# Final Report

## Formative Evaluation of UNICEF's Positive Parenting Programme in Cambodia

*July 2025*

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We sincerely wish **Her Excellency, His Excellency, and all respected colleagues and team members** abundant good health, happiness, and success in their essential work for the nation and society. May you all be endowed with the five blessings of Buddhism: **long life, noble rank/beauty, happiness, strength, and wisdom/discernment.**

Thank you.

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## Acronyms

| | |
|---|---|
| 3PC | The Partnership Programme for the Protection of Children |
| CCWC | Commune Committee for Women and Children |
| CVAS | Cambodia Violence Against Children Survey |
| DHS | Demographic and Health Survey |
| DOSASW | District Offices of Social Affairs and Social Welfare |
| ERG | Evaluation Reference Group |
| FCF | Family Care First |
| HDI | Human Development Index |
| ICS-SP | Improving Cambodia's Society through Skilful Parenting |
| IPV | Intimate Partner Violence |
| MoSVY | Ministry of Social Affairs, Veterans, and Youth Rehabilitation |
| MoWA | Ministry of Women's Affairs |
| PDoWA | Provincial, Municipal Office of Women Affairs |
| PDoSVY | Provincial Department of Social Affairs, Veterans and Youth Rehabilitation |
| RCI | Residential Care Institution |
| RGC | Royal Government of Cambodia |
| STC | Save the Children |
| ToC | Theory of Change |
| UNICEF | United Nations Children's Fund |
| VAC | Violence Against Children |
| VAW | Violence Against Women |

# 1. Executive summary

## 1.1 Evaluation purpose and intended use

In July 2024, UNICEF Cambodia office commissioned Coram International to undertake a Formative Evaluation of the Positive Parenting Programme in Cambodia, 2017 – 2021, which is being implemented by Cambodia's Ministry for Women's Affairs (MoWA) with the support of UNICEF Cambodia and key non-government implementing partners. The evaluation assessed the relevance, coherence, effectiveness (in terms of quality of implementation and outcomes for beneficiaries), efficiency, sustainability and gender, equity and human rights dimensions of the Programme. The **main purpose** of the evaluation is to support the government in refining its Positive Parenting Strategy (possibly through the adoption of an updated National Strategy). It also provides evidence-based input to UNICEF Cambodia's ongoing 2024-2028 country programme.

## 1.2 Evaluation methodology

The evaluation was **theory-based**, and effectiveness was assessed in terms of the extent to which the Positive Parenting Programme achieved its intended results according to the pathways and outcomes in the Programme's Theory of Change. Data collection included a comprehensive desk review of programming documents, data and existing research; and primary qualitative data collection at the national level and subnational (provincial, district / Khan and Commune / Sangkat) level in four of the 10 implementation provinces: Phnom Penh municipality (Doun Penh, Pou Senchey, and Sen Sok Khan), Battambang (Bavel, Banan, Moung Russei and Thmor Koul Districts), Ratanakiri (Bar Kaev and Ochum Districts) and Siem Reap (Seareap Town, , Puok and Sautr Nikom Districts). These research sites were selected to reflect diversity in contexts and modalities of intervention. **Primary data collection** included: 48 key informant interviews with 21 stakeholders at the national level, and 54 at the sub-national level, including government and NGO representatives at national, provincial, district, commune and village levels and positive parenting facilitators; 15 focus group discussions with 128 parents, guardians and caregivers who participated in positive parenting sessions and five focus group discussions with 41 children (aged 12 – 16 years) of parent beneficiaries; and 11 case studies involving 28 in-depth interviews with parents, guardians / caregivers, children and positive parenting facilitators focusing on the experiences of the Positive Parenting Programme and changes or outcomes within the family following the completion of the PP Programme. Two observations of PP sessions (level 2) were also carried out in Phnom Penh and Siem Reap. Data were analysed thematically and in line with an evaluation matrix that was developed by the team before data collection commenced.

## 1.3 Summary of main evaluation findings

*Relevance*

**The Positive Parenting Programme was found to be highly relevant to the programming context**. The Programme (PPP) is grounded in a robust evidence base which indicates high rates of violence against children (VAC) and intimate partner violence (IPV) in the home, and a strong body of evidence that positive parenting programmes have lifelong impacts on child wellbeing and development and in improving parent-child interactions, parental knowledge of child development and in reducing VAC in the family. The Programme was found to be well aligned to the priorities and needs of Government stakeholders at the national and sub-national (province, district, commune) levels, as it provides an important and needed intervention aimed at preventing VAC and IPV within the home.

The PPP also **aligns with priorities and objectives set out in key national policies and plans**. The PPP is underpinned by the National Positive Parenting Strategy 2017 – 2021 (extended to 2024), and its alignment to national priorities is also evidenced by its inclusion in the National Violence Against Children Action Plan, 2017 – 2021 and the National Policy on the Child Protection System 2019 – 2029. Stakeholders at the District/Khan and Commune/Sangkat levels also reported that the PPP is well aligned with and relevant to their work in supporting families, women and children.

In general, the PPP was found to be **highly responsive to the needs of beneficiaries,** as parents targeted for involvement in the PPP lack knowledge of child development, healthy relationships and positive discipline, and practice the 'old ways' of parenting due to these gaps in knowledge and skills. The PPP was seen by stakeholders and parents as an important programme to support parents to gain knowledge on child development, reduce violence in the home and improve relationships among family members. However, the Programme content was considered by some research participants to be heavily focused on understanding and meeting the needs of younger children, with **some gaps noted in terms of adolescents**. Also, it was found that there was **limited cultural relevance to the context in Ratanakiri**, with insufficient adaptation of delivery modes and materials to the language and needs of minority ethnic groups, and a need for a more intensive intervention. Another more general gap in terms of relevance is that there were **no mechanisms to facilitate routine, systemic beneficiary feedback** to ensure that it is responsive to the evolving needs of beneficiaries.

*Coherence*

While measures had been put in place to coordinate the different parenting programmes under the Positive Parenting Strategy, **challenges remain in ensuring that the different implementing partners coordinate to achieve effective and efficient implementation of the Programme**. At the national level, while the development of the Positive Parenting Strategy, together with the Positive Parenting toolkits, have helped to coordinate the different parenting programmes and implementing partners together under a common vision, in practice, there is very limited coordination of the different Government Ministries, implementing partners and parenting programmes, causing fragmentation and inefficiencies in the implementation of the PPP. The National Positive Parenting Working Group is not functioning effectively, and there is limited integrated data collection and reporting systems to ensure a cohesive approach. At the sub-national levels, there is limited coordination among different parents and limited monitoring of what each partner is implementing, leading to fragmentation, though examples of more effective coordination in several districts were found. Other programmes that contain positive parenting elements (the Nurturing Care and Cambodia Protect - Strong Families programmes in particular) have not been effectively harmonised, leading to some overlaps and inefficiencies in implementation of the Positive Parenting Programme.

*Effectiveness – Quality of implementation and fidelity*

**It was found that the PPP has been mostly effective in terms of quality of the Programme's implementation**. In general, the implementation of levels 1 and 2 of the PPP has achieved wide coverage across 10 intervention provinces. However, the vast majority of villages have not received positive parenting interventions in each province. Some stakeholders expressed concern about the limited reach of the PPP within their provinces, with allocated budgets insufficient to cover all desired locations and families. A significant gap in terms of implementation is **that level 3 of the PPP has not been rolled out**

**as planned**, due to an inability to allocate a budget to level 3 programme roll out, underlined by lack of an implementation plan and limited coordination between MoWA and MoSVY.

Level 2 of the PPP has been implemented in a consistent manner across intervention locations, with **strong fidelity** to the criteria for selection of participants (which is based on known use of violence or conflict within the family) and to the materials and modalities. However, considerable variation was found in terms of the implementation of level 1 of the PPP, with some appropriate adjustments made to ensure contextual relevance in some locations and insufficient contextual adjustments in other locations (Ratanakiri, in particular). The Master Training sessions appear to have equipped facilitators with the necessary knowledge and skills; however, several participants reported being unable to 'absorb' all of the content and retain information in the absence of refresher training, and research participants in Ratanakiri **reported feeling under-prepared to deliver the PP session effectively**, with 'cascade' training sessions being quite short and not as comprehensive as the master training sessions.

**The implementation of the PPP was found to be largely aligned with the global best practice evidence base, though some gaps were found**, in particular in the lack of a mechanism to enable adolescents (or parents / caregivers) to feed into the design of the Programme and limited cultural relevance to the needs of ethnic minority groups and insufficient training of facilitators (level 1) in Ratanakiri. The **PPP has been unable to engage sufficiently with male parents / caregivers, which is a key gap in implementation quality and fidelity**.

*Effectiveness – Outcomes*

In general, parents, guardians / caregivers and children reported having achieved **significant outcomes in terms of changes to attitudes and use of physical and emotional violence in the home and improved family relationships and functioning** following the PPP interventions, particularly following completion of the level 2 sessions. According to an analysis of programme monitoring data, parents / caregivers reported an improved knowledge of what amounts to child abuse, an increased knowledge and use of healthy stress relief techniques and mainly positive results in the use of positive, non-violent forms of discipline. Improvements in beliefs and reported practices associated with emotional abuse was evident. However, less change was identified in terms of considering the role of the father / male caregiver in caring for a child. Parents, guardians, caregivers and children reported improved communication within their families, through better understanding and paying more attention to the emotional needs of their children. Parents / caregivers overwhelmingly reported that the PPP had helped them reduce physical and emotional violence (using harsh words, name calling) towards children, as well as reducing conflict with their spouses. The PPP also appears to connect families to other assistance and services (particularly in facilitating access to social protection services when needed). However, these outcomes appear less likely to be sustained in Ratanakiri, in which the level 1 PP sessions and materials were reported to be of limited relevance to the cultural context.

**Factors that were found to be associated with positive outcomes** included: Well-trained and motivated PP facilitators; effective (and evidence based) curricula and materials; intensity of sessions and timeframe for the course; regular attendance by participants; information sharing and support among participants; cascading of information to community members; and motivated and engaged village officials and CCWC focal points. Factors that hindered the achievement of outcomes included: limited male engagement; limited training of facilitators (particularly in Ratanakiri); limited intensive

interventions for parents who may require it; irregular attendance (e.g. due to seasonal work); limited frequency or sessions being too spread out; limited cultural relevance of modules and materials (Ratanakiri); and (more generally) budgetary limitations.

*Efficiency*

Overall, the PPP was found to have achieved **mainly positive outcomes with modest investments**. However, the results have been varied between programme sites, indicating that the resources utilised have not been associated with positive gains in all locations. In some locations, budget allocations were insufficient to enable full functioning of the PPP. PPP facilitators were recruited from among existing district, commune and village (village volunteers) staff, reinforcing **efficient use of human resources**. The PPP curriculum and materials (e.g. posters) are also generally available for roll out in all locations. However, **there is a need to build human resource capacities to support *long-term* implementation of the PPP**, particularly when the level 3 component is rolled out, which will rely on a capacitated social services workforce.

*Sustainability*

Some important steps have been taken to ensure government ownership of the PPP, including a budget allocation by MoWA to roll out a PP training or trainers and the inclusion of the PPP into commune development plans in some locations. However, **the PPP is still largely donor-funded and resource constraints have acted as a barrier to full government ownership and scaling of the PPP**. At the provincial level, financial resource constraints act as a barrier to sustaining and expanding the roll out of the PPP and there is limited fiscal space at the district and commune levels to continue roll out of the PPP in full. While the human resourcing of the PPP promotes sustainability, the ongoing training and skilling up of these professionals will have an impact on the sustainability of positive outcomes of the PPP in the longer term.

*Gender, equity and human rights*

While some important steps have been made to ensure that the PPP is inclusive, gender transformative and grounded in human rights and equity considerations, **limited results have been achieved in these areas**. There have been very limited initiatives to ensure that the PPP accommodates the needs of **parents, guardians / caregivers with disabilities**, limiting their access to the Programme. It was found that the PPP deliberately targets **families in vulnerable situations**, including those living in poverty, single parents and grandparents for inclusion in the level 2 PPP, though more efforts are needed to accommodate families on the move, street-connected families and those with low education levels. The PPP integrates content and learning on gender equality and addressing intimate partner violence, indicating that, **with the right efforts to develop its content and reach, the PPP has potential to address harmful gender norms that drive both violence against women and children** in the home. However, it has to date, had limited impacts on addressing social norms and beliefs around gender roles and child-rearing and limited engagement with men and male caregivers, which in turn have limited the PPP's potential for being gender-transformative.

### 1.4 Lessons learned

The evaluation generated the following broad lessons learned which have relevance to implementing positive parenting programmes in Cambodia and elsewhere:

- When designing resources and materials for a positive parenting (or comparable) programme, **it is important to factor in the diverse cultural context** and ensure materials are available in all key languages and that they are culturally relevant to minority ethnic groups.
- It is important that positive parenting programmes not cover only younger children but also that they **help parents develop knowledge and skills on parenting of adolescents**.
- In a context in which many different organisations are involved in implementing different positive parenting programmes, **it is important that funded and capacitated local and sub-national coordination mechanisms are in place**, with clear mandates and prescribed roles for members.

### 1.5 Recommendations

It is recommended that MoWA continue to support the implementation of the Positive Parenting Progamme, including through the development and adoption of updated National Positive Parenting Strategy, with full costing, detailed action plan and monitoring and evaluation framework to support effective implementation.

***On supporting effective implementation:*** Alongside the development of the next National Positive Parenting Strategy, incorporat**e** an implementation plan to roll out level 3 of the PPP; consider new modalities for implementing level 1 of the PPP to increase efficiency, including expanding on the Parent Chatbot, a**n**d other virtual delivery platforms; and ensure the delivery of more more in-depth (for level 1) and refresher training and ensure routine supervision / coaching mechanisms for PP facilitators.

***On ensuring that the PPP responds to the needs of beneficiaries***: Develop a feedback mechanism to enable the collection, consideration and ability to act on feedback by beneficiaries, children and PP implementers / facilitators; adapt modules, tools and resources to different cultural contexts; and ensure that PP resources are tailored to parents, guardians / carers of adolescents.

***On coordination and synergy:*** Develop and capacitate a national mechanism (Working Group) for coordinating the different government Ministries, development partners, civil society organisations, and private sector implementing partners; develop a framework, guidelines and ensure allocation of budget for full functioning; develop and implement a monitoring framework, alongside the new Positive Parenting Strategy and Action Plan, that will identify and regularly collect data on implementing partners, their activities, locations etc.; and develop a plan to ensure the PPP is efficiently harmonized with the different but overlapping programmes (especially Nurturing Care and Strong Families programmes).

***On increasing ownership and sustainability***: Increase ownership by allocating government budgets for the core functions / actions of the PPP; and develop a mechanism to refresh knowledge / messaging to PP participants, e.g. through the Parent Chatbot or investing in in-person refresher sessions.

***On improving inclusion, equity and gender responsiveness***: Consider the provision of incentives and other measures to encourage more male parents / caregivers to attend and also poorer families / seasonal workers; ensure that data are captured on access and responsiveness / effectiveness of the PPP for parents with disabilities and parents of children with disabilities in the monitoring and evaluation framework; develop a plan to ensure that the PPP is accessible and responsive to parents

and children with disabilities; and develop the PPP content (and training to facilitators) to make it more gender transformative.

## 2. Introduction

In July 2024, UNICEF Cambodia commissioned Coram International to undertake a Formative Evaluation of the Positive Parenting Programme in Cambodia, 2017 – 2021, which is being implemented by Cambodia's Ministry for Women's Affairs (MoWA) with the support of UNICEF Cambodia and key non-government implementing partners. According to the Terms of Reference (**Annex A**), the aim of the evaluation was to assess the effectiveness of the Positive Parenting Programme in reducing violence against children (VAC) and intimate partner violence (IPV).[1] However, owing to the limited baseline data enabling a robust assessment of the Programme's impact on violence reduction, the scope of the evaluation was refined. As such, the evaluation assessed whether the knowledge acquired by parents and caregivers through programme exposure has led to behavioural changes, adoption of positive parenting practices, and a reported decrease in harsh and violent discipline and intimate partner violence (IPV) within families.

The evaluation assesses the Positive Parenting Programme ('the Programme') in terms of its relevance, coherence, effectiveness, efficiency, sustainability and gender, equity and human rights. In terms of effectiveness, the evaluation focuses on measuring outcomes of the programme on beneficiary parents and children (as set out in the programme's Theory of Change) and aims to isolate the factors that have contributed to or hindered the achievement of these outcomes.[2]

The **main purpose** of the evaluation is to support the government in refining its Positive Parenting Strategy (possibly through the adoption of an updated Strategy). It also provides evidence-based input to UNICEF Cambodia's ongoing 2024-2028 country programme, aiming to bolster the effectiveness of UNICEF's collaboration with the Royal Government of Cambodia (RGC) and other stakeholders by providing robust evidence on successful and unsuccessful components of the programme. As such, the evaluation focused on assessing the outcomes and implementation of the Positive Parenting programme more generally (not limited to those components supported by UNICEF); though UNICEF's contributions were also examined.

This final report sets out: relevant information on context, including a brief overview of the Positive Parenting Programme and the child protection environment; a review of the 'object of the evaluation' (what has been delivered within the Positive Parenting Programme); the purpose, objectives and scope for the evaluation; the evaluation criteria and questions; the methodology, including ethical guidelines; findings and preliminary conclusions; lessons learned; final conclusions and recommendations.

[1] Please note that the scope of the evaluation in terms of measuring results in reducing VAC and IPV has been refined, owing to limited baseline data.

[2] Initially, the evaluation was designed to sit alongside another evaluation of the Positive Parenting Programme that was being carried out by USAID, which was focused on examining, in addition to relevance, coherence, efficiency and sustainability, the quality of the Programme's implementation and the fidelity of implementation to the Programme's design and tools, along with the broader impacts of the Programme in strengthening the social welfare workforce in Cambodia. However, the USAID evaluation was discontinued, following the US government's stop work order in January 2025.

# 3. Context

## 3.1 Social, political and economic context

Cambodia is a lower-middle income country in Southeast Asia bordered by Laos, Thailand, Vietnam, and the Gulf of Thailand. It has a population of approximately 15.55 million people (7.57 million male and 7.98 million female), 9.3 per cent of which are children under the age of 5; 29.4 percent are children under the age of 15 years; and 9.1 per cent are adolescents aged 15-19.[3] It is a unitary country with a constitutional monarchy and an elected parliamentary government. There are three tiers of sub-national governance: regional, which comprises the capital city, Phnom Penh, and the 24 provinces; district (162 and 14 urban districts) / municipality (27); and rural communes (1,410) / urban quarters or "sangkat" (236).[4] The legal system of Cambodia is civil law, although the use of customary law is also common.

Between 2009 and 2019, Cambodia experienced significant economic growth and made substantial progress in reducing poverty, with the proportion of Cambodians living below the national basic needs poverty line dropping by 16 per cent between 2009 and 2019/20.[5] However, the COVID-19 pandemic disrupted this growth, with approximately 480,000 people falling into poverty in 2020, and many households experiencing decreased household welfare and food security.[6] The most recent available data indicate that, as of 2021, 16.6 percent of Cambodians experience multidimensional poverty.[7]

Cambodia has signed nine international human rights treaties and has ratified eight, including the Convention on the Rights of the Child (ratified in 1992); its Optional Protocols on the Sale of Children, Child Prostitution, and Child Pornography (in 2002); the Optional Protocol on the Involvement of Children in Armed Conflict (in 2004); and the Convention on the Elimination of all forms of Discrimination A gainst Women (in 1992).[8]

## 3.2 Child protection situation in Cambodia

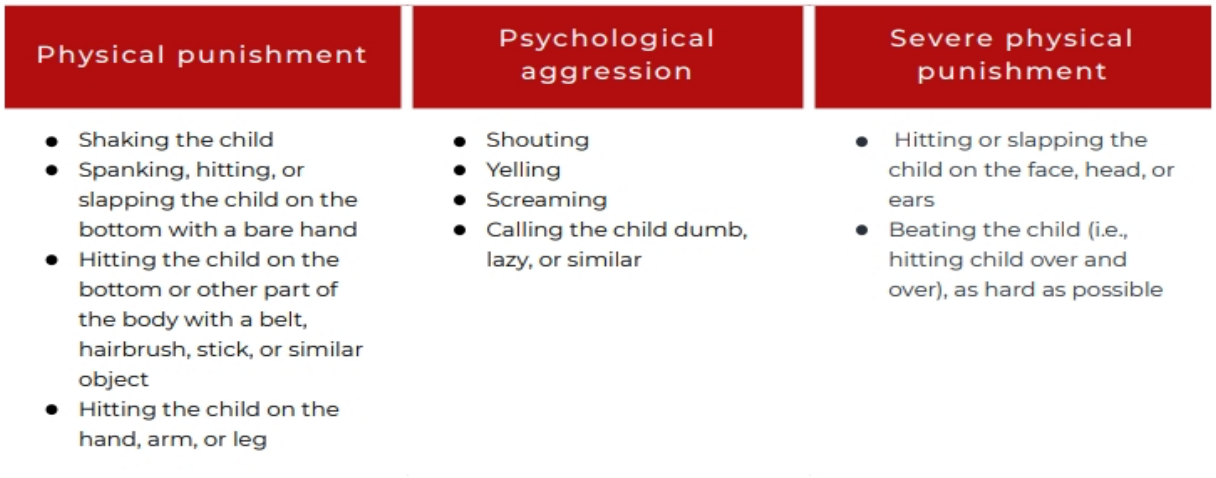
### 3.1.1. 3.2.1 Violence against children and intimate partner violence

According to existing data, **violence against children** is prevalent in Cambodia, particularly within the household. Data from the 2021-2022 Cambodia Demographic and Health Survey (CDHS) shows that approximately 59 per cent of children reported having experienced some form of psychological aggression; 43 per cent reported experiencing physical punishment, with 5 per cent of children reporting having experienced severe physical punishment; and 66 per cent of children aged 1-14 reported

[3] Ibid, p. 28.
[4] World Observatory on Subnational Government Finance and Investment, Cambodia Country Profile, June 2022. Available at: https://www.sng-wofi.org/country-profiles/cambodia.html#:~:text=At%20the%20highest%20level%20of,14%20urban%20districts%20(khan). Accessed 21 September 2024.
[5] World Bank, Cambodia Poverty Assessment - Toward A More Inclusive and Resilient Cambodia, 2022, p. 29.
[6] Ibid, p. 107.
[7] Oxford Poverty and Human Development Initiative. "Cambodia Country Briefing", Oxford Poverty and Human Development Initiative, University of Oxford, June 2023.
[8] United Nations Human Rights, Treaty Body Database. Available at: https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/countries.aspx. Accessed on 23 September 2024.

experiencing some type of violent discipline.[9] Further, 27 per cent of adult respondents agreed that a child needs physical punishment to be raised or educated properly,[10] indicating that there is considerable acceptance of using physical violence as a means of disciplining children amongst adults.

*Figure 1: Examples of violent child discipline (from the 2021 - 2022 Cambodia DHS)*




While it is not possible to assess trends in these data, given the 2014 DHS did not include questions on disciplining children, the 2021-2022 DHS echoes the findings of the 2013 Cambodia Violence Against Children Survey (CVAS). While not directly comparable to DHS data, the CVAS found that over half of females and males (aged 13-17 and 18-24 years) surveyed had experienced at least one incident of physical violence prior to the age of 18.[11] Mothers were the most common perpetrator of the first incident of childhood physical and emotional violence inside the home, and this is likely linked to gender-related social norms that consider mothers to be responsible for child rearing, within a context in which violence discipline is widely accepted.[12]

**Intimate partner violence (IPV)** is also prevalent in Cambodia and can be linked to VAC, with research suggesting that IPV and VAC often co-occur within the same families.[13] Findings from the CDHS indicate that 21 per cent of women who have ever had an intimate partner have experienced emotional, physical, or sexual violence committed by their current or most recent husband/intimate partner, and 13 per cent experienced violence within the last 12 months.[14] Notably, of the women surveyed who had previously experienced physical or sexual violence by anyone, 53 per cent had never sought help nor told anyone about the violence.[15] Data indicate that a small number of women who have ever had a husband or intimate partner (six per cent) have committed physical violence against their current or

[9] National Institute of Statistics (NIS) [Cambodia], Ministry of Health (MoH) [Cambodia], and ICF. 2023. Cambodia Demographic and Health Survey 2021–22 Final Report. Phnom Penh, Cambodia, and Rockville, Maryland, USA: NIS, MoH, and ICF, pp. X
[10] Ibid., pp. 253-259.
[11] Kingdom of Cambodia, Steering Committee on Violence Against Children, Findings from Cambodia's Violence Against Children Survey 2013, October 2014, p. 55.
[12] Ibid, p. 71.
[13] Pearson, I., et al. "The co-occurrence of intimate partner violence and Violence Against Children: A systematic review on associated factors in low- and middle-income countries." *Trauma, Violence, and Abuse*, vol. 24, no. 4, 28 Apr. 2022, pp. 2097–2114, https://doi.org/10.1177/15248380221082943.
[14] Ibid, pp.287-317.
[15] Ibid, pp. 287-317.

most recent husband/intimate partners (excluding violence related to self-defence).[16] Similar to the wide acceptability of violence against children in the home, data indicate that acceptability of intimate partner violence is also quite high: according to Census data quoted in UNICEF's 2023 Situation Analysis of Children and Adolescents, 50 per cent of women and 27 per cent of men reported that hitting a wife is justified in at least one of six circumstances.[17]

### 3.2.2 Family separation

In the Cambodian context, family separation is a significant issue that contributes to a large number of children living outside the home, many of whom are in institutional care in Residential Care Institutions (RCIs). Data from a mapping conducted by MoSVY in 2014/15 suggested that there were approximately 26,187 children living in residential care,[18] while a UNICEF report from 2016 indicated approximately 16,579 children reside in institutions.[19] Concerningly, of the known children residing in institutions, a majority of them have living parents.[20] Reasons cited by families for placing their children into care include opportunity for education; poverty and lack of social welfare services; and migration for work, indicating that residential care is often being utilised by vulnerable families out of concern for their children's futures, rather than children being removed from families as a last resort due to abuse and/or neglect.[21] In recent years, the Government has demonstrated a strong commitment to reducing the number of children being placed in RCIs, including an Action Plan in 2016 with a target of reducing the number of children in institutional care by 30 per cent in five target provinces.[22] Between 2016 and 2019, the number of RCIs dropped by 43 per cent to 232, and the number of children residing in RCIs dropped from 16,579 in 2015 to 5,057 in 2022.[23]

### 3.2.3 Cambodian families and parenting practices

Traditional parenting practices in Cambodia emphasise respect for authority, strong family bonds and a focus on education and discipline.[24] Principles including respect for elders and obedience of parents and elders, collective responsibility, expectations that children care for parents in older age, and social norms relating to gender roles, in which women (mothers) are considered responsible for child rearing and household management and fathers are seen as 'providers' and household heads, guide parenting.[25] These dominant gender norms can also be seen to embed hierarchies among men and women, in which men are considered heads of households and decision-makers, while women are expected to obey their husbands. These gender norms are also associated with violence against women as it drives a message that men should feel entitled to use violence against women to assert dominance

[16] Ibid, pp. 296-297.
[17] UNICEF Cambodia, Situation Analysis of Children and Adolescents, 2023, p. 69.
[18] Ministry of Social Affairs, Veterans, and Youth Rehabilitation. "Mapping of Residential Care Facilities," 2017.
[19] UNICEF Cambodia and Division of Data, Research and Policy, A Statistical Profile of Child Protection in Cambodia, 2018, p. 8.
[20] Ministry of Social Affairs, Veterans, and Youth Rehabilitation. "A study of attitudes towards residential care in Cambodia," 2011, p. 12.
[21] Ibid, pp. 42-47.
[22] Action Plan for Improving Childcare, 2016.
[23] UNICEF Cambodia, Situation Analysis of Children and Adolescents, 2023, p. 72 (data provided by MoSVY).
[24] ICS-SP, Parenting in Cambodia, 2014.
[25] Ibid, 2014.

or for discipline.[26] While these traditional roles and beliefs have seen some shifts, particularly in urban areas, they remain normalised and widespread.

