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Assessing the Impact of the Village Hive Project on Child and Family Well-being in Battambang Municipality, Cambodia: A Comparative Analysis of Baseline and Endline Data

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A B S T R A C T

This study evaluates the impact of the Village Hive Project, implemented by the Cambodian Children's Trust (CCT), on child and family well-being in Battambang Municipality. Cambodia faces significant challenges in child protection and family stability, exacerbated by perceptions of corruption that deter investment in local community systems. Unlike many organizations, CCT empowers local authorities to independently manage resources while ensuring accountability through robust monitoring policies. Utilizing a quantitative approach, this research analyzes baseline and endline data from 100 cases collected via the Case Management Forms of Ministry of Social Affairs, Veterans and Youth, focusing on metrics such as physical and mental health, safety, food security, and family dynamics. Statistical analyses, including paired t-tests, reveal significant improvements in child and family status post-intervention. The findings highlight enhanced caregiver-child attachment and increased community support, underscoring the effectiveness of community-driven initiatives. Recommendations are provided to strengthen ongoing efforts and sustain positive outcomes in child and family welfare.

Keywords: Child Well-being, Family Dynamics, Village Hive Project, Local Authorities, Sustainable Development

1. Introduction

Cambodia is perceived as one of the more corrupt countries in the world, though it is not in the lowest range (World Population Review, 2024)[1]. This perception leads donors to hesitate in investing their money in developing community and child protection systems within the country; they prefer not to entrust funds to local authorities who are close to their communities. Instead, funds are allocated to organizations that work alongside local authorities or apply pressure on stakeholders to achieve their goals. As a result, these organizations often prioritize sustaining their budgets over fostering sustainable community development or child protection systems (Ngath, S., & Yun, V., 2024)[2].

In contrast, the Cambodian Children's Trust (CCT) takes a different approach with their Village Hive project. Through this initiative, CCT collaborates with local authorities in the 10 Sangkats of Battambang Municipality, empowering them to run the project independently. CCT has allocated funds to three Sangkats (communes), enabling them to manage their own projects with support from CCT. To ensure that donor funds are not misused, both parties have co-established robust policies, including HR policies, financial policies, and child protection policies. These policies are closely monitored by CCT teams to maintain trust and transparency.

In Cambodia, child and family well-being remain critical issues, particularly in areas with limited resources and infrastructure. Despite various efforts by government and non-government organizations, many children and families still face significant challenges in physical health, mental health, education, and overall stability. The Cambodian Children's Trust (CCT), through its co-initiative Village Hive Project, aims to address these issues by empowering local authorities in Battambang Municipality to run community-based interventions. However, the effectiveness and impact of these interventions on child and family well-being have not been thoroughly analyzed using comprehensive statistical methods. This study seeks to fill this gap by evaluating the changes in child and family status before and after the implementation of the Village Hive Project, thereby providing insights into the project's impact and areas for improvement.

This is to evaluate the Village Hive Project in Battambang Municipality focusing on assessing its impact on child well-being and family dynamics. Key metrics include changes in physical and mental health, safety, food security, shelter, education, and social relations. The study also aims to measure variations in child and family status before and after the intervention, specifically analyzing factors such as protection and care for children, caregiver health, attachment between children and caregivers, and the overall improvement in family well-being. This comprehensive approach ensures a holistic understanding of how the project influences both child and family welfare.

To quantify the effectiveness of the intervention, the study will evaluate statistical significance through paired t-tests, comparing baseline and endline scores to identify meaningful differences. Additionally, the analysis will include the standard deviation and coefficient of variation to capture consistency and variability in child and family status. Based on the findings, recommendations will be provided to enhance the Village Hive Project, suggesting strategies for sustaining successful interventions, standardizing educational outcomes, strengthening community support networks, and promoting caregiver well-being, ultimately fostering a supportive environment for both children and families.

2. Literature Review

In Cambodia, many children face severe violence, abuse, and neglect, with statistics revealing that one in two has experienced severe beating, one in four emotional abuse, and one in 20 sexual assault. Additionally, children are often trafficked, forced to work, and separated from their families. While there is increasing momentum for laws to protect children, a comprehensive legal framework is lacking. Children and adolescents are particularly vulnerable to school dropouts, teenage pregnancy, child marriage, and violence, exacerbated by societal attitudes that normalize violence and the scarcity of child-focused services in education, social work, health, and justice. Developing a national vision for legal protection is essential for addressing these issues (UNICEF Cambodia, 2018a) [3].

