

PROTECT:
**A Communication Strategy to End Violence
and Unnecessary Family Separation in Cambodia**
2019-2024

Monitoring and Evaluation Framework



April 2017

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Overview

According to the *Cambodia Violence Against Children Survey (CVACS)*, more than half of all Cambodian children have experienced some form of physical violence prior to the age of 18. Roughly one-quarter of Cambodian children are emotionally abused by a parent, caregiver or other adult relative while growing up and about 5 per cent of both females and males aged 13 to 24 reported some form of sexual abuse prior to the age of 18. Physical violence, emotional violence and sexual abuse can occur multiple times in childhood – more than three quarters of Cambodian children reported more than one incident of physical violence, emotional violence or sexual abuse prior to age 18. Furthermore, the CVACS data indicates that different forms of violence are often overlapping, with approximately 1 in 5 children experiencing more than one form of violence during their childhood. Since 2005, Cambodia has seen a 75 per cent increase in the number of residential care facilities. (MOSVY, 2016).¹ Among the children in residential care, 3 out of 4 are not orphans and have at least one living parent. (UNICEF Cambodia, 2011).² Residential care is contrary to traditional Cambodian practices of family or community-based alternative care and a growing body of international research demonstrates that the institutionalization of children negatively impacts their social, physical, intellectual and emotional development, and places children increased risk of neglect, emotional, physical and sexual abuse.

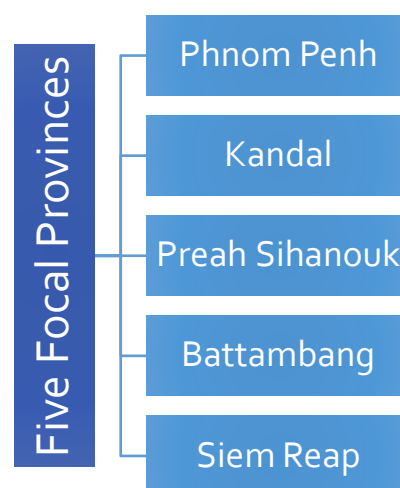


Figure 1: Priority provinces at

To this end, Rain Barrel Communications has been tasked with developing a Communication for Development (C4D) strategy to address the social and behaviour changes required to prevent and respond to violence against children (VAC) and unnecessary family separation. The strategy will be national in scope, with focused implementation in five focal provinces (see *Figure 1*). Subsequently, it is anticipated that partners can take on the implementation of the strategy in additional districts, using the same package of materials, messages, activities and indicators. The strategy responds to the social and cultural norms that legitimize violence against children and support the belief that residential care facilities are beneficial to a child, by addressing knowledge, attitudes, practices and the underlying determinants that perpetuate violence and institutionalization. The strategy promotes positive parenting practices by supporting parents, caregivers and other duty-bearers to recognize the different forms of violence that threaten the well-being of their children, reiterating the importance of keeping families together and enabling them to take positive protective actions. It also ensures inclusion of children with disabilities and reaching out to their families and other caregivers.

This strategy feeds into the overall child protection outcome for the Government of Cambodia and UNICEF country program which aims for a 30 per cent reduction in violence and a 30 per cent reduction in the

¹ Ministry of Social Affairs, Veterans and Youth Rehabilitation (2016). Mapping of Residential Care Facilities in all 25 Provinces.

² UNICEF Cambodia. (2011). With the best intentions... A study of attitudes towards residential care in Cambodia.

number of children in residential care in five focal provinces by enabling children, their parents and caregivers and communities to prevent and respond to violence and family separation by raising awareness on the unacceptability of all forms of violence and unnecessary family separation, transforming prevalent norms and attitudes that condone VAC and promote unnecessary family separation and building skills and self-efficacy to practice protective behaviours. The overarching objective for the C4D strategy is to have a 25 per cent of commune councils in the five focal provinces implementing the strategy by December 2020. Partners can take on specific elements of the strategy and implement them in additional provinces, determining their own targets and baselines. This C4D strategy complements several key initiatives currently underway for example: The National Action Plan on VAC, the National Action Plan on Improving Child Care and the Positive Parenting Strategy.

This report begins with an overview of what an M&E framework is and does. The objectives and indicators come next and are laid out corresponding to each letter of the Cambodia PROTECT framework. The next section covers Monitoring focusing specifically on the key monitoring components, techniques and tools identified for this project. The Evaluation section describes the broad outcomes to be measured, a study design, and sampling. The report ends with some final thoughts. References and a series of appendices providing additional information can be found at the very end of this report.

Monitoring & evaluation framework

In the context of C4D, the critical and most direct question is how C4D specifically contributes to short-term outcomes at the individual, family, and community levels to create an overall environment of change. In so far as these intermediate outcomes are considered vital to promoting behaviour and social change, such change can be linked to the contribution of the communication activities under the C4D strategy.

Evidence-based programme design and implementation requires concurrent monitoring and evaluation. The extent to which C4D activities are implemented according to plan (outputs) and generate the short- and medium-term outcomes can be measured and validated through process (formative) evaluation to accompany implementation. Impact assessment utilizing a robust research design allows for individual and social changes to be tracked and linked back to implementation, which allows for the measurement of a programme's effectiveness. A monitoring and evaluation framework (M&E) provides a roadmap of planned activities and tasks with specific directives on how the intervention activities can be monitored and evaluated over time.

This M&E framework builds upon the social change strategy based on the Cambodia PROTECT framework (see Figure 2), the VAC theory of change, as well as the table of key messages to end VAC and unnecessary family separation.

This M&E framework builds on the communication goals and objectives laid out in the C4D conceptual framework and strategy documents and provides a set of measurable objectives and indicators to gauge the success of the C4D strategy implementation. The M&E framework includes several innovations with regards to methodology, practical information to ensure the evaluation design is robust and the results are

generalizable, a set of guidelines³ on human subjects' research to protect the rights of all research participants, especially children, inclusion of children who are disabled, and a dissemination plan.

Objectives and indicators

The sections present the specific measurable objectives and indicators that have been developed for each element of the Cambodia PROTECT framework guiding the C4D strategy (see Figure 2). In a majority of cases the measurable objectives use the same terminology and match up with the communication objectives from the strategy. Minor variations and details about the operationalization of concepts are explained in each sub-section. Both the measurable objectives and indicators adhere to SMART⁴ and SPICED⁵ criteria.

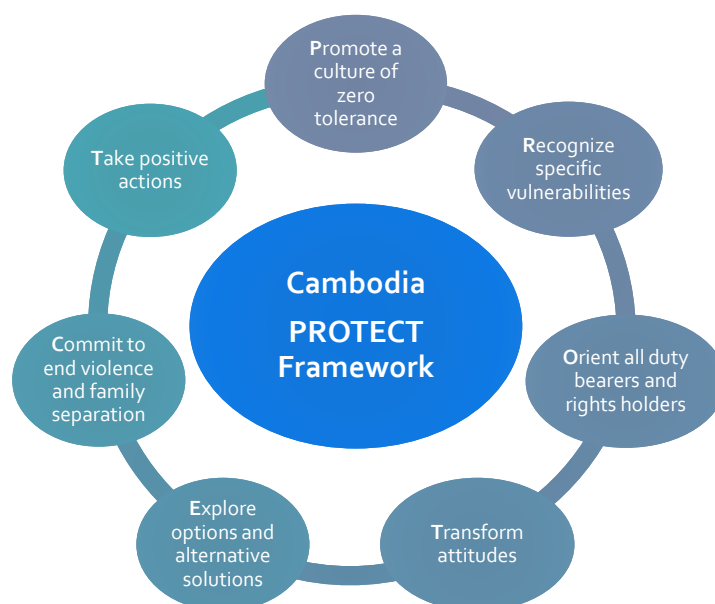


Figure 2: Cambodia PROTECT framework

The indicators for each element of the Cambodia PROTECT framework are summarized below and to the extent possible aim to cover all key audiences: children, parents, caregivers and community influentials. Unless otherwise noted, the denominators will be the total number of children, parents, caregivers and community members. One important caveat that is critical to mention upfront is that these objectives and indicators might need finessing to be applicable for specific age groups and vulnerable children, for example, the indicators may not be specific to children across all developmental stages, for example very young children. In addition, specificity may be required to examine effectiveness of messages with regard to reaching and addressing children with disabilities. Summary tables below converts the communication objectives from the Cambodia PROTECT framework into measureable objectives and indicators that can then be examined through both the monitoring and evaluation components contained in this framework.

Promote a culture of zero tolerance

The three objectives under this domain focus on knowledge of: 1) the impacts that violence and family separation have on physical and psychosocial aspects of child development; 2) the importance of positive

³ A set of guidelines include the 'UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis'.

⁴ SMART is a mnemonic for criteria used to set specific and quantifiable objectives and indicators. SMART stands for Specific, Measurable, Achievable, Realistic, and Time-phased (Issel, 2004).

⁵ SPICED is another useful mnemonic focusing on criteria that can be used to develop more participatory and inclusive objectives and indicators (Roche, 1999). SPICED stands for Subjective, Participatory, Interpreted (and communicable), Cross-checked, Empowering, and Diverse (and disaggregated).

parenting, and 3) specific laws and policies addressing VAC and family separation. Table 1 lists the objectives and indicators for this section.

