

ក្រសួងមហាផ្ទៃ
អគ្គលេខាធិការដ្ឋាន
នាយកដ្ឋានទំនាក់ទំនងអន្តរជាតិ

កំណត់បញ្ជាក់លិខិតចូល

ក្រសួង-ស្ថាប័ន : ក្រសួងការបរទេស លេខ៖ ៨២០៦ អជ.កបទ.សអ ចុះថ្ងៃទី២៤ ខែវិច្ឆិកា ឆ្នាំ២០២០
កម្មវត្ថុ : ដីកាបញ្ជូន
ខ្លឹមសារសង្ខេប : ក្រសួងការបរទេស និងសហប្រតិបត្តិការអន្តរជាតិ បានបញ្ជូនកំណត់ទូតលេខ DMM/៣៥៣/ ២០២០ ចុះថ្ងៃទី១០ ខែវិច្ឆិកា ឆ្នាំ២០២០ របស់អង្គការអន្តរជាតិទេសន្តប្រវេសន៍ (IOM) នៅទីក្រុងហ្សឺណែវ ស្តីពី របាយការណ៍ចុងក្រោយ នៃគម្រោង "ទេសន្តប្រវេសន៍ និងផលប៉ះពាល់លើកុមារ និងក្រុមគ្រួសារកម្ពុជា (MICCAF)" សម្រាប់រយៈពេលចាប់ពីខែតុលា ឆ្នាំ២០១៧ រហូតដល់ ថ្ងៃទី៣១ ខែមីនា ឆ្នាំ២០១៩។
(សូមគោរពជូនភ្ជាប់នូវច្បាប់ចម្លងនៃរបាយការណ៍)

រាជធានីភ្នំពេញ ថ្ងៃទី២៦ ខែវិច្ឆិកា ឆ្នាំ២០២០

យោបល់ ឯកឧត្តម រដ្ឋលេខាធិការ

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27.11
20
សន្តិ-សេដ្ឋី

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អន សាន់ណាយីម

យោបល់ នាយកដ្ឋាន

គោរពជូន ឯកឧត្តម អគ្គលេខាធិការ

- គួរជូន ឯកឧត្តម រដ្ឋលេខាធិការ ដើម្បីជូនជ្រាបដ៏ខ្ពង់ខ្ពស់។
- គួរជូន អគ្គលេខាធិការដ្ឋាន គ.ជ.ប.ជ ដើម្បីជូនជ្រាប។
ដោយសេចក្តីគោរព!

P. ប្រធាននាយកដ្ឋាន

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វិស្ស វិជ្ជា

**យោបល់ សម្តេចក្រុងហោម ឧបនាយករដ្ឋមន្ត្រី
រដ្ឋមន្ត្រីក្រសួងមហាផ្ទៃ**

យោបល់ ឯកឧត្តម អគ្គលេខាធិការ

- សូមគោរពជូន ឯកឧត្តម រដ្ឋលេខាធិការ ដើម្បីជូនជ្រាបដ៏ខ្ពង់ខ្ពស់។
- គួរជូន អគ្គលេខាធិការដ្ឋាន គ.ជ.ប.ជ ដើម្បីជូនជ្រាប។
ដោយសេចក្តីគោរព!

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27/11
នាយឧត្តមសេនីយ៍. វណ្ណ វណ្ណ
នាយឧត្តមសេនីយ៍. ស៊ូ វ៉ាន់ធី



ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

ក្រសួងការបរទេស
និងសហប្រតិបត្តិការអន្តរជាតិ

លេខ: ៧២០០ អជ.កបទ.សអ
ក្រសួងមហាផ្ទៃ
អគ្គនាយកដ្ឋានព្រំដែន
ចូល លេខ: 447
ថ្ងៃ: 25.11.20 ឆ្នាំ: 20

ដីកាបញ្ជូន
គោរពជូន: ក្រសួងមហាផ្ទៃ

នាយកដ្ឋានព្រំដែនអន្តរជាតិ
ចូល លេខ: ១១.៩៩.១១.៧/២៧៧
ថ្ងៃទី ២៥.១១.២០ ខែ ១១/២០
បញ្ជូន:

ល.រ	រាយមុខលិខិត	ចំនួន		សេចក្តីផ្សេងៗ
		ច្បាប់	ទំព័រ	
១.	កំណត់ទូតលេខ DMM/353/2020 ចុះថ្ងៃទី១០ ខែវិច្ឆិកា ឆ្នាំ២០២០ របស់អង្គការអន្តរជាតិទេសន្តប្រវេសន៍ នៅទីក្រុងហ្សឺណែវ ស្តីពីរបាយការណ៍ចុងក្រោយ នៃគម្រោង "Migration and its Impacts on Cambodian Children and Families (MICCAF)" ។	០១ ច្បាប់	២៩ទំព័រ	"ដើម្បីមុខការតាមការគួរ"
	សរុបចំនួន	០១ ច្បាប់	២៩ទំព័រ	

ថ្ងៃ ពុធ ១៤ ខែ វិច្ឆិកា ឆ្នាំ ២០២០ ខែមិគសិរ ឆ្នាំជូត ទោស័ក ព.ស.២៥៦៤
រាជធានីភ្នំពេញ ថ្ងៃទី ២៤ ខែវិច្ឆិកា ឆ្នាំ២០២០



គ.ប រដ្ឋមន្ត្រី
ប្រធាននាយកដ្ឋានរដ្ឋបាល

ហ៊ុ សុផាណី



International Organization for Migration (IOM)
The UN Migration Agency

DMM/353/2020

The International Organization for Migration (IOM) presents its compliments to the Permanent Mission of the Kingdom of Cambodia to the United Nations Office and other International Organizations in Geneva and has the honour to enclose the Final Report of the project "Migration and its Impact on Cambodian Children and Families (MICCAF)", funded through the IOM Development Fund: Developing Capacities in Migration Management.

The provision of this Report is part of an on-going effort to increase the flow of information on the IOM Development Fund to the Member States and other interested parties. Further information on the IOM Development Fund can be viewed on the web page at the following address: www.iom.int/developmentfund.

The International Organization for Migration (IOM) avails itself of this opportunity to renew to the Permanent Mission of the Kingdom of Cambodia to the United Nations Office and other International Organizations in Geneva the assurances of its highest consideration.



Permanent Mission of the Kingdom of Cambodia
to the United Nations Office and other
International Organizations in Geneva
Chemin de Taverney 3
1218 Grand-Saconnex



IOM DEVELOPMENT FUND
DEVELOPING CAPACITIES IN MIGRATION MANAGEMENT

MIGRATION AND ITS IMPACT ON CAMBODIAN CHILDREN AND FAMILIES (MICCAF)

FINAL FINANCIAL REPORT TO THE IOM DEVELOPMENT FUND

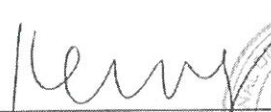
for the period from October 2017 to 31 March 2019

	USD
CONTRIBUTIONS	
IOM Development Fund - 2017 Allocation	200,000
Transfer of funds to "IDF Project Evaluation" (MK.0047)	(4,500)
Total resources	195,500


EXPENSES	Budget	
Staff expenses	45,585	45,585
Office expenses	11,198	11,198
Operational expenses		
Output 1.1 Increased knowledge of qualitative and quantitative research, appropriate to Cambodian setting	33,506	28,953
Output 2.1 Research on the impact of parents/families migrating at the household level across Cambodia is available for Cambodian government officials and civil society representatives	48,685	48,686
Output 2.2 Research is available on the placement of children in Residential Care Institutions (RCIs)	15,358	15,357
Output 2.3 Government of Cambodia and civil society is presented with research findings to inform future projects and policy	41,168	41,040
Final evaluation	4,500	-
Total expenses	200,000	190,819

Balance of resources at 31 March 2019 USD 4,681

As the responsible project manager, I certify that the financial and narrative reports are correctly stated in accordance with IOM internal rules and procedures.