The family serves as the primary safeguard in child protection, playing a crucial role in preventing violence from entering the home. Families are responsible for creating a safe and nurturing environment for children, and when incidents of violence do occur, they must be knowledgeable about how to recognize these situations and where to report them (Gray, 2022)[4]. Yet, family separation poses a significant challenge to child protection efforts, largely driven by poverty and parents' limited understanding. This lack of awareness can perpetuate a cycle of vulnerability, as children in residential facilities may experience neglect, instability, and a loss of familial bonds. To effectively address this issue, it is crucial to educate parents about the implications of family separation and provide them with supportive resources that can help alleviate the pressures of poverty, ultimately promoting family unity and child well-being (UNICEF Cambodia) [5].

Many families around the world encounter a range of challenges, including mental illness, substance abuse, physical health issues, violence, poverty, insecure housing, and the effects of war. These issues often compound, where one problem, like parental mental illness, can lead to others such as relationship breakdowns and unemployment. To improve the health and well-being of families now and in the future, it is essential to prevent and mitigate the effects of these adversities. However, no single organization or sector can tackle all these challenges alone. Therefore, a "village approach" is recommended for supporting children's upbringing, emphasizing the need for collaborative community efforts (Reupert, R., Straussner, S. L., Weimand, B., & Maybery, D., 2022)[6]. An old saying from Africa quoted, "It takes a village to raise a child" (Morrow-Kondos, 2020)[7].

The Village Hive Project in Battambang is an initiative aimed at empowering local communities to improve child and family well-being. By collaborating with local authorities across ten Sangkats, the project provides resources and support to help these communities run their own programs. This includes financial assistance allocated to three specific Sangkats, enabling them to implement tailored projects. To ensure transparency and prevent corruption, the project has established trusted policies regarding human resources, finances, and child protection, with close monitoring by the Cambodian Children's Trust. Overall, the Village Hive Project seeks to create sustainable improvements in the lives of children and families in the region (CCT, 2024)[8].

3. Methodology

3.1 Data Collection and Sampling

The data analyzed in this study was collected three years ago, and was once evaluated. Yet, during the time, the analytical tool was just an empirical probability (or the measurement of central tendency – mean) which differentiated the space between baseline and endline. While the measurement of variation and the hypothetic tests were neglected.

Data was collected from the case management forms of the Ministry of Social Affairs, Veterans and Youth Rehabilitation in Cambodia (MoSVY). One hundred exited cases were randomly selected, using Form 2 for assessing families at risk and Form 5 for reassessing families at risk for potential exit purposes. Form 2 serves as the baseline, while Form 5 is the endline. Each form consists of two main parts: Child Status and Family Status.

In the Child Status section of both forms, there are 11 variables: Physical Health, Mental Health, Safety and Security, Food Security, Shelter, Clothes, Education, Family Dynamics, Social Relations, Legal Documents, and Legal Support. In the Family Status section, the baseline form includes 11 variables, but the endline form contains only 10. Specifically, the variables related to the emotional health of the caregiver and the caregiver's educational background are absent in the endline, while the variable for social relations is not present in the baseline. To maintain the validity of the data, these three variables were excluded from the collection process.

3.2 Data Analytical Tool

The analytical tools used in this study was Descriptive Statistic – the measurement of central tendency and the measurement of variation – and Inferential Statistics – Hypothesis Testing that is t-Test for a Paired Sample Mean. The analysis process was conducted in Microsoft Excel 2010 adopting the Data Analysis Package.

3.3 Hypotheses

Child Status

The mean of baseline for child status index is higher or equal the mean of endline for child status index. (H_{0c}: μ_{bc} - $\mu_{ec} \geq 0$)

The mean of baseline for child status index is smaller than the mean of endline for child status index. (H_{1c}: μ_{bc} - $\mu_{ec} < 0$)

Where, H_{0c} = the null hypothesis of child status index; H_{1c} = the alternative hypothesis of child status index; μ_{bc} = the mean of baseline for child status index; μ_{ec} = the mean of endline for child status index.

Family Status

The mean of baseline for family status index is higher or equal the mean of endline for family status index. (H_{0f}: μ_{bf} - $\mu_{ef} \geq 0$)

The mean of baseline for family status index is smaller than the mean of endline for family status index. (H_{1f}: μ_{bf} - $\mu_{ef} < 0$)

Where, H_{0f} = the null hypothesis of family status index; H_{1f} = the alternative hypothesis of child status index; μ_{bf} = the mean of baseline for child status index; μ_{ef} = the mean of endline for child status index.

