

PREVENTING VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES IN CAMBODIA: A COMMUNITY MOBILIZATION MODEL PROJECT.

September 2018-August 2021

EVALUATION REPORT.

“In my community, people have stopped discriminating against me. They now encourage and admire me as they have seen me participating in many community meetings.”

(Interview with female member of SHG of persons with disabilities, Battambang province.)

“The project using the SASA! approach has taught us to understand the root causes of gender-based violence and that we have the power within ourselves to affect change in our lives and in others.”

(Focus group discussion and key information interview with a women-led DPO leaders and staff, Battambang province.)

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25 October 2021.

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LIST OF ABBREVIATIONS AND ACRONYMS.

ADD	Action on Disability and Development
BTB	Battambang province
CC	Commune Council
CCWC	Commune Committee for Women and Children
CEDAW	Convention for the Elimination of all forms of Discrimination Against Women
CRPD	Convention on the Rights of Persons with Disabilities
DAC	Disability Action Council
DPO	Disabled People's Organisation
EVAWG	Ending Violence Against Women and Girls
FGD	Focus Group Discussion
GADNet	Gender and Development Network
GBV	Gender-based violence
GICA	Gender Inclusion Capacity Assessment
IEC	Information, Education and Communication
IWB	Inner Well-being
KII	Key Informant Interview
KSP	Kampong Speu province
KPP	Kampot province
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Women's Affairs
NDSP	National Disability Strategic Plan
NAPVAW	National Action Plan to Prevent Violence Against Women
NGO	Non-Governmental Organization
OPD	Women-led Organisations of Persons with Disabilities
PWD	Persons with Disabilities
RGC	Royal Government of Cambodia
SAI	Self-Administered Interview
SASA!	Start, Awareness, Support, Action
SHG	Self-Help Group (of People with Disabilities)
SVR	Svay Rieng province
TKP	Tbong Khmum province
UNTF	United Nations Trust Fund to End Violence Against Women
VAWG	Violence against women and girls
VAWGWD	Violence against women and girls with disabilities
WGWD	Women and girls with disabilities
WGQ	Washington Group Questions

EXECUTIVE SUMMARY.

INTRODUCTION.

In Cambodia, women and girls with disabilities are vulnerable to violence. One in five ever-partnered women in Cambodia have experienced physical and/or sexual violence by a partner. Women and girls with disabilities in Cambodia face similar levels of sexual, physical and emotional violence by partners, but face significantly higher levels of violence from other household members.¹

Evidence demonstrates that inequitable social norms in Cambodia contribute to violence against women and girls by placing blame on women and girls and promoting tolerance of violence. Half of all women believe that a husband is justified in beating his wife for at least one reason² and one-third of young people aged 13-24 years condone spousal physical violence.³ Women and girls with disabilities face additional challenges as they are considered less valuable and more burdensome than family members without disabilities. This also results in barriers to employment and control over productive resources.

The Royal Government of Cambodia has a legal and policy framework in place to prevent and protect women and girls against violence as well as to protect the rights of and end discrimination against persons with disabilities. Yet primary prevention strategies in Cambodia have not fully addressed prevention of violence against women and girls with disabilities. There is a need to develop approaches to reach women and girls with disabilities and to build women-led disabled people's organisations with the capacity to advocate for women and girls with disabilities' rights to live free from violence.

Since March 2020, the UNTF Model project in Cambodia operated within the context of the global COVID-19 pandemic. Since the outbreak of COVID-19, emerging data and reports have shown that all forms of violence against women and girls, particularly domestic violence, have intensified.⁴ The ADD International study on the impact of COVID-19 on persons with disabilities in Cambodia⁵ found that some women with disabilities were at increased risk of violence and suffered a dramatic loss in household earnings.

UNTF MODEL PROJECT.

The "Preventing Violence Against Women and Girls with Disabilities in Cambodia: A Community Mobilisation Model" (UNTF Model) project was funded by the United Nations Trust Fund to End Violence Against Women (UN Trust Fund or UNTF) and led by ADD International in cooperation with five women-led organisations of persons with disabilities (OPDs) /networks and two local non-governmental organisations (NGOs) in eight communes in six districts in five provinces of Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum from September 2018 to August 2021. The project aimed to strengthen women-led OPDs and disabled women's networks to lead primary prevention interventions targeting women and girls with disabilities including the most vulnerable.

The UNTF Model project goal was that women and girls with disabilities, including those most marginalized, in six districts of Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum provinces experience less violence in their families and from caregivers. The project used a combination of strategies that formed

¹ Astbury and Walji 2013

² CDHS 2014

³ CVACS 2013

⁴ <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

⁵ ADD International, COVID-19: Violence risk and income loss among persons with disabilities in Cambodia, 2020

its theory of change to achieve the expected results, including: a) Targeting the Most Marginalised, b) Social Norm Change through Community Mobilisation, c) Positive Role Models, and d) Action Learning Approach. The project was built on learning from the SASA! project approach⁶ adapting a community mobilization process to address violence against women and girls with disabilities.

More than 6,000 people were targeted in the efforts to reduce and prevent violence against women and girls with disabilities. The primary targets were 900 women and girls with disabilities, including 350 women and girl survivors of violence. Secondary beneficiaries included five women-led OPDs/disabled women's networks, 680 members of Self-Help Groups (SHGs) of persons with disabilities, 1,500 caregivers and family members, 120 commune and district government officials and another 1,800 community members. The project's total grant was USD 483,947.

OBJECTIVES AND METHODOLOGY OF THE EVALUATION.

The purpose of the end line evaluation was to assess the overall impact of the project, including progress towards the achievement of its stated outcomes, outputs and overall performance, to extract the main learnings from the project implementation, including effectiveness of the SASA! adaptation, and to identify any unintended impact on ending violence against women and girls. The evaluation assessed the “effectiveness, relevance, efficiency, sustainability, impact, knowledge generation and gender equality and human rights based approach” of the project. ADD International will use the evaluation findings to produce learning outputs, develop new programmes and projects and for taking the project to scale.

The end line evaluation took place from June to September 2021 and covered the eight target communes in the six districts in the five provinces of Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum as well as Phnom Penh by an external consultant team. The evaluation covered the target primary beneficiaries (women and girls with disabilities including women survivors of violence), secondary beneficiaries (5 women-led OPDs/networks, caregivers/family members of women and girls with disabilities, members of SHGs of persons with disabilities, community volunteers, participating CCWC members), project implementers as well as other stakeholders.

Data collection methods included a desk review of key project documents, one to one interviews with women and girls with disabilities, caregivers/family members and community volunteers, in-depth interviews with selected women survivors of violence, community volunteers and members of SHGs of persons with disabilities, focus group discussions and interviews with women-led OPDs, and key informant interviews with NGO partners, ADD project staff, CCWC members, the External Reference Group and UN Trust Fund. A total of 176 stakeholders participated including 130 target beneficiaries (98 women and men through the one to one interviews and 32 women and men through in-depth interviews), 25 women members from 4 women-led OPDs through small group discussions and individual interviews, and another 21 stakeholders were interviewed individually.

KEY FINDINGS AND CONCLUSIONS.

Project Goal and Outcomes: The project made **remarkable progress towards the goal** of women and girls with disabilities experiencing less violence in their families and from caregivers as well as feeling more included and respected by family, community, service providers and themselves. At the end line, 27 percent of women with disabilities surveyed perceived they experienced violence compared to 70 percent at the baseline. This is a 43 percent⁷ decrease. There was also a remarkable decrease in women with

⁶ SASA! (Start, Awareness, Support, Action) approach was developed by the organization *Raising Voices in Uganda*

⁷ +/- 10 percent, for range of 33 to 53 percent difference

disabilities feeling excluded across all four exclusion categories at the end line compared to the baseline. Far fewer women and girls with disabilities felt excluded by family, community, service providers and self, with the highest changes in service providers (1 percent vs 44 percent) and community (2 percent vs 27 percent), followed by family (14 percent vs 40 percent) and self (5 percent vs 26 percent).

Of the 19 women and girls with disabilities who experienced violence at the end line, eight women (42 percent) met the threshold of exclusion. Of those eight women, four women felt excluded by family, three women felt excluded by themselves and only one woman felt excluded by the community. No woman with disability experiencing violence met the threshold for exclusion by service providers, which is a dramatic difference from the baseline which showed that women and girls with disabilities experiencing exclusion from service providers generally perceive experiencing violence more than other interviewed women and girls with disabilities.⁸ Women with communication difficulties and who felt excluded by self and family were more likely to perceive experiencing violence than other women with disabilities interviewed, which is similar to the baseline, though at fewer numbers overall.

The project was **very successful in strengthening the capacity of four women-led OPDs/networks** in Battambang, Kampong Speu, Kampot and Svay Rieng provinces to lead primary prevention interventions targeting women and girls with disabilities. Utilising the ADD International Gender and Organisational Capacity Assessment tools, all four women-led OPDs increased to good or high capacity across the four gender capacity areas (policy, knowledge and skills, conscious, programme) compared to the baseline scores of low and average capacity. All four women-led OPDs showed good and high capacity scores across the 23 organisational capacity areas (Capacity to Be, Capacity to Do, Capacity to Relate), compared to baseline ratings of largely below average capacity.

The project made **significant contributions to empowering all stakeholders with knowledge and skills to support the rights of women and girls with disabilities to live free from violence.** Between 45 to 75 percent of women and girls with disabilities, their caregivers, family members and community demonstrated increased knowledge of the four different types of violence (physical, sexual, psychological and economic). Virtually all (97 percent) women with disabilities said they would not accept violence against themselves while almost all stakeholders indicated they would report incidences of violence experienced by themselves (97 percent) and by other women and girls with disabilities (84 percent). Importantly more stakeholders reportedly took some action on violence against women at the end line with almost double the percentage (52 percent) speaking out about violence compared to the baseline.

The project was **very successful in spearheading the “Action Research on Preventing Violence Against Women with Disabilities in Cambodia”.** Key research findings on the approach to intersectionality include: a) primary prevention of violence against women and girls with disabilities is largely a community resource mobilisation issue, b) ignorance, misunderstanding and outdated beliefs and practices are some of the root causes of violence against women and girls with disabilities, c) the SASA! approach encourages deeper understanding of the needs of women with disabilities, d) women and girls with intellectual (learning) disabilities face higher risk of violence and e) services that aim to provide support to women and girls with disabilities may not meet their needs.⁹ Key recommendations are included in this report.

⁸ Data from PQ17, WGQ and Inner-well Being questions, One to One interviews with women and girls with disabilities, caregivers, family, community at end line, and baseline assessment, page 12

⁹ ADD International, Prevention of violence against women and girls in Cambodia, A Learning Paper, 2021

Effectiveness: The project was **extremely effective in delivering results by partnering with women-led OPDs/networks and local NGOs** with experience on violence against women issues, using the ADD International Organisational Capacity Assessment and Planning and Gender Inclusion Capacity Assessment tools, to strengthen organisations with the community resource mobilisation (SASA!) approach involving partners, community volunteers, SHGs of persons with disabilities and local authorities. **The modified SASA! approach used simple concepts and messages** to apply with target groups, and discussions on **gender power relations** were particularly effective in empowering women with the knowledge that they could be agents of change in their communities. Furthermore, **strong networking and coordination** between women-led OPDs, NGO partners, community members and local authorities significantly and positively impacted the lives of women and girls with disabilities through effective prevention activities and faster responses to cases of violence against women with disabilities.