Positive parenting practices is being defined as a set of behaviours that fall into four categories: 1) Communicating with the child; 2) Creating structure and rules; 3) Giving directions; and 4) Using positive discipline and consequences (Centers for Disease Control and Prevention, n.d.). A list of behaviours for each category and how these can be used to develop actual measures can be found in Appendix 1. Appendix 1 also contains good touch and bad touch measures from the Children's Knowledge of Abuse Questionnaire, a list of anger management strategies and an anger management scale to measure knowledge about specific laws and policies, respondents could be expected to know that:

- Physical punishment is defined as spanking, beating, whipping, choking, kicking, tying someone up, burning, or drowning someone.
- Sexual abuse includes physically forced intercourse, pressured intercourse, attempted unwanted intercourse, unwanted sexual touching, or non-contact sexual violence and exploitation. According to sexual abuse laws in Cambodia, perpetrators of sexual abuse will be imprisoned between 5-15 years or more.
- Neglect is defined as the act of depriving foods or cares for minors less than 15 years of age according to Article 337 of the Cambodian Penal Code. Such acts are punishable by imprisonment between 2-5 years.

Table 1: Objectives and indicators to promote a culture of zero tolerance

Objectives	Indicators (Intended audience = children, parents, caregivers, and community members)
Know how violence and family separation impact the physical, and psychosocial⁶ development of a child	<ul style="list-style-type: none"> • % of intended audience who know that physical violence is not acceptable for any reason • % of intended audience who know about the impact of violence on physical and psychosocial development • % of intended audience who know about the impact of unnecessary family separation on physical and psychosocial development
Know the importance of positive parenting practices	<ul style="list-style-type: none"> • % of intended audience who believe non-violent positive discipline is always effective • % of intended audience who know of positive discipline methods • % of intended audience who know anger management strategies • % of intended audience who consider "positive parenting" practices important
Know specific laws and policies to address violence	<ul style="list-style-type: none"> • % of intended audience who know to call the national hotline # 1280 for information about sexual abuse

⁶ The terms mental and emotional have been replaced with the overarching term "psychosocial"

against children and family separation

- % of intended audience who know about the internet site [<http://aplecambodia.org/internet-hotline-cambodia/>] for information about sexual abuse
- % of intended audience who know about laws related to sexual abuse
- % of intended audience who know about laws related to neglect
- % of intended audience who know about child labour laws
- % of intended audience who know about child marriage laws

Recognize specific vulnerabilities

The three objectives for this domain focus on knowledge that: 1) certain groups are at increased risk of experiencing violence; 2) all children can develop to their full potential when families practice effective parenting skills; and 3) remedial actions to support children who have experienced violence or family separation. See Table 2 for the objectives and their corresponding indicators.

Drawing from the National Action Plan, vulnerable groups of children include: children living with disabilities; child living with HIV/AIDS; children in residential care institutions; LGBT children; children living or working on the street; out-of-school children; child migrants and children of migrating families; boy victims of sexual violence; children living in rural or remote areas; children from indigenous, ethnic, or religious minority communities; children in conflict with the law; and children of incarcerated women. The specific indicator for this objective seeks to assess respondents risk perceptions. This can be done using scale measures with questions such as “What is the likelihood or chance that [a specific outcome] will occur?” (response ranging from very likely to not at all likely) or “Please estimate the chance that [a specific outcome] will occur using any number between 0 per cent and 100 per cent.”

The objective pertaining to effective parenting skills has two indicators: one focused on assessing knowledge of effective parenting skills and the other assessing knowledge of parenting styles. Effective parenting refers to broad domains of parenting which can be operationalized in terms of: nurturance, recognition, structure, and empowerment, whereas parenting styles refers to individual parenting behaviours that allow for the classification of parenting into different typologies. See Appendix 1 for more information on these operational definitions and how they can be used to measure effective parenting.

Remedial action is being conceptualized as a four-step process: 1) seeking informal support; 2) seeking formal support; 3) seeking formal services; and 4) taking legal action. A preliminary list of remedial actions is provided in Appendix 1.

Table 2: Objectives and indicators for recognize specific vulnerabilities

Objectives

Indicators

(Intended audience = children, parents, caregivers, and community members)



Know that certain groups of children⁷ are at greater risk of experiencing violence	<ul style="list-style-type: none"> • % of intended audience who can list at least 2 groups of children at greater risk of experiencing violence
Know that all children can develop to their full potential when families practice effective parenting skills⁸	<ul style="list-style-type: none"> • % of intended audience who know about the effective parenting skills • % of intended audience who know about positive parenting styles
Know about remedial actions⁹ to support children who have experienced violence or family separation	<ul style="list-style-type: none"> • % of intended audience who know at least 2 remedial actions to support children who have experienced violence • % of intended audience who know at least 2 remedial actions to support children who have experienced family separation

Orient all duty bearers and rights holders

Under this domain of the Cambodia PROTECT framework, there are four affective objectives: 1) feel it is a collective responsibility to prevent violence and keep families together; 2) recognize that all children have the same rights regardless of background factors; 3) recognize the benefits of children staying in school and completing secondary education; and 4) feel confident to take remedial action when violence or family separation occurs. See Table 3 for the objectives and their corresponding indicators.

The indicator for the objective “Recognize that all children have the same rights regardless of background factors” will need to probe separately for individual background factors, specifically residential care, gender, disability, ethnicity, age, and income.

To assess if respondents feel confident to take remedial action, a general perceived self-efficacy scale can be adapted from the one described more fully in Appendix 1. As mentioned before, remedial action is being conceptualized as a four-step process: 1) seek informal support; 2) seek formal support; 3) seek formal services; and 4) take legal action. A preliminary list of remedial actions can be found in Appendix 1.

⁷ This measurable objective is worded slightly differently than the communication objective, keeping in mind individual questions for each of the different types of vulnerable children.

⁸ This measurable objective is worded slightly differently than the communication objective by defining specific effective parenting skills for measurement.

¹³ This measurable objective is worded slightly differently than the communication objective by removing the remedial actions embedded in the objective.



Table 3: Objectives and indicators for orient all duty bearers and rights holders

Objective	Indicators (Intended audience = children, parents, caregivers, and community members)
Feel it is a collective responsibility to prevent violence and keep families together	<ul style="list-style-type: none"> • % of intended audience who state that it is their responsibility to prevent violence • % of intended audience who state that it is their responsibility to keep families together
Recognize that all children have the same rights regardless of background factors¹⁰	<ul style="list-style-type: none"> • % of intended audience who agree that all children have the same rights regardless of specific background factors
Recognize the benefits of children staying in school and completing secondary education	<ul style="list-style-type: none"> • % of intended audience who approve of children staying in school and completing secondary education • % of intended audience who report that their community approves of children staying in school and completing secondary education • % of intended audience reporting perceived benefits of children staying in school, attending school, completing secondary education
Feel confident to take remedial action when violence or family separation occur	<ul style="list-style-type: none"> • % of intended audience on general perceived self-efficacy on remedial actions to address violence • % of intended audience on general perceived self-efficacy on remedial actions to address family separation

Transform attitudes

This domain of the PROTECT framework includes three objectives focusing on beliefs that: 1) all forms of violence and family separation are unacceptable and impact a child negatively; 2) the best option for children is to receive positive parenting; and 3) children irrespective of background factors should be treated with dignity and respect. See Table 4 for the objectives and their corresponding indicators.

For this M&E framework, “best option” is being operationalized as a composite of respondents who identify parenting skills relating to nurturance, structure, recognition, and empowerment as being important and easy to do. Respondents will be asked to assess how important and easy it is for families and communities.

¹⁰ This measurable objective is worded slightly differently than the communication objective by removing the background factors embedded in the objective itself.

An additional indicator will assess what proportion of respondents associate the concept of “children see, children do” to positive parenting.

For the objective pertaining to beliefs about the equal treatment of children, individual background factors such as residential care, gender, disability, ethnicity, age, and income will need to be probed for separately.

Table 4: Objectives and indicators for transform attitudes

Objective	Indicators (Intended audience = children, parents, caregivers, and community members)
Believe that all forms of violence and family separation are unacceptable and impact a child negatively	<ul style="list-style-type: none"> • % of intended audience who believe that all physical violence is always unacceptable • % of intended audience who believe that violence impacts the physical development of children • % of intended audience who believe that violence impacts the psychosocial development of children
Believe that the best option for children is to receive positive parenting	<ul style="list-style-type: none"> • % of intended audience who believe it is important for families to provide positive parenting skills to all children • % of intended audience who believe it is easy for families to provide positive parenting skills to all children • % of intended audience who believe it is important for communities to provide positive parenting skills to all children • % of intended audience who believe it is easy for communities to provide positive parenting skills to all children • % of intended audience who relate the idea of “children see, children do” to positive parenting
Believe that all children irrespective of background factors should be treated with dignity and respect	<ul style="list-style-type: none"> • % of intended audience who believe that all children have the same rights regardless background factors

Explore options and solutions

Under this domain of the Cambodia PROTECT framework, there are four behavioural objectives: 1) discuss safety measures to prevent VAC; 2) explore non-violent ways to deal with stress and anger; 3) explore options to keep children at home or bring them back from residential facilities; and 4) negotiate available choices to protect children from violence and unnecessary family separation. Table 5 lists the objectives and their corresponding indicators.

Safety measures to prevent VAC include messages such as “Don’t talk to strangers,” “Don’t walk alone at night,” and “Don’t let someone touch you inappropriately.” To measure discussion, social network questions can be used to ask respondents who they talk to about safety measures to prevent VAC and what

specifically they discuss. Discussion can then be operationalized as the average number of safety measures discussed. The denominator for this indicator will be small, as it will only include those who report actually discussing safety measures. Negotiation of available choices to protect children will be operationalized as initiating dialogue. Social network questions can probe respondents for information on who initiates discussions and how often such discussions take place.