4. Results

4.1 Child Status – The Comparison of Baseline and Endline Data

This study adopts three areas of analysis: mean, variance, and coefficient of variance. Based on the analysis of the baseline and endline data from the Child Status Index among 100 children, it is evident that there is a measurable improvement in each attribute related to the well-being of children:

According to the measurement of central tendency – mean - provided in the table below, it reveals that there is a significant improvement across all categories of the child status, highlighting a positive trend in perceived well-being among children. For example, the category of "Physical Health" saw an increase in scores from 2.77 to 2.98, indicating a notable enhancement in individuals' condition of their physical well-being. Similarly, the "Mental Health" category exhibited an even more pronounced rise, with scores climbing from 2.71 to 3.15. This upward trajectory across both physical and mental health dimensions underscores the effectiveness of the interventions implemented and suggests a comprehensive enhancement in overall well-being among children.

In relation to the measurement of variation – standard deviation and variance -, the analysis provides insights into how scores fluctuate within each category. The baseline scores generally demonstrate higher variability compared to the endline scores, suggesting that participants' experiences have become more consistent following the intervention. For instance, the "Education" category recorded the highest standard deviation at baseline, measuring 0.99, which reflects a wide range of experiences among the children. However, this variability decreased slightly to 0.98 at the endline, indicating a convergence in educational experiences post-intervention. This reduction in variability suggests that the intervention may have helped to standardize educational outcomes, leading to a more uniform experience for the children involved.

The Coefficient of Variation (CV) offers valuable insights into the relative variability of each category in child status index, expressing the variability as a percentage of the mean. At baseline, the CVs for the different categories range from 23% to 43%, indicating a moderate level of variability in the responses relative to the mean scores. This range suggests that children had diverse comditions regarding their well-being across various aspects. However, a notable shift occurs at the endline, where the CVs generally decrease, indicating a reduction in relative variability. For instance, in the "Education" category, as already mention in measuring the standard deviation and variance, the CV decreases from 43% at baseline to 39% at the endline. Overall, the decrease in CV across categories points to improved consistency in how children are better treated in their families and communities following the intervention.

Table 1 – Differences in Child Status between Baseline and Endline

Child Status	Mean		Standard Error		Standard Deviation		Sample Variance		Coefficient of Variation	
	Baseline	**Endline**	Baseline	**Endline**	Baseline	**Endline**	Baseline	**Endline**	Baseline	**Endline**
Physical Health	2.77	**2.98**	0.09	**0.05**	0.87	**0.51**	0.76	**0.26**	32%	**17%**
Mental Health	2.71	**3.15**	0.09	**0.06**	0.88	**0.58**	0.77	**0.33**	32%	**18%**
Safety and Security	2.6	**3.09**	0.09	**0.06**	0.85	**0.57**	0.73	**0.33**	33%	**18%**
Food Security	2.65	**3.2**	0.10	**0.06**	1.00	**0.59**	1.00	**0.34**	38%	**18%**
Shelter	2.28	**2.88**	0.09	**0.07**	0.91	**0.70**	0.83	**0.49**	40%	**24%**

Clothes/Dressing	2.62	**3.19**	0.06	**0.06**	0.65	**0.60**	0.42	**0.36**	25%	**19%**
Education	2.31	**2.51**	0.10	**0.10**	0.99	**0.98**	0.98	**0.96**	43%	**39%**
Family Dynamic/Relationship	2.92	**3.09**	0.07	**0.07**	0.71	**0.68**	0.50	**0.47**	24%	**22%**
Social Relation	2.92	**3.03**	0.07	**0.06**	0.66	**0.64**	0.44	**0.41**	23%	**21%**
Legal documents/Registra	2.92	**3.07**	0.11	**0.08**	1.10	**0.79**	1.21	**0.63**	38%	**26%**
Legal support	2.99	**3.07**	0.10	**0.08**	1.05	**0.77**	1.10	**0.59**	35%	**25%**

Not only were the measurement of central tendency and of variation applied to understand the improvement in child status through the intervention of Village Hive, but the hypothetic test: T-test with Paired Two Sample for Means also adopted. Firstly, the score of each case were summed together to find the total; then the T-test was applied through Analytic Tools in Microsoft Excel. The result from the hypothetic is also evident that there is significant improvement in the child's well-being.