ADD International leadership was very responsive to challenges in the internal and external environment, especially the COVID-19 pandemic. This included advocating with UN Trust Fund to re-allocate resources to support COVID-19 humanitarian and health related responses targeting beneficiaries at risk of falling further into poverty and shifting in-person activities to online platforms. **Strong personal commitment of women-led OPDs and community volunteers** was universally commended by all stakeholders interviewed. ADD International fostered **strong partnerships by combining** organisations with expertise in disability with organisations with expertise in women's issues and gender-based violence (GBV). However there was **limited engagement of men** due to dismissive attitudes towards GBV and work schedules. Furthermore, many stakeholders still view disability from a charity perspective not rights-based, often reinforcing a service delivery not women's empowerment approach, though this is changing.

Relevance: The project **results remain highly relevant** to the needs of women and girls with disabilities, including survivors of violence and those at risk of violence, and are reflected in the Sustainable Development Goals, CEDAW Concluding Observations to Cambodia (2019) and the National Action Plan to Prevent Violence Against Women 2019-2023 (NAPVAW III). Eliminating violence against women and ending discrimination against women with disabilities requires a multi-level coordinated approach involving demand side strategies and empowering approaches with community women, their families and community-based organisations as well as supply side strategies with duty bearers and policy makers to deliver on their commitments and obligations to women with disabilities, including survivors of violence.

The project was **very successful in promoting a circle of accountability through participation** whereby all project stakeholders are accountable to one another for actions and results. The project instilled a work culture of mutual respect and fostered an environment where stakeholders actively listened and responded to one another with integrity and dignity. There is still room, however, for continued reflection and learning about safeguarding principles to ensure that all stakeholders practice and uphold both principles and practices so everyone is protected and safe from harm.

Efficiency: The project overall was implemented in **a cost effective manner and used resources in an appropriate manner**, including use of existing ADD International tools, adapting SASA! approach and having only four staff to oversee the project. The use of local expertise and consultants with knowledge of the Cambodia context also contributed to cost efficiencies and the cost effectiveness of the project.

The main constraints to project efficiency were the restrictions from and impact of the COVID-19 pandemic, including delayed outreach activities, reduced gatherings of SHGs of persons with disabilities, shortened SASA! training sessions and limited in-person follow-up as well as safety and food security

concerns of the poorest women with disabilities and survivors of violence. The project adjusted by conducting more online meetings, outreach through phone calls and in small groups and redirecting unspent travel and activity costs to COVID-19 packages. The low budget and limited resources for the women-led OPDs reportedly led to some difficulties in retaining staff and maintaining outreach activities.

Impact: The project was remarkably **successful in contributing to a reduction of perceived violence against women with disabilities** as well empowering women with knowledge of their rights, strategies to realise their rights and confidence in themselves to take actions to live lives free from violence. There are fewer reported cases of violence in families and communities. Many women survivors of violence no longer feel stigmatised by domestic violence, are more confident in themselves to solve domestic violence problems, are committed to helping other women survivors and feel they are treated with greater respect by others. Both community members and local authorities have improved skills and attitudes and have taken actions leading to **more gender-sensitive responses to women experiencing violence**.

The project was **remarkably successful in fostering positive changes in the lives of women with disabilities as demonstrated through increased feelings of inclusion** with family, community, service providers and self. Women with disabilities, through community-based mobilisation approaches, gained confidence to affect changes in their lives through increased knowledge of their rights and engagement with SHGs of persons with disabilities. They felt valued as community members and felt far less or almost no discrimination by community members or service providers. Many increased their own feelings of self-worth, including having a more positive outlook on the future.

Sustainability: There is a **high likelihood that project results will be sustained** due to a combination of the knowledge of rights of stakeholders gained through project activities as well as the actions taken to prevent and solve issues quickly. **Target beneficiaries and stakeholders have seen and felt visible improvements and changes in their lives**, for example perceived less violence and less discrimination. The project has significantly contributed to enhancing the capacity and systems of all stakeholders to realise their rights as rights holders or to fulfil their obligation to uphold the rights of women with disabilities and survivors of violence as duty bearers. **Women-led OPDs have strengthened their institutional systems and networking skills** to better represent, advocate and support women with disabilities. Their biggest challenge forward is securing and maintaining financial and human resources. **Continuation of SHGs of persons with disabilities may vary** and will likely depend on member interest and availability of outside support. As the mandate of the CCWCs is to promote women's issues, they have strengthened networks with women-led OPDs and community volunteers to better fulfil their roles.

Knowledge Generation: The project's **successful adaptation of the SASA! approach and tools**, using the community-based approach with less formal activities to address disability rights and violence against women with disabilities is a model for other projects working on ending violence against women and girls. However, **documentation of lessons learned, adaptation of SASA! tools and approach is somewhat limited**. Working together with established women NGOs working on violence against women and women-led OPDs was mutually reinforcing and provided learning opportunities for all organisations. The **Action Research** provides substantial insight into the intersection of disability and violence against women, and findings and recommendations should be further disseminated at all levels, and used for future project development and advocacy. All project activities can be replicated and/or scaled up.

Gender Equality and Human Rights: Participatory rights-based approaches were utilised throughout all project interventions, from project design, selection of partners and community volunteers, community-

based mobilization and implementation of activities as well as monitoring and reflection of project activities. **Interventions supported rights holders** with knowledge and strategies to claim their rights to be free from violence and to be free from discrimination through a community-based mobilization approach empowering community members and women and girls with disabilities. Women-led OPDs, community volunteers and CCWCs were provided with trainings to increase their knowledge, skills and attitudes on violence prevention and responses for women and girls with disabilities in their roles as **duty bearers to protect the rights of women with disabilities** in Cambodia.

The main constraints to addressing gender equality and human rights were entrenched harmful gender norms and traditional stereotypes of the roles of women and men in Cambodian society that require long term coordinated efforts to systematically address all forms of violence against women and girls, especially vulnerable and at risk women, including women and girls with disabilities.

KEY RECOMMENDATIONS.

As per the Action Research on ‘Preventing Violence Against Women with Disabilities in Cambodia’, the Royal Government of Cambodia and development partners should continue focusing on violence against women with disabilities in their primary prevention strategies ensuring strong voice of women and girls with disabilities throughout. All programs addressing violence against women and girls with disabilities should address the root causes of violence, engage men and boys as active participants and involve young people to learn about the intersectional aspects of violence, gender and disability in society and become effective change leaders. Furthermore, programs to address violence against women and girls should include work to empower self-help groups and organisations of people with disabilities.¹⁰

Develop a new project expanding to other areas (provinces, districts, communes), utilising and involving women-led OPDs/networks as implementers, trainers, mentors and partners. **Continue to provide technical, financial and coaching support for women-led OPDs / networks to expand** the SASA! approach and other project activities to new villages, communes and districts, thereby strengthening their technical capacity in areas of proposal development, report writing, and resource mobilisation, and to further develop longer term organisational plans for sustainability.

Improve SASA! documentation and simplify Information, Education and Communication (IEC) materials: Continue the community-based mobilisation model approach, SASA! adaptation, and document proven approaches and lessons learned. For example, elaborate on the use and impact of less formal activities such as home visits and “quick chats” as key strategies to affect change in attitudes and behaviours of community members towards violence against women. In addition, produce more and simpler SASA! IEC materials, especially for use by community volunteers and people with lower literacy levels.

Strengthen SHGs of persons with disabilities: Continue to support and empower SHGs of persons with disabilities as a platform for information sharing, addressing common issues, and advocacy on rights of persons with disabilities, especially women with disabilities and women survivors of violence, as well as for livelihood support to mitigate risk of violence against women.

Review UN Trust Fund 3-year project limit: UN Trust Fund should consider reviewing the current policy of a 3-year limit of projects, including allowing for project extensions and back to back grant approvals for

¹⁰ ADD International, Prevention of violence against women and girls in Cambodia, A Learning Paper, 2021

successful projects. Project gains, successes, learnings and momentum are often at the peak in year 3 of the project, just as the project starts to wind down activities.

Strengthen linkages with policy makers and cross learning opportunities with communities: The next step is to strengthen linkages with policy makers and decision makers at the national level to ensure the intersectional approach to women with disabilities and violence is included in government plans and policies. The next project should also include linkages with and cross learning opportunities between communities, provincial and national level government ministries and officials as well as engage with national planning processes, such as NAPVAW III, to support lasting change at the institutional level.

Increase collaboration with the Ministry of Women's Affairs and the NAPVAW III multi-coordination mechanism, as well as with the Disability Action Council, so as to continue to provide capacity building to CCWCs on gender and primary prevention of violence against women, including women and girls with disabilities, using the SASA! approach and spearheaded by women-led OPDs/networks.

In new project proposals, incorporate lessons learned on cost savings from reduced travel and physical meetings to increased use of online platforms and telephone calls for meetings and capacity building activities with partners. **This includes more in-depth study on the costs, benefits and positive lessons learned** from adjustments to project activities due to COVID-19 and use the findings in new project proposals and plans for cost efficiencies to reach more beneficiaries.

Expand and continue to disseminate findings of the Action Research at national, international and local levels, especially with policy and decision makers at the national level, to influence systematic and longer term changes to address violence against women with disabilities. Importantly share the findings of the Action Research with women and girls with disabilities in communities so they can increase their knowledge, utilise the findings and advocate for their rights based on documented evidence.

Conduct learning forums with other NGOs and development agencies on the community-based model approaches and tools on intersectionality of disability and violence against women, for greater inclusion of women with disabilities into projects addressing violence against women. Offer and expand the use of both the Washington Group Questions and ADD International's Inner Well-being tools, as well as project learnings, with other NGOs as a means to increase capacity of other organisations on inclusion of persons with disabilities into a wide range of projects.

Target men, boys and youth in new projects: Develop strategies to include more men and men with disabilities in activities addressing violence against women and girls, including as community volunteers to promote positive masculinities and behaviour change towards ending violence against women. Furthermore, develop strategies to involve youth, including boys and girls with disabilities, in community activities as well as to be agents of change to eliminate harmful gender stereotypes, promote rights of persons with disabilities and champion ending all forms of violence against women and girls.

Improve monitoring and evaluation for analysis: Capture and increase use of sex disaggregated data through surveys and interviews, to better analyse the differences between men and women's attitudes towards violence against women and develop targeted approaches and messages to affect behaviour change of men and women on violence against women with disabilities. In addition, improve monitoring and evaluation data collection to better utilise information, capture knowledge of and responses to the four different types of violence (physical, psychological, economical and sexual) against women and girls.

CONTEXT OF THE PROJECT.