An emphasis on obedience and discipline is a driver of the acceptance and practice of corporal punishment in Cambodian families, including high rates of physical violence (see 2.2.1 above). According to a 2017 study involving 2,585 male and female caregivers, the use of corporal punishment is widely accepted by parents, particularly mothers: 74 per cent of mothers and 57 per cent of fathers reported approving of corporal punishment for boys and 70 per cent / 47 per cent of mothers / fathers reported approving of corporal punishment for girls.[27] There was found to be a correlation between acceptance of violence against children and acceptance of violence against wives. The acceptance of the 'reasons' for corporal punishment were gendered, with caregivers agreeing that sons should be disciplined for 'disobedience', 'being impolite' or 'embarrassing the family', while agreeing that daughters should be disciplined for 'not doing housework' and 'not taking care of younger siblings.'[28]

Another notable dynamic associated with family life and parenting in Cambodia is the substantial population of children living with extended family (typically grandparents). This is typically in the context of one of both of their parents having migrated (either within Cambodia or internationally) to access improved economic opportunities. According to Cambodia's most recent Population Census (2019), 21.5 per cent of the population had migrated, the majority from other locations within Cambodia; most from one province to another.[29] There are limited representative data on the number of children remaining behind in Cambodia; however, according to the most recent data (published 2015), 22.4 per cent of migrant households had at least one child who remained behind, with the greatest proportion of those children under the age of 12 years (17.8 per cent of migrant households).[30] The data indicate that children living in migrant families are more likely to be living in extended family situations. IOM's Migration and Health Impacts on Cambodian Children and Families (MHICCAF) study found that 75 per cent of children who remain behind have their grandparents as their primary caregiver, 40 per cent of caregivers are over the age of 60 years, and 95 per cent of caregivers of children who remain behind are female.[33]

Some evidence suggests that children remaining behind benefit from improved living conditions and access to education and other services as a result of remittances sent home by migrating parents.[31] However, recent evidence suggests that the household income of migrant households with children remaining behind continues to be lower than non-migrant households.[32] Studies in Cambodia have also demonstrated a strong correlation between children remaining behind and vulnerability to risk: in one study, 90 per cent of children whose parents had migrated while children remained at home alone or

[26] UNFPA, Harmful Social and Gender Norms that Drive Gender-Based Violence in Cambodia, December 2023, available at: https://cambodia.unfpa.org/sites/default/files/pub-pdf/harmful_social_and_gender_norms_-_drive_gbv_in_cambodia.pdf
[27] Reported in End Corporal Punishment, Corporal Punishment of Children in Cambodia, November 2024, available at: http://www.endcorporalpunishment.org/wp-content/uploads/country-reports/Cambodia.pdf
[28] Ibid.
[29] National Institute of Statistics, Ministry of Planning, General Population Census of the Kingdom of Cambodia, *National Report on Final Census Results, 2019*, October 2020, Table 6.2.1, p. 72.
[30] Ministry of Planning (Cambodia), *Migration and left-behind households in rural areas in Cambodia: Structure and socio-economic conditions*, A CRUMP Series Report, December 2015, p. 12.
[31] UNICEF, *Executive summary: Study on the impact of migration on children in the capital and target provinces, Cambodia*, 2017, p.9.
[32] IOM, *Migration impacts on Cambodian Children*, 2019, p.77

with a sibling reported experiences of physical violence.[33] In another, the lack of adult supervision was found to be "the most prevalent concern" threatening the safety of children remaining behind: some grandparents reported leaving children alone without supervision for multiple days at a time.[34] Grandparents looking after children remaining behind report struggling and feeling *"overwhelmed by the burden of taking care of their grandchildren",* with this burden most commonly falling to grandparents.[35]

### 3.3 Cambodia's child protection system

Cambodia has made significant progress over the years in improving its child protection legislation and working toward ending violence against children, although further action is needed. Cambodia does not currently have an overarching child protection law that establishes the architecture of a child protection system. Responsibility for child protection is spread across national ministries, with no lead agency responsible for the overall structure and coordination of the system.[36] Further, there is no formal system focused on supporting children at risk of or currently experiencing harm who require protection or intervention services from child protection specialists.[37] However, a draft law on child protection is in the final review stages with MoSVY and should reach the Office of the Council of Ministers by the end of this year.[38] There are also gaps in the protections afforded to children in the current legal framework. For example, corporal punishment of children in the home (or in several other settings) is not prohibited.[39]

While the system is spread across several national Ministries, most laws governing the child protection system fall under the jurisdiction of MoSVY. Within MoSVY, the Department of Child Protection is the lead, though there are several other departments and ministries that have mandates for specific aspects of child protection. At the Provincial and District levels, the Departments of Social Affairs, Veterans and Youth Rehabilitation (PDoSVY) and District Offices of Social Affairs and Social Welfare (DOSASW) have a leading role in child protection, along with the Ministry of Interior, which oversees sub-national administrations. Provincial and Commune Councils for Women and Children have a key role at the local level. However, critical gaps remain at the sub-national level, including an insufficient number of qualified social workers and development partners are still needed for the continuation of this work.

Cambodia has developed a number of national strategies, frameworks, and action plans related to child protection. Particularly relevant to this evaluation is the 'Positive Parenting Strategy (2017-2021)', which serves as the foundation of the Positive Parenting Programme. Closely linked to the strategy is 'The Action Plan to Prevent and Respond to Violence Against Children 2017-2021', developed by the Steering Committee on Violence Against Women and Violence Against Children in response to the

[33] Davis, J, *On the border: Exploring the Perspectives & Experiences of Street-Involved Children on the Thai-Cambodian Border*, May 2017, p 37.
[34] UNICEF, *Executive summary: Study on the impact of migration on children in the capital and target provinces, Cambodia*, 2017, p.10.
[35] Ibid.
[36] UNICEF Cambodia, An Analysis of the Situation of Children and Adolescents in Cambodia, May 2023, pp. 30-32.
[37] Kingdom of Cambodia, Ministry of Social Affairs, Veterans, and Youth Rehabilitation and Ministry of Interior, Child Protection Sector Strategic Implementation Plan 2022-2026, Phnom Penh, November 2022, p. 4.
[38] Chheng, Niem. *Child Protection Law Likely by Year's End | Phnom Penh Post*, The Phnom Penh Post, 31 May 2024, www.phnompenhpost.com/national/child-protection-law-likely-by-year-s-end.
[39] The Civil Code states that a parent / guardian may "personally discipline a child to the extent necessary" (articles 1045 and 1079).

findings of the 2013 CVAS.[40] A new National Action Plan on Violence Against Children is in development. Also launched in 2017, the Action Plan was developed in order to translate research into action and coordinate a multi-sectoral strategy and framework to prevent and respond to VAC. The Positive Parenting Strategy is linked to Outcome 4 of the Action Plan.

A National Policy on Child Protection Systems 2019 – 2029 was adopted by the Cambodian National Council on Children in 2019, which set out five requirements for an effective child protection system: investment in social workers at the sub-national level; provision of a minimum package of social services for children and families in need; appropriate responses to children and families affected by disasters; consolidation and expansion of existing programmes; strengthening existing procedures, measures and mechanisms to address children's issues; and ensuring the care and protection of children in a safe, loving and secure home environment.

### 3.4 Rationale for positive parenting programmes: Global evidence base

Parenting programmes are broadly defined as *"a set of activities or services aimed at improving how parents approach and execute their role as parents, specifically their parenting knowledge, attitudes, skills, behaviors, and practices."*[41] 'Positive parenting' is all aspects of parenting (e.g. interactions, practices, behaviours) associated with the provision of nurturing care or *"care which ensures health, nutrition, responsive caregiving, safety and security, social-emotional well-being, and early learning."*[42]

Cambodia's National Positive Parenting Strategy defines 'positive parenting' as *"(1) warm, affectionate parenting behaviour provides long-term guidance, boundaries and protection for children without using violent discipline, including neglect, while addressing children's problems and taking into consideration children's thoughts and feelings; and which (2) Emphasizes strong support, warmth and responsiveness and promotes an in-depth understanding of the child's daily life without discrimination on the basis of gender, gender identity, or sexual orientation. It uses positive and non-violent disciplining methods, expecting children to follow rules because they understand them, not in order to control their behaviour. It encourages two-way communication and dialogue and children's participation in decision making."* It recognises that positive parenting is based on 'dignity', *"where the adult recognizes the individual child and adjusts accordingly, and assumes full responsibility for the quality of the relationship with the child."*[43]

Within Cambodia's Positive Parenting toolkit, positive parenting is described as *"encouraging mothers, fathers, guardians and caregivers to collectively transform any behaviours and practices that have negative impacts on their children; further, it involves encouraging and providing both girls and boys with equal opportunities to receive education, care, nurturement and empowerment, and enabling them to participate in the development of family, community, and society."*[44] There is a strong body of knowledge showing that positive parenting, delivered through parenting programmes, has lifelong

[40] Kingdom of Cambodia, Steering Committee on Violence Against Children, Action Plan to Prevent and Respond to Violence Against Children 2017-2021, December 2017.
[41] UNICEF. (2017). Standards for ECD Parenting Programmes in Low- and Middle-Income Countries. Accessed at: Standards for ECD Parenting Programmes in Low- and Middle-Income Countries.
[42] World Health Organization, UNICEF, World Bank. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Accessed at: http://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf
[43] Kingdom of Cambodia, Ministry of Women's Affairs, Positive Parenting Strategy 2017-2021, Phnom Penh, May 2017, p. 5.
[44] Op.Cit. Improving Cambodia's Society through Skilful Parenting (ICS-SP). (2020).

impacts on child wellbeing and development. Parenting programmes have been shown to be effective in reducing VAC and improving parent-child interactions and parental knowledge in relation to child development.[45]

- Children and adolescents who experience positive parenting in the form of positive reinforcement and involvement, warmth and affection and consistent positive (as opposed to harsh) discipline are doing better to achieve their developmental potential.[46]
- Children and adolescents who experience positive parenting are also more likely to do better at school, learn pro-social skills, and make a meaningful contribution to society, taking into account other economic, social and political factors.[47]
- Children who have experienced positive parenting are also more likely to transfer these skills to their own children, strengthening the intergenerational transfer of nurturing child care and development, as well as positive relationships.[48]

Interventions to promote positive parenting have a strong evidence base supporting effectiveness along the life course, promoting opportunities to address the key developments and risks that arise at different stages of development from infancy through to adolescence:

- Nurturing care in the first five years of life establishes a strong foundation for children's health, growth, and cognitive, language, and psychosocial development, as well as mitigates environmental risks facing children in poverty and adversity.[49] Programs that focus on responsive caregiving are especially important for children's cognitive development and have greater impact in low- and middle-income countries than high income countries.[50]
- Parenting interventions to promote mental and behavioral well-being have been found to be effective in early to middle childhood.[51]
- Parenting remains an important influence as children enter into adolescence, with studies showing that programmes promoting consistent parental supervision and positive involvement have led to a higher life expectancy for adolescents, and lower risk behaviours, substance use

[45] Knerr W, Gardner F, Cluver L. Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: a systematic review. Prev Sci. 2013 Aug;14(4):352-63. doi: 10.1007/s11121-012-0314-1. PMID: 23315023.

[46] Black, M. et al. (2017). Early childhood development coming of age: Science through the life course. The Lancet. 389(10064), 77-90; Patton, G.C. et al. Our future: A Lancet commission on adolescent health and wellbeing. The Lancet. 387(10036), 2423-2478; Cluver, L. et al. (2017). Parenting for Lifelong Health: a pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa. BMJ Global Health. 2017,3:e000539. DOI:10.1136/BMJGH-2017-000539; Chen, M., & Chan, K. L. (2015). Effects of parenting programs on child maltreatment prevention: A meta-analysis. Trauma, Violence, and Abuse, 17(1), 88-104. DOI: 10.1177/1524838014566718.

[47] Kotchick, B. and Forehand, R. (2002) Putting parenting in perspective: A discussion of the contextual factors that shape parenting practices.

[48] Belsky, J. et al. (2005). Intergenerational transmission of warm-sensitive-stimulating parenting: A prospective study of mothers and fathers of 3-year-olds. *Child Dev.* 2005 Mar-Apr;76(2):384-96. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/15784089/.

[49] Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., et.al. (2017). Nurturing care: promoting early childhood development. *The Lancet,* 389(10064), 91–102. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/27717615/.

[50] Jeong, J., Franchett, E.E., Ramos de Oliveira, C.V., Rehmani, K., Yousafzai, A.K. (2021). Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. *PLoS Med* 18(5): e1003602. Retrieved from: https://doi.org/10.1371/journal.pmed.1003602.

[51] Mejia, A., Calam, R., & Sanders, M. R. (2012). A Review of Parenting Programs in Developing Countries: Opportunities and Challenges for Preventing Emotional and Behavioral Difficulties in Children. *Clinical Child and Family Psychology Review,* 15(2), 163–175. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/22427004/.

and violence exposure.[52] There is a growing body of evidence that shows that parenting programs can reduce violence against adolescents by shifting social norms.[53]

Positive parenting behaviours have also been shown to be intergenerational, with young mothers with positive and supportive relationships with their own mothers displaying more positive parenting with their children. One emerging focus that has not yet been fully recognized in positive parenting programs is the need to intentionally address intimate partner violence, alongside prevention of VAC.[54] Both forms of violence are inter-related, with shared risk factors, common social norms that drive both forms of violence; evidence of co-occurrence (for example, within the family); inter-generational effects (with consequences of VAC lasting into adulthood); common and compounding consequences; and with adolescence as a life stage in which forms of VAC and VAC intersect.[55] In particular, both IPV and VAC share the underlying foundational assumption of the patriarchal family—that wives must obey their husbands and children must obey their parents, but also share similar consequences.[56] There is a small but growing evidence base on parenting programs that seek to reduce violence within the home, both for children and adults, primarily women.[57] A recent systematic review of outcomes from 30 unique integrated VAW/VAC interventions form 16 countries identified nine parenting programmes. In all of these programmes, there were reported reductions in both VAW and VAC, and the review emphasised the potential for parenting programmes to simultaneously address VAC and VAW.[58]

Families affected by disability face additional and significant challenges, with levels of increased poverty, limited access to essential services and, often, high levels of stigma and discrimination. An inclusive parenting approach should ensure that all children are considered in parenting programmes, but there are often additional and specific needs such as dealing with children's unique developmental differences, access to supportive services, and the need for social networks and support. However, the evidence increasingly shows the benefits of parenting interventions for parents of children with different disabilities.[59] The emerging evidence on programs from low and middle-income countries suggests that the following are especially important: group, participatory approaches, including participation of adolescents in program design;  a focus on teaching responsible caregiving, especially

[52] Chu, J. T. W., Farruggia, S. P., Sanders, M. R., & Ralph, A. (2012). Towards a public health approach to parenting programmes for parents of adolescents. *Journal of Public Health,* 34(suppl 1), i41–i47; Kincaid, C., Jones, D.J., Sterrett, E., McKee, L. (2012). A review of parenting and adolescent sexual behavior: the moderating role of gender. *Clin Psychol Rev.* 2012 Apr; 32(3):177-88.DOI: 10.1016/j.cpr.2012.01.002; Lösel F, Farrington DP. (2012). Direct protective and buffering protective factors in the development of youth violence. *Am J Prev Med*. 2012 Aug; 43(2 Suppl 1):S8-S23. DOI: 10.1016/J.AMEPRE.2012.04.029.

[53] Marcus,R.l, Rivett, J.  & Kruj, K. (2021). How far do parenting programmes help change norms underpinning violence against adolescents? Evidence from low and middle-income countries, *Global Public Health,* 16:6, 820-841, DOI: 10.1080/17441692.2020.1776364.

[54] Prevention Collaborative. (2019). Evidence Review: Parenting and Caregiver Support Programmes to Prevent and Respond to Violence in the Home. Accessed from: https://prevention-collaborative.org/wp-content/uploads/2019/11/Evidence-Review-Parenting-programmes-lowres-23112019.pdf.

[55] Guedes, A, et al., 'Bridging the gaps: A global review of intersections of violence against women and violence against children', 20(9) *Global Health Action*, June 2016.

[56] *Ibid.*

[57] Alemann, C., Garg, A., Vlahovicova, K. (2020). The role of fathers in Parenting for gender equality. Accessed at: https://promundoglobal.org/wp-content/uploads/2020/08/Parenting-Education_-the-role-of-fathers_-paper-060520-2-col.pdf.

[58] Bacchus, L. et. al., 'Interventions that prevent or respond to intimate partner violence against women and violence against children: A systematic review', *Lancet Public Health*, 2024, available at: https://prevention-collaborative.org/wp-content/uploads/2024/05/Bacchus-et-al.-2024-Interventions-that-prevent-or-respond-to-intimate-.pdf

[59] For example, Hohlfeld, A.S.J., Harty, M., Engel, M.E. (2018). Parents of children with disabilities : a systematic review of parenting interventions and self-efficacy. *African Journal of Disability*, 7(1). Retrieved from: https://doi.org/10.4102/ajod.v7i0.437https://hdl.handle.net/10520/EJC-11ef255b7.e

for infants but relevant for all years; promotion of male engagement; strong focus on cultural context, informed by participation in design and reflection of cultural values, especially for indigenous families facing adversities such as substance dependence;[60] and linking parenting programmes with economic support programs.[61]

# 4. Object of the Evaluation

## 4.1 Overview of UNICEF Positive Parenting Programme in Cambodia

In response to the results of the Cambodia Violence Against Children Survey, the Royal Government of Cambodia, under the leadership of MoWA, developed the Positive Parenting Strategy 2017-2021, which has since been extended to 2024. Launched in December 2017, with the Positive Parenting Toolkit levels 1 and 2,[62] the objective of the strategy is to increase knowledge and understanding of positive parenting amongst parents and caregivers and improve their communication skills, in order to enable them to create non-violent family environments and reduce the risk factors that contribute to VAC and family separation.[63] Multiple ministries are committed to implementing the strategy and are part of the National Working Group on Positive Parenting, including MoWA; Ministry of Health; Ministry of Education, Youth and Sport; Ministry of Social Affairs, Veterans and Youth Rehabilitation; Ministry of Interior; Ministry of Information; and the Ministry of Cults and Religion.

Based on the strategy, MoWA worked with key stakeholders to develop a Positive Parenting Toolkit, which currently serves as the foundation for developing, implementing, and monitoring positive parenting interventions. Positive parenting involves encouraging mothers, fathers, and guardians / caregivers to collectively transform any behaviours and practices that have negative impacts on their children; further, it involves encouraging and providing both girls and boys with equal opportunities to receive education, care, nurturement and empowerment, and enabling them to participate in the development of family, community, and society.[64] MoWA's toolkit is designed to be used as a guideline and set of minimum standards, rather than a rigid method of delivery, allowing for every parent/caregiver to engage in parenting interventions that are tailored to their unique needs.

The Positive Parenting Strategy 2017-2024 is structured around multiple levels of increasing intensity of parenting support. The multi-level strategy structures parenting support as a continuum of interventions: the higher the risk, the higher the intensity of support for positive parenting, as set out in Figure 2.

*Figure 2: Levels of intervention of the Positive Parenting Programme*

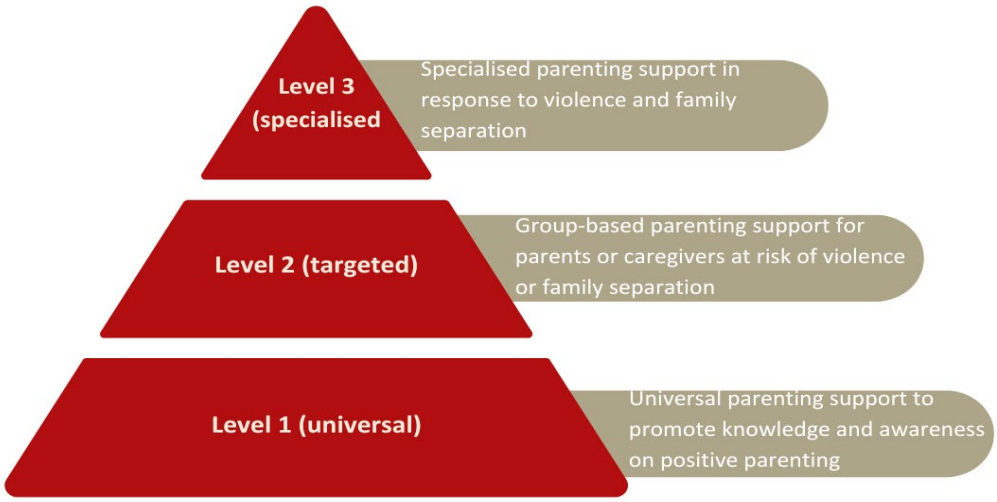
[60] Ritland, L., Jongbloed, K., Mazzuca, A. et al. (2020). Culturally Safe, Strengths-Based Parenting Programs Supporting Indigenous Families Impacted by Substance Use—a Scoping Review. *Int J Ment Health Addiction* 18, 1586–1610. Retrieved from: https://doi.org/10.1007/s11469-020-00237-9.

[61] Lachman J, Wamoyi J, Spreckelsen T, et al. (2020). Combining parenting and economic strengthening programmes to reduce violence against children: a cluster randomised controlled trial with predominantly male caregivers in rural Tanzania. *BMJ Global Health* 2020; 5:e002349. Retrieved from: https://gh.bmj.com/content/5/7/e002349.

[62] The Level 3 toolkit was developed in 2021.

[63] Kingdom of Cambodia, Ministry of Women's Affairs, Positive Parenting Strategy 2017-2021, Phnom Penh, May 2017, p. 3.

[64] Improving Cambodia's Society through Skilful Parenting (ICS-SP), Positive Parenting Programme: The Impacts on Behavioural Change Among Parents or Caregivers, December 2020, p.9.




Positive parenting interventions are being delivered by Improving Cambodia's Society through Skilful Parenting (ICS-SP), a Cambodian NGO and member of the Family Care First network, which is a network of organisations led MoSVY to support children to live in safe, family-based care. ICS-SP has been involved in implementing Level 1 and Level 2 interventions through providing technical assistance to MoWA to develop the parenting toolkits; delivering capacity-building activities (specifically, training of trainers) for national and sub-national workforces; and directly delivering Level 1 and Level 2 interventions to parents and caregivers. All levels focus on six core areas: child development; positive discipline; parental well-being; family communication; roles and responsibilities; and child protection, but do so with varying degrees of intensity and depth.

At present, Level 2 of the programme is functioning in 3 provinces: Battambang, Phnom Penh, and Siem Reap. Level 1 is functioning in 10 provinces: Banteay Meanchey, Battambang, Kandal, Kampot, Kratie, Preah Sihanouk, Phnom Penh, Prey Veng, Ratanakiri, and Siem Reap. Programme implementation data is detailed in Table 1 below. As noted above, the Level 3 positive parenting toolkit has not yet been implemented.

While UNICEF have supported MoWA and ICS-SP to implement the positive parenting programme, a number of other organisations, not funded by UNICEF, have also been implementing the Positive Parenting Programme, with degrees of fidelity to the national programme.

*Figure 3: Implementation of the Positive Parenting Programme (2019 - 2023)*

**Province**

| Province | No. Khan/Districts | No. Sangkat/Communes | No. Villages |
|---|---|---|---|
| Kandal | 4 | 11 | 33 |
| Phnom Penh | 12 | 33 | 47 |
| Battambang | 12 | 30 | 57 |
| Siem Reap | 12 | 33 | 70 |
| Preah Sihanouk | 4 | 6 | 13 |
| Ratanakiri | 6 | 37 | 171 |
| Banteay Meanchey | 4 | 10 | 22 |
| Kratie | 3 | 19 | 38 |
| Prey Veng | 2 | 8 | 16 |

| | | | |
|---|---|---|---|
| Kampot | 2 | 6 | 12 |
| **Total** | **61** | **193** | **479** |

*Source: Progamme data provided by MOWA*

### 4.2 Primary beneficiaries and stakeholders

The primary rights holders / programme beneficiaries include parents, guardians / caregivers and children in families who have received positive parenting interventions at level 1 and / or level 2. Between 2019 and 2023, the Positive Parenting Programme was implemented in 479 villages in 10 provinces, reaching a total of 66,709 parents / caregivers (including 46,461 females and 66 persons with disabilities). An estimated 100,449 children (including 242 children with disabilities) benefited from positive parenting sessions attended by their parents, guardian / caregivers.

According to the most recent programme data, in 2023, 14,809 parents and guardians / caregivers (10,197 women, 20 with disabilities) were reached in 10 provinces (compared to eight in 2022) with an increase in the male engagement by about seven per cent compared to the previous years. An estimated 20,797 children (10,658 girls, and 30 children with disabilities) benefited from the improved skills of their parents and caregivers.[65] According to programme monitoring data from 2023, 1,145 parents / caregivers (79.4 per cent of whom were female) directly benefited from positive parenting training at level 1, including five with a disability.[66] Among the 309 fathers / male caregivers who directly benefited from the level 1 training, six had a disability. It was calculated (based on an estimation of three children per family) that 3,491 children benefited from their parents / caregivers having participated in level 1 positive parenting sessions. It was reported that 835 parents / caregivers participated in level 2 parenting sessions, of which 82 per cent were female, and four of which had a disability.[67]

Beneficiaries also include those parents within communities who have not directly participated in the positive parenting programme, but who have received positive parenting messaging as cascaded by parent, guardians, caregiver participants. In 2023, it was reported that 6,538 parents / caregivers benefited from peer-to-peer education / messaging at level 1 (52.1 per cent female). A further 3,850 parents, guardians, caregivers (55.9 per cent of whom were female) benefited from positive parenting peer-to-peer training at level 2.

Secondary beneficiaries include those stakeholders who have received positive parenting 'Training of Trainers', which is based on the level 1 and level 2 positive parenting modules, and those who have received training that has cascaded down from the ToT sessions. The Training sessions were delivered to representatives of Provincial Departments of Women's Affairs, social workers, CCWC and village leaders.

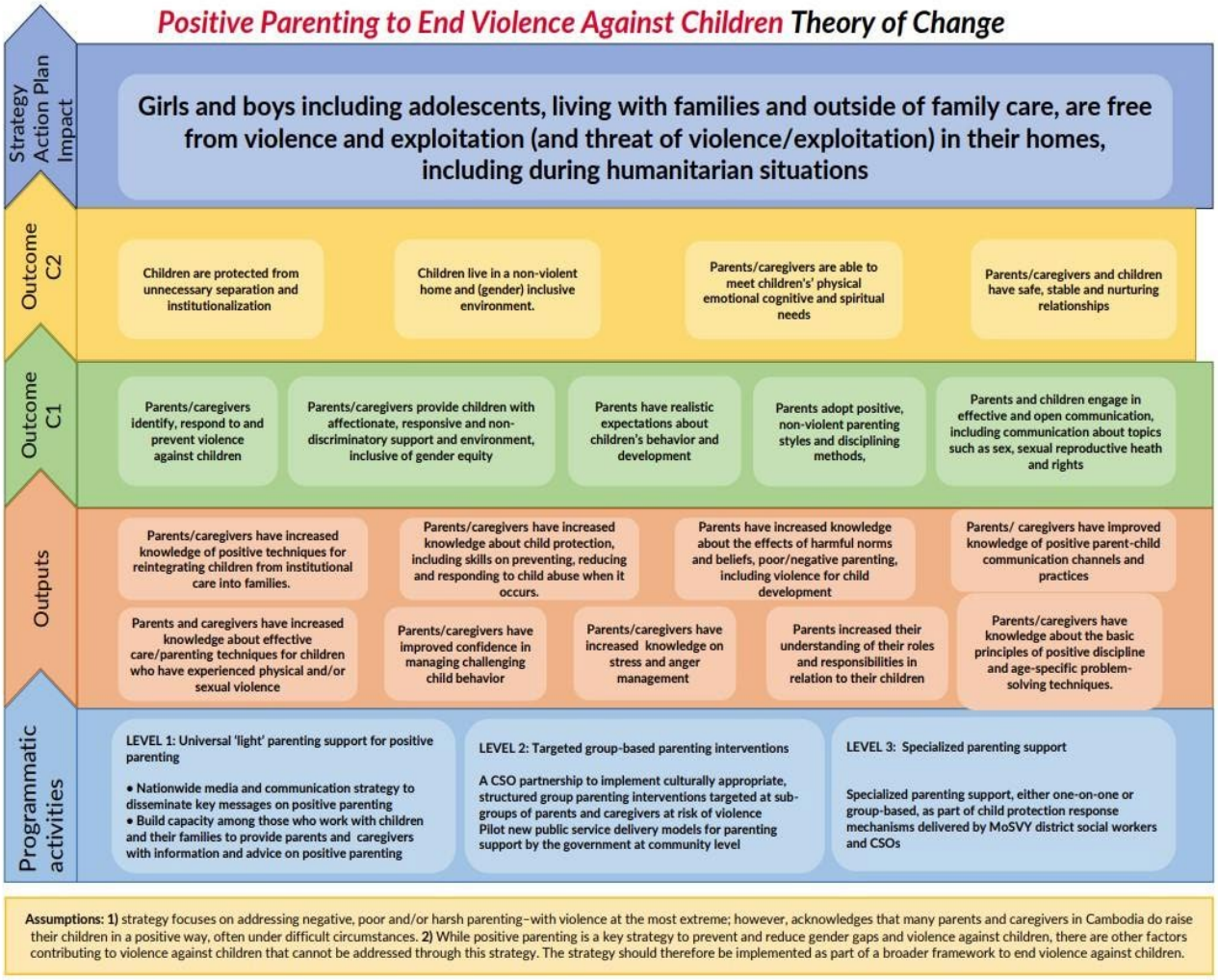
### 4.3 Theory of Change of the Positive Parenting Programme

A Theory of Change (ToC) was developed to guide the Positive Parenting Strategy. The ToC visualises the outputs and excepted outcomes and impact of the Positive Parenting Programme. The ultimate intended impact of the programme is '*girls and boys including adolescents, living with families and*

[65] UNICEF and ISC-SP, Quarterly Progress Report, January – December 2023, 2024 (provided to authors).
[66] Ibid.
[67] Ibid.

