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Case Study

From Local Leadership to Healthier Families

How gender-responsive planning improved health services for families in Mesang District and Kralanh District in Cambodia



Figure 1: Families participate in a positive parenting session in Svay Chrum commune in Mesang District, Prey Veng province

Partnerships for Municipal Innovation – Women in Local Leadership (PMI-WILL) is a six-year project (2021-2027) implemented in Cambodia, Sri Lanka, Zambia, Ghana and Benin. The objective of the project is to enhance the enjoyment of rights for women and girls, in particular those from marginalized groups, by increasing their participation in local governance and by increasing the effectiveness of local governments in delivering inclusive gender-responsive public services. In Cambodia, PMI-WILL was implemented in partnership with the National League of Local Councils of the Kingdom of Cambodia (NLC).

Introduction

Health in Cambodia

Cambodia has made progress on improving key health indicators in the last two decades. The country's maternal mortality ratio was 137 per 100,000 live births in 2023, down from 476 in 2000. However, maternal mortality remains well above the average of 35 in the Western Pacific.[i] Rates of malnutrition are also among the highest in the region, with 32% of children under 5 years old being stunted. Mortality and malnutrition rates are higher in rural areas where there are gaps in access to quality health services, lack of education, and higher rates of poverty.[ii]

Existing national frameworks aim to address these challenges. The Ministry of Health (MoH) has established strategies on maternal and child health strategy (2025–

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2030). The Ministry of Women's Affairs (MoWA) has established strategies on positive parenting healthcare (2017-2024), as well as gender-based violence (GBV) prevention (2025-2030). To put the strategies into action, the ministries train trainers within their provincial line departments or district healthcare centres. However, the ministries are limited in their ability to provide direct services to communities. This gap means that while frameworks and strategies exist, practical implementation in villages and communes remains weak, leaving local communities without consistent access to gender-responsive services, parenting support, or healthcare interventions.

Local Service Delivery Gaps

Local councils are the order of government closest to the communities. The district government administration's service delivery is organized through a multi-tiered system that connects the district office, commune councils, and village committees. At the top, the district administration oversees planning, budgeting, and coordination with provincial departments.

The public services offered at the district level cover both hard services and soft services. The hard services include infrastructure investments, such as road construction, irrigation system improvements, and the construction of school compounds and healthcare centers. The soft services involve administrative functions, such as civil registration, land documentation, and security.

The delivery of soft services related to maternal and child health, food security, malnutrition, vaccinations and hygiene promotion has been very limited, and is primarily provided by the district's Women and Children Committee (WCC). This limitation is largely due to budget constraints. The budget is allocated by the Ministry of Economy and Finance (MEF) and consists primarily of infrastructure investment. Further, the local councils do not generally have committees to design and prioritize gender-responsive social services, nor to meaningfully consult the communities about their priorities.

Delivering Gender-Responsive Services

This case study illustrates how two local governments in Cambodia responded to these service delivery gaps through community engagement, collaboration, and locally led planning. It spotlights the positive experiences from the Mesang District in Prey Veng province and Kralanh District of the Siem Reap province who improved the delivery of gender-responsive services with the support of the National League of Councils of the Kingdom of Cambodia (NLC).

In both districts, the service improvement process followed a common pathway. The local governments consulted with diverse groups in the community to identify priority issues and service gaps. In each district, a multi-stakeholder Service Advisory Committee (SAC) was established to design and implement a service initiative, with funding through PMI-WILL, to meet the identified needs of the community. Technical support provided by government partners (MoWA and the MoH), as well as Canadian municipal partners, enabled local actors to deliver services to improve community health and well-being. The experiences demonstrate that with adequate skills, resources, and partnerships, local governments can help translate national gender equality and health

priorities into accessible community-based services.