For the stress and anger management objective, explore can be operationalized as an intermediate stage in the behaviour change continuum where a behaviour has been recently adopted but is not consistently utilized. Some specific measures for this objective could include: 1) those who report “sometimes” using specific anger management techniques (on a five-point scale of always to never); 2) those who report using of anger management techniques, but also report having emotional outbursts; and 3) those who report using specific anger management techniques for less than three months.

For exploring options to keep families together/bring back children, explore is being operationalized as an intermediate stage in the behaviour change continuum where a behaviour is recognized to be important, has been discussed, and behavioural intention is noted, but no action has occurred. A series of questions could be used to stage where individuals are in terms of taking action to keep their family together (Sample questions in Appendix 1). A composite measure could be developed placing individuals into three categories: 1) Actively working to keep family together; 2) Exploring actions to keep their family together; and 3) Not working to keep their family together. Similar composite measures can be created to measure exploring options for bringing back children from residential facilities. The denominator for this indicator will be small, as it will only apply to those who know of children in residential facilities.

Table 5: Objectives and indicators for explore options and solutions

Objective	Indicators (Intended audience = children, parents, caregivers, and community members)
Discuss safety measures to prevent VAC	<ul style="list-style-type: none"> • Social network questions to measure discussion <ul style="list-style-type: none"> ○ Who do children, parents, caregiver and community members talk to about safety measures to prevent VAC ○ What do they discuss
Explore non-violent ways to deal with anger	<ul style="list-style-type: none"> • % of intended audience who report exploring the use of anger management techniques
Explore options to keep children at home or bring them back from residential facilities	<ul style="list-style-type: none"> • % of intended audience who report exploring options to keep children at home • % of intended audience who report exploring options to bring children back from residential facilities
Negotiate available choices to protect children from violence	<ul style="list-style-type: none"> • Social network questions to measure dialogue related to protecting children from VAC <ul style="list-style-type: none"> ○ Who initiates the discussion ○ How often does the discussion take place? • Social network questions to measure dialogue related to protecting children from family separation

and unnecessary family separation	<ul style="list-style-type: none"> ○ Who initiates the discussion ○ How often does the discussion take place
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Commit to end violence and family separation

This domain of the Cambodia PROTECT framework includes one cognitive and one behavioural objective: 1) intend to seek remedial actions; and 2) publically declare individualized actions to protect all children from VAC and unnecessary family separation. Table 6 lists the objectives and their corresponding indicators.

As mentioned earlier, remedial action is conceptualized as a four-step process: 1) seek informal support; 2) seek formal support; 3) seek formal services; and 4) take legal action. A preliminary list of actions is available in Appendix 1. It's important to note that the denominator for this indicator will be small since it is only relevant to those who have a need for seeking remedial action.

Table 6: Objectives and indicators for commit to end violence and family separation

Objective	Indicators (Intended audience = children, parents, caregivers, and community members)
Intend to seek remedial actions	<ul style="list-style-type: none"> • % of intended audience who intend to seek remedial actions
Publically declare individualized actions to protect all children from VAC and unnecessary family separation	<ul style="list-style-type: none"> • % of intended audience who speak out against VAC • % of intended audiences who speak out against family separation • % of intended audience who report of individualized actions to protect all children from VAC • % of intended audience who report of individualized actions to protect all children from family separation

Take positive action

Under this Cambodia PROTECT domain, there are two behavioural objectives: 1) adopt positive behaviours that are protective and non-violent; and 2) act to help children recover, reintegrate, and heal. Table 7 lists the objectives and their corresponding indicators.

The objective “act to help children recover, reintegrate, and heal” has been operationalized as social support. Indicators have been created to measure emotional support, instrumental support, and information support. Again, a list of anger management strategies and positive parenting styles and behaviours can be found in Appendix 1.



Table 7: Objectives and indicators for take positive action

Objective	Indicators (Intended audience = children, parents, caregivers, and community members)
Adopt positive behaviours that are protective and non-violent	<ul style="list-style-type: none"> • % of intended audiences who “always” practice stress and anger management techniques • % of intended audience report practicing positive parenting styles
Act to help children recover, reintegrate and heal (Talk, seek help, refer, report)	<ul style="list-style-type: none"> • % of intended audience who provide emotional support (e.g., talk, express empathy, love, security, care) • % of intended audience who provide instrumental support (e.g., services, refer, report) • % of intended audience who provide informational support (e.g. seek advice or counselling)

Monitoring

Monitoring is the on-going and repeated collection of data on what a program is doing (i.e. inputs and outputs) and the degree to which it is being implemented according to plan (International Centre for Research on Women [ICRW], 2010). More specifically, monitoring answers the “who,” “what”, “where,” “when,” and “how” of a programme.

The monitoring component of the M&E framework is designed to examine the extent to which the C4D strategy implementation can be tracked over time and can incorporate mid-course corrections. This monitoring plan incorporates routine monitoring tools as well as some participatory techniques. This part will focus on three process monitoring components (*see Figure 3*):

- **Outputs** of the C4D activities and approaches being implemented
- **Exposure** to the activities/approaches as a critical element that links Outputs and Outcomes
- **Outcomes** associated specifically with the C4D activities/approaches and more broadly to address both individual and social change

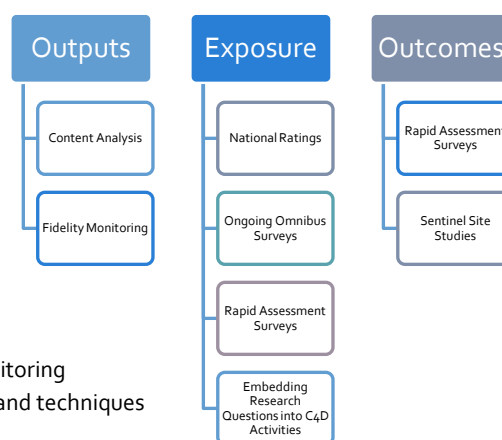


Figure 3: Monitoring components and techniques

Outputs

Outputs are measureable, direct products of the communication activities proposed in the C4D strategy. Outputs lead to the desired outcomes, but are not the changes themselves expected from individual activities. Activity outputs should be expressed in terms of size and scope, for example: the number of TV spots produced; the number of TV spots aired on television; the frequency of airing for individual spots. This monitoring framework proposes two techniques for measuring outputs: content analysis and fidelity monitoring. Instead of providing measures for each of the communication activities listed in the C4D strategy, the monitoring framework provides measures aimed to collect data for each of the four arms of the overall integrated entertainment-education (E-E) initiative (*see Figure 4*).

Content analysis

Content analysis is a set of techniques used to interpret information contained within communication messages and materials (Krippendorff, 2004). Content analysis of the communication activities will examine both story and message elements within various activities and corresponds to the process evaluation measure of “dose delivered¹¹.” The following content analysis components are suggested for monitoring the outputs for each arm of the integrated EE initiative:

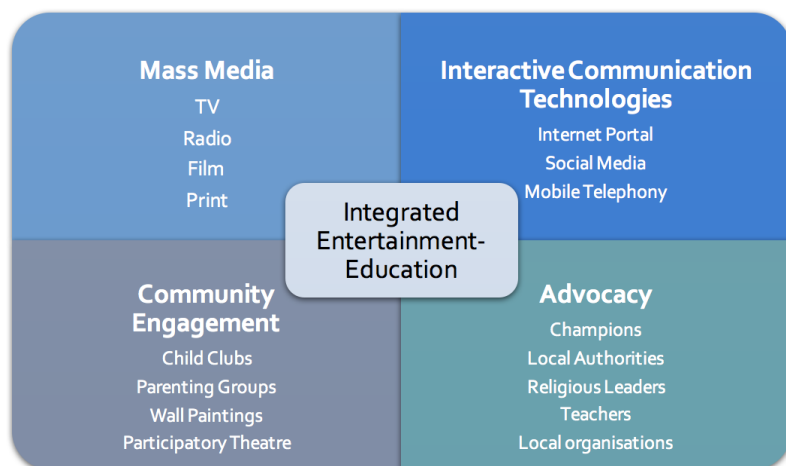
- **Media:** Analysis of the scripts and final products to examine the message elements contained in individual components.
- **Interactive communication technologies:** Analysis of the information generated by the implementers and posted on the internet portal, social media and mobile telephony.
- **Community engagement:** Analysis of meeting minutes (focus on content of discussion) generated by the child clubs and parenting groups to measure content of the discussions. Analysis of the wall paintings content. Analysis of scripts and video recordings from participatory theatre performances to examine the message elements contained in these local activities.

¹¹ Dose delivered is a measure of completeness and is designed to monitor the amount or number of intended units of each component. It allows for monitoring and adjusting implementation to ensure all components are delivered according to plan (Saunders, Evans, & Joshi, 2005).

- **Advocacy:** Analysis of agendas and meeting minutes as well as video and audio recordings from advocacy activities with local authorities, religious leaders, teachers and local organizations. Photo-voice documentation by champions of their work.

