



Alternative Child Care and Deinstitutionalisation in Asia

Findings of a desk review

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Acronyms

ARC	Advocating the Rights of Children
BCN	Better Care Network
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Surveys
EAPRO	East Asia and Pacific Regional Office
GNI	Gross National Income
HDI	Human Development Index
HDR	Human Development Report
HFHK	Hope for Himalayan Kids
HIV/AIDS	Human immunodeficiency virus infection/ acquired immune deficiency syndrome
MICS	Multiple Indicator Cluster Surveys
MoLSAMD	Ministry Multiple Indicator Cluster Surveys of Labour, Social Affairs, Martyrs and Disabled (Afghanistan)
MoSVY	Ministry of Social Affairs Veterans and Youth Rehabilitation (Cambodia)
NGO	Non Governmental Organisation
RM	Malaysian Ringgit
ROSA	Regional Office for South Asia
RSCC	Reception and Study Centers for Children
SAARC	South Asia Association for Regional Cooperation
SACG	South Asia Coordinating Group on Action against Violence against Children
SAIEVAC	South Asia Initiative to End Violence Against Children
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar

Introduction

This desk review is part of a wider study commissioned to SOS Children's Villages International by the European Commission. The overall study aims to map the issue of alternative care and deinstitutionalisation in countries in Asia, South and Central America, and Africa. It also seeks to increase the evidence on child protection, alternative care and deinstitutionalization and on how this can be addressed, in order to potentially inform future initiatives in these continents, at country or regional level.

The study comprises three continental desk reviews and six field-based case studies. This report is the desk review on alternative care and deinstitutionalisation in Asia. It is accompanied by two country case studies: one focussing on Indonesia and one on Nepal. The results of the regional reports and case studies are synthesised in a report entitled *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

Aim of the study

This study aims to provide a brief mapping and summary of existing knowledge on alternative care and de-institutionalisation in developing countries in Asia.

Scope of the study

This report is about alternative care, about children living in forms of care alternative to the care provided by their parents. Alternative care may be formal or informal and may be provided in different settings.

The conceptual framework for this study has been informed by the Guidelines on Alternative Care, welcomed by the United Nations General Assembly in its 64th session in February 2010.

This study covers South Asia and South East Asia. It does not cover Central Asia, nor "SouthWest Asia" which overlaps with the Middle East. It covers developing countries, at different stages of human and economic development. Based on the World Bank classification of country income groups, countries covered include:¹

- *Low-income countries*: Democratic People's Republic of Korea, and Cambodia, in South-East Asia; Afghanistan and Nepal, in South Asia.
- *Lower middle-income countries*: Indonesia, Laos, Myanmar, Mongolia, Philippines, Sri Lanka, Timor-Leste, and Vietnam, in South East Asia; Bangladesh, Bhutan, India, and Pakistan in South Asia.
- *Upper middle-income countries*: China, Malaysia, Mongolia, and Thailand, in South East Asia; Maldives in South Asia.

¹ This study covers only developing countries, so high-income countries are not included here. For the current 2016 fiscal year, low-income economies are defined as those with a GNI per capita, calculated using the [World Bank Atlas method](#), of \$1,045 or less in 2014; middle-income economies are those with a GNI per capita of more than \$1,045 but less than \$12,736; high-income economies are those with a GNI per capita of \$12,736 or more. Middle-income economies are subdivided into lower-middle-income and upper-middle-income by a cut-off value of \$4,125 GNI per capita. Source: <http://data.worldbank.org/about/country-and-lending-groups>

Methodology and Limitations

This desk review was guided by the the following main research questions:

- What do we know about the forms – formal and informal - of alternative care being used in developing countries in Asia?
- What data is available?
- What are the recorded/ perceived or presenting reasons why children are in formal and informal alternative care in Asia?
- What are the documented outcomes for children placed in alternative care in Asia?
- What efforts are being made towards childcare reform and deinstitutionalisation in the continent?

A literature review was conducted by means of a systematic search of academic and other web-based databases. Additional reports and materials, including unpublished material, were also included. To identify the relevant literature, the following set of search terms were used, for each country and for each sub-region (South Asia and South-East Asia):

- 'children without parental care' in;
- 'children in alternative care' in;
- 'orphans' in;
- 'children in institutions' in;
- 'children in foster care' in;
- 'children in informal care' in;
- 'gatekeeping' in;
- 'child care reform' in;
- 'child protection system' in;
- 'deinstitutionalisation' in;
- 'decision making for children' in;
- 'child protection assessment' in.

Additionally, the researcher reviewed the websites and online databases of major organisations working on alternative care (Better Care Network, UNICEF, Save the Children, Terre des hommes, SOS Children's Village and others).

The search largely considered documents that had been published in the past 10 years. Unpublished literature was included, when provided by a known professional source.

In total, over 140 reports, documents and, academic peer reviewed papers, with specific reference to South Asia, South East Asia and individual countries, were identified and examined. Based on pre-determined inclusion and exclusion criteria, including the relevance of documents and their publication dates (the date limits set on records to search was: 2005–2016), a total of 84 reports and academic peer reviewed papers and 2 documentary videos, with specific reference to South Asia, South-East Asia and individual countries, were selected and scrutinised. Additional global documents, relevant to the issue of alternative care, and used for the purpose of informing the framework within which the study has been conducted, were also reviewed. A list of all documents can be found in the bibliography at the end of this paper.

In order to extract the relevant data for this analysis and ensure consistency in the presentation of findings with the other desk studies, covering Africa and South and

Central America, a template data extraction form was used. The following information was identified in the literature and recorded:

- Country Context/General Information
- Reasons given for children being placed in care (and remaining in care)
- Documented outcomes for children in care
- Types of formal alternative care in the country
- Types of informal alternative care in the country
- Number of children without parental care
- Number of children in institutions
- Number/rate of children in formal alternative care, by different forms of formal alternative care
- Number/rate of children in informal care
- Legal and Policy Framework
- Lead agencies responsible for child protection/child care system
- Care planning process and decision making [including gatekeeping and review of placements]
- Information on other family support services relevant to child protection
- Information on Social work services including work force capacity/training etc. of social workers/care providers/carers
- Leaving Care
- Other relevant information

Limitations

The study was undertaken in 18 working days, despite its very broad thematic and geographic scope. Searches were limited to English language documents, excluding literature available in local languages.

1: Context: developing countries in Asia

Population

Over half of the world population (51,9%), approximately 3.697.863.000 people, lives in South Asia and South-East Asia. Of these, 1.109.167.000 are children, representing almost half of the child population worldwide (49,5%), according to the latest data available from the United Nations Children's Fund.²

Two Asian countries alone, China and India, are home to 2.637.707.000 people, representing almost two thirds of the total population of this region. India and China also account for 66,4% of all children in South Asia and South-East Asia (33% of children worldwide) and for the majority of the 308.831.000 children under five years of age, of the entire region.

As illustrated in Table 1, the proportion of children in the overall country population varies from country to country: over 50% of the population in Afghanistan and Timor-Leste is under 18 years of age, while in Sri Lanka, China, Democratic People's Republic of Korea, Thailand, and Vietnam, children account for less than 30% of the population.

² UNICEF, 2015

Table 1: Population: countries of South Asia and South-East Asia

Countries	Total population (thousands) 2013	Under 18 (thousands)	Under 5 (thousands)	% Under 18	% Under 5
South Asia					
Afghanistan	30.552	16.536	4.905	54,13	16,05
Bangladesh	156.595	56.666	15.128	36,19	9,66
Bhutan	754	256	71	33,96	9,41
India	1.252.140	435.384	121.293	34,77	9,69
Maldives	345	120	37	34,80	10,71
Nepal	27.797	11.526	2.911	41,46	10,47
Pakistan	182.143	73.854	21.761	40,55	11,95
Sri Lanka	21.273	6.308	1.883	29,65	8,85
<i>Total South Asia</i>	1.671.598	600.651	167.989	35,93	10
South-East Asia					
Cambodia	15.135	5.583	1.713	36,89	11,32
China	1.385.567	301.233	90.187	21,74	6,51
Korea - Democratic People's Republic	24.895	6.583	1.710	26,44	6,87
Indonesia	249.866	85.506	23.979	34,22	9,60
Laos	6.770	2.859	880	42,23	13,00
Malaysia	29.717	9.426	2.499	31,72	8,41
Mongolia	2.839	916	309	32,26	10,89
Myanmar	53.259	16.096	4.406	30,22	8,27
Philippines	98.394	39.758	11.334	40,41	11,52
Thailand	67.011	14.862	3.635	22,18	5,42
Timor-Leste	1.133	616	190	54,38	16,73
Vietnam	91.680	25.078	7.138	27,35	7,78
<i>Total South-East Asia</i>	2.026.265	508.516	147.980	25	7,3
Total South Asia and South East-Asia	3.697.863	1.109.167	315.969	29,99	8,54
World	7.122.691	2.224.958	656.996	31,24	9,22

Source: UNICEF: <http://www.data.unicef.org>

Culture and religion

Asia is extremely rich and diverse in terms of religions, cultures, ethnic groups, and languages. In South Asia alone, there are over 2,000 ethnic groups, with populations ranging from hundreds of millions to small tribal groups³.

The region is home to several languages and most countries have more than one language that is natively spoken. For example, over 600 languages are spoken in Indonesia, over 800 languages are spoken in India, and over 100 are spoken in the Philippines.⁴

³ https://en.wikipedia.org/wiki/South_Asia

⁴ <https://en.wikipedia.org/wiki/Asia#Languages>

Various religions coexist in the region and Hinduism is the major religion in South Asia, practised by 63% of the population. It is the most popular religion in India and Nepal, and is practised in Bhutan and, to a lesser extent, in Sri Lanka, Bangladesh, Pakistan and South-East Asia.

Islam is the second most popular religion in South Asia, where it is practiced by approximately 31% of the population, and a major religion in South-East Asia. Specifically, it is the predominant religion in Afghanistan; Bangladesh; Indonesia; Malaysia; Maldives, where it is practiced by 100% of the population; and Pakistan. It is practiced, to a lesser extent, in East Timor, Nepal, Sri Lanka and Thailand.

Buddhism is the major religion in Bhutan, Cambodia, Lao People's Democratic Republic (Laos), Mongolia, Myanmar, Singapore, Sri Lanka, Thailand, and Vietnam. It is also practised in Nepal and, by a minority of the population, in Bangladesh and India.

Christianity is predominant in the Philippines, where the largest Roman Catholic population in Asia is located; eastern Indonesia; East Malaysia; and East Timor.

Other religions and philosophical, ethical-sociopolitical teachings include Confucianism, in China, Singapore and Vietnam; Taoism; traditional worship and folk religious sects, in China; Sikhism, Jainism and Ahmaddiyya, in South Asia⁵; Shamanism in Mongolia and Korea; Animism; Protestantism; Judaism; Vietnamese folk religion;⁶ and Cheondoism in Korea⁷.

Human and Economic Development

The 2015 UNDP Human Development Report⁸ and recent data published by the World Bank⁹ indicate that Asian countries are at different stages of human and economic development.

The Human Development Index (HDI) indicates the average achievement in three basic dimensions of human development: a long and healthy life, knowledge, and a decent standard of living. According to the HDI, countries in South Asia and South-east Asia¹⁰, can be categorized into the following groups:¹¹

- *High Human Development*: Malaysia, Sri Lanka, China, Mongolia, Thailand, Maldives
- *Medium Human Development*: Indonesia, Philippines, Viet Nam, India, Bhutan, Timor-Leste, Laos, Bangladesh and Cambodia
- *Low Human Development*: Nepal, Pakistan, Myanmar, Afghanistan

Based on the World Bank classification of country income groups, countries in this region include:¹²

⁵ https://en.wikipedia.org/wiki/South_Asia

⁶ https://en.wikipedia.org/wiki/Southeast_Asia

⁷ <https://en.wikipedia.org/wiki/China#Religion>

⁸ UNDP, 2015

⁹ <http://data.worldbank.org/about/country-and-lending-groups>

¹⁰ HDI for Korea (Democratic People's Rep. of) is not available.

¹¹ <http://hdr.undp.org/en/composite/HDI>

¹² This study covers only developing countries, so high-income countries are not included here. For the current 2016 fiscal year, low-income economies are defined as those with a GNI per capita, calculated using the [World Bank Atlas method](#), of \$1,045 or less in 2014; middle-income economies are those with a GNI per capita of more than \$1,045 but less than \$12,736; high-income economies are those with a GNI per capita of \$12,736 or more. Middle-income

- *Low-income countries*: Democratic People's Republic of Korea, and Cambodia, in South-East Asia; Afghanistan and Nepal, in South Asia.
- *Lower middle-income countries*: Indonesia, Laos, Myanmar, Mongolia, Philippines, Sri Lanka, Timor-Leste, and Vietnam, in South East Asia; Bangladesh, Bhutan, India, and Pakistan in South Asia.
- *Upper middle-income countries*: China, Malaysia, Mongolia, and Thailand, in South East Asia; Maldives in South Asia.

Table 2: Economic indicators: countries in South Asia and South East Asia

Countries	GNI per capita (US\$)		Population below international poverty line of US\$ 1.25 per day (%)
	US\$	PPP US\$	
	2013	2013	2009-2012
South Asia			
Afghanistan	700	2.000	-
Bangladesh	900	2.810	43
Bhutan	2.460	7.210	2
India	1.570	5.350	33
Maldives	5.600	9.890	2
Nepal	730	2.260	25
Pakistan	1.380	4.920	21
Sri Lanka	3.170	9.470	4
South-East Asia			
Cambodia	950	2.890	19
China	6.560	11.850	12
Democratic People's Republic of Korea	a	-	-
Indonesia	3.580	9.260	16
Laos	1.460	4.570	34
Malaysia	10.40	22.460	0
Mongolia	3.770	8.810	-
Myanmar	a	-	-
Philippines	3.270	7.820	18
Thailand	5.370	13.510	0
Timor-Leste	3.580	6.410	-
Vietnam	1.730	5.030	17

Source: UNICEF: <http://www.data.unicef.org>

Over the past 30 years South-East Asia and South Asia have experienced substantial economic development¹³ and the majority of countries in both sub-regions are now defined as "middle-income". However, despite the overall progress, as illustrated in Table 2, Asia still has some of the highest rates of absolute poverty (percentage of the population living below USD 1.25 per day) in the world,¹⁴ with sub-Saharan Africa.

economies are subdivided into lower-middle-income and upper-middle-income by a cut-off value of \$4,125 GNI per capita. Source: <http://data.worldbank.org/about/country-and-lending-groups>

¹³ ECPAT International, Plan International, Save the Children, UNICEF and World Vision, 2014

¹⁴ Mindy E. Scott & Elizabeth Karberg, 2016

South Asia hosts over 500 million people living in extreme poverty.¹⁵ Inclusive development is yet to be achieved and disparities persist across, and within, countries, according to a range of factors, including gender, location, wealth quintile, religion, ethnicity and, in some countries, caste.