Kristin Parco
Chief of Mission
IOM Cambodia, 6 December 2019



Final Report to the IOM Development Fund

MIGRATION IMPACTS ON CAMBODIAN CHILDREN AND FAMILIES (MICCAF)

Project Data Table

Executing Organization:	International Organization for Migration (IOM)		
Project Identification and Contract Numbers	KH10P0004/MA.0407		
Project Management Site and Relevant Regional Office:	Management Site: Cambodia-CO-Phnom Penh-KH10 Regional Office: RO Bangkok		
Project Period:	01-10-2017 - 31-03-2019		
Geographical Coverage:	Cambodia		
Project Beneficiaries	Non Migrant Beneficiaries	Target	Achieved
	National government institutions	24 (24 Unknown)	36 (36 Unknown)
	Migrant family members	4000 (100 Children (12-17), 1950 Children (5 to 11), 0 Children (0 to 4), 1950 Adult (25 to 59 years))	3040 (789 Children (12-17), 0 Children (5 to 11), 734 Children (0 to 4), 1517 Adult (25 to 59 years))
	Total (Migrant+ Non Migrant)	4024	3076
Project Partner(s):	Louvain Cooperation, Hong Kong University, Plan International		
Reporting Period:	for the period from 01 October 2017 to 31 March 2019		
Date of Submission:	11/06/2019		
Total Confirmed Funding:	200,000 USD		
Total Funds Received to Date:	200,000 USD		
Total Expenditures:	190,819 USD		

1. SUMMARY OF KEY ACHIEVEMENTS DURING THE REPORTING PERIOD

This project aimed to contribute to improving the health and well-being of left-behind children and families by providing evidence-based research to help influence effective government policy interventions in Cambodia. The two main outcomes of this project also looked at building capacity of Cambodian government officials and civil society to be able to conduct qualitative and quantitative research at international standards as well as through this evidence-based data, support them in formulate future policy intervention.

To reach the objective and outcomes, the project has gone through several collaborations with local and international organizations and academy institution in providing technical inputs, designing tools, capacity building, field data collection and dissemination of the findings as described below:

- Cooperation Agreements with Louvain Cooperation in December 2017 and Plan International in February 2018 were established to implement research field work on the migration impacts on children and families left behind.
- Domestic and International ethical approvals for the research obtained from National Ethical Committee (NEC) of Cambodia Ministry of Health (MoH) and Hong Kong University Ethics board.
- A participatory workshop was held with a total of 30 government counterparts, NGOs partners, and development partners to provide inputs into the research methodology, tools and assumptions and key trends related to the issues of Cambodian children and families left behind.
- This study adopts a mixed-methods approach using both quantitative and qualitative study methods. To address Research Question I (RQ1) on health impacts on children and adults of left-behind households a large-scale household survey is combined with qualitative interviews to better triangulate the findings. To address Research Question II (RQ2) on the pathways into residential care among children of migrant parents, qualitative methods were conducted due to a lack of understanding about the factors, the sensitivity of undertaking research with children in institutionalized care settings, and the absence of registry related information on migration and institutionalization.
- For the quantitative data collection, the research team delivered a five-day enumerator training (8th– 12th January 2018) on how to conduct the quantitative community based and household cross sectional surveys. The training employed survey guides and procedures, practice through simulations, and one-day field testing the surveys. In addition, the enumerators also received a one-day training in December 2017 on the nutrition component and including anthropometric measures by a nutrition specialist from Sri Lanka. A total of 20 enumerators (including three Government social affairs officials) and four team leaders were trained.
- A separate cohort of data collectors were trained for the qualitative research component. There were total six enumerators (three female), four government counterparts (one female) and two INGOs staff (one female) trained on how to conduct qualitative interviews. The training included interview guides and qualitative research protocols and procedures. During the field testing, at least 66 per cent of trainees demonstrated their understanding and skill to conduct qualitative interview in accordance with the guide and protocols.
- The community based and household cross sectional survey data collection occurred from February 2018 till May 2018. A total of 1,464 households were surveyed including one caregiver and one child per household, leading to surveys with 1,464 care givers, 730 children age from 12 to 17 years old, and 734 children age from 0 to 4 years. However, the data

processing and cleaning procedures identified five surveys which should be removed from analysis with inconsistencies or unreliable data resulting in a total of 1,459 (1,386 female) households which were included in the final data analysis.

- The qualitative interviews were conducted from September to November 2018. A total of 22 children in residential care (12 female), ten RCI 'house parents' and eight managers were interviewed at eight residential care institutions (RCIs). Furthermore, the qualitative component interviewed 37 households: 37 children (22 female) and 37 caregivers who were living within the community and village sites. Research findings were presented to government counterparts as well as civil society members through two events.
 - A one-day closed door meeting on 28 January 2019 with key partners and potential donors. Total of 44 participants (19 female) attended.
 - A one-day final consultative workshop on 21 March 2019. At least 62 participants (23 female) attended: 19 government officials, 15 civil society organization, 14 UN agencies, eight embassies representatives and six research team.
- Finally, 400 hundred (200 Khmer and 200 English) brochures of key findings and recommendations were published and distributed during the national dissemination workshop. The number of printed materials was considered large enough to mark the occasion for visibility purposes while disseminating more copies electronically to manage the budget low as well as for environmental reasons.
- Ten key findings were found included:
 - Change in family structure and dynamics: the extended family with a grandparent as the primary caregiver is the most predominant family structure among migrant households. The divorce rate among parents of migrant households is higher (9%) than the comparison group.
 - Economic disadvantages of migrant households: despite receiving remittance, migrant households have a significantly lower annual income (1762 USD) than non-migrant households (5452 USD). Medical expenditure for children in migrant households is significantly higher when compared to non-migrant households.
 - Vital roles of remittance: over 80% of families report that children can be enrolled in the school longer as a result of remittances; around 66% of household perceive an increasing ability to afford medical care after receiving remittances.
 - Poor coping capacities with food insufficiency: migrant and non-migrant households have a similar level of food security. However, migrant households have a higher consumption-based coping strategy score (CSI), indicating more frequent and severe coping strategies used to tackle food insufficiency.
 - Vulnerability of care givers left behind: caregivers who are mostly older women, in migrant household show risk of malnutrition and poor mental health, with a significantly higher rate of overweight (31%), depression (43%) and anxiety (50%) than caregivers in non-migrant households.
 - Potential benefit of parental migration on younger left behind: younger children under age 3 appear to benefit from parental migration: those in migrant households show advantages in terms of dietary diversity, nutritional status, and early development when compared to their counterparts.
 - Disadvantages of resilience among adolescent left behind: in general, children left behind (older child cohort) are not worse off on nutritional status and psychological well-being than their peers. However, parental migration, particularly international migration, is associated with lower scores of child resilience.

- Challenges to building secure attachment: girls in migrant households were less likely to be positively attached to their caregivers compared to their counterparts in non-migrant households. Mother-international-migration was associated with children's weaker attachment to their caregivers.
- Gendered differences of health vulnerability: boys showed a higher risk of malnutrition than girls. Also, they were less likely to have resilience, pro-social behaviors and a secured attachment over girls. Female caregivers were more vulnerable to be overweight, depression and anxious than male caregivers.
- Two pathways to residential care institution: the first pathway is migration as a factor in combination with numerous challenges including poverty, insufficient educational opportunities and

2. PROGRESS MADE TOWARDS REALIZING OUTCOMES AND OUTPUTS

The project *Migration Impacts on Cambodian Children and Families (MICCAF)* was funded by the IOM Development Fund with a separate donor (New Venture Fund¹) also contributing an equal amount to enable this project to be implemented.