Figure 4: Integrated entertainment-education initiative

Fidelity monitoring



Fidelity is a measure of quality and examines the extent to which communication activities are implemented according to plan based on established benchmarks. It ensures that the activities are of sufficient quantity and quality and are linked with the overall conceptual framework guiding the C4D strategy (Saunders, Evans, & Joshi, 2005). Examples of fidelity monitoring for each of the four arms of the integrated EE initiative include:

- **Media:** Examine the media airing and broadcast schedules and compare them with actual airing of media components
- **Interactive communication technologies:** Use Google Analytics and mobile phone data to examine the frequency with which information is updated across ICT platforms.
- **Community engagement:** Examine attendance records, meeting minutes (focus on actions undertaken and planned) and include local level case studies including periodic photo and narrative documentation from child clubs, parent meetings and participatory theatre performances.
- **Advocacy:** Examine attendance records, meeting minutes (focus on actions undertaken and planned). Tie in with the local level case studies including photo and narrative documentation to examine role of champions.

In order to keep this monitoring framework manageable, we recommend that the fidelity of community engagement and local advocacy be monitored in the sentinel sites studies described below.

Exposure

Exposure is measured as the degree to which C4D messages reach the intended audiences. In addition to exposure, intervening variables including recall¹² and engagement¹³ are critical to measure when monitoring and evaluating C4D efforts. The following methods are proposed for the four arms of the overall integrated EE initiative, while some methods are specific to individual arms of the overall initiative, others provide information on multiple arms. The methods are described below along with information on the specific arm of the overall integrated EE initiative that they can provide information on:

National ratings

National ratings can be used for the mass media and ICT arms. Audience measurement typically measures how many people are in an audience, usually in relation to radio listenership and television viewership, but also in relation to newspaper and magazine readership and, increasingly, web traffic on websites. There are at least two agencies in Cambodia that provide measures of television audiences: Kantor Media and IMS Consulting Group. If available, purchasing and analysing data from a reputable national ratings organization will provide external and population level estimates of exposure to the media and ICT activities proposed under the C4D strategy

Ongoing omnibus surveys

Ongoing omnibus surveys can be used for the national efforts from the mass media, ICT, and advocacy arms. An omnibus survey is a national survey that includes questions on a variety of topics for various clients (US Department of Health and Human Services, 1989). Omnibus surveys are designed so that questions can be added and analysed for new or separate projects. Where and when available purchasing questions on omnibus surveys is often a cost-effective way to generate information on exposure (and initial outcomes) of communication activities. An added benefit of omnibus surveys is that they provide independent validation of effects.

Rapid assessment surveys

Rapid Assessment Surveys can be used for local efforts from the mass media, ICT, community engagement, and advocacy arms. A rapid assessment study is a quick survey study designed to take approximately fifteen minutes or less in order to understand key factors influencing audiences (Trotter et al., 2001). A rapid assessment study is not a replacement for survey research or programme evaluation, but rather a complimentary monitoring activity conducted to understand how communication activities are resonating with audiences well before any endline results are calculated. Data collection modalities can be face to face or/and via telephone. Typically, the implementation of a rapid assessment survey involves the following steps (1) Selecting key sites (the number of sites to be selected is usually based on the level of disaggregation required); (2) Tracking the number of households required to reach “exposed” audiences; and (3) Interviewing at least 100 exposed audiences at each site.

¹² Recall is a measure of the degree to which audiences are able to correctly understand and repeat information

¹³ Engagement is a measure of the degree to which audiences consider information to be correct and trustworthy

Embedding research questions into the C4D activities

Embedding interactive research questions into the C4D activities can be done with the ICT and community engagement arms.¹⁴ These interactive research activities draw from a purposive sample, i.e. are not generalizable to the broader population, but they provide data that is otherwise unavailable in “traditional” measures. Both on-site and off-site activities can be considered. Decisions about specific research questions being embedded into the C4D activities will have to be made during the next steps, specifically the campaign design and branding and material development phase. At this point some examples using two of the proposed activities are provided below:

- **ICTs (Social Media - Facebook):** This monitoring component proposes, using Facebook sites to find viewers/listeners and interact with them through visual and narrative data to take the pulse of the audience. For example: a visual technique might include asking fans to “post a photo of what a specific C4D activity means to you” to understand how the C4D activities are resonating with audiences. A narrative technique might be to hold a “superfan” contest to locate highly involved viewers and listeners and contact them for a key informant interviews¹⁵.
- **Community Engagement (Participatory Theatre):** Similar to the techniques described above, an example of a narrative technique associated with the participatory theatre activity might include, asking 3 or 4 questions about the storyline and behaviours during or right after a drama performance and analysing the narrative responses. A visual technique might involve holding a “superfan” contest to locate a highly-involved community (or group) and conduct participatory sketching with the selected groups to determine VAC preventative actions and ways to overcome unnecessary family separation as a result of local involvement. Local level case studies mentioned as a method to measure fidelity can be used to also cover exposure measurements.

Outcomes

Outcomes express the results or benefits that will be achieved if the activities and approaches are implemented successfully. Dose is a measure of the degree to which increasing levels of exposure create multiple and sustainable effects. Two methods can be used to monitor outcomes: rapid assessment surveys and sentinel site studies.

Rapid assessment surveys

Rapid assessment surveys can be used for local efforts from the mass media, ICTs, community engagement, and advocacy arms. Apart from providing a measure of reach, the rapid assessment surveys can also be used to examine initial outcomes such as changes in knowledge, new learnings and discussion on key topics based on exposure to different C4D activities.

¹⁴ It might be possible to build in an interactive component into the media C4D activities as well. For example, a call-in component to the radio and TV series, a social media link with the print media

¹⁵ Highly involved listeners while not being representative of the entire population can help explain what critical elements of the show are most appealing and provide feedback to the production team to produce material that is compelling and resonant to audiences.

Sentinel site studies

Sentinel site studies can be used for the mass media, ICT, community engagement, and advocacy arms. This M&E framework proposes the selection of sentinel sites for monitoring¹⁶ in the priority provinces.

Sentinel study sites should be selected during the implementation of the “select intervention sites” phase of the C4D strategy. At the very minimum, 10% of the intervention communes need to be included as sentinel sites. Depending on the pace of implementation, data collection at sentinel sites should occur quarterly (most frequent) or at the minimum bi-annually. However, the sampling frame and data collection process for the sentinel sites will depend on the total number of intervention sites by province and the desired degree of representativeness and generalizability by province. Appendix 2 provides information on various options for selecting sentinel sites.

Monitoring tools

Monitoring will involve the creation and implementation of routine process tools designed to examine the extent to which programs are being implemented according to plan. For example, as part of the local engagement initiatives through child clubs and parent groups, a standardized format is needed to collect information from meetings including attendance registers, agendas, meeting minutes, and next steps.

In addition, six different participatory methods are being proposed to examine the extent to which the key elements of the PROTECT framework are applied at the grassroots level (see Figure 5). Table 8 provides information on the innovative participatory methods being proposed to monitor key indicators corresponding to the PROTECT framework. These activities should be implemented in the sampled sentinel sites. Appendix 3 provides a brief description of these monitoring tools.

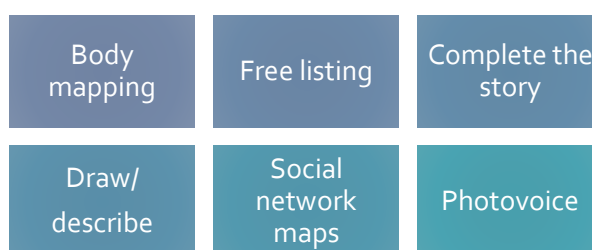


Figure 5: Six participatory monitoring methods

Table 8: Participatory monitoring activities in sentinel sites	
Protect framework	Participatory monitoring activities

¹⁶ The C4D strategy proposes the selection of intervention sites for community based interventions. The C4D strategy is based on 25 percent of communes in 5 focal provinces, i.e. 116 communes and approximately 927 villages. The sentinel sites for monitoring will be sampled from within these intervention sites.

Promote a culture of zero tolerance	<ul style="list-style-type: none"> • Body mapping – How violence impacts a child physically and psychosocially
Recognize specific vulnerabilities	<ul style="list-style-type: none"> • Free listing of effective parenting domains (e.g. nurturance, structure, recognition, and empowerment) to assess knowledge of and actions • Free listing based on the social ecological model of potential remedial actions
Orient all duty bearers and rights holders	<ul style="list-style-type: none"> • Free-listing of parental duties and responsibilities to prevent VAC • Free-listing of parental duties and responsibilities to prevent family separation • Complete the story regarding completing school
Transform attitudes	<ul style="list-style-type: none"> • Draw/describe – What does a community with “zero tolerance” for VAC look like? • Draw/Describe – “What does a community where all children have the same rights regardless of background factors look like?”
Explore options and solutions	<ul style="list-style-type: none"> • Social network maps to measure interpersonal communication about VAC safety measures with children • Free listing for anger management techniques • Free listing based on the social ecological model to examine individuals taking action to keep families together • Free listing based on the social ecological model of available options to reintegrate children from residential facilities
Commit to end violence and family separation	<ul style="list-style-type: none"> • Social network maps to measure interpersonal communication on VAC and family separation • Photovoice
Take positive action	<ul style="list-style-type: none"> • Complete the story to examine action taken to use anger management techniques • Complete the story to monitor positive parenting behaviours • Photovoice

Evaluation

According to the Revised Evaluation Policy of UNICEF (2013), evaluation is an assessment, as systematic and impartial as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance. It focuses on expected and achieved accomplishments examining the results chain, processes, contextual factors and causality, in order to understand achievements or the lack thereof. It aims at determining the relevance, impact, effectiveness, efficiency and

sustainability of the interventions and contributions of the organizations of the United Nations system. An evaluation should provide evidence-based information that is credible, reliable and useful, enabling the timely incorporation of findings, recommendations and lessons into the decision-making processes of the United Nations system and its members.