In Cambodia, women and girls with disabilities are vulnerable to violence. The latest research, the 2015 Cambodia Women's Life and Health Experiences Study¹¹ showed that 21 percent of ever-partnered women have experienced physical and/or sexual violence by a partner.¹² The 2013 Cambodian Violence Against Children Survey revealed that roughly 6 in 10 females aged 13 to 24 had suffered from at least one form of violence before the age of 18, with 23 percent experiencing a combination of physical, emotional and/or sexual violence.¹³ The 2013 Triple Jeopardy Study showed that women and girls with disabilities in Cambodia face similar levels of sexual, physical and emotional violence by partners, but face significantly higher levels of violence from other household members. Women and girls with disabilities are more likely to be insulted, belittled, intimidated and subjected to physical and sexual violence by other household members than their non-disabled peers: 52.5 percent of women with disabilities reported emotional abuse compared with 35.2 percent of other women; 25.4 percent of women with disabilities reported physical violence compared with 11.4 percent of other women; and 5.7 percent reported sexual violence from family members compared to 1.1 percent of other women.¹⁴

Evidence demonstrates that inequitable social norms in Cambodia contribute to violence against women and girls placing blame on women and girls and promoting tolerance of violence. The 2014 Cambodia Demographic and Health Survey (CDHS) showed that half of all women believe that a husband is justified in beating his wife for at least one of six specified reasons. About one-third of young women and girls and young men and boys aged 13-24 years condone spousal physical violence and more than nine out of ten endorse at least one negative gender attitude towards sexual practices and intimate partner violence.¹⁵ About half (49 percent) of the women who reported experiencing intimate partner violence had never told anyone about the violence, only 24 percent of the women had sought help from formal services,¹⁶ while the majority of girls (50 percent) and boys (80 percent) had never told anyone about an incident of sexual abuse or physical violence.¹⁷ Women and girls with disabilities face additional challenges with inequitable social norms as they are considered less valuable and more burdensome than family members without disabilities. This also results in barriers to employment and control over productive resources.

The Royal Government of Cambodia (RGC) has developed a legal framework to reduce violence against women and girls, including the 2005 Law on the Prevention of Domestic Violence and Protection of Victims, the Civil Procedure Code (2006) and the Civil Code (2007), the Law on the Suppression of Human Trafficking and Sexual Exploitation (2008), the Criminal Procedure Code (2010) and Criminal Code (2010). In 2010 the Ministry of Interior set out to further protect women and children by releasing the Village Commune Safety Policy Guidelines, outlining overarching crime reduction guidelines with specific attention paid to the elimination of domestic violence and sexual exploitation of women and children. Furthermore, The Law on the Protection and the Promotion of the Rights of Persons with Disabilities (2009) aims to protect the rights, eliminate discrimination and promote equal education and employment opportunities for persons with disabilities.

¹¹ MoWA and NIS/MoP 2015

¹² The 2021 CDHS which includes data on violence against women is scheduled for completion in March 2022

¹³ CVACS 2013

¹⁴ Astbury and Walji 2013

¹⁵ CVACS 2013

¹⁶ MoWA and NIS/MoP 2015

¹⁷ CVACS 2013

The RGC recently developed its Fifth Five Year Strategic Plan for Gender Equality and the Empowerment of Women in Cambodia 2019-2023 (Neary Rattanak V), the Third National Action Plan to Prevent Violence Against Women 2019-2023 (NAPVAW III), the Five Year National Strategic Plan for Counter Trafficking in Persons 2019-2023 (NSP-CTIP III) and the first Action Plan to Prevent and Respond to Violence Against Children 2017-2021, demonstrating the government's commitment to end violence against women and girls throughout the nation. The Law on the Protection and the Promotion of the Rights of Persons with Disabilities (2009), which is currently being reviewed to align with the UN Convention on the Rights of Persons with Disabilities (CRPD), has been implemented and operationalised through the National Disability Strategic Plans (NDSP) 2014-2018 and 2019-2023.

Yet primary prevention strategies have not addressed prevention of violence against women and girls with disabilities. In Cambodia and globally, there is a need to develop approaches to reach women and girls with disabilities and to build women-led disabled people's organisations and networks with the capacity to advocate for women and girls with disabilities' rights to live free from violence.

Understanding disability in terms of rights is at the centre of Action on Disability and Development (ADD) International's approach. ADD International is recognised a leader in disability rights in Cambodia. At the national level, ADD plays an active role in policy influencing through its relationship with the Disability Action Council (DAC), which offers an entry point for messages on inclusive violence against women and girls' policies. ADD was an implementing partner in a United Nations Trust Fund to End Violence Against Women (UN Trust Fund) funded project in Cambodia- Promoting Women's Dignity- providing strategic guidance on disability rights, collaborating to build an inclusive model of violence against women and girls' interventions and building the capacity of the project lead, the Cambodian Women's Crisis Centre, on disability rights and the capacity of Disabled People's Organisations (DPO) and Self-Help Groups (SHGs) to identify and refer cases of violence against women and girls, and providing follow up support to women and girls that become disabled as a result of violence. ADD has also been facilitating participation of DPOs in multi-sectoral coordination mechanisms.

To tackle these issues, with support from the UN Trust Fund, ADD International Cambodia, in partnership with two local NGOs and five women with disability forums, developed the 3-year Preventing Violence Against Women and Girls with Disabilities in Cambodia: A Community Mobilisation Model (UNTF Model) project. The UNTF Model project was built on learnings from the SASA! project approach by the organization Raising Voices in Uganda, adapting a community mobilisation process to address violence against women and girls with disabilities. The project was designed in consideration of the UN Convention on the Elimination of All Forms of Violence Against Women (CEDAW) and the UN Convention on the Rights of Persons with Disabilities (CRPD). This includes defining violence against women as a human rights violation and unacceptable; and recognition that women with disabilities are subject to multiple discrimination.

In addition, the UNTF Model project was developed in line with priorities set out by the RGC, was built on the framework in place to protect women and girls from violence and aimed to strengthen community based approaches to address violence against women and girls with disabilities.

Since March 2020, the UNTF Model project in Cambodia operated within the context of the global COVID-19 pandemic. Since the outbreak of COVID-19, emerging data and reports have shown that all forms of

violence against women and girls, particularly domestic violence, have intensified.¹⁸ Exacerbating factors include security, health and money worries, cramped living conditions, isolation with abusers, movement restrictions, and deserted public spaces. Services that are critical to mitigating risks may not be available or may be severely strained while restrictions on mobility and suspensions of work, school and social engagements have interrupted prevention programming.¹⁹ In Cambodia, women and girls may face escalating risks of intimate partner and domestic violence due to heightened tensions in the household from food and economic insecurity, domestic confinement and inability to distance from abusers and reduced access to gender-based violence (GBV) prevention and response services.²⁰ For many women and girls, staying home during the COVID-19 pandemic can be dangerous, as they may be at greater risk of physical, sexual and psychological violence. Crowded homes, substance abuse and reduced access to peer support and GBV response services, may further exacerbate these conditions. School closures put girls and young women at high risk of sexual violence²¹ by their neighbours and relatives, as well as unwanted pregnancies. The 2020 ADD International study on the impact of COVID-19 on persons with disabilities in Cambodia²² found that during the COVID-19 pandemic, some women with disabilities were at increased risk of violence and suffered a dramatic loss in household earnings. Reported violence risk increase was mostly psychological and economic, higher among older respondents and most pronounced among those who already experienced medium to high risk of violence before COVID-19.

DESCRIPTION OF THE PROJECT.

The 3-year UNTF Model project, implemented from September 2018 to August 2021, aimed to strengthen women-led organisations of persons with disabilities (OPDs) and disabled women's networks to lead primary prevention interventions targeting women and girls with disabilities including the most vulnerable. The project designed, tested and implemented a primary prevention approach that addressed inter-sectional, power-related root causes of violence related to gender, disability, age and poverty, adapting community mobilisation models that have been successful with other populations.

To effectively address violence against women and girls with disabilities, ADD's approach to primary prevention used the ecological model, understanding that work at multiple levels is needed to prevent violence against women and girls with disabilities. This model understands that gender inequality is the root cause of violence against women and girls, and various factors increase the risk of violence and other factors serve as protective factors at the individual and community level. Poverty, disability, gender inequitable attitudes, childhood exposure to violence, low levels of education are some of the risks of victimisation. Conversely, changing the normalisation of violence, preventing exposure to violence, promoting social equality and addressing structural discrimination and disadvantage are strategies to address violence. A multi-pronged, multi-sectoral approach is recommended that targets key actors in various settings.

¹⁸ <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

¹⁹ <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-prevention-violence-against-women-and-girls-and-covid-19-en.pdf?la=en&vs=3049>

²⁰ Cambodia CSO Joint Position Paper: Risk of GBV due to COVID-19 situation, Phnom Penh, 2 April 2020

²¹ <https://www.dw.com/en/coronavirus-fears-of-domestic-violence-child-abuse-rise/a-52847759>

²² ADD International, COVID-19: Violence risk and income loss among persons with disabilities in Cambodia, 2020

The project used a combination of strategies that formed its theory of change including a) Targeting the Most Marginalised b) Social Norm Change through Community Mobilisation, c) Positive Role Models, and d) Action Learning Approach.

The **goal of the UNTF Model project** was “Women and girls with disabilities, including those most marginalized in six districts of Battambang, Kampong Speu, Kampot Svay Rieng and Tbong Khmum provinces experience less violence in their families and from caregivers.”

The UNTF Model project had three Outcomes and six Outputs:

- **Outcome 1:** Five women-led OPDs and disabled women’s networks in six districts of Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum provinces have strengthened capacity to lead VAW primary prevention interventions targeting women and girls with disabilities.
 - **Output 1.1:** Women-led OPDs/networks have action plans for capacity strengthening developed, updated on an annual basis and performance reviews in years 2 and 3.
 - **Output 1.2:** By the end of the project, women leaders and staff of women-led OPDs and networks have increased knowledge and skills needed to run effective violence prevention approaches in their communities, and to manage their organisations and continue to do so into the future.
- **Outcome 2:** One thousand six-hundred (1,600) women and girls with disabilities, their caregivers, family members, community and duty bearers in six districts in Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum provinces, demonstrate increased capacity to identify violence and support the rights of women and girls with disabilities to live free from violence.
 - **Output 2.1:** By the end of the project, women and girls with disabilities know their rights and are playing a key and active role in violence prevention activities with their communities and with duty bearers.
 - **Output 2.2:** By the end of the project, caregivers, family members and community have improved knowledge on disability rights and VAW and are actively supporting women and girls with disabilities.
 - **Output 2.3:** By the end of the project, commune and district councils have produced plans for implementing intersectional programmes that address root causes of disability discrimination and violence against women and girls, and are on track to implement these.
 - **Output 2.4:** By the end of the project, cases of violence against women and girls with disabilities, including invisible violence, are being identified and referred for support and services, through OPDs and/or other service providers.
- **Outcome 3:** Action research has contributed to increase the understanding of intersectional approaches to primary prevention of violence against women and girls with disabilities and how to put the empowerment of women and girls with disabilities at the heart of any approach and the findings have been shared with key targets in Cambodia and internationally.
 - **Output 3.1:** By the end of the project, new evidence on violence against women and girls with disabilities in the target communities has been gathered, analysed and shared with key targets in Cambodia and internationally.
 - **Output 3.2:** By the end of the project, project learning has been distilled and shared with key targets in Cambodia and internally.

Project Size and Location: The project’s total grant was USD 483,947 from 1 September 2018 to 31 August 2021. The project targeted provinces with high rates of disability and was implemented in eight communes

in six districts within the five provinces of Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum. The overall population of the target area is 5 million persons, with an estimated 110,000 persons with disabilities, of which over 50 percent are women and girls with disabilities.

Province	Tbong Khmum	Battambang	Svay Rieng	Kampot	Kampong Speu
District	Tbong Khmum	Battambang, Ek Phnom	Svay Chrum	Chhouk	Chbar Morn
Commune	Peam Chileang Thma Pech Boeung Proul	Chomkar Somraong Preak Loung	Basak	Satv Pong	Svay Kravan

Project Target Groups: The project's planned primary beneficiaries were 900 women and girls with disabilities, including 350 women and girls survivors of violence. Planned secondary beneficiaries (8,050) included women-led OPDs (2), disabled women's networks (3), SHGs of persons with disabilities (680), commune and district government officials (120), caregivers (450), school children (1,800) and the community (5,000), including women and girls with disabilities, family members (1,500), men and boys (1,200) and other community members.