*outside of family care, are free from violence and exploitation (and threat of violence/ exploitation) in their homes, including during humanitarian situations*.'

*Figure 4: Positive Parenting to End Violence Against Children Theory of Change*




# 5. Purpose, Objectives, and Scope of the Evaluation

## 5.1 Purpose and objectives

The primary objective of this evaluation that was set out in the TOR, was to assess the effectiveness of the Positive Parenting Programme on reducing violence against children and intimate partner violence (IPV). However, given the challenges in measuring reduction in rates of VAC in the absence of robust baseline data, the evaluation focused on outcomes in terms of improved parenting capacity and reduction in the use of violence in the home (including violent forms of discipline) among parents who have been enrolled in the programme (both at level 1 and level 2), as guided by the theory of change (TOC). In addition to examining the **effectiveness** of the Positive Parenting Programme according to quality of implementation of the Programme, the achievement or outcomes set out in the TOC, and the factors enabling and hindering the achievement of expected outcomes, the evaluation assessed **relevance, coherence, efficiency and sustainability and alignment of the programme to gender equality, equity, inclusion and human rights principles**.

The main **purpose** of the evaluation is to support the government in refining its Positive Parenting Strategy (possibly through the adoption of an updated Strategy). It will also provide evidence-based input to UNICEF Cambodia's 2024-2028 country programme (as well as child protection initiatives in the East Asia and Pacific region) to strengthen the effectiveness of UNICEF's collaboration with the Royal Government of Cambodia and other stakeholders, including national institutions, provincial authorities, NGO partners, civil society organisations, and media outlets. The insight gathered through the evaluation and resulting actionable recommendations will seek to provide guidance for decision-making processes, including refinement of the Royal Government's Positive Parenting Strategy and the development of UNICEF's future child protection programmes, UNICEF Cambodia's 2024-2028 country programme, and child protection initiatives in the East Asia and Pacific region.

The **specific objectives** of the evaluation are to (with modifications to the objectives stated in the TOR *italicised*:

1. Review the theory of change of the Positive Parenting Programme in keeping vulnerable girls and boys in families and protecting them from violence, as well as the interlinkages among the programme outputs, and provide an assessment of how far they are based on evidence from programme experiences and approaches that have proven effective in protecting girls and boys in the current country context;
2. Examine the results achieved by the Positive Parenting Programme *in terms of expected outcomes for families,* considering enabling and disabling factors, prevention and response measures, and stakeholder involvement;
3. Assess the effectiveness, efficiency and sustainability of the Positive Parenting Programme in changing behaviours to reduce violence against children, violence against women and intimate partner violence through equity and gender lenses;
4. Identify opportunities for further accelerating action on child protection in Cambodia with the Royal Government of Cambodia and partners; and
5. Examine the existing linkages between the outputs of the Positive Parenting Programme, as well as inter-linkages and alignment with *key initiatives in other programmes*.

### 5.2 Primary stakeholders and key users of the evaluation

The primary audiences of the evaluation are the senior management and Child Protection Section within UNICEF and the Royal Government of Cambodia, including key partners in the government such as MoWA; MoSVY; MoH; MoEYS; MoI; MoCR; Ministry of Information; the Ministry of Culture and Fine Arts and their sub-national bodies. NGO partners are also considered key users, including Improving Cambodia's Society through Skilful Parenting (ICS-SP) and Save the Children.

The secondary audiences of the evaluation are donors and development partners in this space.

### 5.3 Scope of the evaluation

*Thematic scope*

The Positive Parenting Programme will be evaluated against the strategic intent laid out in the National Positive Parenting Strategy as well as the UNICEF Cambodia Country Programme, and through its theory of change.

As outlined in the ToR, this evaluation focused on level 1 and level 2 implementation of the Positive Parenting Programme. It examined the approaches and strategies employed to enhance these services at both national and sub-national levels, as well as the interlinkages between sectors and existing gaps. Additionally, the evaluation aimed to identify factors influencing the programme's achievement or non-achievement of objectives, and examine key events, actions, and policies impacting programme implementation. The evaluation aims to provide insights and lessons to strengthen strategies, programme interventions, and intersectoral partnerships, and will feed into MoWA's next iteration of the Positive Parenting Strategy.

*Geographic scope*

The evaluation covered implementation of the Positive Parenting Programme at national and subnational levels, covering four provinces: Battambang, Phnom Penh, Siem Reap, and Ratanakiri (the rationale for the selection of these provinces is discussed in section 6.3.1 below).[68] Within each province, two to three districts were selected, along with one to two communes in each district. Data collection will take place at national, provincial, district and commune levels. The research sites within these provinces will be selected in consultation with UNICEF and MoWA are detailed in section 6.3.1 of this report.

*Time scope*

The evaluation covered the period from the beginning of 2017 to the end of 2024. The Positive Parenting Strategy was established in 2017 and a small-scale pilot started in the same year. The larger scale implementation began in 2018-19.

# 6. Evaluation Framework

## 6.1 Evaluation criteria

The evaluation applied standard Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency and sustainability; as noted above, the evaluation did not include an assessment of the impact of the programme in terms of reducing actual rates of violence against children, though family-level outcomes will be examined as part of the assessment of effectiveness. The evaluation also examined the Programme's coherence, and its alignment with gender, equity and human rights standards and principles. In particular, it examined the extent to which the programme can be considered to be gender transformative, and the extent to which it incorporates a focus on marginalised groups of children and parents.

## 6.2 Evaluation questions

The evaluation has been designed to respond to the following key evaluation questions and sub-questions. The evaluation questions were modified somewhat from what was contained in the TOR on the basis of availability (or limited availability) of key data and information, in response to emerging issues that arose through the desk review and key informant interviews and in light of the need to

[68] It should be noted that the evaluation originally intended to cover three provinces (Phnom Penh, Siem Reap and Ratanakiri), as the planned USAID evaluation was to cover five separate provinces. However, following the postponement of the USAID evaluation, it was decided that an additional province should be added (Battambang).

further elaborate the specific points of inquiry (i.e. develop specific sub-questions). These modifications are set out in **Annex 2**. The following table contains the modified evaluation questions.

*Figure 5: Evaluation questions*

| Questions | Sub-questions |
|---|---|
| **Relevance** | |
| To what extent does the programme align to the needs and priorities of key child protection system stakeholders, and the concerns of targeted parents of children in the early years, through the middle years and adolescence? | - To what extent is the positive parenting programme aligned to the priorities of national and sub-national government stakeholders?<br>- How effectively does the positive parenting programme respond to the needs of stakeholders and beneficiaries? |
| **Coherence** | |
| To what extent are the parenting programmes coordinated with other key stakeholders and interventions, contributing to improvements in child protection outcomes (child, family and systems level)? | - To what extent are or are not the parenting mmes synergistic (e.g., between Positive Parenting Programme, Strong Families and Positive Discipline in School Programme, between UNICEF's intervention and other development partners' intervention) contributing to measurable improvements in child protection outcomes (child family level & systems strengthening)? |
| **Effectiveness** | |
| What is the quality of programme implementation, and to what extent has the programme implementation followed its design and key outputs / resources? | - Who is involved in implementation of the Positive Parenting programme at the community level and how has the Programme been implemented (at level 1 and 2)?<br>- To what extent do they feel sufficiently prepared? What role did training or other capacity building play in their feeling prepared?<br>- To what extent has the Positive Parenting programme been implemented with fidelity to the programme curriculum, at both Levels 1 and Levels 2? How are parents being referred to/from the programme for each level? From one level to the next?<br>- To what extent is the implementation of the programme aligned with global best-practices for parenting programmes (e.g. alignment with core elements of effective parenting programmes.)?<br>- To what extent has the programme been implemented consistently across geographies? What adaptations have been made and why? What contextual factors have affected the implementation approach? |

| Questions | Sub-questions |
|---|---|
| To what extent do system processes contribute to the expected outcomes for children and families? | - To what extent were the expected outcomes achieved (as set out in the TOC)? In particular: an increase in the ability of parents/caregivers to meet children's physical, emotional, cognitive and spiritual needs; improvement of parent / child relations and the ability of parents to provide safe, non-violent, stable and nurturing relationships; a change in the attitudes and practices towards violence within households for families involved in the programme?<br>- To what extent were these outcomes experienced differently across different groups (girls / boys; mothers / fathers; other caregivers)?<br>- What were the major factors influencing the achievement of the programme outcomes?<br>- What factors limited the ability of the programme to achieve its outcomes? |
| **Efficiency** | |
| How has the programme been managed to make best use of human and financial resources in pursuing the achievement of results (outputs - outcomes)? | - How does the investment associated with the programme implementation compare to the outcomes achieved?<br>- How well has the positive parenting programme used the financial, human, and material resources to maximize effectiveness of the programme? |
| **Sustainability** | |
| To what extent are the changes generated / outcomes likely to continue (sustain and scale) after the currently funded programme cycle? | - To what extent would the continued implementation of the programme be possible without UNICEF (and other donor) funds?<br>- To what extent have commune, districts and provinces have been able to unlock and or allocate resources including human resources and public funds to implement the positive parenting programme to existing or new communities?<br>- In what ways has the Royal Government of Cambodia demonstrated an appetite to take ownership over the Positive Parenting Programme, and in what ways is this being actualised? To what extent has the positive parenting programme been fully led by district and commune leadership?<br>- What contextual factors have influenced the adoption of the programme at the commune and district level as part of routine community-based family support programmes?<br>- Is there evidence of scaling of the programme to date in current or past programme locations that no longer receive donor support?<br>- To what extent does the programme show readiness for scaling (e.g. costs are understood, curriculum and implementation guidance |

| Questions | Sub-questions |
|---|---|
| | exists, master trainers are prepared, evidence on effectiveness is documented)?<br><br>- What are the factors contributing to the sustainability (or not) of the attitudes and practices of parents/caregivers towards violence and of policy makers and programme implementers toward PP as important for Cambodian families? |
| **Equity, gender and human rights** | |
| To what degree has the programme integrated UNICEF's approach to equity, inclusion, gender equality and human rights?<br><br>[This question was considered as cross-cutting] | - To what extent do families with disabilities (parents or children with disabilities) participate within the positive parenting programme? How does the Positive Parenting programme respond to their needs and what recommendations would they make for improvement?<br><br>- How has the programme effectively reached the most disadvantaged households and children (i.e. households in rural areas, children or parents with a disability, teenage mothers, single headed households, kinship and foster care families, etc)?<br><br>- To what extent do the PP implementing actors feel prepared and capacitated to deliver to these most disadvantaged households?<br><br>- To what extent and in what ways is the programme gender transformative? To what extent does the programme address intimate partner relationships, as well as VAC to holistically address whole family dynamics and relationships? |

### 6.3 Evaluation matrix

As part of the inception phase, Coram developed an evaluation matrix, which contains the tailored evaluation questions and sub-questions, and sets out corresponding key indicators and data collection methods and sources. The evaluation matrix has informed the development of the methodology and data collection tools for the evaluation and will guide the analysis. Specifically, the evaluation matrix contains:

- The research questions the evaluation will attempt to answer (across the evaluation criteria of relevance, coherence, effectiveness, efficiency, sustainability and gender, equity and human rights);
- Qualitative and quantitative indicators which emerge from / relate to the evaluation questions; and
- Data sources for answering research questions and measuring indicators.

**The evaluation matrix can be found in Annex 3.**

# 7. Methodology

## 7.1 Evaluation approaches

The evaluation applied standard Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, coherence, effectiveness, efficiency, and sustainability. The evaluation also mainstreamed gender responsiveness, equity, and human rights in the evaluation questions across the key criteria. The evaluation methodology has been developed according to the UNEG Norms and Standards for Evaluation (2016), UNICEF guidelines for research and evaluation (2021), and incorporates UNICEF's guiding principles on gender equality, equity, and human rights throughout the process.

### 7.1.1 Theory-based approach

The evaluation was **theory-based**. A theory-based approach was considered appropriate given the need, as set out in the ToR, to assess the effectiveness of the Positive Parenting Programme in achieving intended results according to the programme theory of change. A theory-based approach is also appropriate given the complexity and multi-component nature of the programme, including the multiple partners working on the programme, and a theory-based approach can help determine the contributions of stakeholders to achieving specific outcomes.

### 7.1.2 Rights-based and equity-informed approach

The evaluation methodology was developed according to the UNEG Norms and Standards for Evaluation (updated 2017) and it incorporated UNICEF's guiding principles on **gender equality, equity, and human rights** throughout the process to enable an analysis of the Programme's outcomes in terms of their progress toward the realisation of children's rights.

### 7.1.3 Mixed methods approach

The evaluation employed a mixed-methods approach, including both quantitative and qualitative methods; existing secondary quantitative data was utilised, while primary data collection was qualitative. In particular, quantitative data provided an overall description and numerical measure of programme results, and of the context in which the programme operates, whilst qualitative data provided a more in depth understanding of the evaluation results. Qualitative research methods have greater interpretative and explanatory potential than quantitative approaches and provide the best opportunity for exploring *how* particular strategies or approaches have, or have not, worked in a given context, and (most importantly) *why.* The types of qualitative and quantitative data utilised are set out below.

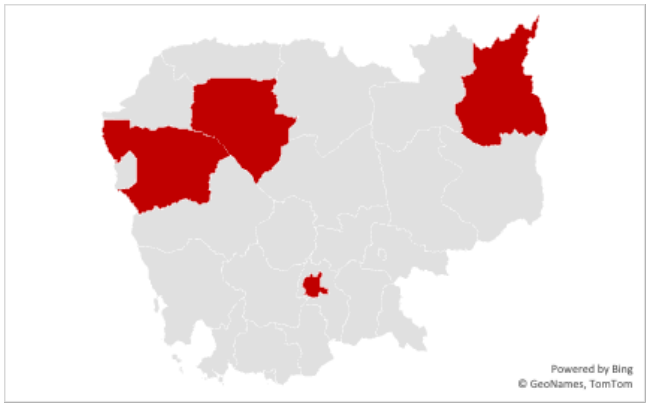
### 7.1.4 Participatory approach

A **consultative and participatory approach** was employed in the evaluation, involving UNICEF, key Government stakeholders including as MOWA, other NGO/CSO implementing partners, key duty-bearers and service providers, and rights-holders/Programme beneficiaries. Primary users of the evaluation were also engaged during data collection. Including primary users in a participatory approach during the evaluation, including in data collection, has ensured that findings, recommendations and lessons learned are context-appropriate, accurate and practical.

## 7.2 Research site selection

At the time of data collection, the Positive Parenting Programme was being implemented in 10 provinces (Banteay Meanchey, Battambang, Kampot, Kandal, Kratie, Phnom Penh, Preah Sihanouk, Prey Veng, Ratanakiri and Siem Reap), with three of these provinces (Battambang, Phnom Penh and Siem Reap) implementing Level 2 interventions. It was not possible to carry out field data collection in all provinces, districts, and villages in which the Positive Parenting Programme has been implemented. In light of this, four provinces were identified – Battambang, Phnom Penh, Ratanakiri and Siem Reap, as outlined in Figure 5 below.

*Figure 6: Evaluation provinces*




Three or four districts were selected within each province and two to three communes within each district were selected (depending on programming presence) to enable an in-depth analysis of outcomes among beneficiary families and to trace key factors in the Programme's implementation that has enabled or hindered the achievement of anticipated positive outcomes.

These research sites were to reflect diversity in contexts, diversity in specific modalities of intervention, and representation of provinces in which the programme was implemented during earlier phases and more recently. Three of these provinces (Battambang, Phnom Penh and Siem Reap) are currently implementing both level 1 and level 2 of the programme, while Ratanakiri is currently implementing level 1. The specific research locations to satisfy these criteria were identified in close consultation with MoWA and UNICEF Cambodia.

*Figure 7: Evaluation data collection sites*

| Province | District 1 | District 2 | District 3 | District 4 |
|---|---|---|---|---|
| **Battambang** | Bavel | Banan | Moung Russei | Thmor Koul |
| **Phnom Penh** | Doun Penh | Pou Senchey | Sen Sok | |
| **Siem Reap** | Krong | Pouk | Sautr Nikom | |
| **Ratanakiri** | Bar Kaev | Ochum | | |

## 7.3 Data sources and collection methods

The evaluation drew upon a range of data sources and data collection methods to ensure the reliability of results, promote impartiality, reduce bias, and ensure that the evaluation was based on the most comprehensive and relevant information possible.

Given the qualitative nature of the majority of the data collection methods, a **purposive, non-random sampling** technique was utilised for participant selection. This means that all sample members were selected based on their satisfaction of criteria relevant to the evaluation questions, and whose information was likely to be of use for developing and testing emerging analytical ideas. Two sub-types of purposive sampling were utilised: key informant or expert sampling (for stakeholders including government representatives, NGOs, service providers, facilitators) and maximum variation sampling (for FGDs with beneficiaries and case studies). Maximum variation sampling was used to ensure that data is collected from a wide range of beneficiary types and contexts, including a number of participants who are from marginalised groups (e.g. children and parents with disabilities), and those with particular child protection challenges, depending on location/context (e.g. those at risk of child marriage).

A full list of evaluation participants is contained in **Annex 4.** A series of (Semi)-structured tools were developed to guide data collection (see **Annex 5**).

### 7.3.1 Desk review

Throughout the inception stage of the evaluation, the evaluation team has reviewed a series of documents from UNICEF and from desk-based research. These documents included: government strategies, frameworks, and action plans; evaluations and impact assessments; situation analysis reports; country programme documents; programme strategy documents; programme guidance notes and toolkits; costing reports; quarterly and annual programme progress reports; third-party monitoring reports; case studies; research studies; and relevant press reports.

The information obtained from the desk review was critical to the design of the evaluation framework and the methodology more broadly and were utilised in answering the evaluation objectives and questions, as set out in section 5.

### 7.3.2 Collation and analysis of existing quantitative data

The team reviewed the most recent DHS data available, as well as CVAS data, to gather context around the development of the Positive Parenting Strategy (2017).

The team also collected raw programme data on which secondary analysis can be performed to provide additional contextual information, such as the number of parents/caregivers participating in the programming at each level; the number of beneficiaries; and programme outcomes (e.g. pre- and post- beneficiary knowledge surveys), disaggregated by age, gender, location, and other relevant factors, where possible.

### 7.3.3 Key informant interviews (KIIs)

A series of key informant interviews were carried out in person with stakeholders at the national and sub-national levels. KIIs were typically carried out one-to-one, or where appropriate, with two or three stakeholders from the same institution / organisation. The aim of these interviews was to obtain detailed and specific information from experts or key informants who have in-depth knowledge in a

particular area relevant to the evaluation (this included government representatives in key National Ministries, NGO implementing partners, including positive parenting facilitators and service providers at the sub-national level, including representatives of the Provincial Departments of Women's Affairs, Women's Officers and Social Welfare Officers in the District Offices of Social Welfare and Social Affairs, CCWC representatives and Village Officials). Tailored data collection tools were developed for each stakeholder 'type' (see **Annex 5**). The KIIs provided insight into the relevance of the Positive Parenting Programme and how it is aligned with the evolving needs of key stakeholders and beneficiaries and rights holders, as well as the extent to which the programme works in synergy with other government and development partner programmes supporting violence prevention. Perceptions relating to the sustainability of the intervention, particularly understanding the government's appetite to take ownership of the programme and broader perspectives on the efficiency and sustainability of the programme, and overarching perspectives relating to factors that have impacted the effectiveness of the interventions, were also explored through the KIIs.

In total, 48 KIIs were carried out with **21 stakeholders at the national level,[69] and 54 at the sub-national level**, as detailed in Figures 5 and 6.

*Figure 8: Stakeholders who participated in KIIs at the national level, by institution type and gender (n = 21)*

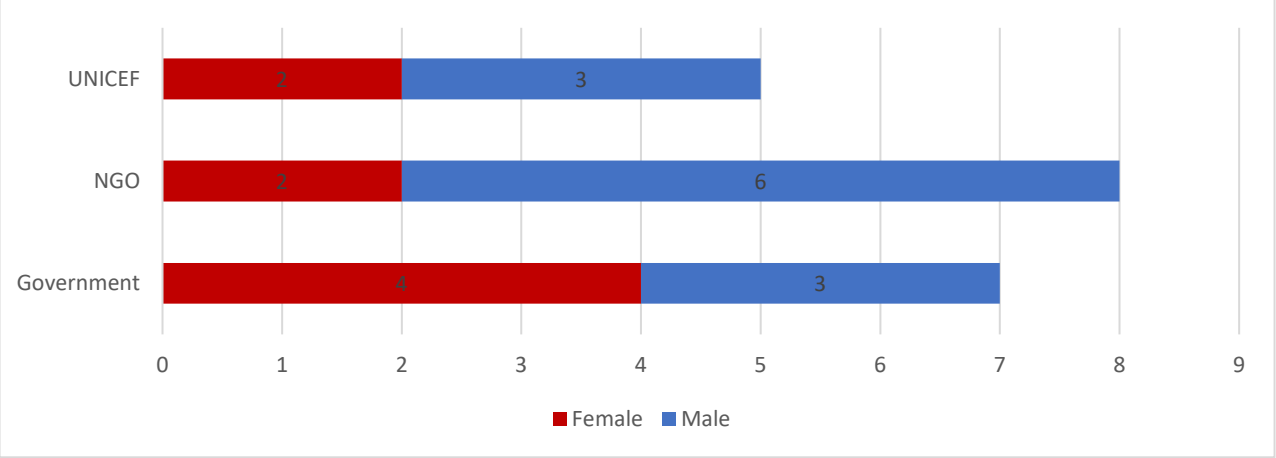
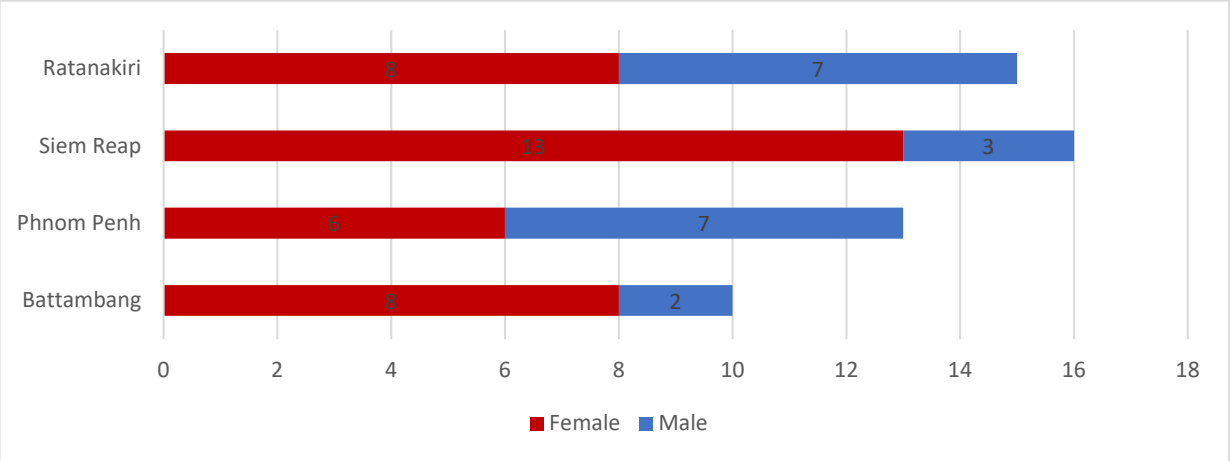



*Figure 9: Stakeholders who participated in KIIs at the sub-national level, by province and gender (n = 54)*

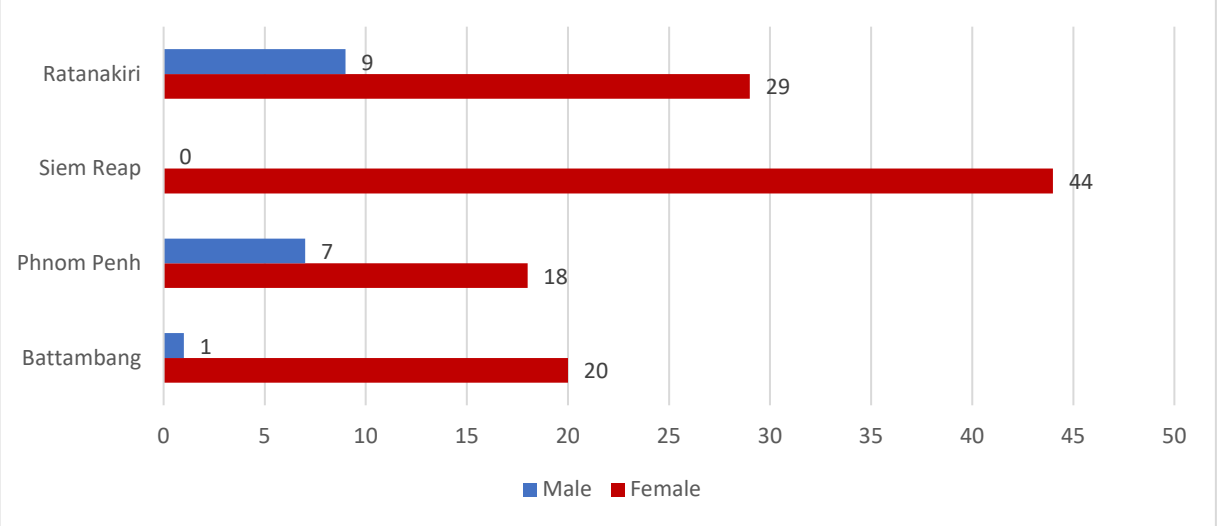
[69] This includes KIIs carried out as part of the inception phase of the evaluation (October 2024) and during the data collection phase (December 2024).




### 7.3.4 Focus group discussions (FGDs)

In order to collect data from a range of service providers and beneficiaries, and to triangulate data collected through KIIs and secondary quantitative data, a series of FGDs were undertaken in sub-national research locations. This included FGDs with rights holders and beneficiaries who have received level 1 and level 2 interventions (parents or guardians / caregivers), as well as children of beneficiaries. FGDs included a sample of 8 – 10 participants in each. The purpose of the FGDs was to allow participants to reflect on programme outcomes and strategies in an interactive way in particular, enabling data collection on perceived changes in the family as a result of the positive parenting interventions, as well as the perceptions of the programme's relevance and quality. **In total, 15 FGDs were carried out with 128 parents**. As set out in Figure 8, while researchers aimed for roughly an even gender mix of FGD participants, the large majority of participants were female. This broadly reflects the gender breakdown of participants in positive parenting sessions (which is discussed in section 8, below).

