding the percentage of students not attending school, the percentage of elementary school students has been slowly increasing, while the percentage of upper secondary school students has been remaining at the same level. For lower secondary schools, the percentage of students not attending school is also higher than that of elementary and upper secondary schools, and the increase since 2013 has been significant. In terms of the percentage by grade, first, second, and third years of lower secondary school



Source: [6]

Figure 13-13 Trends in the percentage of students of school refusal

students accounted for more than 50% of the total. In response to this increase in the number of students not attending school, the Act on Securing Educational Opportunities Equivalent to Ordinary Education at the Stage of Compulsory Education was enacted in 2016. It stipulates that the national government and local governments must recognize the need of such children to take a respite and ensure that their learning environment is suited to their respective situations<sup>22</sup>.

Table 13-7 shows the major factors for school refusal in elementary school, lower secondary school, and upper secondary school respectively. "Lethargy/Anxiety" accounted for the highest percentage in both elementary school, lower secondary school, and upper secondary school. Also, for elementary school students, the percentage of "Relationship between Parents and Children", for lower secondary school students, "Problems with Friendships (excluding bullying)", and for upper secondary school students, "Disruption of Daily Rhythm/Playing/Delinquency" was high.

**Table 13-7 Major factors leading to school refusal (2019)**

|    | <b>Elementary School</b>                                      | <b>Lower Secondary School</b>                                | <b>Upper Secondary School</b>   |
|----|---|--|---|
| 1. | Lethargy/Anxiety<br>(41.1%)                                   | Lethargy/Anxiety<br>(39.5%)                                  | Lethargy/Anxiety<br>(33.8%)   |
| 2. | Relationship between Parents and<br>Children<br>(16.7%)       | Problems with Friendships<br>(excluding bullying)<br>(17.2%) | Disruption of Daily Rhythm/<br>Playing/Delinquency<br>(15.0%)               |
| 3. | Disruption of Daily Rhythm/<br>Playing/Delinquency<br>(10.3%) | Disruption of Daily Rhythm/<br>Playing/Delinquency<br>(8.6%) | Problems with Friendships<br>(excluding bullying)<br>(12.1%)                |
| 4. | Problems with Friendships<br>(excluding bullying)<br>(10.2%)  | Poor Academic Performance<br>(8.5%)                          | Maladjustment at the time of<br>Admission, Transfer, or Promotion<br>(7.9%) |
| 5. | Poor Academic Performance<br>(4.3%)                           | Relationship between Parents and<br>Children<br>(7.5%)       | Poor Academic Performance<br>(7.1%)   |

Source: [6]

### 13.1.5 Juvenile delinquency, offense, and problematic behavior

This section presents the current status of (1) Juvenile Offender (Juvenile Penal Code Offender/Juvenile Special Law<sup>23</sup> Offender), (2) Juvenile of Illegal Behavior, and (3) Pre-delinquent Juvenile.

The definition of juvenile delinquents<sup>24</sup> in the Juvenile Act is shown in Table 13-8. While the Child Welfare Act defines a "child" as a person under the age of 18, the Juvenile Act defines a "juvenile" as a person under the age of 20.

**Table 13-8 Types of juvenile delinquents**

| <b>Type of Juvenile Delinquents</b> |                               | <b>Description</b>  |
|-------------------------------------|-------------------------------|---|
| Juvenile Offender                   | Juvenile Penal Code Offender  | A juvenile between the ages of 14 and 20 who has committed a criminal offense. A juvenile who is both between the ages of 14 and 20 years old both at the time of the crime and at the time of processing.    |
|                                     | Juvenile Special Law Offender | A juvenile between the ages of 14 and 20 who has committed a special law offense. A juvenile who is both between the ages of 14 and 20 years old both at the time of the crime and at the time of processing. |

<sup>22</sup> In addition, as a measure to support the returning of non-attending students to school life, "education support centers (adaptation classes)" have been established in each municipality to provide individual counseling, individual study support, various group activities, and in-home coaching [80].

<sup>23</sup> Those that are punishable according to the content of laws and ordinances.

<sup>24</sup> Juvenile delinquents are "Juvenile Offender," "Juvenile of Illegal Behavior," and "Pre-delinquent Juvenile."

| Type of Juvenile Delinquents | Description   |
|------------------------------|---|
| Juvenile of Illegal Behavior | A juvenile under 14 years of age who has violated laws and regulations of criminal nature. Among them, those who have committed penal code offenses are referred to as "Juvenile of Illegal Behavior (penal code)" and those who have committed special law offenses are referred to as "Juvenile of Illegal Behavior (special law)". |
| Pre-delinquent Juvenile      | A juvenile under 20 years of age who, for certain reasons, is likely to commit a crime or violate laws and regulations of criminal nature in the future, judging from his/her personality or environment.   |

Source: [13]

### (1) Juvenile offender

Among juvenile offenders, the number of juveniles arrested for penal code offenses over the past 30 years is shown in Figure 13-14. Since 2003, there has been a trend of consistent decline, and the ratio to the population has also been declining [13].

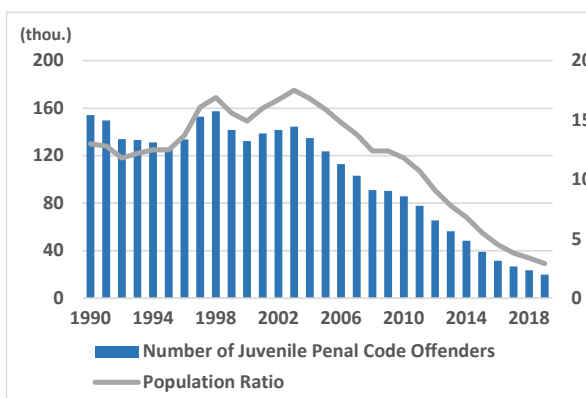
In terms of gender, 86% of juvenile penal code offenders are boys and 14% are girls in 2019, with a large percentage of boys. The percentage of girls has been declining from 2010 (20%) to 2016 (12%), however, it has been slightly increasing from 2016 to 2020.

Also, Figure 13-15 shows the trends in the percentage of juvenile penal code offenders by age group. Since 2013, the percentage of middle-age group of juveniles (16-17 years old) and upper-age group of juveniles (18-19 years old) has been increasing, while the percentage of lower-age group of juveniles (14-15 years old) has been decreasing.

With regard to the types of crimes committed, although larceny remains the major offense, there has been an increase in the percentage of felonious offenses, violent offenses, intellectual offenses, and moral offenses in recent years.

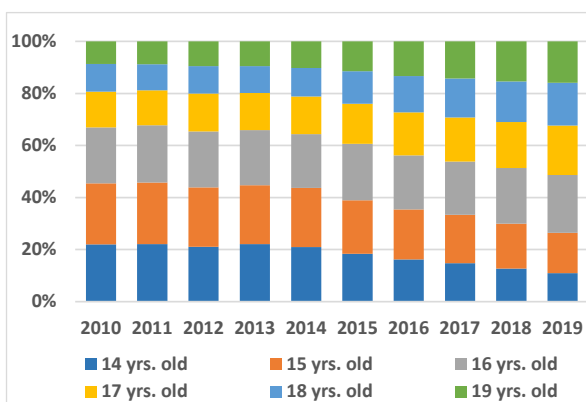
For juvenile special law offenders, Figure 13-16 shows the trends in the number of arrests, and Figure 13-17 shows the trends in the percentage of arrests by law. The number of juvenile special law offenders arrested had been declining since 2011, however, there was a slight increase between 2018 and 2019. By gender, the percentage of boys and girls is 88% and 12% respectively in 2019, with higher percentages for boys and lower percentages for girls every year.

As for the percentage of juvenile special law offenders by law, the number of arrests under the Minor Offenses Act accounted for about 60% of the total number of arrests until around 2014, but by 2019, the



Source: [13]

Figure 13-14 Trends in the number of juveniles arrested for penal code offenses

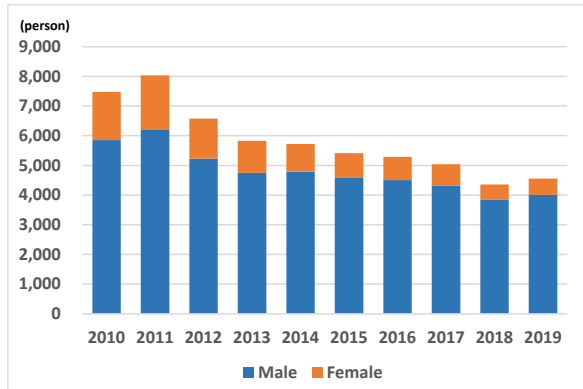


Source: [13]

Figure 13-15 Trends in the percentage of juvenile penal code offenders by age group

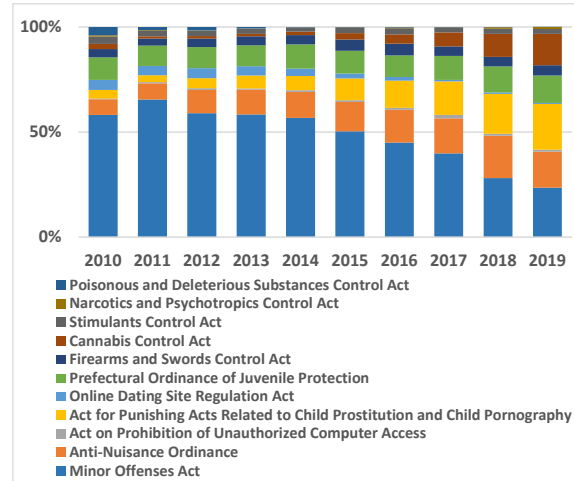


percentage had dropped to about 20%. Instead, the percentage of arrests under the Act on Regulation and Punishment of Activities Relating to Child Prostitution and Child Pornography, and the Protection of Children and the Cannabis Control Act is increasing.



Source: [13]

Figure 13-16 Trends in the number of juveniles arrested for special law



Source: [13]

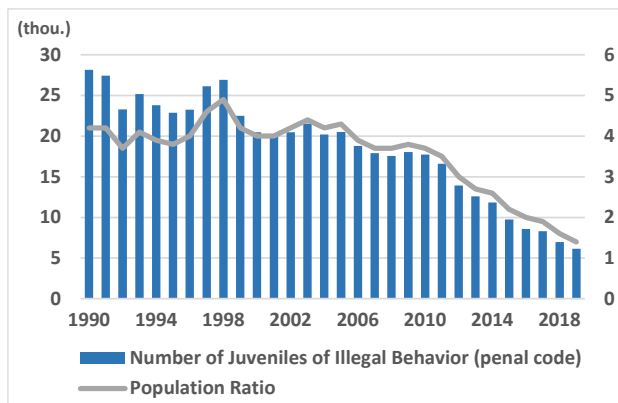
Figure 13-17 Trends in the percentage of juvenile special law offenders by law

## (2) Juveniles of illegal behavior

Figure 13-18 shows the trends in the number of juveniles of illegal behavior (penal code) in the past 30 years. In recent years, the number of juveniles of illegal behavior (penal code) has been declining, as well as the number of juvenile penal code offenders. As for gender ratio, in 2019, boys accounted for 80 percent and girls 20 percent, with a large proportion of boys, however, the proportion of girls among juveniles of illegal behavior (penal code) has been increasing since 2014.

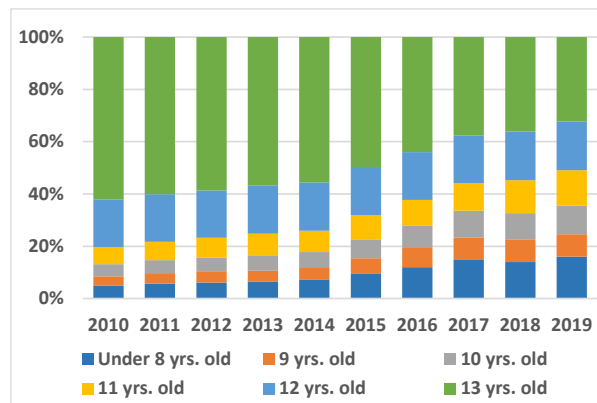
Figure 13-19 shows the trends in the percentage of juveniles of illegal behavior (penal code) by age. As of 2010, the age of 13 accounted for 60% of the total juveniles of illegal behavior (penal code), however, by 2019, the percentage had declined to 30%. The percentage of 8-12 year olds has been increasing year by year, which indicates a shift to younger age groups.

In terms of the types of crimes committed, as in the case of juvenile penal code offenders, larceny offense accounts for the largest proportion. In recent years, the percentage of felonious offenses, violent offenses, and moral offenses have been increasing.



Source: [13]

Figure 13-18 Trends in the number of juveniles of illegal behavior (penal code)

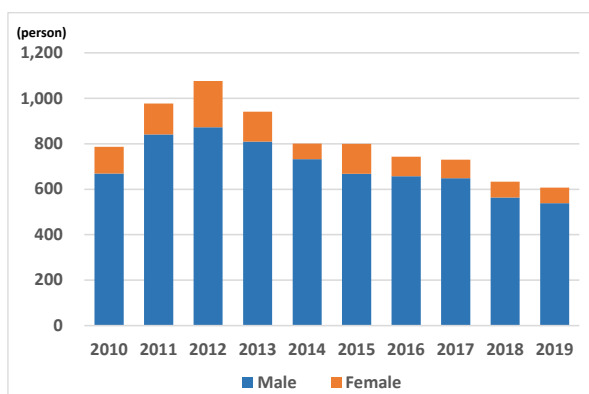


Source: [13]

Figure 13-19 Trends in the percentage of juveniles of illegal behavior (penal code) by age

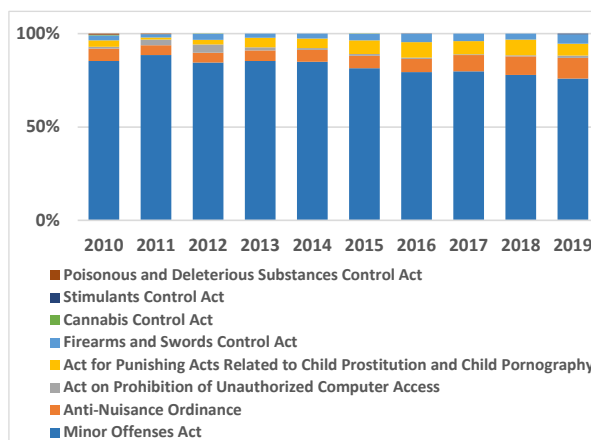
For juveniles of illegal behavior (special law), Figure 13-20 shows the trends in the number of juveniles of illegal behavior (special law), and Figure 13-21 shows the trends in the percentage of them by law. The number of juveniles of illegal behavior (special law) has been increasing from 2010 to 2012, however, it has been on the decline since 2012. The gender ratio of the total number of juveniles of illegal behavior (special law) in 2019 was 89% for boys and 11% for girls.

As for the percentage of juveniles of illegal behavior (special law) by law, about 80% of them are under the Minor Offenses Act, and there has been no significant change in the past 10 years.



Source: [13]

Figure 13-20 Trends in the number of juveniles of illegal behavior (special law)



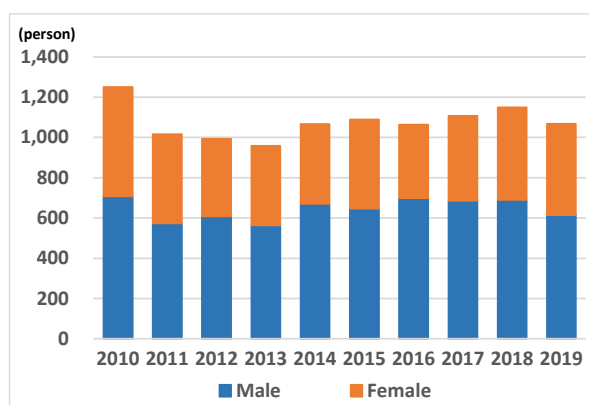
Source: [13]

Figure 13-21 Trends in the percentage of juveniles of illegal behavior (special law) by law

### (3) Pre-delinquent juvenile

As for the number of pre-delinquent juveniles, as shown in Figure 13-22, the number has stayed almost the same since 2011. By gender, the percentage of girls has been increasing since 2016, with 57% of boys and 43% of girls in 2019.

Regarding the reasons for reprimand, among "(1) Has a propensity to engage in harming own morals of the Juvenile or that of others", "(2) Associates with persons with a criminal nature or immoral persons, or frequents in places of ill repute", "(3) Stays away from home without a justifiable cause", and "(4) Has a propensity not to submit to legitimate supervision by the Custodian", (4) was the most common, accounting for 60% of the total.



Source: [13]

Figure 13-22 Trends in the number of pre-delinquent juveniles

With regard to the number of "juveniles of bad behavior<sup>25</sup>", which do not fall into the delinquent category, it increased from 1990 to 2005, however, it has been declining since 2005. In 2019, the number of juveniles of bad behavior was 374,982.

#### 13.1.6 Child labour

Regarding the issue of child labour, it used to be a common practice in the past in Japan. In rural areas, children were engaged in agricultural work and babysitting during the busy farming season. In addition, children were also used as cheap labour due to the increasing demand for labour, especially during the industrial revolution after the Meiji Restoration. Thereafter, with the development of various legal systems to protect children's rights, child labour has become a matter of the past, however, even today, child prostitution, child pornography, and JK (*Joshi Kosei*) business exist as the "worst forms of child labour".

This section summarizes the past situation of child labour (since the Industrial Revolution) and the formation of legal systems, and then describes the current situation of child labour.

#### (1) Past situation of child labour

In Japan during the Industrial Revolution after the Meiji Restoration, industrialization increased the demand for labour, and many children worked in factories such as yarn-making and spinning. Table 13-9 shows the composition of the factory workforce<sup>26</sup> by age and gender.

Comparing the number of boys and girls, in 1899, the number of girls under 13 years old was 4.3 times that of boys, and in 1909, the number of girls was almost five times higher than boys in all age groups under 15. In addition, in 1990, more than half of the female factory workers were under the age of 19. Thus, it

<sup>25</sup> "Juvenile of bad behavior" refers to a juvenile who does not fall under the category of juvenile delinquents, but who drinks, smokes, wanders around late at night, or engages in other activities that are detrimental to the moral character of him/herself or others. Through the police supervision, if the child is found to have the tendency of pre-delinquency and the cause of pre-delinquency, he or she will be processed as a "pre-delinquent juvenile."

<sup>26</sup> A factory with more than 10 workers.

can be seen that girls accounted for a much higher ratio of the factory's labour force than boys, and that the factory relied on the labour force of girls under the age of 19.

Regarding the working environment of these girls, since the spinning industry requires machines to operate 24 hours a day, female child labourers were often engaged in night work, and were also exposed to risks threatening their health and growth, such as pulmonary tuberculosis and other respiratory diseases [19].

Table 13-9 Factory workforce by age and gender

(Unit: person)

| Age                    | 1899               |                    | 1909               |                    |
|------------------------|--------------------|--------------------|--------------------|--------------------|
|                        | Boy                | Girl               | Boy                | Girl               |
| 11 years old and under | 7,818<br>(5.7%)    | 33,630<br>(13.2%)  | 882<br>(0.4%)      | 4,336<br>(1.0%)    |
| 12-13 years old        |                    |                    | 6,208<br>(2.6%)    | 29,873<br>(6.6%)   |
| 14-15 years old        | 130,301<br>(94.3%) | 221,160<br>(86.8%) | 14,872<br>(6.2%)   | 71,601<br>(15.9%)  |
| 16-19 years old        |                    |                    | 38,247<br>(15.9%)  | 156,845<br>(34.7%) |
| 20 years old and above |                    |                    | 180,655<br>(75.0%) | 188,702<br>(41.8%) |
| Total                  | 138,119            | 254,790            | 240,864            | 451,357            |

Source: [20]

As for the percentage of workers under the age of 13, it can be seen that the percentage has decreased when comparing 1899 and 1909. This is considered to be due to the extension of compulsory education from four to six years in 1907, which acted as a deterrent for children up to the age of 13 to work.

Since then, the legal system for labour has been developed to protect children. In 1911, the Factory Act was enacted, which prohibited child labour under the age of 12 in principle. However, it did not prohibit all forms of child labour, as light work was allowed for those aged 10 and above, and some factories were exempted depending on their size. It was in 1926<sup>27</sup> that child labour under the age of 12 was completely banned, and it was in 1929 that late-night work for children was banned completely. Thereafter, with the change in the industrial structure from light industry to heavy industry, child labour decreased.

In rural areas, however, trafficking of children, especially girls, increased when farmers fell into poverty due to poor harvests and cold-weather damage. In addition, after World War II, there were many war orphans who were engaged in shoeshining, food selling, newspaper selling, etc. on the streets. To address the issues of such child labour and to protect children, the Child Welfare Act was established in 1947. However, trafficking in persons for the purpose of sexual exploitation continued to increase, and the prostitution system was finally abolished with the establishment of the Anti-Prostitution Act in 1956.

## (2) Current situation of labour among children

Regarding the labour of children, currently in Japan, the "Labour Standards Act" has provisions for the protection of minors. As shown in Table 13-10, the Labour Standards Act defines "minors" as those who are under 18 years old and "children" as those who reach the end of the first March 31 after reaching the

<sup>27</sup> According to the revision of the Factory Act in 1923; enacted in 1926.

age of 15, and prohibits child labour in principle and imposes various restrictions on labour performed by minors.

Table 13-10 Protection of minors and children under the Labour Standards Act

| Group    | Definition  | Major Protection Provisions  |
|----------|---|--|
| Minors   | Those who are under 18 years old.   | <ul style="list-style-type: none"> <li>• Restrictions on working hours and days off (Article 60)</li> <li>• Restrictions on night<sup>28</sup> work (Article 61)</li> <li>• Restrictions on dangerous and harmful work (Article 62)</li> </ul> |
| Children | Those who reach the end of the first March 31 after reaching the age of 15. | <ul style="list-style-type: none"> <li>• Prohibition of use</li> </ul>   |

Source: [21]

Table 13-11 shows the number of referred cases and the number of workplaces in violation of the Labour Standards Act concerning the labour of minors for the past five years. In 2018, there were 2 cases of referral for minor labour, 226 offending workplaces, which accounted for 0.24% of the total number of offending workplaces, showing a declining tendency from 2015. Most of the violations related to working hours and late-night work, both of which are common in the retail industry and restaurants. As for work restrictions (engaging in dangerous and harmful work), the construction industry accounts for about 70% of the total.

Table 13-11 The Number of referred cases and workplaces in violation of the Labour Standards Act concerning minors

| Case/Violation   | 2013           | 2014           | 2015           | 2016           | 2017           | 2018           |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| Cases sent to prosecutors  | 8              | 3              | 4              | 5              | 2              | 2              |
| Number of workplaces in violation<br>(Percentage of all the workplaces in violation) | 277<br>(0.29%) | 291<br>(0.32%) | 297<br>(0.32%) | 244<br>(0.27%) | 262<br>(0.28%) | 226<br>(0.24%) |
| Working hours (Article 32)   | 87             | 100            | 111            | 81             | 118            | 87             |
| Day off (Article 35)   | 6              | 11             | 7              | 6              | 7              | 0              |
| Minimum age (Article 56)   | 16             | 21             | 16             | 19             | 12             | 12             |
| Night work (Article 61)  | 139            | 120            | 138            | 117            | 111            | 104            |
| Work restrictions (Article 62)   | 29             | 39             | 25             | 21             | 14             | 23             |

Source: [22]

In Japan, there are actual cases of deaths of minors and children engaged in hazardous work<sup>29</sup>. It is also necessary to pay attention to issues such as child poverty, which lies behind such child labour, and to make efforts to understand and prevent the current situation.

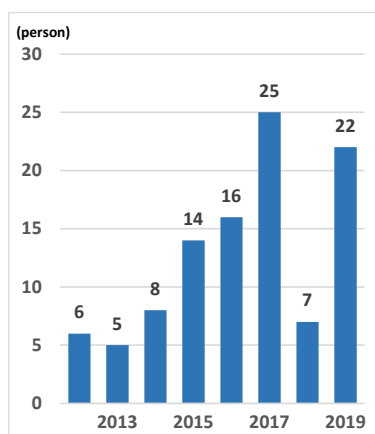
### **(3) Current situation of trafficking in persons, child prostitution, child pornography**

The Worst Forms of Child Labour Convention (No. 182) of the International Labour Organization (ILO) includes the sale and trafficking of children<sup>30</sup>, the use of children for prostitution and for the production of pornography, etc.

<sup>28</sup> Work during the hours of 10:00 p.m. to 5:00 a.m. In principle, juveniles under 18 years of age shall not be allowed to work late at night, except in cases of disaster. However, it is allowed for males aged 16 years or older who are used in shifts. In addition, late night work is permitted even for minors when used in agriculture, forestry, stockbreeding, sericulture, fisheries, health and sanitation services, and telephone exchange services.

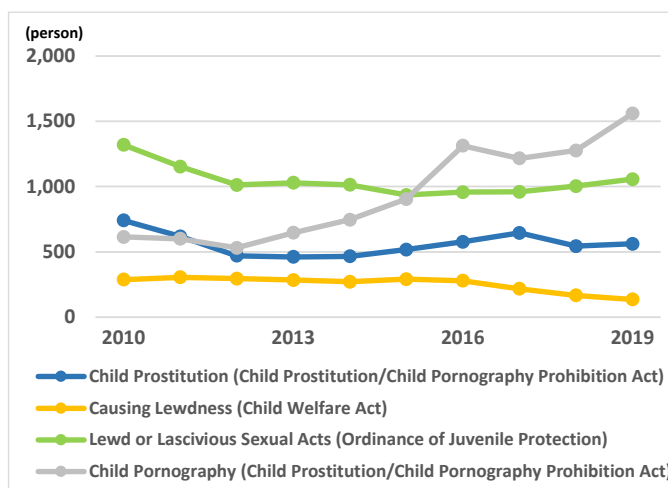
<sup>29</sup> <http://acejapan.org/info/2017/12/20041>

<sup>30</sup> The term "people-selling" refers to those that are mainly for sexual exploitation, and "trafficking in persons" to those that include other forms such as forced labour, child soldiers, and organ trafficking.



Source: [23]

Figure 13-23 The number of victims of trafficking in persons (under 20 years old)



Source: [11]

Figure 13-24 The number of victims of child prostitution and child pornography

Figure 13-23 shows the number of victims of trafficking in persons<sup>31</sup> (forced sexual services and labour) under the age of 20. Although the number of victims decreased significantly in 2018, it increased again in 2019. For the past five years, women have accounted for over 95% of the total number of cases by gender, and Japanese have accounted for 57% of the total number of cases by nationality.

Figure 13-24 shows the number of victims of child prostitution and child pornography. While the number of cases of child prostitution, forced lascivious acts, and indecent sexual acts has remained almost the same, the number of victims of child pornography has significantly increased since 2012. As for the percentage of victims of child pornography offenses by gender, girls accounted for 87% of all child victims in 2019.

According to the "Trafficking in Persons Report 2020" released by the U.S. Department of State, Japan should strengthen its system for recognizing and reporting crimes related to child trafficking, especially the "JK business"<sup>32</sup> that arranges meetings between underage high school girls and adults [24]. In the JK business, high school girls may approach adults without being aware of the risks, which may lead to serious sexual harm or get them into trouble such as leakage of personal information. As for the damage caused by these businesses, there are many cases where personal information is leaked without being noticed, or where they are threatened for leaking personal information and thus are unable to consult with others. Currently, the National Police Agency is strengthening its control of the situation, as well as raising awareness among children and students in the field of education and providing consultation and support at Child Guidance Centers and related organizations [25].

Also, the report downgraded Japan's efforts to eradicate trafficking in persons from the best "first tier" to "second tier", due to a lack of seriousness and continuity.

<sup>31</sup> The term "trafficking in persons" refers to "acts" such as the use of violence or other "means" to acquire a subject for the purpose of "exploitation". If the victim is a child under the age of 18, it is considered trafficking in persons even if none of the "means" are used.

<sup>32</sup> A general term for businesses in which high school girls are used as a brand. There are various types of businesses created, such as having underage high school girls serve customers in cafes and bars, taking walks with high school girls, and observing or photographing high school girls.

### 13.1.7 Returnee children and children in need of Japanese language instruction, etc.

Children who need special care include returnee children, children of foreign nationality, and Japanese nationality who need Japanese language instruction. The current situation of these children is described below.

#### (1) Returnee children/children in need of Japanese language instruction

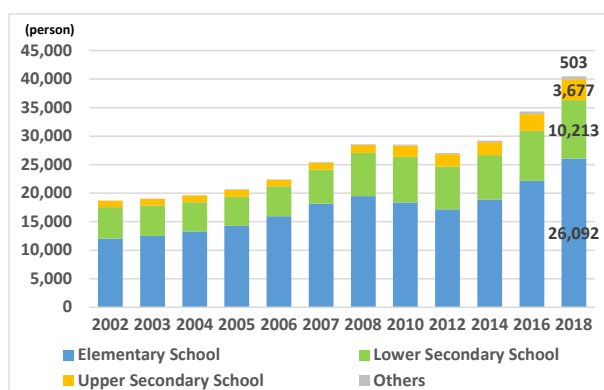
As shown in Table 13-12, the total number of returnee children<sup>33</sup> in elementary, lower secondary, and upper secondary schools was 11,453 in 2018. In 1990, the number of returnee children was 13,313, and in recent years, the number has slightly decreased and remained almost at the same level.

Table 13-12 The number of returning students (2018)  
 (Unit: person)

| Elementary School | Lower Secondary School | Upper Secondary School | Total  |
|-------------------|------------------------|------------------------|--------|
| 7,083             | 2,481                  | 1,889                  | 11,453 |

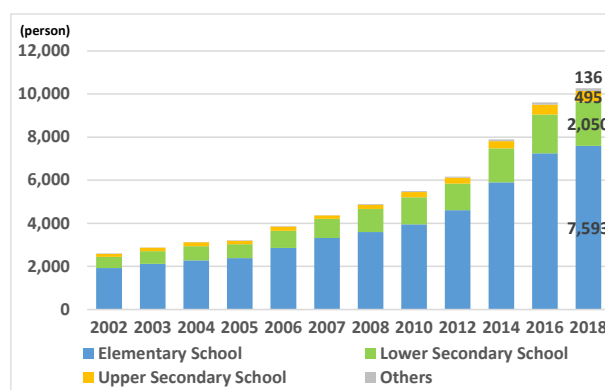
Source: [15]

Figure 13-25 shows the trends in the number of children with foreign nationality who need Japanese language instruction. Although there was a decrease in the number of the children from 2008 to 2012, the number increased again from 2014, and in 2018, the total number of children registered in elementary, lower secondary, and upper secondary schools was 40,485. In terms of the mother tongues of the registered children, Portuguese, Chinese and Filipino are the most common languages. On the other hand, as shown in Figure 13-26, the number of children with Japanese nationality who need Japanese language instruction is increasing year by year.