The research had been designed involving three different institutions: International Organization for Migration (IOM) who provided project management and scientific oversight; the University of Hong Kong (UHK) who provided scientific oversight; and Louvain Cooperation (LC) who was an implementing partner.

The key research team comprises of three different institutions: IOM; Hong Kong University; and Louvain Cooperation as below:

Position	Designation	Institution
Assistant Professor, Department of Social Work and Social Administration	Principal Investigator (PI)	University of Hong Kong (UHK)
Global Migration Health Research and Epidemiology Coordinator	Co-Principal Investigator (Co-PI)	International Organization of Migration (IOM), Manila
Research Coordinator	Research Manager	Louvain Cooperation (LC), Phnom Penh, Cambodia
Program Manager	Programme Manager	Louvain Cooperation (LC), Phnom Penh, Cambodia

This study adopts a mixed-methods approach using both quantitative and qualitative study methods. To address Research Question I (RQ1) on health impacts on children and adults of left-behind households a large-scale household survey is combined with qualitative interviews to better

¹New Venture Fund is a public charity supports innovative and effective public interest projects. NVF execute a range of donor-driven public interest projects in conservation, global health, public policy, international development, education, disaster recovery, and the arts. To date, NVF has run over 280 projects across a range of issues, both domestically and abroad. In 2016, NVF managed over \$325 million in funding for over 150 projects. In regard to the costs of the undertaking the research project exceeded the IDF funding so co-funding was explored. One of the interested stakeholders in this research is the Family Care First (FCF) network of child protection and child welfare agencies (including Plan International) and New Venture Fund (NVF) along with the Global Alliance for Children (GAC) are involved in multiple child protection and child welfare projects in Cambodia.

triangulate the findings. To address Research Question II (RQ2) on the pathways into residential care among children of migrant parents, qualitative methods were conducted due to a lack of understanding about the factors, the sensitivity of undertaking research with children in institutionalized care settings, and the absence of registry related information on migration and institutionalization.

Outcome 1: Ministries and civil society partners demonstrate ability to conduct qualitative and quantitative research at international standards.

In coordination among research team, capacity building activities were organized several times for enumerators and joining by some officials from Ministry of Social Affair, Veteran and Youth Rehabilitation-MoSVY, Ministry of Planning-MoP, National Committee Combating Trafficking-NCCT and Plan International Organization staffs. The objective of the training was to build capacity of enumerators and other participants on how to use designed tools in conducting the research both quantitative and qualitative. The participants including ministries and civil society partners demonstrate ability to conduct the designed research during field testing through interviewing households. At the end, after research findings were ready to be shared publicly, a research dissemination workshop was organized. Of all attendees at the research dissemination workshop, 65% were government officials and civil society members. The remaining were predominantly representatives from embassies, UN agencies and NGOs. A post evaluation scoring knowledge was not conducted. However, the research team facilitated engagement with the material by posing key questions related to the four stages of migration: pre-migration contemplation, pre-departure, left behind phase, and return. Each discussion group brainstormed the application to their own contexts and produced a list of recommendations and considerations to take back to their workplaces to advance further. Two key Ministries – MoSVY and MoH – were particularly important to engage in thinking about policy considerations and additional development as they are spearheading the respective Aging Policy and Migrant health Policy.

Output 1:1 Increased knowledge of qualitative and quantitative research, appropriate to Cambodian setting.

To increase the knowledge of Government and civil society partners, the project conducted training and workshop activities on the tools, methodologies and interview guides using questionnaires for quantitative and qualitative parts of the research. The participants were identified by the Implementing Partner (Louvain Cooperation) from various research agencies who provide their services to a range of government and private research projects. Government officials from MoSVY were also invited to participate in the capacity building on conducting quantitative and qualitative research. At the end of the training, participants demonstrated their ability to conduct research appropriately through a practical exercise and assessment using pilot testing field data collection.

To address Research Question I (RQ1) relating to the health and social impacts on children and adults of left-behind households, training on quantitative part of the research was conducted. This took place over two separate sessions due to different schedules of the experts:

- A first one-day training on nutrition component was conducted through the Migration Health & Development Initiative (MHADI) Network,² by the Chief Medical Nutritionist and head of department of nutrition from the Ministry of Health (MoH), Colombo Sri Lanka on the 11th December 2017. It was attended by 13 participants (six female) from the implementing partner the Louvain Cooperation (LC), two officials from Department of Social Welfare within the Ministry of Social Affairs, Veteran and Youth Rehabilitation (MoSVY), the Principal Investigator (PI), and the Co-Principal Investigator (Co-PI). There were four team leaders (2 female) of enumerators were selected to attend this training due to fund constraint in separate the training in two events like this.
- These same enumerator team leaders and 13 participants were included in the group of total 20 enumerators (12 female) and three (3) government officials (one female) from MoSVY attended the five-day training which was held on the 8th until the 12th of January 2018. This training focused on quantitative research using household cross-sectional surveys among left-behind migrant worker families, and the comparison group of non-migrant households. Local NGO partners were invited to use their specialized skills in relation to administering validated instruments to train the enumerators. For example, Save the Children, were invited to provide training on the Caregiver Report Early Childhood Development Index (CREDI)³ tool, and then the Cambodia Child and Adolescent Mental Health (CCMH) organization provided training on administering the Strengths and Difficulties Questionnaires (SDQ) tool⁴. Overall facilitation and guidance on the training was provided by the Principal Investigator and Co-Principal Investigator. One-day of this five day training was dedicated to field testing in Kampong Chhnang province. The field testing provided an opportunity for participants to put into practice their acquired skills for enabling them to conduct survey as well as further coach the enumerators on interview techniques and accuracy of complete questionnaires following research protocols. The output of this training were skills and expertise acquired by the enumerators and government counterparts with valuable understanding of existing questionnaires and methodologies that in turn informed the design of the household cross-sectional survey and the possible challenges and solutions for carrying out the research in the field.

To address Research Question II (RQ2) on the pathways into residential care among children of migrant parents, another training was held from the 6th until 10th of August 2018 on methodology and interview guidelines for qualitative part of the research to explore left-behind migrant children in child care institutions inclusive of children's perception of parental migration, child health status and parenting issues of migrant family households. A total 12 participants attend and were trained, including six enumerators (three female), two officials from the MoSVY (one female), one from Ministry of Planning (MoP), one from National Committee on Counter Trafficking (NCCT) and two from Plan International (one female). The Training was conducted by the research team led by the Principal Investigator and a Research Coordinator from Louvain Cooperation.

Enumerators were trained on qualitative methodology and research protocols, including specific qualitative interview guidelines designed by the Principal Investigator. The training included a practical component for practice and for assessment of learning. Each enumerator was encouraged and supported to test their knowledge and skill in using the protocols and the interview guide to conduct field interviews at two Residential Care Institutions (RCIs) in Phnom Penh, as well as with respondents at the migrant households in one village in Kampong Chhnang province close to Phnom Penh. Through

²MHADI is an international partnership of academic, policy and operational organizations aiming to improve the life of migrants through research evidence with a special focus on low-skilled migrant workers and their left-behind families.