Project Implementers and Partners: The project was led by ADD International and implemented in cooperation with the local NGO Aphiwat Strey and the Disabled Women's Organisation in Battambang province, the local NGO Khemara and the women-led Disabled People's Organization in Tbong Khmum province and three Disabled Women's Networks working with their members in Kampong Speu, Kampot and Svay Rieng provinces.

PURPOSE OF THE EVALUATION.

The external evaluation of the UNTF Model Project is a mandatory requirement of the UN Trust Fund to End Violence against Women. The purpose of the end line evaluation was to assess the overall impact of the 3-year project, including progress towards the achievement of its stated outcomes, outputs and overall performance, to extract the main learnings from the project implementation as well as to identify any unintended impact on ending violence against women and girls (EVAWG).

The findings of the end line evaluation were presented to project stakeholders in the target areas, including ADD UNTF Model project staff, women-led OPDs/Networks, NGO partners, and the External Stakeholder Reference Group and feedback was incorporated into the final report. Written feedback from ADD International and UN Trust Fund was also included. The report will be shared with government agencies, particularly the Ministry of Women's Affairs (MoWA) and DAC, UN Agencies, national and international organizations working on GBV and EVAWG, mainly UN Women, Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) Programme and the Gender and Development Network (GADNet), among others. Some of the findings and lessons learned will be used as inputs for the development of policy recommendations and national plans, including the National Gender Equality Policy, the National Disability Strategic Plans, and the National Action Plan to Prevent Violence Against Women. ADD International will use the findings to produce learning outputs, develop new programmes and projects and for taking the project to scale in Cambodia as well as other countries of operation.

EVALUATION OBJECTIVES AND SCOPE.

The focus and scope of the end line evaluation is determined by the evaluation objectives, criteria and questions. The end line evaluation covered the entire project duration from 1 September 2018 to 31 August 2021 in the six target districts in the five target provinces of Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum provinces. The end line evaluation included participatory rights based approaches to capture the direct voices of the targeted population. The evaluation covered the target primary beneficiaries, (women and girls with disabilities, including survivors of violence), secondary beneficiaries (women-led OPDs, disabled women's networks, SHGs of persons with disabilities, commune government officials, caregivers, family members and other community members) as well as ADD project staff, implementing NGO partners, the External Stakeholder Reference Group and UN Trust Fund.

The main objectives of the end line evaluation were:

- a) To evaluate the entire 3 years of the UNTF Model Project, from 1 September 2018 to 31 August 2021, against the effectiveness, relevance, efficiency, sustainability and impact criteria, as well as the cross-cutting criteria of knowledge generation and gender equality and human rights.
- b) To identify the key lessons and promising or emerging good practices in the field of ending violence against women and girls (VAWG), for learning and scale up as a bottom up approach.
- c) To ascertain the effectiveness or otherwise of the SASA! adaptation into the Cambodian context.

In addition, the evaluation made concrete recommendations to assist ADD International and its partners in developing a new plan of action or in designing a new project/programme addressing critical issues related to violence against women and girls with disabilities, including influencing strategies.

EVALUATION TEAM AND WORK PLAN.

5.1 EVALUATION TEAM.

The evaluation team included an Expatriate Lead Consultant, (female), a National Associate Consultant (male) and two National Assistants (female) with project evaluation and social research skills. The CVs and brief biographies of the team are included in Annex 12.1. The Lead and Assistant Consultants jointly planned the final evaluation research methodology and work plan at the outset, divided stakeholder interviews, reviewed findings together, identified lessons learned and discussed recommendations.

The Lead Consultant was responsible for the overall evaluation process and quality of work, including ensuring the overall objectives and deliverables were met, and was accountable to ADD International in Cambodia for the inception, draft and final end line evaluation reports. This included preparation of the inception report, conducting virtual interviews with stakeholders, analysing data from primary and secondary information sources and interviews as well as triangulating data from the desk review. She prepared, presented, consolidated feedback and revised the draft and final end line project evaluation reports, in accordance with ADD International and UN Trust Fund guidelines.

The Associate Consultant assisted with the inception report, coordinated the data collection process and logistics arrangements, supervised the Assistants, conducted interviews with partners and stakeholders, helped analyse data and discussed findings for the draft evaluation reports. He oversaw the one to one interview data entry, generated data reports in SPSS and MS Excel, assisted with presenting and incorporating feedback from stakeholders on the preliminary findings of the draft evaluation report.

The two female Assistants participated in the training session for the end line project evaluation, administered the one to one interviews, conducted interviews with members of the SHGs of people with disabilities, women survivors of violence, women with disabilities and community volunteers, developed case studies, and documented the discussions in Khmer and English. They participated in daily de-briefing sessions, discussed preliminary findings, and made suggestions for the draft end line evaluation report.

5.2 WORK PLAN.

The work plan of the evaluation team included three phases, the inception stage, the data collection and analysis stage, and the synthesis and reporting stage, from 1 June to 25 October 2021 as described in the Terms of Reference and updated in the Inception Report.

The inception stage covered a six-week period from 1 June to 19 July 2021 with a desk review of key project documents, discussions with ADD UNTF Model project team, review and design of the evaluation methods and tools, data collection logistics as well as preparation and finalization of the inception report. The data collection and analysis stage took place over a four to five week period from 20 July to 27 August 2021. The primary data collection period took place remotely with stakeholders in the five target provinces of Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum and Phnom Penh over a period of 3 and half weeks from July 20th to August 13th 2021, following the remote training session with the evaluation team on July 19th. Due to the on-going COVID-19 pandemic in Cambodia, the training session with the team and primary data collection with target groups was conducted remotely using phone calls and online platforms (i.e. Zoom, Skype and MS Teams). In person interviews were not held. The synthesis and reporting stage, including preparing draft evaluation reports, conducting validation meetings, incorporating feedback from different project stakeholders and finalizing the evaluation report, took place from 15 August to 25 October 2021. The draft and final reports were prepared and submitted in August, September and October. See Annex 12.1 for detailed workplan.

EVALUATION QUESTIONS.

To attain the above stated objectives, the evaluation focused on the following key questions:

Evaluation Criteria	Mandatory Evaluation Questions
Effectiveness	1) To what extent were the intended project goal, outcomes and outputs achieved and how? 2) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? (Specifically how has the COVID-19 pandemic impacted the theory of change, project implementation, organisation, and programming for women and girls with disabilities?)
Relevance	3) To what extent do the achieved results (project goal, outcome and outputs) continue to be relevant to the needs of the target group: women and girls with disabilities including the most marginalized? 4) How has the project ensured accountability to the target group? (I.e. views considered, mechanisms to mitigate negative effects, challenges and lessons learned on safeguarding in the project)
Efficiency	5) To what extent was the project efficiently and cost-effectively implemented? 6) What constraints, if any, affected the efficiency of project activity implementation? What efforts were made to overcome these challenges?
Sustainability	7) To what extent will the achieved results, especially positive changes in the lives of women and girls (project goal), be sustained after this project ends? 8) To what extent has the project contributed to strengthening capacity, systems and accountability of rights holders (women and girls with disabilities and SHG of persons with disabilities) and duty bearers (family, government)?
Impact	9) To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (positive and negative, intended and unintended impact)? Why? 10) What are the key changes in the lives of these women and/or girls with disabilities as a result of project interventions?
Knowledge generation	11) To what extent has the project generated knowledge, promising emerging practices in the field of EAWG that should be documented and shared with other practitioners? 12) What elements of the project, if any, could be replicated or scaled up for future actions should funds be available?
Gender equality and human rights	13) Which human-rights based and gender-responsive approaches have been incorporated through-out the project and to what extent? 14) What constraints (e.g. political, practical, bureaucratic), if any, were there to addressing HR & GE efficiently during implementation? What level of effort was made to overcome these challenges?

EVALUATION METHODOLOGY.

Sub-sections	Inputs by Evaluation Team
Description of evaluation design	<p>The final project evaluation was conducted by the Evaluation Consultant Team and took place from 1 June to 25 October 2021.</p> <p>The evaluation was designed from pre-test and post-test without comparison group as per data provided in the baseline assessment and monitoring reports. Comparison of data from the baseline and on-going assessments and reviews as well as information from the regular progress and monitoring reports were included in the evaluation process and formed an integral part of the analysis and reporting against project indicators and relevant evaluation criteria.</p> <p>Both quantitative and qualitative methods (one to one interviews, semi-structured interviews, focus group discussions, and case studies) combined with a desk review of reports and secondary data were used to collect information and conduct discussions with stakeholders. These methods supported a rights-based learning approach whereby the voices of the target population are at the centre of the learnings and are the basis of the findings and recommendations.</p> <p>The evaluation addressed the criteria of effectiveness, relevance, efficiency, sustainability, impact, knowledge generation, and gender equality and human rights based approach and answers the key questions in Section 6. The evaluation team utilized the tools developed for the baseline assessment following the Project Results Framework. Where necessary, additional questions and tools were developed. The evaluation team finalized the tools after review by ADD as part of the inception report process. The evaluation team ensured a gender inclusiveness approach so that gender related aspects (vulnerability, discrimination, power, etc.) were addressed in the design, interview and analysis stages.</p> <p>Data collection took place remotely from mid-June to late-August 2021 according to the schedule and availability of stakeholders. Given the COVID-19 pandemic in Cambodia, the evaluation team conducted all interviews remotely, either by telephone or an online platform. Focus group discussions with the women-led OPDs followed the WHO and Ministry of Health (MoH) COVID-19 meeting guidelines, including travel restrictions, meeting locations, maintaining adequate physical distance, wearing face masks and adhering to proper hygiene practices.</p> <p>An overview of the evaluation design and methodology is also found in the final inception report and in the Annex 12.2.</p>
Data Sources	<p>The evaluation included all primary and secondary beneficiary groups in the data collection process in the eight communes in the six districts of the five target provinces, as well as project implementers and other key stakeholders. The target groups included women and girls with disabilities, including survivors and at risk of violence, caregivers and family members of women and girls with disabilities and at risk of violence, community volunteers/activists²³, and SHGs of persons with disabilities. Key stakeholders included women-led OPDs/networks, including staff</p>

²³ The term “community volunteer” replaced the original term “activist” to avoid confusion as the term activist in Cambodia is often associated with the opposition political party and its members.

and board members, Commune Committees for Women and Children (CCWCs), NGO partners, as well as the ADD UNTF Model project team, the External Stakeholder Reference Group and the UN Trust Fund Portfolio Manager.