Natural and man-made disasters

South Asia and South-East Asia has a history of man-made disasters, as well as of natural disasters and calamities, including major earthquakes, cyclones, storms, floods, landslides, rising sea levels and droughts. It is estimated that in Bangladesh alone, approximately 11 million people are affected by these events every year¹⁶. These disasters result in the killing, injury and displacement of millions of people, including children. The effect is that existing children's vulnerabilities are exacerbated and there is an increased risk of family separation, violence, exploitation and abuse.

Migration

Poverty, unemployment, internal disparities, urbanization, high differences between local wages and wages offered by overseas employment¹⁷, as well as improvements in transportation¹⁸ are among the push factors of the migration process taking place in Asian countries in recent years. Migration takes the form of internal mobility within countries, international migration within the region, and international migration to other continents.

International migration is common in Myanmar, Laos and Cambodia, source countries for migrant labour to Thailand;¹⁹ and Bangladesh, India, Nepal, Pakistan, Philippines and Sri Lanka, source countries for migrant labour to the Middle East and other destinations. Some Asian economies heavily rely on migrant remittances: for example, over 7% of the population of Nepal lives abroad, with migrant remittance inflow accounting for 20% of the Gross Domestic Product (GDP).²⁰ While transnational labour migration from some countries, for example, Thailand and Vietnam, is dominated by men, women account for the majority of transnational labour migrants from other countries. Up to three quarters of transnational labour migrants from Indonesia and the Philippines²¹ and a significant proportion of international migrants from Sri Lanka are women.

Children are deeply affected by this migration, on multiple levels, including when they are "left behind" in their country of origin by one or both of their migrating parents. In Sri Lanka, for example, estimates indicate that each migrant mother, on average, has left two or three children behind.²²

Children's situation

Birth registration remains a challenge in some countries of the region, hampering the realization of children's rights. While all, or almost all, children are registered at birth in some countries, less than 50% of children are registered in Bangladesh, Pakistan,

¹⁵ Save the Children, Plan International, HAQ, Terre des Hommes, CRY, 2013

¹⁶ Save the Children, 2010

¹⁷ Save the Children, 2013

¹⁸ Edström and Khan, 2009.

¹⁹ Edström and Khan, 2009

²⁰ Save the Children, Plan International, HAQ, Terre des Hommes, CRY, 2013

²¹ Lan Anh Hoang, Theodora Lam, Brenda S.A. Yeoh & Elspeth Graham, 2015

²² Save the Children, 2013

Afghanistan, and Nepal. Birth registration also remains a challenge in Timor-Leste, Cambodia, Indonesia, Myanmar, Lao, and India. Birth registration rates for countries covered by this study are reported in table 3.

Table 3: Birth registration: countries in South Asia and South East Asia (in decreasing order)

Countries and areas	Birth registration (%) ** 2005–2013*
	total
Bangladesh	31
Pakistan	34
Afghanistan	37
Nepal	42
Timor-Leste	55
Cambodia	62
Indonesia	67
Myanmar	72
Laos	75
India	84
Philippines	90
Maldives	93
Viet Nam	95
Sri Lanka	97
Mongolia	99
Thailand	99
Bhutan	100
Democratic People's Republic of Korea	100
China	–
Malaysia	–

Source: UNICEF: <http://www.data.unicef.org>

Despite recent economic progress, nutrition is still a factor profoundly affecting the realization of children's rights and their development in parts of the region: South Asia alone, accounts for almost half of the world's stunted and wasted children.²³

Children's health and lives are also affected by HIV/AIDS, although HIV/AIDS prevalence rates are on average relatively low in Asia compared to other contexts. Myanmar, Thailand, and Cambodia have the highest HIV prevalence rates in Asia—around 2 % of their adult populations.²⁴

It is difficult to establish the number of children affected and the impact and extent to which children are affected by HIV varies from country to country.²⁵ Regional estimates for Asia and the Pacific suggest that there are 1.1 million children who have lost one or both parents to AIDS and 180,000 children between 0 and 14 years of age living with HIV. Cultural factors, such as childcare practices and orphan uptake and care, are among the factors influencing how children are affected by HIV in the region.²⁶

²³ Save the Children, Plan International, HAQ, Terre des Hommes, CRY, 2013

²⁴ Mindy E. Scott & Elizabeth Karberg, 2016

²⁵ UNICEF East Asia and Pacific Regional Office, 2012

²⁶ UNICEF East Asia and Pacific Regional Office, 2012

Despite enormous progress in education, youth (15-24 years) literacy rate remains low in a number of countries, particularly for females. In Afghanistan 68% of girls and young women aged 15-24 years are illiterate. Furthermore, the illiteracy rates among girls and young women in Bhutan, India, Nepal, Pakistan, and Timor-Leste, are 32%, 26%, 23%, 37%, and 21%, respectively. Also, significant proportion of children of primary school age are out of school, in countries such as Pakistan (28%, 5.370.000), Philippines (11%, 1.469.000), India (1%, 1.387.000) and Indonesia (5%, 1.336.000).²⁷

Children in the region are exposed to various forms of violence, exploitation and abuse, and to harmful traditional practices, including child marriage and, in some countries, gender-based sex selection. Data from UNICEF indicate that the child labour rate is 12% in South Asia and 8% in East Asia and the Pacific.²⁸ Child trafficking and sexual exploitation are also major issues affecting the lives of children in Asia, a continent where the sex industry accounts for up to 14% of GDP, in some countries²⁹. Finally, any children end up living on the streets, while exact numbers are not known, the literature indicates that there are millions of street children in the region.³⁰

2. Children without parental care and children in care

Children without parental care are defined by Article III, 29a of the United Nations General Assembly Resolution 64/142 as “all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.”³¹

There is a lack of comprehensive and reliable data on children without parental care, and children in alternative care, in developing countries in Asia. A UNICEF publication in 2008 on South Asia indicates that the number of children without parental care is increasing.³²

This data gap is due to many factors. Among these, the fact that a proportion of children without parental care live outside a household unit. The main national surveys collecting data on population and development in developing countries, Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS), are household surveys; therefore, they only include children living in households, and not those living outside the household. Thus, children living in alternative care out of households and children without parental care living in different environments, such as on the streets, are not accounted for by these surveys. Another reason is the lack of reliable administrative data in developing countries in Asia on childcare and protection, due to the weakness of the monitoring and information management systems in place for childcare and protection.

However, various actors, from the national to the global level, are making significant efforts to fill this data gap. With USAID support, for instance, guidelines for the

²⁷ UNICEF, 2015

²⁸ UNICEF, 2015

²⁹ Edström and Khan, 2009

³⁰ Edström and Khan, 2009

³¹ United Nations General Assembly Resolution 64/142, 2009 welcoming the “Guidelines for the Alternative Care of Children”

³² UNICEF South Asia Regional Office, 2008

enumeration of children outside of households were recently developed at the global level (2014), based on lessons learnt from scientific methods used to measure hard-to-reach populations. Cambodia is the first country to incorporate these guidelines into its national strategy for children and, under the leadership of its National Institute of Statistics together with technical support from the CPC Learning Network at Columbia University, it has recently completed data collection in 24 sentinel sites across the country.³³ According to a recent paper by Beth L. Rubensteian and Lindsay Stark³⁴, the sampling approach used should soon enable a national estimation of the total prevalence of children living in residential care institutions in the country and of homeless children living on the streets or in other public places.

Other countries have conducted studies on alternative care, or on some of its forms. Another way to gain stronger evidence on children living without parental care consists in making better use of existing information by conducting a more sophisticated analysis of the available data. A recent paper by Florence S. Martin and Garazi Zulaika used data from national DHS and MICS to estimate the percentage of children living without parental care, the prevalence of orphanhood, and the prevalence of kinship care, in 77 countries worldwide, including 14 developing countries in Asia, for which data from national surveys are available. These national surveys focus on children living in households and collate information on children's living arrangements and on the relationship between a child living in a household and the head of that household. This specific information is generally not used nor analysed.³⁵

Table 4 shows the findings for children living in Asian countries for which data are available. The same table also contains additional data on children without parental care from other reviewed documents. The case of Thailand is particularly striking: 20% of children in households are living out of parental care in this country yet "only" 0,4% of children are double orphans, having lost both parents.³⁶

An important finding of this paper is that a significant number of children are living without parental care, even when both of their parents are still living.³⁷ This is corroborated by the literature, including a UNICEF report indicating that in 2008, in South Asia, the majority of children outside parental care had living parents.³⁸

Despite these efforts, many other children living outside of parental care remain unaccounted for in Asia. For example, trafficked children, children living in brothels, children recruited by armed forces and armed groups, independent child migrants, and other unaccompanied and separated children. A 2009 UNICEF³⁹ paper reports a large number of independent child migrants in Asia⁴⁰: the paper indicates that there were one million independent child migrants from two Indian states alone, an estimated 30,000 independent child migrants from only 22 Laotian villages, and

³³ Beth L. Rubensteian, Lindsay Stark, 2016

³⁴ Beth L. Rubensteian, Lindsay Stark, 2016

³⁵ Florence S. Martin and Garazi Zulaika, 2016

³⁶ Florence S. Martin & Garazi Zulaika, 2016

³⁷ Florence S. Martin & Garazi Zulaika, 2016

³⁸ UNICE South Asia regional Office, 2008

³⁹ Yaqub, Shahin, 2009.

⁴⁰ An Innocenti Working Paper "(Yaqub, Shahin (2009), 'Independent Child Migrants in Developing Countries: Unexplored Links in Migration and Development', *Innocenti Working Paper* No. 2009-01. Florence, UNICEF Innocenti Research Centre) defines independent child migrants as follows "children who have to some extent chosen to move their usual residence across a major internal or international boundary and live at destination without parents or legal/customary adult guardians, although possibly do so with relatives, and also possibly have travelled independently", specifying this group includes separated and unaccompanied children.

121,000 independent child migrants in Nepal.

Table 4. Children without parental care in South Asia and South East Asia

Country/ Region	Child characteristics	Number /% of children	Year of data	Age	Source	Note
Asia (South Asia and South East Asia and Pacific)	Orphans	<ul style="list-style-type: none"> ▪ 39 million South Asia ▪ 23 million South-East Asia (and Pacific) ▪ 590.000 due to AIDS in South Asia ▪ 800.000 due to AIDS South-East Asia (and Pacific) 	2013	0-17	UNICEF, 2015 ⁴¹	Inclu single
Afghanistan	<ul style="list-style-type: none"> ▪ Orphans ▪ Double orphans ▪ Outside of parental care 	<ul style="list-style-type: none"> ▪ 13 % ▪ 0,6% ▪ 1% 	2003	0-17 0-14 ⁴² 0-14 ⁴³	<ul style="list-style-type: none"> ▪ UNICEF, 2008⁴⁴ ▪ Florence et al., 2016⁴⁵ 	Inclu single Exclu house
Bangladesh	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care 	<ul style="list-style-type: none"> ▪ 0,3 % ▪ 3% 	n.a.	0-14 0-14	Florence et al., 2016 ⁴⁶	Exclu house
Bhutan	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care 	<ul style="list-style-type: none"> ▪ 0,3 % ▪ 6% 	n.a.	0-14 0-14	Florence et al., 2016 ⁴⁷	Exclu house
Cambodia	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care ▪ Rescued from sexual exploitation 	<ul style="list-style-type: none"> ▪ 0,6 % ▪ 8% ▪ 200-300 per year 	n.a.	0-14 0-14 <18s	Florence et al., 2016 ⁴⁸ UNICEF et al, 2014 ⁴⁹	<ul style="list-style-type: none"> ▪ E o h ▪ In ch ce
China	Children left behind	More than 61 million	2012	0-17	Hou Arnold, 2014, mentioned in Daly et al, 2015 ⁵⁰	Not whet one paren

⁴¹ UNICEF, 2015

⁴² The data present information on children 0–14 years. Of note, until recently, in many countries, DHS and MICS national surveys only collected parent survival status data on this cohort of children. However, more recent DHS and MICS surveys now also include children aged 15–17 years living in households.

⁴³ The data present information on children 0–14, years. Of note, until recently, in many countries, DHS and MICS national surveys only collected parent survival status data on this cohort of children. However, more recent DHS and MICS surveys now also include children aged 15–17 year living in households.

⁴⁴ UNICEF South Asia Regional Office, 2008

⁴⁵ Florence S. Martin & Garazi Zulaika, 2016.