Source: [26]

Figure 13-25 Trends in the number of children with foreign nationality who need Japanese language instruction by school type



Source: [26]

Figure 13-26 Trends in the number of children with Japanese nationality who need Japanese language instruction by school type

Table 13-13 shows the dropout and career status of upper secondary school students who need Japanese language instruction. Compared to the percentage of all upper secondary school students, the upper secondary school students in need of Japanese language instruction have a high dropout rate, a low rate of enrolling in higher education, a high rate of non-regular employment, and a high rate of persons who are neither enrolled in higher education nor employed.

<sup>33</sup> The number of children who stayed abroad for more than one year and returned to their home country during the relevant fiscal year.

Table 13-13 Situation of dropouts and career paths of upper secondary school students in need of Japanese language instruction (2017)

| Indicator  | Upper Secondary School Students in Need of Japanese Language Instruction | All Upper Secondary School Students |
|--|--|-------------------------------------|
| Dropout rate   | 9.6% <sup>34</sup>   | 1.3%                                |
| Rate of enrollment in higher educational institutions (universities, colleges, etc.) | 42.2%  | 71.1%                               |
| Employment rate of non-regular workers   | 40.0% <sup>35</sup>  | 4.3%                                |
| Rate of persons neither entering higher education nor working after graduation       | 18.2%  | 6.7%                                |

Source: [26]

## (2) Children of foreign nationals

Regarding foreign children, there is no system available to ascertain the actual status of their schooling, and it is considered that there are a certain number of foreign children who are not attending school. According to a survey conducted by the Ministry of Education, Culture, Sports, Science and Technology (MEXT) for municipal boards of education, there are 123,830 school-aged foreign children in the Basic Resident Register, however, of the children whose residence was identified, only 101,393 are enrolled in school (blue box in Table 13-14). Also, there are some children who are registered as residents but cannot be identified (the difference from the number in the Basic Resident Register), and when these children are combined with those who are not attending school and those whose enrollment status is unknown (red boxes in Table 13-14), there are approximately 20,000 foreign children who may not be enrolled in school<sup>36</sup>.

Table 13-14 Status of school attendance of school-aged foreign children

(Unit: person)

| Category                              | Number of Children on the Basic Resident Register (a) | Number of Children Identified |                                |                      |                           | Total (b)      | Gap between (a) and (b) <sup>37</sup> |
|---------------------------------------|---|-------------------------------|--------------------------------|----------------------|---------------------------|----------------|---------------------------------------|
|                                       |   | Students Attending School     | Leaving the Country/Relocating | Not Attending School | Unknown Enrollment Status |                |                                       |
| Elementary school students equivalent | 87,033  | 71,611                        | 2,204                          | 399                  | 5,892                     | 80,106         | 6,960                                 |
| Secondary school students equivalent  | 36,797  | 29,782                        | 813                            | 231                  | 2,766                     | 33,592         | 3,223                                 |
| <b>Total</b>                          | <b>123,830</b>  | <b>101,393</b>                | <b>3,107</b>                   | <b>630</b>           | <b>8,658</b>              | <b>113,698</b> | <b>10,183</b>                         |

Source: [27]

In addition, statistics from the Immigration Services Agency indicate that there exist 263 "stateless" children (those registered as foreigners) who do not have nationality (136 boys and 127 girls) as at December 2019 [28]. Under the Nationality Act of Japan, if one of the parents is Japanese, the child is granted Japanese nationality upon birth notification, however, if it is clear that both parents are foreigners, notification at a diplomatic mission abroad is required besides the birth notification. Therefore, there are

<sup>34</sup> Excluding upper secondary school students of special schools.

<sup>35</sup> Full-time, part-time, and correspondence high schools and secondary school courses only.

<sup>36</sup> For schools whose establishment is different from that of the relevant municipal board of education (national or private schools, foreign schools, and schools in other municipalities), the results of the survey do not include them, and thus the actual enrollment status may be different.

<sup>37</sup> Listed as per source. The number does not correspond to the number of people in the Basic Resident Register minus the total number of identified children.



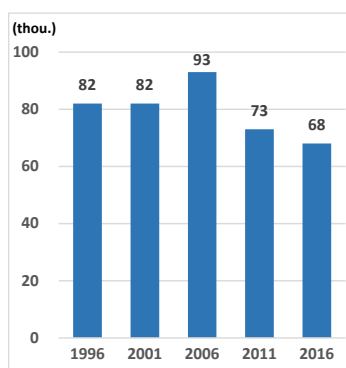
cases where illegal aliens, for example, do not report the birth of a child for fear of being found out. As such, the actual situation of stateless children cannot be ascertained, as some children stay in Japan without actually registering as an alien.

### 13.1.8 Children with disabilities

#### (1) Overview of children with disabilities

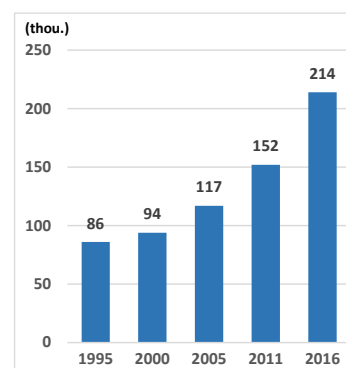
Under the Child Welfare Act, a child with disabilities is defined as "a child with physical disabilities, a child with intellectual disabilities, or a child with mental disabilities (including a child with developmental disabilities)<sup>38</sup>".

As for the current situation of these children with disabilities, Figure 13-27 shows the trends in the number of children with physical disabilities and Figure 13-28 shows the trends in the number of children with intellectual disabilities. The number of children



Source: [29] [30]

Figure 13-27 Trends in the number of children with physical disabilities



Source: [31] [30]

Figure 13-28 Trends in the number of children with intellectual disabilities

with physical disabilities is estimated to be 68,000 as of 2016, and has been decreasing since 2006. On the other hand, the number of children with intellectual disabilities is increasing, estimated to be 214,000 in 2016, which is a 2.5-fold increase since 1995. As for children with mental disabilities, the number of those under the age of 20 with a Mental Disability Certificate was 18,000 as of 2016 [30].

Regarding residential facilities for children with disabilities, there are "welfare type" and "medical type" depending on whether medical care is provided or not, and Table 13-15 shows the details of residents in each of these types of residential facilities. As the current situation of residential facilities for children with disabilities, firstly, it can be

Table 13-15 Current situation of residential facilities for children with disabilities

(Unit: person)

| Details                       | Welfare Type | Medical Type | Total        |
|-------------------------------|--------------|--------------|--------------|
| Number of Admissions          | 6,944        | 21,424       | 28,368       |
| Children (under 18 years old) | 5,444        | 3,283        | 8,727 (31%)  |
| Over 18 years old             | 1,500        | 18,141       | 19,641 (69%) |

Source: [32]

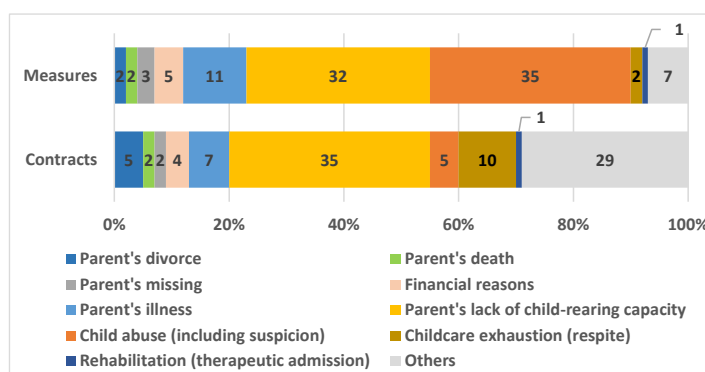
seen that about 70% of the total residents are people with disabilities over the age of 18, although these facilities are for children under the age of 18. This is due to the application of the "deeming provision", which deems the facility to be designated as a facility for supporting persons with disabilities who are 18 years of age or older by being certified as a residential facility for children with disabilities. The study group of experts established by the c has indicated the necessity of securing the life of the children after they reach

<sup>38</sup> In the amendment of the Child Welfare Act in 2012, "a child with mental disabilities (including a child with development disorders)" was added to the definition of children with disabilities.

18 years of age, but has also stated that consideration should be given to establishing an adequate support system appropriate to their age.

Also, looking at the current situation of children under the age of 18 in Table 13-15, a higher percentage of children are admitted to welfare type facilities than to medical type facilities. Of the children admitted to these welfare-type residential facilities, 66% were taken under measures and 34% were under contract<sup>39</sup>.

As for the reasons for admission to welfare-type residential facilities, as shown in Figure 13-29, the most common reason for admission by measure is



Source: [32]

Figure 13-29 Reasons for admission to a welfare type residential facility

"abuse (including suspicion)", accounting for 35%. Following this, "insufficient ability of parents to care for children" and "illness of parents" were common. As for the reasons for admission by contract, "insufficient ability of parents to care for children" was the most common reason, accounting for 35% [32].

## (2) Education for children with disabilities

With regard to the learning opportunities for children with disabilities, in order to realize the inclusive education philosophy of the Convention on the Rights of Persons with Disabilities, various learning opportunities are currently being provided in regular classes, special classes, resource rooms, and special schools in elementary and lower secondary schools. Table 13-16 provides details on these forms of special needs education.

Table 13-16 Forms of special needs education

| Type                               | Outline   |
|------------------------------------|---|
| School for special needs education | The school provides education for children with visual impairment, hearing impairment, intellectual disabilities, physical disabilities, and infirm (including the physically infirm). Kindergarten, elementary school, lower secondary school, and upper secondary school are provided.  |
| Class for special needs education  | Classes for children with disabilities in elementary and lower secondary schools. There are classes for intellectual disabilities, physical disabilities, infirmities, low vision, deafness, speech disabilities, and autism/emotional disabilities.  |
| Resource Room                      | A form of instruction in which students with disabilities who are enrolled in regular classes in elementary and lower secondary schools receive special instruction in a special setting according to their disabilities, while attending most classes in regular classes. This class is for children with language disorders, autism, emotional disorders, learning disabilities, attention deficit hyperactivity disorder, etc. |
| Regular Class                      | Regular classes in elementary and lower secondary schools.  |

Source: [33]

<sup>39</sup> As for admission to institutions for children with disabilities, the 2005 amendment to the Child Welfare Act introduced a "contract system" based on a contract between the guardian and the provider. However, in cases of abuse or refusal of care by the guardian, the "measure system" of the government is applied.

As shown in Table 13-17, there are a total of 556,759 children receiving such special needs education in kindergarten, elementary, lower secondary, and upper secondary schools in 2019, accounting for 3.76% of all school children. Among these children, those enrolled in special classes accounted for the highest percentage at 1.88% of the total number.

Table 13-17 Children with special needs education (2019)

| Form of Education                           | Number of Children |
|---|--------------------|
| All children receiving compulsory education | 14,813,180         |
| Children receiving special needs education  | 556,759<br>(3.76%) |
| School for special needs education          | 144,434<br>(0.98%) |
| Class for special needs education           | 278,140<br>(1.88%) |
| Resource Room                               | 134,185<br>(0.91%) |

Source: [81]

In recent years, the number of students requiring special education has been increasing while the number of all students in the compulsory education has been decreasing due to low birthrates. The percentage of children in schools for special needs education increased from 2.3% (about 250,000 children) in 2009 to 5.0% (about 480,000 children) in 2019,

an increase of 2.7 points over 10 years [34]. Also, the percentage of kindergartens and nursery schools with children with disabilities or special needs has been increasing since 2007, regardless of the type of school, public or private [35].

For children and people with developmental disabilities<sup>40</sup>, the definition was not clear, and there were no official services available for them in the welfare systems. With this background, the Act on Support for Persons with Developmental Disabilities was enacted in 2004 with the aim of early detection and support for persons with developmental disabilities. Based on this law, the MEXT is strengthening its support for children and students with developmental disabilities as well as other disabilities. For example, boards of education are establishing teams of experts and conducting on-site consultations, and elementary schools are improving their in-school systems and creating "individual education plans" and "individual education support plans" for children [36]. In addition, the "Guidelines for the Development of an Educational Support System for Children with Disabilities, Including Developmental Disabilities" have been developed, providing specific roles to be performed by the establishers of educational institutions (prefectural and municipal boards of education, etc.), schools (principals, teachers, special-needs education coordinators, etc.), and specialists (visiting counselors, expert teams, etc.) [37].

### **13.1.9 Children in need of social care and protection**

Social care and protection is a system that provides social care as a public responsibility for children who need special care and protection in their home environment, such as children without guardians or abused children, and children who need guidance in their daily lives. Currently, about 44,000 children are under the social care and protection system. This section provides an overview of these children in need of social care and protection.

<sup>40</sup> In the Act on Support for Persons with Developmental Disabilities, developmental disabilities are defined as "autism and Asperger's syndrome, or a disability of mental capacity, such as a learning disability or attention-deficit/hyperactivity disorder, the symptoms of which usually are discovered at an early age".

**(1) Number of children in institutions, and children entrusted to foster parents, etc.<sup>41</sup>**

Table 13-18 and Table 13-19 shows the current situation of facilities for children in need of social care and protection and entrustment to foster parents, etc., respectively (the role of each facility is described in Section 13.3.3 (3)). From these tables, it can be seen that about 90% of children in need of social care are admitted to institutions.

Table 13-18 Current situation of facilities for children in need of social care and protection

| Type   | Number of Facilities (2018) | Number of Staff | Status of Admissions |                                   |                |
|--|-----------------------------|-----------------|----------------------|-----------------------------------|----------------|
|  |                             |                 | Capacity             | Actual Number of Children (2019)  | Admission Rate |
| Infant Homes                                     | 104                         | 5,048           | 3,857                | 2,678                             | 69%            |
| Child Care Institutions                          | 605                         | 18,869          | 31,826               | 24,908                            | 78%            |
| Psychological Treatment Facilities for Children  | 50                          | 1,384           | 1,985                | 1,366                             | 69%            |
| Children's Self-reliance Support Facilities      | 58                          | 1,815           | 3,609                | 1,226                             | 34%            |
| Life Support Facilities for Mothers and Children | 226                         | 2,084           | 4,672 households     | 3,735 households (6,333 children) | 80%            |
| Homes for Independence                           | 176                         | 858             | 1,148                | 643                               | 56%            |
| Total:   |                             |                 |                      | 37,154                            | —              |

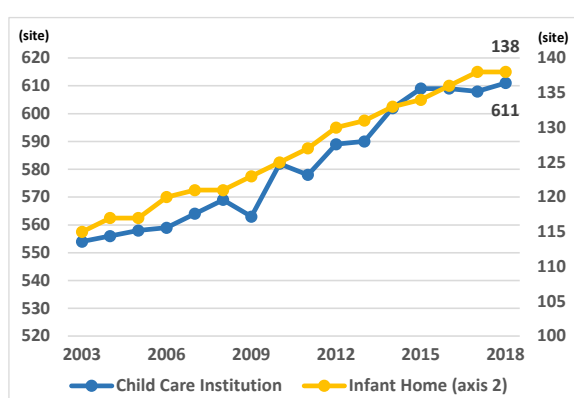
Source: [38]

Table 13-19 Current situation of entrustment to foster parents, etc.

| Type           | Number of Foster Parents Registered | Number of Foster Parents Entrusted/ Number of Homes (2018) | Number of Children Entrusted (2019) |
|----------------|-------------------------------------|--|-------------------------------------|
| Foster Parents | 12,315 households                   | 4,379 households   | 5,556 children                      |
| Family Homes   | —                                   | 372 places   | 1,548 children                      |
| Total:         |                                     |  | 7,104 children                      |

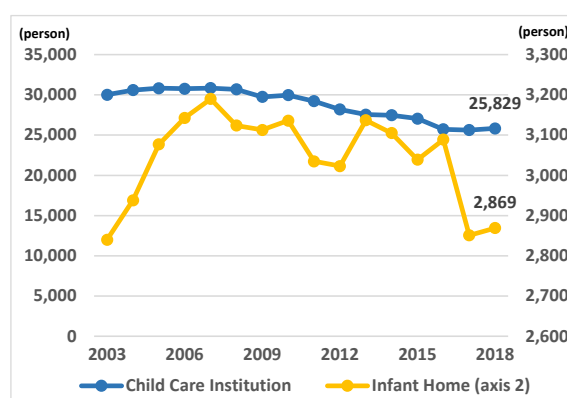
Source: [38]

Although the number of Child Care Institutions and Infant Homes has been increasing, as shown in Figure 13-30, the number of children admitted to these institutions has been decreasing slightly, as shown in Figure 13-31.



Source: [39]

Figure 13-30 Trends in the establishment of Child Care Institutions and Infant Homes



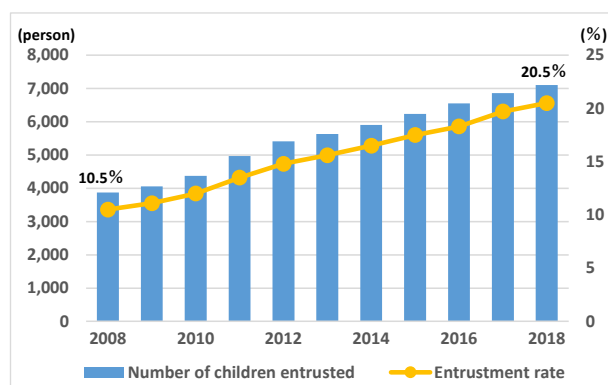
Source: [39]

Figure 13-31 Trends in the number of children admitted to Child Care Institutions and Infant Homes

<sup>41</sup> The term "foster parents, etc." includes foster parents as well as family homes.

This was due to a shift in policy from large facilities with a capacity of 20 or more people, which had been the mainstream until then, to small group homes using private housing in the community and unit care with six to eight people per group (see Section 13.2.4 for more details). Thus, the number of facilities itself is increasing due to the smaller scale of facilities.

In contrast, the number of children entrusted to foster parents and family homes and the rate of entrustment are both increasing, as shown in Figure 13-32. As of 2008, the percentage of children entrusted to foster parents, etc. was 10.5% and increased to 20.5% in 2018, doubling in 10 years. As such, there has been a gradual shift from institutional care to home care.



Source: [40]

Figure 13-32 Trends in the number of children entrusted to foster parents and Family Homes and the entrustment rate

As for the entrustment rate, there is a gap between municipalities (e.g., 55.9% in Kumamoto City compared to 10.8% in Niigata City), however, this is due to the fact that municipalities with a small number of children in need of social care and protection can easily increase the entrustment rate by entrusting only one child.

## (2) Reasons for measures for children in need of social care and protection

Table 13-20 shows the reasons for measures for children in need of social care and protection<sup>42</sup>. In all cases of entrustment to foster parents, admission to Infant Homes, and admission to Child Care Institutions, a high percentage of the cases were taken due to "Child Abuse". In addition, 38% of children entrusted to foster care, 41% of children admitted to Infant Homes, and 66% of children admitted to Child Care Institutions have experienced abuse [8].

Table 13-20 Reasons for measures for children in need of social care and protection

|    | Foster Parents                             | Infant Homes                              | Child Care Institutions                                       |
|----|--|---|---|
| 1. | Child Abuse (22.2%)                        | Parent's Mental Illness (22.1%)           | Child Abuse (40.0%)   |
| 2. | Parent's Refusal to Raise Children (16.5%) | Child Abuse (21.2%)                       | Parent's Neglect and Laziness (13.1%)                         |
| 3. | Parent's Mental Illness (9.1%)             | Parent's Neglect and Laziness (12.4%)     | Parent's Mental Illness (8.9%)                                |
| 4. | Parent's Neglect and Laziness (8.5%)       | Parent's Refusal to Raise Children (7.2%) | Difficulties in Providing Care due to Child's Problems (7.6%) |
| 5. | Parent's Death (7.5%)                      | Financial Reasons (6.1%)                  | Parent's Hospitalization (4.2%)                               |

Source: [38]

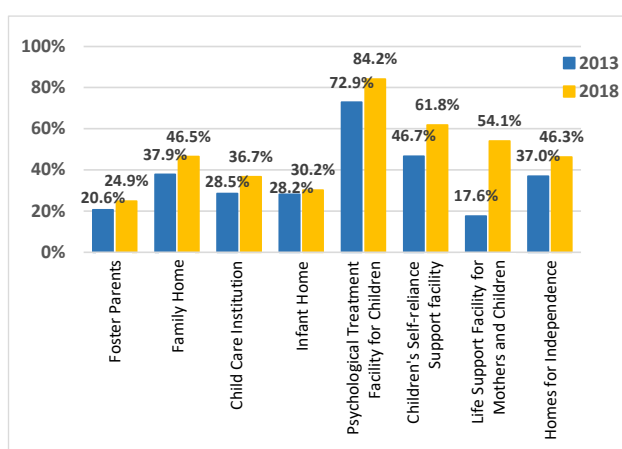
According to Mr. Takase, the director of Children's Home Sanai (a Child Care Institution) who was interviewed during the Survey, after the oil shock (1973) when the home was established, most of the children were admitted due to poverty or the collapse of their families, but now, as mentioned above, the

<sup>42</sup> A child without a guardian or a child for whom it is recognized to be inappropriate to allow a guardian to take care of him/her.

main reason for admission is child abuse. In addition, most of the abused children have attachment disorders and developmental disabilities, making it increasingly difficult for Child Care Institutions to cope with them<sup>43</sup>. In many cases, the parents or family members of the children admitted to the institutions were not in an appropriate child-rearing environment due to unwanted pregnancies, extramarital pregnancies, domestic violence during pregnancy, the breakdown of international marriages, divorce, etc., and the parents themselves were also abused<sup>44</sup>.

Another trend among children in need of social care and protection is the increase in the number of children with disabilities as a whole. Figure 13-33 compares the percentage of children with disabilities and other disabilities among children in need of social care and protection, in 2013 and 2018. Over the past five years, the percentage of children with disabilities has increased by 4.3 points for foster parents, 8.2 points for Child Care Institutions, and 36.5 points for Life Support Facilities for mothers and children.

According to the results (as of April 2020) of the survey (conducted annually) for 22 Child Care Institutions in Saitama Prefecture, more than a quarter of the children in the institutions, excluding Community Small-scale Child Care Institution, are attending schools or classes for special needs education, and the number is increasing every year. In some cases, schools have requested the Child Care Institutions that they cannot accept any more children in schools who are having difficulties<sup>45</sup>.



Source: [8]

Figure 13-33 Percentage of children with disabilities among children in need of social care and protection

<sup>43</sup> According to an interview with Mr. Takase, the director of Children's Home Sanai (February 9, 2021). As for difficult situation includes children's verbal abuse and violence against staff, hyperactive behavior, damage to property, sexual problems, intense defiance, and school refusal were mentioned.

<sup>44</sup> Ibid.

<sup>45</sup> Ibid.

## **13.2 Child protection goals: legal and policy framework**

### **13.2.1 International convention**

In order to guarantee the fundamental human rights of children internationally, the United Nations Convention on the Rights of the Child (CRC) was adopted by the General Assembly of the United Nations (UN) in 1989 and came into force in 1990. Japan ratified the CRC in 1994, becoming the 158th State Party to the Convention. After 22 years of the ratification, the CRC was specified as a basic principle in the amended Child Welfare Act of 2016.

In addition, in the review of the CRC, two Optional Protocols were adopted in 2000 and entered into force in 2002. Japan ratified the "Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict" in 2004, and the "Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography" in 2005.

Since the ratification of the Convention, the Government of Japan has been submitting regular government reports to the Committee on the Rights of the Child. In response to the Fourth and Fifth Reports of Japan submitted in 2017, the Committee on the Rights of the Child welcomes the amendments to relevant laws and regulations and policy measures, however, it notes that urgent measures should be taken in six areas: 1) prohibition of discrimination, 2) respect for the opinions of children, 3) corporal punishment, 4) children deprived of a family environment, 5) reproductive and mental health, and 6) juvenile justice.

### **13.2.2 Constitution of Japan**

In Japan, the administration of Child and Family Welfare is based on the Constitution of Japan and is promoted in accordance with child welfare and other relevant laws, government decrees, ministerial decrees, and notifications. Under the "Respect for Fundamental Human Rights", one of the three main principles of the Constitution of Japan, the rights of the child are especially stated in Article 25.

Article 25. All people shall have the right to maintain the minimum standards of wholesome and cultured living.

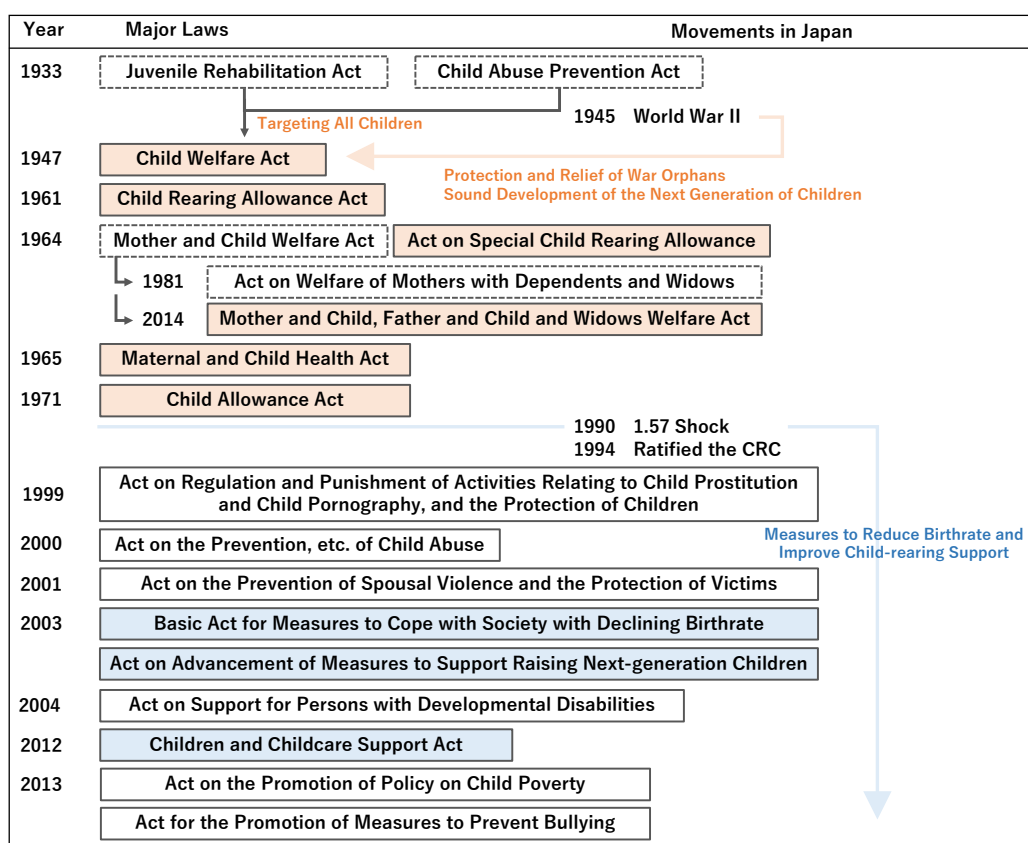
(2) In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health.

### **13.2.3 Laws and regulations**

#### **(1) Relevant laws and regulations on Child and Family Welfare**

Figure 13-34 shows the transition of the legal system regarding Child and Family Welfare in Japan. The Child Welfare Act, enacted in 1947, was established to promote the sound development and welfare of all children by integrating the Juvenile Rehabilitation Act for juvenile offenders, etc. and the Child Abuse Prevention Act for children under 14 years of age. After that, "Child Rearing Allowance Act", "Act on Special Child Rearing Allowance", "Mother and Child, Father and Child and Widows Welfare Act", "Maternal and Child Health Act", "Child Allowance Act" were established as the basic laws related to Child and Family Welfare.

After 1990, laws and regulations were developed to address the declining birthrate. This was due to the "1.57 shock" in 1989, when the total fertility rate hit a record low of 1.57. The declining birth rate and the declining number of children have been recognized as serious issues, and the government has begun to consider policies to provide a child-friendly environment, including support for balancing work and child rearing.



Source: Prepared by the Survey Team

Figure 13-34 Transition of laws and regulations on Child and Family Welfare in Japan

Table 13-21 shows a summary of these major laws related to Child and Family Welfare.

Table 13-21 Summary of major laws related to Child and Family Welfare

| Name of Law                 | Summary  |
|-----------------------------|--|
| Child Welfare Act           | Enacted in 1947, it is positioned as a basic law for child welfare. Article 1 provides the principles of child welfare as follows: <ul style="list-style-type: none"> <li>- All citizens shall endeavor to ensure that children are born and brought up in good mental and physical health.</li> <li>- All children shall equally be afforded the guaranteed level of life and be kindly treated.</li> </ul> |
| Child Rearing Allowance Act | Enacted in 1961. In order to contribute to promoting a stable life and independence of families in which children whose fathers or mothers do not share the same livelihood, the act regulates for the provision of allowances for such children. Since 2010, father and child families have also been eligible for this benefit.  |



| Name of Law   | Summary  |
|---|--|
| Act on Special Child Rearing Allowance <sup>46</sup>  | Enacted in 1964. It provides for the provision of allowances to fathers or mothers who take care of children with mental or physical disabilities. It has been available for children with severe physical disability since 1966, and for children with moderate disability since 1975.  |
| Mother and Child, Father and Child and Widows Welfare Act   | Enacted in 1964 as "Mother and Child Welfare Act", and amended in 1981 to "Act on Welfare of Mothers with Dependents and Widows", which also covers widows, and in 2014 to "Mother and Child, Father and Child and Widows Welfare Act", which also covers fathers and children. The purpose of this Act is to take necessary measures for the stable and improved lives of single-mother families, single-father families, and widows, and to promote their welfare. |
| Maternal and Child Health Act   | Enacted in 1965. The purpose of this act is to contribute to the improvement of national health by maintaining and promoting maternal and infant health. It provides for maternal and child health services such as health screenings and health guidance.   |
| Child Allowance Act   | Enacted in 1971. The purpose of this act is to contribute to the stable living conditions of families by providing allowances to those who take care of children, and to contribute to the healthy growth of children who will be responsible for the next generation of society.  |
| Act on Regulation and Punishment of Acts Relating to Child Prostitution and Child Pornography, and the Protection of Children | Enacted in 1999. The purpose of this act is to punish activities related to child prostitution and child pornography, to provide for the protection of children who have been victimized, and to protect the rights of children.   |
| Act on the Prevention, etc. of Child Abuse  | Enacted in 2000. It stipulates the definition of child abuse, the prohibition of child abuse, the responsibility and authority of the administration in relation to the prevention of child abuse, the obligation of concerned parties to make efforts for early detection, and the obligation of the discoverer to report the abuse.  |
| Act on the Prevention of Spousal Violence and the Protection of Victims   | Enacted in 2001. The purpose of this act is to prevent spousal violence and protect victims by establishing a system for reporting, consultation, protection, and independence support related to spousal violence.  |
| Basic Act for Measures to Cope with Society with Declining Birthrate  | Enacted in 2003. It provides for the basic principles of policies for a society with a declining birthrate, the responsibilities of the national and local governments, and the basic matters to be addressed in order to cope with the declining birthrate.   |
| Act on Advancement of Measures to Support Raising Next-generation Children  | Enacted in 2003 in response to the initiative of "Measures for Decreasing Birthrate Plus One" compiled by the MHLW. The purpose of this act is to contribute to the building of a society in which children, who will be responsible for the next generation of society, are born and raised in good health.   |
| Act on Support for Persons with Developmental Disabilities  | Enacted in 2004. The purpose of this act is to support people with developmental disabilities in all aspects of their lives so that they can achieve independence and participate in society, and thereby contribute to the promotion of their welfare.  |
| Children and Childcare Support Act  | Enacted in 2012. The purpose of this act is to provide child and child-rearing support benefits and other necessary support to children and those who care for them, thereby contributing to the realization of a society in which each child is able to grow up in good health.   |
| Act on the Promotion of Policy on Child Poverty   | Enacted in 2013. The purpose of this act is to comprehensively promote measures against child poverty in order to improve the environment so that children's future does not depend on the environment in which they were born and raised, and to ensure equal opportunities in education.   |
| Act for the Promotion of Measures to Prevent Bullying   | Enacted in 2013. In order to ensure the dignity of children, the government and local governments aim to comprehensively promote measures to prevent bullying.   |

Source: Prepared by the Survey Team based on each law

<sup>46</sup> At the time of its enactment in 1964, it was called the "Act for the Support of Severely Mentally Weak Children".