*Figure 10: Parent FGD participants, by province and gender (n = 128)*




In addition, a small number of FGDs were carried out with children (aged 12 – 16 years) of parents who had participated in the positive parenting sessions, in order to triangulate data obtained from parent FGDs and to gain perspectives from children as to family and child outcomes. **In total, five FGDs were carried out with 41 children (20 female and 21 male).**

### 7.3.5 In-depth case studies

The research team carried out a small number of in-depth case studies with beneficiaries and rights holders who have received services under the Positive Parenting Programme. Case studies included targeted in-depth interviews (IDIs) with parents, guardians / caregivers, children (where possible) and positive parenting facilitators in relation to specific families. Case studies took a life history approach, in which the history and circumstances of participants and their families were be examined, along with their life trajectory in order to understand and put into context the positive parenting intervention received, how the intervention contributed to outcomes (particularly parent-child relationships and changes in attitudes and practices in relation to VAC and IPV), and identify factors that have impacted intervention effectiveness. Views on the utility and quality of interventions were also obtained. The team aimed to include several case studies involving parents, guardians / caregivers and children with disabilities. However, only one case study involving a child with a disability was identified. In total, **11 case studies were completed, involving 28 in-depth interviews**. Again, the large majority of case studies (9 out of 11) involved mothers, which reflects the composition of participants in the positive parenting sessions more generally (see section 8 for more detail). The following case studies were completed:

*Figure 11: Details of in-depth case studies carried out*

| Province | Case Studies | In-depth interviews |
|---|---|---|
| **Battambang** | Case study 1 | Interviews with mother; 11-year-old daughter; and facilitator (CCWC). |
| | Case study 2 | Interviews with mother; and 11-year-old daughter. |
| | Case study 3 | Interviews with mother; 11-year-old daughter; and facilitator (CCWC). |
| | Case study 4 | Interviews with mother; 13-year-old daughter; and facilitator (Village Official). |
| **Phnom Penh** | Case Study 1 | Interviews with mother; and facilitator (Village Official). |
| | Case Study 2 | Interviews with father; and facilitator (Village Official). |
| **Ratanakiri** | Case study 1 | Interviews with mother; 12-year-old daughter; and facilitator (Village Chief Assistant). |
| | Case Study 2 | Interviews with mother; 16-year-old daughter; and facilitator (Village Chief Assistant). |
| | Case study 3 | Interviews with father; 11-year-old son; and facilitator (Village Chief Assistant). |
| **Siem Reap** | Case study 1 | Interviews with mother; and facilitator (CCWC) *[case involved a child with a disability].* |
| | Case Study 2 | Interviews with mother; and facilitator (CCWC). |

### 7.3.6 Observational visits

The research team aimed to carry out an observation of a positive parenting session in each location to enable further understanding of how the programme is delivered and make quality assessments of the programme implementation. The purpose of the observations was to examine the extent to which the sessions are carried out in accordance with the relevant Positive Parenting toolkits, the manner in which

the sessions are facilitated (the use of tools and activities, the extent of interaction, engagement of the participants and among participants etc.). However, owing to the limited number of sessions being facilitated during the data collection phase, it was only possible to carry out two observations (of level 2 positive parenting sessions in Phnom Penh and Siem Reap provinces).[70]

### 7.4 Analysis

After presenting and receiving feedback on initial findings at a virtual seminar with key participants from UNICEF Cambodia and MoWA, the evaluation team carried out a **systematic review and analysis of all data**, identifying key themes, patterns, discourses, relationships and explanations relevant to the research questions and indicators set out in the evaluation matrix. All qualitative data was uploaded into MAXQDA software and coded to identify key themes, patterns and relationships relevant to the research questions. In addition to reviewing primary qualitative data (KIIs, case studies, and FGDs), relevant material from the desk review was incorporated into the analysis.

A **thematic analysis**[71] was carried out, with a focus on understanding the relevance, coherence, effectiveness, efficiency and sustainability of different elements of the country programme. During the analysis, the team aimed to identify both anticipated and unanticipated results of programming, good practices, challenges, levels of capacity and areas where improvements can be made. The evaluation matrix was used as a framework to organise data and guide analysis. A process of verifying results through triangulation will be used, including through triangulating different data sources, and through the use of two international consultants carrying out analysis of the same sub-questions and topics.

The team also carried out a quantitative analysis (in excel) of programming monitoring data, which utilised raw data collected by ICS-SP and UNICEF Cambodia on pre-and post-knowledge texts administered to positive parenting participants in 2022 and 2023.

Across the data analysis, special consideration will be given to **gender**, **equity** and **human rights** issues. Wherever possible, data will be disaggregated by age, gender, geographic location, disability status, etc.

### 7.4 Limitations, constraints and mitigation

The following table sets out limitations and constraints during the data collection phase, and the mitigation strategies used to minimise the impact of these limitations.

*Figure 12: Summary of limitations and mitigating strategies*

| Potential constraints / limitations | Mitigating strategies |
|---|---|
| **Access to respondents**<br>The evaluation relied on the participation of key stakeholders and programme beneficiaries. If their participation is not secured, this would have compromised the evidence base upon which the evaluation drew. Securing the participation of all identified key informants was challenging, | By communicating with participants well in advance of the data collection we were able to secure their availability; in addition, maintaining a flexible approach to scheduling helped to ensure the availability of key participants. The team worked with UNICEF and MoWA members to ensure that the |

[70] The observation of the Level 2 Positive Parenting session in Phnom Penh (Sen Sok district) was carried out during the inception phase.
[71] Informed by the six-stage process outline by Braun and Clarke.

| | |
|---|---|
| particularly in Phnom Penh, with informants attempting to manage many competing priorities. Observation of sessions was not possible in each location, due to sessions not being scheduled during the time the team was carrying out data collection. | necessary permissions are granted at the national and regional levels to enable access to key stakeholders. |
| **Reporting bias**<br>The evaluation dealt with sensitive issues and also involved evaluating professionals' work. Given these sensitivities, it is likely that the evidence gathered was affected by a degree of reporting bias. Respondents may have been reluctant or unwilling to share information about aspects of their professional experience which they may have feared might reflect badly either on them or on UNICEF. | To mitigate against reporting bias, evaluators carefully explained to all respondents that this is a learning-based exercise; and explained that their anonymity will be protected, and that no negative personal or professional consequences will result from the information they share. Robust data protection processes were put in place to protect the confidentiality of participants' data (see section 7.6 for more detail). |
| **Recall bias**<br>As the evaluation involved speaking with respondents about past experiences, it was likely that the evidence may also be affected by recall bias. This may have potentially led to some inaccuracies where respondents have forgotten or misremembered events that happened previously; and respondents' ideas about when, where how and why such events took place may have been coloured by subsequent events.<br>Additionally, a small number of FGDs involved parents that had been exposed to the positive parenting programme alongside several other intervention with positive parenting aspects by other organisations. This made it difficult to isolate feedback on the PPP and attribute reported outcomes to the PPP specifically. | Evaluators were careful to consider the impact of recall bias in the analysis and interpretation of research data. Evaluators also triangulated objective information through the assistance of other sources of information and documentation (e.g., files, reports, etc.). |

### 7.6 Ethics

The evaluation was carried out in line with the UNEG Ethical Guidelines and the Ethical Principles of Research Involving Children, along with Coram International's own ethical guidelines. A tailored and detailed ethical protocol was developed, and tools, including information sheets, consent forms and checklists and child protection referral protocols were also developed. **The ethical protocol and tools are attached at Annex 6**. This protocol and the methodology and tools for the study were submitted to an independent ethical review board, Health Media Lab, with approval granted prior to the commencement of data collection (Ethical Approval letter is attached at **Annex 7**). In summary, the following principles were applied, in order to adhere to the overarching 'do no harm' principle, which guided the evaluation:

**Voluntary participation**: Participation in the evaluation was undertaken on a voluntary basis, with the evaluation team explaining to the participant in clear, age-appropriate language that participants are not required to participate and that they may stop participating at any time without negative consequences.

**Informed consent**: Evaluation participants were informed of the purpose and nature of the study, their contribution, and how the data collected from them will be used in the study through an information and consent form, which was provided in Khmer and English. Evaluators explained the contents of the consent form in age-appropriate language, to study participants before commencing the interview. In Focus Group Discussions (FGDs), participants were advised verbally of the purpose of the study and their contribution and verbal consent was provided and recorded before the commencement of the FGD. Where appropriate, consent was also obtained from the child's parent, guardian or caregiver.

**Managing expectations**: Evaluators carefully explained the nature and purpose of the study to participants, and the role that the data will play in the evaluation project. Participants were informed that the purpose of the participant's engagement is not to offer direct assistance in order to avoid raising unfounded expectations.

**Anonymity and confidentiality**: The identity of all evaluation participants was kept confidential throughout the process of data collection as well as in the analysis and writing up study findings. Strict data protection and storage protocols were followed to protect the confidentiality of evaluation participants and data. Coram International's ethical guidelines set out extensive measures to ensure anonymity including interviewing in private settings; not recording names; ensuring that evaluation findings are presented in such a way as to ensure individuals can't be identified; and safe data storage.

**Addressing child protection concerns**: A tailored, child protection and safeguarding protocol and tools were developed to support the identification and referral of child protection concerns (Annex 5), and all evaluators were trained on the protocol. All team members had expertise in carrying out evaluation with a range of stakeholders, including children, adolescents and young people and vulnerable groups. All the international evaluators had been criminal-record checked within the UK through the Disclosure and Barring System.

# 8. Findings

## 8.1 Relevance

**Question: To what extent does the programme align to the needs and priorities of key child protection system stakeholders, and the concerns of targeted parents of children in the early years, through the middle years and adolescence?**

**Summary of findings on relevance**

**The Positive Parenting Programme was found to be highly relevant to the programming context**. The Programme is well aligned to the priorities and needs of Government stakeholders at the national and sub-national levels, as it provides an important and needed intervention aimed at preventing violence

against children and intimate partner violence within the home. However, it was noted that multiple parenting interventions led by different Government Ministries and supported by different donors had somewhat fragmented and undermined relevance of the Positive Parenting Programme. The Positive Parenting Programme was also found to be relevant to the needs of beneficiary parents and families by enabling them to develop needed knowledge and skills in child development, positive discipline and stress management. However, it was found that there was limited cultural relevance to the context in Ratanakiri, with insufficient adaptation of delivery modes and materials to the language and needs of minority ethnic groups, and a need for a more intensive intervention.

### 8.1.1 Alignment with the needs and priorities of national and sub-national government stakeholders

The Positive Parenting Programme appears to be **well aligned to the priorities and needs of national government stakeholders**. The Positive Parenting Programme (PPP) is grounded in a robust evidence base which indicates high rates of violence against children and intimate partner violence in the home. In particular, as set out above (see section 3.2), the Positive Parenting Programme (PPP) was developed following the findings of the 2013 Cambodia Violence Against Children Survey (CVAS), which found that over half of females and males (aged 13-17 and 18-24 years) surveyed had experienced at least one incident of physical violence prior to the age of 18, with mothers the most common perpetrator o f the first incident of childhood physical and emotional violence in the home.[72] Data also indicate high rates of intimate partner violence, with 21 per cent of women who have ever had an intimate partner reporting having experienced emotional, physical, or sexual violence committed by their current or most recent husband/intimate partner.[73] Other studies have found high rates of acceptability of intimate partner violence[74] and corporal punishment of children.[75]

There is a strong body of evidence that positive parenting programmes have lifelong impacts on child wellbeing and development and in improving parent-child interactions, parental knowledge of child development and in reducing VAC in the family.[76] The PPP is also aligned to **the RGC's objective of reducing family separation and the number of children placed in residential care institutions** (RCIs),[77] as the PPP is aimed at strengthening the resilience of families, improving relationships within families and reducing violence, thereby reducing the risk of separation of children through placement in RCIs.

**The PPP is underpinned by the National Positive Parenting Strategy 2017 – 2021** (extended to 2024), which was developed by MoWA and other key institutions, with UNICEF's support. The Strategy demonstrates the alignment of the PPP with the stated priorities and plans of the Government. The National Positive Parenting Strategy was developed *"to contribute to positive parenting, promoting non-violence forms of child discipline and protecting children from violence and unnecessary family*

[72] Kingdom of Cambodia, Steering Committee on Violence Against Children, Findings from Cambodia's Violence Against Children Survey 2013, October 2014, p. 55.
[73] Ibid, pp.287-317.
[74] UNICEF Cambodia, Situation Analysis of Children and Adolescents, 2023, p. 69.
[75] Reported in End Corporal Punishment, Corporal Punishment of Children in Cambodia, November 2024, available at: http://www.endcorporalpunishment.org/wp-content/uploads/country-reports/Cambodia.pdf
[76] Knerr W, Gardner F, Cluver L. Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: a systematic review. Prev Sci. 2013 Aug;14(4):352-63. doi: 10.1007/s11121-012-0314-1. PMID: 23315023.
[77] In recent years, the Government has demonstrated a strong commitment to reducing the number of children being placed in RCIs, including an Action Plan in 2016 with a target of reducing the number of children in institutional care by 30 per cent in five target provinces.

*separation."*[78] The National Strategy explicitly links the PPP to the realisation of legal duties in Cambodia, in particular, article 47 of the Constitution of Cambodia, which places obligations on parents to raise, nurture and educate their children.[79]

The PPP also **aligns with priorities and objectives set out in other key national policies and plans**. For instance, the National Violence Against Children Action Plan, 2017 – 2021 states that increasing the capacity of service providers *"to support parents and caregivers in developing positive parenting knowledge and skills"* is a key outcome under Strategic Area II on primary prevention. The VAC Action Plan sets out, as one of its key activities, the development of a Positive Parenting Strategy and Toolkit (4.1.1), and the provision of capacity building to positive parenting facilitators through a Training of Trainers. The new National Plan on the Prevention and Response to Violence Against Children 2025 - 2030, which is currently under development, notes that strengthening of the positive parenting programme (in terms of increasing access and participation and ensuring the Programme is included in commune, district / municipal and provincial investment plans) is a priority issue.[80] While the PPP is not explicitly referenced in the Action Plan, one of the Plan's key priorities under 'primary prevention' is to *"increase awareness of preventing violence against children and prevent unnecessary separation of children from their families in homes…"*[81] The National Policy on the Child Protection System 2019 – 2029 also includes 'positive social welfare and parenting system' as a core component of preventive measures within the child protection system, and list MoWA and MoSVY as the key institutions responsible for this 'system.'[82] However, to further align the PPP to national Government priorities, expand its ability to address evolving issues and to strengthen its capacity to be gender transformative (see section 8.7), consideration should be given to incorporating the PPP explicitly into related national Policies and Action Plans (e.g. the National Action Plan to Prevent Violence Against Women, 2024 – 2028).

The PPP also appears to respond well to the needs of stakeholders by **addressing a gap within the child protection system in terms of prevention initiatives**. While a number of implementing partners, primarily NGOs, had been implementing isolated positive parenting interventions in a number of locations in Cambodia for 10 years prior to the Positive Parenting Programme, the Positive Parenting Programme was found to be relevant in bringing these different parenting initiatives together and in supporting the Royal Government of Cambodia (RGC) to roll out an evidence-based positive parenting initiative more broadly. According to the National Policy on the Child Protection System, 2019 – 2029, there is a gap in terms of initiatives focused on *prevention* of violence, abuse, neglect and exploitation.[83]

According to stakeholders within MoWA (at national and provincial levels), **the Positive Parenting Programme aligns well in enabling them to support parents to fulfil their duty of care to children**, and it fills a gap in terms of the limited prevention initiatives available within the child protection system. The Programme helps to ensure parents have the knowledge, skills and capacity to meet the needs of

[78] Kingdom of Cambodia, National Positive Parenting Strategy, 2017 – 2021 (2024), p. 3.
[79] Ibid, p. 12.
[80] Royal Government of Cambodia, National Plan on Prevention and Response to Violence Against Children 2025 – 2030, para. 1.6.
[81] Royal Government of Cambodia, National Plan on Prevention and Response to Violence Against Children 2025 – 2030, p. 15.
[82] Royal Government of Cambodia, National Child Protection Strategy, 2019 – 2029, p. 8.
[83] Ibid, p. 2.

children – for example, to ensure they receive an education and are protected from violence, abuse and sexual exploitation. In this way, it is well aligned to and supportive of MoWA's key priorities. For example, according to a key informant from the Phnom Penh Capital Department of Women's Affairs:

> *"The Positive Parenting Programme is actually a tool to help our Department to work more effectively. So we are stronger in terms of working with the target population, the vulnerable populations. So far, we haven't had a topic for parents related to how to provide medications or emotional issues, and child development. There has never been any education on early childhood development…people in the community lack the education…as I joined the course [positive parenting training of trainers], I started to realise that this is a special programme."*[84]

**Stakeholders at the District/Khan and Commune/Sangkat levels also reported that the PPP is well aligned with and relevant to their work** in supporting families, women and children. The PPP has addressed gaps in the child protection system, with a key focus on prevention of family violence and supporting child development and wellbeing. It was noted by one stakeholder, for instance, that it is a key tool to help ensure parents can meet their duty of care to their children (as set out in articles 47 and 48 of the Constitution). In a number of Districts / Khans, stakeholders noted that the PPP is well aligned to and supports their daily work with women and children as it is about raising awareness on positive ways of parenting, as the following quotes from key informant interviews illustrate:

> *"**Is the [positive parenting] programme relevant to your roles**?*
> *For me, it's relevant to my work as social workers work with children and we can reduce violence and the workload of social workers."*[85]

> "*As CCWC members, we work actively to prevent violence and protect children. Our role in the Positive Parenting Programme provides families with better relationships, prevents violence against children. Since we address all issues related to children and women, we consider the Programme as an important part of the child protection system."*[86]

However, it was noted by several stakeholders that the dominance of donors in supporting the planning and development of national parenting and other overlapping initiatives has fragmented these initiatives and **called into question the relevance of these programmes to the Government's own priorities**. As set out below (section 8.2, coherence), donors have supported a number of initiatives that have positive parenting as a key component, and these initiatives have separate action plans and are implemented by different Ministries, with very limited coordination or alignment. This has caused fragmentation in the implementation of the PPP, alongside other programmes, and undermined the relevance of the Positive Parenting Programme as a priority multi-sector Government programme.

### 8.1.2 Responsiveness to the needs of programme beneficiaries

In general, the PPP was found to be **highly responsive to the needs of beneficiaries, though some challenges were identified in ensuring relevance across the different programming contexts**. As

[84] Key Informant Interview, Representative of Phnom Penh Capital DOWA [date].
[85] Key informant interview with representatives of Sutr Nikom District, Siem Reap Province, 26 February 2025.
[86] Key informant interview with representatives of CCWC, Poi Commune, Ratanakiri Province, [date].

noted above, the PPP is grounded in a robust evidence base which has highlighted the prevalence of violence against children in the home, intimate partner violence and family separation. These issues were noted by beneficiaries in FGDs across all research locations as key challenges that exist in their families and communities and for which they require knowledge and skills. According to stakeholders, the PPP is highly responsive to the needs of beneficiaries, as parents lack knowledge of child development, healthy relationships and positive discipline, and practice the 'old ways' of parenting due to these gaps in knowledge and skills. The impacts of the war era were also noted by stakeholders as having a considerable impact on the mental health of grandparents and parents, who require skills in coping and anger management, as illustrated by the following key informants:

> *"The programme is very important. The knowledge of the people in Cambodia is limited. Cambodia is affected by the war and the parents treat their children with the traditional way to educate their child. They think violence is OK to take care of the children. After we have the programme, they can change their knowledge and education."*[87]

> *"Our people went through war for so many years. Parents and caregivers who are elders suffer from trauma. So coupled with the situation of our country, I can see that the mental health of parents and caregivers is not so good, and their anger management is not good. But since we provide training on these topics, they realise they are having problems and the actions to their children and grandchildren are wrong."*[88]

**A strong demand for the PPP was noted by key stakeholders**. In particular, CCWC representatives reported that there had been requests from villages which have not been involved in the Programme, to have access to the PPP, indicating the need for the PPP in communities.

**Parent research participants (in FGDs) reported that the PP sessions were highly relevant** to their needs and to the needs of other parents in their communities. According to the research participants, parents have limited knowledge of parenting and child development and tend to rely on harsh discipline and violence. The PPP was therefore seen as an important programme to support parents to gain knowledge on child development, reduce violence in the home and improve relationships among family members. Some participants noted that the impacts of the war, particularly in terms of disruptions in education for parents and grandparents meant they hadn't learned 'new' and non-violent ways of parenting.

Parents particularly found the **aspects on non-violent discipline and managing anger and stress** relevant and valuable to them. Parents and guardians / caregivers also highlighted the relevance of training on **positive communication techniques** (without using 'harsh' words) to manage conflict. For some, these conflicts emerged from disputes with their spouse and stress concerning their financial situation and/or drinking alcohol. For others, this need stemmed from children not listening to or obeying them, highlighting communication challenges. For example:

> ***"Was it [the PPP, level 2] useful and valuable to you?***
> *Yes [all participants nod].*

[87] Key Informant Interview, Representative of Mith Samlanh NGO, Phnom Penh, 16 October 2024.
[88] Key Informant Interview, Representative of Phnom Penh Capital DOWA [date].

***Why?***

*Because this way I can take good care of my children and to ensure that they are in good health and ensure that they are safe. We can also develop good and close relationships with our children."*[89]

**Anger and stress management techniques** were noted as being particularly relevant in reducing the use of violence and harsh discipline against children and also in managing spousal conflict, which many parent participants and stakeholders noted as being a challenge within families, for example:

*"The programme actually helped me manage the stressful situations. Whenever I felt stressed, I listen to music and do some work – e.g. watering the plants, veggies in the garden, to relieve my stress. Honestly speaking, sometimes I was going crazy with the situation I faced – I couldn't go anywhere and having to take care of a child with disabilities, it is not easy, it is very demanding."*[90]

However, **the PPP is not as effectively targeted to certain groups of parents / children, somewhat reducing its broader relevance**. The Programme content was considered by some research participants to be heavily focused on understanding and meeting the needs of younger children, with some gaps noted in terms of **adolescents**. In particular, managing adolescent relationships, peer pressure, drug use among adolescents, involvement in 'gangs' and peer violence, smart phone addiction (including challenges in adolescents regulating their time online and lengthy periods of time spent on using smartphone applications) and challenges in forging positive relationships between parents and adolescent children were noted as key challenges to which it was felt that the PPP was not as responsive.

In addition, while the PPP is intended to apply to families from all social and economic backgrounds, it is clear from the data that **stakeholders do not consider it as 'appealing' to more affluent or middle-class parents**. Given the extent of violence within the family in Cambodia, and the fact that experiences of VAC in the home cut across different social and economic groups, it is important that the PPP engages effectively and is seen as relevant to all families.

While the PPP was found to be highly relevant to the needs of beneficiaries in Battambang, Phnom Penh and Siem Reap, **the Programme was found to lack relevance in Ratanakiri, owing to the very limited adaptation of the PPP materials to the context in the province**, in which there are significant numbers of ethnic minority groups, which have different cultural practices and may not communicate in Khmer. While it was generally found that the positive parenting content was responsive to the needs of parents, both parents and stakeholders in Ratanakiri reported that, while the PPP content was relevant to their needs, the PPP training packages and resources (posters, audio materials etc.) were not wholly relevant to them, as the content has not been adapted to be inclusive of different minority cultures (in terms of content and pictures in the modules, scenario-based content, information on posters etc.), as illustrated by the following key informants and parents:

*"The training materials are currently focused on Khmer language content, and they require significant adaptation to ensure regional accessibility and effectiveness. This adaptation*

[89] Focus group discussion with parents and caregivers, Pouk District, Siem Reap Province, 27 February 2025.
[90] In-depth interview with parent (female), Case Study, Poul District, Siem Reap Province, 26 February 2025.

*must go beyond simple translation. We need to precisely modify the tools to reflect the diverse cultural contexts, linguistic nuances, and varying capacities of each region."*[91]

*"Most of villagers here (90+%) are minorities. We organized the [PP] session for them, but our tools are not a good fit for them as they are illiterate in Khmer. They cannot read or understand Khmer enough, so we need to translate in their languages verbally."*[92]

*"The lessons and what we learned were good for us. However, it was hard for me because I don't know Khmer well, and all the learning materials were in Khmer. This made it difficult for me to understand everything fully."*[93]

Modules (level 1) were also reported to be too complex and lengthy to cover in the available timeframe in Ratanakiri. It should be noted that delivery of the PP sessions by community members (CCWC, Village Chiefs etc.) meant that, while the modules and materials were not available in minority ethnic languages, the facilitators were able to deliver the content (verbally) in the relevant minority languages.

It was also found that the level 1 module was not very relevant to the context in Ratanakiri, with many parent research participants and government stakeholders reporting that a **more intensive PP intervention** (e.g. a level 2 intervention) was required, involving families in multiple and more in-depth sessions. According to some research participants (including facilitators and parents), the sessions did not allow sufficient time to absorb the content, reflect, and practice and the number and frequency of sessions was not considered to be sufficient. The training of facilitators was also considered to be not sufficiently intensive and rushed, limiting their ability to absorb the material and to develop general skills in facilitation etc. (see section 8.3 below for a fuller discussion).

Another more general gap in terms of relevance is that there are **no mechanisms to facilitate routine, systemic beneficiary feedback** to shape the direction of the PPP and ensure that it is responsive to the evolving needs of beneficiaries.

### 8.2 Coherence

**Question: To what extent are the parenting programmes coordinated with other key stakeholders and interventions, contributing to improvements in child protection outcomes?**

**Summary of findings on coherence**

The evaluation found that, while measures had been put in place to coordinate the different parenting programmes under the Positive Parenting Strategy, **challenges remain in ensuring that the different implementing partners coordinate to achieve effective and efficient implementation of the Programme**. At the national level, the National Positive Parenting Working Group is not functioning effectively, and there is limited integrated data collection and reporting systems to ensure a cohesive approach. At the sub-national levels, there is limited coordination among different parents and limited monitoring of what each partner is implementing, leading to fragmentation, though examples of more

[91] Key Informant Interview, Representative of Provincial Department of Women's Affairs, Ratanakiri [date].
[92] Key Informant Interview, Representative of CCWC, Poi Commune, Ratanakiri Province [date].
[93] Focus Group Discussion with Parents and Caregivers, Barkeo District, Ratanakiri Province, 17 April 2025.

effective coordination in several districts were found. Other programmes that contain positive parenting elements (the Nurturing Care and Cambodia Protect - Strong Families programmes in particular) have not been effectively harmonised, leading to some overlaps and inefficiencies in implementation of the Positive Parenting Programme.

### 8.2.1 Quality of coordination mechanisms

It was found that the development of the Positive Parenting Strategy, together with the Positive Parenting toolkits, have helped to **coordinate the different parenting programmes and implementing partners together under a common vision and achieve a coordinated approach**, though challenges remain. Many non-governmental organisations in Cambodia have been developing and implementing positive parenting programmes for many years. According to the key informant interviews, Save the Children Cambodia have been implementing their own parenting curriculum since 2013, which was first integrated across its child protection programmes. Improving Cambodia's Society through Skilful Parenting (ICS-SP) has been implementing the Skilful Parenting models since 2012. A number of other larger and smaller local non-governmental organisations (NGOs) have also been implementing positive parenting programmes, including World Vision, Plan International, WOMAN, Social Services of Cambodia, Hagar, Friends international, Holt, Cambodian Children's Trust, ChildFund and M'lop Russey. Many of these organisations are now utilising the national positive parenting toolkit that was developed under the National Positive Parenting Strategy, which has helped to bring these different programmes together under a common framework.

However, **it was found that, in practice, there is very limited coordination of the different Government Ministries, implementing partners and parenting programmes**, causing fragmentation and inefficiencies in the implementation of the PPP. For instance, there does not appear to be any information held centrally which identifies which NGO partners are implementing the programme, in which locations, and the modality of implementation by each NGO. Partners appear to be using the same framework (as per the Positive Parenting Strategy), though there is no effective coordination mechanism to bring these entities together and oversee and coordinate the work of different partners.

It was noted by several stakeholders that one of the core challenges in coordinating the different implementing partners and other stakeholders is that **the Positive Parenting Strategy does not have a detailed action plan setting out the roles and actions required by each of the key Ministries and implementing partners**. Also, a budget / costing exercise was not carried out when the Strategy was developed (though a costing exercise has since been carried out – please see section 8.4 for further detail). Also, there is no monitoring, reporting and accountability framework. This has led to unclear roles and demarcation of actions among partners and has limited the ability for the different Government Ministries and other implementing partners to coordinate effectively. It was also noted by representatives of MoWA that, unless the Positive parenting Strategy becomes a multi-sector strategy, it is not possible to compel action from the other key Ministries to support implementation of the Strategy.[94] This is particularly important at the District and Commune levels, given Cambodia's decentralised governance system within which the District and Commune governments (including social welfare and social affairs service delivery and positive parenting facilitation) is overseen by the Ministry of Interior rather than MoWA and other line Ministries. A robust implementation and coordination

[94] Key Informant Interview 1 with Representatives of MoWA, Phnom Penh, 17 October 2024.

framework will also be important in the implementation of level 3 of the Positive Parenting Toolkit, which necessitates a strong partnership between MoWA, the Ministry of Social Affairs, Veterans and Youth (MoSVY) and the Ministry of Interior. As set out below (see section 8.3, effectiveness), level 3 of the Positive Parenting Programme has not yet been implemented.