⁴⁶ Florence S. Martin & Garazi Zulaika, 2016

⁴⁷ Florence S. Martin & Garazi Zulaika, 2016

⁴⁸ Florence S. Martin & Garazi Zulaika, 2016

⁴⁹ ECPAT International, Plan International, Save the Children, UNICEF and World Vision, 2014

⁵⁰ Daly, M., R. Bray, Z. Bruckauf, J. Byrne, A. Margaria, N. Pec'nik, and M. Samms-Vaughan, 2015

India	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care ▪ Independent child migrants 	<ul style="list-style-type: none"> ▪ 0,2 % ▪ 3% ▪ 1.000.000 from 2 Indian states only 	n.a.	0-14 <18s	Florence et al., 2016 ⁵¹ UNICEF, 2009 ⁵²	Exclu hous
Indonesia	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care 	<ul style="list-style-type: none"> ▪ 0,5% ▪ 6% 	n.a.	0-14	Florence et al., 2016 ⁵³	Exclu hous
Lao	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care ▪ Independent child migrants 	<ul style="list-style-type: none"> ▪ 0,3% ▪ 6% ▪ 30.000 from only 2 Laotian villages 	n.a.	0-14 <18s	Florence et al., 2016 ⁵⁴ UNICEF, 2009 ⁵⁵	Exclu hous
Malaysia	Outside of parental care	3%	2000	0-17	World Family Map Project, 2015 ⁵⁶	
Maldives	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care 	<ul style="list-style-type: none"> ▪ 0 ▪ 3% 	n.a.	0-14	Florence et al., 2016 ⁵⁷	Exclu hous
Mongolia	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care 	<ul style="list-style-type: none"> ▪ 0,3% ▪ 6% 	n.a.	0-14	Florence et al., 2016 ⁵⁸	Exclu hous
Nepal	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care ▪ Independent child migrants 	<ul style="list-style-type: none"> ▪ 0,2% ▪ 5% ▪ 66,6% of children surveyed migrating to India 	n.a.	0-14 <18s	Florence et al., 2016 ⁵⁹ UNICEF, 2009 ⁶⁰	Exclu hous
Pakistan	<ul style="list-style-type: none"> ▪ Orphans ▪ Double orphans ▪ Outside of parental care 	<ul style="list-style-type: none"> ▪ 6,5 % ▪ 0,4% ▪ 1% 	2003	0-17 0-14	UNICEF, 2008 ⁶¹ Florence et al., 2016 ⁶²	<ul style="list-style-type: none"> ▪ S ▪ d ▪ E ▪ o ▪ h
Philippines	Outside of parental care	5%	2000	n.a	World Family Map Project, 2015 ⁶³	

⁵¹ Florence S. Martin1 & Garazi Zulaika, 2016

⁵² Yaqub, Shahin, 2009

⁵³ Florence S. Martin1 & Garazi Zulaika, 2016

⁵⁴ Florence S. Martin1 & Garazi Zulaika, 2016

⁵⁵ Yaqub, Shahin, 2009

⁵⁶ <http://worldfamilymap.ifstudies.org/2015/articles/world-family-indicators/family-structure>

⁵⁷ Florence S. Martin1 & Garazi Zulaika, 2016

⁵⁸ Florence S. Martin1 & Garazi Zulaika, 2016

⁵⁹ Florence S. Martin1 & Garazi Zulaika, 2016

⁶⁰ Yaqub, Shahin, 2009

⁶¹ UNICEF South Asia Regional Office, 2008

⁶² Florence S. Martin1 & Garazi Zulaika, 2016

⁶³ <http://worldfamilymap.ifstudies.org/2015/articles/world-family-indicators/family-structure>

Sri Lanka	Orphans	6,5 %	2003	0-17	UNICEF, 2008 ⁶⁴	Singl doub orpha
Thailand	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care 	<ul style="list-style-type: none"> 0,4% 20% 	n.a.	0-14	Florence et al., 2016 ⁶⁵	Exclu hous
Timor-Leste	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care 	<ul style="list-style-type: none"> ▪ 0,5% ▪ 8% 	n.a.	0-14	Florence et al., 2016 ⁶⁶	Exclu hous
Vietnam	<ul style="list-style-type: none"> ▪ Double orphans ▪ Outside of parental care 	<ul style="list-style-type: none"> ▪ 0,3% ▪ 5% 	n.a.	0-14	Florence et al., 2016 ⁶⁷	Exclu hous

Reasons for children being placed (and remaining) in care in Asia

This review found a number of reasons for children being placed (and remaining) in alternative care in Asia. The main findings are presented below.

Poverty. Poverty, in terms of both income poverty and the exclusion of vulnerable elements of the population from basic social services, is a significant driving force behind children's placement in care in Asia. According to the UNICEF Advocacy Kit on alternative care in South Asia, this is the most common reason cited for institutional placements. Parents who are unable to provide basic food, accommodation, education, and health care for their children may seek institutional care as an option for their children, to meet these needs.⁶⁸ A report by Save the Children found that poverty was the underlying reason for placement of 40% of children in institutions in North-East Sri Lanka in 2005.⁶⁹ In 2015 the Committee on the Rights of the Child expressed its concern regarding "the continued placement of children in institutions on the basis of their families' socio--economic vulnerability" in Bangladesh (CRC/C/BGD/CO/5 29).⁷⁰

This trend can also be observed in South East Asia. In Cambodia, children are brought in residential care by their parents or extended family "to relieve a financial burden".⁷¹ Another report by Save the Children in 2009 stated that some parents living in poverty in Cambodia received money in exchange for giving away their child to orphanages.⁷²

The Guidelines on Alternative Care highlight in art.15B that " Financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family."

⁶⁴ UNICEF South Asia Regional Office, 2008

⁶⁵ Florence S. Martin1 & Garazi Zulaika, 2016

⁶⁶ Florence S. Martin1 & Garazi Zulaika, 2016

⁶⁷ Florence S. Martin1 & Garazi Zulaika, 2016

⁶⁸ UNICEF South Asia Regional Office, 2008

⁶⁹ Save the Children, 2009

⁷⁰ Better Care Network, 2016a

⁷¹ Ministry of Social Affairs Veterans and Youth Rehabilitation of Cambodia, 2016

⁷² Save the Children, 2009

Education is another of the most commonly reported reasons for children's placement in alternative care, in the development and in the emergency and post-emergency context. The reviewed literature indicates that institutionalization is a strategy for poor families to allow their children access to education. A publication by Save the Children for example, indicated in 2009 that 97.5% of 'tsunami orphans' living in institutional care had been placed there by their families, in order to receive an education, as a result of the poverty they were experiencing following the tsunami.⁷³

There is also evidence that families make use of residential where education facilities are not available to them locally or where these are limited beyond a certain level of education. In a study by SOS Children's Village International in Baktapur, Nepal, some parents, particularly from remote villages, reported sending their children to Child Care Homes in urban areas for a better education.⁷⁴ *Out of sight out of mind*, a 2007 statistical study by UNICEF and the Ministry of Child Development and Women's Empowerment in Sri Lanka, found that families may send children to residential institutions to allow them to continue their studies after grade 6, due to the lack of education facilities beyond this level in remote villages.⁷⁵ In Indonesia hope for better education, care and supervision is also a driver of family separation and placement of children in residential care.⁷⁶

In order to access education, children are also placed in family-based care. According to a UNICEF report, in Mongolia, where 30% of the population is nomadic or semi-nomadic, many children of nomadic herding families are cared for by others when they need to reside in villages in order to attend schools.⁷⁷

Orphanhood is also associated with the placement of children in alternative care, although it appears, from the literature, that generally double orphanhood is not the main reason. Various examples are provided by the literature:

- In Nepal, research published in 2015 by UNICEF and partners, indicated that up to 85% of children in orphanages have at least one living parent.¹
- In Indonesia, a survey in 2007, revealed that almost 90% of children living in institutions had one living parent, and that 56% had both living parents¹.
- In Sri Lanka, studies by Save the Children indicate that 80% of children in institutions have one or both living parents.¹
- In India, the proportion of children in institutions with living biological parents is very high, although there is no accurate data available.⁷⁸

These findings are corroborated by data from household surveys, which indicate that while the death of both parents is generally rare for children below 15 years of age, living without parental care is a relatively common phenomenon.⁷⁹

There are, however, some exceptions. In Afghanistan, for example, 66% of children living in households without parental care are double orphans.⁸⁰ However, another report from 2009 highlights that in the same country between 45 and 70% of the children living in institutions have one parent alive.

Being affected by HIV/AIDS: being affected by HIV AIDS reinforces the vulnerability

⁷³ Save the Children, 2009

⁷⁴ Ministry of Women, Children and Social Welfare, Central Child Welfare Board and SOS Children's Villages Nepal, undated

⁷⁵ Ministry of Child Development and Women's Empowerment of Sri Lanka and UNICEF, 2007

⁷⁶ PUSKAPA UI & UNICEF Indonesia, 2014 and Martin, F , 2013

⁷⁷ UNICEF, 2011b

⁷⁸ Rajendra Meher, undated

⁷⁹ Florence S. Martin1 & Garazi Zulaika, 2016

⁸⁰ Another report from 2009 highlights that in the same country between 45 and 70% of the children living in institutions have one parent alive

of children. As a result, children may be placed in alternative care, need to fulfil the role of head of the household, or end up living on the streets.

The exact number of children affected by HIV-AIDS in the region is unknown. A report by IDS and UNICEF EAPRO found that over 50% of children in HIV families in Laos were orphans.⁸¹ The most recent data by UNICEF indicate that there are over 1.390.000 orphans (double and single) due to AIDS in the region, 590.000 in South Asia and 800.000 in East Asia and the Pacific, respectively. According to the most recent UNAIDS estimate in 2015, there are approximately 200.000 children below the age of 15 living with HIV, of these 140.000 are in South Asia and 62.000 are in East Asia and the Pacific.⁸² An unknown number of children are affected by HIV/AIDS in other ways, for example, a child of a parent infected with HIV may be sent to work, instead of going to school, as a result of his/her parent(s) inability to work due to illness.

Migration of one or both parents: some children in Asia are being placed in alternative care because one or both of their parents migrate, internationally or internally, for work purposes, leaving them behind. According to a 2016 paper "*Measuring Children's Care Arrangements and Their Educational and Health Outcomes Internationally*", as a result of international migration, millions of children in South-East Asia are growing up with their kin, in foster care, in institutions, or without the care of one of their parents.⁸³ In a paper published by the UNICEF Office of Research, an estimated 211 million internal migrants in China moved from rural to urban areas in 2009 alone.⁸⁴ Children were left in the care of grandparents or other kin.

This phenomenon is also well documented in Sri Lanka, by Terre des hommes and Save the Children. Here, international labour migration, particularly involving women moving to the Middle East for work purposes, is significant. It is estimated that each migrant mother leaves, on average, two or three children behind.⁸⁵ Children are left in the care of relatives, such as grandmothers. However, they may subsequently end up in institutions because the caregiver, for a range of reasons, including old age, sickness, or economic difficulties, is no longer able to care for them. The literature also reports cases of mothers leaving children with a relative unwilling to provide long-term care, with instructions to take the children to the Department of Probation after their departure.⁸⁶

Natural and man-made disasters: South Asia and South East Asia frequently experience devastating natural disasters. Moreover, most countries in South Asia, have experienced one or more armed conflicts over the last fifteen years. These events directly contribute to orphaning, displacement, separation, child trafficking and involvement of children with armed forces and groups. Conflicts also increase poverty, disrupt the provision of basic services, and erode the social fabric, therefore indirectly contributing to the separation of children from their parents. As a consequence, children may be placed in formal care or taken under the care of kin.

A 2014 publication "*The paradox of orphanage volunteering. Combating child trafficking through ethical voluntourism*"⁸⁷ explains that the 10-year civil war (1996-2006) in Nepal is historically at the roots of the significant increase in the number of children living in orphanages. The Karnali region, encompassing the rural, western mountain districts of Nepal, was particularly affected by the conflict and many children from this region were placed in residential care during the conflict. Another document indicates that in Nepal

⁸¹ Edström and Khan, 2009

⁸² <http://data.unicef.org/hiv-aids/care-support.html> reporting data from 2014 UNAIDS estimates, 2015

⁸³ Scott and Karberg, 2016

⁸⁴ Daly, M., R. Bray, Z. Bruckauf, J. Byrne, A. Margaria, N. Pec'nik, and M. Samms-Vaughan, 2015

⁸⁵ Save the Children, 2013

⁸⁶ Terre des hommes, 2012

⁸⁷ Next Generation Nepal, 2014

during the war, 50% of internally displaced persons, participating in a survey, reported that their children were not with them.⁸⁸ According to a 2006 UNICEF report, in Aceh, the tsunami in December 2005 separated 2,500 children from both parents,⁸⁹ and this resulted in 2,000 children being placed in temporary shelters in Thailand. In Sri Lanka, the tsunami killed 30,000 people, and displaced 1 million people.

Cultural factors: Culture also affects the placement of children outwith parental care in Asia. Save the Children highlights that in Myanmar, Indonesia, Thailand and Malaysia, care by relatives is deeply rooted in local cultures and that there is a sense of duty to care for one's kin in these countries, which "influences the prevalence of kinship care"⁹⁰. In a recent inter-agency publication by UNICEF and partners, it was noted that in Timor Leste the practice of sending children to live with the extended family was widespread and culturally encouraged.⁹¹

Furthermore, in some countries, such as in Nepal, it is common for Buddhist families to send children to monasteries for religious education or for rich families to send children to boarding schools.⁹²

Gender inequality and discrimination: findings from the literature reviewed indicate that in some countries gender inequality may have an influence on the placement of children in alternative care. In India, according to a study by Save the Children, in 2007, the India Human Rights Commission reported that 90% of the 11 million abandoned or orphaned children in the country were girls.⁹³ Another document by UNICEF reported that in Sri Lanka, the number of girls in "voluntary homes" was considerably higher than the number of boys, despite the fact that boys represented the majority of the child population, according to Census data (2001).⁹⁴

Additionally, a document on Nepal explains that single women may be pushed to abandon their children, who end up in institutions, for various reasons. For example widows and separated women may not be in a position to support themselves and their children; women who gave birth out of wedlock may abandon their children in order not to be ostracized by their families and communities. In the Philippines discrimination against children from single mothers and those from broken families leads to these children being placed in institutions.⁹⁵

Gender inequality in some countries influences also the possibility of reintegrating into society when ageing out of care: "in a society like the Sri Lankan one, where gender differences are evident still in the life style and traditional culture, the possibility of living a protected and independent life out of a family is even smaller for girls, if they have spent the large part of their childhood in a residential institution."⁹⁶

Violence, exploitation, abuse, neglect and trafficking: Children may be placed in residential care, as a temporary or a long-term solution, after being rescued from sexual exploitation and trafficking. In Cambodia, for example, it is estimated that every year approximately 200-300 children rescued from sexual exploitation are placed in child-care centres, managed by NGOs.⁹⁷ In Nepal, the Nepal reintegration guidelines for

⁸⁸ Norwegian Refugee Council and SAFHR, 2005, quoted in UNICEF ROSA, 2008

⁸⁹ UNICEF East Asia and Pacific Regional Office, 2006

⁹⁰ Save the Children, 2007

⁹¹ ECPAT International, Plan International, Save the Children, UNICEF and World Vision, 2014

⁹² Next Generation Nepal, 2014

⁹³ Save the Children, 2009

⁹⁴ Ministry of Child Development and Women's Empowerment of Sri Lanka and UNICEF, 2007

⁹⁵ Save the Children, 2011

⁹⁶ Ministry of Child Development and Women's Empowerment of Sri Lanka and UNICEF, 2007

⁹⁷ ECPAT International, Plan International, Save the Children, UNICEF and World Vision, 2014

trafficked and displaced children living in institutions require children, rescued from trafficking and abusive institutions, to be placed in transit homes and/or temporary shelters, where they remain during the process of rehabilitation, family tracing, reconnection and reintegration.⁹⁸ In Indonesia, rescued children may be sent to boarding schools very far from their families “due to the decentralized nature of Indonesia's governance and its island geography”.⁹⁹ In Thailand, children rescued from sexual exploitation may end up in residential care because social workers lack the resources to monitor the return to their families and ensure an appropriate degree of safety and wellbeing within the family environment.¹⁰⁰

Offer of residential care: the literature indicates that the proliferation of residential care facilities and the active advertising and recruitment of children, in some countries, contribute to children being placed in alternative care in Asia. This is highlighted by a number of organizations and institutions, including the United Nations¹⁰¹, in different countries. In Cambodia, a UNICEF study, examining attitudes towards residential care, highlights that vulnerable families are influenced by the active advertising and recruitment by residential institution owners.¹⁰² In Nepal, where the phenomenon of “orphanage voluntourism” is widespread, the literature reports that children may be deliberately separated from their families and placed in orphanages “ to attract fee-paying volunteers and donors.” Following the destructive earthquake of 2015, UNICEF and other child rights organizations expressed their concern that this trend would be accentuated, separating children from their families.¹⁰³

Disability is another reason for the placement of children in institutions, in Sri Lanka, Nepal, Indonesia, India, Malaysia, Myanmar and Thailand. Further reasons in Asia, highlighted in the literature, are prolonged illness or disability of parents, terminal or incurable disease¹⁰⁴, abandonment by the mother parents, family breakdown (in Indonesia, Malaysia, Myanmar and Thailand), and children running away from families. Research also found that in Sri Lanka, parents placed children in residential care or under kinship care, in order to remove them from situations of potential harm, such as conscription into armed groups.¹⁰⁵

Box 1: Reasons why children live separated from their parents in South Asia, according to children

Child Marriage - When they are married as children.