³<https://sites.sph.harvard.edu/credi/>

⁴The Strengths and Difficulties Questionnaire (SDQ) is a validated measure of children's psychological wellbeing from both the child's perspective and the caregiver's perspective.

the field testing all enumerators demonstrated their ability to conduct the qualitative interviews following agreed protocols and interview guide. At the end of the field testing, enumerators and the research team were able to debrief and reinforce the learning outcomes of the training with the enumerators that helped to ensure a strong foundation for the actual field data collection. Most of the feedback on the protocols and qualitative interview guidelines was about the situation in the RCIs especially the importance of conducting interviews appropriately, observing the environment of the centre, the daily schedule in the centre, the challenges interviewing some children with physical or learning disabilities and appropriate amount of time spent to interview children. All feedback was noted, protocols and guides were accordingly revised. The revisions were finalized at the end of August and field data collection started in September.

Output 1.2: Establishment of a multi-disciplinary, participatory action research plan.

The research project was developed in an iterative manner in consultation with multiple actors of international, national and local scope and expertise. Starting in early 2017, on the national and local level, the Family Care First (FCF) Initiative were instrumental in convening various meetings with multiple stakeholders. Meetings with various child protection actors identified areas of interest and current gaps in evidence-based knowledge surrounding the impact of migration on 'left-behind' households which then shaped the two driving Research Questions.

Other actors engaged on the local level included key government ministries such as the Ministry of Planning (MoP), Ministry of Health (MoH), Ministry of Labor and Vocational Training (MoLVT), UN agencies including UNICEF and World Food Programme (WFP) and International and local NGOs. The discussions ranged from of sampling sizes, defining potential challenges in the field, defining what is considered a household in the Cambodian context, identifying the issue of debt and child labor as additional areas of focus and strategic plan for field work and locations of focus and how they might interact with migration. In February 2017, a workshop was held wherein a consensus was made on the approach to determine the research methodology.

This research was intended to be practical and to provide an evidence base for interventions and as such deliberately engaged with multiple actors through the inception phase, design, implementation and analysis in order to increase "buy-in" and perceived relevance, along with experts to ensure optimal quality and adherence to international standards.

On the international level, there was engagement and consultation to ensure that the research was designed and conducted on the local level in accordance with international research and ethical standards. The two lead Principal Investigators from IOM were Global Health and the University of Hong Kong, as well as consultation with the IOM's Global (Migration Health and Development Initiative) MHADI Network who also advised on technical questions and were involved in the quantitative research capacity building. Consultation with other international experts included a researcher who conducted past research on the left-behind issue in Cambodia, Nutrition specialist, Pediatric health specialist, researcher who studied on correlations between debt and migration in Cambodia to ensure the quality of the research was fit to international standards and all the above discussion and dialogues in relation to the preparation of the action plan led to research methodologies, trainings and conceptualization of the research studies.

In November 2017, IOM met with the US Department of Labor (DoL) in Cambodia to discuss the research methodologies and concept. During the meeting, the DoL highlighted that lack of quantitative data on child labor in Cambodia. IOM added a sub-set of questions to the research tools exploring possible links and correlations between migrant households, increased vulnerabilities and occurrences of child labor. In summary, the development of the action plan was made through the

collaboration of different stakeholders and partners to validate the research tools/ methodologies, capacity building and research implementation.

Once a research methodology was developed, there was a workshop held on 10th January 2018, involving the wide range of stakeholders engaged from the outset for validation of the methodology. This workshop included discussions related to assumptions and key trends of “left-behind” populations in Cambodia, as well as the research tools and methodologies. A total 30 participants attended (eight females and 22 males) this participatory workshop including civil society partners, partners of Family Care First Cambodia network, government counterparts such as the Ministry of Health, MoSVY, National Committee on Counter-Trafficking (NCCT) and Ministry of Women Affairs (MoWA). The most common issue raised was the prevalence of grandmothers looking after their grandchildren without much support on the village level had taken the research team consideration also focus on elderly caregivers both physical and mental health, although there was also some feedback provided on the instruments used which was then incorporated before the end of the quantitative training of enumerators.

In addition to this multi-disciplinary participatory research approach in the design and development phases, they were also engaged in discussing the meaning and importance of the preliminary research findings and guiding areas for further analysis of the data. This is described in greater detail in Output 2.3.

Outcome 2: Cambodian government officials and civil society use research on impacts of migration on families and children left behind to help formulate future policy interventions.

The Migration and Health Impacts on Cambodia Children and Left Behind Families study has brought understanding of general impacts of migration on their left behind families especially health impacts. The key findings of the research have been shared to Cambodian government officials and civil society several times including closed-door meeting, dissemination workshop through both presentations and research overview brochures. In addition, we also had chance to present our preliminary findings at Family Care First Cambodia event two times including: Knowledge Sharing on 6 September 2018 and Learning Summit on 12 February 2019. The key findings were used to inform government agencies for their future discussion on policy development for instance, the ministry of health who is considering the impacts on left behind families in their migrant health policy. Please see more details in output 2.3.

Output 2:1: Research on the impact of parents/families migrating at the household level across Cambodia is available for Cambodian government officials and civil society representatives.

The quantitative household cross sectional survey has yielded critical information relating to gaps in knowledge about the impact of parents migrating on the families left behind. A brief overview of the methodology below will highlight the breadth and scope of this data which is now available.

IOM used primary data collected by the team, with the sample of this survey drawn from 56 districts across 13 provinces. The study implemented a PPS (probability proportional to size) multi-stage cluster sample stratified by province and district. All provinces with a threshold of 1% or higher of the domestic or international migrants aged 18 or older in the population were selected into the sample, resulting of 56 districts in the 13 provinces included. The sample area covered 56% and 52% of the areas where internal and international migrants, respectively, originate resulting in broad coverage of the migrant population over age 18 in Cambodia. The survey started in March and completed in May 2018 but could not be completed in every Cambodian province within the allotted timeframe. 13 key

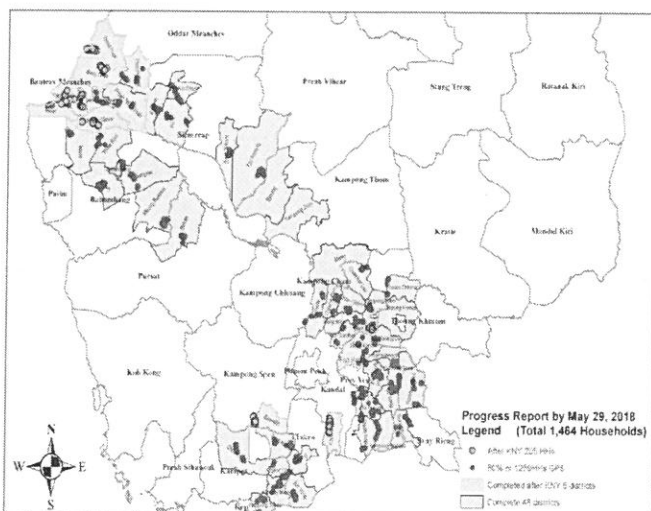
provinces including Kandal, Siem Reap, Banteay Meanchey, Battambang, Pursat, Kampong Chhnang, Kampong Cham, Takeo, Kampot, Prey Veng, SvayRieng, TbongKmom, Kampong Speu. Reduction in the number of focus provinces will have no significant impact on the quality of the study as the sample size remains large enough for it to be nationally representative. (See Annex 1: List of selected provinces reached).

The field data collection involved four separate teams. Each team was made up of five enumerators and one team leader providing technical oversight.

A stratified random sampling measures was developed by the Principal Investigator and agreed among the research team.; however, due to the unavailability and non-participation of some responders in village registries (compiled by head of village), it was not possible to reach all households by the end of the reporting period. As a result, the original sampling frame was implemented according to the below per village:

- 4+1 (4 migrants + 1 comparison) threshold per village or
- 4+0 (4 migrant HHs but no comparison in this village) per village or
- 3+2 (3 migrant HHs & 2 comparison) per village or
- 3+0 (only 3 eligible migrant HHs in a village) per village.