The two broad elements for this programme evaluation include the following measures:

- Short-term outcomes
- Medium-term outcomes

The short-term outcome measures will include all the indicators for the PROTECT framework (*see Tables 1-7*). These outcomes include measures capturing knowledge, beliefs, self-efficacy, intention, and/or behaviours for the topics depicted in Figure 5.

The medium-term outcome indicators include measures of prevalence for VAC and family separation. The medium-term outcomes which need to be included are the following:

- Proportion of Cambodian girls and

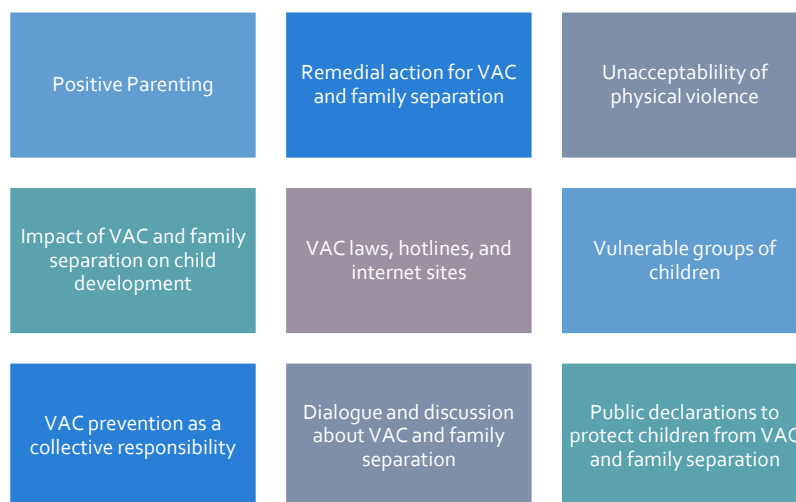


Figure 6: Broad list of topics covered by Cambodia PROTECT indicators

boys who have experienced any forms of violence (CVACS)

- Broken down by specific type of violence, severity, frequency, perpetrator, victim demographics, time period, and location
- Proportion of Cambodian girls and boys who are in residential care

These two indicators link back to the VAC Theory of Change. Moreover, the C4D strategy and this M&E framework are based on prevalence data from Cambodia as measured through the CVACS. If another CVACS study is planned in the future, we recommend the inclusion of additional questions pertaining to sources of information to address VAC. Our ability to ask questions specific to the C4D activities proposed in the C4D strategy, especially the media activities, will provide much needed independent validation on the effectiveness of the C4D strategy at the national level.

The two components that form the basis for the evaluation of the effectiveness of the C4D strategy are grounded in a research design that should meet a series of established causal criteria (Appendix 4). The multichannel approach being proposed in the C4D strategy warrants the use of a pre-and post with control group and post only program group design for evaluation (*see Table 9*). The strength of this design is that in the absence of a Randomized Control Trial (RCT), which is not feasible given the full coverage nature of the C4D strategy, it allows for controlling on most of the causal criteria and threats to validity, for changes in the treatment group relative to what happened without the program as well as sensitization.

Assuming that the mass media efforts will be national, and thus providing all audiences with an equal chance of being exposed, we recommend a baseline study in communities where the community based interventions will be implemented (O₁ – Baseline) and also in a set of matched equivalent control sites where the community based efforts will not take place (O₂-Baseline). An additional endline sample (O₃ – Endline) is proposed to examine the effect of the intervention while controlling for sensitization that might result from the measurement itself.

Table 9: Proposed evaluation design

Design	Baseline	Intervention	Endline	Measures
	O ₁	X	O ₁	
Pre-and post with control group and post only program group	O ₂	--	O ₂	Outcome in all O; Measure exposure post X in intervention. Panel or community level only.
	--	X	O ₃	

A sequential mixed methods design is proposed for the evaluation component. The primarily quantitative baseline and endline studies will be followed by qualitative data collection to help explore and explain the key results from the quantitative component. To the extent feasible we recommend the utilization of the same participatory monitoring tools that have been proposed as part of the sentinel site studies for the qualitative segment of the evaluation.

In terms of sampling frame for the evaluation, a stratified approach is recommended drawing upon representative samples of populations corresponding to low, medium and high levels of media access. This stratification will allow for the measurement of different arms of the integrated E-E initiative while controlling for exposure to the media component. Additional criteria for sampling include the inclusion of all key audiences – children, parents, caregivers and community members in the sample. More information on sampling for this evaluation is provided in Appendix 5.

At the current time, the evaluation design consists of a baseline and endline. Having two points of data will allow for changes in the numerators to be tracked over time. This pre-and post design is based on the assumption of a two-year implementation. If the C₄D strategy is implemented over a longer duration this design can be adjusted with the current endline serving as a midline and an additional endline evaluation planned for the end of the strategy.

Final thoughts

This M&E framework builds off of the communication goals and objectives laid out in the C₄D conceptual framework and strategy documents. It provides a detailed roadmap with which to monitor and evaluate the C₄D activities.

Even at this early stage, it is critically important to give careful consideration to how the collection of data for the monitoring and evaluation efforts can be done ethically.¹⁷ This is especially important in the context of research involving children and given the sensitive nature of the topic of violence and unnecessary family separation. An overview of the dominant principles found in guidelines for ethical research and some special considerations when working for children are covered in Appendix 6.

As the M&E framework is brought to life, some time should be allocated to thinking about the dissemination of the research findings, as this is something that is often overlooked or poorly done (Glasgow et al., 2012). Opportunities should be created to share the research results with community members, stakeholders, partners, government counterparts, other UNICEF COs, and researchers. By exploring innovative methods of communicating research findings that go beyond reports and Power Point presentations, this ambitious and large-scaled effort can be used to inspire, plan, implement, and evaluate similar endeavours within and beyond the Cambodian context.

¹⁷ Refer to the 'UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis'.

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Appendix 1: Conceptualizing and operationalizing key constructs

To ensure systematic measurement, it is paramount to establish conceptual and operational definitions for the key constructs in the M&E framework. Conceptualization is the process of specifying what is meant by a particular term or construct, while operationalization focuses on the development of specific procedures by which a construct is measured. These are critical steps to think about as objectives are converted into indicators, but all the more necessary when identifying measures for each indicator. The following paragraphs provide a description of how key constructs for this M&E framework are being conceptualized and/or operationalized.

Good touch and bad touch

The Children's Knowledge of Abuse Questionnaire developed by Tutty (1995) evaluates elementary school-aged children's learning of the key concepts taught in most sexual abuse prevention programs. It specifically focuses on common themes including body ownership, good touch verses bad touch, private parts, no secrets, who is a stranger, tricks, permission to tell, abuse by familiar people, it's not your fault and boys are at risk for sexual abuse. Questions on this scale are presented in Table 10:

Table 10: Children's knowledge of abuse questionnaire items
It's OK to say "no" and move away if someone touches you in a way you don't like.
If a grown-up tells you to do something you always have to do it.
If your friend says s/he won't be your friend anymore if you don't give her/him your last piece of candy, then you should give it to her/him.
If someone walks in while you are having a bath and you feel uncomfortable, you should just keep quiet.
Some touches start out feeling good then turn confusing.
You can trust your feelings about whether a touch is good or bad.
Even hugs and tickles can turn into bad touches if they go on too long.
If you don't like how someone is touching you it's OK to say "no".
You have to let grown-ups touch you whether you like it or not.
Even someone you like could touch you in a way that feels bad.
Sometimes it's OK to say "no" to a grown-up.
If your baby-sitter tells you to take off all your clothes but it's not time to get undressed for bed, you have to do it.
You always have to keep secrets.

Strangers look like ordinary people.
You can always tell who's a stranger - they look mean.
If someone touches you in a way you don't like, you should not tell anyone.
If a mean kid at school orders you to do something, you had better do it.
If someone touches you in a way that you don't like, it's your own fault.
Boys don't have to worry about someone touching their private parts.
Even someone in your family might want to touch your private parts in a way that feels confusing.
A stranger is someone you don't know, even if they say they know you.
Sometimes someone in your family might touch you in a way you don't like.
If someone touches you in a way that does not feel good, you should keep on telling until someone believes you.
If a friend's dad asks you to help him find their lost cat, it's OK to go with him and help.

Anger management strategies and scale

The American Psychological Association¹⁸ identifies 8 strategies for managing anger in a non-violent and healthy manner.

1. **Relaxation:** deep breathing, thinking about relaxing imagery, slowly repeating a calm word or phrase, nonstrenuous exercises
2. **Cognitive restructuring:** replace angry thoughts with rational ones, avoid saying words such as never or always, remind yourself that getting angry doesn't fix the situation, use logic
3. **Problem solving:** make plans and check your progress as you encounter a situation
4. **Better communication:** Slow down and think through your response, listen to others, take your time before reacting or answering
5. **Use humour**
6. **Change your environment:** take a break, set aside some personal time
7. **Find alternatives** to situations that always make you angry
8. **Avoid** situations, people, or things that trigger your anger

The Anger Management Scale- Brief Trait Version (Hamby et al., 2013) is a 5-item scale with responses ranging from mostly true about me, somewhat true about me, a little true about me, and not true about me. Participants are asked to respond to the five statements in Table 11.