It should be noted that there is a **National Positive Parenting Working Group to coordinate the PPP at the national level**. The Working Group consists of MoWA; Ministry of Health; the Ministry of Education, Youth and Sport; the Ministry of Social Affairs, Veterans and Youth Rehabilitation; the Ministry of Interior; Ministry of Information; and the Ministry of Cults and Religion. However, **it does not appear to be functioning effectively** and has not been convened since the Covid-19 pandemic outbreak in 2020. There was reported to be no budget available to convene meetings. There is also limited guidance to govern the Working Group which would set out clear roles, task distribution, reporting and monitoring processes, rules on the conduct of meetings and so on.[95] According to MoWA, a functioning coordination mechanism with clear responsibilities and a detailed management plan is a key gap to ensuring that the different Ministries are coordinating effectively in implementing the PPP. It is also important that a coordination mechanism involves PPP implementing partners, in particular the many NGOs that are currently implementing parenting programmes across Cambodia, to ensure that information on the PPP implementation is captured at the national level to avoid duplicative efforts and ensure cooperative and efficient implementation that is in line with the National Positive Parenting Strategy. It is also important to have a forum for more strategic discussions on the direction of the PPP.

There are also **no distinct coordination mechanisms at the sub-national levels** to support coordination of the PPP within the different province, district / khan, commune institutions and NGOs / implementing partners. However, there are existing child protection coordination mechanisms through which the PPP may be discussed – most notably, the District and Commune Children and Women's Committees. These forums bring together the different district / commune institutions working on children and women's issues (including child protection). While the PPP may at times be discussed in these fora, it is not done in a routine, strategic way that would enable effective coordination of the different agencies and implementing partners.

**In some locations, other stakeholder forums are in place at which the PPP implementation may be discussed**. For instance, in Ratanakiri, there are monthly meetings with 3PC network members (NGOs) to discuss child protection more generally, and the different protection programmes in place, including the PPP. In Phnom Penh, there was reported to be an MOI-led committee in which MoWA and the CCWCs are convened. At these meetings, the PPP is discussed, though it does not appear to be discussed in an in-depth way or in terms of strategic planning. At Khan level, the official responsible for women and children convenes the relevant stakeholders to discuss problems for women and children in the khan. However, these are general mechanisms to coordinate work on social welfare, social affairs and protection (women and children) – the PPP and its implementation does not appear to be discussed routinely at these meetings.

As a result of the limited coordination of the different implementing partners at the local levels, it appears that **multiple positive parenting programmes are being implemented by different NGOs with the same groups of parents**. For example, in one district in Siem Reap, research participants who had

[95] Key Informant Interview 2 with Representatives of MoWA, Phnom Penh, 17 February 2025.

received level 2 sessions under the PPP had also been involved in a World Vision Programme, Happy Families. Also, in Battambang, it appears that different parenting programme implementers (e.g. Hagar; and the Association of Happy Children) are providing similar training to the same facilitators.

In several locations, district/khan officials attempt to ensure some level of coordination among NGO implementing partners and avoid duplicative efforts through **assigning different implementing partners to different communes or villages**. According to representatives from the Provincial Department of Women's Affairs in Battambang, different stakeholders are present in the same communes, though they focus on different villages to avoid overlap. In Khan Pou Senchey (Phnom Penh), there appears to be some level of coordination between the different activities of NGOs through requiring NGOs to sign MOUs before engaging in implementation of parenting (and other) programmes. The MOUs have enabled the Khan to coordinate which NGOs are implementing different programmes and services in each Sangkat / village, and to manage the services and skills within each NGO to achieve the aims of the Khan government, as illustrated by a key informant from Khan Pou Senchey:

> *"Once we know what the NGO is working on - women and children, women victims, for example, we collaborate with them…We can look at their resources – if the NGO has experts or trainers specialising in positive parenting, we borrow their expertise.*
> ***…Do you know who is doing what and where in the khan in terms of delivering the Positive Parenting Programme?***
> *Yes, we have a system to track this. The NGOs that are based here – we need to know what kind of activities are being conducted, and what activities they cover, before entering into an MOU. We need to check the NGO and do visit etc."*[96]

However, in general, there does not appear to be a robust coordination mechanism for the PPP at the Province (Capital) level.

There is also a **basic communication mechanism to monitor implementation of the PPP in some of the research locations**. For instance, in Phnom Penh, the PPP sessions are monitored in terms of sessions delivered, number of participants, topics etc. through a Telegram group, which includes 105 sangkats, the khans and the capital governments. Paper reports are also submitted on implementation of activities to the Khan Governor.

### 8.2.2 Coordination and alignment with synergistic programmes

In general, **there has been insufficient consideration of how the PPP coordinates and aligns with other programmes currently being implemented in Cambodia that have positive parenting components**, possibly creating some duplication and inefficiency. In addition to the Positive Parenting Programme, there are at least two other national programmes currently being implemented in the country that are focused on parenting practices. *Strong Families - Cambodia PROTECT,* is an awareness and community behavior change initiative implemented by MoSVY and *Nurturing Care* is an early childhood (0 – 6 years) development programme, delivered through parenting sessions, which falls under the Early Childhood Care and Development Policy and Action Plan, led by the Ministry of Education, Youth and Sport (MoEYS). The Nurturing Care programme is broad and integrates different dimensions of early

[96] Key Informant Interview, Representative of Khan Sen Chey Khan Office of Social Welfare and Social Affairs, Phnom Penh, 17 February 2025.

childhood care and development, including but not limited to, safety and security. Both programmes were developed in 2022 / 2023 and are supported by UNICEF.

While these programmes are distinct, they have overlapping elements, as they all have components that focus on positive parenting – in particular, the development of knowledge on child development, and skills aimed at preventing violence in the home - through sessions with groups of parents (or in the case of the Strong Families programme, with parents and other community members, including children). As noted above, the programmes are managed by different ministries at the national level; however, they tend to be implemented / facilitated by the same institutions or even persons at district and commune levels (typically CCWC officials and village officials). **There is very limited understanding, at the local level, of how these programmes complement each other and how they can be harmonised**. Research participants were typically unable to identify how the PPP, Strong Families and Nurturing Care programmes were distinct, aside from observations on the number of topics covered (6 /7 for the PPP and 10 for Strong Families) or the target beneficiary group (just parents for the PPP, but other community members in addition to parents for Strong Families and only parents of young children for the Nurturing Care programme), while some participants noted some overlaps and also some differences in content (e.g. Nurturing Care 'focuses more on health and nutrition'; Strong Families is 'broader' and includes topics such as child marriage, migration and online protection risks).

These programmes could indeed help complement each other by, for example, delivering key messaging to community members more generally, as in the case of Strong Families Programme (it should be noted that one of the factors that drives positive results in parenting programmes, according to the global evidence base, is a broader enabling environment). However, **it does not appear that the overlap between these programmes has been duly considered in terms of avoidance of duplicative efforts and efficient use of resources**. A stark indication of this inefficiency was found in Khan Pou Senchey. In this Khan, no sessions have been implemented under the PPP since the start of Covid-19, due to the Khan not allocating a budget for PPP implementation. Several Khan Officials reported having been recently trained to deliver the Strong Families sessions. While research participants saw these programmes as distinct, they were not able to articulate how the programmes should work together to avoid overlap. They have also been unable to find funding for either programme; as a result, a large pile of training resources from the SF training was sitting on a desk in the office, unable to be implemented.

**It is also possible that the same beneficiaries could be included in all three programmes, while others do not receive interventions** under any of the programmes, owing to the absence of robust coordination and monitoring mechanisms. For example, according to a research participant from the Provincial Department of Women's Affairs in Phnom Penh, *"I don't think there is anyone to track the target populations, and who has done what etc. It is under the responsibility of each Municipal Department that implements their own programme."*[97]

However, **in several research locations, some measures were found to have been used to harmonise these different programmes to a limited extent**. For instance, in Khan Daun Penh, the Strong Families Programme and PPP are seen to complement each other, and sessions may be delivered to the same parent beneficiaries. The overlapping topics in each Programme are seen as mutually reinforcing: when parents are involved in both programmes, the facilitators reinforce the messaging by cross-referencing the topics. In Phsar Thmey II commune, the PPP and Nurturing Care programmes are integrated in the

[97] Key Informant Interview with representative of Provincial Department of Women's Affairs, Phnom Penh, 17 February 2025.

way they are delivered. The commune officials (CCWC, Women's Officers etc.) receive annual PP training from the Provincial DOWA, along with training in implementing the Nurturing Care programme from the MOH. The facilitators use this knowledge in household visits when women in their commune become pregnant. The PPP (level 1) and Nurturing Care programmes are therefore integrated into their regular outreach work. Combined (level 1 PPP and Nurturing Care) sessions are also delivered to parents at Public Forums. Also, in Ratanakiri in 2024, UNICEF supported the Provincial Departments of Education, Women's Affairs and Planning and Investment Division to conduct an integrated orientation session for commune chiefs, CCWC focal points and commune clerks to deliver training on the Nurturing Care and PP packages. Nonetheless, consideration should be given to how these programmes can be integrated or better aligned to counter duplication and reduce inefficiencies.

### 8.3 Effectiveness: Quality of implementation and fidelity

**Question: What is the quality of programme implementation, and to what extent has the programme implementation followed its design and key outputs / resources?**

**Summary of findings on effectiveness: Quality of implementation and fidelity**

**It was found that the PPP has been mostly effective in terms of quality of the Programme's implementation**. Coverage of levels 1 and 2 of the PPP has been reasonable across the country and implementation of levels 1 and 2 have demonstrated rather strong fidelity to the PPP's structure and materials, though with some gaps. A significant gap in terms of implementation is **that level 3 of the PPP has not been rolled out as planned**, due to an inability to allocate a budget to level 3 programme roll out, underlined by lack of an implementation plan for the National Positive Parenting Strategy and limited coordination between MoWA and MoSVY. While level 2 of the PPP has been implemented in a consistent manner across intervention locations, considerable variation was found in terms of the implementation of level 1 of the PPP, with some appropriate adjustments made to ensure contextual relevance in some locations and insufficient contextual adjustments in other locations (Ratanakiri, in particular). The implementation of the PPP was found to be largely aligned with the global best practice evidence base, though some gaps were found, in particular in the inability for the PPP to engage sufficiently with male parents and guardians / caregivers, lack of a mechanism to enable adolescents (or parents and guardians / caregivers) to feed into the design of the Programme, limited cultural relevance to the needs of ethnic minority groups and insufficient training of facilitators (level 1) in Ratanakiri.

#### 8.3.1 Implementation modalities and fidelity to the PPP design

In general, the implementation of levels 1 and 2 of the PPP has achieved wide coverage across the 10 target provinces, though according to several stakeholders, the PPP's coverage has not been sufficient across the country. Implementation of the PP sessions, particularly for level 2, has demonstrated strong fidelity to the PPP design and curriculum. However, **while modules and resources have been developed for level 3 of the PPP, it has not yet been implemented**, demonstrating a significant gap in implementation of the PPP.

*Coverage of the PPP*

As set out above (section 4.1, Object of the evaluation) between 2019 and 2023, the Positive Parenting Programme reached 479 villages in 10 provinces. Table 4 indicates the proportion of districts/khans, sangkats/communes and villages covered by the PPP from 2019 to 2023. It was noted by representatives of MoWA who participated in the research that the PPP is currently being implemented in six provinces, with some provinces having phased out the PPP due to limited resources, and other provinces included according to guidance from UNICEF and other line Ministries.[98] As illustrated in table 4, while the PPP has been implemented in a considerable number of districts, communes and villages, **the vast majority of villages have not received positive parenting interventions in each province**. Level 2 of the PPP has only been implemented in four provinces. Some stakeholders expressed concern about the limited reach of the PPP within their provinces, with allocated budgets insufficient to cover all desired locations and families.

*Figure 13: Coverage of the PPP by province, khan/district, sangkat/commune and village*

| Province | No. Khan/Districts | No. Sangkat/Communes | No. Villages |
|---|---|---|---|
| Kandal (level 1 and 2) | 4 out of 11 | 11 out of 147 | 33 out of 1,087 |
| Phnom Penh (level 1 and 2) | 12 out of 14 | 33 out of 105 | 47 out of 953 |
| Battambang (level 1 and 2) | 12 out of 13 | 30 out of 93 | 57 out of 810 |
| Siem Reap (level 1 and 2) | 12 out of 12 | 33 out of 100 | 70 out of 907 |
| Preah Sihanouk (level 1) | 4 out of 6 | 6 out of 18 | 13 out of 110 |
| Ratanakiri (level 1) | 6 out of 9 | 37 out of 50 | 171 out of 243 |
| Banteay Meanchey (level 1) | 4 out of 7 | 10 out of 55 | 22 out of 654 |
| Kratie (level 1) | 3 out of 6 | 19 out of 47 | 38 out of 258 |
| Prey Veng (level 1) | 2 out of 12 | 8 out of 116 | 16 out of 1,138 |
| Kampot (level 1) | 2 out of 8 | 6 out of 92 | 12 out of 477 |
| **Total** | **61 out of 97** | **193 out of 819** | **479 out of 6,637** |

It was noted that the selection of provinces was based on UNICEF programming presence rather than led by MoWA or other key Government Ministries (though the selection of UNICEF's programming locations is carried out in consultation with Government partners and based on evidence against child rights and wellbeing key indicators). However, it appears that the selection of specific districts/khans, communes/sangkats and villages was carried out at the province or district level, at times guided by the levels of family violence or by vulnerability criteria (e.g. villages that are remote, with limited presence of NGOs and other services). Practical considerations also informed the selection of specific districts, communes and villages, including the high number of seasonal migrant parents in some locations, making it difficult to run the level 2 PP programme, which requires attendance by the same parents, guardians and caregivers over a number of weeks or months.

**Implementation of the programme has not been complete, with the level 3 component having not been rolled out.** While the level 3 training course and modules have been produced, the level 3 component has not been implemented in any of the provinces. The Positive Parenting Strategy envisions level 3, which provides a more intensive one-to-one intervention for high-risk families as part of case management processes, being implemented in collaboration with MoSVY. Challenges attaching a

[98] Key Informant Interview with Representatives of MoWA, Phnom Penh, 17 October 2024.

budget to the level 3 implementation was noted as an issue, and it is likely that social work staffing shortages in District Offices of Social Affairs and Social Welfare may be a barrier to the implementation of level 3. Also, a link has not yet been established between the work of MoWA in implementing levels 1 and 2, and the work of MoSVY in implementing level 3, within child protection case management processes. This is underscored by more general gaps in terms of the absence of functioning coordination mechanisms (see section 8.2, coordination), and lack of an action plan to support implementation of the PPP. This has hampered full implementation and accountability in terms of outcomes and results among the different implementing Ministries and institutions.

*Selection of parents / caregivers for the PPP*

The National Positive Parenting Strategy defines target groups based on the level of intervention intensity: level 1 targets all parents, guardians / caregivers; and level 2 targets parents, guardians / caregivers at risk of committing violence or families at risk of separation (level 3, when implemented, will target families in which children have experienced severe violence or whose children are being reintegrated). In general, **it was found that the PPP has been implemented with fidelity to these criteria, though with some variation in terms of recruitment of parents, guardians / caregivers for level 1 interventions**. In Battambang, Phnom Penh and Siem Reap, **selection of families for the level 1 intervention** appears to broadly follow the PP Strategy and materials: level 1 selection is more general and will include a mix of families. Selection is typically carried out by village officials (e.g. village chiefs) and / or CCWC focal points. For example, in Khan Daun Penh (Phnom Penh) and Pouk District (Siem Reap), participation for level 1 is broad, covering a mix of families, and there appears to be a good understanding among stakeholders that violence within the family affects all families (not just those considered poor or vulnerable), though the recruitment includes a greater proportion of families from poorer areas.

However, while the PPP is designed for children aged 0 – 18 years, it was reported in Battambang, Phnom Penh and Siem Reap that families with young children (under 5) are specifically targeted for inclusion in the level 1 positive parenting sessions (with **parents of teens not considered suitable for referral**), as illustrated by a key informant from Pouk District in Siem Reap:

> *"Level 1 means that we invite anyone with small children – we call them together to raise their awareness, ask questions of them. And that is level 1. When they do one session, there are 50 families per session. It is not targeted to families who use violence, just general."*[99]

**In Ratanakiri, level 1 selection appears to be more targeted**, with families selected who have been known to have experienced domestic violence, single parent families, some ethnic minority groups and families with children with disabilities. Again, selection seems to focus on families with children under the age of 6 years (which is more limited than that envisaged by the National PP Strategy and may mean that parents with older children do not receive the PP training, limiting their ability to meet the needs of their children). As level 2 of the PPP is not currently being implemented in Ratanakiri and given that level 1 is implemented in a more intensive way in Ratanakiri than in other research locations (see below), it is possible that families who have experienced violence or are vulnerable are prioritised.

[99] Key Informant Interview with Representative of District Office of Social Welfare and Social Affairs, Pouk, Siem Reap, 25 February 2025.

Across the research locations that have implemented level 2 of the PP intervention, **selection of participants appears to follow the criteria for targeting that is set out in the National Positive Parenting Strategy**. The selection of participants is based on criteria relating to the known use of violence or conflict with the family. Other vulnerability criteria are also considered. For example, families in which children are neglected or lacking appropriate care (e.g. being left 'unsupervised' at an inappropriate age), families in which parents migrate for seasonal work and children who are in the care of grandparents following the migration of parent/s. However, it was noted in Khan Sen Sok (Phnom Penh) that **guardians / caregivers (e.g. grandparents) are excluded from participating in the level 2 sessions**, as it is perceived that violence generally does not happen between grandparents and grandchildren. This is contrary to the PPP goals and design and risks excluding at risk or vulnerable families from accessing the Programme. Selection is typically carried out by the Village Chief or other Village Officials, sometimes in consultation with CCWC focal points, given that these officials are perceived to know the families who are at risk of violence, conflict or are otherwise vulnerable within the villages, as illustrated by the following key informants:

> *"When there is violence, there is village security and authorities who report to the commune or CCWC. Generally, the CCWC have a meeting every month so if anything happens, they will report it.* ***What do you mean by violence?*** *They get angry with children, beat, pinch. It's not life threatening though. They use traditional ways to parents so hitting, pinching – like the old people did. Some scold, some call names, some insult."*[100]

> *"The village chief is the one who selects participants. The village chief knows best which families are having domestic violence problems or families that have little kids at home. So, the village chief is the one who invites them to attend the meeting."*[101]

**The PPP has been unable to engage sufficiently with male parents and guardians / caregivers, which is a key gap in implementation quality and fidelity**. As set out above (section 4.2, Project beneficiaries and stakeholders), around 80 per cent of PPP participants are female. According to stakeholders and parents and guardians / caregivers involved in the research, level 1 and 2 PP sessions are attended mainly by female caregivers because male caregivers are normally working and are unavailable, whereas female caregivers normally take on caregiving duties and hence are available. Several stakeholders discussed possibly holding sessions in the evenings so that men can attend after they return home from work, though feedback from village level indicates that this wouldn't necessarily resolve the issue as a core barrier to male parent and guardian / caregiver involvement are gender social norms that place responsibility for parenting on women. However**, it was noted that ICS-SP has been** working to engage men – in two of the Khans in Phnom Penh that were included in the research, ICS-SP mandated that equal numbers of men and women be included in the level 2 parenting sessions. Though it was not clear whether any particular strategies were being used to ensure adherence to this. It should also be noted that UNICEF are supporting the development and pilot of a Parenting Tips Chatbot. The Chatbot has had high engagement by male parents / caregivers (42 per cent of users are male), and positive parenting has been one of the most popular topics in terms of engagement among Chatbot users.

[100] Key Informant Interview with Representative of Sot Nikom District, Siem Reap Province, 26 February 2025.
[101] Key Informant Interview with Representative of CCWC, Sangkat Wat Phnom, Phnom Penh, 19 February 2025.

**Another gap is that there does not appear to be an established referral process to ensure parents and guardians / caregivers can move from level 1 to level 2** of the programme where necessary. Though it was reported by stakeholders in Siem Reap that parents and guardians / caregivers may be referred from the level 1 to level 2 intervention on request. In fact, level 1 and 2 interventions appear to be functioning quite separately in the Khans / Sangkats in which both levels are implemented. This is not in alignment with the National Positive Parenting Strategy, which states that level 1 support should include mechanisms for screening and referral of families to level 2 (and 3) where needed.

*Implementation modalities*

The PPP is implemented by **MoWA and ICS-SP,** who deliver training and support to PP facilitators based on the National Positive Parenting Strategy and Positive Parenting toolkits for levels 1 and 2. PP sessions for parents are delivered primarily by CCWC focal points in partnership with village chiefs, who attend a 5-day / 3-day master training (TOT) delivered by ICS-SP (for level 2) or MoWA (for level 1). Key staff from the Provincial Departments of Women's Affairs and District Offices of Social Welfare and Social Affairs also reported attending the MoWA TOT and sometimes also attended sessions to facilitate roll out together with the commune and village authorities. Focal points from the Department of Women's Affairs are also reported to have attended roll out sessions with parents in villages.

It was found that **PP facilitators are utilising the PP modules and materials (flipcharts, posters etc.) during delivery of the sessions (for both levels 1 and 2).** Generally, facilitators reported that the modules and materials have been useful in engaging parents and presenting information in a way that is understood by parents, and it was reported that the modules are adapted depending on what is needed in the context. **Visual aids and materials from the toolkits are used**, as reported by parents in focus group discussions, and are useful in conveying information in a way that they understand. However, as noted above (see section 8.1, relevance), these materials were found to be lacking in cultural relevance in the context of Ratanakiri and overly complex. In several locations, it was noted that visual aids, such as posters, were damaged and needed to be replaced.

**The extent of implementation has been mixed across the different locations.** For example, in Phnom Penh, the extent of sessions has been minimal in some areas (e.g. Khan Daun Penh), having been disrupted by Covid-19 and, earlier, restructuring of District Offices of Social Welfare and Social Affairs – only two level 1 PP sessions have been delivered so far (involving 60 parents in each). Though there are plans to deliver three more sessions this year. However, in Khan Sen Sok (Commune Khmounh), the village chiefs (and PP facilitators) are motivated and engaged, and they are able to facilitate four level 2 PP courses a year. They have also reached out to all 13 villages and recruited participants from all villages.

It was found that **the implementation of level 1 of the PPP varied considerably between the research locations, with varying degrees of fidelity to the PP design and curriculum**. The level 1 intervention appears to be implemented in a range of ways, which are typically selected to suit the context of the particular village / commune with some limited monitoring and follow up by MoWA. In research locations in Battambang and Ratanakiri, it was reported that all six modules (seven in Battambang, with the addition of the module on OCSEA) were delivered to participants (40 – 50 in a group in Battambang) over a three-month period, which was felt to be too prolonged. In Ratanakiri, the topics are delivered in three sessions, with 30 – 60 participants in each session.

**In the research locations in Phnom Penh, the level 1 PP sessions are delivered differently**. In commune Phsar Thmey II, the level 1 PP programme is not delivered in an intensive way with separate groups of parents who are recruited for this purpose. Rather, it is integrated into the existing work and forums in the commune. The commune officials (CCWC, Women's Officers etc.) receive annual PP training from the Provincial Department of Women's Affairs (in addition to training in implementing the Nurturing Care programme). The officials use this knowledge in routine household visits to pregnant women and new mothers. The PP level 1 content is also mainstreamed into monthly public forums and delivered to parents within this forum. The CCWC Chief facilitates these sections of the public forum, and the role of the village chiefs is to convene families. Copies of materials are made (from the PP and Nurturing Care Programmes) and distributed at the public forums as well. While this is not as comprehensive a mode of delivery of the PPP, it appears to be suited to the context of the commune, which is well connected to services and in which families are relatively affluent and typically have a high level of education. In this commune, parents tend to access quality information independently online, particularly in social media and podcasts, and have a good understanding of child development and parenting practices, perhaps minimising the need for more intensive PP sessions.

Similarly**, in Khan Daun Penh, the level 1 PP sessions are delivered in a less intensive way**. The Women's official in the District Office of Social Affairs and Social Welfare will gather 50 – 60 parents from 11 communes and invite them to the District office to undergo the parenting session. It will typically be delivered by trained officers from the Provincial DOWA, though District Officers will occasionally deliver the sessions when there is a staff shortage at the provincial level. The commune officials (CCWC / women's officers) will receive a one-day training session and will then deliver this to village chiefs who in turn gather parents (around 20) in each village and disseminate the PP sessions to these parents, covering the six topics, or several of the six topics (though typically in just one session). The PP sessions are usually delivered as part of the monthly public village forums, though sometimes they will be done separately (at a borrowed space, such as a café after hours etc.). The trained commune officials deliver the sessions which include the village chiefs, so that they also receive and can reinforce the PP messaging (though the village chiefs do not receive facilitator training).

**The implementation of level 2 of the PPP was found to be more consistent across the research locations, demonstrating strong fidelity to the programme design and curricula**. Level 2 PP sessions are delivered to smaller groups of parents (20 – 25, though the groups were reported to be larger in Battambang at 30 – 50 participants in each session). Each of the six / seven modules will be delivered in a one to two hour intensive session (though at times, two modules will be combined to condense the overall timeframe of the training). Data from parents/caregivers and facilitators indicates that there has been **strong fidelity to the PPP curricula and materials in the delivery of the level 2 component.** The more intensive training, supervision and follow up provided by ICS-SP appears to facilitate strong fidelity to the PPP design, modules and tools.

### 8.3.2 Preparation of PPP workforce

As set out above, a master training course is provided to key officials (e.g. Provincial Department of Women's Affairs staff; District Offices of Social Welfare and Social Affairs staff) and positive parenting facilitators (typically CCWC focal points; village chiefs; village security officials etc.) before the PP sessions are rolled out. A 3-day master trainer session for level 1 implementation is provided by MoWA

and for level 2, a 5-day training session is provided by ICS-SP. In addition, ICS-SP provides systematic support and supervision to facilitators, along with quarterly reporting. MoWA provides quarterly supervision to facilitators, typically through the Provincial Offices of Women's Affairs. Basic reporting is also carried out to the Provincial Department of Women's Affairs (e.g. on the number of sessions delivered and number of participants). According to facilitators, particularly in Battambang, Phnom Penh and Siem Reap, both master training sessions were quite comprehensive and prepared them fairly well to facilitate the PP sessions; these sessions were valued by the PP facilitators who were involved in the research. However, several participants reported being unable to 'absorb' all of the content and retain information in the absence of refresher training. More generally, **participants felt the one-off training was too limited to enable them to deliver the PP sessions most effectively** – while CCWC, village authorities and District Authority officials believed they had developed sufficient knowledge, sessions were not always 'smooth' - they felt they needed refresher training to feel fully ready and confident to deliver. Also, a focus on building facilitation skills for the PP facilitators in the master training programme appears to be needed. This is illustrated by the following key informants:

> *"I had the 5-day training and some additional district training. As to whether it was sufficient or not: I can raise awareness and conduct sessions, it's OK, but there were some gaps. My memory is less now, and it focused less on the techniques of facilitation, which are not very smooth."*[102]

> *"I joined the master training for about 5 days. The ICS-SP came to train me one time at the district hall. I joined a refresher training at Thma Koul's district for a day. They also joined and observed me when I facilitated the positive parenting sessions. They were competent at training me. They provided me feedback after the sessions, which helped to improve my skills and knowledge…Now, I forgot some lessons because it was a long time already. It was nearly a year ago."*[103]

However, **facilitators in Ratanakiri reported feeling under-prepared to deliver the PP session effectively**. In Ratanakiri, it appears that the master training session by MoWA is delivered to officials at the Provincial and District Offices and this is then cascaded down to the PP facilitators. The cascade training may at times be quite short and not as comprehensive as the master training sessions. Research participants tended to report that the master / cascaded training sessions they received were not sufficiently in-depth, with limited time to enable participants to gain a deep understanding of the topics, reflect and practice facilitation techniques. Others reported feeling that the sessions were rushed, overly complex and too infrequent to enable them to engage fully with the content and develop the necessary skills for effective facilitation, with training materials not available in minority ethnic languages. These challenges are illustrated by the following key informant facilitators:

> *"We are CCWC members, and we understand about 60% about the training provided by PDoWA as it was too short. I was trained for 2 hours in the morning and I shared to the population in the afternoon for about 2 hours too. I think most of CCWC and village assistants who are the facilitators of this programme could not understand enough most of the topics of level 1…I*

[102] Key Informant Interview with Representative of CCWC, Kdei Run Commune, Siem Reap Province, 25 February 2025.
[103] In-depth interview with PP facilitator, CCWC focal point (case study 3), Cheng Mean Chey Commune, Banan district, Battambang Province, 11 March 2025.