Runaways - Escaping because they cannot tolerate abuse

Trafficking - When trafficked children are rescued by NGOs and police and the family members do not accept their children.

Orphaned - When a parent dies.

Conflict - Children lose their parents to civil war and armed conflict

Natural disasters – The destruction caused by such disasters can leave families broken.

Child sexual abuse - When children are sexually abused and not accepted by parents.

Poverty - Due to financial constraints, parents do not have the ability to take care of their children.

Disowned - Sometimes parents don't want to look after their children. When children become physically or mentally challenged, parents see children as a burden and

⁹⁸ Next Generation Nepal, 2015

⁹⁹ ECPAT International, Plan International, Save the Children, UNICEF and World Vision, 2014

¹⁰⁰ ECPAT International, Plan International, Save the Children, UNICEF and World Vision, 2014

¹⁰¹ UNICEF South Asia Regional Office, 2008

¹⁰² UNICEF, 2011a

¹⁰³ UNICEF, NGN, The UmbrellaFoundation, Learning Service, Just One, 2015

¹⁰⁴ Rajendra Meher, undated

¹⁰⁵ Save the Children, 2010

abandon them.

Imprisoned Parents – Children have to support themselves when their parents are in jail.

Lack of parenting skills – Lack of capacity or lack of sensitivity of the family.

Family disintegration – Behavioural problems, lack of trust, abuse and neglect in the family.

Cultural, traditional practices – This includes practices, such as child marriage in Nepal, that are harmful for the psychological wellbeing of children.

Source: South Asia Initiative to End Violence Against Children/SAIEVAC, 2011. Children from South Asia call for better care standards and child-friendly services. Report of the SAIEVAC Children's Consultation and the Technical Consultation on Care Standards and Child Friendly Services, available at http://srsq.violenceagainstchildren.org/sites/default/files/children_declaration/children_from_south_asia_call_for_better_care_standards.pdf

3. Family-based care: forms of care and available data

Kinship care

Kinship care is defined by the Guidelines on Alternative Care as “family-based care within the child’s extended family or with close friends of the family known to the child”¹⁰⁶. It may be formal or informal in nature. It is considered formal when it has been ordered by a competent administrative body or judicial authority. It is informal when “the child is looked after on an ongoing or indefinite basis by relatives or friends at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body”.¹⁰⁷

In the region, kinship care remains largely informal, unregulated, and unsupervised. Overall, these arrangements are not formally recognised by the state and therefore receive minimal support, as most public support in the continent is being channelled into institutional care. However, legal frameworks recognizing this form of alternative care and of policies in support of kinship care do exist. For example, the law in some countries specifies which family members should take custody of children outside of parental care¹⁰⁸; in Bhutan, where the government recognizes no formal care systems, financial support is provided by the National Women’s Association Orphans Scheme to the extended families caring for orphan children; in Malaysia, relatives who take care of related children may qualify for financial assistance; in Thailand, kinship care is included within the foster-care programme.¹⁰⁹

Number of children living in kinship care

The exact number of children living in formal and informal kinship care in Asia is unknown. However, according to the reviewed literature for this study, kinship care is widely practiced both in South Asia and South-East Asia.

¹⁰⁶ Guidelines on alternative care of children http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

¹⁰⁷ Guidelines on alternative care of children

¹⁰⁸ UNICEF South Asia Regional Office, 2008

¹⁰⁹ UNICEF East Asia and Pacific Regional Office, 2006

A recent paper analysed data on living arrangements for children collected by Demographic and Health Surveys (DHS) and Multiple Indicators Cluster Surveys (MICS) in 77 countries, including countries in Asia, Africa, Latin America and the Caribbean.¹¹⁰ These surveys collect data on the living arrangements of children, including for those living without either biological parent. However, the data are not analysed as part of the survey reports. Data include, for example, information regarding the nature of the relationship between the child and the head of the household, specifying whether he/she is a family member or a nonrelative. Using the role as household head as a proxy variable for child carer, the paper concludes that most children (94%) without parental care and living in households, live in kinship care with their relatives.¹¹¹

The chart below provides country specific data for Asia, based on this recent paper.

Chart 1: Percent of children aged 0–14 years living with relatives and non-relatives among those living with neither biological parent (and living in households) in Asia

(Source: Florence S. Martin¹ & Garazi Zulaika, 2016. Who Cares for Children? A Descriptive Study of Care-Related Data Available Through Global Household Surveys and How These Could Be Better Mined to Inform Policies and Services to Strengthen Family Care)



Data show that in Asia, in all but one country (Maldives) for which data are available, above 90% of children below the age of 15 and without parental care, living in households, live in kinship care provided by their relatives. The percent of children without parental care living in kinship care with a relative in Asian countries is, in decreasing order: Timor-Leste (99,7%), followed by Vietnam (99,3%), Laos (99,1%), Thailand (98,6), Cambodia (98,4), Afghanistan (98,1%), and Mongolia (97,4%). The countries in Asia where the practice is less prevalent, in relative terms in the region, are Indonesia (95,7%), India and Pakistan (96%), Nepal (94,6%), Bangladesh (94,4%),

¹¹⁰ Florence S. Martin¹ & Garazi Zulaika, 2016

¹¹¹ This applies to children younger than 15 years. For older children data are not available in the paper.

Bhutan (93,7%). Of note, the lowest prevalence of kinship care is in the Maldives (82,4%).

The literature provides various examples of kinship care practice in Asia. In Sri Lanka, following the Tsunami, over 90% of children who lost both parents were cared for by immediate relatives. Here, the extended family also plays a major role in looking after children left behind by migrating mothers. In Indonesia, families affected by AIDS draw on the extended family to care for their children or orphans.

Care providers

In Asian countries, childcare provided by the extended family is strongly rooted in local cultures, for instance this has been found in the literature about China, India, Indonesia, Malaysia, Myanmar, Philippines, Sri Lanka, Thailand, Timor Leste and Vietnam.¹¹² Carers include grandparents, but also siblings of either biological parent, distant relatives, the eldest son or daughter and, in some contexts, domestic workers.¹¹³ There are, however, cultural variations across countries. For example, in Sri Lanka, young girls are generally entrusted to female relatives, such as aunts and grandmothers, while in Vietnam, the paternal family automatically gains custody of the grandchildren.¹¹⁴

Challenges

An important conclusion of this literature review is that, in some countries, this traditional kinship care system is being undermined by demographic and social changes, including urbanization, migration, and changes in family structures. A recent UNICEF document indicates that in China, mass migration of working-age adults loosens family ties, creating a conflict with the high expectations of informal support provided within the family.¹¹⁵ Another study, by Save the Children, found that in India, with the advent of nuclear families, the traditional kinship care system and the financial support from the extended family seem to be disappearing.¹¹⁶

Furthermore, despite the fact that kinship care has the potential to provide the child with a continued sense of belonging and to foster a healthy development within the child's natural environment, children living in kinship care in Asia, and their carers, face many challenges.¹¹⁷ There are reports of children being moved from one kin to another, of discrimination between biological and non-biological children, and of abuse and exploitation by their kin. The literature also identifies challenges faced by kinship carers, which may result in negative outcomes for the children in their care, such as dropping out of school or being placed in institutions. In developing countries, many grandparents, relatives and kin of these children experience difficulties in meeting their basic needs and so it may be very hard for them to take in extra children, pay for their education and adequately care for them.

Foster care

Foster care is defined by the Guidelines on Alternative Care as situations where children are placed by a competent authority, for the purpose of alternative care, in the domestic environment of a family other than the children's own family, that has been selected, qualified, approved and supervised for the provision of such care.

¹¹² Save the Children, 2007

¹¹³ Lan Anh Hoang, Theodora Lam, Brenda S.A. Yeoh & Elspeth Graham, 2015

¹¹⁴ Lan Anh Hoang, Theodora Lam, Brenda S.A. Yeoh & Elspeth Graham, 2015

¹¹⁵ Daly, M., R. Bray, Z. Bruckauf, J. Byrne, A. Margaria, N. Pec'nik, and M. Samms-Vaughan, 2015

¹¹⁶ Save the Children, 2010

¹¹⁷ Terre des hommes, 2008

Foster care in the region is both a formal and an informal care arrangement. This is different from what was originally foreseen by the Alternative Care Guidelines.¹¹⁸ At times, there is a lack of clarity in the use of this term in the literature on alternative care in Asia. A document by Save the Children, for example, refers to “informal fostering by relatives” in the Maldives, instead of calling this kinship care.¹¹⁹ Research in Myanmar, shows that the term ‘informal fostering’ is used interchangeably with ‘informal adoption’.

Number of children living in foster care

What clearly emerge from this literature review is that the use of foster care in Asia is still limited and that the number of children living in foster care is unknown. Additionally, data on the impact of existing foster care programmes are also missing. Timor Leste, according to a recent UNICEF situation analysis, is an exception to this rule. In this country, almost 1 in 4 household has a foster or orphan child.¹²⁰

Informal foster care

In Asia foster care remains mainly informal. Countries in Asia where informal foster care is practiced, albeit to a very limited extent, include Afghanistan, in Panjshir, where there is an informal foster care programme, to place children in need of care in the community and to subsequently monitor their care¹²¹, and Nepal, where small pilot foster care initiatives are implemented by local civil society organizations, with the support of Terre des hommes. Terre des hommes compiled a manual, in order to support organizations with guidelines and templates to transform their model of practice, from institutional care to alternative forms of care, including foster care¹²². Some local NGOs in Nepal, have developed small scale foster care projects, for example Hope for Himalayan Kids (in Pokhara) and The Himalayan Innovative Society, in four very poor and remote districts of western Nepal (Humla, Jumla, Salyan and Rolpa). The latter organization runs a project focussing on family preservation and prevention of unnecessary family separation, also working with 135 kinship and 41 foster families.¹²³ Informal foster care in many countries also degenerates into child labour exploitation. Children are accepted into care by strangers, without any formal agreement. As a result, many children are exploited in the informal labour market in the region, for example, they are exploited as young domestic workers.

Formal foster care

Examples of formal foster care exist in some countries. Thailand is highlighted as a good model for foster care in the continent, according to the literature. In this country, foster care has been implemented by the government and non-government organisations over the past 30 years. UNICEF reports that in 2001, there were 1143 foster families in the country, under the supervision of the government.¹²⁴ A more recent analysis by the same institution in 2011 indicates that there are 4,471 children placed in foster care by government services in the country.¹²⁵ Children are fostered by both relatives and non-relatives. According to UNICEF Thailand Situation Analysis 2011, data shows that 90% of children were placed in foster homes without having been placed in institutions first. However data analysis also indicates the challenges faced by institutionalized children, as only 7% of children placed in residential care found foster placements afterwards.

¹¹⁸ Guidelines on alternative care

¹¹⁹ Save the Children 2010

¹²⁰ UNICEF, 2014

¹²¹ UNICEF Regional Office for South Asia, 2008

¹²² McArthur, 2011

¹²³ SAIEVAC, 2012

¹²⁴ UNICEF East Asia and Pacific Regional Office, 2006

¹²⁵ UNICEF, 2011c

Thailand Children and foster families undertake a familiarization process before placement and they are regularly followed-up through home visits by social workers and evaluations. A cash allowance is available for foster families.

Formal foster care also exists in Malaysia. Here foster care is regulated and encouraged by the Child Act (2001). The suitability of foster parents is formally evaluated by the state, by the Director-General of the Department of Social Welfare, and foster families are provided with government subsidies, corresponding to RM250 per child, with a maximum monthly allowance of RM500 per family. There are 148 foster parents in Malaysia (2006).¹²⁶ In China foster care models have also been developed.¹²⁷ In Indonesia recent efforts have been made by the government in collaboration with NGOs to develop and pilot foster care. A Save the Children report describes how a working group was established in February 2012 to discuss and develop the mechanism for foster care, the criteria for foster parents and children's eligibility to be fostered, and the procedures to assess and oversee foster care placements and for providing support to foster families. Agreement was reached on the mechanism and system for foster care, while discussions were ongoing about the role and responsibilities of the Social Affairs Offices at district/municipality and provincial levels, and training needs and tools for foster parents and foster care providers.¹²⁸ Finally, in Cambodia, the law (Civil Code) obliges relatives to provide support to orphaned children in the order of: cohabiting relatives; lineal relatives by consanguinity (blood); adult siblings; and, in special circumstances, an obligation on relatives up to the third degree.¹²⁹

In South Asia foster care seems less developed. The South Asia Technical Consultation on Care Standards and Child Friendly Services (2011)¹³⁰ reunited over 165 participants from all South Asian countries, including representatives from the eight governments, children, and civil society, to discuss alternative care in the region. According to the report that followed this consultation, India and Sri Lanka are the only two countries in South Asia, out of a total of eight¹³¹, to include foster care in their national legislations. Furthermore, despite these legal provisions, the use of this alternative form of care is challenged by the lack of effective systems in the two countries.¹³²

In Nepal, however, local NGOs, with Terre des hommes support, have managed to achieve some state involvement in the implementation of foster care small-scale projects. The fostering arrangement is stipulated by a three-party agreement between the foster parents, the NGO, and a child rights officer, as the government body representative.¹³³

Kafalah

There is scant information in the reviewed literature on Kafalah in Asia.