Positive Parenting in Mesang District

Listening to the community

In Mesang district, the majority of the population (99%) is engaged in subsistence rice farming. With yields below the national average, many of the families live below the poverty line and are food insecure. Around one in four children under five are stunted. Adult household members migrate to the city for work, leaving children in the care of grandparents or a single parent.

The Mesang District consulted different groups in the community – women, men, students, teachers, and persons with a disability – about their priority issues. The community members highlighted the poor nutrition among children and pregnant women, negative parenting practices, and domestic violence as key concerns.

In response, the Mesang District designed a service initiative to promote gender equality and positive parenting in vulnerable communities. Its primary objective was to address malnutrition among mothers and children from impoverished families, as well as poor communication within families and child abandonment. Additionally, the service initiative sought to ensure the dignity and protection of women, boys, and girls by preventing sexual exploitation and mental and physical abuse.

By focusing on parenting skills, particularly among women and grandparents who often serve as primary caregivers due to parental migration, the initiative promoted non-violent parenting, improved nutrition and hygiene practices, and fostered stronger family bonds.

Capacity to change behaviours

A multi-stakeholder SAC was established with 21 members to oversee the implementation of the service initiative. The SAC engaged members of the district administration, village health groups, commune councils, teachers, parents, and the Provincial Department of Women's Affairs (PDoWA).

A structured training of trainers (TOT) training session was delivered by master trainers of the PDoWA for SAC members and two gender focal points from targeted communes in Mesang District. The topics covered include exclusive breastfeeding, vaccination, access to clean water, hygiene,



Figure 2: Mrs. Orn Soknoeun, Deputy Governor, delivered the community training to beneficiaries in Svay Chrum commune of Mesang district, Prey Veng province

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safe food preparation techniques, gender equality, child rights, child protection, and positive parenting.

Capacity building activities were carried out to equip local stakeholders with the skills to disseminate information on healthy behaviours to parents, guardians, pregnant women, and children. This was complemented by coaching and training on proposal writing, resource mobilization, and gender mainstreaming delivered by NLC, the PMI-WILL team, and Canadian municipal partners.

Through the capacity building activities, stakeholders from the Mesang District Administration, the District Women & Children Committee (DWCC), the Commune Women & Children Committee (CWCC), the Village Health Support Team, and primary school teachers were able to disseminate key messages to families in the communities through student classes, village meetings and informal events when they meet each other.

Enhancing women's leadership

All planned activities were successfully delivered due to the SAC's close monitoring. The SAC functioned effectively under the leadership of the experienced female Deputy Governor of Mesang District, Mrs. Orn Soknoeun.

Mrs. Orn Soknoeun noted that prior to the district's involvement in PMI-WILL, "*I had never been involved in designing service initiatives nor had the opportunity to raise women-related priorities within the district investment program.*" Mrs. Orn Soknoeun participated in the capacity building activities offered, including training on gender mainstreaming in local leadership, resource mobilization, proposal writing, coaching on service improvement analysis, and the development of service improvement plans.



Figure 3: Mrs. Orn Soknoeun, Deputy Governor, conducted field monitoring with beneficiaries who access maternal health service in Svay Chrum commune of Mesang District, Prey Veng province

Mrs. Orn Soknoeun credits the success of the service initiative to the teamwork among the district working group and the technical advice and guidance she received in the process. "*This experience demonstrates how targeted support, mentorship, and collaborative teamwork can empower local leaders to integrate gender equality into district planning and ensure that women's priorities are effectively reflected in governance and service delivery,*" Mrs. Soknoeun explained.

Mrs. Meurn Thida, Svay Chrum focal point of the Community Women & Children's Committee (CWCC), expressed her appreciation for the leadership of the female Deputy District Governor and the training provided by PDoWA. "*[The training] enhanced my confidence to continuously deliver positive parenting modules to community members. During the implementation period, I facilitated three community campaigns targeting parents and grandmothers, focusing on positive parenting practices.*" The active involvement of CWCC demonstrated the important role of local focal points in sustaining knowledge transfer at the grassroots level.