Data was collected from secondary and primary data sources, through a combination of qualitative and quantitative methods:

- Desk review of relevant documents including the UNTF Model project proposal, project modification approvals, progress reports, baseline assessment, Organisational Capacity Assessment and Planning (Three Circles) and Gender Inclusion Capacity Assessment (GICA) tools and reports, SASA! Community Mobilisation Training, Action Research Learning Paper, ADD Study on the impact of COVID-19 on women with disabilities in Cambodia, relevant government laws, policies and plans on women and girls' rights, women and girls with disabilities, violence against women and girls and other studies. Please see Annex 12.6 for the list of documents reviewed.
- One to One interviews with structured questionnaires with target beneficiaries, including women with disabilities, women survivors of violence and at risk of violence, caretakers, family members, community volunteers and community members in the six districts in the five target provinces.
- Focus Group Discussions (FGD) with women-led OPDs/women with disabilities forum in the four provinces of Battambang, Kampong Speu, Kampot and Svay Rieng²⁴, using the Three Circles and GICA tools, and including Self-Administered Interviews (SAI) and Key informant interviews (KII) with leaders of women-led OPDs/women with disabilities forum.
- In-depth interviews/case studies with selected community volunteers and women survivors of violence, including women with disabilities.
- In-depth interviews with selected members of SHGs of persons with disabilities, including both women and men in the five provinces.
- Key Informant Interviews with the ADD UNTF Model project team, NGO partners, CCWCs, External Reference Group and UN Trust Fund Portfolio Manager. The list of stakeholders interviewed can be found in Annex 12.5.

Description of data collection methods and analysis

One to One Interviews

The perception of and changes in the levels of violence by women and girls with disabilities in the target areas was surveyed using the baseline assessment tool, including the ADD International tool on Inner Well-being approach along with the Washington Group Questions. The one to one interview explores changes experienced by individuals in the attitudes and behaviours of others as well as changes in themselves. Each one to one interview was conducted remotely via telephone call and took between 40 to 75 minutes to administer.

In addition, capacity to identify violence and support the rights of women with disabilities to live free of violence was explored with families, caregivers and community members through one to one interviews and in-depth interviews (IDI), using the same approach and tools as in the baseline assessment. Please see Annex 12.4 for data collection tools and protocols.

²⁴ Tbong Khmum was not included in the end line assessment using the Three Circles and GICA tools as the SHG had not yet been incorporated into a women-led OPD/women with disabilities forum

One to One Interviews

- Total participants surveyed = 98 respondents, with 7 unusable responses
- Total female surveyed = 91 women
- Total male surveyed = 7 men
- Total women with disabilities surveyed = 84 women
- Total community volunteers/activists surveyed = 25 persons

KIIs, SAIs, FGDs and Case Studies

Interviews with project participants and stakeholders provided them with the opportunity to reflect on the project's achievements, challenges and strategies as well as to discuss lessons learned and recommendations for future interventions. In addition, information was used to validate critical secondary data collected, gather insights on project interventions and results, as well as assess linkages and coherence with the implementation of government policies and plans.

Interviews took place remotely via telephone or Zoom in target districts and Phnom Penh using semi-structured KII, FGD and IDI guides. KIIs and IDIs were conducted individually through telephone calls. FGDs were held with women-led OPDs/women with disability forums via Zoom at their offices or houses.

- FGDs were held to assess the capacity of women-led OPDs/networks (staff and board) using the Three Circles and GICA tools. Each capacity section was discussed among participants and scored on a consensus basis through a facilitated discussion guided by the Associate Consultant. Justifications for the scoring based on evidence were discussed. The final results were compiled and compared against the baseline and annual assessments. Additional structured questions on the project's achievements, challenges, areas for improvements and recommendations for future interventions were included. Each FGD took around 3 hours to conduct.
- The SAI tool developed by ADD International for the baseline assessment was completed by women-led OPD leaders themselves following the FGDs.
- KII guides were developed for each stakeholder group to gather information on key themes based on the evaluation criteria and the project log frame. Separate interviews were held with three ADD International Cambodia staff, instead of a group reflection exercise, to better capture their individual perspectives based on their roles. The KIIs took between 35-60 minutes each.
- Case Studies focusing on impact stories were developed from a pre-selected list of community volunteers and women survivors of violence to highlight changes in knowledge, attitudes and practices in themselves, family, community or service providers as a result of their participation in the project.

Focus Group Discussions

- Women-led OPD/Women with Disability Forum: 4 groups x 4-7 women = 23 women total (staff and board members)

Key Informant Interviews/SAI/Case Studies:

- ADD and NGO Partners: 5 persons: ADD (2M, 1F), AS (1M), Khemara (2F)
 - Women-led OPD/Women with Disability Forum: 4 women
 - Community Volunteers: 6 women, including 1 case study
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- Survivors of violence: 6 women, including 2 case studies
 - CCWC members: 8 persons (6F, 2M)
 - SHGs of persons with disabilities: 20 persons (12F, 8M)
 - External Reference Group and UN Trust Fund: 4 persons (2F, 2M)

Analysis

For quantitative data analysis, comparison and validation of data from the baseline assessment and monitoring reports was included and formed an integral part of the analysis and reporting against project indicators, progress achieved against the expected outcomes and outputs and relevant evaluation criteria.

For the one to one interviews, responses were tabulated on paper-based questionnaires instead of the Kobo Tool to better capture more robust information from open questions. Questionnaires were double checked for accuracy, with data checked and entered by a separate data entry person for accuracy and control. Both the Statistical Package for Social Sciences (SPSS) and Microsoft Excel were used to analyse data, compare findings against baseline and monitoring data, identify trends, cross tabulate data against several factors for further statistical analysis and comparison of data. Findings are presented in quantitative figures, with tables to illustrate key findings.

All interviews were conducted and written up in Khmer (or English), translated into English and double-checked for accuracy. Analysis of qualitative data was based on evaluation objectives, evaluation criteria and interview questions. The information from different participatory techniques and stakeholder groups was assessed for common recurring themes, triangulated across methods and groups and reviewed against progress reports, on-going assessments and desk review findings. Quotes from FGDs/KIIs/IDIs were used to illustrate the findings. Information from qualitative methods provides in-depth information and additional evidence to support findings from the one to one interviews, as well as results from the capacity assessments, progress reports, and desk review.

Working definition of disability

In line with the baseline assessment and pursuant to the social model definition of disability in the CRPD, a person is considered as experiencing a disability when both of the following thresholds for exclusion and impairment are met:

Exclusion Threshold²⁵: If any one of following criteria are met:

- Exclusion from family: when the individual's average response across four questions on attitudes experienced within family is 3 or less on a 5 point spectrum line.²⁶
 - Exclusion from community: when the individual's average response across four questions on attitudes experienced within the community is 3 or less on a 5-point spectrum line.
 - Exclusion from service providers: when the individual's average response across four questions is 3 or less on a 5-point spectrum line.
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²⁵ As measured by ADD International's Inner Well-being tool

²⁶ The 5-point spectrum line where Never=1 and Always=5

- **Self-Exclusion:** when the individual's average response across 3 questions is 3 or less on a 5-point spectrum line.

Impairment Threshold²⁷: If a person reports experiencing at least "some difficulty"²⁸ to any one of following functional areas: seeing, hearing, mobility, remembering, self-care or communicating.

These threshold definitions allow us to analyse prevalence of violence experienced by women (and girls) across 24 distinct combinations of impairment and exclusion, or disability categories.

Validation Workshop: A virtual workshop to present and collect feedback on the preliminary findings was held with key stakeholder groups, including the project team, NGO partners, the women-led OPD/networks of Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum provinces, and the External Stakeholder Reference Group. Discussions included lessons learned and recommendations for future interventions.

Description of sampling

Sample and Sampling design: The sample was selected based on the baseline assessment and the design as through purposive sampling which is a sampling technique in which the researcher relies on the suggestions from the project team when choosing members of the population to participate in the evaluation. The intent of purposive sampling is to minimize further traumatising to women and girls with disabilities and the most marginalised who have experienced violence.

Area and Population represented: The evaluation included target beneficiaries and key stakeholders across the five target provinces. Women with disabilities and at risk of violence, community volunteers, women-led OPDs/women with disabilities forum, SHGs of persons with disabilities, including women survivors and at risk of violence and CCWCs were interviewed in a cross section of target communes in the five provinces. Stakeholders such as NGO partners, the External Reference Group and the UN Trust Fund Portfolio Manager were included.

Rationale for selection: Purposeful sampling was used to identify participants for the one to one interviews and key informant interviews who could best help us understand the project. The participants were selected based on their expected knowledge and contribution to answering the evaluation questions. The project team carefully selected participants so as not to expose them to potential harm. The project team provided the list of selected women with disabilities including survivors of violence, caretakers/family members, community volunteers, SHGs of persons with disabilities and other stakeholders. They were also responsible for initially informing stakeholders of the purpose of the external evaluation.

Mechanics of selection limitations to sample: All project partners, (women-led OPD/women with disabilities forum including staff and board, Aphiwat Strey, and Khemara) were interviewed as they have the best understanding of the project implementation. Members of SHGs of persons with disabilities/women and girls with disabilities including the survivors and at risk of violence were selected to

²⁷ As measured by the Washington Group Questions (short set)

²⁸ On a 4-point scale where 1=No, 2=Some difficulty, 3=A lot of difficulty, 4=Cannot do at all

take part in interviews to gain deeper insight on project implementation. ADD International Cambodia project team members were interviewed as well.

The project team provided the list of 20 respondents per province (100 persons) for the one to one interviews. The sample size of 100, as per the baseline, out of the target beneficiaries of 1,600 is within the parameters of a Margin of Error of 0.10 and Confidence Level of 0.95 using the Survey System Calculator.²⁹

The community volunteers and survivors of violence were also identified by the project staff. CCWCs focal points (women and men) from 3 communes in Battambang, 1 commune in Kampong Speu, 1 commune in Kampot, 1 commune in Svay Rieng, and 2 communes in Tbong Khmum were invited to join the KIIs.

Data Management and Quality Assurance

Before the data collection: Training of the evaluation team was conducted prior to data collection, and included 1) project evaluation purpose and objectives, 2) an overview of the project goals, outcomes, target areas and population 3) data collection tools 4) interview protocols and ethical standards including safeguarding, psychological first aid, safe responses and protection principles (see below) and 5) logistical arrangements.

During the data collection process: The Lead and Associate Consultant communicated regularly with the ADD UNTF Model project team especially during the planning and implementation stages. The purpose was to keep all stakeholders informed of progress and to address challenges as they arose.

Regular debriefings with the data collectors were held to ensure integrity of the data collection process. At the end of each day of data collection, the evaluation team held debriefings to review and discuss the interviews. This was to make sure that information was not missing, to discuss progress, make clarifications and address any unexpected problems as needed on time.

Description of ethical considerations in the evaluation	<p>The guiding principles of this evaluation included a participatory approach with stakeholders, respecting the rights of stakeholders, demonstrating gender sensitivity and inclusiveness and ethical integrity in collecting and reporting data and information. To ensure that women and girls with disabilities' rights, confidentiality, safety and protection were considered at all times and as the evaluation team interviewed stakeholders involved in GBV prevention and response, a review of ethical considerations as outlined in the UN Evaluation Group (UNEG) Ethical Guidelines for Evaluation, UNEG Code of Conduct, WHO 'Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women, Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence', Sexual Violence Research Initiative and UN Women Evaluation 'Handbook: How to manage gender responsive evaluation' documents was undertaken.</p> <p>The Lead and Associate Consultants signed and adhered to the ADD International Child and Vulnerable Adult Safeguarding Policy, Code of Conduct, Visitor Guide, Prevention of Sexual Exploitation and Abuse Policy and Voicing Concerns/Whistle Blowing Policy. The two Assistants joined a one day training session prior to data</p>
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²⁹ <https://www.surveysystem.com/sscalc.htm>

collection, which included a review of the key policies, guidelines and safety protocols. The evaluation team utilised the one to one interview guide which outlined safety procedures, processes and protocols. See Annex 12.4.