The map presents the overall geographical distribution of targeted districts



It was completed in May 2018 after some delay due national holidays and conflicting schedule with Government counterparts. A total of 554 households were interviewed to complete the full sample target. A total 1,464 Migrant and non-migrant households were reached with 1,464 care givers, 730 children aged from 12 to 17 and 734 children aged from 0 to five years old interviews conducted. However only 1,459 (1,386 female) and majority age between 40 to 69 (N: 908) of the total households interviewed were included in the data analysis as appropriate and complete surveys while the other 5 samples were excluded during data processing and cleaning due to missing and incomplete information.

The research findings on the impacts of parents migrating at the household level had formed key priority interventions and is available to Cambodian government counterparts and civil society representatives for further consideration to response. Further information on findings & recommendations are found under output 2.3.

Output 2.2: Research is available on the placement of children in Residential Care Institutions (RCIs)

There is a paucity of research in Cambodia about pathways of placing children in Residential Care Institutions (RCIs) prompting the second Research Question specifically around whether and how migration is contributing to children being placed in RCIs. The research was first made available to Cambodian government officials and civil society representations in closed door discussions with key partners, then a broader consultative workshop, and finally through printing and electronically disseminating the research findings. For the qualitative data collection, locations based on the prevalence of out-migration and with residential care settings were identified using data from a recent

Mapping Study on Residential Care⁵. A purposive sampling method was used to approach different types of institutional care settings within areas of high concentration of RCIs and with overlap for the survey data collected in the first phase. The officer in charge of each care setting was approached via the local officials and NGOs to ensure adequate permissions were obtained before any child was approached. Beyond the RCIs granting their consent to access the children living there, the children themselves had to give their assent to participate in the study.⁶ A total of 22 children (12 female) across eight different RCIs participated in this research. For the comparison group in villages, the study team drew on data collected in the first phase of the project collecting survey data work.

The guidance questions of qualitative part of research was developed to explore left-behind migrant children in child care institutions inclusive of children's perception of parental migration, child health status and parenting issues of migrant family households. The questionnaire was developed based on engagement with key actors within the FCFC initiative who regularly engage with RCIs and other alternative care options to establish a best practice approach for the field data collection of qualitative part of the research. The final version of questionnaire, methodology as well as interview guides was finalised, and the field data collection were conducted from September and delayed until November 2018 due to National Election. 4 provinces were included such as Battambang, Bantey Meanchey (Poipet), Siem Reap, Kandal province and Phnom Penh. A total of 59 children and 53 adults participated in the interviews. Among them, 22 children (9 female) from RCIs and 37 children (22 female) from surrounding villages were interviewed. On the other hand, among the 53 adults interviewed there were eight care givers ("house parents") and eight centre managers in the RCIs and 37 care givers in the villages.

The research findings on the placement of children in residential care institution (RCI) had brought key priority interventions and is available to Cambodian government counterparts and civil society representatives for further consideration to take necessary steps forward response. Further information on findings and recommendations is found under output 2.3.

Output 2.3: Government of Cambodia and civil society is presented with research findings to inform future projects and policy.

To implement a multi-disciplinary, participatory action research approach, it was important to involve a wide range of stakeholders in the analysis of the findings to gain a deeper understanding of the meaning rather than just at the design stages of the research project. The data analysis and dissemination were conducted in stages – the preliminary findings and then further analysis.

There was a Knowledge Sharing Group Meeting organized by the Family Care First of Cambodia (FCFC) network. This meeting on the 10th September 2018 was to present the initial findings on health and social impacts on families left behind based on univariate and partial multivariate analysis of the quantitative and qualitative data conducted by the HK University in coordination with IOM and Louvain Cooperation. The meeting was attended by various INGOs and NGOs involved in child protection and services.

⁵ Mapping of Residential Care Facilities in the Capital and 24 Provinces of the Kingdom of Cambodia. Available from: <https://www.unicef.org/cambodia/reports/mapping-residential-care-facilities-capital-and-24-provinces-kingdom-cambodia>

⁶ Consent can only be given by people who have reached the age of majority (generally 18 years); assent is the agreement of someone not able to give legal consent to participate in an activity, such as research.

These key initial findings were also presented at the annual Learning Summit facilitated by the Family Care First network on the 1st October 2018 attended by key relevant ministries, such as MoSVY, Ministry of Labour and Vocational Training (MoLVT), MoWA, MoP as well as potential donors who all showed interest in the outcome of the research and requested to participate in the final consultation workshop in 2019.

Separate meeting with donors were held to present the research findings to secure potential funding for piloting of agreed key interventions based on the key research findings.

These preliminary key research findings were also presented to a larger group of stakeholders in a closed-door meeting with key partners and potential donors on 28th January 2019. 44 participants (19 female) from diverse agencies attended the meeting, including the research team. (See Annex 2: List of participants) The meeting presented preliminary findings of the research and suggested key interventions as a starting point for discussions over these findings set within the realities the stakeholders encounter, and priority avenues for additional data analysis. In addition, the meeting also gave a floor to participants to give their feedbacks and questions of the findings which could inform priorities for further, more in-depth analysis as well as their inputs for key intervention frameworks. For instance, the participants were classified in groups to discuss and contextualize the finding and within the intervention framework discuss and list potential interventions to mitigate the risk/negative outcome of poorer psychological well-being of children cared for other kin in migrant households.

The feedback/inputs from these key partners were gathered and incorporated into the revision and edition of the key research findings, avenues for further, more in-depth analysis, and recommendations arising out of the research findings. The Principal Investigators then conducted the second stage of analysis and report writing in preparation for the final consultative workshop with key government counterparts.

After further analysis and revisions in line with the participatory feedback, a final consultative workshop with government counterparts, key partners and potential donors was held on 21st March 2019. Total of 62 participants (23 female) attended the workshop of which 19 participants from 10 different ministries such as: Ministry of Social Affairs, Veteran and Youth Rehabilitation (MoSVY), National Committee Combating Trafficking (NCCT), Ministry of Interior (MoI), Ministry of Health (MoH), Ministry of Labour and Vocational Training (MoLVT), Ministry of Plan (MoP), Ministry of Women Affairs (MoWA), Ministry of Education, Youth and Sports (MoEYS), Ministry of Foreign Affairs and International Cooperation (MoFAIC) and National Bank of Cambodia (NBC); 15 civil society members, 14 UN agencies, 8 embassy representatives and research team. (See Annex 3: List of participants).

At least 37 of priority interventions were suggested and policy implications were developed to inform government and partners interventions in regard to well-being of care givers and social protection issue were discussed and formulated. Below are some key findings and priorities interventions shared among government officials as well as civil society organizations.