## (2) Transition of amendments to the Child Welfare Act

Since its enactment in 1947, the Child Welfare Act has been amended several times in order to respond to the social issues of each era and to accommodate amendments to other legislation on Child and Family Welfare. Table 13-22 shows the main amendments of the Child Welfare Act. It can be seen that, especially since the 1990s, the roles of prefectures and municipalities have been clarified in order to strengthen measures against child abuse and declining birthrates, and regional coordinating bodies for child abuse and child-rearing support have been established.

In the amendment of 2016, for the first time since its enactment, the principle provisions of the Child Welfare Act were reviewed. Before the amendment, it was not clear that children are the subjects of their rights, that their opinions are respected, and that their best interests are prioritized. After the amendment, reflecting the principles of the CRC, it was clarified that children have the right to be properly cared for and to secure their healthy growth and development, independence, etc. In addition, in response to the situation that about 90% of children in need of social care and protection were admitted to institutions at that time, this amendment specified that the national government, prefectures, and municipalities were responsible for promoting childcare in an environment similar to that of the home<sup>47</sup>.

Table 13-22 Transition of amendments to the Child Welfare Act

|   |
|---|
| <p><b>1997 Amendment</b></p> <ul style="list-style-type: none"> <li>• Changes in the system of admission to nursery schools from a system of measures to a contract system.</li> <li>• Renamed rehabilitation facility as "Support Facilities for Development of Self-sustaining Capacity" and care facility as "Child Care Institution".</li> <li>• Establishment of "Children and Families Support Center".</li> </ul>  |
| <p><b>2004 Amendment</b></p> <ul style="list-style-type: none"> <li>• Clarification of the role of municipalities (primary organization for child guidance)</li> <li>• Legalization of "Regional Councils for Children in Need of Social Care and Protection".</li> <li>• Strengthening the involvement of the judiciary (making admission measures effective with the approval of the family court, recommending guidance to parents)</li> </ul>   |
| <p><b>2007 Amendment</b></p> <ul style="list-style-type: none"> <li>• Obligation to make efforts to establish Regional Councils for Children in Need of Social Care and Protection</li> </ul>   |
| <p><b>2008 Amendment</b></p> <ul style="list-style-type: none"> <li>• Strengthening the capacity of Regional Councils for Children in Need of Social Care and Protection</li> <li>• Expansion of family-based care, including revision of the foster parent system</li> <li>• Clarification of responses to abuse of children under protective measures</li> </ul>  |
| <p><b>2012 Amendment</b></p> <ul style="list-style-type: none"> <li>• Unification of the legal provisions for facilities and services for children with disabilities under the Child Welfare Act</li> </ul>   |
| <p><b>2016 Amendment</b></p> <ul style="list-style-type: none"> <li>• Clarification of the principles of the Child Welfare Act and the roles of the national government, prefectures, and municipalities, and promotion of family-based childcare</li> <li>• Strengthening capacity of municipalities and Child Guidance Centers</li> <li>• Support for foster parents and consultation and support for adoption are positioned as the duties of prefectural governments (Child Guidance Centers).</li> </ul> |
| <p><b>2019 Amendment</b></p> <ul style="list-style-type: none"> <li>• Legalization of the prohibition of corporal punishment, strengthening of the system of child guidance centers, promotion of their establishment, and strengthening of cooperation among relevant organizations</li> </ul>   |

Source: Prepared by the Survey Team

### 13.2.4 Policies

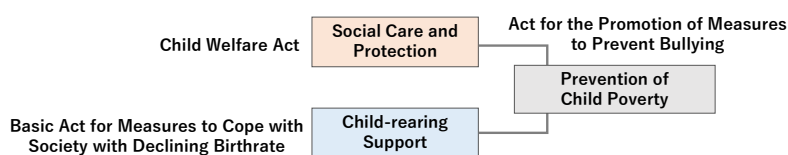
As a policy related to Child and Family Welfare, the "Outline of the Promotion of Support for the Development of Children and Young People" was formulated in 2016 based on "Act on Promotion of Development and Support for Children and Young People". The act covers youth from infants to those in their thirties, and is aimed to promote child development and support for young people. The outline lists

<sup>47</sup> In the 2016 revision of the Child Welfare Act, while advocating the inclusion of CRC principles as a matter of international consensus, local government-related organizations expressed some cautious opinions about the roles of prefectures and municipalities, and the availability of human and financial resources.

the following as priority issues: the sound development of children, support for children and their families with difficulties such as disabilities, delinquency, abuse, and poverty, and the improvement of the social environment and the development of local human resources for this purpose.

Also, as shown in the transition of laws and regulations in Figure 13-34, child and family welfare has its roots in the protection of children, since the relief of war orphans was the urgent issue when the Child Welfare Act was established. After that, the 1.57 shock led to discussions on measures in the field of child-rearing support to cope with the declining birthrate. In this context, policies in Child and Family Welfare are broadly divided into two areas: "social care and protection" and "child-rearing support". In addition, as shown in Figure 13-35, in relation to these two areas, a policy on "measures against child poverty" has been formulated, which encompasses

support for learning and living for children who need consideration, such as children in institutions, and employment and economic support for single-parent families. The details of each policy are described below.



Source: Prepared by the Survey Team

Figure 13-35 System of policies for Child and Family Welfare

### (1) Policies on social care and protection

As for policies related to social care and protection, the issues and future vision of social care were compiled by the technical committee<sup>48</sup> of the Social Security Council in 2011, and the basic direction of social care and protection, including the promotion of family-based care and the enhancement of specialized care, was indicated. Then, in 2012, the Ministry of Health, Labour and Welfare (MHLW) issued a notice "On the promotion of smaller-scale institutions and family-based care for children" to promote the transformation of institutional care into a form of family-like care environment as much as possible by scaling down the size of institutions. Furthermore, while the current ratio of children in institutions and those entrusted to foster parents is 9:1, the government plans to divide the ratio of "Foster Parents", "Family Homes", and "Institutional Care" into one third each by 2029.

In 2017, an advisory group<sup>49</sup> of the MHLW compiled the "New Vision for Social Care", which is a full review of the previous "Issues and Future Vision for Social Care", in response to the 2016 amendment of the Child Welfare Act. The 2016 amendment to the act stipulated that a child is the subject of rights and also the principle of prioritizing family-based care, where a child can be cared for by foster parents or special adoptions if it is difficult to be cared for by biological parents. The vision outlines the framework of social care, from support for families to alternative care, and also provides guidelines for the steps of reform and specific numerical targets to realize the principles of the Child Welfare Act. Table 13-23 presents a summary of the vision.

<sup>48</sup> Technical Committee on Social Care and Protection, Children's Section, Social Security Council.

<sup>49</sup> A study group on a new approach to social care.

**Table 13-23 Summary of “New Vision for Social Care (2017)”**

|           |   |
|-----------|---|
| Purpose   | Embody the following principles as articulated in the 2016 amendments to the Child Welfare Act. <ul style="list-style-type: none"> <li>- Clarify that children are the subjects of their rights</li> <li>- Enhance social care, from support for family care to alternative care</li> <li>- The principle of prioritizing family care should be stipulated, and if it is difficult for biological parents to care for the child, a permanent solution through special adoption (permanency guarantee) and foster care should be promoted.</li> </ul>  |
| Framework | <ol style="list-style-type: none"> <li>1. To build a social work system in municipalities and to enhance the support programs.                     <ul style="list-style-type: none"> <li>- Increase the number of child care workers for children in nurseries, and assign social workers and psychologists</li> <li>- Improve various types of care in accordance with children's conditions, such as children from poor families, children with disabilities and children who require medical care</li> <li>- Establishment of a life-cycle-oriented social care system that prevents the intergenerational cycle of abuse and poverty</li> <li>- Enhancing non-separate care for families at high risk of abuse and in need of intensive home-based support.</li> </ul> </li> <li>2. To ensure that the child's needs are met at all stages of alternative care                     <ul style="list-style-type: none"> <li>- In principle, alternative care should be provided in families; in cases where highly specialized care is required, "as good a family-like child-rearing environment as possible" should be provided, and short-term institutionalization should be the rule.</li> <li>- Strengthening of foster parent support programs to improve the quality of comprehensive services related to the foster care system (fostering services), and establishment of fostering agency programs by private organizations.</li> <li>- Implementing social work practice for permanent solutions (permanency guarantee) at child guidance centers</li> </ul> </li> </ol> |

Source: [41]

In addition, the "New Vision for Social Care" calls for a review of the plans developed by prefectures and other organizations. Based on this vision, prefectures are supposed to include in their plans the realization of family care and permanent solutions (permanency guarantee), fundamental reform of institutions, reform of Child Guidance Centers and temporary care homes, support for the establishment of Child Guidance Centers in core cities/special wards, and support measures for the establishment of child and family support systems in municipalities.

## **(2) Policies on child-rearing support**

In the past, child-rearing support was provided by relatives and local communities, however, due to the shift to nuclear families and urbanization, the blood and community-based child-rearing support network has been weakened. As a result, parents, especially mothers, are overburdened with the mental and physical stresses of child rearing, resulting in isolation and anxiety about child rearing, and child abuse has become a social problem. Recognizing that this increased burden of child rearing is one of the causes of the declining birthrate, the government has developed various policies to support child rearing since the 1990s.

In 1994, the "Angel Plan" was formulated as a specific policy to deal with the declining birthrate after the 1.57 shock, providing basic principles and priority measures to be implemented over the next 10 years. Since then, various national plans have been formulated, with a greater emphasis on supporting child rearing by society as a whole, rather than by families and parents alone. Currently, under the "Outline of Measures to Cope with Society with Decreasing Birthrate", which was approved by the Cabinet in May 2020, various efforts are being made to address the declining birthrate, including support for child rearing.

As shown in Table 13-24, the Outline contains measures and specific numerical targets in line with the five basic concepts.

**Table 13-24 Summary of “Outline of measures to cope with society with decreasing birthrate (2020)”**

|                |  |
|----------------|--|
| Basic Goals    | To achieve the "desired birth rate of 1.8 <sup>50</sup> ", we will create a society in which people can find hope in marriage, pregnancy, childbirth, and child rearing, and in which men and women can marry when they want and have the number of children they want at the time they want, by their own choice, with mutual respect for their life styles.  |
| Basic Concepts | <ol style="list-style-type: none"> <li>1. To create an environment in which marriage and child-rearing generations are able to envision their future prospects.</li> <li>2. <b>To respond to the various needs of diversified families with children.</b> <ul style="list-style-type: none"> <li>- <b>Support for child rearing</b></li> <li>- <b>Support for families raising children at home</b></li> <li>- <b>Diversification of bearers, intergenerational mutual aid</b></li> <li>- <b>Support for families with multiple children</b></li> <li>- <b>Continuous support from pregnancy to child-rearing period</b></li> </ul> </li> <li>3. To promote meticulous efforts in response to the actual conditions of each community.</li> <li>4. To create a society that is friendly to marriage, pregnancy, childbirth, and child-rearing.</li> <li>5. To actively utilize new resources including the results of science and technology.</li> </ol> |

Source: [42]

### **(3) Policies on measures against child poverty**

Regarding the measures to address child poverty, based on the "Act on the Promotion of Policy on Child Poverty" enacted in 2013, the "General Principles Concerning Measures against Poverty among Children" was formulated in 2014 and was reviewed in 2019. In the review, the following issues were identified and summarized as recommendations for policy: while there has been an improvement in the child poverty rate, the poverty rate among single-parent families remains at a high level; in reality, there are many children and their families in need of support in communities, and there are disparities in the efforts being made by different communities.

The current "General Principles Concerning Measures against Poverty among Children" indicates that, in the spirit of the CRC, comprehensive measures against poverty are to be promoted from the "present" to the "future" of children. In addition, the principle of the General Principles calls for comprehensive and early provision of appropriate support that prioritizes children, based on the understanding that child-rearing and poverty are not the sole responsibility of the family, but that the entire community and society must work together to solve these issues.

<sup>50</sup> The fertility rate that would be expected if the hopes of the young generation for marriage, pregnancy, childbirth, and child rearing were fulfilled. According to a result of the Basic Survey on Fertility Trends conducted by the National Institute of Population and Social Security Research, it is estimated to be around 1.8, based on certain assumptions such as the desired number of marriages and children.

### **13.3 Social service systems for Child and Family Welfare**

#### **13.3.1 Implementation structure**

In this section, the implementation system of Child and Family Welfare in Japan is described, followed by an overview of the main organizations responsible for the sector, and an outline of the Child Guidance Center, which is the central administrative body for Child and Family Welfare.

##### **(1) Overview of implementation structure**

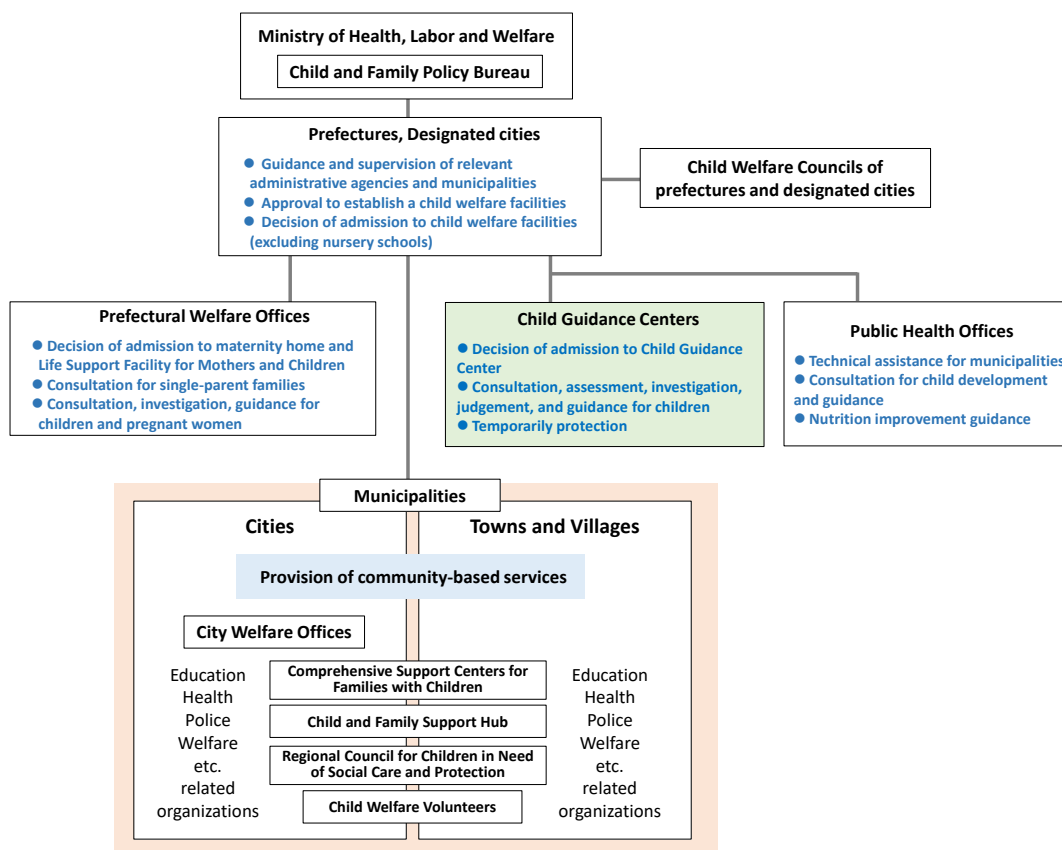
The implementation system of Child and Family Welfare in Japan is shown in Figure 13-36.

The MHLW has jurisdiction over welfare administration, and within the ministry, the Child and Family Policy Bureau has jurisdiction over Child and Family Welfare administration. The Bureau is responsible for planning, budget allocation, and guidance of local administration related to the sector.

Prefectures are responsible for: the establishment and operation of relevant administrative facilities such as Child Guidance Centers, welfare offices, and public health offices; approval of the establishment of child welfare facilities; and decisions on admission to the facilities (excluding nursery schools).

The Child Welfare Councils established by prefectures and designated cities have the role of investigating and deliberating on matters related to the welfare of children and expectant and nursing mothers, maternal and child welfare, and maternal and child health, and responding to the advice of the relevant administrative bodies. They are also able to express their opinions to the relevant administrative bodies.

Municipalities are the smallest administrative units that provide community-based services closely related to local residents and are also the contact points for applications for welfare services. They are also the closest consultation counter to local residents and are directly involved in child-rearing support and identifying children in need of care and protection [43].



Source: Prepared by the Survey Team with reference to [43]

Figure 13-36 Implementation system of Child and Family Welfare

Prefectures and municipalities are obligated or obligated to make efforts to formulate the plans shown in Table 13-25 in accordance with national laws and notifications. These plans are formulated by each prefecture and municipality according to the situation of their respective areas, and the prefectures and the municipalities under their jurisdiction promote each plan through cooperation and coordination with related organizations.

Table 13-25 Plans to be formulated by prefectures and municipalities related to Child and Family Welfare

| Prefectures   | Municipalities   |
|---|--|
| <p><b>【Obligation】</b></p> <ul style="list-style-type: none"> <li>• Community welfare support plan</li> <li>• Prefectural plan for the development of the next generation</li> <li>• Plan for children and child-rearing support</li> <li>• Plan for social welfare of children with disabilities</li> </ul> <p><b>【Obligated to make efforts to formulate】</b></p> <ul style="list-style-type: none"> <li>• Plan for child poverty measures</li> <li>• Plan for social care promotion</li> <li>• Plan for promoting single-parent independence</li> <li>• Plan for children and youth</li> </ul> | <p><b>【Obligation】</b></p> <ul style="list-style-type: none"> <li>• Community welfare plan</li> <li>• Municipality action plan for the development of the next generation</li> <li>• Action Plan for children and child-rearing support</li> <li>• Plan for social welfare of children with disabilities</li> </ul> <p><b>【Obligated to make efforts to formulate】</b></p> <ul style="list-style-type: none"> <li>• Plan for child poverty measures</li> <li>• Plan for promoting single-parent independence</li> <li>• Plan for children and youth</li> </ul> |

Source: Prepared by the Survey Team

As of December 2019, there are approximately 230,000 commissioned Child Welfare Volunteers (concurrently serve as a commissioned welfare volunteers) working nationwide to promote social welfare in their communities [9].

### Efforts by Child Welfare Volunteers

Child Welfare Volunteers are engaged in support activities for children and child-rearing families from the standpoint of residents. Their activities vary from community to community. They play a role in providing referral support to welfare services, etc. by watching over community members. There have been a variety of efforts made by the Child Welfare Volunteers such as a continuous support for children of concern in cooperation with elementary and lower-secondary schools, attempts to build ties with local residents by using venues where child-rearing families gather, such as infant health checkups [44].

## (2) Major organizations responsible for Child and Family Welfare

Table 13-26 shows the criteria for the establishment of major organizations responsible for Child and Family Welfare, the number of such organizations, and the staff assigned to them. The details of the roles of each organization listed in the municipalities are described in "13.3.3 Measures for Child and Family Welfare".

Table 13-26 Overview of major organizations responsible for Child and Family Welfare

|                | Organizations  | Purpose   | Criteria for the establishment and the number  | Staff assigned  |
|----------------|--|---|--|---|
| Prefectures    | Child Guidance Center                                      | (see next section)  | <ul style="list-style-type: none"> <li>• Prefectures are obliged to install.</li> <li>• According to the national guidelines for the operation of Child Guidance Centers, at least one center is needed for every 500,000 people.</li> <li>• A total of 220 centers nationwide.</li> <li>• 144 Temporary Care Homes attached to Child Guidance Centers.</li> </ul> | <ul style="list-style-type: none"> <li>• Child Welfare Officer, Counselor, Child Psychologist, Doctor, Child Guidance Worker, Nursery Teacher</li> </ul>  |
| Municipalities | Comprehensive Support Center for Families with Children    | Providing seamless support from pregnancy to child rearing  | <ul style="list-style-type: none"> <li>• Municipalities are obliged to make effort to install.</li> <li>• A total of 2,052 centers in 1,288 municipalities (about 74% of the total)</li> </ul>   | <ul style="list-style-type: none"> <li>• At least one public health nurse, etc. must be assigned.</li> <li>• Other staff; midwives, nurses, mental health social workers, social workers, etc.</li> </ul>   |
|                | Child and Family Support Hub                               | Operated in unison with Comprehensive Support Center above to provide continuous support for children and families of particular concern. | <ul style="list-style-type: none"> <li>• Municipalities are obliged to make effort to install.</li> <li>• A total of 495 centers in 432 municipalities (about 25% of the total)</li> </ul>   | <ul style="list-style-type: none"> <li>• Child and family support workers, psychological support workers, and abuse response specialists</li> <li>• Assign safety check response staff and administrative response staff as necessary</li> </ul>    |
|                | Regional Council for Children in Need of Social Protection | A network for related organizations to exchange information, discuss support details, to provide support in cooperation.                  | <ul style="list-style-type: none"> <li>• Municipalities are obliged to make effort to install.</li> <li>• 1,736 municipalities have installed (about 99.7% of the total)</li> </ul>  | <ul style="list-style-type: none"> <li>• Members include relevant organizations and groups (including private organizations) involved in child welfare, healthcare, education, police and judicial affairs, and human rights protection.</li> </ul> |

Source: Child Guidance Center; as of July, 2020 [45]

Comprehensive Support Center for Families with Children; as of April, 2020 [46]

Child and Family Support Hub; as of April, 2020 [45]

Regional Council for Children in Need of Social Protection; as of 2017 [47]



### (3) Child Guidance Center

In accordance with the Child Welfare Act, each prefecture and designated city is obligated to establish a Child Guidance Center. As of July 2020, 220 centers have been established nationwide, and there are 144 Temporary Care Homes attached to the Child Guidance Centers [45].

The main purpose of the Child Guidance Center is stated in the Child Guidance Center Management Guidelines as follows; [48]

*"To provide consultation to families and others concerning children, assess children's problems, their true needs, and the circumstances of their environment, and provide the most effective assistance to individual children and families, thereby promoting the welfare of children and protecting their rights, while sharing appropriate roles and collaborating with municipalities (this is generally referred to as "social work")".*

Duties of the the Child Guidance Center is described in Table 13-27. The center provides consultations for children under 18 years of age through inquiries, visits, and outreach regarding problems of children such as abuse, family and guardian problems, disabilities, delinquency, and truancy, and provides appropriate support to the children. The center also provides temporary protection for children who are in physical or psychological danger due to abuse. Child welfare officer, counselor, child psychologist, doctor, child guidance worker, and nursery teacher, etc. are assigned. After assessments by these professionals and team discussions, a comprehensive diagnosis is made and a plan to support the child and family is developed.

Table 13-27 Outline of the duties of the Child Guidance Center

|  |   |
|--|---|
| <b>Intake</b>                            | <ul style="list-style-type: none"> <li>Respond to consultations from municipalities about sending the case, consultations from families, etc.</li> <li>The types of consultation include 1) care counseling (including abuse counseling), 2) counseling on children with disabilities, 3) counseling on delinquency, and 4) child rearing.</li> </ul> |
| <b>Assessment, diagnosis, evaluation</b> | <ul style="list-style-type: none"> <li>A comprehensive diagnosis is made based on social, psychological, medical, and behavioral assessment, and a support plan is formulated.</li> </ul>   |
| <b>Provision of support</b>              | <ul style="list-style-type: none"> <li>Provide advice, counseling/psychotherapy, various types of social work, support for family, support for the use of child welfare facilities, etc.</li> </ul>   |
| <b>Temporary protection</b>              | <ul style="list-style-type: none"> <li>Temporary protection of abandoned and abused children for the purpose of emergency protection, behavioral observation for decision-making on assistance, and short-term residential guidance.</li> <li>In principle, the period should not exceed two months.</li> </ul>                                       |
| <b>Others</b>                            | <ul style="list-style-type: none"> <li>Mediation of adoptions</li> <li>Make decision to issue certificate for children with intellectual disabilities.</li> </ul>   |

Source: Prepared by the Survey Team with reference to [43]

Then, based on the plan, support is provided for the child and his/her family. In this process, close cooperation is established with schools, boards of education, child-rearing support organizations, polices, and other related organizations in the community<sup>51</sup>.

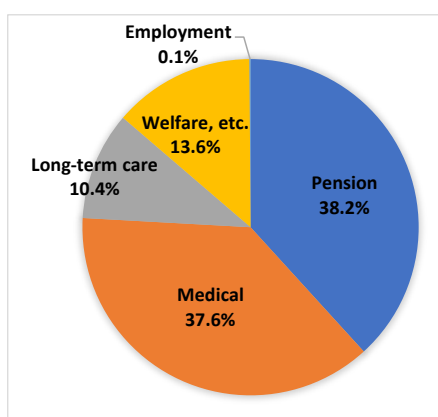
As of April 2019, there are approximately 14,000 staff at Child Guidance Centers nationwide, of which 3,817 are Child Welfare Officers and 1,570 are child psychologists [49]. The Child Welfare Officer is an "appointed qualification" that can be named by being assigned to the position. There are several pathways to qualification, such as "graduating from a university with a specialization in psychology, education, or sociology, and then gaining at least one year of work experience at a welfare facility designated by the

<sup>51</sup> According to an interview with Mr. Watanabe and Mr. Tabata, Sagamihara Child Guidance Center (February 3, 2021), cooperation between Child Guidance Centers and polices are closely collaborated for child protection cases.

MHLW", or "graduating from a training institution designated by the prefectural governor", etc. Qualified persons such as doctors and social workers also have qualifications for appointment. One of the challenges of this "appointed qualification" system is that it is difficult to build up expertise as a Child Welfare Officer since they are often transferred after a few years<sup>52</sup>.

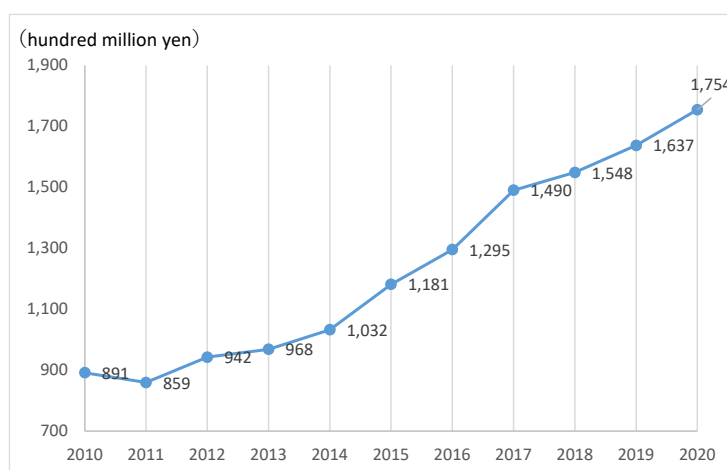
### 13.3.2 Budget

The social security budget for FY2020 is 32,632.3 billion yen, of which more than 86% is for pensions, medical care, and long-term care, as shown in Figure 13-37. The budget of the Child and Family Welfare Bureau, which is included in the "Welfare, etc." category, is 480.5 billion yen, of which 114.4 billion yen is for comprehensive child-rearing support and 175.4 billion yen for child abuse prevention measures and social care for children [50]. Figure 13-38 shows the total budget for child abuse prevention measures and social care for children, which are particularly relevant to child protection. The budget has been doubled in the 10 years since 2010.



Source: [50]

Figure 13-37  
Breakdown of social security budget  
in the FY2020 of the MHLW



Source: Prepared by the Survey Team with reference to [50]

Figure 13-38  
Total budget related to child abuse prevention measures  
and social care for children

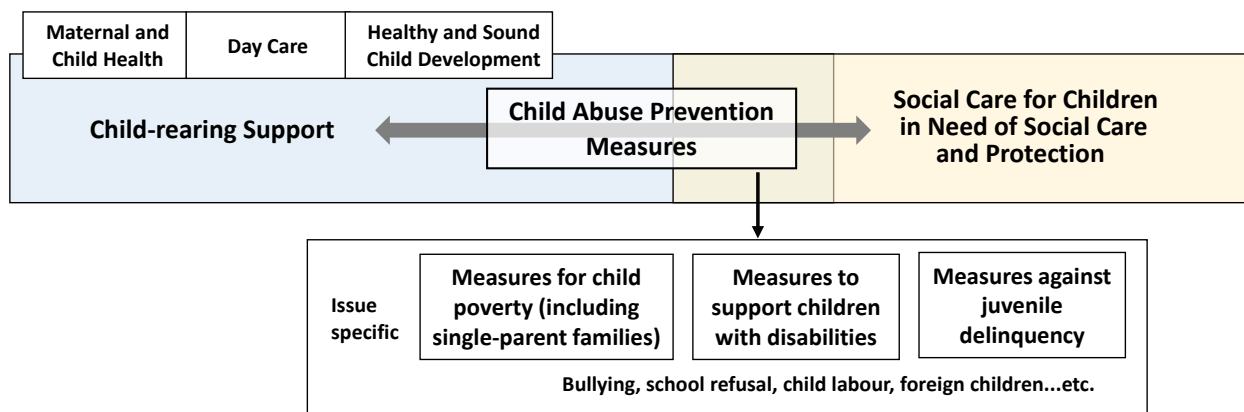
On the other hand, child and family benefit expense accounted for 5.1% of total social security benefits in FY2012, which is pointed out to be low compared to other European countries [43].

### 13.3.3 Measures

Figure 13-39 shows a policy framework for Child and Family Welfare in Japan. The measures can be broadly classified into (1) child-rearing support to prevent the occurrence of problems that interfere with children's welfare, and (2) social care through government intervention when parents/guardians are judged to be unable to fulfill their child-rearing obligations in the best interest of the child. In (1), all children and families are targeted, and in (2), intervention and support are provided to children and their families who

<sup>52</sup> In September 2020, the MHLW established the "Working group on the qualifications of persons providing support requiring specialized knowledge and skills in child and family welfare and other measures to improve their qualifications" and held 10 meetings. The results of the meetings were compiled into a report. ([https://www.mhlw.go.jp/stf/shingi/other-kodomo\\_554389\\_00011.html](https://www.mhlw.go.jp/stf/shingi/other-kodomo_554389_00011.html))

are recognized to be in need of social care and protection in (1). Child abuse prevention measures are developed as a link between child-rearing support and social care.