*recommend for next time, better to provide training to commune level as they can explain well in minorities languages."*[104]

*"This good parenting programme has a lot of promise to teach families better ways to care for their children. However, it's really important that the people who teach this programme get very good training. Because we didn't fully understand everything ourselves, we couldn't teach it as well as we hoped. So, to make sure this programme truly helps families, we need to make sure the teachers are completely ready to guide them."*[105]

Challenges were also noted in terms of **training being delivered to officials who are then transferred to other sections** / to have other duties and in general, a lack of human resources to implement the PP sessions effectively.

### 8.3.3 Alignment of the PPP with global best practice evidence

**The PPP was found to be largely aligned to the global best practice evidence base**, as summarised in table 5. However, some challenges were found in terms of the PPP's limited ability to attract male caregivers, lack of a mechanism to enable adolescents (or parents / caregivers) to feed into the design of the Programme, limited cultural relevance to the needs of ethnic minority groups and insufficient training of facilitators (level 1) in Ratanakiri.

*Figure 14: Summary of alignment of PPP with best practice criteria, according to global evidence base*[106]

| Best practice criteria | Alignment of PPP with best practice criteria |
|---|---|
| **The programme is based on a sound programme theory** | **Yes**<br>The PPP is based on a well-designed and articulated theory of change, contained in the National Positive Parenting Strategy which connects programme activities with outcomes and a strategic result (see section 4.3, Theory of change). |
| **There is a clearly defined target group** | **Yes**<br>The National Positive Parenting Strategy defines target groups based on the level of intervention intensity (level 1 targets all parents and caregivers; level 2 targets parents / caregivers at risk of committing violence or families at risk of separation; and level 3 targets families in which children have experienced severe violence or whose children are being reintegrated). Parents and caregivers are selected, based on this criterion, by CCWC or village officials, though some limitations were noted, e.g. in terms of targeting parents / caregivers with young children only (see section 8.3.1, above). |
| **The programme is culturally relevant and acceptable to parents and caregivers** | **Mostly**<br>The PPP was found to be culturally appropriate and responsive to the needs of parents and caregivers; however, there is limited |

[104] Key Informant Interview with CCWC Representatives, Ochum Commune, Ratanakiri Province, [date]
[105] Key Informant Interview with CCWC Representatives, Poi Commune, Ratanakiri Province, [date]
[106] Best practice criteria are summarized in Kingdom of Cambodia, Ministry of Women's Affairs, Positive Parenting Strategy 2017-2021, Phnom Penh, May 2017, p. 18. See also, Ritland, L., Jongbloed, K., Mazzuca, A. et al. (2020). Culturally Safe, Strengths-Based Parenting Programs Supporting Indigenous Families Impacted by Substance Use—a Scoping Review. *Int J Ment Health Addiction* 18, 1586–1610. Retrieved from: https://doi.org/10.1007/s11469-020-00237-9.

| | |
|---|---|
| | cultural relevance of the PPP materials and delivery modes to the needs of ethnic minority groups in Ratanakiri (see section 8.1, Relevance). |
| **The progamme is of sufficient duration (depending on the level of need in the target population)** | **Partially**<br>The intensity of the Programme is graduated, so that level 1 is designed for delivery to the general population through one-off sessions or over several sessions involving larger groups, while level 2 is more intensive, typically delivered to the same smaller group (typically 20 – 25 participants) over 6 to 7 x 2-hour sessions, with in-depth and participatory style of delivery. However, level 3, which is designed to be incorporated into case management systems for families who have high levels of risk, has not been implemented (see section 8.3.1, above). |
| **Sessions are delivered by well-trained and well-supervised staff** | **Mostly**<br>The 5-day (for level 2) and 3-day (for level 1) master training sessions and supervision by ICS-SP and MoWA were valued by participants who felt that the sessions equipped them reasonably well to deliver the PP sessions. However, in the absence of ongoing or refresher training, or more in-depth coaching and supervision, facilitators reported being unable to retain knowledge and the confidence needed to facilitate the sessions most effectively. |
| **The programme provides referrals to and assistance accessing other services** | **Yes**<br>Data from key stakeholders and parent participants indicates that the PPP (in particular level 2) is able to refer parents and caregivers to services when required, for example, support in applying for 'ID Poor cards', though though this could be strengthened; parents in Siem Reap, for example, reported needing access to vocational skills training, income or food support, and material support for school supplies or transport (especially for children with disabilities). In areas with a significant NGO presence, referrals may be made to NGO service providers, including social welfare case managers, alcohol support groups, women's crisis centre, mental health support etc. |
| **The programme increases social support of parents / caregivers** | **Yes**<br>Particularly for level 2 of the PPP, parent / caregiver research participants noted that the PP sessions were helpful in providing a social support system where they can raise issues, ask questions and receive support from other parents in the community. This was particularly valued in Phnom Penh, where social networks may not be as established as in rural areas. |
| **The programme promotes parental responsiveness and involvement (including of male parents / caregivers)** | **Very limited**<br>There has been very limited involvement of male parents / caregivers in the PPP, and limited attempts to develop programme adaptations to support more male parents / caregiver involvement. |

| | |
|---|---|
| **Group, participatory approaches are utilised** | **Yes**<br>Group, participatory approaches are utilised (particularly for level 2), with sessions carried out with 20 – 25 community members using participatory methods, including group work, role plays, space for participants to ask questions etc. In the two PP level 2 observations, sessions included group participatory techniques; were lively; and participants appeared to enjoy themselves. |
| **Adolescents are included in programme design** | **No**<br>The PPP does not currently have a mechanism to enable adolescents (or beneficiary parents / caregivers) to inform the programme design. |

### 8.3.4 Consistency in implementation and contextual adaptation

**Some evidence was found of appropriate contextual adaptation of the PPP**. As noted above (section 8.3.2), while level 2 of the PPP has been delivered in a standardised way across the research locations, with strong fidelity to the PPP curricula and materials, some contextual adaptations were made in the delivery of level 1 of the PPP. This includes, in particular, the delivery of level 1 PP sessions in Phnom Penh, where level 1 content and messaging has been mainstreamed through existing forums and processes, including health visits to pregnant women and new mothers and in monthly sangkat forums (see section 8.3.2 for further detail). This appears to be appropriate to the context, in which the research locations contain relatively affluent and well-educated parents who have good access to online content on parenting and services.

Conversely, **it was found that the PPP has not been adequately adapted to the context of Ratanakiri** where it was reported that the PP sessions are overly complex, materials are in Khmer (even in locations in which the majority of the population do not speak Khmer) and are not entirely relevant to local minority cultures (see section 8.1, relevance).

Some evidence was also identified of the **Positive Parenting Programme successfully adapting its implementation to changing national contextual factors**. A new module was introduced into the PPP (for levels 1 and 2) on risks associated with online sexual exploitation and abuse (though it appears that this module had not been rolled out in every research location). This was highly needed, according to stakeholders who participated in the research, given the increasing exposure to online child protection risks and the limited skills of parents in identifying and addressing these risks. However, it was noted that more consideration should be given to digital and online modes of dissemination and reinforcement of PP messaging, given the increase in the number of parents and caregivers who have access to the internet and to smart phones.

It should be noted, however, that there was found to be **no mechanism to capture and share learning from the PPP among the implementing partners, which would enable** strategising on how to move the PPP forward and respond to changing contextual factors.

## 8.4 Effectiveness: Outcomes

**Question: To what extent do system processes contribute to the expected outcomes for children and families?**

**Summary of findings on effectiveness: Outcomes**

In general, parents / caregivers and children reported having achieved **significant outcomes in changes to attitudes and use of physical and emotional violence in the home and improved family relationships and functioning** following the PPP interventions, particularly following completion of the level 2 sessions. This was triangulated by the data collected from PP facilitators and other sub-national stakeholders and (to the extent possible), by programme monitoring data. However, these outcomes appear less likely to be sustained in Ratanakiri, in which the level 1 PP sessions and materials were reported to be of limited relevance to the cultural context. Factors that were found to be associated with these outcomes included: Well-trained and motivated PP facilitators; effective curricula and materials; intensity of sessions and timeframe for the course; regular attendance by participants; information sharing and support among participants; cascading of information to community members; and motivated and engaged village officials and CCWC focal points. Factors that hindered the achievement of outcomes included: limited male engagement; limited training of facilitators; limited cultural relevance of modules and materials (Ratanakiri); and (more generally) budgetary limitations.

### 8.4.1 Achievement of expected outcomes

*Quantitative programme data*

As part of the monitoring of outcomes of the PPP, ICS-SP administers pre- and post-knowledge surveys in which the knowledge and practices of parents are tested before and after all of the six / seven PP sessions have been completed. This allows the PPP to track any changes in the level of knowledge or reported changes in practices relating to positive parenting in the families of PP participants. A pre-post impact assessment of the positive parenting programme was undertaken by ICS-SP and published in December 2020, focusing on changes in knowledge, attitudes and practices among a sample of participants. Findings suggest that, **overall, parents and caregivers involved in the programme improved their knowledge on topics covered** in the training, particularly knowledge around forms of positive discipline, communication, stress management, and child protection, and relied significantly less on physical violence. However, certain areas, such as understanding and providing socio-emotional support, realistic expectations of children (particularly around obedience), and information about child abuse appear to be more difficult for parents and caregivers to understand, retain, and utilise in practice, with some parents still resorting to harsh practices (primarily abusive verbal discipline).[107]

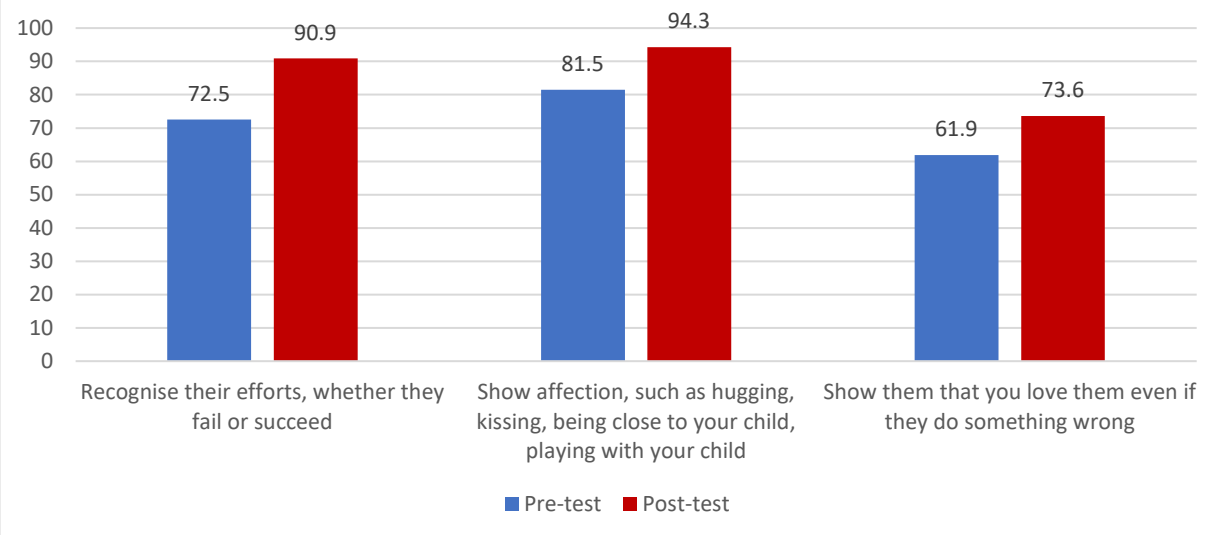
Raw data provided to the evaluation team on pre- and post-knowledge test results from 2022 (third and fourth quarters) and 2023 (first and second quarters) was analysed to assess changes in knowledge and attitudes relating to positive parenting. The data included the pre- and post- survey test results from 265 parents who had completed the level 2 PPP in Battambang, Phnom Penh and Siem Reap. The full analysis is included in **Annex 8**. However, in summary, **parents / caregivers reported an improved knowledge of what amounts to child abuse**, for example, 94.7 per cent recognised that 'hitting and

[107] Improving Cambodia's Society through Skilful Parenting (ICS-SP), Positive Parenting Programme: The Impacts on Behavioural Change Among Parents or Caregivers, December 2020, pp. 52-54.

scolding children' amounts to child abuse compared to 71.3 per cent prior to the PP sessions. 87.5 per cent indicated that 'threatening to kick the child out of home or place them in alternative care' was a form of child abuse, compared to 77 per cent prior to completing the PP sessions. Parents / caregivers also reported an **increased knowledge and use of healthy stress relief techniques**: 88.7 per cent of parents / caregivers reported that they undertake 'gardening and exercising' as a form of stress relief compared to 80.4 per cent prior to the completion of the PP sessions (an 8.3 per cent change); 95.5 per cent indicated that they would 'take deep breaths and walk away' as a form of stress release compared to 82.3 per cent prior to the PP session completion (a 13.2 per cent change); and 90.9 per cent reported that they would talk to a trusted person, compared with 81.1 before commencing the PP sessions (a 12.5 per cent change). However, 11.3 per cent (compared to 15.1 per cent before starting the PP sessions) indicated that they still drink alcohol and smoke as a form of stress relief.

**In terms of positive, non-violent forms of discipline, results were also mainly positive**. There was substantial change in agreement with the statement, 'no one has the right to hit anyone in the home, including children who misbehave' (a change from 49.8 per cent in the pre-test compared to 73.6 per cent in the post-test – a 23.8 per cent change), there was no substantial change in the percentage of parents who reported that strict commands or punishment were needed to raise responsible children (14.3 per cent compared to 14 per cent following completion of the PP session, noting that the proportion of parents agreeing with the statement was quite low in the pre-tests). **Improvements in beliefs and reported practices associated with emotional abuse was evident**. In disciplining children, 92.1 per cent of parents indicated that they aim to be fair, ensuring that they do not show more love for one child over another, compared to 74.7 per cent before the PP sessions (a 17.4 per cent change). There was a decrease in the proportion of parents / caregivers who reported that they would aim to make children feel worthless or embarrassed (21.5 per cent of parent compared to 39.2 per cent before the PP sessions; a -17.7 per cent change). Parents also indicated that they are more likely to use positive parenting techniques to show warmth to their children as indicated in Figure 8.

*Figure 15: Results of pre- and post- PP level 2 test on how parents can show warmth to children (n = 265)*




However, **less change was identified in terms of considering the role of the father / male caregiver in caring for a child**. For example, there was less substantial change in the number of parents / caregivers who reported that 'fathers have the role of earning a living for the family and do not need to take care

of children directly' (35.8 per cent in the post-test compared to 32.8 per cent in the pre-test; only representing a 3 per cent change). This indicates that the PPP has had less impact in terms of achieving gender equality or a gender transformative approach to parenting (see section 8.7.3, gender).

*Qualitative data*

The qualitative data indicates that, among parents / caregivers involved in the research, **significant positive outcomes were achieved following their involvement in the PPP** (particularly for those families who have participated in the level 2 PP sessions). This was triangulated with data from PP facilitators and other stakeholders. **Many parents / caregivers who were involved in the FGDs recalled information and skills they had learned from the PPP**, even when they had completed the programme several months to a year prior to the FGD (though some indicated that they had forgotten some of the content). This included methods to manage anger and relieve stress; knowledge of developmental needs of children; 'warm' ways of parenting and communicating with children; harmful ways to discipline children and the importance of avoiding the use of corporal punishment and harsh discipline; the importance of open communication with children and helping them navigate challenges; and so on. The vast majority of participants reported that they had changed their idea of parenting and saw their role as parents / caregivers in a new light following their involvement in the PPP. For example:

> *"I managed to raise my kids better than before attending the course. Before the course, I just did it one way but after attending the course, I did it better. After attending the training, I learned to understand the feelings of my kids better and how to talk to them nicely and openly. When I talk to them openly, they are open to talk to me about their problems."*[108]

> ***"Has the [PP] Programme changed anything in how you parent?***
> *There has been a lot of change. In the past, I was quite harsh. But I understood that I can reduce my hot temper, not completely 100% but by 70%.*
> ***How has this changed the way that you parent?***
> *In the lessons, we learnt that when you want to ask your children to do something for you, you don't shout at them, you speak nicely and explain to them – you don't direct them – you use a closer relationship and say it nicely."*[109]

According to the data, the PPP successfully helped to **improve relationships within families and family functioning**. Parents, caregivers and children reported improved communication within their families, through better understanding and paying more attention to the emotional needs of their children, using 'warm' ways of parenting, including talking 'sweetly' or warmly, and praising and encouraging them, rather than berating them when they had not, for example, completed a chore or performed poorly at school. According to research participants, this had helped improve family dynamics, leading to less stress, 'happier' family lives, improved relationships and overall, improved functioning of families. This is illustrated by the following parents who were involved in FGDs:

> ***"Has the programme changed how you think about parenting?***
> - *Yes, now we talk nicely to kids, and they listen more.*

[108] FGD with parents / caregivers, Kdei Run Commune, Siem Reap Province, 26 February 2025.
[109] Case study interview with parent (mother), Sen Sok District, Phnom Penh, 20 February 2025.

- *Yes, it made me talk kinder to my kids, and they listen better.*
- *I now try to talk softer to my kids, and it seems they pay more attention."*[110]

> *"Before [attending the PP sessions] I never said to the children 'I love you', but now I say to my children 'I love you.'*
> *I said I'm sorry to my children when I do something wrong.*
> *I never used to say sorry to my children."*[111]

> *"Sometimes they go to school and are afraid of someone and they don't speak about it to anyone so we ask them about it. Before the course, I did not understand their feelings but after the course, I understand it more and follow the lessons and I can see a lot of results – it can help to solve issues with kids and as well as for myself. I understand more about my kid as well as myself."*[112]

According to children who were involved in the research (for those that remembered their parent attending PP sessions and were able to identify changes in the family), **they experienced improved relationships and feelings that they were better understood** following the involvement of their parent / carer in the PP sessions, for example:

> ***"Since your parents started attending the PPP (for those that know about it), has anything changed in your family?***
> *14 year old girl: Yes. It changed the way they talk to us, and they are more attentive towards us.*
> ***How did this change?***
> *Because they are softer than before."*[113]

> ***"Has it [PP sessions] changed the way your parents understand you and what you need?***
> *They understand me more.*
> *Now they care about me more and they call my name sweeter than before."*[114]

Linked to improved communication and understanding of the emotional needs of children, parents / caregivers overwhelmingly reported that the PPP had **helped them reduce physical violence (hitting, slapping and beating) and emotional violence (using harsh words, name calling) towards children**, as well as reducing conflict with their spouses. Parents / caregivers reported that they had a new understanding of the harms caused by violence or harsh discipline and the need to use positive forms of discipline.

Participants reported using **alternative techniques, including using motivational and encouraging language with children and listening to them,** with better understanding of their emotional needs, as mentioned above. Participants reported **better communication with their children, understanding their feelings better,** leading to more respectful relationships and better functioning families (however,

[110] FGD with parents / caregivers in Longkhong, Barkeo, Ratanakiri province, [date]
[111] FGD with parents / caregivers, Chheu Teal Village, Banan, Battambang Province, 11 March 2025.
[112] FGD with parents / caregivers, Sen Sok District, Phnom Penh, 19 February 2025.
[113] FGD with children in Sen Sok, Phnom Penh, 20 February 2025.
[114] FGD with children, Chheu Teal village, Banan, Ratanakiri Province, 11 March 2025.

it was noted by some participants that they had ongoing challenges communicating with children – adolescents in particular - and ensuring that they behaved appropriately).

Reduction in harsh discipline and violence within families was reported even where participants felt they did not have a good grasp or memory of the 'theory' in the PP sessions; the practical mode of delivery appears to have resonated with participants. This is illustrated by the following quotes from parents / caregivers and stakeholders (PP facilitators):

> *"Sometimes, we don't know that much and when she teaches us, we understand and reduce the anger. In the past, when I got angry, I would use the stick with the children but now, no. It has reduced my anger.*
>
> *I did not learn that much theory but when I get angry, I step back. When I get angry, I step back and think. I understand everything but I am just not very good at putting it into words and explaining it."*[115]
>
> *"**What is the most useful thing that you learned from the PPP?***
> *It helps parents change the habit from doing bad things to do good things, like reducing hitting children not cursing children and yelling at the children.*
> ***Have you been able to put this learning into practice? How?***
> *I do not hit children anymore; I tell my children to study hard.*
> *I tell my children 'I love you.'*
> *Before I used to hit the children, but after learning about positive parenting I stopped hitting my children and now if I angry with my children I talk to them and explain to them."*[116]

**Case study 1: Mother and 13-year old daughter, Chaong Chan, Ochum, Ratanakiri province**

The family was selected to participate in the PPP (level 1) by the Village Chief's Assistant, who is also the PP Facilitator, as the family had young children, and it was felt that they could benefit from learning positive ways of disciplining children. According to the mother, the family was experiencing financial stress and considerable conflict (mostly verbal) between the husband and wife. She was hoping to foster a more peaceful family environment. While she reported that the PP sessions were not well understood by the majority of participants (as they speak a minority language and do not have a good understanding of Khmer), she, a Khmer speaker, found the sessions useful. While the facilitator reported that the sessions on child development were too complex for him to teach, the sessions on positive discipline, non-violence and stress management were particularly helpful for the mother: *"the Positive Parenting Programme helped me release stress. I keep calm now, even when I get angry with my husband and children. I remember that point-keep patient for a while by going away from the conflict or keep quiet for a while when I get angry."*

She reported having less conflict with her husband on account of improved stress management techniques. The mother also reported changing her parenting approach to be more understanding and less harsh, including through the reduction of violence, and improved communication: "*Participating in positive parenting meetings has significantly changed my approach to child-rearing. Previously, I would*

[115] FGD with parents / caregivers, Kok Chak Commune, Krong District, Siem Reap Province, 24 February 2025.
[116] FGD with parents / caregivers, Thma Koul, Battambang Province, [date].

*resort to physical punishment, using a stick when angered by my children's excessive play or lack of household assistance. However, I now prioritize communication, employing kind words to guide and educate them. I have found that this method is far more effective than physical discipline, and my relationship with my children has improved considerably."*

According to the daughter that participated in the case study research, while conflicts between her parents still occur, they are not as frequent, as she feels her mother is able to keep calm more often. She noted that her mother is 'nicer' to her, does not yell or curse at her and no longer beats her.

One of the factors that appears to be linked to reduced use of harsh discipline, conflict and violent forms of discipline against children is **increased resilience of parents through anger and stress management techniques through involvement in the PPP,** as illustrated in case study 1 (above). Parents / caregivers reported that they were able to use anger management techniques successfully and that this had reduced the use of harsh or violent discipline in the home. They also reported that it had helped them manage conflict with their spouses and more peacefully resolve disputes, as illustrated by a mother who participated in a case study in Siem Reap:

> *"The way the programme contributed to resolving these problems [conflict in the family] was that, it was about anger management and that part was very useful. When my husband was angry, he learned to walk away to relieve his anger and same for me. When I'm angry, I walk away, feed the chickens or do something to calm myself down and come back and it's normal."*[117]

Increasing resilience and stress management (along with an increased understanding of children's emotional and other needs) was found to be particularly valuable for **parents are in vulnerable situations**, including those who are in poorer households and have children with disabilities or learning difficulties, as illustrated in Case Study 2 (below).

**Case study 2: Mother with 16-year old daughter with disabilities, Kdei Run Commune, Phnom Penh**

The mother was invited to join a level 2 PP programme by the PP facilitator (who is the CCWC focal point) because she felt it would be beneficial to the family. The mother, who has not been to school and is illiterate, was reportedly suffering from stress as the family was living in poverty and she was struggling to care for her daughter, who has epilepsy, is non-verbal and unable to attend school. She needs in-home care from her mother, preventing the mother from working (though her husband and 24 year-old son were working on and off in construction). There were also reports of some verbal conflicts between her and her husband. According to the PP facilitator, the mother would 'curse' and beat her child, which was triggered by stress. She felt that the PPP would benefit her by helping her to better understand and care for her daughter, improve her stress management and her relationship with her husband and children. The mother wanted to 'reduce quarrelling' and stress within the family: *"The situation was that we were poor, so poverty created a very stressful situation in the family. Coupled with the fact that I had to take care of my daughter with a disability and couldn't go anywhere. So, it was quite stressful."*

[117] In-depth interview with parent (female) for case study, Kdei Run, Siem Reap, 25 February 2025.

The mother highly valued the PP sessions and reported that attending the sessions had led to positive outcomes for her family. It helped her understand her daughter and her needs better and helped her to cope better with stress, increasing resilience and improving her ability to parent. This had the effect of reducing violence and violent discipline in the family: *"I remember that before attending the course, I treated my children badly but after attending the course, I started to feel sympathetic for my children and stopped treating them badly and started to feel more empathy towards my children and to take much better care of my children."* In particular, she felt better equipped to parent her daughter with disabilities, through better understanding of and ability to meet her needs (physical, including hygiene needs, along with social and emotional needs).

The sessions helped her increase resilience and manage stress; it also helped her husband, who attended two sessions, to manage anger and stress, improving their relationship and ability to communicate: *"The programme actually helped me manage the stressful situations. Now, whenever I felt stressed, I listen to music and do some work, for example, watering the plants, gardening, to relieve my stress. Honestly speaking, sometimes I was going crazy with the situation I faced – I couldn't go anywhere and having to take care of a child with disabilities, it is not easy, it is very demanding…Before my husband attended the course, he didn't use physical violence but used verbal abuse; he used harsh language at me and our children. After attending the training, he no longer does that."*

The data also indicates that PP participants attained a **better understanding of the needs of their children and the ability to help them resolve issues**. Parents / caregivers reported an increased understanding of **child development and fulfilling the child's essential needs**, particularly in their early years, including pregnancy checks, birth registration, breast feeding practices, hygiene, and vaccinations. Parent / caregiver research participants also demonstrated a **strong knowledge of child protection and in identifying what amounts to child abuse**.

Several parents in the FGDs in Phnom Penh noted that the PPP had **helped them feel less alone and isolated in the community** by providing a forum at which they can talk about their parenting challenges and learn coping strategies and socially connect with other parents in the community, as illustrated by a parent research participant: *"It's stressful at home – when my child is at school, I just stay home alone. The neighbours stay in their homes and I don't have opportunity to talk, we just all close our doors. It's really quiet when all kids are at school. Before attending the training, I was very shy but after attending the training I became more courageous."*[118]

**The PPP also appears to connect families to other assistance and services when needed**, which is an important element of the Programme. Examples were given of families being referred to key institutions to assist them in applying for an 'ID Poor card' or 'equity card', enabling them access to social protection services; access to food programmes and assistance with school expenses. Where NGOs are present, there were also examples given of families being able to be referred to a range of NGO services (e.g. Women's shelters, drug and alcohol treatment, economic strengthening initiatives etc.), though further support in terms of economic strengthening was noted as a gap in some locations.

[118] FGD with parents / caregivers, Sen Sok, Phnom Penh, 20 February 2025.

It is also likely that the **PPP messaging has reached parents and caregivers outside those who attend the PP sessions.** Examples were given of PP participants spreading information to other parents in the community. Parents, mothers / female caregivers in particular, tend to talk about the content of the PPP when they meet in public (e.g. at the market) and spread the word to community members. Also, in several locations, the village chief / officials are very active, and it was reported that the existence of the PPP was very well known among the community members.

**However, outcomes were reported to have been mixed and generally more limited in Ratanakiri**. Facilitators tended to report seeing 'a little change' in parenting practices, increased knowledge about child development, stress management, and some reduction in violence etc. **According to parents and children who participated in FGDs and case study research, the results on outcomes were mixed**, with some reporting a reduction in the use of harsh discipline and violence and improved communication between parents and children and between their parents , while others reported having experienced minimal or no changes (level 1), and still struggle with conflict in the home and the use of harsh communication and physical punishment of children, though perhaps less frequently, as the following quotes from children of PP beneficiaries illustrate:

> *"There's still yelling, but not so often; They cut down calling me bad names; I don't see my parents fighting as much as they used to; I feel a little safer now, but sometimes I still get scared when my father gets angry; My parents don't hit me as much as they used to."*[119]

**It appears that outcomes may also be more difficult to sustain over the longer term in Ratanakiri.** For example, in one of the case studies, involving a mother who reported that violence and conflict were prevalent in the household (particularly between her and her husband), the immediate outcomes were positive, and included a reduction in conflict and violence between her and her husband and more supportive relationships with her children; however, the outcomes were not very well sustained over the longer term, given the absence of any refresher training or follow ups. The mother did report, though, an overall change in her approach to parenting, from harsh to 'softer', and that communications with her and her children and husband had improved overall, resulting in a reduction in conflict and violence, though conflicts did still occur. According to the child research participant (a 12 year old girl), her parents had reduced their fighting following involvement in the PPP. They had also reduced physical violence and 'bad words' used against her and resulted in her feeling that her parents understand her better.