Figure 4: Mrs. Meurn Thida, CWCC focal person, conducted follow up community meetings with beneficiaries of Svay Chrum commune, Mesang district, Prey Veng province

Maternal and Child Health in Kralanh District

Prioritizing maternal and child health

In Kralanh District, the majority (91%) of the population are farmers who rely on agriculture as their main livelihood activity. One fifth of the families live in poverty, nearly half of which are headed by women. Maternal health risks are significant, with about 25% of mothers experiencing anemia and poor dietary diversity linked to food insecurity. Child nutrition is also a concern due to recurrent illness and inadequate feeding practices, causing stunting in nearly one in four children under five. Access to healthcare is a challenge in the district due to limited facilities and shortages of trained staff.

The local government of Kralanh District held focus group discussions with women, men, students, teachers and people living with a disability. The consultations brought out issues like malnutrition, poor health during pregnancy and childbirth, illnesses, and lack of funds to buy nutritious food and afford healthcare. Among the issues, maternal and child health came to the forefront. Key challenges identified were that pregnant women face difficulties accessing health care services, they have little support from the husbands who often migrate for work, and the parents lack a childbirth plan and knowledge regarding pregnancy and care for newborns.

The Kralanh District focussed its service initiative on maternal and child health, with a particular emphasis on reducing malnutrition among pregnant women and children under two. It was designed to improve families' knowledge, access to healthcare and nutritious food, and create a gender-responsive environment for maternal and child health. The district prioritized building local capacity, promoting gender-sensitive healthy practices, and fostering shared responsibility between husbands and wives.

Demonstrating healthy practices

In Kralanh District, a SAC was established with 17 members to ensure proper

governance of funds and accountability in the implementation, monitoring, and reporting of activities. SAC members include representatives from the District Council, the Chralas Dai commune, Sambour commun, the District Governor, District Deputy Governor, the Chralas Dai healthcare centre, the Sambour healthcare centre, and local non-governmental organizations (NGOs).

A structured TOT session was delivered by master trainers by the Office of Health for the SAC members and healthcare centres of Chralas Dai and Sambour in Kralanh District. This training improved knowledge and skills on maternal and child health and produced a manual for SAC members to use during community workshops and follow-up activities with targeted parents.

Through the service initiative, a series of community workshops were easily organized by SAC members and healthcare center focal points, who also conducted direct follow-ups to observe parents' actual practices in maternal and child healthcare. They led maternal health and nutrition trainings, and cooking demonstrations. A mothers' network was created through Facebook to extend peer support beyond in-person sessions.

The activities reached 781 participants, a third of which participated as couples. Due to the high levels of migration, there were many elderly caregivers in attendance. To increase accessibility of the sessions, the trainings used visual aids and flexible scheduling.

Effective collaboration

The success of the service initiative is attributed to the effective coordination among stakeholders in the SAC, the engagement of health professionals, and the clear division of roles. Mr. Seurn Mao, Chief of Population Office confirmed that the SAC "*is very efficient and effective because the members are responsible for implementation with accountability and supporting each other. while results were shared among the members.*"

Mrs. Eur Ra, Deputy Chief of Chrolas Dai Healthcare Center, emphasized that the involvement of healthcare centres in the service initiative was both efficient and effective, as local communities place strong trust in health professionals. She explained that "*without the instruction and endorsement of healthcare staff, community members are often reluctant to participate in activities".*



Figure 5: Mrs. Eur Ra, Deputy Chief of Healthcare Center delivered community training on maternity and child health to beneficiaries in Chrolas Dai Healthcare Center, Kralanh District, Siem Reap province

Mrs. Ra highlighted that engaging couples in training and awareness-raising sessions on maternal and child health created greater understanding and reduced neglect, particularly among husbands, toward the health of their wives and children during pregnancy and after childbirth. *"Previously, only around 10 percent of husbands actively cared for their families, but the initiative helped shift attitudes and foster stronger male involvement in maternal and child health to around 50%,"* Mrs. Ra said.