Source: Survey Team

Figure 13-39 Policy framework for Child and Family Welfare in Japan

It is important that (1) child-rearing support and (2) social care for children in need of care and protection are developed in a continuous manner. Specifically, even in cases where public intervention is deemed necessary due to the risk of abuse in the course of child-rearing support, parents should be supported (home-based guidance) so that their children can be nurtured healthily at home, instead of immediately shifting to alternative care. Furthermore, support should be provided to the families of children placed in Child Care Institutions to support them reunify their families, and thereafter, support to those families should be continued in the context of (1) child-rearing support.

It can be said that Japan is unique in that it integrates the prevention of violation of children's welfare with interventions to address them. As shown in Figure 13-39, comprehensive measures are taken by targeting all families, which are the foundation of children's lives and growth, rather than providing direct support only to children who need social care.

In the following, an overview of measures for "child-rearing support", "child abuse prevention", and "social care for children in need of care and protection" will be discussed, followed by issue-specific measures: measures against "child poverty" (including measures for single-parent families), measures to "support children with disabilities", and measures against "juvenile delinquency".

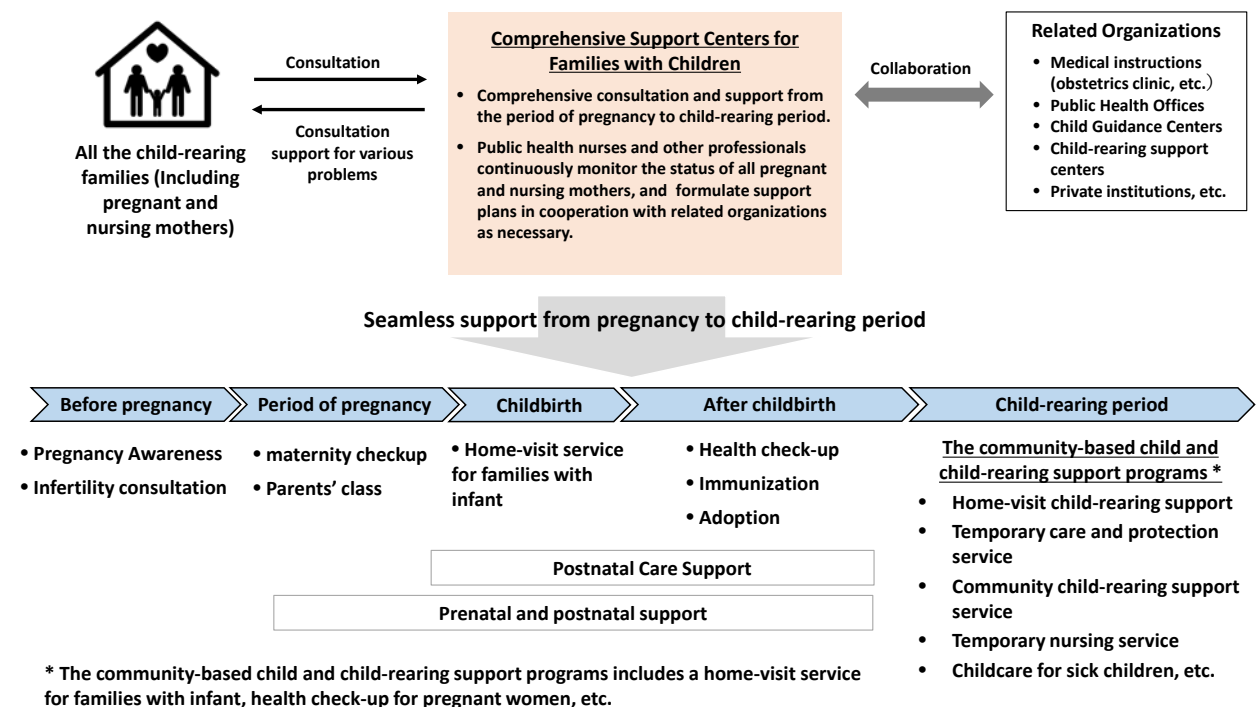
### (1) Child-rearing support

Currently, municipalities are working to develop a community-based mechanism to support families raising children in their communities<sup>53</sup>. Under the "Comprehensive support system for children and child-rearing", which started in FY2015, local governments have been implementing community-based child and child-rearing support programs. In addition, in 2016, the Maternal and Child Health Act was amended to make it mandatory for municipalities to make their best effort to establish "Comprehensive Support Centers for

<sup>53</sup> Sagami-hara City, where the interview was conducted, has started providing child-rearing consultation via LINE, accepting consultations from children under the age of 18 and their parents. Since there are few cases where children use the phone, the city has changed the consultation channel from phone to LINE. (<https://www.city.sagami-hara.kanagawa.jp/kurashi/sodan/1020475.html>)

Families with Children" in order to provide seamless support families from pregnancy to child-rearing period.

An overview of community-based child-rearing support measures summarizing the above is shown in Figure 13-40. Based on a populational approach, "Comprehensive Support Centers for Families with Children" target all child-rearing families (including expectant and nursing mothers), regardless of the presence of risks related to pregnancy, childbirth, and child rearing. The center serves as a one-stop consultation service for child-rearing families, providing all kinds of consultation on child rearing (including pregnancy and childbirth). The center will then coordinate necessary support and liaise with related organizations to provide seamless support to families raising children. Through these efforts, the center aims to reduce childcare anxiety and prevent abuse. In addition, the prevention and early identification of disabilities are also carried out through these efforts. In consultation and support, those who require specialized support are dealt with in cooperation with the public health nurse, the Child and Family Support Base described in the next section, and the Child Guidance Center [51].



Source: Prepared by the Survey Team with reference to [52]

Figure 13-40 Community-based child-rearing support measures in Japan

Table 13-28 outlines the main programs included in community-based child and child-rearing support programs specified in "child-rearing support" in Figure 13-40.

Table 13-28 Outlines of the community-based child and child-rearing support programs

|  |   |
|--|---|
| Consultation support                         | <ul style="list-style-type: none"> <li>• Provide consultation on the use of educational and childcare facilities and local childcare support services, give necessary advice, and liaise and coordinate with related organizations, etc.</li> </ul> |
| Community-based child-rearing support center | <ul style="list-style-type: none"> <li>• Promote interaction among child-rearing parents and provide child-rearing counseling to address the increasing sense of loneliness and burden among them.</li> </ul>                                       |

|   |   |
|---|---|
| Health check-up for pregnant woman  | <ul style="list-style-type: none"> <li>• Conduct health check-ups for pregnant women in order to maintain and improve their health.</li> </ul>  |
| Home-visit service for families with infants  | <ul style="list-style-type: none"> <li>• Visit all families with infants up to four months old to provide information on child-rearing support and to check on the environment.</li> </ul>  |
| Home-visit child-rearing support  | <ul style="list-style-type: none"> <li>• Visit families in particular need of child-rearing support and provide guidance and advice on child rearing.</li> </ul>  |
| Temporary care and protection service   | <ul style="list-style-type: none"> <li>• When a parent or guardian becomes unable to care for a child at home due to illness or other reasons, the child is temporarily placed in an institution for protection.</li> </ul>   |
| Community child-rearing support service (Family Support Centers)                          | <ul style="list-style-type: none"> <li>• Connects paid volunteers with families who seek for nursing care and other assistance.</li> </ul>  |
| Temporary nursing service   | <ul style="list-style-type: none"> <li>• In situations where it is difficult to care for children at home, children are temporarily taken care of at nursery schools, kindergartens, etc., mainly during the daytime, and necessary protection is provided.</li> </ul>  |
| Extended day care support   | <ul style="list-style-type: none"> <li>• Childcare for children certified for nursery school shall continue to be provided at nursery schools, etc. on days and during hours other than the regular service days and hours.</li> </ul>  |
| Childcare for sick children   | <ul style="list-style-type: none"> <li>• Nurses provide temporary childcare for sick children in dedicated spaces attached to hospitals and nurseries.</li> </ul>   |
| After-school children's clubs   | <ul style="list-style-type: none"> <li>• To provide children attending elementary school whose guardians are not at home during the daytime due to work, etc. with appropriate places to play and spend time in spare classrooms and children's halls of the elementary school after classes, etc., in order to promote their sound development.</li> </ul>           |
| Supplemental benefits to cover expenses   | <ul style="list-style-type: none"> <li>• Subsidies shall be provided for expenses required for the purchase of daily necessities, stationery, and other items necessary for education and childcare, or expenses required for participation in events, etc., in consideration of the guardians' household income.</li> </ul>  |
| Programs to encourage various providers to enter this field and to utilize their capacity | <ul style="list-style-type: none"> <li>• Outreach support and consultation for new service providers in the field.</li> <li>• Promote to hire additional staff to accept children with special needs who are not covered by private school subsidies (kindergarten special needs education expenses) or childcare program for children with special needs.</li> </ul> |

Source: Prepared by the Survey Team with reference to [52]

## **(2) Child abuse prevention**

### **1) Prevention**

As part of efforts to prevent child abuse, the government is working to strengthen consultation and support for pregnancy, childbirth, and child rearing, as described in (1) Child-rearing support, with the recognition that the increasing isolation and burden on expectant and nursing mothers and families can lead to child abuse as community ties become weaker.

In addition, as part of measures to prevent abuse, the Child Welfare Act was amended in 2016 to stipulate that municipalities must make efforts to establish "Child and Family Support Hub". The Hub provides continuous support for children and families who are considered to be in need of follow-up care by Comprehensive Support Centers for Families with Children. In principle, the same primary organization is in charge of the functions of both the Child and Family Support Hub and Comprehensive Support Centers for Families with Children [49].

At the national level, the Orange Ribbon Campaign and the Child Abuse Prevention Month (November) are being implemented to promote public awareness on child abuse prevention [49].

## 2) Early detection

In order to detect abuse at an early stage, a system is in place to identify and follow up on children and families of concern in terms of risk of abuse and violation of rights through outreach child-rearing support such as the home-visit service for families with infants and the home-visit child-rearing support programs. In addition, the Act on the Prevention, etc. of Child Abuse, which came into effect in 2000, defines child abuse and prohibits it, and stipulates that anyone who discovers a child who appears to have been abused should notify the municipality or Child Guidance Center, as notification of child abuse is an obligation imposed on all citizens. As a result, a nationwide child abuse hotline, "189" (free of charge), has been established, and a system has been put in place to allow anyone who suspects abuse to immediately notify and consult with the Child Guidance Center.

In the process of early detection, children in need of social care and protection, children in need of support, and specified pregnant women<sup>54</sup> (hereinafter collectively referred to as "children in need of social care and protection, etc.") are defined and referred to a necessary support. The "children in need of social care and protection, etc." are registered by the Regional Council for Children in Need of Social Protection, which will be explained in the next section.

Table 13-29 Definition of children in need of social care and protection, etc.

|  |  |
|--|--|
| Children in need of social care and protection | A child without a parent or a child for whom it is deemed inappropriate to have a parent take care of him/her. Specifically, children whose parents are dead, missing, or in custody; children who are abused by their parents; children whose parents have difficulty in raising their children due to economic circumstances, their work, illness, or medical treatment; and children who cannot receive the necessary care from their parents due to delinquent behavior or fear of delinquent behavior.  |
| Children in need of support                    | Children whose parents are recognized as being in particular need of support for their child-rearing. Specifically, families with strong anxiety and a sense of isolation regarding child-rearing due to problems such as child-rearing stress, postpartum depression, and child-rearing neurosis; families with inappropriate child-rearing conditions in terms of food, clothing, and living environment; children from families that are recognized as being in need of special support due to abuse or the risk of abuse; and children who have left Child Care Institutions or are no longer with foster parents. |
| Specified pregnant women                       | Pregnant women for whom it has long been recognized as necessary to provide support before childbirth for postpartum care. Specifically, young pregnant women; pregnant women who have not undergone maternal health check-ups; unwanted pregnancies.  |

Source: Prepared by the Survey Team with reference to [53]

## 3) Early response

Municipalities or the Child Guidance Centers that receive notifications from the abovementioned response dial or relevant organizations are supposed to conduct safety checks and investigations within 48 hours in principle, and consider and implement responses such as on-site investigations and temporary protection [43].

Furthermore, in order to provide support at the community level for children in need of care and protection, children in need of support, specified pregnant women, and juvenile delinquents at the regional level, the Regional Council for Children in Need of Social Protection (Regional Network for Protecting Children) was stipulated in the 2004 revision of the Child Welfare Act. This is a system to register these children in need of care and protection and provide continuous support in the community. The Council works as a

<sup>54</sup> They are stipulated in Article 25-2 of the Child Welfare Act.

forum for relevant organizations including education, health, social welfare, and judicial sectors to exchange information, discuss the details of support, and strengthen the network. Local governments are supposed to make efforts to establish such Councils, and as of FY2017, 99.7% of local governments (1,736 locations) had established the councils [47]. The Council generally has a three-tier structure consisting of representative meetings, working-level meetings, and case meetings. The Council in Obu City, Aichi Prefecture, for example, a working-level meeting is held about once a month, with the participation of organizations directly involved with children, such as boards of education, schools, and nurseries, and about 20 cases are discussed at each meeting<sup>55</sup>.

The MHLW issued a guide (revised in 2007) on child abuse response in the areas 1) to 3) above [54]. In addition, the MEXT issued a "Guide to child abuse response for schools and boards of education" (revised edition, 2020), which indicates the importance of educational institutions in the early detection of abuse, and outlines specific response methods, including collaboration with other institutions [55].

#### **4) Issues in child abuse prevention measures (based on the interviews)**

- Responding to child abuse consists of three pillars: (1) the child must be able to give an SOS, (2) people close to the child must be able to recognize the SOS, and (3) these people must work together to deal with the situation. In Japan, the system of "notification" has been enhanced, however, the efforts to address (1) above are insufficient. It is desirable that the child concerned will give an SOS, or that the people concerned close to them, such as health centers and educational institutions, will come directly to the Child Guidance Center or the municipality for consultation instead of using the child abuse hotline dial "189". As a result of the non/weak -response to SOS, people may think that public institutions are unreliable or untrustworthy. It is important to build trust in public services and in people<sup>56</sup>.
- One of the challenges of multi-sectoral cooperation in the Regional Council for Children in Need of Social Protection is the sharing of personal information. The Act on the Prevention, etc. of Child Abuse stipulates that, in addition to local governments, organizations and personnel related to medical care, social welfare or education of children may provide materials and information related to the prevention of child abuse when requested by the director of a Child Guidance Center. On the other hand, in practice, it is difficult to share information with other organizations because of the possibility of destroying the relationship of trust with parents<sup>57</sup>.

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<sup>55</sup> According to an interview with Dr. Yamazaki, Deputy Director, Aichi Children's Health and Medical Center (January 29, 2021).

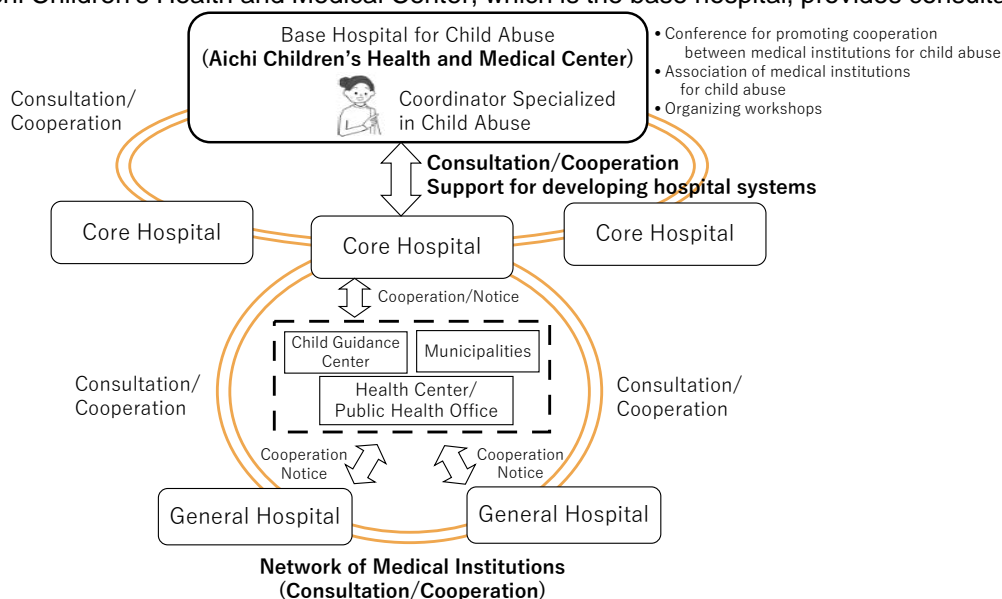
<sup>56</sup> According to an interview with Mr. Miyajima, Professor of Professional Graduate School, Japan College of Social Work (February 3, 2021).

<sup>57</sup> According to an interview with Dr. Yamazaki, Deputy Director, Aichi Children's Health and Medical Center (January 29, 2021).

### Efforts of the Child Abuse Prevention Medical Network Project in Aichi Prefecture<sup>58</sup>

Aichi Prefecture was one of the first in Japan to launch a medical network for child abuse response in FY2013. By establishing the network in which hospitals in the prefecture can systematically respond to child abuse, it is promoted for preventing the occurrence of child abuse, early detection, and response. Most of the hospitals in Aichi Prefecture that treat children are members of the network, and they exchange information and discuss cases about three times a year to deepen cooperation.

The Aichi Children's Health and Medical Center, which is the base hospital, provides consultation and



accepts abused children (including suspected abused children) who are difficult to handle at core hospitals. In addition, the Center handles for cases to provide temporary protection whenever possible that are difficult for core hospitals to deal with.

The project has prepared the following manuals and is working to disseminate and raise awareness among relevant parties.

- Manual for responding to child abuse in medical institutions (hospital version)
- Manual for responding to child abuse in medical institutions (clinic version)  
-To provide support for parents and children starting from the clinic-
- Manual for responding to child abuse in medical institutions (clinic version) (popular edition)

#### Child abuse response in hospitals

The above mentioned "Manual for responding to child abuse in medical institutions (hospital version)" details the symptoms and behaviors of suspected physical, neglect, or sexual abuse of a child, as well as specific in-hospital responses to such cases. With regard to child abuse, it is important to address the issue not only with the responding physician but also with the entire hospital. Especially in hospitals with multiple departments, it is effective to set up an organization such as an abuse response committee.

If abuse is suspected based on the child's or guardian's condition at the time of medical examination, a case meeting will be held with the attending physician, nurse in charge, and doctors from other

<sup>58</sup> Ibid.



related departments to discuss the response policy. In such cases, contact relevant local organizations, such as the public health office of the municipality or the Regional Council for Children in Need of Social Protection, and collect information that is already known. After deciding on a response policy, notify the Child Guidance Center and contact the relevant authorities. If there is an emergency, the police will be notified.

Depending on the urgency and severity of the child's condition, strongly recommend hospitalization of the child to the parents as temporary protection after consultation with the Child Guidance Center. The medical record is important as evidence in case of suspicion of abuse, so it should include a record of guardian's words, and traumatic injuries and thermal should be described in detail and photographed with a ruler, etc. (photographs should not be taken in front of the guardian).

A series of response measures, including the above, can be organized into a manual to enable a systematic response to child abuse.

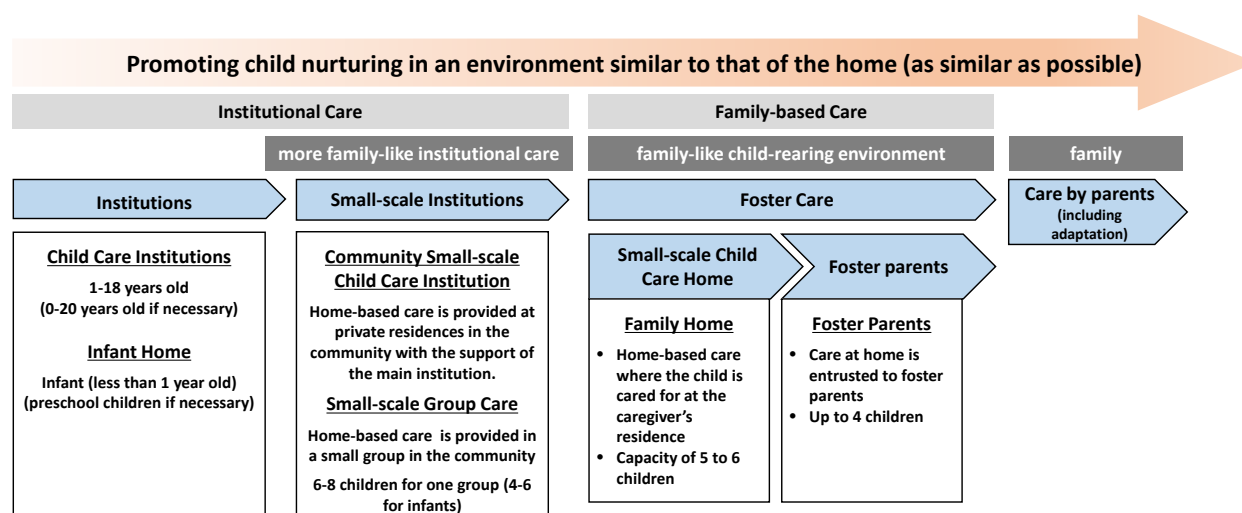
### **(3) Social care for children in need of social care and protection**

Measures for children in need of social care and protection provide social care and protection under public responsibility for children without parental care due to parents' death or illness, or who are not properly cared for by their guardians due to refusal of care, abuse, etc. (children in need of social care and protection, etc.), as well as providing support to families who face great difficulties in raising their children. The philosophy behind the policy is "for the best interest of the child" and "society as a whole to nurture the child" [56].

Figure 13-41 shows the policy framework of the social care for children in need of care and protection in Japan. It can be broadly classified into two categories: institutional care and family-based care such as foster care. Out of the approximately 45,000 children in need of social care and protection, about 90% are placed in institutions. In response to this situation, the Child Welfare Act was amended in 2016 to clearly state that the national and local governments are responsible for "promoting child nurturing in an environment similar to that of the home". As a result, measures are being developed to create a "more family-like institutional care" through the use of smaller facilities or unit care<sup>59</sup> at the Child Care Institutions, and to strengthen the development of a "family-like child-rearing environment (family-based care)" through family homes and foster parents [8].

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<sup>59</sup> This is to set up a place where a small group of about six children live together in a Child Care Institution, and to reduce the size of the group of child care.



**Response to the amendment of the Child Welfare Act (2016)**

1. First, support is provided for parents so that children can be nurtured healthily at home.
2. In cases where family-based care is not appropriate, necessary measures shall be taken to ensure that the child is continuously cared for in a "family-like child-rearing environment".
3. In cases where the measures described in "2" above are not appropriate, necessary measures shall be taken to ensure that the child is cared for in "more family-like institutional care."

\* In particular, it is clarified in the notification that the measures in "2" shall be taken in principle for preschool children.

Source: Prepared by the Survey Team with reference to [38]

Figure 13-41 Policy framework of the social care for children in need of care and protection

In addition to the infrastructures for family-based care shown in Figure 13-41, other institutions included in the social care system are "Psychological Treatment Facility for Children", "Children's Self-reliance Support Facility", "Life Support Facility for Mothers and Children", and "Home for Independence". A summary of these facilities is shown in Table 13-30.

Table 13-30 Summary of social care facilities and infrastructures for family-based care

| Facilities                                    | Target  | No. of facilities (as of 2018) | Staff   |
|---|---|--------------------------------|---|
| <b>Social care facilities</b>                 |   |                                |   |
| Infant Homes                                  | Infant (including toddler, if specially needed)   | 140                            | Doctors, nurses, nutritionists, childcare workers, child guidance counselors, family support specialists, psychotherapists                          |
| Child Care Institution                        | Children without guardians, abused children, and other children in need of social care and protection (including infants, if specifically needed) | 605                            | Child guidance counselors, childcare workers, vocational guidance counselors, nutritionists, doctors, psychotherapists, family support specialists. |
| Community Small-scale Child Care Institution  |   | 423                            |   |
| Small-scale Group Care                        |   | 1,790                          |   |
| Psychological Treatment Facility for Children | Children who have difficulty in adapting to social life due to their family environment, friendships at school, or other environmental reasons    | 50                             | Doctors, psychotherapists, nurses, child guidance counselors, childcare workers, family support counselors  |
| Children's Self-reliance Support Facility     | Children who have committed or are at risk of committing delinquent acts and children who require daily life guidance                             | 58                             | child independence support specialists, child life assistant staff, vocational guidance staff,  |

| Facilities                                     | Target   | No. of facilities<br>(as of 2018) | Staff  |
|--|--|-----------------------------------|--|
|  | due to their family environment or other environmental reasons   |                                   | psychiatrists, family support counselors, psychotherapists   |
| Life Support Facility for Mothers and Children | Women without a spouse or in similar circumstances, and children under their care                            | 226                               | Mother and child support workers, psychotherapists, juvenile guidance counselors, childcare workers, doctors |
| Home for Independence                          | Children who have completed compulsory education and have left a Child Care Institutions, etc.               | 176                               | Guidance counselors  |
| <b>Family-based care</b>                       |  |                                   |  |
| Family Home                                    | Family-based care where children are cared for at the caregiver's residence, with a capacity of 5-6 children | 372                               |  |
| Foster Care                                    | No. of registered foster parents   | 12,315                            | (Of these, 4,238 are foster families who wish to adopt children)   |
|  | No. of foster parents entrusted  | 4,379                             | (Of these, 317 are foster families who wish to adopt children)   |

Source : Prepared by the Survey Team with reference to [38]

Although the national government has been promoting child nurturing in an environment as similar as possible to that of the home, the interviews confirmed the difficulties in implementing this policy at the field level<sup>60</sup>. First of all, many social welfare service corporations do not have the financial resources to build new housing on their own in order to promote smaller facilities and regional decentralization. When it comes to finding an appropriate property in the area, there are only a few large properties with a lot of room layouts where children and staff can live, and even when there are properties available, there are cases where local residents do not accept these children to live as a member of the community. In addition, in Community Small-scale Child Care Institution, mid-level employees are required to make necessary decisions and judgments on a day-to-day basis. However, in the current situation of Child Care Institutions with high turnover rates, mid-level employees are not widely available, and appropriate staffing is difficult to achieve. Furthermore, as the number of children with self-injury and other harmful behaviors who are difficult to care for increases, it is not easy to raise these children in the Community Small-scale Child Care Institution that do not have adequate staffing. In some cases, it is more appropriate for children to be cared at the main facility where multiple staff members can be assigned.

In addition, the importance of strengthening the infrastructure of Child Care Institutions and improving support by the government was also mentioned in the interviews<sup>61</sup>. In Saitama Prefecture, the staff turnover rate is high and is worsening. The average years of experience for staff involved in childcare is 5 years and 10 months, and more than half of the staff who directly work with children leave after less than 3 years. In order for children in need of social care and protection to regain trust with adults for their sound

<sup>60</sup> According to an interview with Mr. Takase, the director of Children's Home Sanai (February 9, 2021).

<sup>61</sup> Similar opinions were expressed at the interviews with Mr. Takase, the director of Children's Home Sanai (February 9, 2021) and with Mr. Watanabe and Mr. Tabata, Sagamihara Child Guidance Center (February 3, 2021).

development, and in order for the facilities to become smaller and more multifunctional, they need to have adequate staffing. However, the opinion was expressed that the national policy does not focus sufficiently on this point. Children's Home Sanai is taking measures to reduce the turnover rate, such as striving to increase the rate of staff taking paid leave.

**Efforts and challenges in Child Care Institution (from the interview<sup>62</sup>)**

Among children who enter Child Care Institutions, more and more children are difficult to care for due to their background such as the environment in which they were raised and their disabilities. Children's Home Sanai has an annual contract with a clinical psychologist who has many years of experience in working with children with developmental disabilities in particular, and conducts regular training sessions on parental training. In addition to the staff, local foster parents, elementary school teachers, and after-school day care staff are also invited to participate in the training. Through these efforts, the Sanai is working to help children with various difficulties to grow up healthily.

On the other hand, since Child Care Institutions are legally required to protect children and support their daily lives, and are not treatment facilities staffed with specialists, there are limits to deal with the increase of children who are difficult under care. In particular, children who frequently self-injure or harm others require treatment, which is often difficult to provide in the institutions. The verbal abuse and violence from the children sometimes lead to the staff having to visit a psychotherapist. In some cases, in order to ensure stable operation of the institutions, they have no choice but to request that the children be transferred to Psychological Treatment Facility for Children, etc. They are forced to make tough choices while feeling compassion for the children and the responsibility of not being able to care for them until the end.

**A boy with developmental disabilities in my institution (from the interview<sup>63</sup>)**

At the time we met, he was in the fifth grade and had various behavioral problems (especially ADHD - Attention Deficit/Hyperactivity Disorder, etc.) and was on outpatient medication. In lower secondary school, he joined the rugby club, but he often lost his temper, lashed out, and hurt himself because of his relationships with his seniors and whether or not he made the regular team. After entering upper secondary school and joining the basketball team, he fell in love with basketball and became more dedicated to practice and teamwork. He dreamed of going to the NBA, joining the Japanese professional league, or joining an industrial company. Eventually, he understood his environment, joined a moving company, and enjoys playing basketball in the community on his days off. He has grown a lot through club activities, and his impulsive behavior (e.g., sudden anger), which is one of the characteristics of ADHD, is hardly seen anymore. He also became able to think and act from the other person's point of view.

This case taught me that children have great potential, that they can overcome difficulties caused by their disabilities through their development, and that we cannot neglect their development because of their disabilities.

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<sup>62</sup> Ibid.

<sup>63</sup> Ibid.

#### **(4) Issue specific measures**

##### **1) Measures of child poverty (single-parent families)**

Based on the General Principles Concerning Measures against Poverty among Children mentioned above, various measures are being made to support education, to contribute to the stability of life, to support the employment of parents, and to provide financial support. Table 13-31 shows a summary of the measures.