Of key importance is to respect people's right to provide information in confidence and to ensure people are aware of the scope and limits of confidentiality. This entails ensuring the safety and confidentiality of participants and information, respecting participant's decisions, making sure participants are not harmed during the process and making available information and sources of help, such as counselling services. The following measures were undertaken:

- **Safety and Training:** The evaluation team held a training session on key ethical principles above, including safety protocols and procedures.
- **Safe responses:** The evaluation team reviewed information on psychological first aid, safe responses and managing stress and was equipped with information for support.
- **Team support:** The evaluation team discussed situations where the interviews may be distressing and held regular team de-briefings to support members.
- **Informed consent and confidentiality:** All participants were informed of the purpose of the evaluation, the confidentiality of their responses, the use of the information, the voluntary nature of participation and asked for their verbal consent prior to the interviews.
- **Gender sensitivity:** Key stakeholders were interviewed separately taking into account their gender and positions of authority. Female evaluation team members interviewed women.
- **Child and Vulnerable Adult Safeguarding:** No girls or boys under the age of 18 participated in this evaluation.
- **Data Protection:** Only the evaluation team had access to the interview notes, information was kept in password-protected documents, and names of people interviewed were not included. All files were destroyed or handed over to ADD International Cambodia.
- See Annex 12.4 for more detailed description.

Limitations of the evaluation methodology used

Due to the COVID-19 pandemic, the evaluation team conducted virtual meetings through phone calls and other on-line platforms (i.e. Zoom, Microsoft Teams, etc.) instead of in-person or face to face meetings which often provide a more friendly, relaxed environment for dialogue, observations and collecting information.

Fewer people (i.e., 4 to 5 persons) were allowed to join the FGDs with women-led OPDs/networks in accordance with WHO/MOH guidance principles to prevent the spread of COVID-19. In-depth interviews replaced the planned FGDs with SHGs of persons with disabilities, thereby limiting group dynamics, robust collective discussions and facilitator observations.

Purposive sampling is viewed as being vulnerable to errors in judgement by the researcher as well as a having a lower level of reliability. However, this sampling method is one of the most cost-effective and time-effective sampling methods.

The evaluation team was provided with a list of stakeholders to interview by phone. However some phone numbers were missing, incorrect, unreachable, or not answered (46 (31 percent) of 151 for one to one interviews and 12 (38

percent) of 32 members of SHG of persons with disabilities). The ADD project team gave additional names and phone numbers to meet the target.

Interviews with women and girls with disabilities, survivors and at risk of violence may elicit feelings and memories related to their experiences of violence. A few respondents (7 out of 105 reached) declined or dropped out of the interview process as they were not comfortable to be interviewed, were afraid of re-traumatization of violence or had not participated in any activities. The evaluation team listened, followed their decision and asked them if they required any additional information or support, such as counselling services.

The evaluation team may not have had access to stakeholders without phones, often the poorest, and may have unintentionally excluded some persons with difficulties communicating, hearing or speaking. In some cases, caretakers and family members were interviewed on their behalf. On the other hand, phone interviews allowed for more private, confidential and secure conversations as other people could not hear the questions being asked by the interviewer.

DEMOGRAPHICS OF SAMPLE SIZE AND STAKEHOLDERS.

8.1 ONE TO ONE INTERVIEWS.

A total of 98 respondents, 91 females (93 percent) and 7 males (97 percent) were reached. More people from Tbong Khmum (34 percent) and Battambang (24) provinces participated in the interviews, followed by Svay Rieng (15 percent), Kampong Speu (14 percent) and Kampot (12 percent). The age range of respondents was 19 to over 60 years of age. The majority of women (77 percent) and all men (100 percent) respondents were between the ages of 25 and 59. All the men interviewed reported they were the head of the family. One-third (31 percent) of the female respondents identified themselves as the head of the household. The majority of women (61 percent) and men (86 percent) respondents were married. Twenty-one percent of women respondents reported they had not attended school. Eighty percent of all respondents had some level of education, with 45 percent having attended primary school and 28 percent having attended some secondary school. The main occupations of women were agriculture (43 percent) and housewives (27 percent), followed by small business owner and private sector employee.

Of the 91 women interviewed using the Washington Group Questions short set, three out of four persons had at least some difficulty remembering or concentrating and more than half had at least some difficulty with mobility or seeing. Less than one-third of respondents had at least some difficulty communicating, while one in four persons had at least some difficulty with self-care and/or hearing. Seven women interviewed did not have any difficulties linked to a health problem. (Table 8.1.1)

Table 8.1.1: Difficulties linked to a health problem - Impairment

	Respondents having some difficulty, a lot of difficulty or cannot do at all	Total respondents (N=98)		Total Female (N=91)		Female (N=84)	
		#	%	#	%	#	%
1	Seeing	51	52	48	53	48	57
2	Hearing	20	20	19	21	19	23
3	Mobility	58	59	55	60	55	65
4	Remembering or Concentrating	73	74	69	76	69	82

5	Self-care	24	24	21	23	21	25
6	Communicate	29	30	26	29	26	31

Source: ADD UNTF Model Project End line Evaluation, August 2021; Washington Group Questions Short set

Table 8.1.2: Exclusion experience by women with disabilities

Exclusion categories		End line (Now)		End line (12 months ago)	
		Female respondents (N=84)		Female respondents (N=84)	
		#	%	#	%
1	Family	12	14	12	14
2	Community	2	2	2	2
3	Service Providers	1	1	2	2
4	Self	4	5	9	11

Source: ADD UNTF Model Project End line Evaluation, August 2021; Inner Well-being tool

The 84 women who responded they had at least some difficulty with at least one of the health problems listed above were asked a series of questions across four domains to gain an understanding of the level of inclusion or exclusion experienced by women with impairments. The four domains are attitudes experienced within family, community, service providers and how individuals feel about themselves.³⁰ At the end line, on a scale of 1 (never) to 5 (always), the vast majority of women with disabilities responded that they always (5) or usually (4) felt included, involved, respected, treated and listened to by family, community and service providers and were confident in themselves. (Table 8.1.2). Please see findings under the project goal for more detailed discussion and analysis with comparison at baseline.

8.2 SHGS OF PERSONS WITH DISABILITIES.

Twenty members (12 women and 8 men) of SHGs of persons with disabilities were interviewed by phone. More SHG members were reached in Battambang (40 percent), Kampong Speu (35 percent) and Tbong Khmum (20 percent) provinces, as telephone numbers for SHG members in Svay Rieng and Kampot were limited. Only one woman from Kampot was reached and no-one from Svay Rieng participated. The vast majority of women (83 percent) and men (75 percent) respondents were between the ages of 25 and 59. Twenty percent of respondents had no schooling. Eighty percent of respondents had some level of education, with 45 percent having attended primary school and 28 percent having attended some secondary school. The majority of female (65 percent) and male (63 percent) participants were married. The three main occupations of female respondents were small business owner/seller (33 percent), agriculture/farming (25 percent) and housewife (17 percent). Men's occupations varied more widely between farming, selling goods, working in a private company, recycling, electronics repair and sports.

8.3 FGDS AND KEY INFORMANT INTERVIEWS.

All four women-led OPD leaders from Battambang, Kampong Speu, Kampot and Svay Rieng provinces identified themselves as the head of the family. Three women were between the ages of 25-59 with one woman over 60 years old, and three women were married and one woman was divorced. One women-led OPD leader had a University Degree, two leaders had an Upper Secondary School education and one leader had some Lower Secondary School Education. Three leaders were also engaged in farming. Eight commune council members from all eight communes in the five provinces were interviewed, including five women and three men. Two female CC Chiefs were interviewed and three women were CCWC members. The male CC members include a CC Chief, 2nd Vice CC Chief and CC member.

³⁰ ADD International's Inner Well-being tool

All six of the community volunteers interviewed were women, four women were between the ages of 62 and 71 and two women were aged 37 and 48 respectively. Four women were married, five women had attended some primary school and one woman had no formal schooling. Three women cited farming as their main occupation and two women had roles in the village leadership structure. Five of the six women survivors of violence interviewed were married and one was a widow. Five women were between the ages of 35 and 50 and one woman was 22 years old. All six of the women survivors of violence interviewed had some primary school education, Three women cited farming as their main occupation and three women had small businesses selling goods. Please see Annex 12.7 for detailed demographic information.

FINDINGS AND ANALYSIS PER EVALUATION QUESTION.

9.1 EFFECTIVENESS.

Evaluation Criteria	Effectiveness
Evaluation Question 1	To what extent were the intended project goal, outcomes and outputs achieved and how?
Response with analysis of key findings	<p><u>Goal:</u> Women and girls with disabilities, including those most marginalized in six districts of Battambang, Svay Rieng, Kampong Speu, Kampot and Tbong Khmum provinces, experience less violence in their families and from caregivers.</p> <p>The project made remarkable progress towards the goal of women and girls with disabilities experiencing less violence in their families and from caregivers as well as feeling more included and respected by family, community, service providers and themselves. At the end line assessment, 27 percent of women and girls with disabilities surveyed (19 of 71³¹ women) perceived they experienced violence as per the descriptive scenarios compared to 70 percent (47 of 68 women) of women and girls with disabilities at the baseline. This represents a 43 percent³² decrease over the life of the project. Furthermore, there has been a remarkable decrease in women with disabilities feeling excluded across all four exclusion categories at the end line compared to the baseline, with the highest changes in service providers (1 percent vs 44 percent) and community (2 percent vs 27 percent). There has also been a significant decrease in women with disabilities feeling excluded by their family (14 percent vs 40 percent) and self (5 percent vs 26 percent). There is still more work to do with family members on respecting the rights of persons with disabilities. (Tables 9.1a and 9.1b below)</p> <p><u>Outcome 1:</u> Five women-led OPDs and disabled women's networks in six districts of Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum provinces have strengthened capacity to lead VAW primary prevention interventions targeting women and girls with disabilities.</p> <p>The project has been very successful in strengthening the capacity of four women-led OPDs/networks in Battambang, Kampong Speu, Kampot and Svay Rieng provinces to lead primary prevention interventions targeting women and girls with disabilities as evidenced by significant improvements in capacity areas measured through the ADD International Three Circles and GICA tools. For gender, all four women-led DPOs scored themselves at good capacity (4) or high capacity (5) across the four gender capacity areas (policy, knowledge and skills, conscious, programme) compared to the baseline scores of low capacity (2) and average capacity (3). For organisational capacity (Three Circles), all four women-led DPOs rated themselves at good capacity (4) and high capacity (5) across the 23 capacity</p>

³¹ PQ 17&18 One to One Interviews; Data collection errors resulted in adjusting valid responses for PQ17 from 84 to 71 persons

³² +/- 10 percent, for range of 33 to 53 percent decrease/difference

areas (Capacity to Be, Capacity to Do, Capacity to Relate), compared to the baseline scores of no capacity (1), low capacity (2) and average capacity (3). Furthermore, annual assessments showed steady improvements across all capacity areas as a result of project interventions including training sessions, actions, coaching and mentoring as well as close follow-up and technical support by ADD UNTF Model project staff and NGO partners. (See Tables 9.2a to 9.9 below)

Under Outcome 1, The project has fully achieved **Outputs 1.1 and 1.2**, through utilizing the ADD International Organisational Capacity Assessment and Gender Assessment tools in participatory annual review and planning sessions with the four women-led OPDs, and a combination of formal and informal training sessions targeted at organizational capacity building, on-going mentoring of women-led OPD leaders and staff, as well as training and follow up sessions using the SASA! approach and tools with women-led OPD staff/leaders, SHGs of persons with disabilities, community volunteers and local authorities. In Tbong Khmum province, the project established SHGs of persons with disabilities but they had not formally registered as a women-led OPD with the government due in large part to the impact of COVID-19 pandemic on key project interventions, including restrictions in travel and mobilizing participants. According to project reports, the SHGs have been playing a similar role as the formal OPDs, including representing people with disabilities in their communities, engaging with local authorities on prevention and responses to violence against women and girls with disabilities, providing support for women and girls with disabilities experiencing violence and updating membership lists.³³

Outcome 2: One thousand six-hundred (1,600) women and girls with disabilities, their caregivers, family members, community and duty bearers in six districts in Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum provinces, demonstrate increased capacity to identify violence and support the rights of women and girls with disabilities to live free from violence.