Figure 6: Mrs. Phen Sarath, Representative from Kralanh District Health Office, delivered community training on maternity and child health to beneficiaries in Chrolas Dai Healthcare Center, Kralanh District, Siem Reap province

Mrs. Phen Sarath, representative of the Kralanh District Health Office in Siem Reap Province, explained that the trainings, coaching, and mentorship provided by PMI-WILL experts was valuable. "*As the district health office representative, I was delegated responsibility for leading much of the activity development for service improvement, while other members of the working group focused on communication and coordination with PMI-WILL experts and beneficiaries to shape the proposal. I would like to emphasize that the clear division of tasks, combined with mutual trust among working group members, was a critical factor in ensuring that the service improvement proposal for Kralanh District was successfully approved*," Mrs. Sarath explained.

Healthy families

The implementation of the service initiatives has already produced results and is contributing to the improved health and well-being of families in both Mesang District and Kralanh District.

Adopting healthy practices

In Mesang District, monitoring data show that 62% of participants are applying positive parenting techniques more frequently. Grandparents—previously reliant on traditional punitive methods—embraced constructive caregiving approaches, reducing stress and strengthening household relationships.

Mrs. Bo Sinath from the Svay Chrum Commune in Mesang District described her experience. Mrs. Sinath, 56 years old, lives with her husband and two granddaughters. She attended two of the three community trainings on positive parenting and family health care. The trainings emphasized practical approaches to strengthening family health and relationships.

She recounted the key principles learned about eliminating GBV within households, avoiding alcohol to maintain family harmony, promoting calm and peaceful relationships, ensuring proper hygiene before school, preventing school dropouts, proper breastfeeding, and balanced nutrition. Sinath reported that she has successfully adopted many of the practices outlined in the manual, which she had never applied before.

Before joining the training, Sinath spent around USD 75 per month on medical treatment for her granddaughter's illnesses.



Figure 7: Mrs. Bo Sinath of Svay Chrum commune in Mesang District

After adopting positive parenting and healthy practices, her monthly health expenses decreased dramatically to USD 15 to address minor sicknesses. This experience illustrates how improved preventive health can reduce household health expenses. Mrs. Sinath also observed significant improvements in family relationships. Her granddaughters now show greater respect and obedience to her and her husband, fostering a more harmonious and supportive household. She described her family as enjoying a more "prosperous relationship internally and externally," marked by mutual respect and happiness.

"*I am very happy that after I joined the village training on positive parenting and healthcare, my granddaughters are polite and rarely ill, therefore, I spent less money to pay for health cost compared to last few years*," Sinath said.

Improving maternal health

In Kralanh District, interviews revealed that families have adopted healthy practices and developed birth plans, while commune councils began integrating maternal health priorities into development plans. Survey data indicated that 73% of participants felt their situation had "improved greatly" and 80% found access to services "much easier." The initiative helped shift attitudes and foster stronger male involvement in maternal and child health.

Mrs. At Kimlang of Chrolas Dai Commune, Kralanh District has seen the benefits of the initiative. She is a 20-year-old mother living in a household of seven members, including five women and two men. She shares her home with her husband, grandmother, siblings, and her infant daughter, born in July 2025.

While her husband and siblings migrate to Siem Reap town for work, Kimlang remains at home, dedicating her time to household responsibilities and childcare alongside her grandmother.

Together with her grandmother, Kimlang participated in workshops on maternal health, birth planning, and nutrition, as well as in nutrition classes for caregivers of children under two.

Kimlang recalls several key lessons from the trainings, including the importance of visiting healthcare providers four times during pregnancy, taking iron supplements, breastfeeding, and preparing meals with three to four groups of nutritious foods after childbirth. She frequently refers to the guiding materials provided whenever she needs to refresh her knowledge. Her mother, who also attended the trainings, applies the same practices, and both women regularly share these insights with Kimlang's husband when he returns home in the evenings.