**Table 13-31 Measures for poverty among children**

|                                   |   |
|-----------------------------------|---|
| Educational support               | <ul style="list-style-type: none"> <li>• Promotion of free early childhood education (nursing schools and kindergarten) and improvement of their quality</li> <li>• Establishing a school guidance and management system as a platform for addressing child poverty that is open to the community (assignment of school social workers, etc.)</li> <li>• Support for students to continue their studies at upper secondary schools and other institutions</li> <li>• Provision of educational opportunities (scholarships, etc.) for students who wish to go on to university, etc.</li> <li>• Support for children who require special consideration (support for children in Child Care Institutions, foreign students, etc.)</li> <li>• Study support (promotion of activities of local citizen groups, support for households in need, etc.)</li> </ul> |
| Support for stable life           | <ul style="list-style-type: none"> <li>• Support for parents during pregnancy and childbirth and for children during infancy</li> <li>• Life support for parents (support for preparing for work, reducing the burden of childcare for parents, etc.)</li> <li>• Life support for children (support for learning, counseling on career choices, etc.)</li> <li>• Employment support for children (support for upper secondary school dropouts and children in Child Care Institutions, etc.)</li> <li>• Support for children who have left Child Care Institutions, etc.</li> </ul>   |
| Support for employment of parents | <ul style="list-style-type: none"> <li>• Support for stability and improvement of professional life</li> <li>• Employment support for single parents</li> <li>• Employment support for impoverished households, including two-parent households</li> </ul>  |
| Financial support                 | <ul style="list-style-type: none"> <li>• Steady implementation of the child allowance and child support allowance systems</li> <li>• Reduce the burden of education costs (school attendance assistance<sup>64</sup>, scholarship for upper secondary school students, implementation of a new system to support upper secondary education, etc.)</li> </ul>  |

Source: Prepared by the Survey Team with reference to [57]

In addition to the above, the Cabinet Office also launched the "National Movement to Support Children's Future" in 2015 to tackle child poverty as a whole society. Specifically, the project provides subsidies to NPOs and other organizations that support children at the grassroots by collecting donations from companies and individuals (Future Support Fund), matching companies with NPOs and other organizations, and awareness-raising activities for the public.

##### **2) Measures to support children with disabilities**

Measures to support children with disabilities have evolved in tandem with welfare measures for adults with disabilities, and have been greatly influenced by the International Year of Disabled Persons in 1981 and the Convention on the Rights of Persons with Disabilities, which was ratified in 2014 in Japan. In the past, measures to support children with disabilities were implemented under the Act for Supporting the

<sup>64</sup> School attendance assistance is stipulated in Article 19 of the School Education Law. Eligible persons are those who require public assistance as defined by the Public Assistance Act (approximately 110,000 in FY2018), and those who require quasi-protection (approximately 1.26 million in FY2018), who are recognized by municipal boards of education as being in need to an extent equivalent to those requiring public assistance [79].

Independence of Persons with Disabilities<sup>65</sup> and the Child Welfare Act, but since 2012, the Child Welfare Act has been unified as the basis for these measures. This had the intention to create a system of policies that will enable children with disabilities to get the necessary support in their local communities under the concept of social inclusion.

Table 13-32 shows a summary of services for children with disabilities. There are two types of support: day care services and residential services, with the former under the jurisdiction of municipalities and the latter under the jurisdiction of prefectures. Guardians who wish to use day care services for their children apply to the municipality for its use, etc., and receive a decision on the service use after preparing a service utilization plan. As for residential support, they apply to the Child Guidance Center.

**Table 13-32 Services for children with disabilities**

| <b>Day care services (Municipalities)</b>   | <b>Residential services (Prefectures)</b>   |
|---|---|
| <ul style="list-style-type: none"> <li>• Child Development Support (welfare type):<br/>Support for development for preschool children with disabilities.</li> <li>• Child Development Support (medical type):<br/>Support for development for preschool children with functional disabilities.</li> <li>• Afterschool day services:<br/>Provides training for school-age children with disabilities to improve their life skills after school and during long vacations.</li> <li>• Outreach support for nursery schools, etc.:<br/>Provides support for children with disabilities attending nursery schools, kindergartens, and schools to help them adjust to group life.</li> </ul> | <ul style="list-style-type: none"> <li>• Residential facilities (welfare type)</li> <li>• Residential facilities (medical type)</li> </ul> <p>A facility that admits children with disabilities and provides them with protection, guidance in daily life, and the knowledge and skills necessary for self-care and independence.</p> |

Source: Prepared by the Survey Team with reference to [58]

There are two types of facilities that provide child development support: Child Development Support Centers and Child Development Support Offices. As for Child Development Support Centers, it is generally required to set up at least one center for every 100,000 people, and there are 571 welfare type centers and 100 medical type centers nationwide. Child Development Support Offices have been established as places to receive developmental support in familiar locations in the community. Private and NPOs have entered the market, and the number of the offices is increasing every year. As of 2018, there are 6,756 offices in operation nationwide [59].

### **3) Measures against juvenile delinquency**

With regard to juvenile delinquents, the Juvenile Act indicates that the "remediation of character" and "environmental adjustment" of juveniles are more important than punishment. The Cabinet Office, the National Police Agency, the Ministry of Justice, the MEXT, the MHLW, and other ministries and agencies work together to implement measures related to juvenile delinquency, including delinquency prevention, guidance activities, institutional treatment, and rehabilitation, as shown in Table 13-33. As a specialized organization for juvenile issues, the National Police Agency has established 196 juvenile support centers throughout Japan, with a total of 920 juvenile guidance staff. Juvenile detention officers help juvenile

<sup>65</sup> Now the act renamed to "The Act for the Comprehensive Support of Persons with Disabilities".

delinquents get back on their feet and provide support to juvenile victims [15]. There are also legal instructors who provide remedial education and care at Juvenile Training Schools and Juvenile Classification Home, and probation officers who are in charge of the social treatment of juvenile delinquents and prevention of delinquency. Volunteer probation officers, who are civilian volunteers commissioned by the Minister of Justice, work together with probation officers to conduct probation, adjust living environments, and conduct crime prevention activities in the community. As of January 2020, there are approximately 47,000 volunteer protection officers working nationwide [15].

**Table 13-33 Summary of measures against juvenile delinquency**

|                         |  |
|-------------------------|--|
| Delinquency prevention  | <ul style="list-style-type: none"> <li>• Retired police officers, etc. are allocated as school supporters at police stations and other locations. They are dispatched to schools upon request, responding to children's problematic behaviors in schools and providing consultation activities.</li> <li>• Conducting delinquency prevention classes in schools on delinquency issues and drugs.</li> <li>• Providing consultation activities at Juvenile Support Centers located in municipalities.</li> </ul>  |
| Guidance activities     | <ul style="list-style-type: none"> <li>• Centered on the Juvenile Support Centers set up throughout Japan, the program conducts activities to find and protect runaway children and other juveniles, as well as to provide guidance to juveniles with delinquent behavior such as wandering late at night.</li> </ul>  |
| Institutional treatment | <ul style="list-style-type: none"> <li>• Juvenile Training Schools and juvenile prisons: those who have been sent to a Juvenile Training School by the family court for protective measures, and those who will be sentenced to a prison term before reaching the age of 16, to provide remedial education and sound growth.</li> <li>• Children's Self-reliance Support Facility: Provides children who have committed or are at risk of committing delinquent acts with life guidance, study guidance, vocational guidance, and adjustment of the home environment with the goal of achieving independence.</li> </ul> |
| Rehabilitation          | <ul style="list-style-type: none"> <li>• To support the recovery of criminals and delinquents (juveniles) by guiding them for a certain period of time as a probationary disposition so that they can become welfare members of society. Probation officers and local volunteer probation officers are responsible for guidance and supervision.</li> </ul>  |

Source: Prepared by the Survey Team with reference to [15]

For juvenile of illegal behavior and pre-delinquent juvenile, priority is given to measures under the Child Welfare Act, and the Child Guidance Center will receive notification and referral, provide consultation to the juvenile, and offer psychotherapy, counseling, and intensive life guidance through temporary protection. After assessment and judgment by the Child Guidance Center, the child is either instructed at home, placed in a welfare facility including a Children's Self-reliance Support Facility, or sent to the family court. For juvenile penal code offender, the case is sent through the police and other authorities, and is received by the prosecutor's office.

Children's Self-reliance Support Facilities<sup>66</sup> provide a series of support services, from daily life guidance to adjustment of the home environment, with the aim of achieving independence for children placed in these facilities. Specialists such as commissioned doctors, child independence support specialists, and psychotherapists are assigned [43]. According to the amendment of the Child Welfare Act in 1997, the director of the facility is obliged to enroll children in school, and it is stipulated that school education (public education) should be provided in the facility. In the form of a branch school or a branch classroom of a regular school, elementary and lower secondary schools are attached to the facility to ensure the education

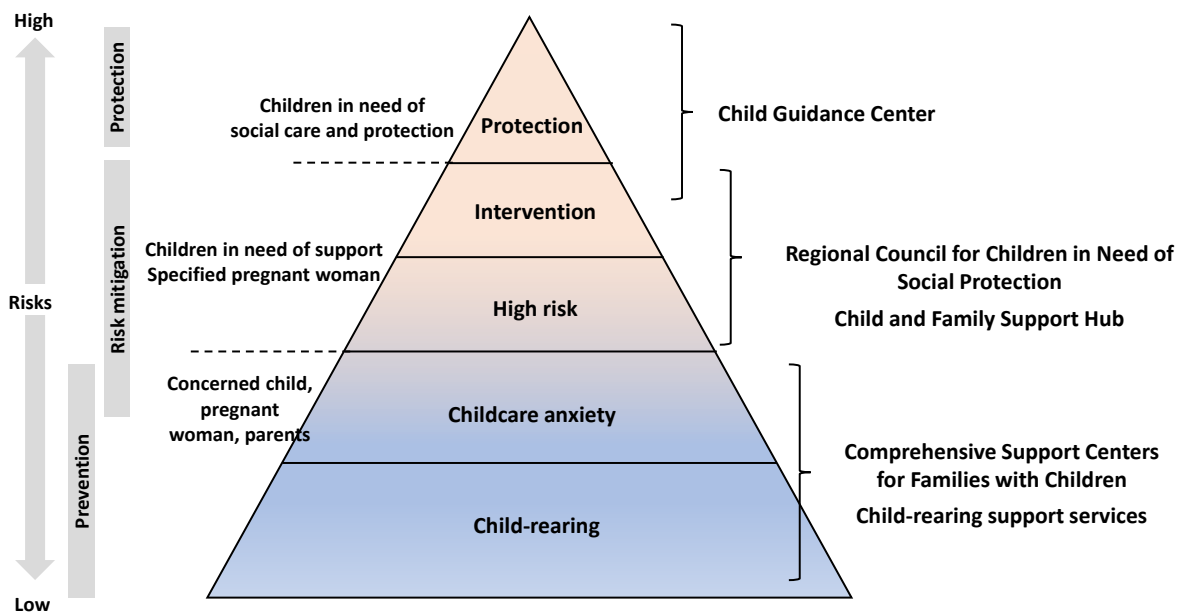
<sup>66</sup> The MHLW published a handbook on the operation of Children's Self-reliance Support Facilities in 2014, which outlines the history, system, philosophy, and specific support methods for the facilities. Reference: [https://www.mhlw.go.jp/seisakunitsuite/bunya/kodomo/kodomo\\_kosodate/syakaiteki\\_yougo/dl/yougo\\_book\\_5\\_1.pdf](https://www.mhlw.go.jp/seisakunitsuite/bunya/kodomo/kodomo_kosodate/syakaiteki_yougo/dl/yougo_book_5_1.pdf)

of the children admitted. As a result, an increasing number of children are choosing to go on to higher education rather than finding a job after graduating from lower secondary school, and a dormitory for elderly children has been established for children who have graduated from lower secondary school [60].

In Juvenile Training Schools, remedial education consisting of life guidance, vocational guidance, academic guidance, physical education guidance, and special activity guidance is provided with the aim of preventing from reoffending and reintegration into society. For those who have not yet completed compulsory education, instruction is provided in content similar to that of school education, and for those who are recognized as needing to improve their academic skills in order to return to society, academic instruction is provided. Furthermore, support is provided to help the children in the facility continue their studies by collaborating with the schools they attended and giving them opportunities to take entrance examinations at the schools they plan to attend [61].

### 13.3.4 Social service delivery and intervention

The scope of the main agencies responsible for Child and Family Welfare is shown in Figure 13-42. Starting with child-rearing support for all children and families, agencies in charge are assigned according to the degree of risk the child is facing. This system integrates a series of efforts from prevention of child rights violations, risk reduction, and child protection.



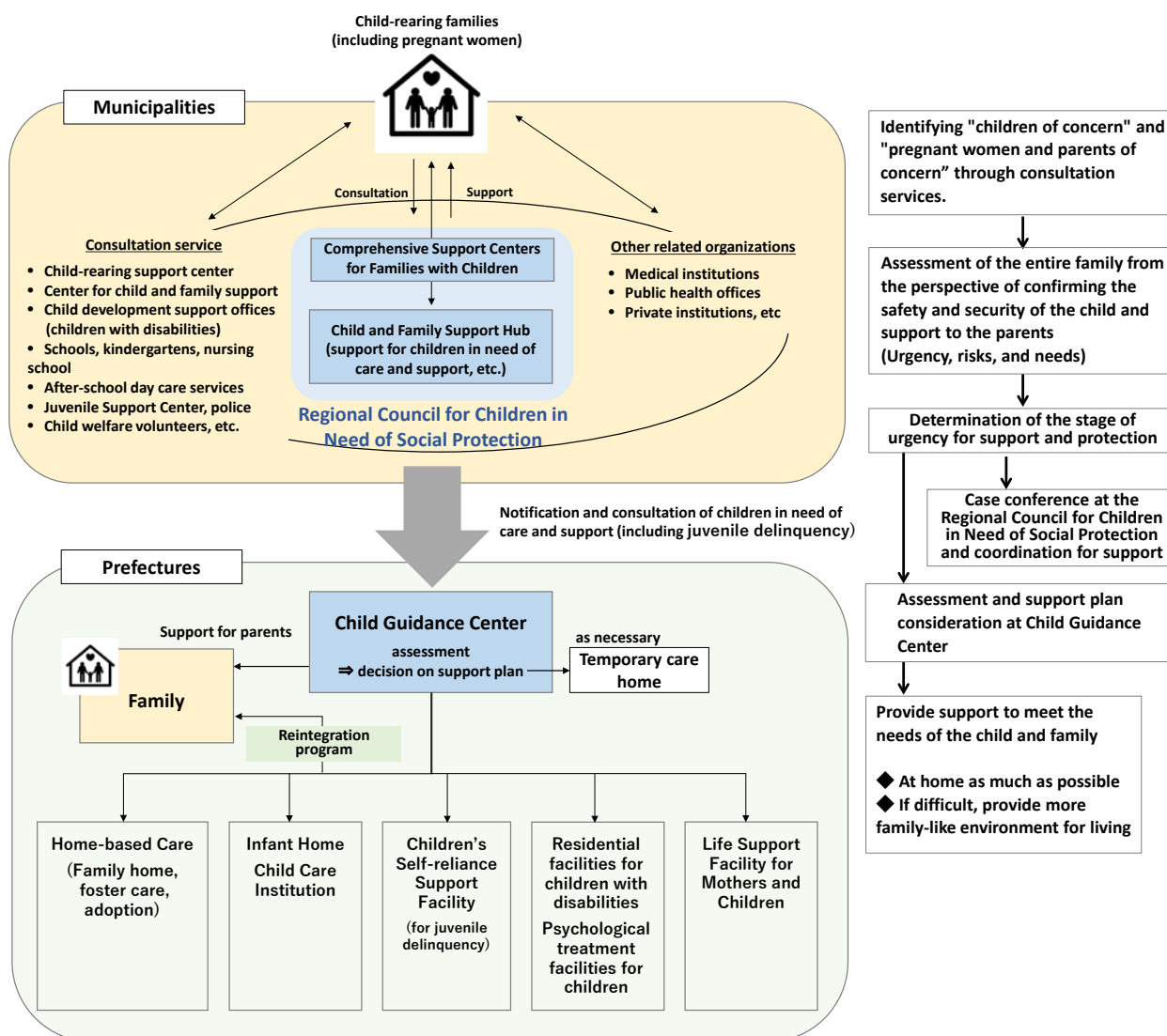
Source: Prepared by the Survey Team with reference to [62]

Figure 13-42 The scope of the main agencies responsible for Child and Family Welfare



Figure 13-43 (next page) below depicts the general flow of intervention and social service delivery for children in need of care and protection. The system is designed to identify "children of concern" and "pregnant women/guardians of concern" through child-rearing support in the municipalities closest to the children and child-rearing families, and to provide continuous follow-up or support for the children and guardians concerned in cooperation with relevant organizations. More specifically, this system provides continuous and comprehensive support for all child-rearing families (including pregnant women) from prenatal and postnatal periods to the child-rearing period through the Comprehensive Support Centers for Families with Children. Through this process or through active involvement with child-rearing families at various consultation services, if it is considered that specialized support is needed for a child or family of concern, the Child And Family Support Hub or the Regional Council for Children in Need of Social Protection will follow up and provide support as a child in need of support or a specified pregnant woman. In order to provide appropriate and continuous support (including follow-up) to children in need of support and pregnant women, it is important for related organizations to cooperate with each other, and the Regional Council for Children in Need of Social Protection plays a key role in the cooperation.

For cases that are considered to be difficult to deal with at the municipal level, the Child Guidance Center under the jurisdiction of the prefecture is notified and consulted. A professional assessment is conducted at the Center and support plan is determined, then intervention and support are provided based on the plan. For 95% of the abuse consultations received by the Child Guidance Centers, support is provided for the continued care at their homes. If necessary, the child is placed in a temporary care home or placed in a social foster home (for children requiring protection). Child Care Institution and family foster care work to return the child to his/her family, and support is provided not only to the child but also to the family. In addition, support is provided with a view to the child's independence.



Source: Prepared by the Survey Team with reference to [41]

Figure 13-43 General flow of intervention and social service delivery for children in need of care and protection

According to the interview in this Survey<sup>67</sup>, in temporary protection, Child Welfare Officers and child psychologists interview the child, listen to the child's feelings and thoughts, conduct psychological evaluation (diagnosis) through psychological tests if necessary, and investigate the background of the abuse and the family situation by collecting information from the parents and relevant organizations. Then, provide support for families for the child to be reintegrated with his/her family. After the improvement of the family environment is confirmed and the temporary protection is lifted, cases that require support such as watching over the child in the community are often referred to the municipality. In the case of Sagami-hara City Child Guidance Center, when reintegrating a child from institutional measures or temporary protection into the family, depending on the case, the "Specialized Support Team (3 child psychologists and 1 Child Welfare Officer)" objectively assess the parents and child and create a program for family reunification.

<sup>67</sup> According to an interview with Mr. Watanabe and Mr. Tabata, Sagami-hara Child Guidance Center (February 3, 2021).

They also collaborate with outside medical institutions to evaluate the family from a medical perspective. Also, in order to return the child to his/her family, it is important to know how to build a support system in the community, how to foster a common understanding among those who provide support, and how to share the responsibility of looking after the child in the community. In order to achieve this, it is necessary to share the complex factors behind the abuse with relevant people in the community through case conferences.

Child Care Institutions are under the jurisdiction of the prefectural government, but they exist within the communities where local residents live. Children's Home Sanai plays a role as a resource in the community by contracting with neighboring municipalities to provide temporary care for children from families in need of welfare support, and also by inviting neighboring related facilities to participate in the in-house training. In addition, as a member of the Regional Council for Measures for Children in Need of Protection, the Sanai share information on children who have been placed in temporary custody and follow up with them after they leave. In addition, as a member of Regional Council for Children in Need of Social Protection, they share information on children who have been placed in temporary care and follow up with them after they leave the Center<sup>68</sup>.

**Efforts by "Child-rearing Support Center" in Sagamihara City<sup>69</sup>**

Sagamihara City, an ordinance-designated city with a population of 720,000, is divided into three wards, each of which has a Child-Raising Support Center. The centers function as both a Comprehensive Support Centers for Families with Children and a Child and Family Support Hub, and provide a one-stop consultation service for child-rearing, from issuing the Maternal and Child Health Handbook to applying for nursery schools, child-rearing consultation, and domestic violence consultation.

The issuance of the Maternal and Child Health Handbook used to be handled at the administrative counter, but now it is handled by public health nurses at the Center. The public health nurses are able to talk directly with the mothers during the pregnancy period, and are able to notice any concerns at an early stage. On the other hand, it is not easy to assess all the issues in a single interview, and many families of children who need protection do not go to such counseling services in the first place, or have little connection with the government due to repeated moves, making it difficult for the staff of the Center to detect risks.

In Sagamihara City, the Child and Family Support Team (which acts as a Child and Family Support Hub) at the Center, which serves as a consultation counter for child abuse in the city, is a multidisciplinary team that includes social workers, supervisors of boards of education, public health nurses, and nursery school teachers (in other cities, caseworkers are generally assigned to this team). Behind this unique effort of Sagamihara City, there is a suicide case of an abused child that occurred in 2016. Reflecting on the fact that one of the factors in the case may have been the lack of cooperation between the Child Guidance Center and the school, the way of cooperation between the welfare and education sectors was reviewed, which led to the assignment of staff to enable multidisciplinary cooperation in the team.

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<sup>68</sup> According to an interview with Mr. Takase, the director of Children's Home Sanai (February 9, 2021).

<sup>69</sup> According to an interview with Mr. Watanabe and Mr. Tabata, Sagamihara Child Guidance Center (February 3, 2021).

### **13.3.5 Evaluation and reporting**

#### **(1) Reporting**

Statistical data collected by the MHLW is listed on its website<sup>70</sup>. Major statistical data on Child and Family Welfare are as follows (not including general child-rearing, maternal and child health measures, and childcare measures shown below). The MEXT has jurisdiction over statistical data on education related to bullying, while the National Police Agency on delinquency.

- Survey result on child welfare institutions, etc. (every year, precision survey once every three years)
- Survey result on children in Child Care Institutions (every five years)
- Results of verifying cases of deaths due to child abuse, etc. (every year)
- Number of consultations on child abuse (every year)
- The implementation status of child and family counseling services in municipalities (every year)
- National Survey of Single-parent Households (every five years)

#### **(2) Evaluation**

There are two main types of evaluation methods for social care facilities for children: administrative guidance audits and third-party evaluations.

Administrative guidance audits evaluate whether the minimum standards stipulated by laws and regulations are met. Guidance and audits of Child Guidance Centers and social care facilities for children listed in Table 13-30 are conducted by prefectures and designated cities, which are the establishers of such facilities. In principle, general guidance audits are carried out once a year on site, and special guidance audits are carried out as necessary, in the event that the general guidance audits do not show improvement in the matters instructed, or in the event that there are serious problems with the operation [63]. According to the report on the implementation of administrative guidance audit in 2017, the implementation rate of Child Guidance Centers was 39.4%, that of Child Care Institutions was 92.2%, and that of Infant Homes was 95.6%, and there are also disparities in implementation among local governments [64].

Third-party evaluations are conducted for the purpose of improving the current welfare services. Social care facilities for children are required to undergo third-party evaluations and self-evaluations, and to publish the results. It is stipulated that self-evaluation should be conducted every year and third-party evaluation should be conducted at least once every three years [65]. Common evaluation standards for third-party evaluations have been established for each type of facility, and include items such as basic policies for childcare and support, operational management (leadership, securing and developing welfare personnel, and staffing), and implementation of appropriate childcare and support [66].

In addition to the above, in Saitama Prefecture, 22 Child Care Institutions meet once a month to share information. At the meeting, they report and share actual problems that have occurred, such as "a staff member was hit by a child and hit him back", or "a sexual problem between children was discovered", and support each other to prevent the same incident from happening in other institutions. This is to raise awareness among the institutions to ensure child rights and advocacy by sharing not only good practices but also accidents and issues<sup>71</sup>.

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<sup>70</sup> Statistics of List of Health, Labour and Welfare Statistics. Reference: <https://www.mhlw.go.jp/toukei/itiran/index.html#anc-03>

<sup>71</sup> According to an interview with Mr. Takase, the director of Children's Home Sanai (February 9, 2021).

### **(3) Information on children in need of care and protection**

Information on children in need of care and protection is collected and managed by Child Guidance Centers in each prefecture. The contents of the information and management system differ between prefectures and designated cities. In Tokyo, for example, in addition to the personal information and life history of the child, the contents of consultations, the situation of the child and guardian, assessment results, assistance guidelines, and records of the progress of guidance are included [67].

With regard to information on children in need of care and protection, accurate and prompt sharing between municipalities and prefectures, and among prefectures has become an issue. In child abuse death case that occurred in 2018, it was pointed out that there was insufficient handover between municipalities and insufficient information sharing between Child Guidance Centers and municipalities when the child moved to a new location. In response to this situation, the MHLW is in the process of establishing a more efficient information sharing system among Child Guidance Centers and municipalities, with the aim of preventing and detecting child abuse at an early stage, and enhancing prompt and appropriate responses when child abuse occurs [68].

## **13.4 Risks, measures, and impacts of COVID-19 on Child and Family Welfare**

### **13.4.1 Risks of COVID-19 in the field of Child and Family Welfare**

In response to the spread of COVID-19, the Japanese government requested all elementary schools, lower secondary schools, upper secondary schools, and schools for special needs education across the country to temporarily close their schools in February 2020, and also issued the first emergency declaration in March of the same year, requesting people to refrain from going out of their homes, to thoroughly implement telework, and to shorten business hours at restaurants. However, various organizations have made suggestions to government agencies that these measures may bring about various changes in the lives of children and their families, and the prolonged measures may increase the risk of child abuse and domestic violence. In particular, the following risks to the child welfare sector are concerned.

- As parents are spending more time at home with their children, and their income has decreased due to reduced working hours and leave of absence, stress is directed toward the children, resulting in abuse and neglect. Or, domestic violence occurs between parents.
- Due to the lack of opportunities to interact with people due to refraining from going out, the chances of detecting abuse has decreased.
- Since school lunches are not available due to the school closure, students may miss meals and may suffer from malnutrition.
- In temporary care homes and social care facilities, which are based on group living, there is a risk of large-scale clusters.
- It is necessary to secure a temporary care homes for children in case their families are infected.
- If parents are not able to telework, their children will be left alone or on their own, which could lead to them being involved in crime.
- Due to the decrease in income of parents, there are more children and young people who are unable to make the necessary preparations for higher education or enrollment, or who choose not to enroll.

Source: [69] [70] [71]

### **13.4.2 Measures to address COVID-19 in the field of Child and Family Welfare**

Among the various risks mentioned above, child abuse is considered to be particularly urgent, and the relevant government agencies are strengthening measures to be taken. For example, the MHLW requested local governments to implement the "Action Plan for Strengthening Watching Over Children", which ensures a system for early detection and regular monitoring of children with strong support needs. Table 13-34 outlines the measures being taken. The regional councils for children in need of protection in the municipalities are leading the effort to strengthen the monitoring of the children by mobilizing the entire local network.

Table 13-34 Outline of “Action Plan for Strengthening Watching Over Children”

|                                 |   |
|---------------------------------|---|
| <b>Implementing Body</b>        | Regional Councils for Children in Need of Protection established in municipalities  |
| <b>Target Children</b>          | "Children in need of support" and "specified pregnant women" who are registered with the regional councils for children in need of protection   |
| <b>Method of Implementation</b> | <ul style="list-style-type: none"> <li>• An agency is assigned to be in charge of watching over and supporting each target child, and the status of the child is monitored periodically through phone calls and visits.</li> <li>• In addition to the members of the council, private organizations will be asked to cooperate in the activities, and the local network will be mobilized to strengthen the system for watching over children.</li> <li>• As for the results of checking the status, the council will collect the information and provide support and measures as necessary.</li> </ul> |

Source: [72]

In response to these requests, local governments are also implementing the activities shown in Table 13-35 to strengthen their capacity to watch over children. Efforts are being made to build a community network for watching over children using SNS and smartphone applications, and private resources such as children's cafeterias.

Table 13-35 Cases by local governments to watch over children

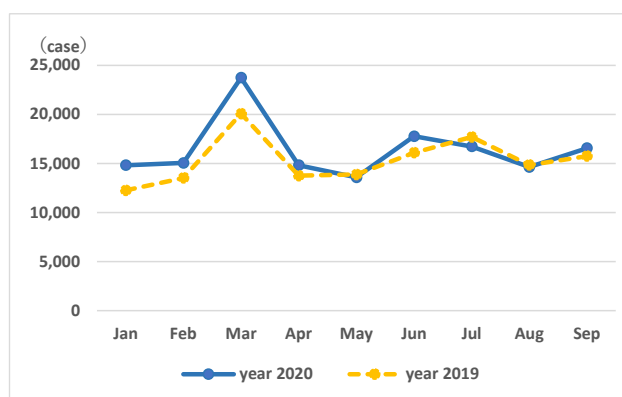
|   |
|---|
| <b>Cases of utilizing SNS, etc.</b>   |
| <ul style="list-style-type: none"> <li>• From the perspective of infection control, for children from families who do not wish to be visited at home, safety checks are conducted through video calls using LINE application.</li> <li>• By utilizing a smartphone application, trained volunteers provide information on children in need to the government to strengthen the system for watching over them.</li> <li>• The consultation service via LINE, which had been available only for lower secondary and upper secondary school students, has been expanded to include elementary school students to provide mental health care for students during the school closure.</li> </ul>   |
| <b>Cases of utilizing child-rearing support groups</b>  |
| <ul style="list-style-type: none"> <li>• NPOs and welfare committee members distribute foods and lunch boxes together with questionnaires to families on school assistance and single-parent families. The government identifies the needs of the recipients from the responses to the questionnaire.</li> <li>• For children of elementary school age or older who are registered with the regional councils for children in need of protection, the NPO provides services to create a place for children (learning support, daily life support, etc.).</li> <li>• The government received a free supply of food that was left over due to the absence of the children's cafeteria, and distributed it during home visits to increase the number of visits.</li> </ul> |

Source: [73]

### 13.4.3 Impact of COVID-19 on Child and Family Welfare

Although the expansion of COVID-19 has raised concerns about various risks in the child welfare field, the actual impact of COVID-19 has not been clearly linked to COVID-19 at this time.

For example, with regard to child abuse, Figure 13-44 shows the number of child abuse consultations handled by Child Guidance Centers from January to September 2020, compared to each month of the previous year.



Source: [74]

Figure 13-44 Number of consultations on child abuse (January to September 2020)

Although it was assumed that the impact of COVID-19 would be reflected in the number of child abuse consultations after March 2020, the rate of increase from the previous year was 18% in March, 8% in April, and lower than the previous year in May, July and August. As for the total number of consultation responses from January to September, there were 137,827 in 2019 and 147,665 in 2020, with an increase of 7%. As mentioned in "13.1.3 Child Abuse", the number of cases of child abuse at Child Guidance Centers continues to increase every year, and it is not clear at this point how much of this increase is due to the impact of COVID-19.

However, as mentioned as one of the risks, the MHLW is telling that child abuse may be latent because the opportunities to detect child abuse are also decreasing due to the refrain from going out. Also, according to the interview survey<sup>72</sup>, public health nurses in 1,741 municipalities across Japan reported that COVID-19 had an effect on "psychological health of parents", "daily life of infants and parents", and "child-rearing environment of parents", which suggests that there is some effect on child-rearing environment.

With regard to child poverty, according to a survey<sup>73</sup> conducted by Aomori Prefecture on single-parent families, 40.2% of the families answered that "the income had almost all been reduced", "the income had been reduced by half", or "the income had been reduced, but not fully". Despite this decrease in income, 76.8% of households said that their expenditures (expenses) have increased, and 63.0% of households expect to have a household deficit [75]. This economic situation of single-parent families may be similar in other regions of the country.

Thus, although the impact of COVID-19 on child welfare sector has not surfaced at this time, it is necessary to take preventive measures, assuming that it will affect various sectors such as child abuse, child poverty, and education in the future.