Based on the analysis of the total scores of child status at two different times, baseline and endline, with 100 paired samples. The average scores increased from 29.69 at baseline to 33.26 at endline. The variance in scores decreased from 36.76 at baseline to 24.40 at endline, indicating more consistency in the endline scores. A weak positive Pearson correlation of 0.235 was observed between the baseline and endline scores. The t-statistic of -5.20, with a degrees of freedom (df) of 99, suggests a significant difference in scores. The one-tailed p-value (5.30E-07) and the two-tailed p-value (1.06E-06) are smaller than the 0.025 and 0.05, respectively - both indicate highly significant results and the null hypothesis is rejected, with critical t-values of 1.66 (one-tail) and 1.98 (two-tail), respectively.

Table 2 – t-Test: Paired Two Sample for Means of Child Status

	Total Score of Child Status Baseline	Total Score of Child Status Endline
Mean	29.69	33.26
Variance	36.76152	24.39636
Observations	100	100
Pearson Correlation	0.235112	
Hypothesized Mean Difference	0	
df	99	
t Stat	-5.20318	
P(T<=t) one-tail	5.3E-07***	
t Critical one-tail	1.660391	
P(T<=t) two-tail	1.06E-06***	
t Critical two-tail	1.984217	

4.2 Family Status – The Comparison of Baseline and Endline

In regard to the comparison of the baseline and endline of the family status index, notably, the mean scores for all aspects have increased from baseline to endline, indicating overall improvement in the family status. For instance, the mean score for "Protection and Care for the Children," increased from 2.6 to 2.99, with the standard deviation reducing from 0.75 to 0.61 and the coefficient of variation from 0.29 to 0.20. This suggests substantial and consistent enhancements in care and protection for children. Similarly, "Attachment between Child and Caregiver" showed a mean increase from 2.99 to 3.16, a drop in standard deviation from 0.72 to 0.58, and a reduction in the coefficient of variation from 0.24 to 0.18, indicating stronger and more uniform caregiver-child attachments. The "Physical Health of Caregiver" also improved notably, with the mean rising from 2.52 to 2.96, standard deviation decreasing from 0.87 to 0.57, and the coefficient of variation dropping from 0.35 to 0.19, reflecting better and more consistent caregiver health.

Further, there were notable gains in "Willingness to Make Change," where the mean increased from 2.29 to 2.84, the standard deviation reduced from 0.96 to 0.81, and the coefficient of variation from 0.42 to 0.29, indicating an increased and more uniform willingness to change. Improvements in "Skills and Jobs to Make Income" were also evident, with the mean rising from 2.03 to 2.68, the standard deviation decreasing from 0.90 to 0.83, and the coefficient of variation dropping from 0.45 to 0.31, suggesting better and more consistent job skills. For "Properties (Land, House, etc.)," the mean increased from 1.78 to 2.56, with a stable standard deviation and a decrease in the coefficient of variation from 0.55 to 0.37, indicating improved property ownership. "Support from Relatives" saw its mean rise from 1.77 to 2.22, with a reduction in standard deviation from 0.84 to 0.76 and the coefficient of variation from 0.47 to 0.34, showing stronger and more consistent support. "Support from Community" improved with a mean increase from 2.48 to 2.76,

a reduction in standard deviation from 0.83 to 0.74, and the coefficient of variation from 0.34 to 0.27, indicating enhanced community support. Lastly, "Other Children Who Can Help" showed a mean improvement from 1.92 to 2.29, though the standard deviation increased slightly from 0.90 to 0.95, and the coefficient of variation remained relatively stable, suggesting some improvement but also some variability in support from other children.

Table 3 – Differences in Family Status between Baseline and Endline

Family Status	Mean		Standard Error		Standard Deviation		Sample Variance		Coefficient of Variation (%)	
	Baseline	**Endline**	Baseline	**Endline**	Baseline	**Endline**	Baseline	**Endline**	Baseline	**Endline**
Protection and Care	2.6	**2.99**	0.08	**0.06**	0.75	**0.61**	0.57	**0.37**	0.29	**0.20**
Attachment between child and caregiver	2.99	**3.16**	0.07	**0.06**	0.72	**0.58**	0.52	**0.34**	0.24	**0.18**
Physical health of caregiver	2.52	**2.96**	0.09	**0.06**	0.87	**0.57**	0.76	**0.32**	0.35	**0.19**
Willingness to make change	2.29	**2.84**	0.10	**0.08**	0.96	**0.81**	0.92	**0.66**	0.42	**0.29**
Skills and Jobs to make income	2.03	**2.68**	0.09	**0.08**	0.90	**0.83**	0.82	**0.68**	0.45	**0.31**
Properties: Land, House, …	1.78	**2.56**	0.10	**0.10**	0.98	**0.96**	0.96	**0.92**	0.55	**0.37**
Supports from relatives	1.77	**2.22**	0.08	**0.08**	0.84	**0.76**	0.70	**0.58**	0.47	**0.34**
Support from community	2.48	**2.76**	0.08	**0.07**	0.83	**0.74**	0.70	**0.55**	0.34	**0.27**
Other children who can help	1.92	**2.29**	0.09	**0.09**	0.90	**0.95**	0.80	**0.89**	0.47	**0.41**