**The mixed outcomes in Ratanakiri could be attributed to the absence of a level 2 intervention in the province**: it appears that parent participants may require more in-depth PP training (level 2), as they were selected on the basis of having experienced violence in the home or being otherwise in a vulnerable situation. It could also be associated with the more limited master training received by facilitators and the limited cultural relevance of modules and resources.

### 8.3.2 Factors driving and hindering achievement of outcomes

**Various factors appear to be associated with the positive outcomes** achieved by many families involved in the research. These factors include:

[119] FGD with children, Ratanakiri, 19 February 2025.

- Well-trained and motivated PP facilitators;
- Effective (and evidence based) curricula and materials;
- Intensity of sessions and timeframe for the course, with the level 2 intervention spread over 3 – 7 sessions associated with positive outcomes;
- Regular attendance by participants;
- Information sharing and support among participants and creation of social networks;
- Cascading of information to community members; and
- Motivated and engaged village officials and CCWC focal points to drive implementation of the PPP.

**Factors that were found to have hindered the achievement of outcomes** include:

- Limited male engagement, which limits the coverage of the PP lessons within families and undermines the ability for the PPP to be gender transformative (see 8.7.1);
- Limited training of facilitators (particularly in Ratanakiri) and limited refresher sessions;
- Limited intensive interventions for parents who may require (i.e. delivering level 1 sessions to parents / caregivers who have been targeted on the basis of vulnerability to family violence);
- Irregular attendance (e.g. due to seasonal work);
- Limited frequency of sessions or sessions being too spread out;
- Limited cultural relevance of modules and materials (Ratanakiri) (e.g. non-availability of materials in minority ethnic languages), though the PPP content was found to be relevant; and
- (More generally) budgetary gaps, which have limited the coverage of the PPP (see 8.5, efficiency).

## 8.5 Efficiency

**Question: How has the programme been managed to make best use of human and financial resources in pursuing the achievement of results (outputs - outcomes)?**

**Summary of findings on efficiency**

While the PPP was found to have achieved mainly positive outcomes with modest investments, given the relatively small financial investments required to run the PPP, **some inefficiencies in the use of resources were found**. In some locations, budget allocations were insufficient to enable full functioning of the PPP. While the PPP has generally demonstrated **efficient use of human resources**, most notably through training provided by MoWA / ICS-SP to master trainers, who then cascaded the training to PPP facilitators, there is a need to build human resource capacities to support *long-term* implementation of the PPP.

**It should be noted that the evaluation does not include a cost-benefit analysis.**

### 8.5.1 Investment compared to outcomes achieved

**There is limited data on budget expenditure**, hindering a full assessment of the efficiency of the PPP. Based on the data available, ICS-SP received a total of **USD 99,960.64** from UNICEF for the

implementation of the programme, all of which was received by Quarter 3, 2022.[120] Indeed, **monitoring of PPP expenditure was reported as a challenge, reinforcing the need to strengthen the governance and coordination framework for the multiple stakeholders involved in the programme's implementation.** PPP funds were dispersed through MoWA at the national level, which reported difficulties in collecting invoices from and monitoring expenditure in all provinces, recommending instead that funds are dispersed by the donor directly to provincial or district authorities.[121] UNICEF is supporting the government to address this issue by rolling out an online application to monitor budget expenditure at the sub-national levels; an initiative which is linked to broader reforms to develop a financial management information system in partnership with the Ministry of Finance.[122]

**Despite the limited documentation on programme expenditure,[123] research participants provided an indication of how the budget was spent**; the budget was generally used to cover transport for participants to attend the training-of-trainers and for trainers/facilitators to deliver Level 1 and 2 sessions, venue hire, refreshments and per diem for trainers/facilitators.[124] More specifically for example, in Phnom Penh, it was reported that only a small budget was needed to deliver the PPP sessions, covering snacks, venue hire and associated costs (e.g. electricity costs to operate the fan in a local café).[125] By way of another example, in Siem Reap, authorities in Pouk District indicated that a Level 1 session for 50 people was estimated to cost approximately 1.50 USD per person, excluding materials and the facilitator's time.[126] In some locations, district and commune authorities reported contributing their own funds towards delivering the PPP; in Sen Sok District, Phnom Penh, for example, district authorities reported that ICS-SP funding was used to cover the costs of the materials and refreshments while the district authorities paid for the facilitators' allowance and other logistics (see 'Sustainability' below for more details on how local authorities have unlocked funding towards delivering the PPP).[127]

Comparing this investment with the programme results (see sections 8.3, 'Effectiveness,' and 8.7, 'Equity mainstreaming'), **overall, the PPP has achieved significant positive outcomes, with modest investments.** However, the results have varied between programme sites, **indicating that the resources utilised have not been associated with positive gains in all locations**. For example, outcomes have been less positive in Ratanakiri, where only Level 1 of the PPP was delivered. In addition, several participants noted the **limited coverage that the current PPP model is able to provide**, covering 52 of Cambodia's 162 districts and 10 out of 25 provinces.[128] Similarly, in Siem Reap, the Provincial Department of Women's Affairs considered that the PPP has limited reach/coverage due to financial resource constraints; in this province, UNICEF supported the roll out in six districts and 12-16 communes out of a total of 100. This feedback was echoed by district authorities in Sen Sok District, Phnom Penh

[120] Based on ICS-SP'S quarterly reports submitted to the evaluators.
[121] KII, MOWA, 17 October 2024.
[122] KII, UNICEF, 14 October 2024.
[123] This statement is based on the materials that were accessed by evaluators.
[124] KII, Save the Children International, 18 December 2024; Interview, District Office for Social Affairs and Social Wellbeing, Bavel District, Battambang, 12 March 2025; Interview, District authorities, Pouk District, Siem Reap, 25 February 2025; Interview, Commune authorities, Sen Sokh District, Phnom Penh, 19 February 2025.
[125] Interview, Commune and village authorities, Daun Penh District, Phnom Penh, 18 February 2025.
[126] Interview, District Authorities, Pouk District, Siem Reap.
[127] Interview, OSAVY, Sen Sok District, Phnom Penh, 18 February 2025.
[128] KII, MoWA, 17 October 2024.

and in Pouk District, Siem Reap, the latter of which reported that UNICEF funding was able to cover only five out of 14 communes.[129]

**In light of the limited coverage/reach of the current model and challenges in sustaining the PPP, there is a need to explore alternative methods of disseminating the PPP, particularly Level 1, in order to maximise efficiency for *sustained* results.** As the Sustainability analysis below indicates, financial resource constraints are hindering scale-up and sustainability, which requires regular follow-up and refresher training to maintain changes in attitudes and behaviours among parents/caregivers and, ultimately, positive outcomes for children.

### 8.5.2 Efficiency of financial, human and material resources

There is some data to indicate that **financial resources for the delivery of the PPP were insufficient**, especially for Level 2.[130] Participants indicated that there was insufficient budget to cover refreshments[131] and per diem for facilitators (e.g., a per diem of USD 6 in Bavel District, Battambang), particularly for reaching remote villages.[132] In Ratanakiri, facilitators (e.g. CCWC officials) reported needing to spend their own money on transport costs and refreshments for participants. Further, there was no budget to implement measures for looking after small children who attended the PPP sessions with their parents/caregivers.[133] Further, participants noted that "incentives" (which were not offered as part of the PPP) would have encouraged attendance, particularly by male caregivers, who were unable to take time of work to attend the PPP sessions (see section 8.7, 'Equity mainstreaming').

The Programme has generally demonstrated **efficient use of human resources**, most notably through training provided by MoWA / ICS-SP to master trainers (the profiles of which are outlined in section 8.3, 'Implementation modalities', above), who then cascaded the training to PPP facilitators. PPP facilitators were recruited from among existing district, commune and village (village volunteers) staff, reinforcing efficient use of human resources. Importantly, parent/carer participants in PPP sessions also disseminated the PPP knowledge they had learnt to other members of the community who, in several cases, were particularly hard to reach (detailed more in section 8.7, 'Equity mainstreaming'). The PPP curriculum and materials (e.g. posters) are also generally available for roll out in all locations.

However, **there is a need to build human resource capacities to support *long-term* implementation of the PPP**, particularly when the level 3 component is rolled out, which will rely on a capacitated social services workforce. While there is some feedback on the availability of sufficiently trained personnel to continue Levels 1 and 2,[134] as detailed in Sustainability below, **there is a critical need for refresher training for both facilitators and for parents/caregivers in order to sustain the PPP, as well as financial resources to replace or supply posters, flipcharts and other materials in several instances**.

## 8.6 Sustainability

**Question: To what extent are the changes generated / outcomes likely to continue (sustain and scale) after the currently funded programme cycle?**

[129] Interview, OSAVY, Sen Sok District, Phnom Penh, 18 February 2025.
[130] Interview, OSAVY, Sen Sok District, Phnom Penh, 18 February 2025.
[131] Interview, District Social Affairs and Social Wellbeing Office, Moung Ruessei District, Battambang, 10 March 2025.
[132] Interview, District Social Affairs and Social Wellbeing Office, Bavel District, Battambang, 12 March 2025.
[133] Interview, District Social Affairs and Social Wellbeing Office, Moung Ruessei District, Battambang, 10 March 2025.
[134] Interview, District Social Affairs and Social Wellbeing Office, Daun Penh District, Phnom Penh, 18 February 2025.

**Summary of findings on Sustainability**

Some important steps have been taken to ensure government ownership of the PPP, including a budget allocation by MOWA to roll out a PP training or trainers and the inclusion of the PPP into commune development plans in some locations. However, **the PPP is still largely donor-funded and resource constraints have acted as a barrier to full government ownership and scaling of the PPP**. While the human resourcing of the PPP promotes sustainability, given key implementing staff are already embedded in government institutions (village officials, CCWC focal points etc.), the ongoing training and skilling up of these professionals will have an impact on the sustainability of positive outcomes of the PPP in the longer term. It is also noted that financial and human resources have not been unlocked towards the implementation of Level 3 of the PPP.

### 8.6.1 Extent of government resources allocated to implement the PPP

**Although the PPP is currently donor funded, steps are being taken to unlock and allocate public funds towards sustaining Levels 1 and 2.** At the national level, MOWA reported that it has included a budget line in its new operational plan to roll out the PPP training-of-trainers across all 25 provinces, which has reportedly been approved by the Ministry of Finance.[135] As of October 2024, MOWA had already started rolling out this training. MOWA also reported that the PPP has also been integrated into the budgets of three provinces: Siem Reap; Kampong Thom; and Kampong Speu.[136] In addition, the PPP has been included in the Phnom Penh Capital 3 year rolling investment plan although at the time of data collection, no budget had been allocated to ensure its implementation.

**However, at the provincial levels, financial resource constraints act as a barrier to sustaining and expanding the roll out of the PPP.**[137] In Siem Reap, public funds have been allocated towards continuing the PPP, resulting in the delivery of variations of Level 1 or training on how to integrate the PPP into local budgets; one session was delivered to district and municipal level staff on integrating the PPP into their investment plans; one session was delivered to PDOWA officers and the Centre for Women's Development; and one was delivered to commune level authorities.[138] PDOWA participants explained that these activities were delivered in order to implement MOWA's national policies (namely, the Neary Rattanak VI Plan and PPP Strategic Plan) and to expand the PPP to other districts and communes which were not covered by the UNICEF-supported PPP, demonstrating a degree of local government buy-in and commitment. However, provincial authorities nevertheless noted that the budget is limited and insufficient for rolling out the PPP in full, particularly Level 2.[139] Consequently, it is planning to integrate the PPP into other PDOWA activities which have already secured funding, for example, its sessions on social morality and values of women.[140]

[135] KII, MoWA, 17 October 2024.
[136] Ibid.
[137] Interview, Ratanakiri PDOWA, 20 February 2025; Interview, Phnom Penh PDOWA, 17 February 2025; Interview, Battambang PDOWA, 12 March 2025.
[138] Interview, provincial authorities in Siem Reap [positions and department withheld], 26 February 2025.
[139] ibid; Interview, Battambang PDOWA, 12 March 2025; Interview, PDOWA, Ratanakiri, 20 February 2025.
[140] ibid.

**There is significant data to indicate that district[141] and commune level authorities in certain locations have been integrating the PPP (Level 1 and/or 2) into their investment plans.** Indeed, to achieve Output 4 of the PPP (communes allocate social services funding for positive parenting activities), ICS-SP organized meetings and discussions with targeted communes to help them integrate the PPP into their commune budgets and implementation plans for 2022 and 2023. Table 6 outlines the number of communes which are reported to have integrated the PPP into their plans, according to ICS-SP's quarterly reports.

*Figure 16: Communes which integrated the PPP into their development plans (Source: ICS-SP quarterly reports)*

| Period | Number of communes / sangkats | Total Amount Allocated (Riels) |
|---|---|---|
| Reported in March-June 2021 quarterly report; integrated into commune development plans for 2022 | 2 communes in Siem Reap | 1.6 million |
| Reported in July-Sept 2021 quarterly report; integrated into commune development plans for 2022 | 7 communes in Siem Reap and Battambang (including the two communes reported in the previous quarterly report) | 9.9 million |
| Reported in Nov 2021 to Jan 2022 quarterly report; integrated into commune development plans for 2022 | 3 communes (one of which was reported in the previous quarterly reports) | 921,200 |
| Reported in Feb-April 2022 quarterly report; plans to integrate into commune development plans for 2023 | 7 targeted communes planned to integrate the PPP into their development plans but were pending approval by the commune council. | None indicated. |
| Reported in May-July 2022 quarterly report; plans to integrate into commune development plans for 2022 | 13 communes (some of which were reported in previous quarterly reports) | None indicated. |
| Reported in August to October 2022 quarterly report; integrated into development plans for 2023 | 23 communes / sangkats in Kandal, Banteay Meanchey, Battambang and Phnom Penh. | 24,616,000 |

Similarly, some research participants reported that the PPP had been included in their commune investment plans for 2025, though these had not yet been approved.[142]

Despite this, **there is limited fiscal space at the district and commune levels to continue the PPP in full.** Participants highlighted that there are a vast range of services that the social services budget is intended to cover.[143] Although there are some anecdotal reports that Sangkats in Phnom Penh have increased their social services budgets since the adoption of the sub-decree #152 on transfer of state budget resources to district and municipality fund and sub-decree #153 on transfer of state budget resources to commune and sangkat fund,[144] Sangkat budgets are reportedly only around 49 – 126 million Riels (with a mean of 65.68 million Riels), 20 to 30 per cent of which are allocated towards social services, demonstrating the limited fiscal space at the Sangkat levels to fund implementation of the PPP.[145] In

[141] E.g. Sautr Nikom in Siem Reap reported including PPP in their investment plan, covering 10 sessions for 50 people at 3000 rial per person (for refreshments); ICS-SP Quarterly Report for May to July 2022 also indicated that three targeted districts had already incorporated the PPP into their investment plans for 2023-2025, pending discussions on the inclusion of a specific amount in the social services budget for 2023.
[142] In Sautr Nikom and Pouk Districts.
[143] Interview, District-level authorities, Pouk District, Siem Reap, 25 February 2025; Interview, District-level authorities, Daun Penh District, Phnom Penh, 18 February 2025; KII, UNICEF, 14 October 2025; Interview, District Office of Social Welfare and Social Affairs, Pou Senchey District, Phnom Penh, 17 February 2025.
[144] KII, UNICEF, 14 October 2024.
[145] KII, Save the Children International, 18 December 2024.

addition, there is some feedback that the social services budget was reduced during Covid-19 and has not been raised since then.[146]

**The limited fiscal space for social services has resulted in the authorities 'stripping back' the PPP or combining it with other topics which have already secured funding.** For example, Phnom Penh, there were reports that only the perceived most relevant topics are being delivered or that the PPP is being delivered in certain communes and villages e.g. with the highest numbers of child abuse cases.[147] In Pouk district, Siem Reap, it was reported by a commune-level participant that the PPP is likely to be combined with sessions on other related topics such as child protection. Similarly, in Sautr Nikom district, participants reported efforts to fit the PPP into an early childhood development programme which is already in the commune plan[148] or, at the district level, to combine it with safe community initiatives.[149] In Ratanakiri, there was little evidence of public funds being allocated towards sustaining the PPP. Research participants explained that resources are needed to provide an allowance/per diem for the facilitator, transport, the supply of (additional copies of) materials or the replacement of 'worn down', lost or damaged materials (e.g. posters), equipment such as flipcharts which are not always available at the commune and village levels as well as equipment to hold up the posters, refreshments and the venue.[150] Importantly, given the barriers to participants' attendance – particularly fathers/male caregivers - at PPP sessions, some research participants considered that a budget is also needed to incentivise attendance.[151]

Given the cadre of workers who have been trained to deliver Levels 1 and 2 of the PPP (CCWCs; village volunteers; district-level authorities), **the human resources necessary to deliver the PPP are, in principle, embedded into existing government structures, promoting sustainability.** As noted further above, efforts are being made by MOWA and provincial authorities to expand their cohort of PPP facilitators. Some research participants at the district level also considered that sufficient human resources are in place to deliver the PPP,[152] feedback which was echoed by some facilitators.[153] **However, particularly in Ratanakiri,[154] there are insufficient numbers of *prepared* personnel to deliver the PPP.** Reasons for this include trainers forgetting the training content and the absence of refresher training[155] and turnover of personnel.[156] Other constraints include personnel (particularly district-level) not having enough time to deliver Level 1 sessions in addition to their other responsibilities.[157]

[146] Interview, CCWC, Kdei Run Commune, Pouk District, Siem Reap, 25 February 2025.
[147] Interview, OSAVY, Sen Sok District, Phnom Penh, 18 February 2025; Interview, commune council, Khmounh Commune, Saen Sokh District, Phnom Penh, 19 February 2025.
[148] Interview, commune and village authorities, Kien Sangke Commune, Sautre Nikom District, Siem Reap, 28 February 2025.
[149] Interview, District Authorities, Sautr Nikom, Siem Reap Province, 26 February 2025.
[150] Interview, Battambang PDOWA, 12 March 2025; Interview, PDOWA, Ratanakiri, 20 February 2025; E.g. Interview, District Social Affairs and Social Welfare Office, Battambang Province, 12 March 2025; Interview, District-level authorities, Battambang Province, 12 March 2025; Interview, OSAVY, Sen Sok District, Phnom Penh, 18 February 2025; Interview, Moung Ruessei District authorities, Battambang Province, 10 March 2025.
[151] Interview, commune and village authorities, Wat Phnom, Daun Penh District, 18 February 2025.
[152] E.g. Interview, Social Affairs and Wellbeing Office, Daun Penh District, Phnom Penh, 18 February 2025.
[153] Case Study Interview, Facilitator, Anlong Run commune, Thmor Koul District, Battambang Province, 14 March 2025.
[154] E.g. Interview, CCWC, Bar Kaev District, Ratanakiri Province, 24-25 February 2025.
[155] Case study interview, facilitator, Battambang, 14 March 2025.
[156] Interview, OSAVY, Sen Sok District, Phnom Penh, 18 February 2025; Interview, Social Affairs and Wellbeing Office, Daun Penh District, Phnom Penh, 18 February 2025; Interview, PDOWA, Ratanakiri, 20 February 2025.
[157] Interview, OSAVY, Sen Sok District, Phnom Penh, 18 February 2025.

**Financial and human resources have not been unlocked towards the implementation of Level 3 of the PPP.** MoSVY has not yet allocated any budget towards integrating Level 3 into its case management processes, or to training staff within the district Offices of Social Welfare and Social Affairs on their delivery. The absence of child protection case management protocols (e.g. Standard Operating Procedures, SOPs) has also contributed to the non-implementation of Level 3 services, with District Offices of Social Welfare and Social Affairs only commencing the roll out of these SOPs in 2025.[158]

### 8.6.2 Extent of demonstrated appetite for ownership of the PPP within Cambodian government

**The PPP has its basis in a national government strategy, and it has been integrated into other key national policies and plans, promoting its sustainability.** Participants indicated that the PPP has been included in the five-year Strategic Plan for Promoting Gender Equality and Empowering Women and Girls (2024-2028), the police training curriculum, teacher training curriculum, training tools on the prevention of violence against children targeting monks and others living in the pagodas (an initiative of the Ministry of Cult and Religion) and the training curriculum of National Institute of Social Affairs.[159]

**There appears to be quite strong demand for the PPP among district, commune and village authorities; research participants expressed support and enthusiasm for continuing the PPP**.[160] Their commitment and buy-in is reflecting in efforts to integrate the PPP into their investment plans and existing activities (see question 7.1 above) as well as their proactivity in recruiting participants to attend sessions.

However, **despite these positive steps, there is a need to continue efforts to strengthen ownership of the PPP among national stakeholders.** Monitoring of the results of Level 2 of the PPP primarily takes place between ICS -SP and UNICEF, suggesting that the PPP is not owned fully by MOWA. Similarly, there is feedback from key informants that the National Positive Parenting Strategy is viewed as a UNICEF-led initiative among some key Ministries, rather than a Government-led one, and requires the buy-in of the Ministry of Finance to ensure the allocation of sufficient financial resources for the sustainability of the PPP.[161] Further, as highlighted above, the PPP is still largely dependent on donor funding and, despite efforts to integrate the PPP into commune and district level plans, there is limited fiscal space to sustain the PPP. Other barriers to securing effective government ownership include a need to provide communes with further guidance on how to integrate the PPP into their plans and to implement it in practice.[162]

### 8.6.3 Extent of readiness for scaling

**Important steps are being taken to prepare the PPP for scale-up. UNICEF has been working with MOWA to develop tools to cost the roll out of the PPP within communes**. At the time of data collection, the costing had yet to be adopted by MOWA and was awaiting approval from the Ministry of Interior to provide official instructions to the commune level to allocate a portion of their social services budget

[158] UNICEF, written comments, 10 June 2025.
[159] Key Informant Interview, PDOWA [location] [date].
[160] E.g. Interview, Social Affairs and Wellbeing Office, Daun Penh District, Phnom Penh, 18 February 2025; KII, UNICEF, Phnom Penh, 14 October 2025; Interview, District Office of Social Affairs and Social Welfare, Bar Kaev, [undated].
[161] KII x 2, [stakeholders withheld to protect confidentiality], 14 October 2025.
[162] KII, UNICEF, 14 October 2025.

towards the PPP.[163] In addition, the steps outlined above to sustain the programme contribute to preparing the PPP for scale up, as reinforced by the following feedback:

> *"Some communes can even propose their own activities using the commune budget which is very good as it means that they are interested. In Pouk [District], they implemented it and are capable and they can propose PPP activities in the commune budget - this means that there is the potential for expansion of the project."*[164]

**However, in addition to addressing the budgetary challenges above, there is a pressing need to provide additional training / refresher training to PPP trainers and facilitators**. Reasons for this include trainers and, in particular, facilitators at the commune and village levels, forgetting the content of the training or trained facilitators / trainers moving on to take on new roles.[165] This finding is evident from the feedback of provincial, district and commune-level authorities and facilitators, as well as from the interviews and FGDs with facilitators in which they reported forgetting the content of the PPP.

In addition, as outlined in section 8.3 on effectiveness, **there is a need to address the barriers to effectiveness to ensure readiness for scale up**. These include ensuring that the PPP materials and sessions are accessible and relevant to parents from linguistic minorities, strengthening the mechanisms for monitoring the results of the PPP and using these to inform the Programme's implementation.

### 8.6.4 Factors contributing to sustainability of outcomes (attitudes and practices of parents)

As set out above (section 8.3, effectiveness), **parents / caregivers involved in the research indicated that they had been able to sustain positive outcomes** (improved relationships within families, reduction in harsh parenting and violence in the family etc.) following participation in the PPP, even where they had completed the sessions up to a year ago. This was reported to be the case even where parents did not recall the PP sessions in a detailed way. Delivery of the sessions, which were reported to be participatory, practical and responsive to the needs of participants, appear to drive the sustainability of results over the longer term. However, **it is difficult to measure results over the longer-term in a robust way, given the lack of monitoring systems in place**.

**One barrier to sustaining changes in parenting attitudes and practices over the longer term is the lack of refresher sessions or follow-up to reinforce key PPP messaging.** Some participants in Level 2 (or variations of Level 2) in Phnom Penh reported receiving a refresher check-in from ICS-SP.[166] Some village authorities in Phnom Penh are also reported to have collected feedback from parents/caregivers via informal check-ins to understand how they are utilising the learning in their families.[167] However, during several FGDs across all research sites, some parents/caregivers in Level 2 struggled to recall the content of their PPP sessions and requested refresher training/sessions, particularly where the participant had not attended all sessions in the programme.[168] Village/commune authorities across all research sites

[163] KII, UNICEF, 14 October 2024; KII, UNICEF, 18 December 2024.
[164] KII, Provincial Department of Women's Affairs, Siem Reap [date].
[165] Interview, provincial authorities, Battambang, [date]; Interview, District Social Affairs and Wellbeing Office, Daun Penh District, Phnom Penh, 18 February 2025.
[166] FGD with parents, Saen Sokh District, Phnom Penh, 19 February 2025.
[167] FGD with parents, Khmounh Commune, Saen Sokh District, Phnom Penh, 19 February 2025.
[168] E.g. Poy Commune, Ochum District, Ratanakiri; Chaeng Meanchey Commune, Banan District, Battambang; Ka Kaoh Commune, Moung Ruessei District, Battambang; Kok Chak Commune, Krong District, Siem Reap; Dan Run Commune, Sautr Nikom District, Siem Reap; Sese Commune, Pouk District, Siem Reap; Khmounh Commune, Saen Sokh District, Phnom Penh.

generally echoed this feedback, emphasising the need for sustained messaging to ensure long-term change of entrenched attitudes and behaviours: *"People live with habits for a long time but we hope that in four to five years or in 10 years, they will change their behaviour."*[169] As noted under 'Effectiveness', UNICEF is supporting MOWA to pilot a Parenting Tips ChatBot as a social and behavioural change tool to reinforce positive parenting messaging to address this barrier.

As the coherence analysis indicates (section 8.2), there is some overlap between the PPP and other programmes delivered by UNICEF and other NGOs/development partners. **Participant feedback suggests that these related interventions are helping to reinforce PPP messaging**.

## 8.7 Equity, gender and human rights

**Question: To what degree has the PPP integrated UNICEF's approach to equity, inclusion, gender equality and human rights?**

**Summary of findings on equity, gender and human rights**

While some important steps have been made to ensure that the PPP is inclusive, gender transformative and grounded in human rights and equity considerations, **limited results have been achieved in these areas**. There have been very limited initiatives to ensure that the PPP accommodates the needs of parents / caregivers with disabilities, limiting their access to the Programme. Although the PPP integrates learning on non-discrimination and caregiving to meet the needs of children with disabilities, and in some locations, targets parents / caregivers with children who have disabilities, these areas require strengthening. It was found that the PPP deliberately targets families in vulnerable situations, including those living in poverty, single parents and grandparents for inclusion in the level 2 PPP, though **more efforts are needed to accommodate families on the move, street-connected families and those with low education levels**. The PPP integrates content and learning on gender equality and addressing intimate partner violence, indicating that, with the right efforts to develop its content and reach, the PPP has potential to address harmful gender norms that drive both violence against women and children in the home. However, it has to date, had limited impacts on addressing social norms and beliefs around gender roles and child-rearing and limited engagement with men and male caregivers, which in turn have limited the PPP's potential for being gender-transformative.

### 8.7.1 Accessibility and responsiveness of the PPP to parents and children with disabilities

According to ICS-SP programme monitoring data, **only a very limited number of parents / caregivers with a disability have participated in the PPP**. In 2023, of the 1,145 parents / caregivers who directly benefited from positive parenting training at level 1, only 11 had a disability,[170] and of the 835 parents / caregivers participated in level 2 parenting sessions, only four had a disability.[171] **There is no monitoring data collected on the number of children with disabilities** in the families who have participated in the PPP, representing a significant gap in ensuring that the PPP is accessible to and accessed by parents / caregivers who have children with disabilities.

[169] Interview, District Authorities, Sautr Nikom District, Siem Reap, 26 February 2025.
[170] Ibid.
[171] Ibid.