<sup>72</sup> According to an interview with Dr. Yamazaki, Deputy Director, Aichi Children's Health and Medical Center (January 29, 2021)

<sup>73</sup> The survey was conducted from the beginning of July 2020 to September 4, 2020, targeting approximately 12,000 households in Aomori Prefecture who receive child support. The number of responses was 918.



### **13.5 Priority issues in the field of Child and Family Welfare in Japan**

Based on the literature review and interviews, the priority issues for the child and family welfare sector in Japan can be considered as follows.

#### **(1) Build a support system at the local level that is not fragmented from the community**

As mentioned so far, child and family welfare policies in Japan have been strengthened on two pillars: child-rearing support, mainly by municipalities, and social care for children in need of care and protection, mainly by prefectures. While the implementation of welfare for the elderly and people with disabilities has been shifted to the municipalities, social care for children in need of care and protection has remained prefecture-centered. In this situation, many children whose welfare is threatened, such as children with disabilities, juvenile delinquents, and abused children, are unable to enjoy a normal life as a child in the community. For example, children in temporary care home find it difficult to continue their education at their familiar schools, and children in residential facilities for children with disabilities and Children's Self-reliance Support Facilities are forced to live in facilities that are cut off from the community. It has also been pointed out that while the child abuse measures has been focused on early detection and response, family reunification efforts have been insufficient. Kashiwame (2017) states that "a major challenge for Child and Family Welfare in Japan is the multilayered integration of measures for child welfare in need of protection, which is based on the principles of intervention and specialized support, and measures for child-rearing support, which focuses on support, mainly in municipalities" [76]. It can be said that there is a need to establish a support system in the community based on the premise that children are "children" before they are abused children, children with disabilities, or juvenile delinquents. In order to move in this direction, it is important to address the issues listed in (2) through (4) below.

#### **(2) Strengthening the system for supporting children in need of social care and protection at the municipal level**

The role of municipalities in Child and Family Welfare has been increasing, as municipalities are now required to establish the Regional Council for Children in Need of Social Protection. On the other hand, the situation of municipalities varies widely in terms of finances and human resources, and not all of them have sufficient infrastructure to provide support for children in need of social care and protection. In addition, administrative authority for welfare services for the elderly and people with disabilities has also been transferred to municipalities, and with the heavy burden that municipalities face, strengthening the system for supporting children in need of care and protection at the municipal level is an issue.

Furthermore, in the interviews, Mr. Miyajima pointed out the importance of strengthening capacity of municipalities in overall response to the welfare needs of local residents across domains such as disability, elderly, and children. The welfare needs of residents are complex, and unless the expertise of each field is shared and mutually exchanged, it will be difficult to provide the necessary services to residents<sup>74</sup>. This is in line with the "inclusive society" that is currently being pursued by the government<sup>75</sup>.

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<sup>74</sup> According to an interview with Mr. Miyajima, Professor of Professional Graduate School, Japan College of Social Work (February 3, 2021).

<sup>75</sup> According to the MHLW, a vision of "inclusive society" is to create a society in which each resident can live a life worth living and a community together. It is a society in which each resident's life and purpose of life are created together with the

### **(3) Expansion of family-based care**

In response to the stipulation that family-based care takes precedence over institutional care, efforts are being made to expand foster parents and family homes, which are the foundation of family-based care, and to change the functions of social care facilities. However, with regard to the numerical targets for the foster care consignment rate set forth in the New Vision for Social Care (2017), 90% of the social care promotion plans formulated by prefectures have lower targets than those set by the national government [77]. There is a gap between the vision and the reality, and steady efforts to expand family-based care are an issue.

The interviews also revealed the current difficulties in promoting family-based care in the field practice. With regard to foster parents, it is important to address the lack of recognition and misunderstanding (necessity to promote correct awareness) and to expand the support system for foster parents. The challenge is not only to increase the number of registered foster parents, but also how to build a detailed support system for foster parents for society as a whole. In regard to Child Care Institutions, as mentioned earlier, in order to expand small-scale community-based facilities, it is necessary to improve infrastructure, both facility and human resources, which is currently not sufficient, as the number of children with complex and diverse problems increases.

### **(4) Improving the system of Child Guidance Centers and reviewing their roles**

The shortage of human resources for Child Welfare Officers at Child Guidance Centers is an urgent issue. In addition, the role of Child Guidance Centers is required to be reexamined, as municipalities are strengthening their measures to deal with children in need of care protection, which Child Guidance Centers have been responsible for in the past.

In the interviews, it was pointed out that the role of Child Guidance Centers is becoming increasingly important and that it is becoming difficult for the current system to adequately deal with the situation. With regard to child abuse measures, a comprehensive response to the problems faced by families is necessary, but with the number of consultations increasing, it is not easy to carefully assess the actual situation of families and provide support for solutions. There is a need to reorganize the roles of municipalities and Child Guidance Centers and to expand the system so that "prevention, detection, and response" can be carried out in a continuous manner without children being separated from their communities.

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community, by local residents and a variety of local actors participate in the community. (MHLW website: <https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000184346.html>)

## 13.6 Support trends in the field of child welfare by NGOs in Japan

471 organizations were listed on the Cabinet Office's NPO portal site<sup>76</sup> with the keyword "child welfare" as of December 2020. This includes NPOs and NGOs involved in international cooperation in this field. The following is a summary and analysis of (1) domestic private organizations and (2) NGOs engaged in international cooperation in the field of child welfare.

### (1) Private organizations operating in Japan

Private organizations working in the field of child and family welfare in Japan are conducting a wide range of activities, including learning support for children from poor households, food banks to reduce food loss and solve poverty issues at the same time, creating places for children such as children's cafeterias, and support for children living in or leaving social foster homes.

The Future Support Network Project of the National Movement to Support Children's Future administered by the Cabinet Office (using the Children's Future Support Fund) targets private organizations working at the grass-roots level in areas ranging from child poverty to social welfare, and the supporting organizations are selected through an annual screening process. With reference to the first (fiscal year 2016) to third (fiscal year 2019) project reports available on the website, this section introduces private organizations active in the field of child and family welfare by content (Table 13-36). For instance, 535 organizations applied for the first Future Support Network Project (2016), from which 86 organizations were selected as supporting organizations and received grants.

Table 13-36 Examples of private organizations active in the field of Child and Family Welfare

| <b>Organizations supporting children's various learnings</b>                      |  |   |
|---|--|---|
| 1   | NPO: World Egg (Nagasaki)<br><a href="http://www.world-egg.jp/">http://www.world-egg.jp/</a>   | Providing free study support, etc. to students from single-parent families and households in poverty.   |
| 2   | Nagazumi-danchi Jitikai (Fukuoka)  | Providing the Children's Study Plaza where local children can freely study, eat, and participate in experience learning.  |
| 3   | Yugawarakko to tsukuru tasedaino ibasho (Kanagawa)<br><a href="https://yuga-lab.org/">https://yuga-lab.org/</a>                      | Providing a place where people can feel safe to be themselves, and conducting a variety of activities for all generations from children to the elderly.   |
| <b>Organizations supporting daily life, including food, clothing, and shelter</b> |  |   |
| 1   | NPO: Food Bank Iwate (Iwate)<br><a href="https://foodbankiwate.org/">https://foodbankiwate.org/</a>                                  | Providing food to poor households with children, and connecting households that have livelihood issues to counseling agencies.  |
| 2   | NPO: Food Bank Fukuoka (Fukuoka)<br><a href="https://test.fbukuoka.net/">https://test.fbukuoka.net/</a>                              | Providing edible but discarded food from companies/farmers to families/single mothers in need.  |
| 3   | General Incorporated Association: Town Space WAKWAK (Osaka)  | Providing support such as a children's cafeteria and learning support for children with various difficulties under the theme of "building a town where no one is alone".  |
| <b>Organizations providing a place to stay and consultation support</b>           |  |   |
| 1   | NPO: Tabete Katarou Kai (Hiroshima)<br><a href="https://tabetekataroukai.wordpress.com/">https://tabetekataroukai.wordpress.com/</a> | Providing free lunches and dinners as well as counseling on children's problems in order to create a safe place for children living in the neighborhood and to support the prevention and rehabilitation of juvenile delinquency and reoffending. |
| 2   | NPO: TOY BOX (Osaka)<br><a href="https://www.npotoybox.jp/toybox/">https://www.npotoybox.jp/toybox/</a>                              | Engaging in educational projects, community development projects, and projects to revitalize the shopping street under the theme of "Children and Community". Creating a place for  |

<sup>76</sup> <https://www.npo-homepage.go.jp/npoportal/index>

|   |  |  |
|---|--|--|
|   |  | children to stay and providing support for learning, counseling, and eating.   |
| <b>Organizations supporting the employment of children or their guardians</b>   |  |  |
| 1   | General Incorporated Association: Career Bridge (Osaka) <a href="https://career-bridge.info/">https://career-bridge.info/</a>  | Providing employment support such as individual counseling and job aptitude tests for students without work experience, in cooperation with evening high schools.  |
| 2   | NPO: Makiba Free School (Miyagi) <a href="http://npomakiba.org/">http://npomakiba.org/</a>   | In addition to providing free schools and employment support for people with disabilities, it also provides work experience programs and places to stay for children between the ages of 15 and 18 who are at risk of poverty.   |
| <b>Organizations supporting those who have left child care institutions, etc.</b>   |  |  |
| 1   | General Incorporated Association: Social Artists Network (Tokyo) <a href="http://www.socialartists.net/">http://www.socialartists.net/</a>                                       | Providing vocational experience programs for children in and out of child care institutions.   |
| 2   | NPO: Okaeri (Nara) <a href="https://npo-okaeri.net/">https://npo-okaeri.net/</a>   | Creating a place to stay for children who live in child care institutions or with foster parents, as well as children who have left the child care institutions.   |
| 3   | NPO: Happy Women Project (Toyama) <a href="http://www.socialartists.net/">http://www.socialartists.net/</a>  | Conducting various lectures and consultation support programs to realize a society where women and children can live safely. At child care institutions, offering courses on communication and preparation for living alone.   |
| 4   | NPO 3keys <a href="https://3keys.jp/">https://3keys.jp/</a>  | Conducting learning support projects for children in child care institutions, etc. and educational activities regarding children's rights.   |
| <b>Organizations implementing and supporting the mediation of foster parents or special adoptions</b>   |  |  |
| 1   | Osaka Satooyakai (Osaka)   | Conducting awareness-raising activities on the foster parent system and training sessions to improve the child-rearing skills of foster parents.   |
| <p>※Although the number of organizations supporting foster parents subsidized by the Future Support Network Project is limited, the number of private organizations supporting foster parents is being enhanced in line with the government's promotion of family care. In addition, there are efforts to strengthen support for foster parents by consigning a series of tasks (fostering) to private organizations, including advertising, recruitment, and assessment of foster parents, training and support for them. Such fostering organizations include NGO Key Assets (<a href="https://www.keyassetsnpo.jp/">https://www.keyassetsnpo.jp/</a>).</p> |  |  |
| <b>Organizations supporting the networking of private organizations</b>   |  |  |
| 1   | NPO: Japan Children's Cafeterias Support Centre Musubie (Tokyo) <a href="https://musubie.org/">https://musubie.org/</a>  | Providing support to strengthen the operational infrastructure of children's cafeterias throughout Japan. Creating a network of 325 children's cafeterias across Japan, and providing activities to connect children, the cafeterias, and supporters of children's cafeterias. |
| 2   | Japan Food Bank Promotion Council (Tokyo) <a href="https://www.fb-kyougikai.net/">https://www.fb-kyougikai.net/</a>  | Promoting food bank activities in Japan by proposing policies to the government and conducting PR activities to raise the awareness and credibility of food bank activities. 33 organizations are registered.  |
| 3   | General Incorporated Association: National Council of Organizations Supporting Child Poverty and Education (Tokyo) <a href="http://kyoikushien.net/">http://kyoikushien.net/</a> | Working to strengthen support for children who have lost access to education by creating a network of educational support organizations throughout Japan. 67 organizations are members of this council.  |

Source: Prepared by the Survey Team with reference to [78] and the websites of each organization

**(2) Activities of international cooperation NGOs, citizens' groups, etc.**

**1) International cooperation NGOs, etc. engaged in child welfare sector**

Information on NGOs engaged in international cooperation in the field of child welfare was collected from "NGO Directories", a database operated and managed by the Japan NGO Center for International Cooperation (JANIC). As of December 2020, 433 organizations have registered on NGO Directories. From these, organizations were selected as those with revenues of 10 million yen or more, which are considered to be relatively stable in terms of the scale of their activities and the operation of their secretariats and capable of obtaining commissioned projects and grants. Furthermore, by searching for keywords in the field of child welfare, organizations that focus their activities on this field were extracted. The contents of the activities of these organizations are shown in Table 13-37.

Table 13-37 Activity of international cooperation NGOs, civil society organizations, etc.

|   | Organization name   | Project Area |                   |                   |            |                     |        | Activities       |   |                        |  | URL   |
|---|---|--------------|-------------------|-------------------|------------|---------------------|--------|------------------|---|------------------------|--|---|
|   |   | Child labour | Human trafficking | Children's rights | Child Care | Sexual exploitation | Others | Target countries | Project name  | Implementation period  | Project Summary  |   |
| 1 | NPO Kamonohashi Project   |              | ○                 |                   |            |                     |        | India            | Survivors Leadership Programme  | 2018-2020              | Supporting anti-trafficking activities carried out by victims of human trafficking.  | <a href="https://www.kamonohashi-project.net/">https://www.kamonohashi-project.net/</a> |
|   |   |              | ○                 |                   |            |                     |        | India            | Tafteesh: Access to Justice Programme for Survivors of Human Trafficking  | 2016-2019<br>2019-2022 | Monitoring the operation of the compensation system for victims of human trafficking and strengthening the criminal justice, social welfare, and rehabilitation systems. |   |
|   |   |              | ○                 |                   |            |                     |        | India            | Coordination Model Development  | 2018-2020              | Raising the rate of convictions for human trafficking crimes and carrying out activities to eliminate human trafficking.   |   |
| 2 | NPO Efa Japan   |              |                   |                   |            |                     | ○      | Thailand         | Pre-school Education Support Project for Burmese Migrants                 | —                      | Constructing school classrooms and dormitories for the protection of children of Burmese migrants.   | <a href="https://www.efa-japan.org/">https://www.efa-japan.org/</a>                     |
|   |   |              |                   |                   |            |                     | ○      | Vietnam          | Operation support for classes for children with disabilities in Hải Phòng | —                      | Supporting five classrooms in Hải Phòng city, including teacher training for teachers of children with disabilities.   |   |
| 3 | NGO ACE   | ○            |                   |                   |            |                     |        | India            | Peace India Community Project   | 2010-                  | Conducting various activities to prevent child labour, including free provision of school supplies to poor families.   | <a href="http://acejapan.org/">http://acejapan.org/</a>                                 |
|   |   | ○            |                   |                   |            |                     |        | Ghana            | SMILE Ghana Community Project   | 2009-                  | Conducting home visits and awareness-raising activities to prevent child labour and enable children to go to school.   |   |
| 4 | Japan International Labour Foundation                               | ○            |                   |                   |            |                     |        | Nepal<br>India   | School Projects for the Eradication of Child Labour                       | —                      | Operating non-formal schools for poor children, providing them with opportunities for basic education.   | <a href="https://www.jilaf.or.jp/">https://www.jilaf.or.jp/</a>                         |
| 5 | NPO SHAPLA NEER = Citizens' Committee in Japan for Overseas Support | ○            |                   |                   |            |                     |        | Bangladesh       | Support for girls working as domestic workers                             | 2008-2022              | Operating an educational support facility for girls who work as domestic servants and conducting home visits to their employers.   | <a href="https://www.shaplaneer.org/">https://www.shaplaneer.org/</a>                   |
|   |   |              |                   | ○                 |            |                     |        | Bangladesh       | Support for cultural education for children of indigenous people          | 2012-2019              | Providing a variety of activities and learning opportunities in indigenous communities.  |   |

|   | Organization name     | Project Area          |                       |                       |            |                     |                       | Activities       |  |                       |   | URL   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|------------|---------------------|-----------------------|------------------|--|-----------------------|---|---|
|   |                       | Child labour          | Human trafficking     | Children's rights     | Child Care | Sexual exploitation | Others                | Target countries | Project name   | Implementation period | Project Summary   |   |
|   |                       |                       |                       |                       |            |                     | <input type="radio"/> | Bangladesh       | Support for children's education in the Char (sandbank) area   | 2012-2019             | Raising awareness of school management committees for the hold of management meetings and the participation in school events to protect the basic rights of children in the Char (sandbank) area. |   |
| 6 | NPO Salt Payatas      |                       |                       |                       |            |                     | <input type="radio"/> | Philippines      | Children Empowerment Program (Scholarship Support, Library, Get support with birth certificate, Life skills education) | —                     | Providing scholarships and opportunities to develop life skills for children from poor communities. Acting as a birth registration agent for children who have not registered their births.       | <a href="http://www.saltpayatas.com/">http://www.saltpayatas.com/</a>             |
| 7 | NPO C-Rights          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |            |                     |                       | Cambodia         | Children's Rights Promotion Project  | 2017-2020             | Raising awareness of children's rights and the dangers of migrant workers, child labour, and human trafficking. Providing free learning spaces for children.                                      | <a href="http://www.c-rights.org/">http://www.c-rights.org/</a>                   |
|   |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |            |                     |                       | Cambodia         | Prevention of Child Trafficking and Child Labour by Migrant Workers to Vietnam Project                                 | 2012-2017             | Raising awareness of children's rights and the dangers of migrant workers, child labour, and human trafficking. Providing free learning spaces for children.                                      |   |
|   |                       |                       | <input type="radio"/> |                       |            |                     | <input type="radio"/> | Cambodia         | Victims of Sexual Exploitation and their Children Support Project  | 2004-2013             | Providing counseling to sexually exploited girls. Providing childcare services for women victims of human trafficking who have young children.  |   |
| 8 | NPO Terra Renaissance |                       |                       |                       |            |                     | <input type="radio"/> | Uganda           | Reintegration Project for Former Child Soldiers  | 2005-                 | Providing education and psychological counseling for former child soldiers aiming the improvement of their income so that they can reintegrate into society.                                      | <a href="https://www.terra-r.jp/index.html">https://www.terra-r.jp/index.html</a> |
| 9 | NPO Child Fund Japan  |                       |                       | <input type="radio"/> |            |                     | <input type="radio"/> | Philippines      | Children's Rights Protection Project   | —                     | Promoting various activities, including children's conferences, where children take the initiative in tackling social issues.   | <a href="https://www.childfund.or.jp/">https://www.childfund.or.jp/</a>           |
|   |                       |                       |                       | <input type="radio"/> |            |                     |                       | Nepal            | Community Building to Protect Children Project   | —                     | Providing educational facilities and learning tools for schools to create an environment where children can grow  |   |

|    | Organization name        | Project Area |                   |                   |            |                     |        | Activities       |   |                       |   | URL                                 |
|----|--------------------------|--------------|-------------------|-------------------|------------|---------------------|--------|------------------|---|-----------------------|---|-------------------------------------|
|    |                          | Child labour | Human trafficking | Children's rights | Child Care | Sexual exploitation | Others | Target countries | Project name  | Implementation period | Project Summary   |                                     |
|    |                          |              |                   |                   |            |                     |        |                  |   |                       | up healthy. Conducting teacher training.  |                                     |
| 10 | PLAN INTERNATIONAL       |              |                   | ○                 |            | ○                   |        | Uganda           | Safe Community Building for Girls and Young Women Project                 | 2014-                 | Providing training on gender norms and conducting surveys of dangerous areas by local male residents.   | https://www.plan-international.jp / |
|    |                          |              |                   | ○                 |            | ○                   |        | India            | Girls Victims of Violence Protection Project                              | 2020-2023             | Providing psychological counseling to victims of sexual violence and conducting awareness-raising and prevention campaigns.   |                                     |
|    |                          |              | ○                 | ○                 |            | ○                   |        | Burkina Faso     | Community Building to Prevent the Trafficking of Girls Project            | 2019-2022             | Protecting victims of human trafficking and providing vocational training. Implementing measures to prevent human trafficking, including strengthening birth registration.                        |                                     |
|    |                          |              |                   |                   | ○          |                     | ○      | Uganda           | Protection and Sanitation Improvement for South Sudanese Refugees Project | 2017-2021             | Providing individual support by caseworkers in refugee resettlement areas and supporting the social participation of young people.  |                                     |
| 11 | NPO World Vision         |              |                   |                   |            |                     | ○      | South Sudan      | Resilience Enhancement Project in Tambura State Education System          | 2016-                 | Conducting activities for the healthy growth of children, including school maintenance, life skills education, and support for girls.   | https://www.worldvision.jp/         |
|    |                          |              |                   |                   |            |                     | ○      | Laos             | Education Support in Tapantong and Paraxay Districts, Savannakhet State   | 2016-2021             | Providing teaching tools, educational materials, and educational facilities in poor areas to protect children's rights and help them acquire life skills. Conducted awareness-raising activities. |                                     |
| 12 | NPO Good Neighbors Japan |              |                   |                   |            |                     | ○      | India            | Education and Job Seeking Support Project (Operation of Day Care Center)  | —                     | Providing teaching tools, educational materials, and educational facilities in poor areas to protect children's rights and help them acquire life skills. Conducted awareness-raising activities. | https://www.gnjp.org/               |
|    |                          |              |                   |                   | ○          |                     |        | Nepal            | Operation of "Children's Home"  | —                     | Providing places for children to sleep at night and spend in the daytime in discriminated areas.  |                                     |



|    | Organization name                                | Project Area |                   |                   |            |                     |        | Activities       |  |                       |  | URL   |
|----|--|--------------|-------------------|-------------------|------------|---------------------|--------|------------------|--|-----------------------|--|---|
|    |  | Child labour | Human trafficking | Children's rights | Child Care | Sexual exploitation | Others | Target countries | Project name                                       | Implementation period | Project Summary  |   |
| 13 | NPO International Angel Association              |              |                   |                   | ○          |                     |        | Bangladesh       | Children's Home "Angel Home"                       | 1986-                 | Operating facilities to care for parentless children and economic orphans.   | <a href="http://www.angelngo.gr.jp/">http://www.angelngo.gr.jp/</a>           |
| 14 | NGO JAPAN TEAM OF YOUNG HUMAN POWER              |              |                   |                   | ○          |                     |        | Cambodia         | Orphans: The center for children's Happiness (CCH) | 2002-                 | Providing a living space and education for children whose parents have abandoned them or who have been displaced from dangerous areas. | <a href="http://www.jhp.or.jp/">http://www.jhp.or.jp/</a>                     |
| 15 | NPO ICAN International Children's Action Network |              |                   |                   | ○          |                     |        | Philippines      | Support for Children on the Streets                | —                     | Providing education and medical care to children living on the streets. Operating children's homes for children who have no relatives. | <a href="https://ican.or.jp/">https://ican.or.jp/</a>                         |
| 16 | NPO 21st Century Cambodia Support Association    |              |                   |                   | ○          |                     |        | Cambodia         | Children's Home "Dream Home"                       | 2009-                 | Operating a children's home for children who are economically disadvantaged, so that they can attend school.                           | <a href="http://www.aac21.net/index.html">http://www.aac21.net/index.html</a> |

Source: Prepared by the Survey Team with reference to the websites of each organization

## **2) Results of interview with Save the Children Japan (SCJ)**

An interview was conducted with Save the Children Japan (SCJ), which has a long experience of activities in the field of child protection. The survey was about its activities in Myanmar and Mongolia, which are considered to be useful for the consideration of future support policies, such as approaches to "child protection systems" and "community-based child protection mechanisms".

### **A) Overall**

- SCJ recognizes that, for instance, temporary protection for children in child labour is not a long-term solution. Around 1990, SCJ shifted its focus to strengthening the "child protection system".
- In the following projects, Japanese experts with expertise in the field of child welfare were dispatched.
- Under the network of SCJ, the activities are being examined by utilizing the knowledge based on the experience of activities in various countries in the world.
- There are various impacts of COVID-19 on child welfare, including the increase in violence against children, sexual intercourse between children, and misdemeanors by youth, etc. SCJ has already started to respond to COVID-19 in the countries where it operates.

### **B) Child Protection Project in Karen State, Southeastern Myanmar**

- The project has been funded by Japan Platform since 2013<sup>77</sup>, and has been implemented as a grant aid project by the Japan Ministry of Foreign Affairs since 2016<sup>78</sup>.
- In Karen State, child abuse was widespread due to the impact of conflict and severe poverty. In this situation, activities such as protecting children from abuse, changing parents' attitudes toward childcare, and holding study sessions for children were implemented, with the establishment of a Community-based Child Protection Mechanism (CBCPM) as the key to enabling children to live in a safe and secure environment.
- As an activity of CBCPM, the project has been working on establishing a system and forming "child support groups", which are voluntary groups of local residents, and the protection of children in need, such as those who are abused, out of school, or require medical support. In the activities, collaboration with related organizations such as schools, health facilities, police, and UNHCR was promoted. In addition to the child support groups, training was also provided to health and medical staff and welfare departments (for both federal and ethnic minority administrations).
- The response to cases at the village level was repeatedly verified through the activities of the CBCPM. Cases that could not be resolved at the village level were referred to specialized agency.
- At the beginning of the project, the SCJ initiated the activities, but faced with the problem that it was difficult to lead to sustainable activities' development. Therefore, the SCJ has emphasized the autonomy of the residents and has adopted a policy of supporting the residents' ideas from the outside.

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<sup>77</sup> Child Protection Project for conflict-affected children in Karen State (April 2013-September 2016)

<sup>78</sup> Protection and Education Support Project to create a safe environment for children in Karen State (November 2016-December 2018)

- Since it is difficult to prove causal relationships such as "training has reduced corporal punishment", the baseline and end-line surveys measure whether parents' attitudes toward child rearing have changed.
- In principle, the SCJ considers CBCPM to be a voluntary organization. CBCPM is one of the approaches adopted by SCJ and other child protection actors to prevent and respond to violence and abuse against children in both emergency and development settings, but should be adapted according to local conditions and capacities, and this project has adopted it in the context of Karen State in the immediate post-conflict period. Although CBCPM is thought to be similar in some aspects to the Japanese welfare commissioner system, it is not possible to bring the Japanese system directly to the field.

### C) Support for the Assistance System for Children in Need of Protection in Mongolia

- After Mongolia became a democratic country in 1994, SCJ established a local office and started providing support (Save the Children UK was the main implementer of the program. SCJ started its activities in Mongolia around 2007). At that time, street children and child labour were cited as social problems in the field of child protection, and Save the Children was also working in this field. However, the strategy was changed in the middle of the project as providing ad-hoc support would not lead to long-term solutions. While social workers had not been introduced as a profession at the time, Save the Children supported the establishment of the Department of Social Work in the Mongolian National University of Education in 1997. Students of the inaugural class graduated in about 2001, and they began working in Save the Children and local NGOs etc. Since then, full-time social worker positions have gradually been established in local government agencies.

#### (Regarding the Activities of the Multi-disciplinary Team)

- SCJ started training a team of child protection specialists, the Multi-disciplinary Team (MDT) in 2003<sup>79</sup>. MDT is responsible for implementing child protection activities at the local level and handling a series of responses from prevention, detection and case management. The team is composed of government officials, government social workers, police officers, health care providers, school officials, etc.
- With the times, the problems of street children have gradually been resolved, and abuse and neglect have become prominent as issues. With this background, not only social workers and the social welfare sector, but also the government, police, and education joined together to encourage MDTs to tackle multisectoral children's issues.
- At the beginning of the activities, it was difficult to raise funds for the child protection sector, so MDT was developed for one district and one province in Ulaanbaatar.
- In 2007, the effectiveness of the MDT approach was recognized by government officials, and a decree was issued by the mayor of Ulaanbaatar stating that MDTs would be organized in all Khoros<sup>80</sup>, which

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<sup>79</sup> Projects funded by the Japanese government include JICA Grassroots Technical Cooperation Project "The Project for Improving and Strengthening the Child Protection System in Mongolia" (May 2015-April 2018) and "The Project for Strengthening and Sustaining the Child Protection System in Mongolia after the Enactment of Child Rights Law and Child Protection Law" (September 2018-August 2022).

<sup>80</sup> There are nine districts under Ulaanbaatar City, and Khoros as administrative units under the districts.

led to the spread of MDTs throughout the country. MDT was formally identified in the Child Protection Law enacted in 2016 after its effectiveness was recognized through the development of manuals and guidelines on MDT according to the local circumstances, and by holding experience-sharing workshops for the central and local governments and parliamentarians. The project also focused on public information activities for the general public, as it believed that public opinion has a significant impact on policy.

- MDTs have been organized in each Khoroo and Sumu<sup>81</sup>, and the minimum operational infrastructure has been established, however, the operational system is still vulnerable. Although cross-sectional inter-organizational cooperation at the regional level is being developed, vertical inter-organizational cooperation (who will manage the MDTs as supervisors) and coordination functions at the higher organizational level are insufficient.

(Regarding the Promotion of Cooperation among Stakeholders and Awareness-raising)

- At the beginning of the activities, knowledge and understanding of child-specific case management and children's rights were not well understood among government officials. In order to promote cross-agency activities, emphasis was placed on ensuring that government officials understand the principles and concepts of CRC and provide services according to them. In addition, the SCJ continued to provide training to high and middle level administrative officials of the central government. At the same time, PR activities for the general public were continuously carried out, leading to a change in awareness at the government and local level over a long period of time.
- Since 2006, SCJ has been conducting an annual campaign in conjunction with the International Spank Out Day (April 30). Also, since 2003, alongside the CRC report submitted by the Mongolian government every five years, a report as a civil society organization and a report on how children themselves feel about children's rights has been compiled from the perspective of child participation.

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<sup>81</sup> Administrative unit under the prefecture

## **Chapter 14 Conclusion: Recommendations for JICA's Future Cooperation in Child Protection**

This chapter presents recommendations for JICA's future cooperation in the field of child protection, based on a comprehensive analysis of the results of the survey of ten Asian countries, donor trends, and the current status in Japan.

### **14.1 Comprehensive analysis of the country survey results (ten Asian countries)**

#### **14.1.1 Situation of children: issues related to child protection**

In the country survey, we reviewed the social, economic, political, and cultural environment in each country, and then summarized the issues that threaten the rights and welfare of children. Specifically, we focused mainly on the following issues (in each country survey, we highlighted the issues that are particularly problematic in each country) <sup>1</sup>.

- Child poverty
- Violence against children
- Child labour
- Child marriage
- Child trafficking
- Unsupervised children
- Children in institutions
- Children with disabilities
- Children without birth registration
- Impact of COVID-19 in child protection sector

#### **(1) Child poverty**

In the country survey, a situation of poverty was analyzed based on the available information. This section looks at the situation of child poverty in the 10 target countries based on the Multidimensional Poverty Index (MPI), which is a data set that allows comparisons among countries and shows both the incidence and intensity of multidimensional poverty in terms of health, education, and living standards (Table 14-1). Pakistan has the highest MPI and multidimensional poverty population ratio<sup>2</sup>, followed by Myanmar and Cambodia. In terms of the intensity of poverty, along with the three countries mentioned above, Lao PDR and Bhutan also have high rates of poverty. In Thailand, for example, it was pointed out that the poverty rate is higher in rural areas than in urban areas, and in the northeast and north of the country. Child poverty affects the welfare of children in all areas, including nutrition, health, and education. In addition, poverty is likely to cause child labor, child marriage, and human trafficking, making poverty alleviation an important issue.