In order to find a robust evident to support the finding of the improvement in family status score, the t-Test: paired two sample for means was adopted. Thus, based on the result of the hypothesis test, it is found that the hypothesized mean difference assumes the null hypothesis that there is no difference in mean scores between the baseline and endline measurements (mean difference = 0), with 99 degrees of freedom calculated as the number of paired observations minus one. The t-statistic is -7.91, indicating a significant difference between the observed sample mean difference and the hypothesized mean difference. The one-tailed p-value of approximately 1.89E-12 suggests that the observed difference in means is highly statistically significant if testing whether the endline score is greater than the baseline score. The critical value for a one-tailed test at a 0.05 significance level is 1.66, and since the absolute t-statistic exceeds this value, we reject the null hypothesis. Similarly, the two-tailed p-value of approximately 3.78E-12 confirms a highly significant result, indicating the observed difference is statistically significant in either direction. With a two-tailed test critical value of 1.98, the absolute t-statistic's greater value leads to rejecting the null hypothesis, confirming a statistically significant improvement in the total scores of family status from baseline to endline. The table below represents the whole picture of the t-Test where one tailed, or two-tailed.

Table 4 – t-Test: Paired Two Sample for Means of Family Status

	Total Score of Family Status Basedline	Total Score of Family Status Endline
Mean	20.38	24.46
Variance	23.65212	16.87717
Observations	100	100
Pearson Correlation	0.348094	
Hypothesized Mean Difference	0	
df	99	
t Stat	-7.90784	
P(T<=t) one-tail	1.89E-12***	
t Critical one-tail	1.660391	

P(T<=t) two-tail	3.78E-12***
t Critical two-tail	1.984217

5. Conclusion and Recommendation

5.1 Conclusion

The study's findings, based on central tendency, variation measurements, and the t-Test, provide sufficient evidence to reject the null hypothesis, supporting the claim that children's status significantly improved from baseline to endline. The rise in average scores signifies overall progress, while the reduction in variance indicates more consistent scores, implying uniform improvements across the sample. The weak positive correlation between baseline and endline scores suggests a mild relationship between the initial and final scores. The highly significant p-values from both one-tailed and two-tailed tests confirm that the observed improvements are statistically significant and unlikely to be due to chance. Therefore, the interventions or changes made between the baseline and endline measurements likely had a positive and consistent impact on the children's status the family status. The confidence through the strong evident with these claims is at 95% level. In other words, the findings indicate a significant overall improvement in child well-being, and family well-being, for the protection of children following the interventions implemented by Village Hive across Battambang Municipality.

Additionally, the measurements of variation, including standard deviation and the Coefficient of Variation (CV), highlight a shift towards greater consistency in children's experiences post-intervention. The baseline scores exhibited higher variability, particularly in the "Education" category, where the standard deviation was 0.99. This variability decreased slightly to 0.98 at endline, indicating more uniform educational outcomes. The CV also decreased across categories, suggesting improved treatment and support for children within their families and communities. The t-test results further confirm the significance of these findings, with a t-statistic of -5.20 and highly significant p-values (5.30E-07 and 1.06E-06), allowing for the rejection of the null hypothesis. Overall, these results strongly support the conclusion that the interventions have led to meaningful and consistent improvements in child status.

Specific areas of improvement are particularly noteworthy. For instance, "Protection and Care for Children" saw a mean score rise from 2.6 to 2.99, alongside a decrease in standard deviation from 0.75 to 0.61, which reflects substantial and consistent enhancements in child welfare. Similarly, the "Attachment between Child and Caregiver" improved from a mean of 2.99 to 3.16, with a reduction in standard deviation, indicating stronger bonds between caregivers and children. Other aspects, such as the "Physical Health of Caregiver" and "Willingness to Make Change," also demonstrated significant improvements, with mean scores rising and standard deviations decreasing. Improvements were seen in "Skills and Jobs to Make Income" and "Support from Community," further evidencing enhanced family status. The statistical analysis confirms these findings, with a t-statistic of -7.91 and a one-tailed p-value of approximately 1.89E-12, indicating highly significant differences between baseline and endline scores. The results confidently reject the null hypothesis, affirming the effectiveness of the measures taken to improve family status.