¹⁸ See <http://www.apa.org/topics/anger/control.aspx> for the list of anger management techniques

Table 11: Brief trait anger management scale items

I can calm myself down when I am upset
I can tell when I am beginning to get angry
I can usually tell when I am about to lose my temper
Before I let myself get really angry, I think about what will happen if I lose my temper.
When I feel myself getting angry, I try to tell myself to calm down

Parenting measures

The three related parenting measures, which have some overlap but are also designed to examine specific aspects of positive parenting¹⁹:

1. **Effective parenting domains** – Refer to broad domains of parenting which can be operationalized in terms of nurturance, structure, recognition and empowerment.
2. **Positive parenting practices** – Refer to specific behaviours vis a vis 1) Communicating with the child; 2) Creating structure and rules; 3) Giving directions; and 4) Using discipline and consequences.
3. **Positive parenting styles** – Refer to individual parenting behaviours that allow for classification of parenting into different typologies

Positive parenting practices

Positive parenting practices can be classified into four categories: 1) Communicating with the child; 2) Creating structure and rules; 3) Giving directions; and 4) Using discipline and consequences. The specific behaviours that correspond to each of these categories are presented below (*see Table 12*). Through pretesting, a selection of behaviours can be converted into Likert-scale statements (responses ranging from very important to not at all important) that can be used to examine the proportion of respondents who consider these behaviours to be important to positive parenting practice.

¹⁹ Based on the roll-out and implementation plan for the C4D strategy it may be possible to combine the positive parenting skills and positive parenting practices into an overall multi-dimensional measure

Table 12: Positive parenting practices

Communicating with your child	Creating structures and rules
<ol style="list-style-type: none"> 1. Praise your child when she does something right. 2. Pay positive attention to your child when he is talking to you or trying to communicate with you. <ol style="list-style-type: none"> a. Positive attention includes things like praise, hugs, kisses, pats on the back, and high-fives. b. Negative attention includes things like scolding, correcting, and yelling. c. Description includes describing what your child has said with details. d. Reflection includes labelling and summing up how you think he/she feels. 3. Set aside time each day to talk with your child. 4. Set aside time each day to play with your child. <ol style="list-style-type: none"> a. Reading b. Singing c. Imaginative play (art, blocks) d. Unstructured play 	<ol style="list-style-type: none"> 1. Be consistent includes doing the same thing every time <ol style="list-style-type: none"> a. Identify important daily activities and decide the order they should happen. b. Identify key times of the day when the activities should occur and make a routine. c. Setting rules includes specific, clear statement about behaviours you expect from your child. d. Talk about what rules would help their family and agree which ones to set. 2. Be predictable includes child should know what is going to happen <ol style="list-style-type: none"> a. Post the rules in the house so everyone can know them. b. Remind child about routines and rules c. Have conversations with other adults who care for their children about the rules, so everyone knows what is allowed and not allowed. d. Ask all caregivers to be consistent in monitoring and enforcing the rules. 3. Follow-through includes enforcing the consequences and doing what you say you will do in response to your child's behaviours. This is often called the "say what you mean and mean what you say."

Giving direction	Using discipline and consequences
<ol style="list-style-type: none"> 1. Make sure you have your child's attention when you give a direction. 2. Be clear about what behaviour want your child to do and when he/she needs to do it. <ol style="list-style-type: none"> Be specific about the behaviour you want to see Make it a statement One direction at a time Use a neutral tone Be polite and respectful Use gestures Chose words carefully Give child choices where possible Provide carefully timed explanations 3. Ask your child to repeat the direction back to you to make sure he understands. 4. Add a consequence for following directions. 	<p>Consequences can be both positive and negative.</p> <ol style="list-style-type: none"> 1. Provide Positive consequences includes showing your child she has done something you like. <ol style="list-style-type: none"> Social Rewards include praise and attention Material Rewards include rewards system 2. Provide Negative consequences includes letting your child know you do not like what she has done. <ol style="list-style-type: none"> Ignoring Distraction Delay or remove privileges Time out

Effective parenting domains

The strategy and the M&E framework consider parenting to be the primary responsibility of parents and caregivers, but also acknowledges that extended family members, neighbours, and community members all play a role in helping children reach their full potential. Effective parenting is being conceptualized as having four domains: nurturance, structure, recognition, and empowerment (Pecnic, 2007). These four domains align with the principles embodied in the UN *Convention on the Rights of the Child* and lay the foundation for parents (and other individuals) to act in the best interests of the child. Definitions and specific practices that fall under each domain are provided in Figure 7 below.



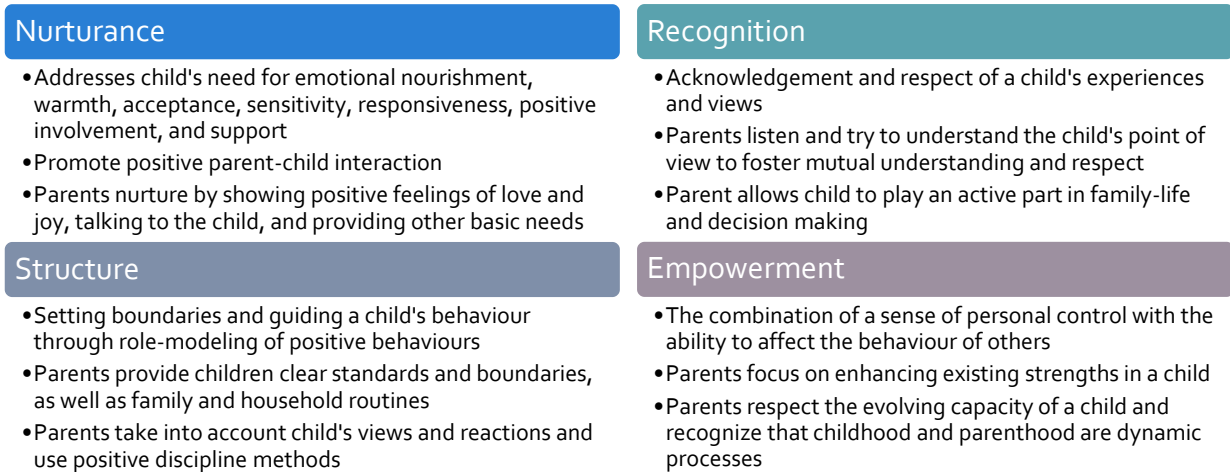


Figure 7: Four domains of effective parenting

Positive parenting styles

Baumrind (1971) originally conceptualized eight types of parents based on parents' attitudes and values about parenting, their beliefs about the nature of their children and also specific parenting practices they employ to socialize their children. Over time parenting styles have commonly been studied as falling into three broad categories: authoritative, authoritarian, permissive. Data on parenting styles is collected by parents directly or indirectly by asking adolescents about their parents. Additionally, the questions can be asked to one parent about another. The tool is based on a series of questions which respondents' answer on a five-point scale ranging from never to always. The original validated scale consisted of 133 items (Block, 1965), although over time the scale has been validated for use with 63 items (Darling, N., & Steinberg, L., 1993); Robinson, Mandleco, Olsen Roper & Hart, 1995) A modified list of items in the scale from is provided below (see Table 13).

Table 13: Parenting style modified scale items
Know the names of child's friends
Aware of problems or concerns about child in school.
Give praise when child is good
Give comfort and understanding when child is upset
Express affection by hugging, kissing, and holding child
Show sympathy when child is hurt or frustrated

Tell child we appreciate what the child tries or accomplishes
Responsive to child's feelings or needs
Encourage child to talk about the child's troubles
Have warm and intimate times together with child
Apologize to child when making a mistake in parenting
Explain the consequences of the child's behaviour
Give child reasons why rules should be obeyed
Emphasize the reasons for rules
Help child to understand the impact of behaviour by encouraging child to talk of consequences of own actions
Explain how we feel about his/her good and bad behaviour
Talk it over and reasons with child when the child misbehaves
Tell child our expectations regarding behaviour before the child engages in an activity
Take into account child's preferences in making family plans
Allow child to give input into family rules
Take child's desires in to account before asking the child to do something
Encourage child to freely express (himself)(herself) even when disagreeing with parents
Channel child's misbehaviour into a more acceptable activity
Be easy going and relaxed with child
Show patience with child

Joke and plays with child
Show respect for child's opinions by encouraging child to express them
Explode in anger towards child
Yell or shouts when child misbehaves
Argue with child
Disagree with child
Use physical punishment as a way of disciplining our child.
Spank when our child is disobedient
Slap child when the child misbehaves
Grab child when being disobedient
Guide child by punishment more than by reason
Shove child when the child is disobedient
Punish by taking privileges away from child with little if any explanations
Punish by putting child off somewhere alone with little if any explanations
Use threats as punishment with little or no justification
When two children are fighting, discipline children first and asks questions later
Appear to be more concerned with own feelings than with child's feelings
When child asks why (he)(she) has to conform, states: because I said so, or I am your parent and I want you to
Tell child what to do

Demand that child does/do things
Scold and criticize to make child improve
Scold or criticize when child's behaviour doesn't meet our expectations
State punishments to child and do not actually do them
Threaten child with punishment more often than giving it
Spoil child.
Give into child when (he)(she) causes a commotion about something.
Carry out discipline after child misbehaves
Bribe child with rewards to bring about compliance
Allow child to interrupt others
Allow child to annoy someone else
Ignore child's misbehaviour
Withhold scolding and/or criticism even when child acts contrary to our wishes
Appear confident about parenting abilities
Appear unsure on how to solve child's misbehaviour
Find it difficult to discipline child
Set strict well-established rules for child
Be afraid that disciplining child for misbehaviour will cause the child to not like his/her parents

Remedial actions

Remedial action is being conceptualized as a four-step process that individuals should follow when responding to violence and family separation. The four steps for remedial action include: 1) seeking informal support; 2) seeking formal support; 3) seeking formal services; and 4) taking legal action. A preliminary list of actions for each of the four steps is provided in Figure 8; these examples are based off the Table of Key Actions provided by UNICEF Cambodia.