The project made significant contributions to empowering all stakeholders with knowledge and skills to support the rights of women and girls with disabilities to live free from violence. More (45 to 75 percent) women and girls with disabilities, their caregivers, family members and community demonstrated increased knowledge of the four different types of violence (physical, sexual, psychological and economic) and virtually all (97 percent) woman with disabilities said they would not accept violence against themselves. Almost all stakeholders indicated they would report incidences of violence experienced by themselves (97 percent) and by other women and girls with disabilities (84 percent). Importantly more stakeholders reportedly took some action (helping, reporting, speaking out) to support women and girls with disabilities to live free from violence, with almost double the percentage (52 percent) speaking out about violence compared to the baseline. These represent important positive changes in knowledge, attitudes and practices towards ending violence against women and girls, especially women and girls with disabilities. (see Tables 9.10 to 9.13 below)

³³ ADD had officially informed UNTF of the status of the women-led OPD in Tbong Khmum province

Under Outcome 2, the project has fully achieved **Outputs 2.1, 2.2 and 2.4**, through the modified SASA! (Start, Awareness, Support, Action) approach of mobilizing community resources to reflect on, understand, take ownership of and address the problem of rights violations and violence against women and girls with disabilities. Key actions included capacitating women-led DPOs to lead violence against with disabilities prevention and response efforts, empowering community volunteers with knowledge and tools to support the rights of women and girls with disabilities, supporting SHGs of persons with disabilities with safe spaces to discuss problems, addressing both rights violations and livelihood issues and strengthening connections with community members, duty bearers and service providers. The project has largely achieved **Output 2.3** as more commune council members understand violence against women and girls with disabilities as a community, not an individual family problem, feel a sense of obligation to address and provide resources to address rights violations of women with disabilities and violence against women and girls' issues through commune investment plans. Yet most commune councils still allocate more human and financial resources for infrastructure projects than social issues, do not formally record GBV cases as per government guidelines and face capacity constraints.

Outcome 3: Action research has contributed to increase the understanding of intersectional approaches to primary prevention of violence against women and girls with disabilities and how to put the empowerment of women and girls with disabilities at the heart of any approach and the findings have been shared with key targets in Cambodia and internationally.

The project has been very successful in spearheading the Action Research on “Preventing Violence Against Women with Disabilities in Cambodia”, especially in engaging the women-led DPOs and community volunteers to assist in all phases of the research. Some of the key findings on the approach to intersectionality include a) the importance of breaking the culture of silence around violence against women and girls with disabilities, b) primary prevention of violence against women and girls with disabilities is a community resource mobilisation issue, c) ignorance, misunderstanding and outdated beliefs and practices are some of the root causes of violence against women and girls with disabilities, d) the community resource mobilising approach (SASA!) encourages understanding of the needs of women and men e) women and men felt disempowered and undervalued when they were identified as disabled f) women and girls with intellectual (learning) disabilities face higher risk of violence and g) services that aim to provide support to women and girls with disabilities may not meet their needs.³⁴ Many of the key recommendations are included in this evaluation report.

Under Outcome 3, the project has fully achieved **Outputs 3.1 and 3.2** with the completion of the Action Research on the intersectionality of violence against women and women with disabilities in Cambodia as well as the production the Learning Paper and dissemination of the key findings to targeted audiences of key stakeholders in Cambodia starting in June 2021. Seventeen Impact Stories highlighting changes in women with disabilities lives from project interventions were produced and some were used for advocacy actions at the policy level.

³⁴ ADD International, Prevention of violence against women and girls in Cambodia, A Learning Paper. 2021

**Quantitative and / or
Qualitative evidence
to support response
and analysis**

The sources of data include the baseline, annual, and end line capacity assessments of women-led OPDs using the Three Circles and GICA tools; one to one interviews with women and girls with disabilities, caregivers and family members at baseline and end line; end line KIIs with target beneficiaries, including women-led OPDs, NGO partners, SHGs of persons with disabilities, women survivors of violence, community volunteers, CC/CCWCs, ADD UNTF Model project team, External Reference Group Members as well as project semi-annual and annual narrative reports (2019, 2020, 2021) and the ADD International Action Research Learning Paper on Violence Against Women with Disabilities in Cambodia (2021)

Goal: Women and girls with disabilities, including those most marginalized in six districts of Battambang, Svay Rieng, Kampong Speu, Kampot and Tbong Khmum provinces experience less violence in their families and from caregivers.

Indicator 1: The end line interviews revealed dramatic changes in that 19 (27 percent) out of 71³⁵ women and girls with disabilities reported perceiving they experience violence compared to 47 (70 percent) out of 67 women and girls with disabilities at the baseline. This represents a 43 percent decrease from the baseline to the end line. The customised SASA! approach, including lessons, topics and actions on disability, power, community mobilization, communication and networks, violence against women, laws and articles on the rights of persons with disabilities, brought the community together to address violence against women with disabilities. More community members and local authorities have the knowledge and skills to prevent and respond to violence against women. Women themselves no longer tolerate violations and they have strategies to prevent and stop violence within their own families. Community volunteers have increased capacity to address violence against women issues in their communities and feel empowered to help their communities. “The project has helped the community to have a better understanding of the root cause of violence against women and actions to prevent violence and this has resulted in less domestic violence.” (*KII with community volunteers, BTB, TBK*)

Of the 19 women, 15 (79 percent) experienced violence “sometimes” (2 and 3 on a scale of 1 to 5, with 1= never and 5= always) and one woman always experienced violence. When asked about the previous 12 months, 20 (28 percent) out of 71 women with disabilities said they experienced violence last year, virtually no change, with more women (5) reporting “always”. The reasons given were difficulties in earning income, especially due to the COVID-19 pandemic, on-going emotional and some physical violence from family and relatives, and continued violence from husbands though less frequent physical violence, and mostly emotional. (Table 9.1a) Only one woman out of the 52 women and girls with disabilities who perceived they did not experience violence felt at “risk of violence” now and 12 months ago.

³⁵ Data collection errors resulted in adjusting valid responses from 84 to 71 women for PQ17&18

Table 9.1a: Women and girls with disabilities perceived experience of violence

Women and girls with disabilities	Baseline (N=67)		End line (Y2) (N=71)		End line Now (N=71)	
Number/% saying yes	#	%	#	%	#	%
Perceived experience of violence	47	70	20	28	19	27
Perceived at risk of violence now (N=52)	-	-	1	2	1	2

Source: ADD UNTF Model Project Baseline and End line Assessments; One to One Interviews

Eight (42 percent) of the 19 women with disabilities who experienced violence at the end line met the threshold of exclusion. Four women felt excluded by family, three women felt excluded by themselves and one woman felt excluded by the community. No woman with disability experiencing violence met the threshold for exclusion by service providers, which is a dramatic difference from the baseline which showed that women and girls with disabilities experiencing exclusion from service providers generally perceive experiencing violence more than other interviewed women and girls with disabilities.³⁶ At the end line, women with communication difficulties and felt excluded by self and family were more likely to perceive experiencing violence than other women with disabilities interviewed, which is similar to the baseline, though fewer numbers. Women with mobility and remembering impairments and who felt excluded by family members also perceived experiencing violence more frequently than other women with disabilities at the end line. (Table 9.1b) The Action Research found that women and girls with intellectual (learning) disabilities face higher risks of violence.³⁷

Table 9.1b: Women and girls with disabilities experiencing violence by type of impairment and perceived exclusion

Exclusion/Impairment	End line (N=19)						
	#	#	#	#	#	#	#
Exclusion Category / Type of Impairment	Total (N=8)	Seeing	Hearing	Mobility	Remembering / Concentrating	Self-Care	Communicating
Families	4	2	1	3	3	2	3
Communities	1	1	0	1	0	1	1
Service providers	0	0	0	0	0	0	0
Self	3	2	1	2	2	3	3

Source: ADD UNTF Model Project End line Assessment; One to One Interviews

Indicator 2: At the end line, 84 out of 91 women (92 percent) interviewed met the exclusion threshold for disability compared to 68 of the 86 women (79 percent) at the baseline. Compared to the baseline, there has been a remarkable decrease in women with

³⁶ Data from PQ17, WGQ and Inner-well Being questions, One to One interviews with women and girls with disabilities, caregivers, family, community at end line, and baseline assessment, page 12

³⁷ ADD International, Preventing Violence Against Women and Girls in Cambodia, A Learning Paper. 2021

disabilities feeling excluded across all four categories at the end line. Far fewer women with disabilities felt excluded by family, community, service providers and self as compared to the baseline, with the highest changes in service providers (1 percent vs 44 percent) and communities (2 percent vs 27 percent). There was also significant decrease in women with disabilities feeling excluded by their families (14 vs 40 percent) and self (5 percent vs 26 percent). There was no change in women's perceived exclusion at the end line and 12 months ago. (Table 9.1c)

Table 9.1c: All women and girls with disabilities perceived exclusion (average)

Exclusion Category	Baseline (N=67)		End line (Y2) (N=84)		End line Now (N=84)		% decrease / change
Number/% (average)	#	%	#	%	#	%	%
Families	27	40	12	14	12	14	-26%
Communities	18	27	2	2	2	2	-25%
Service providers	29	44	2	2	1	1	-43%
Self	17	26	9	11	4	5	-21%

Source: ADD UNTF Model Project Baseline and End line Assessments; One to One Interviews

Interviews with many different stakeholders at the end line confirmed the findings that more women and girls with disabilities were included in different types of activities, discussions and meetings. For example, all CC/CCWCs mentioned they now regularly include persons with disabilities in their meetings and planning processes, while women-led DPOs/networks and community volunteers also said they were included in CC meetings. More women with disabilities were participating in SHGs of persons with disabilities and felt welcomed, confident to share their personal stories and help one another. "The project has provided me with the opportunity to learn and help people in my community. I feel very happy and proud of this, and I also feel loved by the people around me." (*IDI with female member of SHG, KPS*)

Further analysis of women and girls with disabilities by type of impairment and exclusion categories reveals dramatic decreases in women's feelings of exclusion by women with all different types of impairment, indicating women felt more included, respected and treated equally. Some of the greatest changes (50 to 70 percent decrease) were felt by women with difficulties in seeing, mobility and remembering as they felt more involved with their family, included in community events and were treated with more respect by service providers. At the end line virtually no woman with disabilities said they felt excluded or were treated differently by community members or service providers compared to almost two-thirds of women with disabilities at the baseline, and most felt confident and good about themselves. This is indication of significant positive changes in awareness-raising and action on disability rights by the project leading to reduced levels of intentional and unintentional discrimination against women with disabilities. (Table 9.1d) While

significantly reduced at the end line, women with disabilities across all types of impairment still felt more excluded by family members indicating more attention and support with family members and caregivers on disability rights is warranted.