Research questions	Study Findings	Relevant Policies	Recommended Interventions
Children			
Do children in migrant households have worse nutrition status than their	<ul style="list-style-type: none"> The health dividends on children are mixed Youngest children appear 	<ul style="list-style-type: none"> National Action Plan for the Zero Hunger Challenge in Cambodia 	<ul style="list-style-type: none"> Interventions to ensure nutritionally adequate food for children should include: school feeding programs for

peers in non-migrant households?	<ul style="list-style-type: none"> to benefit Older children show no difference between migrant and non-migrant 	<ul style="list-style-type: none"> (2016-2025) National Policy on Early Childhood Care and Development (2010) 	<ul style="list-style-type: none"> poor communities, improving access to child health services, and education for caregivers on the diversification of diet for children Community-level health workers and child protection/welfare workers can support migrant households to develop a nutritional plan for caregivers during absence of parent/s.
Caregivers			
Do caregivers in migrant households have worse nutrition status than those in non-migrant households?	<ul style="list-style-type: none"> Poor dietary diversity of caregivers in migrant households Higher rate of overweight (31%) among caregivers in migrant households compared to caregivers in non-migrant households (23%). 	<ul style="list-style-type: none"> National Aging Policy 2017-2030 National Action Plan for the Zero Hunger Challenge in Cambodia (2016-2025) 	<ul style="list-style-type: none"> Community-level health workers can support migrant households to develop a nutritional plan for caregivers. Efforts should be made to formulate a strategy not only for child wellbeing but also in ensuring respite and health and spiritual needs for caregivers
Is migration associated with caregiver's mental health, resilience and social support?	<ul style="list-style-type: none"> Prevalence of depression and anxiety for caregivers was as high as 43% and 50%, respectively: Higher prevalence among caregivers in migrant households Caregivers in migrant households lower levels of resilience Oldest caregivers showed the symptoms of distress stemming from their past trauma experience during the civil war period 	<ul style="list-style-type: none"> Mental Health and Substance Misuse Plan 2011-2015: to ensure universal access to mental health and substance abuse services for all Cambodians National Aging Policy 2017-2030 	<ul style="list-style-type: none"> Policy should address mental health issues among caregivers left behind, especially the female elderly. Service sectors in elderly care can be trained to identify and treat the common psychological distress among elderly. Psychoeducation and cognitive-behavior therapy (CBT) can be provided to elderly caregivers to reduce trauma-related stress. Taking into account the specific cultural context of Cambodia, Buddhist practice such as mediation may offer spiritual healing. Quality Assurance Office under the Department of Hospital Services, Department of International Cooperation and Department of Mental Health and Substance Use can provide support

The government counterparts recognized the research findings had the potential to inform and shape policy development. For instance, the preliminary research findings served as an important reference highlighting the health and wellbeing of left behind families for inclusion in the Migrant Health Policy which is mid-way through being drafted by the Ministry of Health with technical support from IOM. The research data is also significant in terms of its findings about the impacts on left behind families especially elderly female caregivers and is being utilized by MoSVY who are responsible for the National Aging Policy and Social Protection Policy to integrate more focus on the elderly. The rates of out-migration and percentage of children left with the maternal grandmother raises a particular point to be considered for intervention planning. (See Annex 3: A main research overview)

Finally, 400 hundred (200 Khmer and 200 English) brochures of main research overview including key findings and recommendations were published and distributed during the national dissemination workshop. The number of printed materials was considered large enough to mark the occasion for visibility purposes while disseminating more copies electronically to manage the budget low as well as for environmental reasons.

Table 2.1: Progress Achieved Compared to Indicators in the Results Matrix

Objective	Indicator	Baseline	Target	Progress	Cumulative Progress
This project will contribute to improving the health and well-being of left-behind children and families by providing evidence-based research to help influence effective government policy interventions in Cambodia.	Number of policy interventions developed and adopted by the government of Cambodia regarding migration and its impacts on left-behind children and their families.	No relevant policy interventions developed by government of Cambodia	Three relevant policy interventions developed by government of Cambodia	Research completed and published in March 2019. At 37 of priority interventions was developed to advise government partners for further discussion in their relevant policy development especially in regard to well-being of care givers and social protection issue were admitted by the government counterparts as a key data for their consideration of the policy development such as National Aging Policy, Migration Health Policy, Social Protection Policy.	Research completed and published in March 2019. At least 37 of priority interventions was developed to advise government partners for further discussion in their relevant policy development especially in regard to well-being of care givers and social protection issue were admitted by the government counterparts as a key data for their consideration of the policy development such as National Aging Policy, Migration Health Policy, Social Protection Policy.
Outcome – 1	Indicator	Baseline	Target	Progress	Cumulative Progress
Ministries and civil society partners demonstrate ability to conduct qualitative and quantitative research at international standards.	Partners carry out qualitative and quantitative research on effects of migration on left-behind children and families	no current existing research	Research available	Research field data collection was done by LC, implementing partners in participating from MoSVY and data already analyst; key findings also published in March 2019. Government officials were invited to participate in the research field data collection of quantitative part	Research field data collection was done by LC, implementing partners in participating from MoSVY and data already analyst; key findings also published in March 2019. Government officials were invited to participate in the research field data collection of

Output - 1.1 Increased knowledge of qualitative and quantitative research, appropriate to Cambodian setting.	Indicator # Ministers, NGO/Civil society members, disaggregated by gender, trained in research methodologies via five-day workshop	Baseline 0 ministries engaged and trained 0 NGO/Civil society partners engaged and trained	Target Three (3) ministries engaged and trained (disaggregated by sex) Three (3) NGO/Civil society partners engaged and trained (disaggregated by sex)	Progress 4 ministries and 1 INGO trained (2 female, 4 males) on qualitative research.	Cumulative Progress 7 Ministries engaged in a half day workshop (2 females), 9 NGO/civil society partners (2 females). 2-5 days training were delivered to ministry and civil society including: -training on methodology and interview guide for quantitative part of the research, attended by 1 ministry (1 female 4 males), 1 NGO (14 Female/10 males) -training on methodology and interview guide for qualitative part of the research, attended by 4 ministries and 1 INGO (2 female 4 males).
	% of workshop participants, disaggregated by gender	0% of participants	70% of participants	66% of participants (36% female) tested their knowledge and skill during the	66% of participants (36% female) tested their knowledge and skill during the

⁷¹ NGO here is Louvain and participants trained here is enumerators.

	and age ⁸ , who achieve 70% or higher on post-workshop evaluation of "best practices" for research methodologies in a Cambodian setting			field testing after the training to prove their ability in conducting the research.	field testing after the training to prove their ability in conducting the research.
Activities		Activity Comments		% Complete	
Organize and carry out five-day workshop and training on Qualitative and Quantitative Research methods and ethics working with vulnerable populations. 50 participants inclusive of Government agencies and local enumerators from civil society and Royal Phnom Penh University.		2-5 days training were delivered to ministry and civil society including : -training on methodology and interview guide for quantitative part of the research, attended by 1 ministry (1 female 4 males), 1 NGO (14 Female/10 males) -training on methodology and interview guide for qualitative part of the research, attended by 4 ministries (1 female and 4 male) and 1 INGO (1 female 41male). A half day workshop was organized to discuss the research and left behind issues in Cambodia. It was attended by 7 ministries (2 females) and 9 NGO/civil society partners (2 females).		100	
Output - 1.2	Indicator	Baseline	Target	Progress	Cumulative Progress
Establishment of a multi-disciplinary, participatory action research plan	Creation of action research plan	0 Research Action Plan	1 Research Action Plan	1 research action plan finalised	1 research action plan finalised

⁸By mistake, age breakdown was not included during the workshop; however most of enumerators and 3 government officials are under 30 years old, only two government officials around 40 years old. Visual estimation.