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<sup>1</sup> In addition to the issues mentioned in this chapter, the following issues are also mentioned in the country survey: in Thailand, children in skipped-generation households, and in the Kyrgyz Republic, children who are not in the care of their parents.

<sup>2</sup> A household and its members are considered to be in a state of "multidimensional poverty" when the weighted average of the poverty levels of all the indicators exceeds 33.3%.

**Table 14-1 Multidimensional Poverty in 10 countries**

| Country             | Source | Year      | MPI of the country | Multidimensional poverty of 0-17 years children |   |                          |
|---------------------|--------|-----------|--------------------|---|---|--------------------------|
|                     |        |           |                    | MPI   | multidimensional poverty population ratio (%) | Intensity of poverty (%) |
| Cambodia            | DHS    | 2014      | 0.170              | 0.204   | 43.17   | 47.25                    |
| Lao PDR             | MICS   | 2017      | 0.108              | 0.143   | 29.54   | 48.37                    |
| Thailand            | MICS   | 2015-2016 | 0.003              | 0.005   | 1.29  | 40.72                    |
| Myanmar             | DHS    | 2015-2016 | 0.176              | 0.216   | 44.92   | 48.01                    |
| Bangladesh          | MICS   | 2019      | 0.104              | 0.123   | 28.28   | 43.54                    |
| Bhutan              | MICS   | 2010      | 0.175              | 0.190   | 39.42   | 48.22                    |
| Nepal               | DHS    | 2016      | 0.148              | 0.172   | 38.50   | 44.78                    |
| Pakistan            | DHS    | 2017-2018 | 0.198              | 0.238   | 44.82   | 53.01                    |
| Mongolia            | MICS   | 2018      | 0.028              | 0.035   | 9.00  | 38.96                    |
| The Kyrgyz Republic | MICS   | 2018      | 0.001              | 0.002   | 0.51  | 36.05                    |

Source: Prepared by the Survey Team with reference to[1]

## **(2) Violence against children**

Violence and abuse against children have a significant impact on their physical and mental development. It is also pointed out that violence against children cascades through generations and leads to the risk of delinquency and crime. It is difficult to compare countries due to the different sources and content of information, and there are differences in degree, but overall, violence against children is commonplace and violent discipline is widespread. For example, in Bangladesh, Nepal and Pakistan, more than 80 percent of children aged 1-14 have experienced emotional or physical violence by their caregivers at least once in the past month. The study also found that the figures are worsening in Mongolia and Bangladesh. It can also be said that there is a situation where violent discipline is socially accepted in the countries<sup>3</sup>. In addition, it is indicated that gender-based violence (GBV) is serious, but the actual situation, including sexual violence, is difficult to see. Other concerns include new issues such as online sexual harassment and increased access to digital pornography due to the spread of cell phones, tablets, and other devices.

## **(3) Child labour**

Due to different sources of information and age groups covered, it is difficult to make accurate comparisons across countries, but among countries with data, the highest rates of child labor among 5-17 years old were in Nepal (MICS 2014: 37.4%), Lao PDR (Government Report 2017: 42.8%), and the Kyrgyz Republic (MICS 2018: 27%). Some reports indicate that 1.28 million children are engaged in hazardous labor in Bangladesh (U.S. Department of Labor report, 2019). In general, child labor remains a serious challenge in the 10 countries covered. In particular, there are serious problems of children engaging in dangerous and

<sup>3</sup> Information on the percentage of caregivers who accept violent discipline is not available for all countries, but in Bangladesh it was 35% (2019), in Mongolia 19% (2018), and in the Kyrgyz Republic 9% (2018) (due to the different survey targets, it is not possible to make a general comparison). In Japan, a survey of 20,000 males and females aged 20 years and older showed that nearly 60% of the respondents were aware that corporal punishment is acceptable.

harmful work, including child labor in carpet and brick and brick factories in Pakistan, cotton and tobacco cultivation, and coal mines in the Kyrgyz Republic<sup>4</sup>.

#### **(4) Child marriage**

Child marriage not only prevents girls from completing their education and deprives them of opportunities for empowerment, but also increases the risk of sexually transmitted diseases, poor health due to early pregnancy and early childbirth, and sexual exploitation. Among the countries that dealt with child marriage in the Survey, Bangladesh (51.4 % in 2019) had the highest percentage of girls married by age 18, followed by Nepal (32.8 % in 2019), Bhutan (25.8 % in 2010), and Kyrgyz (about 13 % in 2018). For Bangladesh and Nepal, there is no significant decrease compared to the same percentage in 2014, which assumes that child marriage is still strongly accepted by the society. In addition, in the Kyrgyz Republic, a bride kidnapping called "ala kachu" is still practiced and has been an issue.

#### **(5) Child trafficking**

Data collection on trafficking in persons is extremely difficult, and we have not been able to ascertain the specific situation of children affected by trafficking in persons in the 10 target countries. In considering how to deal with trafficking in persons, it is first necessary to strengthen efforts to understand the actual situation in each country. According to available information, for example, child victims of trafficking in Nepal are estimated at 5,000 (2018), and cross-border trafficking has been a serious problem for many years. In Myanmar, many children and women are reported to be victims of trafficking into the sex, manufacturing, agricultural, fishing, and entertainment industries in the Greater Mekong region. In Pakistan, bonded labor due to family debt is a serious problem, and 70% of its victims are said to be children. Sexual trafficking of children is also still prevalent in Bangladesh and other countries, which is a serious problem that threatens the human rights of children.

#### **(6) Unsupervised children**

In the countries of the Survey, there are no available statistics or survey reports that show the exact number of street children and their actual conditions. Understanding the actual conditions of street children is an issue in considering countermeasures. Among the countries where estimates are available, the number of street children are: 1.2 to 1.5 million in Pakistan (2010), 1.14 million in Bangladesh (2014), 5,000 to 6,000 in Nepal (2015), 24,700 (2007) in Cambodia, and the tens of thousands in Myanmar. Street children are exposed to a variety of risks, including violence, health hazards, drug addiction, crime, and the worst forms of child labor and exploitation, as indicated by a study in Bangladesh<sup>5</sup> that found that 80.8% of street children had been physically or sexually abused.

#### **(7) Children in institutions**

In many countries, institutions for the protection of children (orphanages, etc.) are operated by the public and private sectors. Within the scope of this Survey, it was not possible to confirm the data and actual situation of children living in institutions, including those not registered with the government, such as in Bangladesh and Nepal. In Myanmar, the number of children in registered orphanages is close to 20,000,

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<sup>4</sup> Other examples include brick manufacturing and construction in Cambodia, and construction and mining in Mongolia.

<sup>5</sup> A study of 125 street children between the ages of 8 and 14.

while the number of children in non-registered orphanages is said to be more than 20,000. Some private institutions are being registered and monitored by the government (e.g., Punjab, Pakistan), and such efforts are important from the perspective of protecting children's rights. In order to provide appropriate care to children and guarantee their rights, it is necessary to establish a system to understand the situation of children in alternative care, including children living in institutions.

Although the United Nations Guidelines for the Alternative Care of Children states that poverty and difficulty in attending school should not be the only reasons for admission, the current situation shows that unnecessary institutionalization is taking place without sufficient consideration and support for the continuation of family care. In Cambodia, the Survey found that 79% of children aged 13-17 admitted to the residential childcare institutions were not orphans but had at least one surviving parent. In the Kyrgyz Republic, only 5.4 % of children admitted were orphans, while the remaining children had parents or at least one parent.

#### **(8) Children with disabilities**

The information on statistics on children with disabilities available in each country has been organized. Due to differences in statistical indicators and definitions of disability, it is not possible to compare the proportion of children with disabilities among the countries surveyed. Due to prejudice against disabilities and the lack of social and educational infrastructure, many children with disabilities still tend to lack access to quality education. It is important to promote social awareness of disabilities in line with the development of social infrastructure. For example, according to a survey conducted in Bhutan, more than 85% of people with no education and more than half of those with college or higher education believe that being born with a disability is due to bad karma from a previous life. It was pointed out that in Kyrgyz, there are actually more children with disabilities than are registered with the government. The reason cited was that parents feel social stigma towards disability so that they hesitate to register for social security support.

#### **(9) Children without birth registration**

The countries that have achieved almost 100% birth registration rate were Thailand, Bhutan, Mongolia and the Kyrgyz Republic. Myanmar is at 81.3% (2016), Nepal 77.2% (2019), Lao PDR 73% (2017), and Cambodia 73% (2014), with Nepal and Cambodia each showing improvement. On the other hand, Lao PDR has not improved since 2011. In Myanmar, the large disparity between regions has been pointed out as an issue, and it can be assumed that this is an issue in other countries as well. The lowest birth registration rate was 42.2 % (2018) in Pakistan, followed by 56 % (2019) in Bangladesh. Lack of birth registration poses a threat to the welfare of children as they may not be able to access basic services such as education, health care, and social security.

#### **(10) Impact of COVID-19 in child protection sector**

The direct impact of COVID-19 on children is not yet clear, but in addition to infection with the virus, the impact of COVID-19 on the welfare of children is likely to be significant. On the other hand, positive impacts triggered by the response to COVID-19 have also been notified.

With regard to education, it has been pointed out that there are school closures, disparities in access to distance learning, and the impact of the suspension of school lunches on nutritional intake. Children with



disabilities and other disadvantaged children are particularly at risk of losing educational opportunities. Pakistan was one of the first countries to close schools early, and it is estimated that 930,000 children (equivalent to an increase of about 4.2 percent) will drop out of primary and secondary education as a result of COVID-19.

It has also been noted that with more time spent at home and increased social and economic stress, there is an increased risk of domestic violence. In Bhutan, it has been reported that there has been a sharp increase in GBV, and mental health reports received by the One Stop Crisis Center. In Nepal, the number of domestic violence cases reported to the 24-hour toll-free number has more than doubled compared to the previous year. In addition to the above, there are also concerns about the deterioration of sanitation and nutrition in daily life, and the increased risk of child labor, human trafficking, and child marriage. In fact, Nepal has reported an increase in the number of girls, many of whom are forced to work to help their families or are forced into marriage.

In order to respond to the above situation, governments, international organizations such as the United Nations Children's Fund (UNICEF), and non-governmental organizations (NGOs) have been taking early steps to address the impact of COVID-19. In addition to food and cash transfers, the following activities have been undertaken: conducting surveys on the current situation, strengthening support based on existing child protection services, training for social service/child welfare personnel, preparation and distribution of case management and other related manuals, and awareness-raising activities on violence against children. In Thailand, for example, the government has implemented economic measures and emergency assistance to businesses and vulnerable households, amounting to 15% of GDP. Through these measures, positive impacts that ultimately contribute to the improvement of child welfare have also been observed. For example, Cambodia is promoting the employment of social workers and the development of various guidelines, while the Kyrgyz Republic is promoting the digitization of case management in the wake of the lockdown. In Mongolia, a case management reference group was established and distance training for social workers across the country was conducted. It is expected that these positive influences will have further effects in the future.

#### **14.1.2 Status of initiatives and challenges in child protection systems**

This section summarizes and analyzes the status of initiatives and challenges in child protection systems in the 10 countries from the perspectives of (1) legal and policy framework, (2) measures, (3) implementation structure, (4) infrastructure, (5) social service delivery and interventions, and (6) evaluation and reporting.

##### **(1) Legal and policy framework**

With the exception of Bhutan, nine countries have generally ratified international conventions related to child protection. And the situation was confirmed that domestic laws and regulations are being developed in line with international conventions, including the CRC. In the past, laws and policies were developed in fragments, focusing on vulnerable children (e.g., child labor and human trafficking) or specific groups (e.g., children with disabilities and children without parental care). In recent years, however, there has been a trend to formulate laws and policies to create a comprehensive child protection system. For example, Thailand enacted the Child Protection Act in 2003, which establishes procedures and measures for child

welfare, safety protection, care and behavioral development support, and calls for the participation of society as a whole in child protection. Mongolia, in 2016, amended the Law on the Rights of the Child and the Law on Child Protection to define the roles and duties of all actors and to provide comprehensive framework for child protection. As for Cambodia, it has just begun drafting a law providing for comprehensive protection of children from all forms of violence, abuse, neglect and exploitation, and efforts are underway to establish a child protection system based on the National Policy on Child Protection System 2019-2029 (2020). Similar trends are seen in Bhutan, the Kyrgyz Republic, Myanmar, and Lao PDR.

Furthermore, each country has adopted various policy documents, action plans, and strategies for each issue in the field of child protection and child welfare, and is working on them.

Within the scope of this Survey, no policies have been identified in Bangladesh, Nepal or Pakistan that provide a comprehensive child protection system, with a set of modalities for providing support to high-risk children and their families, from early identification to assessment, support and follow-up. It is recognized that there is a need for efforts to establish such a system. In other countries, the establishment of such child protection systems, including its implementation, is also in a developmental stage. Since the welfare of children is multilayered and interrelated with multiple fields such as education, health, justice, and labor, it is necessary to establish a comprehensive child protection system and strengthen the cooperation and coordination among relevant organizations in order to comprehensively address the challenges faced by children with a series of support in a continuous manner. Such efforts are expected to avoid duplication of budgets and efforts of relevant ministries, agencies and institutions, and to take more effective measures for child protection.

## **(2) Measures<sup>6</sup>**

### **1) Violence against children**

Each country has developed its own laws, strategies and programs to prevent violence and abuse against children, and has taken various measures. Cambodia has established a Steering Committee on Violence Against Women and Violence Against Children, whose membership includes 13 key government ministries and agencies, to strengthen national efforts. According to the Global Initiative to End All Corporal Punishment of Children, the only countries that have banned all forms of violence against children, including violent discipline and corporal punishment, are Mongolia and Nepal. The Kyrgyz Republic, Myanmar and Cambodia have pledged to end all forms of violence against children, and their governments are working on legislation [2]. In addition, Thailand and Lao PDR, as members of the Association of Southeast Asian Nations (ASEAN), have agreed to the “Declaration of Elimination of Violence against Women and Elimination of Violence against Children in 2013”, and are working towards the elimination of violence against children. In this Survey, Kyrgyz confirmed that the principle of prohibition of corporal

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<sup>6</sup> In addition to the measures listed here, there are descriptions of sound development (early childhood intervention) and social security in Thailand and Myanmar, and judicial protection (including rehabilitation facilities) in Thailand, Myanmar, and Lao PDR.

punishment as a form of discipline for children has been introduced in the draft of the new version of the Law on Children issued in 2019.

## **2) Child labour**

Each country has taken various measures against child labor. These include monitoring of workplaces, on-site inspections of high-risk workplaces, implementation of prevention and reintegration programs, establishment of a system for handling forced labor complaints, and activities to raise awareness. Mongolia has developed social security services that contribute to the prevention of child labor by providing monthly cash transfers to children under the age of 18 to cover the cost of food, school fees, and other expenses.

Bangladesh and Bhutan have not ratified the Convention Concerning Minimum Age for Admission to Employment (ILO Convention No.138), and although Nepal and Pakistan have ratified it, inconsistencies with national laws have been pointed out. In Mongolia, the Labour Code stipulates that the minimum age for entering into an employment contract is 16 years old, but this does not apply to children working in the informal sector or to the self-employed, including children who work as horse-racing jockeys. In these countries, child labor measures in line with international standards are not sufficient. In addition, the issue of a shortage of labor inspectors was pointed out in Lao PDR, Bhutan, and the Kyrgyz Republic, which is presumably an issue in other countries as well.

## **3) Child marriage**

Bangladesh, Nepal, Bhutan, and the Kyrgyz Republic, where child marriage is an issue, are working on strict penalties for child marriage and awareness campaigns. In the Kyrgyz Republic, as mentioned earlier, "ala kachu" (a bride kidnapping) has been regarded as a human rights problem, but due to encouragement from the international community and growing criticism within the country, stricter punishments for "ala kachu" are being implemented. In Bangladesh, although penalties for child marriage have been strengthened, a special provision has been made that allows families to invoke special circumstances to overturn the law, raising concerns about the possibility of encouraging child marriage.

## **4) Child trafficking**

With regard to trafficking in persons, efforts are being made to strengthen administrative capacity for law enforcement, measures to protect victims, and awareness-raising activities. In Nepal, a law enforcement agency dedicated to trafficking in persons, the Anti-Trafficking in Persons Bureau, has been established. Myanmar is working to investigate and prevent trafficking in persons through 32 Anti-Trafficking Task Forces established in the police force across the country, and has also established a dedicated 24-hour hotline for reporting trafficking in persons. In Bhutan, the Standard Operating Procedures for a Multi-Sectoral Response to Address Trafficking in Persons in Bhutan has been developed, which defines the roles and responsibilities of each government agency.

Within the scope of this Survey, the challenges of combating human trafficking are significant, especially in Pakistan. In addition to the problematic provision of penalties for sexual trafficking crimes that allow only fines instead of imprisonment, insufficient resources for victim protection, and inappropriate police response to bonded labor have been pointed out.

## **5) Unsupervised children**

In order to provide support to street children, it is first important to understand the actual situation. The government of Punjab, Pakistan, has established a public Open Reception Centers to identify and register children living on the streets, and the registration of street children is underway. In Nepal, “Street children rescue, protection and management guidelines, 2015” have been formulated for the purpose of rescue, counseling, protection and rehabilitation of street children. In Lao PDR, *Pheuan Mit* Center, which was opened by the government with support of UNICEF and Friends International (international NGO), provides basic medical care, food and clothing, and the staff undertakes recreation activities, counselling and support to reintegration with families, and checking children on the street.

Within the scope of this Survey, specific measures in Bangladesh, where the problem of street children is serious, have not been confirmed. There is an urgent need to understand the actual situation and needs of unsupervised children, and then to consider systematic measures in cooperation with NGOs and other relevant organizations.

## **6) Children in institutions (children in alternative care)**

As far as this Survey has been able to confirm, in Bangladesh, Nepal, and Pakistan, there are many private institutions in operation, but the actual situation of children in institutions is not fully understood. In this situation, there are concerns about the operation of the institutions and the quality of care for children. In response to this, the government of Punjab, Pakistan has stipulated a registration system for private institutions and established a system for monitoring in 2020. In these countries, there is an urgent need to understand the actual situation of children in alternative care.

In Cambodia, the Kyrgyz Republic, and Mongolia, it was confirmed that home-based care is the first principle and that alternative care other than institutional care is being promoted. In recognition of the aforementioned issue of unnecessary adoption of institutionalization measures, Cambodia has developed an action plan with the goal of reunifying 30% of children in institutional care (covering five provinces) with their families by 2018. In the Kyrgyz Republic, in order to promote the prevention of institutionalization, the 2019 Action Plan for the Reform of Residential Care Facilities for Children 2019-2021 was adopted, which aims to improve social services for children, including family-based care. As for Lao PDR, there are strong ties between relatives and communities, and orphans without parents are often taken care of by relatives. Adoptions also exist. Monitoring of children in alternative care is under the responsibility of the Committee on Protection and Assistance to Children and village organizations. When children are entrusted to protection and support facilities for care, decisions are generally made by parents, often in consultation with relatives, the head of the village and ministry officials

## **7) Children with disabilities**

With the exception of Bhutan, nine countries have ratified the Convention on the Rights of Persons with Disabilities, and are developing laws, policies and measures according to the Convention.

It was also noted that inclusive education is being promoted in the ten countries surveyed. In Thailand, in particular, the majority of students with special educational needs, including students with disabilities, study in general classes or in inclusive schools with special support services in resource rooms. In the Kyrgyz

Republic and Mongolia, boarding schools for children with disabilities still exist due to their historical background, but more and more children with disabilities are enrolled in regular schools.

## **8) Children without birth registration**

In Pakistan, Bangladesh, Nepal, and Cambodia, where birth registration has been a challenge among the countries surveyed, improvements have been made with the support of UNICEF. In Bangladesh, an online birth registration system was launched in 2010. In Pakistan, a hybrid digital paper approach that allows for both cell phone and traditional paper birth registration was piloted in 2015, with plans to expand to other regions.

## **(3) Implementation structure**

The ministries involved in the field of child protection and child welfare are diverse, and attempts to coordinate and collaborate among the ministries were confirmed in each country. In order to take a cross-sectoral approach, each country has established a committee (or council) at the national level that deals with child rights and protection (chair, membership, roles and authority vary in each country). Such committees have also been established at the local administrative unit level in all the countries.

In addition, it was confirmed that certain mechanisms are installed in the smallest administrative units to monitor the situation regarding children's rights and welfare for further support. For example, in Lao PDR, the Child Protection Network is set up with members of village leaders, security focal persons, and volunteers from other relevant organizations. The roles expected of the Network include capacity building of communities to identify vulnerable children with child protection risks and refer them to the appropriate support services, as well as sensitizing of the communities to prevent violence in homes and communities.

Although detailed information on the actual status of these local-level mechanisms was not confirmed in this Survey, it is assumed from the available data that they are likely not functioning adequately due to lack of organizational capacity, human resources, and budget. It is important to understand the current situation of child protection mechanisms at the local level and to strengthen its implementation structure for the mechanisms to be functional.

## **(4) Infrastructure**

### **1) Human resources**

As far as confirmed in this Survey, only Thailand had an established licensing system for social workers among the countries surveyed. In Mongolia, social workers as a profession are prescribed and defined, but in other countries, various designations seem to be used in the broad and general sense of a person who provides social services.

Overall, it was noted that there is a lack of human resources in child protection and social services, as well as a lack of education and training for those working as social workers. This Survey did not provide detailed information on the current status of human resources engaged in child protection. In order to strengthen the foundations and capabilities of these human resources, it is necessary to first conduct a survey on the current status of their job categories, number of persons, and required expertise, and then calculate the number required and formulate a plan for their training and employment.

## **2) Budget**

In order to improve policies and programs for the realization of children's rights and the promotion of their protection in the context of limited national budgets, it is important to allocate child-related budgets effectively and to weight them in need based. However, to the extent that this Survey has been able to identify, budgets for child rights protection and child advocacy have not been categorized separately, except in Bangladesh, Mongolia, and Thailand. In order to improve child protection and welfare services, effective allocation and utilization of limited resources are crucial that need to be addressed.

Mongolia has incorporated the national budget for child protection activities into the evaluation indicators of the National Programme of Action for Child Development and Protection 2017-2021. This clarifies the current budget as a baseline and the budget targets needed to achieve the goals in the program.

In Japan, the Cabinet Office takes the lead in coordinating relevant ministries and agencies in the national effort to address child poverty. The Cabinet Office also compiles the budget for child poverty measures across ministries and agencies, which makes it possible to check and analyze the progress (each measure has its own ministry with budgetary jurisdiction). Such efforts could be helpful in countries that do not have budget allocations or analyses specific to child protection.

## **3) Efforts by non-governmental organizations**

A number of NGOs and Civil Society Organizations (CSOs) were found to be actively working in the field of child protection in the countries. In order to avoid duplication of activities and to achieve synergies, it is essential for the organizations to cooperate and coordinate. In Cambodia, Bangladesh, and Mongolia, national-level networks of NGOs and CSOs have been established. The BSAF (Bangladesh Shishu Adhikar Forum) in Bangladesh has 269 NGOs participating in various activities such as advocacy to the government and media, and capacity building of NGOs. In Mongolia, the Authority of Family, Child and Youth Development has contracted with a network of NGOs that provide support to children and families, to provide effective and efficient support services that are difficult for government agencies to implement. In Myanmar, the government provides subsidies and technical support for the activities of voluntary community organizations.

## **(5) Social service delivery and interventions**

To identify high-risk children and families, Lao PDR, Myanmar, Bhutan and other countries have established free telephone service systems (helplines or hotlines) that are available 24 hours a day, 365 days a year<sup>7</sup>. Although this Survey does not provide sufficient information on the effectiveness of the service and the issues it faces, it can be assumed that the service is functioning to some extent, given the increase in the number of notifications and consultations received by the toll-free telephone service under the situation of COVID-19 compared to previous years.

Also, it was confirmed that the service delivery mechanisms (committees, networks, etc.) for child protection placed at the smallest administrative unit (regional level), as mentioned in (3) Implementation

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<sup>7</sup> A 365-day, 24-hour toll-free telephone service system has been established in Lao PDR, Thailand, Myanmar, Bangladesh, Bhutan, Nepal, Mongolia, and the Kyrgyz Republic. For Pakistan, the establishment of helplines at the national level and in some provinces has been confirmed.

structure, play an important role in identifying vulnerable children and families at high-risk and referring them to an appropriate support. On the other hand, the available information suggests a situation where these mechanisms are not functioning well or hardly at all. In the Kyrgyz Republic, for example, the lead specialist on social protection at the village council is responsible for a wide range of child protection tasks, including identifying families and children at risk, planning and implementing family support programs, and monitoring custodial and foster parents. However, due to insufficient number of staff and operational capacity, these social protection services are not being provided adequately. In Mongolia, the establishment of Multi-disciplinary Team (MDT) for child protection has been institutionalized through the support of Save the Children, and is being developed nationwide. This system of MDT for child protection is a good example for other countries. On the other hand, strengthening the structure and capacity of MDT and promoting collaboration with various administrative levels have been pointed out as future challenges. In Cambodia, where efforts are being made to establish a comprehensive child protection system, the roles and functions of organizations at the administrative level have been clarified, and progress is expected in the future, however, there is an urgent need to strengthen the capacity for providing a range of support at the community level.

Other than the above, cash transfers related to child welfare were provided in countries such as Thailand, Myanmar, Nepal, and Pakistan, where poverty is the main factor threatening child welfare. Pakistan has a cash transfer program to improve the health and nutrition of children up to 23 months of age and a conditional cash transfer program for school-going children aged 4-12. In Myanmar, as part of early childhood care and development support, mother circles for mothers with children aged 6 months to 3 years has been organized since 2007, providing financial and material support.

For a drastic solution to the violation of children's rights, it is important to provide support to families as a measure to prevent the occurrence of rights violations. Within the scope of this Survey, information was obtained on support for families in Thailand and Mongolia. In Thailand, the role of the family is emphasized in national policies related to child welfare. The statements by the second Prayuth administration announced at its inauguration on September 25, 2019 comprise the subjects related to support for child-rearing families, such as care-giving in due consideration of the future of children based on warm family and community support, preparations to become parents, promotion of knowledge on nutrition, health and child rearing. As for Mongolia, it has implemented a national awareness campaign on positive discipline without corporal punishment. This initiative can be used as a reference for other countries. This Survey was not able to confirm the details of process and practices of child protection service delivery, from identification of at-risk children and families to assessment, referral, support, and follow-up. Further information collection and analysis is needed in the future. In the process of social service delivery and intervention, it is crucial to analyze from the perspectives of cooperation among relevant organizations, support for family beyond the rescue of the child, and protection of the child's rights including the expression of opinions and ensuring the best interests of the child. In this Survey, Bhutan was the only country that identified a Standard Operating Procedure on Case Management for Women and Children in difficult Circumstances, which outlines a series of support delivery processes, including the roles and functions of the relevant agencies. This procedure is a useful reference for other countries.

## **(6) Evaluation and reporting**

Each country has established its own monitoring and evaluation mechanisms for policies, programs and activities in the field of child protection and child welfare. Although it was not possible to confirm the progress of the current plans and programs sufficiently within the scope of this Survey, it is necessary to collect and analyze detailed information on them when considering cooperation.

With regard to statistical data related to child protection, in general, there seems to be an abundance of such data. On the other hand, they are scattered across various sectors and information is not shared among systems, which makes monitoring and evaluation and policy formulation based on integrated analysis of existing data a challenge. In response to these issues, Cambodia, for example, is introducing a child protection information management system with the support of UNICEF. In Bhutan, a centralized management information system has been set up to consolidate data on the protection and the rights of women and children. The Data4Pakistan portal, developed in Pakistan in collaboration with the World Bank, is a website that provides visual information of poverty and development data for each district based on more than 120 indicators. It also includes a lot of data on child welfare, which is expected to be effectively used for policy planning.

This survey did not provide sufficient information on the actual status of monitoring and evaluation system of child welfare services, including residential childcare institutions, and further surveys and analysis are required in the future. In Nepal, the National Child Rights Council regularly conducts audits of child helplines (including institutional functions) that provides child protection and support, and rescues children from the institutions that do not meet minimum standards. In the Kyrgyz Republic, the absence of formal procedures for monitoring and evaluation of services, other than internal audits, was cited as a challenge. As mentioned above, the fact that the actual situation of private institutions is often not understood by the government raises concerns about the protection of children's rights in service provision. In order to ensure the best interests of children in service provision, it is important to establish procedures and guidelines for service provision and facility management, as well as monitoring and evaluation systems by government organizations.



## **14.2 Implications from the survey results of trends in donor assistance and current status in Japan**

### **(1) Analysis on trends in donor assistance**

The survey on trends in donor assistance confirmed that the target agencies are focusing their efforts on combating all forms of violence, abuse and exploitation against children, including child labor, child marriage and human trafficking. Among them, Global Affairs Canada (GAC), the Swedish International Development Cooperation Agency (SIDA), and Plan International focus on GBV, including the response to sexual trafficking. UNICEF is actively involved in the establishment of child protection systems, and in addition to the development of laws, is working on the development of an integrated information system and human resource development. Although the United States Agency for International Development (USAID) does not mention child protection systems in its policy documents, a project in El Salvador, cited in Chapter 12, is implemented, aiming at improving child protection systems and service delivery. Save the Children and World Vision also emphasize the strengthening of child protection systems. The strengthening of service delivery mechanisms and its implementation for child protection at the regional level is being undertaken mainly by NGOs, including Save the Children.

In addition to addressing issues related to child protection, there was also a development of activities for prevention. UNICEF and Save the Children are working to prevent violence and abuse against children by promoting positive discipline and other parenting support. USAID is working on the development of a sound nurturing environment for newborns and infants, including the implementation of family support programs. In addition, other organizations are also conducting awareness-raising and educational campaigns for prevention.

It is also notable that USAID, in the goals in its international assistance strategy in the field of child protection, has given first priority to family-based care and explicitly stated the promotion of family-based care.

In the field of child protection, UNICEF and international NGOs have been leading the cooperation activities, and research on child protection system approaches has been conducted<sup>8</sup>. In considering specific cooperation in a particular country, it is necessary to collect and analyze sufficient information on the past efforts of aid agencies in that country, while taking into account the aid trends of donors.

### **(2) Japan's distinctive initiatives and comparative advantages**

As described in Chapter 13, Japan has shifted its interpretation and approach to child welfare in response to international trends on children's rights and changes in social conditions, and is now strengthening its efforts in "Child and Family Welfare", which aims to "realize well-being for all children and their families" not only for children in need of protection. In the field of child protection and child welfare, some countries have developed measures that focus on intervening in the problems faced by children, i.e., protecting children from harm<sup>9</sup>. In Japan, on the other hand, Child and Family Welfare policies are implemented for

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<sup>8</sup> For example, research on typologies of child protection systems is underway. Related literature includes "Towards a Typology for Child Protection Systems" (2017) [6].