Kafalah is a long-term alternative care arrangement practiced in Muslim countries, including Indonesia and Pakistan, within Asia.¹³⁴ It is based on the exercise of parental authority and the obligation of maintenance of a minor by the caregiver on the one hand, and the persistence of the family bonds and preservation of the child's family status on the other, including inheritance rights.¹³⁵

¹²⁶ UNICEF EAPRO, 2006

¹²⁷ Edström and Khan, 2009

¹²⁸ Martin, F., 2013

¹²⁹ UNICEF, 2011b, page 62

¹³⁰ SAIEVAC and SACG, 2011

¹³¹ The eight countries are: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

¹³² UNICEF South Asia Regional Office, 2008

¹³³ SAIEVAC, 2012

¹³⁴ SAIEVAC, 2012

¹³⁵ SAIEVAC, 2012

Kafalah is recognised by art.20.3 of the Convention of the Right of the Child and by Principle 6 of the Declaration on Child Rights and Protection in Islam, which states that “Islam views the family, based on legal wedlock, as the natural environment for the upbringing of the child, and stipulates that every child has the right to live in a family built on mutual amity and compassion, whether or not it is his or her own natural family or a foster family that provides him or her with kafalah in cases where his or her natural family is lost, or in cases of abandonment by his or her natural family”.

Through kafalah, a child is usually placed in a family closely related to his/her natural family. Generally, according to the literature, this happens in an informal, largely spontaneous and unregulated basis. However the literature also states that kafalah may involve an official process, although generally less formal than with adoption.¹³⁶

Generally, through kafalah, children are placed in families in their own country, but international placements also exist, when children are placed in kafalah with nationals of their home country living abroad, generally relatives of the children involved.¹³⁷

The total number of children placed in kafalah in the Asia is unknown.

Guardianship

Guardianship is defined by the reviewed literature as a practice whereby a child is placed in the care and custody of a person by judicial decree, until the child reaches the age of majority or at the discretion of a court, while ensuring the child’s knowledge of his or her paternity.¹³⁸ No data was found on the number of children under legal guardianship in Asia.

According to Usang M Assim and Julia Sloth-Nielsen (2014)¹³⁹, guardianship in some Islamic countries, takes place as an “alternative form of adoption under the umbrella of kafalah”¹⁴⁰. It is practiced in Bangladesh, under the Guardians and Wards Act 1890, however, it is very rare in this country; in Thailand, under the relevant provisions of the Child Protection Act 2003; in Malaysia, as hadanah, or custody of children, for children of Muslim families; in India, under the legal framework for adoption, applicable only to Hindus; also in Indonesia, Myanmar, and Pakistan, under the Guardianship and Wards Act, used in matters involving children of families belonging to other religions, who can only be placed under guardianship.

4. Residential care: forms of care and available data

Residential care is defined by the Guidelines on Alternative Care as the “care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations and all other short- and long-term residential care facilities, including group homes”. Whether provided in public or private facility and whether or not a result of administrative or judicial measures, residential care is

¹³⁶ <http://www.ahrlj.up.ac.za/assim-u-m-sloth-nielsen-j>

¹³⁷ Usang M Assim and Julia Sloth-Nielsen, 2014

¹³⁸ Usang M Assim and Julia Sloth-Nielsen, 2014

¹³⁹ Usang M Assim and Julia Sloth-Nielsen, 2014

¹⁴⁰ Usang M Assim and Julia Sloth-Nielsen, 2014

considered a form of formal care.¹⁴¹

However, this literature review, found that many not so formal elements sometimes characterise this form of care in developing countries in Asia: a child may for example be placed in non registered care centre, recruited directly by agents speaking with his/her parents, without a systematic assessment of the child situation, his/her papers may get lost, standards of care may not be monitored in the centre where he/she lives and the child in some cases may end up being cared by “informal social workers”, volunteers lacking the necessary skills to take care of him/her in an appropriate way, with no formal permission to work in the country.

Residential care should be a last resort for children. However, in developing countries in Asia, it is in general the dominant form of formal alternative care used. This is generally the most common type of formal alternative care provided by the state and, sometimes, the only alternative care option formally recognised and supported.

Number of children living in residential care and number of residential care facilities

The number of children in residential care in Asia is unknown. A 2009 UNICEF report including estimated numbers of children living in institutional care all around the world, does not include data on South Asia¹⁴², explaining that official data is lacking for this region¹⁴³. Responsible authorities have generally weak systems of record keeping in developing countries in Asia and there is a lack of comprehensive surveys on this topic (and on alternative care in general). Where administrative data on children living in residential care exist, these are sometimes not reliable, as they underestimate the real number of children living in such care settings due to the fact that various facilities operate without having been registered or having been improperly registered - the reviewed literature highlights this issue for example in Cambodia and in Nepal. At the same time, a 2016 paper on Cambodia raises the concern that some institutions may over-report the number of children in their care with the objective to obtain extra funding.¹⁴⁴

However, efforts are being made at various levels to enhance the evidence and data collection systems on children living in residential care. Cambodia for example has recently conducted under the leadership of its Ministry of Social Affairs, Veterans and Youth Rehabilitation, and with funding from USAID and UNICEF, a mapping of residential care institutions. Findings from the mapping in 5 of its 25 provinces have just been published (March 2016) and results from the mapping in the remaining 20 provinces are expected to be published before the end of 2016.¹⁴⁵ In order to overcome the above-mentioned concerns related to the under and sub-estimation of children living in residential care, the study, with technical support from Columbia University, adopted a methodology that included triangulation and verification of data on the number of institutions and of children.¹⁴⁶ The findings from the preliminary report of the mapping, indicate that there are 18,451 children (48% girls) living in residential care, in 401 facilities, in just five provinces of Cambodia.

Findings from studies in other countries in Asia also suggest that the number of children in residential care – although unknown - is probably very high in the continent:

- in India there were 50.000 children in 700 institutions only in the Kerala State in

¹⁴¹ Guidelines on Alternative Care of children

¹⁴² The report explains data is missing for two regions of the world: South Asia and West and Central Africa.

¹⁴³ UNICEF, 2009a

¹⁴⁴ Beth L. Rubenstein & Lindsay Stark, 2016

¹⁴⁵ Kingdom of Cambodia, Ministry of Social Affairs Veterans and Youth Rehabilitation, 2016

¹⁴⁶ Beth L. Rubenstein & Lindsay Stark, 2016

2007¹⁴⁷

- in Indonesia there were 500,000 children living in 8,000 residential care facilities in 2007¹⁴⁸
- in Nepal 15,215 children were living in 797 residential child care homes in 2013.¹⁴⁹

Data on the number of residential care facilities, number of children in residential care, care providers and funding drawn from the reviewed literature is presented in table 5.

¹⁴⁷ UNICEF South Asia Regional Office, 2008

¹⁴⁸ DEPSOS, Save the Children and UNICEF, 2007, quoted in Save the Children, 2009

¹⁴⁹ Central Child Welfare Board of Nepal, 2013, quoted in SOS Children's Village International, undated

Table 5: Children and residential care in Asia

Country	Total child population (thousands) 2013 ¹⁵⁰	Number of children in residential care/year	N. Residential care facilities /year	Types & terminology	Provider	Funding	Source
Afghanistan	16.536	12.000 /2011	70/2011	Orphanages	Public (MoLSAMD) and private	Public and private, including from Afghan diaspora	Children inc crises ¹⁵¹
		18.802 (13.506 public; 5.296 private)/2010	82 (64 public, 18 private) /2010				MoLSAMD, 2010 ¹⁵²
Bangladesh	56.666	49.000 /2007	500 institutions/2007	Orphanages by NGOs and by government (shishu paribar), madrasas, shelter homes, safe homes, government centres for disabled children, drop-in-centres for street children, vagrant homes	Government, faith-based and NGOs		UNICEF, 2009 ¹⁵³
		10.000/2012 (only counting AIDS orphans)	85 children's homes – government/2012				
Bhutan	256	n.a.	No. Only monastic institutes.	Buddhist Monasteries	Faith-based	Religious	Save the Children, 2010 ¹⁵⁵
Cambodia	5.583	18.451/2016 (11,788 in institutions) (in 5 provinces only)	401/2016 (in only 5 of the 25 provinces) ¹⁵⁶	Institutions, transit homes, emergency accomodations; group homes; boarding schools;	State, NGOs and faith-based		MSAVYR, 2016 ¹⁵⁷

¹⁵⁰ UNICEF, 2015

¹⁵¹ Children in Crisis, undated

¹⁵² Muhmad, Wasil Noor, 2010

¹⁵³ UNICEF, 2009b

¹⁵⁴ UNICEF East Asia and Pacific Regional Office, 2012

¹⁵⁵ Save the Children, 2010

¹⁵⁶ 401, divided as follows: 267 residential care institutions; 20 transitional homes and temporary emergency accomodations; 57 group homes; 11 pagodas and other faith-based care in religious building; 46 boarding schools

¹⁵⁷ Ministry of Social Affairs Veterans and Youth Rehabilitation, 2016

				pagodas			
China	301.233	54.450/2002 ¹⁵⁸	277/2009 ¹⁵⁹	'sunshine homes', 'orphanages', social welfare institutions, child welfare homes (600) caring for children, children's villages, street children protection centres (128)	State	Public, private sponsorship	UNICEF, 2009 ¹⁶⁰ Ministry of Civil Affairs, People's Republic of China, 2003 ¹⁶¹
India	435.384	50.000/2007 in one State (Kerala)	600/2007 in one State (Kerala)	children's homes, orphanages	State; NGOs		UNICEF, 2007 ¹⁶²
Indonesia	85.506	500,000 /2007	8,000 /2007	Institutions	99% private, by faith-based organisations	International aid	DEPSOS, Save the Children and UNICEF, 2007 ¹⁶³
Korea DPR	6.583	n.a	n.a	n.a	n.a	n.a	
Laos	2.859	300/2004 ¹⁶⁴	n.a.	Institutions, Ethnic minority boarding schools; treatment centres			UNICEF, 2004 ¹⁶⁵
Malaysia	9.426	1.900/2011	10 Children's Home/2011	Children's homes; homes for girls (and young women), institutions for people with disabilities	State (department of social welfare) and local NGOs	Government	AIPA, 2011 ¹⁶⁶ UNICEF ¹⁶⁷
Maldives	120	2/2015	84	Children's shelter; Education and	State		ARC, 2015 ¹⁶⁸

¹⁵⁸ Ministry of Civil Affairs, People's Republic of China, 2003

¹⁵⁹ Edström and Khan, 2009

¹⁶⁰ Edström and Khan, 2009

¹⁶¹ Ministry of Civil Affairs, People's Republic of China, 2003

¹⁶² UNICEF South Asia Regional Office, 2008

¹⁶³ DEPSOS, Save the Children and UNICEF, 2007 quoted in Save the Children, 2009

¹⁶⁴ 280 in ethnic minority boarding schools; 20 children with disability; adolescents with drug problems

¹⁶⁵ UNICEF, 2004

¹⁶⁶ 3rd ASEAN Inter-parliamentary Assembly (AIPA) CAUCUS Report, 2011

¹⁶⁷ UNICEF EAPRO, 2006

¹⁶⁸ ARC, 2015

				Training Center; Homes for People with Special Needs			
Mongolia	916	1.139/2012	42	Institutions	International NGOs		Government, 2012 ¹⁶⁹
Myanmar	16.096	11.426 /2010	147/2010 6/2006 residential nurseries	Youth development centres; homes; monastic schools and christian institutions/boarding schools; residential nurseries	Government, NGOs, monastic and other faith- based institutions	Government, international organizations, faith-based donations, private funds and livelihood projects.	UNICEF, 2012 ¹⁷⁰ UNICEF, 2006 ¹⁷¹
Nepal	11.526	15.215/2013	797/2013	Residential Child Care Homes; orphanages	Public and private	Public, private, international volunteers	CCWB, 2013 ¹⁷²
Pakistan	73.854	n.a.	n.a	Children's homes (Darul Atfal) and shelters	Provinces (provincial social welfare departments) and NGOs	Public and NGOs	Save the Children, 2010 ¹⁷³
Philippines	39.758	2,686/2003 (61,6% males) No data beyond 2003 was identified ¹⁷⁴	61 managed by DSWD ¹⁷⁵ /2008 (no info identified on non-State facilities)	Institutions, Reception and Study Center for Children, Haven for children, Nayon ng Kabataan, homes for boys/girls, Lingap center, Marillac Hills, youth hostel.	State and non-State	State ¹⁷⁶ , international funding, private sector	Save the Children, 2011 ¹⁷⁷
Sri Lanka	6.308	13.214/2011	341/2011	Children's homes, girls' institutions, institutions for	State, private		UNICEF, 2011 ¹⁷⁸ Save the Children ¹⁷⁹

¹⁶⁹ Government of Mongolia, 2012

¹⁷⁰ Ministry of National Planning and Economic Development and UNICEF, 2012

¹⁷¹ UNICEF EAPRO, 2006

¹⁷² Central Child Welfare Board of Nepal, 2013 quoted in SOS Children's Villages Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board, undated

¹⁷³ Save the Children, 2010

¹⁷⁴ According to Save the Children "There are no reliable and updated national figures regarding the numbers of children presently living in residential care. While it was reported that up to 100 children are abandoned and turned over to the DWSO every two months, there is no way to verify these numbers".

¹⁷⁵ Department of Social Welfare and Development

¹⁷⁶ According to Save the Children "budget cut in 2009 signalled the push for de-institutionalisation at least from within DSWO agencies and institutions".