Involvement of the key 3 ministries officials (all 3 male) in the development of research action plan at the early stage were completed	Involvement of the key 3 ministries officials in the development of research action plan at the early stage were completed	Three (3) Ministries engaged disaggregated by sex and age.	0 Ministries engaged	# of ministers engaged in research plan creation	Involvement of the key 3 ministries officials (all 3 male) in the development of research action plan at the early stage were completed						
Involvement of the five international experts (1 female) in developing research action plan at the early stage were completed.	Involvement of the five international experts (1 female) in developing research action plan at the early stage were completed.	Five international research experts engaged, disaggregated by sex and age.	0 international research experts engaged	# of international research experts engaged in research plan creation	Involvement of the five international experts (1 female) in developing research action plan at the early stage were completed.						
Activities											
<p>Establish a multi-disciplinary, participatory action research plan involving key stakeholders, including relevant government ministries such as Ministry of Health, Ministry of Social, Veteran and Youth Affairs; Ministry of Planning in addition to international epidemiologists, psychiatrist/psychologists, social scientists, economists, public health specialists and child health specialists.</p>											
Activity Comments											
<p>The research action plan was developed to identify key areas of focus as this is a cross-cutting issue across multiple sectors and engaged with multiple actors of international, national and local scope and expertise. This was facilitated via meetings via the Family Care First Cambodia (FCFC) network and consultation with international experts including a researcher who conducted past research on the left-behind issue in Cambodia, Nutrition specialist, Pediatric health specialist, researcher who studied on correlations between debt and migration in Cambodia to ensure the quality of the research was fit to international standards</p>											
<table border="1"> <tr> <td data-bbox="1402 53 1501 958">Outcome – 2</td> <td data-bbox="1402 958 1501 1290">Indicator</td> <td data-bbox="1402 1290 1501 1655">Baseline</td> <td data-bbox="1402 1655 1501 1854">Target</td> <td data-bbox="1402 1854 1501 1968">Progress</td> <td data-bbox="1402 1968 1501 2107">Cumulative Progress</td> </tr> </table>						Outcome – 2	Indicator	Baseline	Target	Progress	Cumulative Progress
Outcome – 2	Indicator	Baseline	Target	Progress	Cumulative Progress						

<p>Cambodian government officials and civil society use research on impacts of migration on families and children left behind to help formulate future policy interventions.</p>	<p>% of government officials and civil society members, disaggregated by gender and age, who score 70% or higher on post-research dissemination workshop evaluation</p>	<p>0 % of government officials and civil society members</p>	<p>70% of government officials and civil society members</p>	<p>Of all attendees at the research dissemination workshop, 65% were government officials and civil society members. The remaining were predominantly representatives from embassies, UN agencies and NGOs. A post evaluation scoring knowledge was not conducted. However, the research team facilitated engagement with the material by posing key questions related to the four stages of migration: pre-migration contemplation, pre-departure, left behind phase, and return. Each discussion group brainstormed the application to their own contexts and produced a list of recommendations and considerations to take back to their workplaces to advance further. Two key Ministries – MoSVY and MoH – were particularly important to engage in thinking about policy considerations and additional development as they are spearheading the respective Aging Policy and Migrant health Policy.</p>	<p>Of all attendees at the research dissemination workshop, 65% were government officials and civil society members. The remaining were predominantly representatives from embassies, UN agencies and NGOs. A post evaluation scoring knowledge was not conducted. However, the research team facilitated engagement with the material by posing key questions related to the four stages of migration: pre-migration contemplation, pre-departure, left behind phase, and return. Each discussion group brainstormed the application to their own contexts and produced a list of recommendations and considerations to take back to their workplaces to advance further. Two key Ministries – MoSVY and MoH – were particularly important to engage in thinking about policy considerations and additional development as they are spearheading the respective Aging Policy and Migrant health Policy.</p>
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	Government officials and civil society members formulate list of priorities/roadmap for future policy interventions.	No priorities formulate	List of priorities formulated	The government counterparts recognized the research findings have brought potential information to inform and shape policy development. For instance: -The Ministry of Health who is drafting a Migrant Health Policy with technical support from IOM, take consideration of the health and well-being of left behind families for policy development. -The MoSVY who is the one developing a National Aging Policy and Social Protection Policy to integrate more focus on elderly caregivers especially in the migrants' household focus on health (physical and mental health) due to lacking intervention specific for this group of people.	The government counterparts recognized the research findings have brought potential information to inform and shape policy development. For instance: -The Ministry of Health who is drafting a Migrant Health Policy with technical support from IOM, take consideration of the health and well-being of left behind families for policy development. -The MoSVY who is the one developing a National Aging Policy and Social Protection Policy to integrate more focus on elderly caregivers especially in the migrants' household focus on health (physical and mental health) due to lacking intervention specific for this group of people.
Output - 2.1 Research on the impact of parents/families migrating at the household level across Cambodia is available for Cambodian government officials and civil society representatives.	Indicator # of HH interviewed for research purposes	Baseline 0 HH	Target 1950 HH	Progress Total of 1464 HHs identified and interviewed for research purpose. However in accordance with research standards a process of data processing and cleaning screened for surveys that may be unreliable.	Cumulative Progress Total of 1464 HHs identified and interviewed for research purpose. However in accordance with research standards a process of data processing and cleaning

					This yielded five surveys to exclude leaving 1459 for the final data analysis.	screened for surveys that may be unreliable. This yielded five surveys to exclude leaving 1459 for the final data analysis.
Activities		Activity Comments				% Complete
Conduct quantitative Community based and household cross sectional survey nation-wide across Cambodia inclusive of all provinces. In coordination with Louvain Corporation this will be conducted via twenty enumerators over a twelve-month period.		Quantitative community-based and household cross sectional survey was completed in May 2018 but could not be completed in every Cambodian province within the allotted timeframe. 13 key provinces based on existing migration data were identified. Reduction in the number of focus provinces will have no significant impact on the quality of the study as the sample size remains large enough for it to be nationally representative.				100
					The field data collection had been coordinated by Louvain Corporation, involved four separate teams. Each team was made up of five enumerators and one team leader providing technical oversight	
Output - 2.2						Cumulative Progress
Research is available on the placement of children in Residential Care Institutions (RCIs)	Indicator # of children, disaggregated by gender and age, in RCI settings interviewed according to established international and domestic ethical standards.	Baseline 0 children interviewed	Target 100 children interviewed, disaggregated by sex and age	Progress During reporting period additional 3 girls age from 12 to 17 years old were identified and interviewed in the RCIs.		Total of 59 children age from 12 to 17 years old were identified and interviewed (2 children [12 female] in the RCIs and 37 [22 female] in the villages).
Activities			Activity Comments			% Complete

<p>Conduct qualitative research on children left behind in a Residential Care Institution (RCIs) settings. Adhering to established ethical standards, five (5) enumerators will interview up to one hundred (100) children in RCI settings across Cambodia completing a Qualitative survey.</p>	<p>A completed qualitative research has been done in November 2018. A field research team comprised of 6 enumerators conducted field interview. Total of 8 RCIs: 25 children (12 female), 10 caregivers and 8 managers were interviewed and total of 37 household: 37 children (22 female) and 37 caregivers at the villages were interviewed.</p>	<p>100</p>	
<p>Output - 2.3</p>			
<p>Government of Cambodia and civil society is presented with research findings to inform future projects and policy.</p>	<p>Indicator Creation and publication of key recommendations summarizing research findings on impact of migration on left-behind children and their families</p> <p># of conference participants, disaggregated by gender and age⁹, at Three (3) day workshop</p>	<p>Baseline No key recommendation reports available</p> <p>Target 890 key recommendation reports published.</p> <p>Progress 400 hundred (200 Khmer and 200 English) brochure of key findings and recommendations published. The number of printing was reduced due to insufficient budget and considered to share electronic copy for saving environment.</p> <p>Total of 98 participants (38 female) were presented with research findings through two events: -A one day closed door meeting on 28 January 2019 with key partners and potential donors. 44 participants (19 female) attended. -A one day final consultative workshop on 21 March 2019. 62 participants (23 female) attended: 19 government officials, 15 civil society organization, 14 UN agencies, 8</p>	<p>Cumulative Progress 400 hundred (200 Khmer and 200 English) brochures published</p> <p>Total of 98 participants (38 female) were presented with research findings through two events: -A one day closed door meeting on 28 January 2019 with key partners and potential donors. 44 participants (19 female) attended. -A one day final consultative workshop on 21 March 2019. 62 participants (23 female) attended: 19 government</p>

⁹We don't have age breakdown for participants attended the workshop due to inappropriate to ask. Generally, it is mix rank of age from 20 to 65 years old. Visual estimation.