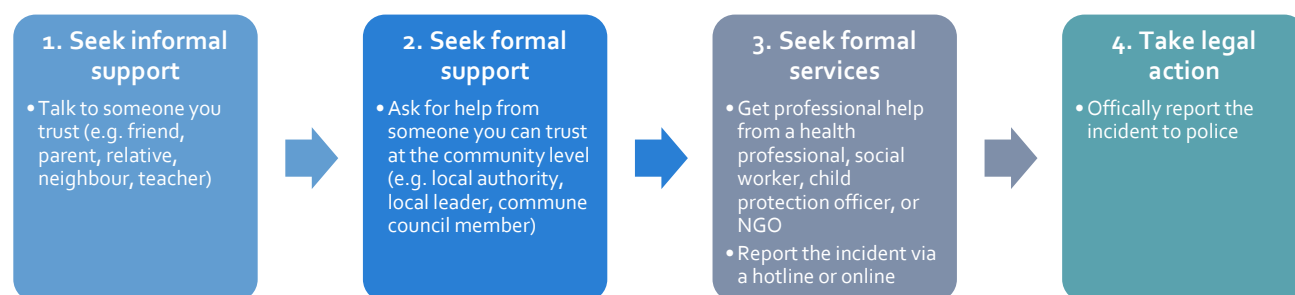


Figure 8: Operationalizing remedial action

General perceived self-efficacy

Self-efficacy refers to an individual's confidence in their ability to take action or adopt a behaviour (Rimer, Glanz, Viswanath, 2008). Self-efficacy is considered to be an important pre-cursor to actual behaviour change, as it influences how individuals approach goals, tasks and challenges, as well as the choices they make (Bandura, 1986). The general self-efficacy scale was developed to predict an individual's ability to cope with daily hassles and their ability to adapt after stressful life events (Schwarzer & Jerusalem, 1995). The scale includes 10-items with 4 response options: 1=not true at all; 2=hardly true; 3=moderately true; and 4=exactly true (Table 14):

Table 14: General perceived self-efficacy scale
I can always manage to solve difficult problems if I try hard enough
If someone opposes me, I can find the means and ways to get what I want
It is easy for me to stick to my aims and accomplish my goals
I am confident that I could deal efficiently with unexpected events
Thanks to my resourcefulness, I know how to handle unforeseen situations
I can solve most problems if I invest the necessary effort
I can remain calm when facing difficulties because I can rely on my coping abilities

When I am confronted with a problem, I can usually find several solutions
If I am in trouble, I can usually think of a solution
I can usually handle whatever comes my way

Exploring options to keep families together or bring back children

For this indicator, exploring options can be operationalized as an intermediate stage in the behaviour change continuum where a behaviour is recognized to be important, has been discussed, and behavioural intention is noted. However, no action has occurred. A series of questions could be asked to help stage where individuals are in terms of taking action to keep their family together or to bring back their children. Some examples of questions that could be used include:

1. Do you believe it is better or worse for a child to be institutionalized?
2. What about children with disabilities should they stay at home or be institutionalized?
3. How important is it for families to stay together?
4. Have you talked to someone about putting your child(ren) into an institution? (Based on social networks spanning the social ecological model)
5. How often have you had this conversation?
6. What did you discuss?
7. What did they tell you to do?
8. Have you talked to someone who was considering putting their child(ren) in an institution?
9. How often have you had this conversation?
10. What did you discuss?
11. What did you tell them to do?

A composite measure could be developed placing individuals in three categories: (1) Actively working to keep their family together; (2) Exploring action to keep their family together; (3) Not working to keep their family together. A similar composite measure can be created to measure exploring options for bringing back children from residential facilities. The denominator for this indicator will be small, as it will only apply to those who know of children in residential facilities.

Appendix 2: Options for selecting sentinel sites

The following criteria can be helpful for selecting sentinel sites for monitoring:

First, sentinel site selection could be based on the implementation modalities associated with the integrated E-E initiative. For example: site selection should occur during the implementation phase to correspond to intensity of implementation at the local level, so as to fully capture the distinct components of the integrated E-E initiative. For comparative purposes, it might be helpful to include sites that have high media penetration and undertake intensive community engagement efforts to examine the value added of intensive local engagement and advocacy to complement national efforts. At the other end of the spectrum it is also important to include sites that do not media access to examine the effects of local C4D activities among audiences who may not have access to the mass media and ICT arms of the integrated E-E initiative.

Second, another set of criteria could focus on the medium-term outcomes and sites with lower and higher than average rates of VAC and institutionalization of children could be selected for comparison. For example, sites with higher than average rates of VAC and/or institutionalization are likely those where C4D activities are likely to have most resonance and need. Monitoring outcomes in sites with differential levels of outcome variables will help compare the effects of the C4D activities by felt need.

Third, the criteria should be on selecting sites that are representative of the broader population in order for the information generated through sentinel sites monitoring to be relevant and applicable to other sites which do not have extensive monitoring. Finally, non-scientific but critical criteria for sentinel site selection include capacity and interest of local partners to undertake intensive monitor

Appendix 3: Descriptions of participatory monitoring tools

Table 15: Descriptions of participatory monitoring tools	
Participatory method	Brief description
Social network mapping	Social network mapping allows us to understand how individuals are connected and can also be used to figure out how information flows through social networks. It is a way of diagramming who talks to whom and about what. Here social network maps can be created to measure interpersonal communication about VAC and family separation.
Draw and describe	Draw and describe activities use visuals to understand how participants perceive and experience the world. Visuals can be created by participants or they can be given laminated cards or objectives to help them describe situations, people, or places. This method could be used to have respondents draw and describe what a community with zero tolerance for VAC looks like and what a community where all children have the same rights looks like.
Body mapping	Body mapping is a visual technique that uses diagrams representing part or all of the body. Here it could be used to explore how violence impacts a child physically and psychosocially.
Photovoice	Photovoice is visual method where participants are provided cameras, which are used to respond to a specific research question. This method allows us to gain insight into how participants see and view the world around them. This method could be used to showcase individuals who are committed to ending VAC and unnecessary family separation and those taking positive actions to protect children from VAC or unnecessary family separation.
Free listing	Free listing is a technique in which researchers ask participants to make a list of words, phrases, expressions, or instances to describe a particular concept or phenomenon (Ulin, Robinson, & Tolley, 2005). Free lists capture local perceptions of a specific topic and offer a lens through which to understand cultural beliefs. This can be used to generate a list of potential remedial actions based on the social ecological model, as well as actions that individuals are taking to keep families together and to reintegrate children from residential facilities. It can also be used to understand parenting duties and responsibilities towards VAC prevention and the prevention of unnecessary family separation.
Complete the story	Hypothetical vignettes are short pictorial or verbal stories or scenarios that participants have to resolve or react to. They allow researchers to: 1) study what specific actions or behaviours a participant would take in a given situation; 2) explore participants, beliefs, attitudes, and opinions, and 3) enables researchers to bring up sensitive issues that do not involve the participant to speak directly from their personal experiences, but rather projecting onto a third party. These could be used to examine action taken to use anger management techniques, to monitor positive parenting behaviours, and to examine the benefits of completing school.



Appendix 4: Criteria for causality

Criteria 1: Change	<ul style="list-style-type: none">• Observed difference or change in the population of interest• Example: Increase in the number of intervention communities denouncing early marriage
Criteria 2: Covariance	<ul style="list-style-type: none">• Correlation between communication and intended outcome• Example: Greater proportion of exposed rather than unexposed audiences registering births
Criteria 3: Time order	<ul style="list-style-type: none">• Exposure to the program occurred before the observed change in outcome• Example: Bystanders report “ringing the bell” or banging pots” after watching the cues to action on television PSAs.
Criteria 4: Control confounding effects	<ul style="list-style-type: none">• Effect of season, time of year• Example: Differential changes by demographic and economic disparities
Criteria 5: Magnitude	<ul style="list-style-type: none">• Observation of abrupt change in absence of other major influences• Example: Number of reports of corporal punishment in schools doubles within a span of six months after being stagnant for the previous year. No other promotional activities occurring at that time.
Criteria 6: Proximity	<ul style="list-style-type: none">• Direct causal connection specified by theory• Example: Television programme modelled positive discipline skills for parents
Criteria 7: Dose response	<ul style="list-style-type: none">• Impact increases in proportion to level or duration of exposure• Example: Greater proportion of student exposed to messages from multiple sources report changes in bullying behaviours compared to students exposed to messages from one source
Criteria 8: Replicability	<ul style="list-style-type: none">• Consistency with evidence from previous studies.• Example: Findings consistent across similar studies in other countries

Figure 9: Causality criteria

Appendix 5: Additional sampling information

In order to be representative, the sampling should utilize a multi-stage sampling stratified by population proportionate to size, by using census data as the basis to determine sample sizes. Another robust option might be to use the sampling frame from the CVACs to help with comparisons with CVACs data, ensuring that there is oversampling in the priority districts. In order to determine the number of child respondents to be included in the baseline, the differences method can be used to calculate accurate sample sizes. The differences method is designed to determine whether a program changed or created a difference between baseline and endline. The sampling equation to be used for this purpose is:

$$n = \frac{z^2 pq}{d^2}$$

d²

where:

n = Sample size needed

z = standard score for corresponding confidence intervals (1.96)

p = is estimated proportion of the variable of interest (behaviour). In this case assuming 50% as this gives us the maximum variation.

q = 1- p

d = estimate of the expected difference. In this case assuming 10%

The sample size calculations yield the following

$$n = \frac{z^2 pq}{d^2}$$

(.10) (.10)

$$n = \frac{1.9208}{.01}$$

.01

$$n = 192.08$$

This is the minimum sampling unit required to measure change over time, this sample will need to be multiplied depending on the level of disaggregation desired. For example, if the evaluation is designed to examine changes over time by gender, residence and socio economic status within each province, the sample size will need to be disaggregated by girls and boys living in rural and urban areas and belonging to different levels on socio-economic classification.