¹⁷⁷ Save the Children, 2011

¹⁷⁸ UNICEF Sri Lanka, 2011

¹⁷⁹ Save the Children Sri Lanka and Save the Children Canada, undated, quoted in Save the Children, 2009 and Ministry of Child Development and Women's Empowerment and UNICEF, 2007

				children aged 0-5, institutions for children with disabilities, voluntary homes			UNICEF, 2007
Thailand	14.862	6.388/2009 (1731 below 5 years)		Orphanages; baby homes; rehabilitation centres	Government, NGOs		UNICEF, 2011 ¹⁸⁰
Timor-Leste	616	3.500 (88,4% girls)	59	21 orphanages; 30 boarding houses and 8 shelters for victims of abuse	Catholic church (majority) and others		UNICEF/2014? ¹⁸¹
Vietnam	25.078	21.500 /2010 (MOLISA 2010)	245	Social Patronage Centres (95); Open Homes, Warm Shelters and Compassion Homes (100); specialised schools for children with disability (50)	Public and private	State budget, private donations, national and international organisations.	UNICEF, 2016 ¹⁸² ; Better Care Network ¹⁸³

¹⁸⁰ UNICEF, 2011c

¹⁸¹ UNICEF, 2014

¹⁸² <http://www.unicef.org/vietnam/protection.html>

¹⁸³ Better Care Network, undated

Age and profile of children living in residential care

The majority of children in institutions are not orphans. For example, according to UNICEF, in Afghanistan, Bhutan, Nepal, and Sri Lanka, over 80 per cent of children living in institutions have a living parent; in Bangladesh and Pakistan, over 50 percent of children living in institutions have a living parent¹⁸⁴; in Indonesia a 2007 survey indicated that almost 90% of the children living in institutions had one parent alive, and that 56% had both.¹⁸⁵ According to a UNICEF situation analysis of children in Bangladesh “The term orphan in Bangladesh does not necessarily imply that both parents are dead or of unknown whereabouts for a child to enter an orphanage, an adult must apply on his or her behalf (and reportedly also often pay an informal fee). This system closes the doors of the *shishu paribar* to many children without parental care”.¹⁸⁶ In Afghanistan a child who has lost his/her father but has still a mother is considered an orphan and can be admitted in orphanages.

The age of children placed in residential care ranges from 0-18 and sometimes above 18. In some cases care centres host particular age groups of children: in Bangladesh for example the Government-held 84 orphanages (called *shishu paribar*, which means “children’s families), house children of ages 6-18 years; in the Philippines *Nayon ng Kabataan* provide care for children aged 7 to 17 years old who have behavioural problems.

Of particular concern is the presence of very young children in residential care facilities in some countries, including children under the age of 3.

- In Bangladesh for example, there are three baby homes providing care for about 225 infants and young children under the age of 6 years¹⁸⁷;
- In Myanmar there are 6 residential nurseries, with one nursery able to accommodate up to even 100 children¹⁸⁸;
- In the Philippines there are Reception and Study Centers for Children (RSCC), for children 0 to 6 years of age.¹⁸⁹

In some cases children are placed in residential care facilities together with adults:

- In Malaysia for example there are homes for girls and women, where girls who are victims of prostitution, at risk of entering prostitution or ‘exposed to moral danger’ live together with older women (but under the age of 21).
- In Bangladesh, where vagrancy is considered a legal offense, street children may be placed by the police under arbitrary arrest and detention in vagrant homes (the government has 6 of them in the country), together with adults. According to UNICEF, children often stay in vagrant homes for long periods of time, particularly when they are unable to give names and addresses of their families.¹⁹⁰
- In Maldives, according to a 2016 document by the Better Care Network, the Committee on the Rights of the Child has expressed its serious concern “about

¹⁸⁴ UNICEF South Asia Regional Office, 2008

¹⁸⁵ Save the Children, 2009

¹⁸⁶ UNICEF, 2009b

¹⁸⁷ UNICEF, 2009b

¹⁸⁸ UNICEF East Asia and Pacific Regional Office, 2006

¹⁸⁹ Save the Children, 2011

¹⁹⁰ UNICEF, 2009b

the steady increase since 2010 in the number of children placed in the Home for People with Special Needs, an institution which is neither mandated nor set up to provide children with residential care or to provide child victims with the treatment and services they need".¹⁹¹

Some care settings are opened to children under various types of circumstances, others were established for specific groups of children. There are for example specialised schools for children with disability in Vietnam, institutions for people with disabilities in Malaysia, Homes for People with Special Needs in Maldives. In Laos there are specific boarding schools for children from minority groups " ethnic minority boarding schools". In some countries there are specific homes for girls and for boys.

Forms of residential care

The spectrum of residential care being used for children in the different countries in Asia and the terminology to indicate the various forms being used is extremely wide. Some care settings have family-like characteristics in the way that care is organised, other are more similar to large residential institutions. The profile of children living in residential care in Asia is also extremely wide. From orphans, to children from poor families, to abandoned children, children rescued from trafficking and exploitation, street children, children with disabilities and children from minority groups.

The literature found that there is a widespread use of residential care in the continent. A document on India explains that people perceive Child care institutions as hostels and education institutes.¹⁹²

Children's homes, orphanages and institutions

There are various residential care settings mentioned by the literature and a wide terminology is used including: institutions, children's homes, sunshine homes' (China), orphanages, social welfare institutions, child welfare homes, social patronage centres, open homes, institutions for people with disabilities, homes for people with special needs, homes for boys, homes for girls, haven for children, nasyon ng Kabataan, Lingap center, Marillac Hills, youth hostel, reception centres/ child protection centres, residential nurseries.

The dimension and capacity of residential care facilities varies across countries and within countries. For example in one study conducted in Tsunami affected countries by UNICEF in 2006, of eight facilities visited, one had capacity for 40 children, seven were large institutions, capable of hosting 100 to 300 children at a time.¹⁹³ On the opposite, a study in Nepal found that child care centres host on average about 15 children.¹⁹⁴

The dimension of group homes also varies across contexts: sometimes these are organized in a family-like manner, other times they are more similar to large residential care facilities (see paragraph on group homes).

It is worth noting that one document on Nepal highlights that being small is not always a positive factor. This study notes that in Nepal " the smaller the centre, the worse it is for the children." and that "Corruption is rampant, especially in smaller homes created purely for adoption purposes".¹⁹⁵ The study also explains that "Smaller homes with good caretaker ratios and that are integrated with the community tend to be 'better' than larger homes, but only when they are well regulated and fit into a broader system of alternative care".

¹⁹¹ Better Care Network, 2016b

¹⁹² Rajendra Meher, undated

¹⁹³ UNICEF East Asia and Pacific Regional Office, 2006

¹⁹⁴ Terre des hommes and UNICEF, 2008

¹⁹⁵ Terre des hommes and UNICEF, 2008

Transit homes, shelters and emergency accommodations

Transit homes, shelters, emergency accommodations, street children protection centres, shelters for victims of abuse, trafficking and sexual exploitation survivors are also widespread in the region. Many children, are trafficked in Asia for exploitation purposes, including for sexual exploitation. Those who manage to be rescued, live temporarily, and sometimes for longer periods in this type of accommodations. The number of children living in this type of care is unknown: in Cambodia a report indicates that there are between 200-300 children rescued from sexual exploitation living in NGO child care centres;¹⁹⁶ a second study indicate that in 2016 there are 951 children (410 boys and 541 girls) in 20 transit homes and temporary emergency accommodation in only 5 of the 25 provinces of the country.¹⁹⁷

Faith-based/religious care facilities

This is a form of alternative care found in various countries, linked to different religions, including Buddhism, Islam and Christianity. The total number of children in these facilities in Asia is unknown. In Bhutan, which is a Buddhist country, there are no orphanages or homes for children without parental care other than the Buddhist monastic institutes, which take in children and raise them to become monks. Children in the monastic institutes are provided with food, shelter and a stipend after registering with the central monastic body.¹⁹⁸ This type of “Buddhist care system” also exists in Nepal and in Cambodia, where it takes place in Buddhist Pagodas (Wat), and children are cared by monks, Preah Sang, nuns, lay clergy and religious bodies. Buddhist care facilities are both a form of short and long-term care: some children (boys) are sent to the temples to learn Buddhist teachings and receive an education, while other children in difficult situations are allowed for overnight care. One document by UNICEF however when referring to this type of care facility in SouthEast Asia mentions that “this type of arrangement, is often closer to a family environment compared to an institution, since children living there are expected to perform household chores and have ready access to adults”.¹⁹⁹ Other forms of faith-based facilities are found in other countries, including in Myanmar, where there are both monastic schools and Christian institutions/boarding schools and in Bangladesh, where orphan children are housed and educated in madrasas.

Group homes

Group homes (generally a temporary form of care according to the literature) were established in certain countries, as in Cambodia and in Malaysia, generally by non-governmental organisations.²⁰⁰

Community-based family-style group homes were established in rural China, with financial support from local government and NGOs²⁰¹. While some group homes were established for a limited number of children in family environment under the supervision of a small group of caregivers,²⁰² other group homes are more similar to large residential care facilities. In Cambodia for example, where 1292 children live in 57 group homes, most of the children are living in 2 group homes in Preah Sihanouk province, where there are 448 children.²⁰³

¹⁹⁶ ECPAT International, Plan International, Save the Children, UNICEF and World Vision, 2014

¹⁹⁷ Ministry of Social Affairs Veterans and Youth Rehabilitation of Cambodia, 2016

¹⁹⁸ Save the Children, 2010

¹⁹⁹ UNICEF, 2011b

²⁰⁰ Edström and Khan, 2009

²⁰¹ Yan Hong, Peilian Chi, Xiaoming Li, Guoxiang Zhao, Junfeng Zhao, Bonita Stanton and Li Li, 2014

²⁰² Rubenstein and Stark, 2016

²⁰³ Ministry of Social Affairs Veterans and Youth Rehabilitation of Cambodia, 2016

Children’s villages

Children’s villages have been established in various countries. SOS Children’s Villages International runs 138 children’s villages in developing and middle-income countries in Asia, including in Bangladesh, Cambodia, China, India, Indonesia, Laos, Mongolia, Nepal, Pakistan, Philippines, Sri Lanka, Taiwan (China), Tibet, Thailand, and Vietnam (2 Children’s Villages in Japan and 3 in South Korea are not included in this count) A total of 25,907 children live in these villages as well as in foster care and families of origin supported by SOS “Family-Based Care” programmes. SOS Children’s Villages also provides programmes (“Family Strengthening Programmes”) aiming to prevent placement outside of families, and basic services such as schools, kindergartens, youth facilities and medical centres, in these countries.

Boarding schools

Boarding schools are present in various countries. A recent study on residential care in Cambodia, included boarding schools along with other residential care facilities “due to the concern that some schools might in fact be residential care institutions”. The study, conducted in 5 provinces of Cambodia, found 3988 children (2124 boys and 1864 girls) living in 46 boarding schools.²⁰⁴

Family/cottage system

The family/cottage system (rumah tunas harapan), is a care system used in Malaysia. Groups of children consisting of 8-10 children live in a cottage, where they are cared for by married couples, according to their own ethnic, cultural and religious practices. There were six family/cottage-like complexes in 2006, hosting 192 children. One report following a visit to one of the existing centres mentions that children were aged between 8 and 17 years.²⁰⁵ The system is supported by the private sector, local communities and state agencies. Children are placed in a family/cottage system by a court order, the Director-General of Social Welfare, or children’s homes. The report from the visited centre state that family members rarely visit the children.

Providers of residential care

Table 6: Residential care in Asia: providers and funding

Country	Types & terminology	Provider	Funding
Afghanistan	Orphanages	Government, private Public (MoLSAMD) and private	Public and private, including from Afghan diaspora
Bangladesh	Orphanages by NGOs and by government (shishu paribar), madrasas, shelter homes, safe homes, government centres for disabled children, drop-in-centres for street children, vagrant homes	Government, faith-based and NGOs	
Bhutan	Buddhist Monastic Institutes	Faith-based	Religious
Cambodia	Institutions, transit homes, emergency accomodations; group homes; boarding schools; pagodas	State, NGOs and faith-based	
China	‘sunshine homes’, ‘orphanages’,	State	Public, private

²⁰⁴ Ministry of Social Affairs Veterans and Youth Rehabilitation of Cambodia, 2016

²⁰⁵ UNICEF East Asia and Pacific Regional Office, 2006

	social welfare institutions, child welfare homes (600) caring for children, children's villages, street children protection centres (128)		sponsorship
India	children's homes, orphanages	State; NGOs	
Indonesia	Institutions	99% private, by faith-based organisations	International aid
Korea DPR	n.a	n.a	n.a
Laos	Institutions, ethnic minority boarding schools; treatment centres		
Malaysia	Children's homes; homes for girls (and young women), institutions for people with disabilities	State (department of social welfare) and local NGOs	Government
Maldives	Children's shelter; Education and Training Center; Homes for People with Special Needs	State	
Mongolia	Institutions	International NGOs	
Myanmar	Youth development centres; homes; monastic schools and christian institutions/boarding schools; residential nurseries	Government, NGOs, monastic and other faith-based institutions	Government, international organizations, faith-based donations, private funds and livelihood projects.
Nepal	Residential Child Care Homes; orphanages	Public and private	Public, private, international volunteers
Pakistan	Children's homes (Darul Atfal) and shelters	Provinces (provincial social welfare departments) and NGOs	Public and NGOs
Philippines	Institutions, Reception and Study Center for Children, Haven for children, Nayon ng Kabataan, homes for boys/girls, Lingap center, Marillac Hills, youth hostel.	State, private	State, private sector, international funding
Sri Lanka	Children's homes, girls' institutions, institutions for children aged 0-5, institutions for children with disabilities, voluntary homes	State, private	
Thailand	Orphanages; baby homes; rehabilitation centres	Government, NGOs	
Timor-Leste	Orphanages; boarding houses; shelters for victims of abuse	Catholic church (majority) and others	
Vietnam	Social Patronage Centres; Open Homes, Warm Shelters and Compassion Homes; specialised schools for children with disability	Public and private	State budget, private donations, national and international organisations.

Residential care is provided by both state and non state-actors in Asia. Providers include the state, national and international non-governmental organizations, faith-based organizations and religious bodies. The state, in particular its social welfare department, is a key provider at central and sometimes at decentralized level. For example, in

Pakistan, children's homes are managed at the provincial level, by the Provincial social welfare departments. Non government organizations, a major provider of residential care, may act independently or receive governmental support.

There are major concerns in some countries related to the non registration of some privately run institutions providing care for children. A Save the Children document revealed that in Indonesia in 2007, 99% of institutions were privately run by faith-based organisations and were unregulated".²⁰⁶ Research conducted by organizations in Nepal revealed that some Child Care Homes operated in the country without any legal registration. One study in 2005 found that 20% of children's homes operated informally, without being registered.²⁰⁷ In Cambodia registration with the Ministry of Social Affairs Veterans and Youth Rehabilitation (MoSVY) only recently became a requirement for residential care institutions, with the adoption, in September 2015, of the Sub-decree on the management of residential care institutions. This states that all institutions must be authorized by MoSVY.²⁰⁸

Other concerns regard inaccuracies in the registration process, where registration does takes place. A document by Children in Crises, reporting data of an assessment conducted on residential care in Afghanistan, funded by the European Union, raises questions regarding the process of registration and the categorisation of private institutions in the country.²⁰⁹ The assessment found that while all of the institutions in the study were registered as orphanages with the Ministry (MoLSAMD), there were no children residing in some of them. Institutions registered as orphanages in the country in fact provide a range of different services for children and their families and specifically, "within the target provinces 33% of the institutions provide no residential facilities".