					embassies representatives and 6 research team	officials, 15 civil society organization, 14 UN agencies, 8 embassies representatives and 6 research team
	# of ministers attending, disaggregated by sex and age ¹⁰	0 ministers attending	2 ministers attending		A total of 19 Ministry representatives (5 female) from 10 ministries attended the final consultative workshop: MoSVY, MoLVT, MoI, MoWA, MoFAIC, MoP, MoH, NCCT, MoEYS, and NBC. Their involvement is strategic) to inform future project and policy.	10 ministries: 19 Ministry representatives (5 female) attended a final consultative workshop to inform future projects and policy.
	# of Civil society members attending, disaggregated by sex and age ¹¹	0 civil society members attending	10 civil society members attending, disaggregated by sex and age		Total of 33 civil society members (11 female) were presented with research findings to inform future projects and policy through two events: -18 civil society members (6 female) attended a closed-door meeting. -15 civil society members (5 female) attended the final consultative workshop	33 civil society members (11 female) were presented with research findings to inform future projects and policy.
Activities						
Design, draft and print 890 key recommendation Reports on Families and Children left behind by migration						
				Activity Comments		
				Finally, only 400 copies (200 English and 200 Khmer) of key recommendations reports were published and distributed during the final consultative workshop. The number of printing material was reduced due to insufficient budget		
				% Complete		
				100		

¹⁰We don't have age breakdown for participants attended the workshop due to inappropriate to ask. Generally, it is mix rank of age from 20 to 65 years old. Visual estimation.

¹¹We don't have age breakdown for participants attended the workshop due to inappropriate to ask. Generally, it is mix rank of age from 20 to 65 years old. Visual estimation.

<p>Organize and carry out three (3) day national workshop. This will involve 2 days of consultative meetings with key partners such as Louvain and IOM. The third day will present the findings of the research to the Ministry of Health, Ministry of Social, Veteran and Youth Affairs (MoSVY); Ministry of Planning; Ministry of Interior; General Department of Immigration and Ministry of Foreign Affairs in addition to Civil Society partners.</p>	<p>and considered of sharing electronic copy for saving environment.</p> <p>The workshop/meeting was organized in two separated events:</p> <ul style="list-style-type: none"> • Closed-door meeting on the 28 January with key partners such as Louvain, IOM, FCFC members and potential donors; and • Final consultative workshop on the 21 March 2019 involved relevant ministries such as MoSVY, MoH, NCCT, Mol, MoLVT, MoWA, MoP, Ministry of Education, Youth and Sport (MoEYS) adding to key partners mentioned above, relevant development partners and embassies. 	<p>100</p>
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3. CHALLENGES ENCOUNTERED AND ACTIONS TAKEN

<i>Challenges</i>	<i>Actions Taken</i>
Selected province: research could not be completed in every Cambodian province within the allotted timeframe.	13 key provinces based on existing migration data were identified for the quantitative research. Reduction in the number of focus provinces will have no significant impact on the quality of the study as the sample size remains large enough for it to be nationally representative.
Government Authorization Letters: Inconsistent approval processes according to each province proved to be a challenge to implementation.	Louvain and IOM approached different government counterparts such as National Committee Combating Trafficking (NCCT) who has close contact with deputy provincial governors and MoSVY which has provincial departmental presence. As a result, the research team gained access to the necessary provinces to continue the questionnaire.
Household recruitment: the principle investigator developed a sampling model, however during implementation the enumerators found the sampling had to be adjusted to meet the required targets.	Below is the adapted sampling frame validated with the PI's of eligible House Holds (HHs) per village: <ul style="list-style-type: none"> • 4+1 (4 migrants + 1 comparison) threshold per village • 4+0 (4 migrant HHs but no comparison in this village) per village • 3+2 (3 migrant HHs & 2 comparison) per village • 3+0 (only 3 eligible migrant HHs in a village) per village
Village replacement: two out of five villages in PeamRor district of Prey Veng province were missed due to an accessibility issue.	Two new villages were identified.
The training on the qualitative methodology and field research was delayed due to the National Election in July and forming of the new Government following the election result so they could not grant any approvals on the project team requests to start conducting the qualitative interviews in the target provinces mentioned above.	In waiting for Government approvals for the qualitative training and research, the team coordinated with RCI and other stakeholders to tentatively schedule meeting and interview in anticipation of the Government approval in order not to lose time.
Due to delay in getting above mentioned training, the field research also has experienced delays. Approval in accessing some RCIs was also very challenging.	IOM has tried different ways to set up interviews with RCIs such as requesting support from partners base in Battambang to help accessing some RCIs in Battambang; through IOM Migration Resource Center in Poipet, we reached two RCIs there to do the interview; and reached directly to the department of social affairs, veteran and youth rehabilitation center

	in Siem Reap to request for support in having interview some RCIs there.
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4. CONCLUSIONS

The project *Migration Impacts on Cambodian Children and Families (MICCAF)* was funded by the IOM Development Fund and 50 percent co-funding from the New Venture Fund¹². IOM has implemented this project together with two main partners: Louvain Cooperation in charge of field data collections and Hong Kong University as scientific oversight. During the project implementation, IOM cooperated with Plan International and the Families Care First Cambodia network to explore potential networking support and aligning of produced data with potential interventions. A list of key priority interventions and recommendations were developed to advise as important reference and key note to government partners for further consideration in developing of relevant national policy.

Research findings show that prevalence of depression and anxiety for caregivers was as high as 43% and 50%, respectively: higher prevalence among caregivers in migrant households; caregivers in migrant households lower levels of resilience and oldest caregivers showed the symptoms of distress stemming from their past trauma experience during the civil war period while policy implication was presented especially in National Aging Policy 2017-2030 and Mental Health and Substance Misuse Plan 2011-2025.

Suggested interventions included: policy should address mental health issues among caregivers left behind, especially the female elderly; service sectors in elderly care can be trained to identify and treat the common psychological distress among elderly; psychoeducation and cognitive-behaviour therapy (CBT) can be provided to elderly caregivers to reduce trauma-related stress; taking into account the specific cultural context of Cambodia, Buddhist practice such as mediation may offer spiritual healing.

The government counterparts recognized the research findings had potential to inform and shape policy development. For instance, the research data serves as an important reference for the Ministry of Health who is drafting a Migrant Health Policy with technical support from IOM, taking into account the health and well-being of left behind families. The research and data also serves as a benefit for the MoSVY who is the one developing a National Aging Policy and Social Protection Policy to integrate more focus on elderly caregivers especially in the migrants' household focus on health (physical and mental health) due to lacking intervention specific for this group of people.

5. EXPENDITURES AND RESOURCE UTILIZATION

¹²New Venture Fund is a public charity supports innovative and effective public interest projects. NVF execute a range of donor-driven public interest projects in conservation, global health, public policy, international development, education, disaster recovery, and the arts. To date, NVF has run over 280 projects across a range of issues, both domestically and abroad. In 2016, NVF managed over \$325 million in funding for over 150 projects. In regard to the costs of the undertaking the research project exceeded the IDF funding so co-funding was explored. One of the interested stakeholders in this research is the Family Care First (FCF) network of child protection and child welfare agencies (including Plan International) and New Venture Fund (NVF) along with the Global Alliance for Children (GAC) are involved in multiple child protection and child welfare projects in Cambodia.

Please see the attached financial report.

6. ANNEXES

Annex 1: List of selected 13 provinces reached

Annex 2: List of participants attended closed-door Meeting on the 28 January 2019

Annex 3: List of participants attended Final Consultative Workshop on 21 March 2019

Annex 4: Brochure of main research overview

Annex 5: Project Photos