5.2 Recommendation

Recommendation to Cambodian Children's Trust:

Based on the findings of the Village Hive Project, several recommendations can be made for the Cambodian Children's Trust, the Municipal Office, and other relevant stakeholders to further improve the well-being of the community:

Sustain and Expand Successful Interventions: Given the significant improvements in both physical and mental health scores, stakeholders should continue and potentially expand the successful interventions that contributed to these positive outcomes. This may involve scaling up health programs, enhancing access to mental health resources, and providing ongoing training for caregivers to ensure sustained support.

Focus on Standardizing Educational Outcomes: The slight reduction in variability in educational experiences suggests that interventions are starting to standardize outcomes. To build on this, stakeholders should invest in comprehensive educational programs that target the specific needs of children. This could include additional training for teachers, creating resource-sharing platforms, and establishing tutoring programs to assist children who may still be lagging behind.

Enhance Community Support Networks: The improvements in "Support from Community" indicate progress, but continued efforts are needed to strengthen community ties. Programs that facilitate community engagement, such as workshops or forums for parents and caregivers, can enhance collaboration and sharing of best practices, ensuring that children receive consistent support.

Promote Caregiver Well-Being: The data highlights improvements in caregiver health and support, but further initiatives aimed at promoting caregiver well-being are essential. This could involve providing health screenings, mental health support, and resources for skill development, enabling caregivers to better support their children.

Monitor and Evaluate Interventions: Continuous monitoring of the effectiveness of existing programs is vital. Implementing regular assessments using the Child Status Index and family status indicators will help identify areas needing adjustment or enhancement, ensuring that programs remain responsive to the community's evolving needs.

Foster Peer Support among Children: Although support from "Other Children Who Can Help" showed some improvement, the increase in standard deviation suggests variability in experiences. Initiatives that encourage peer support, mentorship programs, or collaborative activities can help foster a sense of community and shared responsibility among children.

Engage with Stakeholders for Holistic Approaches: Collaborative efforts involving local government, NGOs, and community leaders are crucial. Stakeholders should work together to align resources, share knowledge, and create comprehensive strategies that address various aspects of child well-being, including health, education, and social support.

By implementing these recommendations, the Cambodian Children's Trust and municipal stakeholders can build on the positive trends identified in the study and create a more supportive environment for children and their families in the community.

Recommendation to Cambodian Children's Trust:

Based on your study evaluating the impact of the Village Hive Project, here are some recommendations for donors to consider:

Support and Scale Successful Models: Given the demonstrated improvements in child and family well-being due to the Village Hive Project, donors should consider investing in the scaling of this model to other regions facing similar challenges. The effectiveness of the project's approach, particularly in empowering local authorities and ensuring robust monitoring, suggests it could be beneficial in other areas with similar needs.

Invest in Monitoring and Evaluation: To sustain and expand the project's impact, donors should continue to fund comprehensive monitoring and evaluation systems. This ensures ongoing accountability and allows for timely adjustments based on data-driven insights. Funding for regular impact assessments will help maintain the effectiveness of the intervention and provide valuable information for scaling.

Enhance Community Involvement: The study underscores the importance of community support and caregiver-child attachment. Donors should fund initiatives that further engage local communities and build on existing social networks to create more robust support systems. Investing in community-driven programs and training for local stakeholders can enhance the sustainability of positive outcomes.

Address Perceptions of Corruption: To overcome barriers related to perceptions of corruption and to boost confidence in local systems, donors should support transparency and anti-corruption initiatives within community programs. Funding for capacity-building programs that reinforce ethical practices and accountability at all levels can strengthen trust and encourage greater investment.

Focus on Holistic Support: The findings highlight improvements in multiple areas, including physical and mental health, safety, and food security. Donors should continue to support comprehensive programs that address these diverse needs. Providing integrated support that covers health, education, and economic stability can maximize the positive impact on families.

Promote Knowledge Sharing: Donors can facilitate the exchange of best practices and lessons learned from the Village Hive Project with other organizations and regions. Creating platforms for sharing successful strategies and outcomes can help replicate effective interventions and foster collaborative efforts in child and family welfare.

By implementing these recommendations, donors can help ensure that the Village Hive Project's successes are not only sustained but also expanded to benefit more communities in need.

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