In some countries, including Bhutan, Cambodia, Indonesia, Myanmar, Nepal and Pakistan, religious bodies and faith-based organizations also play a very important role in providing residential care for children, often not covered by standards set by the state. In Myanmar and Indonesia, for example, boarding/monastic schools run by faith-based organizations are not covered by standards set by social welfare departments because they fall under the responsibility of religious affairs ministries.

Funding

Money is power and funding plays a significant role in the spread of residential care in Asia. Funding comes from different sources, including government budget, NGOs, international aid, faith-based donations, private sponsorships. Private donations also contribute significantly, including donations from local citizens, as in Sri Lanka; from the diaspora abroad, for example the Afghan diaspora; and from international volunteers, from example, tourists volunteering in Nepal. One document stated that in Indonesia, Children's homes received more than USD 5.43 million in international aid between 2005 and 2007.²¹⁰

A publication by Next Generation Nepal "The paradox of orphanage volunteering. Combating child trafficking through ethical voluntourism" in 2014, reported that in Nepal children may be separated from their families and placed in institutions for the purpose of making a profit from foreign voluntourists or donors. The same organization also reported the practice of orphanage managers in Nepal requesting traffickers to "bring them children specifically because they have foreign donors willing to support thier

²⁰⁶ DEPSOS, Save the Children and UNICEF, 2007 quoted in Save the Children, 2009

²⁰⁷ New Era and ORC Macro, 2005 quoted in (unpublished) SOS Children's Villages Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board (undated)

²⁰⁸ Ministry of Social Affairs Veterans and Youth Rehabilitation, 2016

²⁰⁹ Children in Crisis, undated

²¹⁰ DEPSOS, Save the Children and UNICEF, 2007 quoted in Save the Children, 2009

children's home and, therefore, need 'poor' and 'orphaned' looking children to meet the donors' criteria".²¹¹

Ageing out of care

There is very little information in the reviewed literature on ageing out of care, a part from the fact that institutions are used for both short and long-term care and that, generally, the care system lacks the capacities to reintegrate children in their (or other) families and community. Overall, there is a lack of individualized plans for the end of care, such that in various countries, young people ageing out of care are facing difficulties (re)integrating in society as adults. This has been highlighted in the literature on South Asia and by specific documents on Nepal, Sri Lanka and Bangladesh.

A UNICEF analysis of children in Bangladesh reports that children growing up in residential care are in some instances poorly prepared to live independently, after they age out of care.²¹²

According to a further report by the UNICEF and the Ministry of Child Development and Women's Empowerment, in Sri Lanka, 2% of children, and 3% in a number of provinces, do not leave residential institutions at 18 years of age. The reasons are that they have no family to return to and the residential institutions did not foster the development or consolidation of links with their communities, necessary for reintegration.²¹³ The literature on Nepal also notes that many institutions do not adequately support and prepare children in their care for this transition.²¹⁴

Culture and gender norms also play an important role in the challenges faced for reintegration in society. According to a document on Sri Lanka, girls encounter even greater challenges with reintegration, in fact "the possibility of living a protected and independent life out of a family is even smaller for girls, if they have spent the large part of their childhood in a residential institution."²¹⁵ A further document on the circumstances in Nepal explains how "without emotional support through adolescence and into adulthood, relationship advice and marriage arrangements, support with career opportunities, and financial and material assistance, young people leaving institutions are vulnerable in a society with few social welfare provisions".²¹⁶

5. Other forms of care and living arrangements

Supervised independent living arrangements for children

Other forms of care are present in the region in the form of very small-scale alternative care experiments. In Nepal, for example, HFHK Nepal has experimented with supported accommodation for a small group of adolescent boys aged 16-17 years and with peer group units, supported by a woman mentor, for a group of younger adolescent girls, aged 10-15 years.²¹⁷

²¹¹ Next Generation Nepal, 2014

²¹² UNICEF, 2009b

²¹³ Ministry of Child Development and Women's Empowerment and UNICEF, 2007

²¹⁴ Next Generation Nepal, 2015

²¹⁵ Ministry of Child Development and Women's Empowerment and UNICEF, 2007

²¹⁶ Next Generation Nepal, 2015

²¹⁷ McArthur, 2011

Child-headed households

In many countries, children live in child headed households. This form of living arrangement has emerged in Aceh, as a consequence of the Tsunami, where children live in barracks, close to their relatives²¹⁸.

In Nepal, according to data from the National Census, reported in a recent study by SOS Children's Village International, more than 1,3% of households (73,728 households of the total 5,427,302 households of Nepal) are headed by children aged between 10-19 years. Among them, 7,403 households are headed by children ranging from 10 to 14 years old²¹⁹.

In some locations in Sri Lanka, such as Dharmapuram, where parents migrate internally for work purposes, there are reports of children of migrant parents living alone during the working week, until parents return home for the weekend.

6. Adoption

Adoption is the permanent placement of a child in a family, whereby the rights and responsibilities of biological parents are legally transferred to the adoptive parent(s). An adopted child acquires the same status, rights and privileges accorded to any other child of the adoptive parent(s).²²⁰

The scope of this review is based upon the Guidelines on Alternative Care of Children, which do not include adoption, as an adopted child is considered to be in parental care. However, this literature review identified information regarding adoption, which is relevant to the understanding of institutionalization in some of the countries studied. It is therefore important to highlight the most significant points here.

Both domestic and inter-country adoptions exist in Asia, although there are differences across countries. Many countries in the region are not signatories of the Hague Adoption Convention.²²¹ Adoption is generally not a recognized care practice in Muslim countries, although there are exceptions, such as Indonesia, where it is permitted. Other countries, for instance, Malaysia, have different adoption laws for Muslim and non-Muslim children. In some countries, as in Malaysia, only domestic adoption is permitted, while in others, such as Myanmar, inter-country adoption is also permitted, however, there is no legal framework to enable this in practice²²².

There is significant progress to be made in the region to ensure that adoption takes place only when it is necessary, and according to the best interest of the child concerned. Thailand, for example, has adoption processes in place for family selection and matching, on the basis of the best interests of the child. However, in other countries, the situation raises serious concerns. There are reports that in some cases adoption practices are based on the interests of the adoptive parents, or the best interests of institutions, rather than the best interests of the child.²²³ Inter-country adoptions have also been suspended following grave concerns, for example, in Nepal in 2007.

Box 2: Adopting the rights of the child in Nepal

²¹⁸ UNICEF East Asia and Pacific Regional Office, 2006

²¹⁹ SOS Children's Villages Nepal, Ministry of Women, Children and Social Welfare and Central Child Welfare Board, undated.

²²⁰ UNICEF East Asia and Pacific Regional Office, 2006

²²¹ ECPAT International, Plan International, Save the Children, UNICEF and World Vision, 2014

²²² UNICEF East Asia and Pacific Regional Office, 2006

²²³ UNICEF East Asia and Pacific Regional Office, 2006

In 2008, Terre des hommes and UNICEF published “Adopting the rights of the child. A study on intercountry adoption and its influence on child protection in Nepal” The study highlights grave malpractice relating to inter-country adoption (and institutionalisation of children) in the Nepal, which resulted in the suspension of intercountry adoption in May-June 2007.

The study highlights a number of issues related to inter-country adoption and children’s institutionalisation in Nepal, including reports of children being deprived of their identity, trafficked, and turned into “paper orphans” whereby false records were created in their name to portray them as orphans so that they could then be placed in residential care and adopted internationally, against their best interests. The study also reports that biological parents were misinformed about the future of their children and were not informed about the legal consequences of adoption, specifically that children would lose their Nepali nationality, live abroad, and that they would not be able to see their children again. The study also found that “financial transactions sometimes go far beyond those necessary for purchasing the professional services required to complete adoption procedures, and that in some cases, children can be considered to have been ‘bought’ or ‘sold’ to satisfy a growing demand for adoptions”.

“Paper orphans” a documentary produced by Terre des hommes in 2010, also illustrates this important issue. The film can be freely accessed online on Youtube.²²⁴

Data on the total number of adopted children in the region are absent. In India, India’s Central Adoption Resource Agency reported 14,879 domestic and 6128 inter-country adoptions between 2001 and 2006; in Sri Lanka, there were only 65 recorded adoptions in 2000²²⁵; in Malaysia there were 961 registered adoption in 2003.²²⁶ In Nepal, a study by Terre des hommes and UNICEF²²⁷ found that very few centres are engaged in the process of domestic adoption: of a sample of 867 adopted children from Nepal, only 4% had been adopted domestically; the remaining 96% had been sent for inter-country adoption. Out of 20 centres studied, the study found that only one centre specialized in domestic adoption while the remaining nineteen specialized in inter-country adoption.

Table 7 provides information on the practice of adoption in some selected Asian, according to the limited data available in the reviewed literature.

Table 7: The practice of adoption in selected countries in Asia

	ADOPTION	Source/year
Afghanistan	Prohibited by Islamic Law. A new law on adoption, if approved, will set out criteria for people who apply for adoption and for the child to be adopted.	UNICEF, 2007 ²²⁸ Save the Children, 2010 ²²⁹
Bangladesh	Allowed for Hindus, under the Hindu personal law ³³³ .	Save the Children, 2010 ²³⁰
Bhutan	No legal framework for adoption. The National	Save the Children,

²²⁴ Aguetant, 2010

²²⁵ UNICEF South Asia Regional Office, 2008

²²⁶ UNICEF East Asia and Pacific Regional Office, 2006

²²⁷ Terre des hommes and UNICEF, 2008

²²⁸ UNICEF South Asia Regional Office, 2008

²²⁹ Save the Children, 2010

²³⁰ Save the Children, 2010

	Commission for Women and Children is the defacto adoption agency for inter-country adoption. A draft Adoption Bill was to be considered by the Parliament in its December Session (2010). No reference in the reviewed literature on whether this was passed.	2010 ²³¹
Cambodia	The law allows for “simple” adoption: a child can be adopted by a person or couple without depriving the rights of the natural parents. The adoption can be nullified upon petition by the child, adoptive or birth parents, upon showing of “good cause”.	UNICEF, 2011 ²³²
India	The Juvenile Justice (Care and Protection of Children) Act, 2000, provides for adoption but does not set out the procedure for it. The adoption process is guided by a set of guidelines established by the Central Adoption Resource Agency (CARA), which are not laws. Legal gaps allow for illegal adoptions and trafficking of children under the guise of adoption.	Save the Children, 2010 ²³³
Indonesia	Domestic adoption is encouraged. Inter-country adoption is not allowed but foreigners are allowed to adopt if they stay in the country.	UNICEF, 2006 ²³⁴
Malaysia	Inter-country adoption is not permitted. Adoption of non-Muslim children is allowed. De facto adoption of Muslim children.	UNICEF, 2006 ²³⁵
Maldives	Prohibited by Islamic law.	UNICEF, 2007 ²³⁶
Myanmar	Adoption is allowed. Inter-country adoption is not permitted. Customary Buddhist law (3 types of adoption).	UNICEF, 2006 ²³⁷
Nepal	Nepal law allows adoption under certain conditions. Domestic adoptions are rare. Intercountry adoptions suspended since May-June 2007 due to malpractice.	Save the Children, 2010 ²³⁸ Terre des hommes, 2008 ²³⁹
Pakistan	Adoption not allowed.	Save the Children, 2010 ²⁴⁰
Thailand	Domestic and inter-country adoption permitted	UNICEF, 2006 ²⁴¹

7. Documented outcomes for children in care

Some outcomes for children in care, particularly for residential care, are documented in the literature on alternative care in Asia. The main findings, including both short-term effects and longer-term development outcomes experienced by children, as a result of growing up in alternative care, are provided below.

²³¹ Save the Children, 2010

²³² UNICEF, 2011b

²³³ Save the Children, 2010

²³⁴ UNICEF East Asia and Pacific Regional Office, 2006

²³⁵ UNICEF East Asia and Pacific Regional Office, 2006

²³⁶ UNICEF South Asia Regional Office, 2008

²³⁷ UNICEF East Asia and Pacific Regional Office, 2006

²³⁸ Save the Children, 2010

²³⁹ Terre des hommes and UNICEF, 2008

²⁴⁰ Save the Children, 2010

²⁴¹ UNICEF East Asia and Pacific Regional Office, 2006

Adverse psychosocial outcomes: the literature reports that children in residential care are affected by a number of psychosocial problems. In a study in Nepal, staff in childcare centres reported that children under their care suffered from depression (cited by 50% of childcare centres staff), loss of concentration (cited by 31%), stress (cited by 54%), and mental disturbances (cited by 15%).

The same document highlights that some children also experience a deep sense of loss, also as a result of separation from siblings, as it may occur that one sibling is adopted while the other remains in residential care.²⁴² According to the Guidelines on alternative care (art B17) "siblings with existing bonds should in principle not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child. In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes or interests." Children also experience psychological damage, as a consequence of having been (internationally) adopted through abusive procedures.