<sup>9</sup> There is an argument that the approach to child protection can be broadly divided into a "child protection orientation" and a

all families, which are the foundation of children's lives and growth, and are characterized by their integrated approach from prevention to intervention and support.

The Government of Japan, although still in the process of development, is working towards the establishment of a system to seamless child protection services in a continuous manner at the community level, by connecting the fields of welfare, education, health and medical care in a cross-sectional manner<sup>10</sup>. It is a community-based mechanism that aims to prevent and reduce the risk of child maltreatment and other forms of violence through support for all child-rearing families (populational approach), while connecting children and families in need of intervention to support and protection, as well as promoting family reintegration through family support. By building a relationship of trust between supporters and families in the community at an early stage through child-rearing support as a form of prevention, it is also easier for families to seek consultation and support when they find themselves in need of assistance. The experience of building such a comprehensive regional approach will be useful for developing countries that are working toward the establishment of community-based mechanism for child protection. Specifically, the establishment of Comprehensive Support Centers for Families with Children and Regional Council for Children in Need of Social Protection, the cooperation of multiple organizations such as education, health, welfare, and the police, and the practice of case management for children in need of protection would be useful experiences.

Efforts to promote care and protection for children in an environment similar to that of the home are also useful knowledge for developing countries that will be faced with similar challenges in the future. In Japan, institutional care has developed from the experience of taking care of orphans in institutions from the Meiji era to the postwar period. As a result, a wealth of knowledge has been accumulated on institutional care, including methods of caring for children and protecting their rights<sup>11</sup>. With this background, Japan set forth the principle of prioritizing family-based care in its "New Vision for Social Care" in 2017, and approved a policy of nurturing all children including children in need of care and protection in an environment as similar to that of a family as possible. Although the Survey identified various challenges in practice, the lessons learned and experiences gained from the process of various initiatives, such as the development of multifunctional and small-scale Child Care Institutions and family-like child-rearing environments (family homes and foster homes), will have many implications for developing countries.

In addition to the above, Japan has accumulated distinctive experience and knowledge on measures to support child rearing, child poverty, children with disabilities, and juvenile delinquency, respectively.

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"family service orientation. The "child protection orientation" focuses on the protection of children, while the "family service orientation" understands that children's problems are caused by problems in the environment surrounding the family, and focuses on supporting the family. According to Rhys Price-Robertson, Leah Bromfield, and Alister Lamont (2014), countries characterized by a "child protection orientation" are Australia, the United States, the United Kingdom, Canada, and New Zealand, and a "family service orientation" is European countries, Denmark, Belgium, and Sweden [7].

<sup>10</sup> Regarding this, municipalities are responsible for child-rearing support and identification of high-risk children and families, but prefectures are responsible for social care for children, which is an issue of fragmentation. This point was also pointed out in the interview.

<sup>11</sup> According to an interview with Mr. Takase, the director of Sanai Children's Home (February 9, 2021).

### (3) Responses to challenges in the countries and related experiences by countries, donors, and Japan

Based on the analysis of the country surveys, trends in donor assistance, and Japan's current status, Table 14-2 summarizes the responses to the challenges in the countries and the related experiences of countries, donors, and Japan.

Table 14-2 Responses to challenges in the countries and related experiences by countries, donors, and Japan

| Framework of child protection systems | Responses to challenges in the countries  | related experiences by countries, donors, and Japan  |
|---------------------------------------|---|--|
| Legal and policy framework            | <ul style="list-style-type: none"> <li>Establishment of a comprehensive child protection system<br/><i>(Countries where the system needs to be strengthened: Bangladesh, Nepal, Pakistan)</i></li> <li><i>(Countries in need of strengthening: Cambodia, Lao PDR, Thailand, Myanmar, Bhutan, Mongolia, the Kyrgyz Republic)</i></li> </ul>  | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>UNICEF is actively involved</li> <li>Save the Children and World Vision work to strengthen the systems</li> </ul> <p>&lt;Surveyed country&gt;</p> <ul style="list-style-type: none"> <li>Development of the National Programme of Action for Child Development and Protection 2017-2021 in Mongolia</li> </ul> <p>&lt;Japan&gt;</p> <ul style="list-style-type: none"> <li>Establishment of a system for providing a series of support from prevention to intervention, support, and follow-up</li> </ul>   |
| <i>Measures</i>                       |   |  |
| 1) Violence against children          | <ul style="list-style-type: none"> <li>Prohibit all forms of violence against children, including violent discipline and corporal punishment<br/><i>(Countries with particular challenges: Bangladesh, Bhutan, Pakistan)</i></li> <li>Responding to social acceptance of violent discipline and corporal punishment.<br/><i>(Countries with particular challenges: all the countries surveyed)</i></li> </ul> | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>UNICEF is actively involved (expansion of parenting programs, policy development on violence prevention in schools, strengthening child protection on the internet, child protection in humanitarian aid, etc.)</li> <li>USAID: Elimination of all forms of violence, exploitation, and abuse against children as one of the three goals of the international aid strategy in the field of child protection</li> <li>Save the Children: Also focus on parenting support (promoting positive discipline) as prevention</li> <li>World Vision: Legislation, expansion of social services, promotion of behavior and attitude change</li> <li>GAC, SIDA, Plan International: Eliminating violence against women and girls is a priority policy issue</li> <li>SIDA: Focus on eradicating GBV</li> </ul> <p>&lt;Surveyed country&gt;</p> <ul style="list-style-type: none"> <li>Enacted laws prohibiting all forms of violence against children, including violent discipline, in Mongolia and Nepal</li> </ul> <p>&lt;Japan&gt;</p> <ul style="list-style-type: none"> <li>Foster social awareness of child abuse prevention</li> <li>Establish a series of support processes for prevention, early detection, and early response</li> <li>Cross-sectoral initiatives</li> </ul> |

| Framework of child protection systems                      | Responses to challenges in the countries  | related experiences by countries, donors, and Japan   |
|--|---|---|
| 2) Child labour  | <ul style="list-style-type: none"> <li>Strengthen measures against child labor in line with international conventions<br/><i>(Countries with particular challenges: Bangladesh, Bhutan, Nepal, Pakistan)</i></li> <li>Addressing the shortage of labor inspectors<br/><i>(Countries with particular challenges: all the countries surveyed)</i></li> </ul>  | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>ILO is actively involved</li> </ul>  |
| 3) Child marriage  | <ul style="list-style-type: none"> <li>Bangladesh, Nepal, Bhutan, and the Kyrgyz Republic, where child marriage is an issue, are already working on strict penalties for child marriage and awareness campaigns</li> </ul>  | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>UNICEF is actively involved (law development, policy making, empowerment of girls, etc.)</li> <li>GAC: One of the central issues is the elimination of sexual violence against girls and GBV</li> <li>Save the Children: policy advocacy, public relations, law enforcement, and advocacy for social norms</li> </ul>  |
| 4) Child trafficking                                       | <ul style="list-style-type: none"> <li>Within the scope of this Survey, the challenges of combating human trafficking are particularly great in Pakistan</li> </ul>   | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>It is addressed in the context of violence and abuse against children. In addition, sexual trafficking is addressed within the framework of GBV</li> <li>Save the Children: Awareness-raising activities, victim support, legal support</li> <li>World Vision: Regional Program on Human Trafficking in the Greater Mekong Region</li> </ul>   |
| 5) Unsupervised children                                   | <ul style="list-style-type: none"> <li>Identify the actual situation of street children, and consider and implement support measures based on the results<br/><i>(Countries with particular challenges: other than Mongolia)</i></li> </ul>   | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>NGOs and CSOs are actively involved in the countries surveyed</li> </ul>   |
| 6) Children in institutions (children in alternative care) | <ul style="list-style-type: none"> <li>Identify the actual situation of children under alternative care, including those living in institutions, and consider support measures based on the results<br/><i>(Countries with particular challenges: all the countries surveyed)</i></li> <li>Strengthen response to unnecessary institutionalization<br/><i>(Countries with particular challenges: all the countries surveyed)</i></li> </ul> | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>USAID: Promote family-based care for children as the first priority in the goals of the international aid strategy in the field of child protection</li> </ul> <p>&lt;Surveyed country&gt;</p> <ul style="list-style-type: none"> <li>Development of the 2019 Action Plan for the Reform of Residential Care Facilities for Children 2019-2021 in the Kyrgyz Republic</li> <li>Setting a goal and developing an action plan to reunify 30% of children in institutional care with their families in Cambodia (covering five provinces)</li> </ul> <p>&lt;Japan&gt;</p> <ul style="list-style-type: none"> <li>Establishing a system to provide child-rearing support as prevention and a series of support services, including identification, assessment, intervention, support, and follow-up for high-risk children and families</li> </ul> |

| Framework of child protection systems  | Responses to challenges in the countries  | related experiences by countries, donors, and Japan   |
|--|---|---|
|  |   | <ul style="list-style-type: none"> <li>Promotion of social care for children in an environment similar to that of a family (including functional transformation of Child Care Institutions)</li> </ul>  |
| 7) Children with disabilities  | <ul style="list-style-type: none"> <li>Access to inclusive education for all children</li> </ul> <p><i>(Countries with particular challenges: all the countries surveyed)</i></p>   | <p>(This Survey does not address trends in assistance specific to children with disabilities)</p> <p>&lt;Japan&gt;</p> <ul style="list-style-type: none"> <li>Establish a community-based system for early identification of disabilities and provision of support for development</li> <li>Implementing special needs education by setting up diverse places of learning</li> </ul>                          |
| 8) Children without birth registration   | <ul style="list-style-type: none"> <li>Full dissemination of birth registration, reduction of regional disparities</li> </ul> <p><i>(Countries with particular challenges: Pakistan, Bangladesh, Nepal, Cambodia)</i></p>   | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>UNICEF is actively involved (development of laws and policies, registration systems, etc.)</li> </ul> <p>&lt;Surveyed country&gt;</p> <ul style="list-style-type: none"> <li>Implementation of online birth registration system in Bangladesh</li> </ul>   |
| <p>&lt;Japan&gt; In addition to the measures above, other initiatives that can be referred to include measures to support child-rearing, child poverty, and juvenile delinquency</p> |   |   |
| Implementation structure   | <ul style="list-style-type: none"> <li>Understanding the actual situation regarding child protection mechanisms in the smallest administrative units and strengthening its implementation based on the results</li> </ul> <p><i>(Countries with particular challenges: all the countries surveyed)</i></p>  | <p>&lt;Japan&gt;</p> <ul style="list-style-type: none"> <li>Identification of children in need of protection and establishment of a system for continuous and seamless support in the context of child-rearing support in municipalities</li> <li>Regional Council for Children in Need of Social Protection</li> </ul>   |
| <b>Infrastructure</b>  |   |   |
| 1) Human resources   | <ul style="list-style-type: none"> <li>Strengthen the quantity and quality of human resources (social workers) working in child protection and social services</li> </ul> <p><i>(Countries with particular challenges: all the countries surveyed)</i></p>  | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>In the above "Measures", human resources is also being addressed</li> </ul> <p>&lt;Japan&gt;</p> <ul style="list-style-type: none"> <li>Deployment and training of Child Welfare Officers and other specialists in Child Guidance Centers</li> <li>Social work practice for children in need of care and protection (Case Management)</li> </ul> |
| 2) Budget  | <ul style="list-style-type: none"> <li>Budget allocation and analysis specific to child protection</li> </ul> <p><i>(Countries with particular challenges: Cambodia, Lao PDR, Myanmar, Bhutan, Nepal, the Kyrgyz Republic)</i></p> <ul style="list-style-type: none"> <li>Strengthen policy formulation based on budget analysis and data on child protection</li> </ul> <p><i>(Countries with particular challenges: all the countries surveyed)</i></p> | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>In the above " Legal and policy framework " and "measures", "budget" is also addressed</li> </ul>  |

| Framework of child protection systems     | Responses to challenges in the countries   | related experiences by countries, donors, and Japan   |
|---|--|---|
| Social service delivery and interventions | <ul style="list-style-type: none"> <li>• Strengthen service delivery mechanisms and implementation of child protection at the community level</li> </ul> <p><i>(Countries with particular challenges: all the countries surveyed)</i></p> <ul style="list-style-type: none"> <li>• Identifying the actual situation in the process of social service delivery and interventions for children in need of social care and address the issues identified (existence of family support, status of child rights protection, etc.)</li> </ul> <p><i>(Countries with particular challenges: all the countries surveyed)</i></p> | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>• NGOs, including Save the Children, are actively involved</li> </ul> <p>&lt;Japan&gt;</p> <ul style="list-style-type: none"> <li>• Establishing a system for providing child-rearing support as prevention and a series of support services, including identification, assessment, intervention, support, and follow-up for high-risk children and families</li> <li>• Support for family reintegration: family assessment, implementation of family support (reintegration program), etc.</li> <li>• Building a network among medical institutions and other organizations involved in child protection</li> </ul> |
| Evaluation and reporting                  | <ul style="list-style-type: none"> <li>• Development of an integrated information system</li> </ul> <p><i>(Countries with particular challenges: Lao PDR, Myanmar, Bangladesh, Nepal, Mongolia, the Kyrgyz Republic)</i></p> <ul style="list-style-type: none"> <li>• Identifying the actual status of monitoring and evaluation system for child welfare services, and establishing the system</li> </ul> <p><i>(Countries with particular challenges: all the countries surveyed)</i></p>  | <p>&lt;Donors&gt;</p> <ul style="list-style-type: none"> <li>• Information system: UNICEF is actively involved</li> </ul> <p>&lt;Japan&gt;</p> <ul style="list-style-type: none"> <li>• Establishment of a nationwide information sharing system for children in need of protection (in progress)</li> <li>• Conducting administrative guidance audits and third-party evaluations of social care facilities</li> </ul>   |

Source: Survey Team

### **14.3 Recommendations for JICA's future cooperation in child protection sector**

#### **14.3.1 Direction of Cooperation**

As discussed above, with regard to the provision of child protection services, each country has made progress in the development of laws, relevant policies and guidelines, and its implementation structure. Among them, Cambodia, Mongolia, Bhutan, the Kyrgyz Republic, Thailand, Lao PDR, and Myanmar are working to establish a comprehensive child protection system, which is expected to be effective in the future and needs to be strengthened. In Bangladesh, Nepal and Pakistan, efforts to establish such systems are urgently needed. While UNICEF is the main international organization working on the institutionalization of child protection systems, Japan has many years of experience in developing the system and mechanisms to provide a series of support services for child protection. The establishment of a comprehensive child protection system that prioritizes family-based care is still in the process of development, however, the experiences and lessons learned from the process of developing the system and its implementation can be useful for developing countries. Therefore, it is proposed to include establishment and strengthening of comprehensive child protection systems as one of JICA's future cooperation strategies in the field of child protection.

In relation to child protection systems, and to the extent that this Survey was able to confirm, the provision of child protection, particularly at the local level, is likely to be inadequate or barely functioning in the countries surveyed. Whereas, Japan has established a community-based mechanism to provide child-rearing support as prevention and a series of child protection support services, including identification, assessment, intervention, support, and follow-up for high-risk children and families, which are useful experiences and lessons for developing countries facing the above issues. Strengthening community-based mechanism for child protection is an area in which Japan has an advantage.

There are other Japanese approaches and experiences that would be useful to tackle the issues in developing countries, as shown in Table 14-2, and cooperation based on these can be considered.

#### **14.3.2 Possible JICA's cooperation in child protection sector**

Based on Table 14-2 and the direction of cooperation described above, the possible contents of JICA's cooperation are presented below. Although the following summarizes the contents of technical cooperation project, it is also effective to consider the cooperation in combination with other aid schemes such as training in Japan and dispatch of JICA volunteers.

**(1) Establishment of a comprehensive child protection system**

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|---|--|
| <b>Needs</b>  | <p>For more effective measures of child protection, there is a need to establish or strengthen a comprehensive child protection system that identifies how to provide a series of support for high-risk children and families, from early detection to assessment, intervention and follow-up, and the roles of all relevant agencies.</p> <p>(Countries where the system needs to be strengthened: Bangladesh, Nepal, Pakistan)<br/>(Countries in need of strengthening the system: Cambodia, Lao PDR, Thailand, Myanmar, Bhutan, Mongolia, the Kyrgyz Republic)</p>  |
| <b>Japanese resources and experience that can be utilized</b> | <p>Establishing a comprehensive child protection systems for providing child-rearing support as prevention and a series of support services, including identification of high-risk children and families, assessment, intervention, support, and follow-up.</p>  |
| <b>Targets</b>  | <ul style="list-style-type: none"> <li>• Core agencies for building comprehensive child protection systems</li> </ul> <p>(Agencies assumed from survey results)</p> <p>Cambodia: Ministry of Social Affairs, Veterans Affairs and Youth Rehabilitation<br/>Cambodian National Children's Council</p> <p>Lao PDR: Ministry of Labour and Social Welfare<br/>Child Protection and Assistance Committee</p> <p>Thailand: Department of Children and Youth, Ministry of Social Development and Human Security /National Child and Youth Protection Committee</p> <p>Myanmar: Department of Social Welfare, Ministry of Social Welfare Relief and Resettlement / National Committee on the Rights of the Child</p> <p>Bangladesh: Ministry of Women and Children Affair<br/>National Council for Women and Child Development</p> <p>Bhutan: Children Division of the National Commission for Women and Children<br/>National Women and Children Welfare Committee</p> <p>Nepal: Ministry of Women, Children and Senior Citizens<br/>National Child Rights Council</p> <p>Pakistan: National Commission on the Rights of the Child<br/>National Commission for Child Welfare and Development<br/>Provincial social welfare departments and provincial authorities (the names of these authorities vary by province)</p> <p>Mongolia: Authority for Family, Child and Youth Development, Ministry of Labour and Social Protection / National Council for Children</p> <p>The Kyrgyz Republic: Family and Child Protection Department, Ministry of Labour and Social Development / Coordinating Council for Social Protection of the Population and the Rights of Children</p> |
| <b>Contents</b>   | <ul style="list-style-type: none"> <li>• Capacity building of target agencies and strengthening human resources</li> <li>• Assistance in planning, implementation, monitoring and evaluation of policies, strategies and programs related to comprehensive child protection systems</li> <li>• Building partnerships among relevant organizations for child protection (national and regional levels)</li> </ul> <p>&lt;Considerations&gt;</p> <ul style="list-style-type: none"> <li>✓ As a child protection system, it is important to consider the implementation structure, infrastructure (budget and human resources), service provision process, and evaluation and reporting (integrated information system and audit system).</li> <li>✓ It is important to build a system that not only detects abuse and other violations of children's rights and protects children, but also takes into account prevention and family reintegration.</li> </ul>   |
| <b>Expected outcomes</b>                                      | <ul style="list-style-type: none"> <li>• A process of a series of support provision for children and families at risk is clarified, rather than by issue.</li> <li>• Issues that need to be addressed in the child protection system are clarified and measures to address them are discussed.</li> <li>• The roles of relevant organizations are clarified, and cooperation is to be strengthened.</li> <li>• As a result of the above, all children at risk and their families, regardless of the challenges they face, are able to receive appropriate support from an early stage.</li> </ul>  |



**(2) Strengthening community-based child protection mechanisms (including prevention)**

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| <b>Needs</b>  | <p>The provision of child protection services at the local level is likely to be inadequate or barely functioning.</p> <p>(Countries with particular challenges: all the countries surveyed<sup>12</sup>)</p>  |
| <b>Japanese resources and experience that can be utilized</b> | <p>Establish community-based child protection mechanisms, including prevention, early detection, assessment, intervention, support, and follow-up</p> <ul style="list-style-type: none"> <li>• Comprehensive Support Centers for Families with Children</li> <li>• Regional Council for Children in Need of Social Protection</li> <li>• Social work practice for children in need of care and protection (case management)</li> <li>• Support for family reintegration</li> </ul>   |
| <b>Targets</b>  | <ul style="list-style-type: none"> <li>• Mechanisms, institutions, networks, etc. established at the local level to provide support for child protection</li> </ul> <p>(Organizations assumed from survey results)</p> <p>Cambodia: Commune/Sangkat Committee for Women and Children Committees<br/> Lao PDR: Child Protection Network (CPN), the Village Mediation Unit<br/> Thailand: Child and Youth Council<br/> Village and <i>tambon</i>-level organizations (need further study)</p> <p>Myanmar: Community-based voluntary organizations (need further study)<br/> Bangladesh: Community Based Child Protection Committee<br/> Bhutan: Dzongkhag/Thromde Women and Children Committee<br/> Nepal: Child rights Council/Committees at local levels<br/> Pakistan: (need further study by provinces)<br/> Mongolia: Multi-disciplinary Team (MDT)<br/> The Kyrgyz Republic: Commission on Children's Affairs</p>  |
| <b>Contents</b>   | <ul style="list-style-type: none"> <li>• Analyzing the actual situation and needs regarding community-based child protection mechanisms</li> <li>• Organizing the roles of related organizations from prevention to early detection and support, and building a system of cooperation</li> <li>• Development of manuals for early detection and response at medical facilities and schools</li> <li>• Strengthening the implementation of case management for high-risk children and families</li> </ul> <p>&lt;Considerations&gt;</p> <ul style="list-style-type: none"> <li>✓ When assessing the actual situation regarding existing systems, the roles of organizations involved in child protection and child welfare should be organized and their coordination systems should be confirmed.</li> <li>✓ In terms of coordination among relevant organizations, not only cooperation at the regional level, but also vertical cooperation among administrative organizations should be monitored.</li> <li>✓ In case management, family support and reintegration should be incorporated.</li> </ul> |
| <b>Expected outcomes</b>                                      | <ul style="list-style-type: none"> <li>• Community-based child protection mechanisms for high-risk children and families, from prevention to intervention and support, are strengthened through the collaboration of relevant organizations.</li> <li>• As a result, children in need of protection and their families can be identified at an early stage and are referred to the necessary support. In addition, preventive activities at the community level will reduce the risk of threats to children's welfare.</li> </ul>  |

<sup>12</sup> As for Mongolia, it was confirmed that the support provision mechanism by the Multi-disciplinary Team is functioning to some extent, but weaknesses in the management system and issues in vertical inter-organizational cooperation were pointed out.

### (3) Strengthen human resources for child protection

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| <b>Needs</b>  | The number of human resources engaged in child protection and child welfare is insufficient, and education and training are also inadequate.<br>(Countries with particular challenges: all the countries surveyed)   |
| <b>Japanese resources and experience that can be utilized</b> | <ul style="list-style-type: none"> <li>• Deployment and training of Child Welfare Officers and other professionals in Child Guidance Centers</li> <li>• Social work practice for children in need of care and protection (case management)</li> </ul>  |
| <b>Targets</b>  | <ul style="list-style-type: none"> <li>• Government agencies that have jurisdiction over the placement and regulation of human resources for child protection</li> <li>• Existing human resources for child protection</li> <li>• Training institutions for social workers (universities and other educational institutions)</li> </ul>  |
| <b>Contents</b>   | <ul style="list-style-type: none"> <li>• Assessing and analyzing the actual situation and needs related to human resources for child protection</li> <li>• Calculation of the required number of human resources, and formulation of training and employment plans</li> <li>• Establishment of regulations and licensing system for social workers as professionals (according to the needs of the country)</li> <li>• Establishment of guidelines and manuals for case management</li> </ul> <p>&lt;Considerations&gt;</p> <ul style="list-style-type: none"> <li>✓ It is important to utilize and strengthen the capacity of existing human resources, including NGOs and CSOs, rather than training new child protection human resource professionals.</li> </ul> |
| <b>Expected outcomes</b>                                      | <ul style="list-style-type: none"> <li>• Plans for the deployment and training of human resources for child protection are formulated according to the circumstances of each country.</li> <li>• Infrastructure for strengthening the capacity of child protection personnel is developed.</li> <li>• As a result, children and their families can receive support services based on the rights of the child.</li> </ul>   |

### (4) Strengthening monitoring and evaluation systems for child protection services (especially residential childcare institution)

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| <b>Needs</b>  | In many cases, the actual situation of residential childcare institutions (especially private ones) is not monitored by the government, and there are concerns about the protection of children's rights in service provision.<br>(Countries with particular challenges: all the countries surveyed)   |
| <b>Japanese resources and experience that can be utilized</b> | <ul style="list-style-type: none"> <li>• Implementation of administrative guidance audits and third-party evaluations of child welfare facilities</li> </ul>   |
| <b>Targets</b>  | <ul style="list-style-type: none"> <li>• Administrative bodies with jurisdiction over child protection services.</li> </ul>  |
| <b>Contents</b>   | <ul style="list-style-type: none"> <li>• Establishing a mechanism for government registration of private child protection service providers</li> <li>• Development of guidelines, code of conduct and manuals for the provision of child protection services</li> <li>• Supporting the implementation of administrative guidance audits</li> </ul> <p>&lt;Considerations&gt;</p> <ul style="list-style-type: none"> <li>✓ In some countries, guidelines and regulations for child protection services have been established. It is necessary to consider cooperation based on a detailed understanding of the actual situation and needs analysis in each country.</li> <li>✓ As for child protection services, it is also important to ensure that there are opportunities for children to make complaints and express their opinions.</li> </ul> |
| <b>Anticipated outcomes</b>                                   | <ul style="list-style-type: none"> <li>• A monitoring and evaluation system for child protection services is established.</li> <li>• Uniform and high-quality care for children is provided in residential childcare institutions, etc., and rights of children are ensured.</li> <li>• As a result, rights of children in alternative care are protected and receive quality support services.</li> </ul>   |

**(5) Development of a roadmap for promoting family-based care for children**

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| <b>Needs</b>  | <p>There is a situation where unnecessary institutionalization is taking place, and measures are needed to promote family-based care.</p> <p>(Countries with particular challenges: all the countries surveyed)</p>  |
| <b>Japanese resources and experience that can be utilized</b> | <ul style="list-style-type: none"> <li>• Development of the “New Vision for Social Care” (2017)</li> <li>• Efforts to promote social care in an environment similar to that of a family (including transforming the functions of Child Care Institutions and building a support system for foster parents)</li> <li>• Formulation of a plan to promote family-based care in prefectures</li> </ul>   |
| <b>Targets</b>  | <ul style="list-style-type: none"> <li>• Administrative bodies with jurisdiction over child protection services.</li> </ul>  |
| <b>Contents</b>   | <ul style="list-style-type: none"> <li>• Establishment of a system to monitor the actual situation of children under alternative care including residential childcare institutions and foster care</li> <li>• Support for the formulation of policies and programs to promote family-based care</li> <li>• Strengthening efforts for family reintegration through family assessment and family support</li> </ul> <p>&lt;Considerations&gt;</p> <ul style="list-style-type: none"> <li>✓ Based on Japan's experience, it is important to consider changing the functions of existing facilities, reducing their size, and using the knowledge gained from these facilities to develop family-based care in the community.</li> <li>✓ As a lesson learned from Japan's experience, it is necessary to set long-term and phased goals and activities, taking into account the current status and implementation structure, etc., rather than setting goals that are far from the actual situation.</li> <li>✓ It is necessary to develop a support system for alternative care in the community along with its expansion.</li> </ul> |
| <b>Expected outcomes</b>                                      | <ul style="list-style-type: none"> <li>• Practices based on the principle of prioritizing family-based care are implemented.</li> <li>• A roadmap for the promotion of family-based care is developed.</li> <li>• As a result of the above, appropriate support is provided to at-risk children and families to seek continuation for family-based care (responses and support to avoid unnecessary institutionalization are considered, and family integration of children separated from their families are promoted). In addition, as an alternative form of care, the number of children who are cared for in a family-like environment will increase.</li> </ul>  |

**14.3.3 Considerations for Cooperation**

Finally, the below is the points to be considered when planning cooperation in the field of child protection. As in other sectors, it is necessary to ensure that cooperation is consistent with the national development policies of each government and Japan's assistance policies in each country, and to ensure sustainability.

**(1) Support for the development of measures based on a rights-based approach of children**

As described in the policy and legal framework in the country surveys, each country has developed laws and policies based on the children's rights described in the CRC and in line with relevant international conventions and international norms such as the United Nations Guidelines for the Alternative Care of Children, which were developed in accordance with the CRC. This relies on a rights-based approach of children. It is important to consider and implement cooperation based on the rights-based approach that takes into account the international norms and framework mentioned above, as well as concluding observations by CRC Committee. On the other hand, the realization of children's rights as stated by the CRC is not an easy task. In cooperation, it is necessary to share a long-term vision with counterparts, while considering pragmatic and step-by-step support measures in line with the current situation. Relatedly, from the results of this Survey, it can be said that in order to promote children's rights, it is important to raise

awareness on CRC in communities and administrative organizations, along with the development of systems and infrastructure. Therefore, although it is difficult to see results in the short term, it is essential to work on raising the level of understanding of children's rights in parallel with other activities.

**(2) Consideration of socioeconomic and political-cultural conditions of each country**

Even looking at just the 10 countries surveyed, there is a diversity of situations related to child protection and child welfare. For example, there is a child rearing by skipped-generation households related to migrant workers in Thailand, ethnic conflicts and armed conflicts in Myanmar and Pakistan, and historical measures centered on institutionalization in Cambodia and the Kyrgyz Republic. It is essential to consider cooperation based on the socioeconomic and political-cultural conditions of each country. In addition, child protection measures, including child-rearing support and alternative care, are developed within the unique historical and cultural contexts of each country, and it is necessary to take such contexts into consideration when discussing future directions with counterparts.

**(3) Collaboration and coordination with other donors and local CSOs**

As mentioned earlier, in the field of child protection, UNICEF and international NGOs have been leading the cooperation activities. It is important for JICA to collect sufficient information on the activities and infrastructure that have been accumulated and developed in the target countries when planning cooperation projects. It is also expected that there will be a synergistic effect of assistance through collaboration with other donors, including awareness-raising activities on children's rights in the community. Proactive emphasis on collaboration and coordination with other donors is required. Furthermore, it has been confirmed that local CSOs and community organizations are actively working at the grassroots level in the field of child protection, therefore collaboration with these organizations would be effective.

**(4) Development of activities based on systems and institutions in related fields (health, education, social security, etc.)**

Child protection is interrelated with various fields, including health, education, and the social security sector. For the effective provision of child protection services, it is important to strengthen cooperation with these related fields and to develop activities based on existing systems and institutions. For example, in Mongolia, family health centers, which are primary level medical institutions, have been established to be close to families. The family health centers could be positioned as the core of child protection related organizations and work on early detection of child abuse and the establishment of a support system. In addition, it is necessary to pay attention to the poverty measures and social security systems in each country, since family poverty is a major background to issues such as child labor, human trafficking, and unnecessary institutionalization.

**(5) Setting the baseline at the beginning of cooperation**

In the future, it will be effective for JICA to establish baseline indicators that can be compared among countries for cooperation projects in the field of child protection. It is necessary to consider appropriate indicators with reference to the efforts of international organizations and international NGOs.

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