Appendix 6: Human subjects research guidelines²⁰

While there are no agreed upon international research ethics standard, numerous guidelines, codes, and regulations exist to guide human subjects research (e.g., the Nuremberg Code, the Declaration of Helsinki, The Belmont Report, the Council for International Organizations of Medical Science Guidelines and more). Despite the multiplicity of guidelines, a common set of principles and elements exist across these efforts including: concepts of respect for persons, beneficence, justice, informed consent, research ethics committees, and vulnerable populations. This section will elaborate more fully on these critical elements as they pertain to human subjects' research in general and to research involving children.

Respect, beneficence, and justice

The three fundamental principles of human research ethics are: respect for persons, beneficence, and justice. These principles apply not only to the individual but to communities. They are considered to be "universal, transcending geographic, cultural, economic, legal, and political boundaries" (FHI 360, 2009, p. 94).

Respect for persons acknowledges that all individuals are autonomous beings who have the freedom, right, and capacity to make their own choices (Department of Health, Education, and Welfare [DHEW], 1979; FHI 360, 2009). This means that an individual's decision to participate in research must be voluntary and based upon an adequate understanding of the research study and its associated risks and benefits (The Belmont Report, 1979). Ensuring participants have an adequate understanding can be difficult; many researchers are now looking to empower individuals through the informed consent process and are adopting techniques to enhance and assess comprehension. Over time, the concept of respect for persons has broadened to include not only individuals, but also the community's individuals belong to (FHI 360, 2009). This expanded understanding has brought to light the importance of taking into account social and cultural factors that may have a bearing on an individual's ability to make a decision. Finally, the concept of respect for persons also recognizes that some individuals have a diminished capacity to make their own choices due to physical, mental, social, or even economic reasons (FHI 360, 2009). Such individuals require special protections to ensure they are not harmed, exposed to undue risks, or coerced into participating in research.

Beneficence "holds the researcher responsible for the participant's physical, mental, and social well-being throughout their participation" (FHI 360, 2009, p. 98). Researchers must strive to do two things: 1) do no harm; and 2) maximize the benefits to the participant, while minimizing the risks (DHEW, 1979). Weighing the benefits and risks is a critical process as the study is being developed, reviewed, and approved. The pursuit of knowledge is never more important than the well-being of research participants.

Justice refers to "researchers' and sponsors' obligation to distribute the risk and benefits [of research] in an equitable manner for both potential participants and communities" (FHI 360, 2009, p. 100). The application of concepts of justice to research emerged to protect specific classes of individuals who historically had

²⁰ Refer to 'UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis'.

been exploited in the pursuit of scientific research. Examples of such groups include the indigent, prisoner populations, and minority groups. The selection of participants is carefully scrutinized by ethics committees to ensure that those involved in the research stand to benefit from the problem being studied.

Informed consent

Informed consent is defined as consent given by a competent individual, meaning an individual (18 years and older)²¹ has been given all the necessary information and has understood that information to make an informed decision about whether or not s/he wants to be involved in the research. Further, the individual has made a decision without having been subjected to coercion, undue influence or inducement, or intimidation.

Informed consent is not a one-off event, but rather a communication process between the researcher and the participant starting prior to the research study's initiation and continuing throughout the duration of the study (FHI 360, 2009). While consent is provided before the study begins it is important to check-in with the participant throughout the study. This can be done by asking her if s/he wants to continue and by taking note of the participant's body language during the study.

When developing informed consent materials, knowing your audience is critical. Determine the language preferences of potential participants and make sure to translate consent forms and any supporting documentation (e.g., waivers or index cards with contact information) into local languages. To ensure quality and accuracy, be sure to have these documents back-translated to. Take into account literacy levels of the individuals that will be recruited to determine whether written or verbal informed consent is most appropriate. Consider, too, the reading level of the informed consent documents and scripts. Make sure language is as clear and simple as possible. Whenever possible use visuals to enhance comprehension and make use of comprehension assessment techniques such as the teach-back approach. Also, take some time to think about who should administer informed consent and whether there are any power dynamics or cultural dimensions to consider. Figure 10 outlines the information that all consent and assent forms should cover.

Informed consent must cover the following information:

- Description of the research (i.e., name of study, study objectives, duration, expected responsibilities, procedures, sponsor/donor, responsible REC or IRB)
- Risks and benefits
- Participation is voluntary
- Confidentiality and privacy
- Compensation

Figure 10: Key information for consent

Research ethics committees

Research ethics committees are the cornerstone for the protection of research participants (FHI 360, 2009). These committees review research studies involving human subjects to ensure the protection of

²¹ For research involving children (individuals below the age of 18), informed consent is obtained from a parent or legal guardian and informed assent is obtained from the child. More information is provided in the section dedicated to research involving children.

participants throughout the entire research process. All committee members must receive basic training in research ethics. The committee should be multidisciplinary so that it can review a wide range of research proposals. Committee diversity in terms of culture and gender can help “promote a balanced review of the research” and ensure that “sensitivities to social issues are not overlooked or underestimated” (FHI 360, 2009, p. 141).

Research ethics committees review and assess the following components: research design and the qualifications of the researchers; the proposed recruitment strategy; safeguards for vulnerable populations; community impact; protocols to care and protect research participants during and after the research; informed consent procedures; and the mechanisms to maintain confidentiality and privacy of the participants. The committee’s work does not end with the approval of a study; these committees regularly check-in on ongoing research, review modifications or amendments to the study, monitor active studies for compliance, and investigate any issues that impact participant safety.

Vulnerable research participants

There are a number of groups who are considered to be vulnerable and require special protections. These groups include pregnant women, children, prisoners, individuals with diminished cognitive capacity, individuals with limited education, the poor, those with difficult access to health services, sex workers, and in some circumstances women. Research involving these groups must carefully weigh the balance of risks and benefits before proceeding with the research. The next section provides more considerations for research involving children.

Research involving children

The desk review and the C4D conceptual framework touched upon the importance of involving children in issues that affect them not only because they have a right to be heard but also as a means of enriching research findings. It is worth spending some time discussing how children can be meaningful participants of research endeavours in a way that fulfils international legal and ethical requirements and takes into account a child’s age and developmental capacities.

Research involving children refers to children who take part directly or indirectly in research activities including implementation, monitoring, and evaluation (Graham, Powell, Taylor, Anderson, & Fitzgerald, 2013). Researchers have a legal obligation to uphold and protect children’s rights as embodied by the *Convention on the Rights of the Child* and CRPD throughout the entire research process. Ensuring mechanisms are put in place to protect children is especially important when discussing sensitive topics such as violence.

Collecting data on violence against children requires tact and discretion, especially when it involves asking children to describe their personal experiences with violence. Researchers must tread carefully by weighing the risks and benefits of involving children and by making every attempt to minimize the possibility of re-traumatizing a child. Using a child-centred approach, incorporating child-friendly debriefing sessions, or in some cases having a primary caregiver present are some ways to minimize distress or discomfort. Similarly, it is important to realize that by asking children to disclose or report violent events such as abuse, researchers may be putting the child at risk of further violence if the perpetrator of violence should overhear or learn about what the child has told you. Having private spaces, establishing confidentiality protocols, and

mechanisms to securely store data is therefore critical. Use the questions in Figure 11 to guide potential research involving children.

Finally, how a child participates in a research activity should be dictated by the age, competence, and vulnerability of the child. This applies to all components of the research activity: from the research design, to the informed consent procedures, to the data collection and dissemination processes. Researchers should challenge themselves to be as inclusive as possible, without jeopardizing the rights, dignity, wellbeing, or safety of a child (see *Figure 11*).²²

Take a moment to reflect upon the following questions adapted from Graham et al. (2013) before embarking on research activities involving children:

- Is the research necessary? Should it be undertaken?
- Are you, the researcher, ready and capable to conduct research with children? Do you have the requisite skills and resources to work effectively with children?
- How will you obtain informed consent? Will you also collect parental consent?
- What are your assumptions about childhood? What are those of the community you are working with?
- What are the potential risks a child, their families, or community faces if involved in the research activity?
- What are the potential benefits for children, their families, or community?
- Are there any issues of power and status to contend with before involving children as research participants? If so, then how will these be mitigated?
- What child protection protocols are in place to ensure the safety of children?
- If a child becomes distressed, what will you do?

Figure 11: Key questions to consider before involving children

²² For more information on ethical research involving children, see Graham et al. (2013): <http://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-approved-digital-web.pdf>