Children also experience the lack of a bond with a unique caregiver, which is detrimental to their capacity to establish long-term and meaningful relationships and to form healthy attachments later in life.²⁴³ They are often moved to one form/setting of alternative care to another, and this may be compounded by frequent staff turnover in residential care institutions. In the Maldives, for example, a document by Save the Children explains that children informally placed in kinship care are sometimes moved from one relative to another, with very little long-term stability.²⁴⁴ In Sri Lanka, children left behind by migrating parents are sometimes placed in residential care, after time spent in kinship care; in Indonesia, after six months in a child protection centre, children are moved to a children's home (or *panti*);²⁴⁵ in Malaysia, when boys in alternative care turn 12, they are transferred to a boys' home; in Myanmar, when children turn five, they are transferred to a training school for boys or girls.²⁴⁶ Finally, in some countries, such as Nepal, staff turnover is frequent in residential care and the ratio of children to care givers prevents the child from being able to form a close bond with a unique caregiver.²⁴⁷ Additionally, in Nepal children are often cared for by tourists, who volunteer, lacking the requisite skills. This renders the situation particularly worrying, as it contributes to a repeated sense of abandonment by already vulnerable children, as a Nepali girl grown up in residential care explains in one of the reviewed studies:²⁴⁸

"There were so many volunteers: short-time, long-time, middle-time, according to visa! Why foreigners come to Nepal? Why do they go in orphanage? That time they come for short time and they give love to us, but then they leave, and when I write they don't reply."
Nepali girl grown up in residential care in Nepal²⁴⁹

A UNICEF paper identifies the negative psychological outcomes of kinship care on children left-behind in China, due to the lack of supervision or tutoring, and the unmet need for parental affection. The same paper also refers to health disadvantages and limited school engagement among these children.²⁵⁰

²⁴² Terre des hommes and UNICEF, 2008

²⁴³ UNICEF East Asia and Pacific Regional Office, 2006

²⁴⁴ Save the Children, 2010

²⁴⁵ UNICEF East Asia and Pacific Regional Office, 2006

²⁴⁶ UNICEF East Asia and Pacific Regional Office, 2006

²⁴⁷ Next Generation Nepal, 2014

²⁴⁸ UNICEF, NGN, The Umbrella Foundation, Learning Service, Just One, 2015

²⁴⁹ Next Generation Nepal, 2014

²⁵⁰ Daly, M., R. Bray, Z. Bruckauf, J. Byrne, A. Margaria, N. Pec'nik, and M. Samms-Vaughan, 2015

Difficulties aging out of care and (re)integrating in society as adults: children who grow up in residential care are, in some instances, poorly prepared to live independently, after they age out of care. This is reported in a number of documents, including a UNICEF analysis of children in Bangladesh²⁵¹ and a study on Nepal.²⁵²

Violence, abuse, exploitation and neglect: a number of studies document the widespread exposure of children in alternative care in Asian countries to violence, exploitation and abuse. In India, for example, children involved in a research project conducted by Ecpat International, reported slapping and beating by social workers in centres and shelters run by NGOs.²⁵³ In the same country, the first nationwide study on child abuse, published in 2007 by the Ministry of Women and Child Development, found that 53% of the 2.245 children living in institutions involved in the study had experienced physical abuse, including corporal punishment in their institutions; almost 9,5% of children experiencing physical abuse outside the family reported that a caregiver was the perpetrator, and nearly 5% reported that the perpetrator was an NGO worker.²⁵⁴ A study by the Global Initiative to End All Corporal Punishment of Children in 2012 documents the widespread use of physical and emotional violence to punish children in childcare institutions in various countries in Asia, including Indonesia, Mongolia, Myanmar, Vietnam, and in institutions run privately by religious organisations. In Nepal, cases of violence and abuse of children living in residential care have been reported in a number of studies. The testimony below by a Nepali child living in residential care is self-explanatory.

"The caretakers hit me and all the other children often. The worst is when they hit the disabled boy; they hit him the most. They also shout at us for no reason. They make all of us work. We have to wash our clothes and we have to work in the kitchen, washing the dishes, cutting vegetables and sweeping the floor. The helpers just watch us when we work. They don't take good care of us even when we are sick. For lunch, we get either biscuits or Wai Wai noodles, which are not enough for us, so we stay hungry. When foreigners visit the centre, the caretakers treat them very nicely but keep the presents, like shampoo, face cream, etc., that the foreigners bring for us children, for themselves. A few months ago, we heard that this place is going out of business. All of us are happy that we won't have to live here anymore."

Nepali child living in residential care²⁵⁵

Instances of abuse, exploitation and violence against children are also reported by the literature for children placed in Kinship care, in Afghanistan, Sri Lanka²⁵⁶ and China. In the majority of the countries the legal framework does not prohibit violence against children in alternative care settings. According to data reported by a 2014 study by the South Asia Initiative to End Violence against Children for example in South Asia there is no explicit prohibition of corporal punishment against children in alternative care in any South Asian country, with the exception of some prohibition in India.²⁵⁷

The literature also reports that children in kinship and foster care may end up as child labourers, exploited by their carers. In Cambodia, some NGOs only allow children to be put into foster families in pairs, because wealthy families often make servants of the fostered children.²⁵⁸ A UNICEF 2011 publication on children in informal alternative

²⁵¹ UNICEF, 2009b

²⁵² Next Generation Nepal, 2015

²⁵³ Ecpat, 2010

²⁵⁴ Global Initiative to End All Corporal Punishment of Children, 2012

²⁵⁵ Terre des hommes and UNICEF, 2008

²⁵⁶ UNICEF South Asia Regional Office, 2008

²⁵⁷ South Asia Initiative to End Violence against Children, 2014

²⁵⁸ UNICEF, 2011b

care²⁵⁹ highlights the risks of abuse and exploitation through foster care in various countries and the fine line between kinship care and domestic work. According to this research, a study in Vietnam found that the majority of child domestics were relatives of their employers. Furthermore, in Cambodia, according to an ILO study, 60% of children engaged as domestic workers in Phnom Pen are relatives and over 688,000 children, in Indonesia alone, are in domestic servitude.

Education outcomes: In Southern China a study found a higher risk of school dropout among children in informal kinship care, compared to children under other care arrangements. Of note, children in informal kinship care can receive a fee waiver for education, but many in practice, do not receive it.²⁶⁰ Another study indicates that in India, children in the care of their relatives are less likely to have access to education compared to biological children in the same household.²⁶¹

Another study found that, in Sri Lanka, children in institutions frequently did not attend school.²⁶² A 2016 paper "*Measuring Children's Care Arrangements and Their Educational and Health Outcomes Internationally*", reports the findings from the World Family Map project, where researchers summarized children's educational attainments and achievements according to living arrangements, for each global region. This indicates that living outside parental care is generally associated with lower literacy scores and with lagging behind the expected grade of education for the child's age, in nearly every low-income country. In most countries in this study, living away from both parents was also associated with a lower likelihood of being enrolled in school.²⁶³

Health outcomes: the same paper also found that in Asia (and in Africa) alternative care placement is associated with worse health outcomes and an increased risk of death for children. Another publication highlights adverse health outcomes for children in institutional care in Afghanistan, mentioning that they are frequently sick and lack access to health care services.²⁶⁴ According to a regional document by UNICEF on child care and protection in East Asia and the Pacific, young institutionalized children are also particularly vulnerable to infectious diseases, impaired cognitive development and malnourishment.²⁶⁵



Photo 1: Source: UNICEF and Terre des hommes, 2008. *Adopting the rights of the child*

8. Efforts towards child care reform and de-institutionalisation

Despite the wide use of institutionalization of children by child care and protection actors in Asia, some efforts have recently been done at the macro and micro level in some countries to de-institutionalize child care, by preventing family separation,

²⁵⁹ UNICEF, 2011b

²⁶⁰ UNICEF, 2011b

²⁶¹ Save the Children, 2007

²⁶² UNICEF South Asia Regional Office, 2008

²⁶³ Mindy E. Scott & Elizabeth Karberg, 2016

²⁶⁴ UNICEF South Asia Regional Office, 2008

²⁶⁵ Edström and Khan, 2009

promoting family reintegration and start using alternative forms of alternative care.

Regional efforts towards deinstitutionalization

Efforts are being done at the legal and policy level in some countries as well as at regional level. At the regional level the SAARC (South Asia Association for Regional Cooperation) Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia (2002) highlights the importance of accelerating universal access to basic services by children as a regional priority. The Convention also reaffirms the recognition that the family is the fundamental unit of society and the ideal nurturing environment for the growth and wellbeing of children and that State Parties shall uphold and adhere to the best interest of the child principle in all actions concerning children.²⁶⁶

A regional Technical Consultation was co-organized in 2011 by SAIEVAC (an Apex Body of SAARC) and the South Asia Coordinating Group on Action against Violence against Children (SACG) in Nepal, to break the silence on alternative forms of care in the region. More than 160 child rights experts from the eight governments of South Asia, civil society, international organizations and children participated. Discussions and the recommendations from the event touched upon promoting children's right to appropriate and adequate care, appropriate and adequate care as key components of national child protection systems and about promoting parental care and community-based child protection mechanisms to prevent and respond to unnecessary family separation in the region.

National efforts towards deinstitutionalization

At national level efforts have also been made in some countries – although not in all countries - to strengthen the legal and policy frameworks on alternative care. These include efforts to strengthen the legal framework toward deinstitutionalization, as well as efforts to strengthen the prevention of family separation through family and parenting support, and to enhance access to basic social services and social protection for vulnerable children and their families, as well as broader efforts aiming at strengthening the national child protection systems.

Policies and laws

- In Nepal, for example, a Child Policy was adopted in 2012, recognizing that children's homes should be a last resort and that efforts should be made to re-integrate children with their families.
- In the same country, Terre des hommes has produced various studies on alternative care and has been at the forefront with UNICEF to advocate for policy reforms on alternative care in the country. The organization has produced a guide " 10 Steps forward to deinstitutionalization. Building communities to support children's rights", to guide and assist NGOs, faith-based organizations to stop the unnecessary placement of children in institutions.
- In Cambodia, the Ministry of Social Affairs Veterans and Youth Rehabilitation in 2015 has conducted a mapping of residential care institutions. The report of the mapping²⁶⁷ states that the Ministry is committed " by 2018, to reintegrate – in their families or family based care - 30 per cent of children from residential care and prevent any child below three years of age from being placed in residential care." In the same report the Ministry commits to "create a gate keeping mechanism to control unnecessary requests to place children in institutions, and starting from early 2016, no child shall be admitted to a NGO run institution without official Authorization from MoSVY".

²⁶⁶ Better Care Network, 2016b

²⁶⁷ Ministry of Social Affairs Veterans and Youth Rehabilitation of Cambodia, 2016, Page 15

- In Indonesia, a PDAK (Pusat Dukungan Anak dan Keluarga) system was established in late 2010 by Save the Children, as a supervised case management process that aims to promote and achieve family based care and to pilot a model of social work practice that will support the development of a child protection system focused on family based care.²⁶⁸ In the same country, social work training at the National Graduate School of Social Work is being shifted to prioritise family support.²⁶⁹ In the past decade there have also been improved legal and policy framework and regulations. The laws reflect children's rights, primacy of the family, importance of family and community based care, responsibility of the state to ensure children are adequately cared for and to use residential care as a last resort. A regulatory system has been established, including the adoption of the National Standards of Care for Child Welfare in 2011 and drafting of regulations on alternative care by the Ministry of Social Affairs.²⁷⁰
- The Philippines have invested in a strong policy on parenting support.²⁷¹ The Parent Effectiveness Service in this country, reaches 4 million of poor families.
- Bangladesh, is trying to use cash transfer initiatives and family support services to enhance child protection interventions, before opting for placement in institutions with UNICEF-supported Amader Shishu (Our Children) and the Protection of Children at Risk initiative.²⁷²

However, law enforcement remains a challenge in the region. Additionally, some countries have not got an adequate legal framework in place yet. For example in South Asia there is no country with an explicit legal prohibition of corporal punishment in alternative care environments, with the exception of some prohibition in India.²⁷³ Maldives has no comprehensive legal framework and guidelines for the placement, care, and reintegration of children in alternative care, nor for the oversight of the recruitment and conduct of staff at alternative care institutions and there is a lack of plans, policies or procedures for children or adolescents leaving care. In Bhutan many gaps remain in child protection laws, policies, standards and regulations, as child protection is still quite a new area of work for the country.²⁷⁴

Box 3. Cambodia: Promising practice on financing care towards deinstitutionalisation

“The Government of Cambodia is seeking to reduce reliance on institutions for children requiring alternative care and supports family and community-based care. The Ministry of Social Affairs, Veterans and Youth Rehabilitation promotes family-based care through the Policy on Alternative Care for Children and the Minimum Standards, however the financing of care remains a major barrier with local and international donors supporting residential forms of care. The Ministry, with the support of UNICEF, has produced a report in which it sets out a number of recommendations for supporting a financing system that encourages the development of alternatives to institutional care. Overseas donors have been informed of the negative impacts of residential care and the benefits of family-based and community-based care. Family and community-based care has been promoted through online sources, including weblogs and sites frequented by tourists, volunteers and other key stakeholders, with advocacy against ‘orphanage tourism’. Advocacy materials have been developed for various stakeholders to explain

²⁶⁸ Chrissie Gale, undated

²⁶⁹ Save the Children, 2009

²⁷⁰ BCN and UNICEF, 2015

²⁷¹ Daly, M., R. Bray, Z. Bruckauf, J. Byrne, A. Margaria, N. Pec'nik, and M. Samms-Vaughan, 2015

²⁷² SAIEVAC and SACG, 2011

²⁷³ SAIEVAC, 2014

²⁷⁴ Choeden Phintsho, undated

the adverse effects of residential care and promote family-and community-based support initiatives. Social protection measures have been expanded, including social transfer programmes targeting vulnerable households, with the explicit objective of family preservation and reunification and de-institutionalisation of children. Finally, local government has been linked with community-based care programmes and school-support programmes so that they can help make families aware of the available support options that enable them to keep their children at home.”

Source: Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland, page 107.

Programmes

Other initiatives at a more micro level are also been undertaken by various actors, including by national civil society organizations and community-based actors. Some selected programmes documented in the reviewed literature are reported below:

- In Thailand, Laos and Cambodia, the INGO Friends International, based in Cambodia and supported by UNICEF, has created the The ChildSafe Network Campaign, which can be viewed at www.thinkchildsafe.org/thinkbeforevisiting/for The campaign promotes ' 7 tips for travelers' related to ethical tourism and has developed ChildSafe certified products that tourists can buy to raise funds to help parents earn money to send their children to school , instead of placing them in orphanages.
- In Cambodia, monks are actively involved with Save the Children Australia, providing food, educational supplies, hygiene items and other assistance to prevent family disintegration.²⁷⁵
- In Cambodia a group of people has created an online campaign to discourage orphanage voluntourism which can be accessed online at www.orphanages.no/
- In Nepal, Save the Children implements the “Creating Safe Communities” project in Sunsari, Kalikot, Mugu, Kailali and Achham districts, which focuses on strengthening child protection systems at community and national levels as well as on preventing family separation, providing reintegration support to the children separated from their families and establishing a system of monitoring, reporting and responding to child rights violations. Save the Children has also developed a short cartoon in Nepali to raise awareness on alternative care in Nepal. The film, titled “Alternative Care” or “Baikalpik Shyahaar” tells the story of a child sent by his mother to a childcare home. The film can be viewed at <https://nepal.savethechildren.net/news/alternative-care-animated-film>
- In Nepal, The Umbrella Foundation, Terre des hommes and Next Generation Nepal and have during the last years engaged in family reunification of orphans and children in institutions with their parents or relatives.²⁷⁶

²⁷⁵ UNICEF, 2011b, page 22

²⁷⁶ UNICEF, NGN, The Umbrella Foundation, Learning Service, Just One, 2015

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