However, **qualitative data indicates that parents who have children with disabilities have participated in PPP sessions, particularly in Level 2 sessions**. In Siem Reap, in both Pouk and Sautr Nikom Districts, and in Battambang (Banan and Thma Khoul Districts), there were reports of these target groups of participants attending PPP sessions. Case study interviews were also held with parents of children with disabilities, providing additional evidence of their participation while commune and village authorities reported targeting these groups of participants when inviting families to PPP sessions.[172]

However, despite this positive feedback, **parents/caregivers with disabilities, particularly those with mobility needs or sight or hearing impairments, face significant barriers to accessing PPP sessions** and there is limited evidence of positive measures being taken to encourage or facilitate their access**.** In Ratanakiri, for instance, parent/carer respondents reported that the attendance of participants with disabilities depended on the availability of transport and accompanying persons to bring them to/from the PPP session, for example:[173]

> *"**Do you think the PPP is well known in your community?.....**No, in my village, there is a blind woman. She could not join any meetings because nobody helped accompany her."*[174]

In Battambang, Moung Ruessei District Social Affairs and Social Welfare Office reported that people with disabilities could not join the sessions "*because they are busy or struggling with their family situation"*.[175] Commune authorities in the same District (Moung Ruessei) reported that participants with visual impairments were not able to participate due to the reliance of the PPP on visual aids, and those with hearing impairments were 'unable to learn properly.' Similarly, in Daun Penh District in Phnom Penh, village and commune authorities reported that the programme would have to be delivered at the parents'/caregivers' homes as they would not be able to physically attend the PPP group sessions.[176] In Sen Sok District, Phnom Penh, district authorities reported prioritising targeting non-disabled parents/caregivers as persons with disabilities "*did not participate much in programmes like this*."[177] There is evidence to indicate that a lack of financial resources acted as a barrier to implementing special measures for persons with disabilities; for example, the District Social Affairs and Social Welfare Office indicated that persons with disabilities could not join as they required financial support and incentives to attend, which were not offered as part of the PPP. Similarly, parents in Bor Keo district, Ratanakiri, indicated that without money for transportation of persons with disabilities, they could not attend the PPP sessions.

In terms of responsiveness of the PPP to the needs of parents and children with disabilities, **although the programme touches upon the needs of caregivers of children with disabilities, this is an area that needs strengthening.** In both Phnom Penh and Siem Reap, participants generally reported that the programme paid special attention to the needs of children with disabilities, including non-discrimination against persons with disabilities and the importance of providing motivation to children with

[172] Interview, commune authorities, Saen Sokh District, Phnom Penh, 19 February 2025.
[173] FGD with parents/caregivers, Lung Khong Commune, Bar Kaev District, Ratanakiri, 20 February 2025; FGD with parents/caregivers, Seung Commune, Bar Kaev District, Ratanakiri, 18 February 2025.
[174] FGD with parents/caregivers, Ochum District, 19 February 2025.
[175] Interview, District Social Affairs and Social Welfare Office, Moung Ruessei District, 10 March 2025.
[176] Interview, village and commune authorities, Wat Phnom, Daun Penh District, Phnom Penh, 18 February 2025.
[177] Interview, OSAVY, Sen Sokh District, Phnom Penh, 18 February 2025.

disabilities.[178] Indeed, during the observation of the Level 2 PPP session in Sautr Nikom district, facilitators integrated considerations relating to children with disabilities during the session. Further, participant parents/caregivers with disabilities and those with children with disabilities in these locations reported that the programme helped them to better understand and know how to care for their child, which in turn helped to reduced their stress and the use of harsh treatment and physical discipline against their children, for example: *"Did you feel the programme provided you with good knowledge about the CWD? Yes, it was much better than before. I feel like I wanted to do the best I can for my child with disabilities."*[179] There is also feedback from a parent in Siem Reap that the PPP helped them to enrol their child with disabilities at a local school.

However, **this feedback was not consistent across all research sites, particularly in Ratanakiri, indicating a need to strengthen the programme's responsiveness to the needs of these target groups.** Parents/caregivers of children with disabilities in Ratanakiri (Lung Khung and Poy communes) reported that the programme was not helpful to their families and that it focused solely on non-violent discipline. Further, parents/caregivers of children with disabilities reported the need to access income and food support, which the PPP did not always facilitate. Again, limited financial resources have acted as a barrier to adapting the trainings, along with limited prioritisation of the needs of persons with disabilities; for example, the Office of Social Affairs and Social Welfare in Daun Penh District, Phnom Penh, indicated that, without the budget, they could not tailor the content more towards children with disabilities and other vulnerable groups.[180]

### 8.7.2 Extent to which PPP has reached the most disadvantaged families

As indicated in section 8.3, **disadvantaged or potentially vulnerable families, including those living in poverty, single mothers, grandparent caregivers and caregivers of children left behind, have been targeted by authorities to attend the PPP sessions**. Indeed, these categories of parents / caregivers participated in FGDs for the research, as well as other potentially disadvantaged groups such as adolescent mothers (who were adults at the time of the research), indicating some success in the PPP reaching these vulnerable groups.[181] Despite this positive finding, **data indicates that there are nevertheless significant barriers to reaching certain disadvantaged families.** For instance, due to a combination of factors including busy schedules and a lack or absence of financial incentives, the PPP has faced significant challenges in reaching parents of children left behind and parents/caregivers from poor socio-economic backgrounds who cannot afford to take time off work to attend the PPP. Indeed, authorities in Battambang reported that families working in rice families have not been able to attend the sessions.[182] Parents of young babies were also reported to face some challenges in attending the PPP sessions due to their caregiving responsibilities,[183] though this finding was not consistent across the research sites with multiple reports of parents/caregivers bringing their young children with them to PPP sessions.

[178] For example, FGD with Parents, Kien Sangke Commune, Sautr Nikom District, Siem Reap, 28 Feb 2025; Soutr Nikum District Authorities, Siem Reap, 26 Feb 2025.
[179] FGD with parents / caregivers, Pouk District, Siem Reap Province [date].
[180] Interview, District Social Affairs and Social Welfare Office, Daun Penh, Phnom Penh, 18 February 2025.
[181] Pouk District, Siem Reap; Sautr Nikum, Siem Reap; Sautr Nikum, Siem Reap; Case study interview, parent, Thmor Koul District, Battambang, 14 March 25.
[182] Interview, PDOWA, Battambang.
[183] Interview with Village Authority, Khmuonh Commune, Saen Sokh District, Phnom Penh, 20 Feb 2025.

**The PPP has faced particular challenges in reaching parents/caregivers from ethnic or linguistic minority groups**. These include ethnic minority groups areas in Battambang (e.g. Kouy and Pnoung in Samlout District)[184] and linguistic minorities in Ratanakiri.

**There is mixed feedback on the extent to which the PPP was able to accommodate parents/caregivers with different levels of education.** Some participant parents/caregivers who had no reading skills reported that they were able to understand and participate well in the sessions, largely due to the skills of the facilitators and visual aids.[185] However, in Ratanakiri, recommendations were made for more visual aids to facilitate participants' understanding with some participants reporting not understanding the content at all. **Interestingly, however, for some facilitators who reported having limited education, the PPP training itself was viewed as a form of 'education', which motivated them to participate**.[186]

**Despite these barriers, there is some evidence that the PPP is reaching 'hard to reach' parents/caregivers due to participants disseminating or cascading the learning.** For example, as one parent reported:

> ***"Was attention paid to inviting families from disadvantaged situations?*** *When we come to the sessions and get more knowledge about it, the village chief asks us to go to people's homes and share the information. When we call them, they try to avoid us but when I invite them a few times, they come. Some people are busy gambling. Last year, the village chief assigned 4 or 5 of us to go to the community to teach there. We spent 1 hr talking to them. We went in the evenings, at around 4 or 5pm."*[187]

**There is a need to scale up the dissemination of the PPP in order to help reach families on the move or those in street situations.** Participants reported that homeless families and those with no fixed residence were hard to reach.[188] In addition, in Daun Penh District, Phnom Penh, where there is a children's hospital, district authorities reported facing particular challenges with parents travelling to the district to abandon their babies at birth and requested additional assistance on how to prevent family separation in such cases.[189]

### 8.7.3 Extent to which the PPP is gender transformative and addresses VAC and IPV in an integrated manner

**The PPP course content includes material on managing conflicts between parents and intimate partner (IPV),** which is an important way to ensure a coordinated approach to addressing VAC and domestic violence. There is also evidence that the PPP sessions have achieved some, albeit limited, positive results in terms of addressing IPV and restrictive gender norms. There is feedback from parents/caregivers from all research sites that the PPP sessions strengthened their understanding of gender equality, the importance of encouraging both boys and girls, and helped spouses understand and support each other, leading to fathers/male caregivers taking a more active role in caregiving and

[184] Interview, PDOWA, Battambang.
[185] For example, Case study, parent, Thmor Koul District, Battambang, 14 March 2025; FGD with parents, Kok Chak Commune, Krong District, Siem Reap, 24 Feb 2025.
[186] Case study interview, CCWC, Pouk District, Siem Reap, 26 February 25.
[187] FGD with parents, Sen Sok District, Phnom Penh [date].
[188] District Daun Penh Social Affairs and Wellbeing Office, Daun Penh District, Phnom Penh, 18 February 2025.
[189] Intereview, OSAVY, Daun Penh District, Phnom Penh, 18 February 2025.

housework. Participants from Battambang, Phnom Penh and Siem Reap also reported a reduction in domestic violence which they believed to be attributed to the PPP sessions.

> *"Before he attended the course, he didn't use physical violence but verbal abuse – he used harsh language at me and our children. After attending the training, he no longer does that. Why – what did he learn that enabled him to stop using harsh language? He learned about positive parenting. That is why he changed."*[190]

> *"We should change as well – in the past, we did not know each other's roles, but we learnt about each other's roles during the training and learnt to help each other."*[191]

**However, there was feedback that more time should be devoted to the topic of IPV, as it is a "very good lesson".**[192] It was also suggested that the content of the PPP should be updated to reflect more recent understandings of the intersection between violence against women and violence against children as well as the prevention of technology-facilitated gender-based violence.[193]

As touched upon in Part 8.3 (Effectiveness), **the PPP has faced significant barriers in reaching fathers and male caregivers**. There is little evidence that particular measures have been made to appeal to and engage men. There are some exceptions; in Pouk district, Siem Reap, for example, district authorities appointed village security, a post normally occupied by men, to attend the PPP facilitator training with a view to sharing the knowledge with other men in the community.[194] Additionally, participants across all research sites reported dominant socio-cultural norms whereby parenting is viewed as the role of the mother/female carer and fathers/male caregivers are viewed as the financial provider. When combined with the absence of financial incentives/compensation for attending the PPP, male participation in PPP sessions has been limited. In addition, there are reports that there is little interest in or demand for the PPP among males as well as concerns about social stigma or censure for bad parenting, which have also contributed to a lack of male participation in the programme.

**Due to the lack of male participation, the PPP risks inadvertently teaching female parents/caregivers to 'adjust' their behaviours to cope with male violence rather than focusing on addressing the males' behaviour.** In Pouk District, Siem Reap, during FGDs/interviews, when asked whether the PPP addressed IPV or issues with their spouse, some mothers/female caregivers reported that the PPP taught them to walk away, calm down and not react to their partner's anger or violence and to only discuss the issue when their partner had calmed down or sobered. For example, in one FGD:

> *"What did you learn? When the husband is angry, we should not be angry at our husband, just let him walk away and calm down. Just let him calm down…… Are any men involved in the PPP sessions? Mostly not. They are normally out at work. Most of the cases, it was women who had to calm themselves down."*

[190] FGD with parents / caregivers, [district], Siem Reap [date],
[191] FGD with parents / caregivers, [district], Phnom Penh [date],
[192] Interview, OSAVY, Phnom Penh, 18 February 2025.
[193] KII, international agency, 14 October 2024.
[194] Interview, Office of Social Affairs and Social Welfare, Pouk District, Siem Reap, 25 February 2025.

Similarly, in Ratanakiri, in a FGD with parents in Ou Chum District, when asked about the parenting techniques learnt during the PPP, one participant responded, "I keep calm by going away when my husband gets angry when he is drunk" while another responded, "I keep silent when my husband gets nervous or angry when he is drunk." Some facilitators also echoed these responses; in Pouk District, Siem Reap, when asked about how the PPP responded to a mother's needs, the participant indicated (among other things) that, "when her husband uses harsh language at her, she just walks away and feeds fish in the pond, so she manages her anger very well."

**There is also some data to suggest that the PPP has not fully addressed gender-based norms that view parental dominance/ authoritativeness and child compliance as the hallmarks of good parenting and the father/male carer as the leading authority in the house.** . For instance, as one mother from Siem Reap reported, *"some children only listen to the father. They are not afraid of the mother. My child only listens to their father."* Similar feedback was provided by a mother in another FGD in Siem Reap, who requested additional training on how to encourage her children to listen to her.

## 9. Conclusions

The PPP is an important intervention that responds well to the programming context and which has achieved significant positive results for parents / caregivers, children and families. In particular, PPP was found to be **highly relevant** to the programming context and the needs of beneficiaries and stakeholders alike: an examination of the programming context shows high levels of family violence across Cambodia and a lack of appropriate interventions that address gaps in parenting knowledge and skills, indicating that the PPP was an appropriate intervention that responds to the needs of beneficiaries and to gaps in the child protection system in terms of prevention initiatives.

Overall, the PPP has demonstrated **effectiveness** in terms of quality of implementation and fidelity to Programme design and materials, though several challenges were noted. While coverage of levels 1 and 2 of the PPP has been reasonable across the country and implementation (particularly of Level 2) demonstrated rather strong fidelity to the PPP's structure and materials, a significant gap in terms of implementation is **that level 3 of the PPP has not been rolled out as planned**. The implementation of the PPP was found to be largely aligned with the global best practice evidence base, though some gaps were found, in particular in the inability for the PPP to engage sufficiently with male parents / caregivers, lack of a mechanism to enable adolescents (or parents / caregivers) to feed into the design of the Programme, limited cultural relevance to the needs of ethnic minority groups and insufficient training of facilitators (level 1) in Ratanakiri.

The programme has also achieved significant **positive outcomes** for parents / caregivers and families who have participated in the Programme; it has led to changes in attitudes and the use of physical and emotional violence in families, improved understanding of the physical, emotional and developmental needs of children and improved family relationships and functioning. These results have been achieved through the use of evidence-based materials and resources that use participatory approaches and respond well to the needs of participants and well-trained and effective facilitators (though gaps in the intensity of training were noted in some areas, along with the absence of refresher training).

**Coherence** was an area in which the PPP was found to have some remaining challenges. While measures have been put in place to coordinate the different parenting programmes under the Positive Parenting

Strategy, challenges remain in ensuring that the different implementing partners coordinate to achieve effective and efficient implementation of the Programme. Currently, there is only a National Technical working group for the development of materials and tools. However, there is no National working group to drive the implementation of the program, nor to fulfil its functions effectively and there is limited integrated data collection and reporting systems to ensure a cohesive approach. There is also limited coordination among different parents at the sub-national levels and limited monitoring of what each partner is implementing, leading to fragmentation, though examples of more effective coordination in several districts were found. Other programmes that contain positive parenting elements have not been effectively harmonised, leading to some overlaps and inefficiencies in implementation of the Positive Parenting Programme.

In terms of **efficiency**, the PPP was found to have achieved mainly positive outcomes with modest investments, though some inefficiencies in the use of resources were found, with insufficient budget allocations in some areas to enable full functioning of the PPP. While the PPP has generally demonstrated efficient use of human resources, there is a need to build human resource capacities to support *long-term* implementation of the PPP.

In terms of **sustainability**, while some important steps have been taken to ensure government ownership of the PPP, the Programme is still largely donor-funded and resource constraints have acted as a barrier to full government ownership and scaling of the PPP. While the human resourcing of the PPP promotes sustainability, given key implementing staff are already embedded in government institutions (village officials, CCWC focal points etc.), the ongoing training and skilling up of these officials will have an impact on the sustainability of positive outcomes of the PPP in the longer term.

While some important steps have been made to ensure that the PPP is **inclusive, gender transformative and grounded in human rights and equity considerations**, limited results have been achieved in these areas. There have been very limited initiatives to ensure that the PPP accommodates the needs of parents / caregivers with disabilities, limiting their access to the Programme. The PPP integrates content and learning on gender equality and addressing intimate partner violence, indicating that, with the right efforts to develop its content and reach, the PPP has potential to address harmful gender norms that drive both violence against women and children in the home. However, the Programme will need to attract more male caregivers, better embed gender transformative approaches and become more inclusive of parents and children with disabilities to ensure it is able to achieve effective outcomes for all children and families.

Given the demonstrated need for the PPP and the ability for the Programme to generate significant positive results for parents / caregivers, children and families, including in reducing violence against children in the home, consideration should be given to extending the PPP, through the adoption of a new National Positive Parenting Strategy. It is recommended that actions set out in section 11, below, should be undertaken, to ensure the quality and sustainability of the PPP and its outcomes for families over the long term.

## 10. Lessons learned

The evaluation of the Positive Parenting Programme in Cambodia 2017 – 2024 generated several broader lessons learned which have relevance to child protection programming in Cambodia and other

countries (particularly in contexts in which there are similarities to the political, administrative and social context in Cambodia).

(a) When designing resources for a positive parenting (or comparable) programme, **it is important to factor in the diverse cultural context** and ensure materials are available in all key languages and that they are culturally relevant to minority ethnic groups who are beneficiaries of the intervention. This is important to ensure that the intervention is effective across different cultural contexts; this could be achieved through the participation of community leaders in the development / adaptation of resources and materials.

(b) It is important that positive parenting programmes include (in terms of targeting participants but also in the development of materials, training and resources) not only younger children but also that they **help parents develop knowledge and skills on parenting of adolescents**. This is key to ensuring that parents are able to protect and support adolescents to navigate complex issues, including peer pressure, drug and alcohol use, healthy relationships, online risks, etc.

(c) In a context in which many different organisations are involved in implementing different positive parenting programmes, or programmes with parenting components, **it is important that funded and capacitated local and sub-national coordination mechanisms are in place**, with clear mandates and prescribed roles for the different members. This is key to ensuring coordination among different implementing partners, avoiding inefficiencies and duplicative efforts.

## 11. Recommendations

It is recommended that MoWA continue to support the implementation of the Positive Parenting Progamme, including through the development and adoption of a revised and updated National Positive Parenting Strategy, with full costing, detailed action plan and monitoring and evaluation framework. It is recommended that UNICEF support the development of a new National Strategy and that it support MoWA and sub-national stakeholders to integrate the implementation of the PPP into its systems and budgets.

In particular, the following recommendations are made, which arise from the evaluation's findings, to strengthen the PPP. The recommendations were developed in a workshop with key stakeholders, including key UNICEF staff, officials from key Government Ministries and agencies at the national and Province levels (from the research Provinces) and NGOs / implementing partners. Stakeholders worked in small groups to consider draft recommendations, make amendments if required and identify the steps for implementation (responsible implementing Ministry / partners; budget; timeline etc.).

### *1. On supporting effective implementation*

**1.1** Alongside the development of the next National Positive Parenting Strategy, develop a concrete Plan of Action to support its implementation, including required actions; corresponding responsible Ministry / partner and their roles; timelines; monitoring and reporting; costing / budget allocations. This should include setting up a Coordination Body / Working Group to oversee the coordination and implementation of the National Positive Parenting Strategy and Action Plan and should consider how to further roll out the PPP to new Provinces / Districts / Communes / Villages and how to support further training and reinforcement of PP messaging in existing locations. Consideration should be made to making the next National Positive Parenting Strategy Multi-Sectoral.

Lead agency: MoWA
Supporting agencies: MoSVY, MoEYS, MoEF, MoH, MoI, MoIF, MoCR, MPTC, NGO implementing partners
Timeline: Quarter 1, 2026

1.2 Incorporate the implementation plan for the Positive Parenting Program level 3 into the Join Action Plan (above), including: planning and training of national and sub-national trainers, identifying target provinces for piloting and roll out of training to municipal/District/Khan Offices and other key personnel, including CCWC Focal Points.

Lead agency: MoWA, MoI and MoSVY
Supporting agencies: MoEYS,, MoIF, WCCC, CCWC, District Offices of Social Affairs and Social Welfare, NGO implementing partners
Timeline: Quarter 1, 2026

1.3 In the new National Positive Parenting Strategy and Action Plan, consider new modalities for implementing level 1 of the PPP to increase efficiency, including expanding on the Parent Chatbot, online delivery, short educational dramas, use of social media, and voice messages (in collaboration with mobile phone companies).

Lead agency: MoWA
Supporting agencies: MoSVY, MoEYS, MoI, MoIF, MPTC, NGO implementing partners
Timeline: Quarter 1, 2026

1.4 Ensure the delivery of more more in-depth (for level 1) and refresher training and ensure routine supervision / coaching mechanisms for PP facilitators are implemented in each location.

Lead agency: MoWA
Supporting agencies: MoSVY, MoEYS, MoI, MoIF, MPTC and NGO implementing partners
Timeline: Quarter 1, 2026

### *2. On ensuring that the PPP responds to the needs of beneficiaries*

2.1 Develop a feedback mechanism to enable the collection, consideration and ability to act on feedback by beneficiaries, children and PP implementers / facilitators. The feedback mechanism

could be developed and coordinated by MoWA and implemented by PDOWA and CCWC through the collection of feedback from beneficiaries and facilitators (following completion of the PPP) and reporting of the feedback through a structured form, to MOWA who can collate and present the feedback at meetings of the Positive Parenting Working Group.

Lead agency: MoWA
Supporting agencies: PDoWA, District Offices of Social Affairs and Social Welfare, CCWC Village Officials, NGO implementing partners
Timeline: Quarter 1, 2026 to finalise mechanism

2.2 Adapt modules, tools and resources to different cultural contexts; this could be done by working with / carrying out consultations with village officials in PP implementation locations, to translate materials into local minority languages and ensure cultural relevance. This is particularly critical for PP locations in Ratanakiri. Specific adaptations could include producing materials and resources in ethnic minority languages; adding short text to describe images in the materials; and adding different images reflective of ethnic minority cultural contexts.

Lead agency: MoWA
Supporting agencies: MoEYS, MoSVY, MoI, MoIF, PDoWA, WCCC, CCWC Village Officials, Village Officials, NGO implementing partners
Timeline: Quarter 1, 2026 (alongside the development of the new Positive Parenting Strategy and revision of materials and resources)

2.3 In the development of the new Positive Parenting Strategy and Action Plan, ensure that resources are tailored to parents / carers of adolescents (including on topics such as communication with adolescents, adolescent development, managing peer relationships, healthy relationships, including understanding consent, drug and alcohol misuse and online risks and harms etc.), and ensure, in delivering the master training and training to facilitators, that it is clear that the PPP is designed to include grandparents who are caregivers.

Lead agency: MoWA
Supporting agencies: MoSVY, MoEYS, MoI, MoIF, MoH, MPTC, MoCR, MoEF, PDOWA, CCWCs, Village Officials, NGO implementing partners
Timeline: Quarter 1, 2026

### *3. On coordination and synergy*

3.1 Develop and capacitate a national mechanism (Working Group) for coordinating the different government Ministries and implementing partners; develop a framework, guidelines and ensure allocation of budget for full functioning (see 1.1, above). Ensure that the Working Group meetings include space for reporting on the feedback mechanism (see 2.1, above) and strategic discussion to inform the development and implementation of the PPP.

Lead agency: MoWA

Supporting agencies: MoSVY, MoEYS, MoI, MoH, MoIF, MoCR, MPTC, MoEF and NGO implementing partners
Timeline: Quarter 1, 2026

3.2 Develop and implement a monitoring framework, alongside the new Positive Parenting Strategy and Action Plan, that will identify and regularly collect data on implementing partners, their activities, locations, etc. to ensure effective coordination in the implementation of the PPP.

Lead agency: MoWA
Supporting agencies: MoSVY, MoEYS, MoH, MoI, MoIF, MoCR, MPTC, MoEF and NGO implementing partners
Timeline: Quarter 1, 2026

3.3 Integrate a reporting mechanism and space for strategic discussion of the PPP into existing sub-national coordination mechanisms (e.g. WCCC and CCWC meetings). This could include reporting from feedback mechanisms (parents, children and facilitators) and strategic discussions on the implementation of the PPP.

Lead agency: MoWA, MoI
Supporting agencies: WCCC, DCWC and CWCC
Timeline: Quarter 2, 2026

3.4 Develop a plan to ensure the PPP is efficiently harmonized with the different but overlapping programmes (especially Nurturing Care and Strong Families programmes). The MoI Guidelines on Management and Implementation of Parenting Education could be used as a guide to support this harmonization at the Commune level.

Lead agency: MoWA, MoEYS, and MoSVY, MoI
Supporting agencies: MoH, MoI, WCCC provincial and district level, CWCC
Timeline: Quarter 1, 2026

### *4. On increasing ownership and sustainability*

4.1 Increase ownership by allocating government budgets for the core functions / actions of the PPP. This could be achieved through the development of a Action Plan to support the implementation of the National Positive Parenting Strategy (see 1.1, above), and by supporting provincial, town, district, Khan and commune/Sangkat governments to incorporate PPP implementation into their 5-year and 3-year development and investment plans.

Lead agency: MoWA
Supporting agencies: MoSVY, MoEYS, MoEF, MoI, MoIF, PDOWA, WCCC, District Offices of Social Welfare and Social Affairs, Commune Governments, NGO implementing partners
Timeline: Quarter 1, 2026 – Quarter 4, 2027

4.2 Ensure that the monitoring and evaluation framework (See 3.2, above) is designed to capture long-term results (1+ years post-exposure to the PPP) at the household level.

Lead agency: MoWA
Supporting agencies: MoSVY, MoEYS, MoH, MoI, MoIF, MoCR, NGO implementing partners
Timeline: Quarter 1, 2026 (development of mechanism)

4.3 Develop a mechanism to refresh knowledge / messaging to PP participants. This could include through a smartphone app, social media channels (Tok Tok, Facebook, Instagram) SMS service (e.g. it could be integrated into the Parent Chatbot); investing in in-person refresher sessions (e.g. once a year) with parents / caregivers; delivering messaging at public forums etc.)

Lead agency: MoWA
Supporting agencies: MoSVY, MoEYS, MoI, MoIF, MoI, MPTC, PDOWA, CCWC, NGO implementing partners
Timeline: Quarter 1, 2026 (to develop the mechanism); Quarter 2, 2026 (to begin implementation of the refresher modalities)

### *5. On improving inclusion, equity and gender responsiveness*

5.1 Consider the provision of incentives and other measures to encourage more male parents / caregivers to attend and also poorer families / seasonal workers, people with disabilities. This could include payment of a financial incentive to compensate for missed work; setting male and female parents / caregivers attending sessions together as a core goal of the next PPP; identify places and times where men congregate and bring the PP sessions to them; consider identifying men (village leaders etc.) to become PP champions in the community to encourage involvement among other men; consider incorporating PP attendance as a condition of receiving social protection.

Lead agency: MoWA
Supporting agencies: MoSVY, MoEYS, MoI, MoIF, MoIPS, WCCC, PDOWA, CCWC, NGO implementing partners
Timeline: Quarter 1, 2026 (to develop the mechanism); Quarter 2, 2026 (to begin implementation of the refresher modalities)

5.2 Ensure that data are captured on access and responsiveness / effectiveness of the PPP for parents with disabilities and parents of children with disabilities in the monitoring and evaluation framework (see 3.2, above).

Lead agency: MoWA
Supporting agencies: MoSVY, MoEYS, MoI, MoCR, NGO implementing partners
Timeline: Quarter 1, 2026

5.3 Develop a plan to ensure that the PPP is accessible and responsive to parents and children with disabilities. The plan could consider measures such as utilizing health outreach workers and pre-school teachers to reach out to parents with disabilities and parents of children with disabilities to encourage

attendance; identify accessibility issues through consultations with persons with disabilities and ensure any barriers are addressed; utilize virtual outreach of PP messaging.

Lead agency: MoWA
Supporting agencies: MoH, MoSVY, MoEYS, MoI, MoIF, NGO implementing partners
Timeline: Quarter 1, 2026

5.4 The Development of the PPP content for facilitators must be ensured to make it more gender transformative – gather evidence on harmful gender norms; address harmful and restrictive gender norms; better integrate gender equality and intimate partner violence prevention and response information into the PPP.

Lead agency: MoWA
Supporting agencies: MoH, MoSVY, MoEYS, MoI, MoIF, NGO implementing partners
Timeline: Quarter 1, 2026 (integrate into the development of the new National Positive Parenting Strategy and Action Plan, including revision of materials)

## 12. Annexes

The following annexes are included in Volume 2:

**Annex 1:** Terms of Reference
**Annex 2:** Modification of questions from TOR
**Annex 3:** Evaluation matrix
**Annex 4:** Detailed table of data collection completed
**Annex 5:** Data collection tools
**Annex 6:** Ethical protocol and tools
**Annex 7:** Ethical approval letter
**Annex 8:** Summary of results from analysis of pre- and post-test raw data (2022/23)