"I remembered most of the sessions provided during the community training and awareness raising. I read the guidance manual when I forgot any points. I am happy to apply the guiding principles of

child care during pregnancy and after birth delivery," Kimlang said.



Figure 8: Mrs. At Kimlang, 20 years old mother living in Chrolas Dai commune in Kralanh District

She has observed that maternal and child health practices have significantly improved, as she observed that illness and health issues have not been happened to her during the pregnancy and after delivery. Kimlang expressed confidence in the guidance provided by trainers and healthcare staff, believing that their instructions are essential for her own health and her daughter's well-being.

"*I am sure that guiding manual trained by the project created better health for mother and child in my village*," Kimlang said.

Sustaining services

While the service initiative was initially funded with support from PMI-WILL, steps have already been taken to institutionalise, sustain, and expand the improved services.

Leaders in Mesang and Kralanh have confirmed that the service initiatives are being integrated into district development plans. The services will be included in the five-year and three-year Rolling Investment Plans, as well as annual social service plans. The SAC will continue to operate to monitor the integration and implementation of the services. This ensures that positive parenting and maternal child health priorities are embedded within long-term governance frameworks.

"*I am very happy to see my efforts and the team could make the service improvement plan has been integrated in the development plan of the district*," Mrs. Soknoeun said

With new funding opportunities identified, service improvement initiatives are set to expand to additional communes, broadening its reach and impact. At the same time, the institutionalization of positive parenting and maternal child health as the governance priorities reflect a strong commitment to sustaining behavioral change and family well-being.

Ongoing collaboration with district health officials and non-governmental organizations (NGOs) like Komar Angkor in Kralanh district and Our Village Health in Mesang district will further strengthen service delivery. The local governments requested support from MoH and MoWA to train the SAC and Women & Children's Committees. These efforts aim to build capacity for long-term service delivery, ensuring that knowledge and practices are consistently reinforced at the community level.

"The service improvement initiative in Kralanh was recognized through many ground truth verifications from the implementation of these two years and currently it has been incorporated in the development plan of the district," Mr. Mao said.

Lessons Learned

The case studies from Mesang District and Kralanh District provide lessons for local governments about delivering gender-responsive services to their communities.

1. Effective gender-responsive services are based on a structured service analysis that emphasizes meaningful consultation with local communities, especially women and socially excluded groups.
2. Targeted support, mentorship, and collaborative teamwork can empower local leaders to integrate gender equality into district planning and ensure that women's priorities are effectively reflected in governance and service delivery.
3. Local governments, who have the contextual knowledge and proximity to communities, can deliver on national priorities when they have trained human resources and budget allocated through the district investment program.
4. Multi-stakeholder SAC that includes healthcare focal points and commune focal points are well positioned to ensure sustainable community-based health services
5. Community-based training on positive parenting and health care can generate measurable outcomes, such as reduced household health expenditures, improved family dynamics, and strengthen trust in local governments and service providers.
6. Sustained collaboration between district administrations, CWCC focal points, and healthcare facilitators can promote behaviour change and improve family well-being.
7. Tailor training materials and schedules to be accessible to different family members, including grandparents.

The experiences reinforced the importance of inclusive local governance. Local governments recognized that previously, women and other social groups were not consulted, and that past investments focused primarily on infrastructure development. With the establishment of the SAC to oversee gender-responsive and socially inclusive services, all people are now able to access and benefit equally from government initiatives. This shift ensures that service delivery is no longer dominated by infrastructure priorities alone, and that they reflect the needs and voices of women and marginalized group.



Figure 9: Field data collection in Kralanh District

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[ii] UNICEF, 2024. Health and Nutrition: UNICEF Country Programme 2019-2023. UNICEF https://www.unicef.org/cambodia/media/2401/file/CountryProgramme_Health%20and%20nutrition.pdf%20.pdf