Table 9.1d: Women and girls with disabilities by type of impairment and perceived exclusion

Exclusion Category / Type of Impairment	Baseline (N=67)				End line (N=84)			
	Family	Community	Service Provider	Self	Family	Community	Service Provider	Self
Seeing	61%	40%	66%	39%	11%	2%	0%	4%
Hearing	15%	10%	19%	12%	4%	0%	1%	2%
Mobility	64%	40%	69%	42%	12%	1%	0%	2%
Remembering	61%	37%	61%	37%	8%	0%	1%	4%
Self-care	18%	13%	18%	13%	10%	1%	0%	4%
Communicating	21%	19%	31%	13%	7%	1%	1%	4%

Source: ADD UNTF Model Project Baseline and End line Assessments; One to One Interviews

Outcome 1: Five women-led OPDs and disabled women's networks in six districts of Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum provinces have strengthened capacity to lead VAW primary prevention interventions targeting women and girls with disabilities.

Indicator 1.1: All four women-led DPOs/networks participated in annual capacity assessments using the Three Circles and GICA tools, supported by ADD International Cambodia UNTF Model project staff. The women-led DPOs/network participants included the leaders, staff, volunteers and board members, usually 5-8 participants. The SHGs in Tbong Khmum province participated at the baseline and Year 3 using the Three Circles and GICA tools and ADD UNTF Model project staff report they have conducted annual capacity assessments with the three SHGs. The evaluation team did not conduct capacity assessments with SHGs of persons with disabilities in Tbong Khmum at the end line as per the ADD recommendation and the project modification request to UN Trust Fund which reduced the number of target women-led DPOs from five to four. (See Output 1.2.2 for information on the capacity assessments for the SHGs in Tbong Khmum province).

All four women-led DPOs/networks demonstrated significant improvements in their ability to both understand gender concepts and apply gender related knowledge and skills across the four capacity areas of gender in policy, gender knowledge and skills, gender conscious organisation and gender in programming. At the baseline, all four organisations had below average capacity scores (less than 3) across the 4 gender capacity areas. By the end line, all four organisations demonstrated good (score of 4) or high (score of 5) capacity across all gender capacity areas. (Tables 9.2a and 9.2b)

Table 9.2a: GICA of DPOs from Baseline to End line by average scores

DPO	Baseline – Year 1	1 st Assessment Year 2	2 nd Assessment Year 3	End line Assessment
Average score across 4 gender capacity areas on scale of 1 (no capacity) to 5 (high capacity)				
BWWDF	2.84	4.02	4.34	4.75
KSDWF	2.78	3.28	4.19	4.75
KDWCDO	2.50	3.67	4.35	5.0
WCDFK	2.94	3.79	4.24	4.75

Source: ADD UNTF Model Project Baseline, Annual and End line Assessments using the GICA Tool

Capacity scale: 1=no capacity; 2=low capacity; 3=average capacity; 4=good capacity; 5= high capacity

For the few women-led DPOs that rated themselves a “4” (good capacity) in gender knowledge/skills, one mentioned that they would like to have more refresher sessions to help them apply all the information learned while another felt they did not yet have the capacity to train others on gender concepts. Another women-led DPO who scored a “4” on gender in programme mentioned that they did not yet have a tool to measure capacity and knowledge of gender with their target groups. These are areas that require on-going and/or periodic refresher sessions so women-led DPOs can continue to learn and apply their knowledge and skills on gender within their organisation and in programmes with target groups.

Table 9.2b: GICA of DPOs at Baseline and End line by gender capacity area

Gender Capacity Area	Baseline – Year 1				End line Year 3			
DPO	BWWDF	KSDWF	KDWCDO	WCDFK	BWWDF	KSDWF	KDWCDO	WCDFK
Policy	2.85	3.0	2.5	3.75	5	5	5	5
Knowledge / Skills	3.5	2.5	1.66	2.0	4	4	5	5
Conscious	2.71	3.0	3.0	3.0	5	5	5	5
Programme	2.28	2.6	2.83	3.0	5	5	5	4

Source: ADD UNTF Model Project Baseline and End line Assessments using the GICA Tool

Capacity scale: 1=no capacity; 2=low capacity; 3=average capacity; 4=good capacity; 5= high capacity

All four women-led DPOs/women with disability forums demonstrated significant improvements in their organisational capacity, (Capacity to Be) including identity, leadership, membership, structures, and systems, to implement primary prevention efforts from the start until the end of the project. At the baseline, 3 out of 4 organisations had below average capacity scores (less than 3) in 11 critical capacity areas. All women-led DPOs showed steady improvements in all capacity areas, through a combination of the assessment, planning, action, and follow-up processes conducted jointly by the DPOs, with support from the ADD UNTF Model project team and NGO partners. By the end line assessment, all 4 organisations demonstrated good (score of 4) or high (score of 5) capacity in all 11

capacity areas. All 4 women-led DPOs rated themselves as high capacity (score of 5) of leadership to lead and inspire (capacity area No. 6). (Table 9.3)

Table 9.3: Capacity to Be: Capacity Assessments of DPOs from Baseline to End line

DPO	Baseline – Year 1	1 st Assessment Year 2	2 nd Assessment Year 3	End line Assessment
Average score across 11 capacity areas on scale of 1 (no capacity) to 5 (high capacity)				
BWWDF	2.40	3.56	4.45	4.36
KSDWF	2.60	3.28	4.22	4.36
KDWCDO	3.18	3.54	3.91	4.73
WCDFK	2.70	3.36	4.18	4.45

Source: ADD UNTF Model Project Baseline, Annual and End line Assessments using the Three Circles Tool

Capacity scale: 1=no capacity; 2=low capacity; 3=average capacity; 4=good capacity; 5= high capacity

All four organisations still identified capacity gaps to recruit and maintain staff (No. 2) and three organisations cited continued capacity needs to maintain secure financial resources, (No. 5), to engage in strategic learning and planning (No. 8) and to encourage and accept flexibility and creativity (No. 10). The reasons cited were low budget and salary, limited resource mobilisation as well as limited documentation of meetings and reflections.

Indicator 1.2: All four women-led DPOs/networks demonstrated significant improvements in their organisational capacity, (Capacity to Do), to deliver effective activities which contribute to achieving the organisation's mission and objectives, especially community mobilisation, changing attitudes to violence prevention, protection and learning from the start until the end of the project. At the baseline, 2 of 4 organisations had average capacity (score of 3), 1 showed below average capacity (score of less than 3) and 1 DPO had low capacity (score of less than 2) across 6 critical capacity areas. All DPOs showed strong and steady improvements in all 6 capacity areas, through a combination of the annual assessment process, planning, action, and follow-up conducted jointly by the DPOs, with support from the ADD project team and NGO partners. By the end line assessment, all 4 organisations demonstrated good (score of 4) or high (score of 5) capacity in all 6 capacity areas, with the exception of one DPO who rated themselves as average capacity (score of 3) as they did not yet have a longer term strategic plan to guide their organisation's future actions. (capacity area No. 14). All 4 DPOs showed high capacity (score of 5) in having a clear plan of activities (capacity area No. 15). (Table 9.4)

Table 9.4: Capacity to Do: Capacity Assessments of DPOs from Baseline to End line

DPO	Baseline – Year 1	1 st Assessment Year 2	2 nd Assessment Year 3	End line Assessment
Average score for 6 capacity areas on scale of 1 (no capacity) to 5 (high capacity)				
BWWDF	2.78	3.80	4.33	4.67

KSDWF	1.97	2.75	4.09	4.33
KDWCDO	3.14	3.67	4.19	4.83
WCDFK	3.36	3.75	4.18	4.67

Source: ADD UNTF Model Project Baseline, Annual and End line Assessments using the Three Circles Tool

Capacity scale: 1=no capacity; 2=low capacity; 3=average capacity; 4=good capacity; 5= high capacity

Three women-led DPOs cited capacity gaps in developing longer term strategic plans (No. 14) for their organisations as they generally relied on monthly and annual plans specifically for the UNTF Model project and felt they would benefit from support in developing a broader longer term strategic plan for their organisation as a whole. Two women-led DPOs noted some capacity gaps in delivering on planned outputs and services (No. 12) as they felt they could improve on their documentation of activities and results.

Indicator 1.3: All four women-led DPOs/women with disability forums demonstrated significant improvements in their organisational capacity, (Capacity to Relate), to link and leverage connections with external organisations and individuals such as other women's networks, service providers and government decision-makers, to increase the impact of their work from the start until the end of the project. At the baseline, 2 of 4 organisations had average capacity (score of 3) and showed low or below average capacity (score of less than 3) across 6 critical capacity areas. All women-led DPOs showed strong and steady improvements in all 6 capacity areas, through a combination of the annual assessment process, planning, action, and follow-up conducted jointly by the DPOs, with support from the ADD UNTF Model project team and NGO partners. By the end line assessment, all 4 organisations demonstrated good (score of 4) or high (score of 5) capacity in all 6 capacity areas, with all 4 women-led DPOs scoring 5 on capacity to engage with service providers (No. 19) and be accountable to donors (No.23). (Table 9.5)

Table 9.5: Capacity to Relate: Capacity Assessments of DPOs from Baseline to End line

DPO	Baseline – Year 1	1st Assessment Year 2	2nd Assessment Year 3	End line Assessment
Average score across 6 capacity areas on scale of 1 (no capacity) to 5 (high capacity)				
BWWDF	3.40	3.83	4.20	4.83
KSDWF	2.45	3.67	4.41	4.83
KDWCDO	3.33	3.25	4.21	4.83
WCDFK	2.71	4.04	4.36	4.33

Source: ADD UNTF Model Project Baseline, Annual and End line Assessments using the Three Circle Tools

Capacity scale: 1=no capacity; 2=low capacity; 3=average capacity; 4=good capacity; 5= high capacity

Three women-led DPOs noted some capacity gaps to engage different stakeholders in planning and implementing stages (capacity area No. 21) citing they could actively communicate and involve more target groups in the various processes themselves and with less direct reliance on ADD UNTF Model project staff.

Output 1.1: Women-led OPDs/networks have action plans for capacity strengthening developed, updated on an annual basis and performance reviews in years 2 and 3.

Indicator 1.1.1: All five women-led DPOs completed the organisational and gender assessments at the baseline in Year 1, and developed action plans with the support of ADD project staff and NGO partners to address areas of improvement in line with the assessment report format. Strengths and weaknesses for each capacity area were described, priority areas for improvement were identified and some targets were set. The following years 1, 2 and 3, four women-led DPOs, excluding Tbong Khmum, completed the annual organisational and gender assessments, reviewed their performance according to their planned priorities for improvement, and made plans for the upcoming year based on their assessments and performance. ADD UNTF Model Project staff assisted with annual assessments, while the women-led DPOs completed their annual action plans with their staff and board members in years 1, 2 and 3, following the annual assessment. The total number of organisational and gender assessment completed at the baseline was 5, and 4 in Years 2 and 3. Due to COVID-19, ADD International requested and received approval from UN Trust Fund for a project modification for COVID-19 emergency response kits as well as to reduce the target number of women-led DPOs from 5 to 4.

Indicator 1.1.2: At the baseline, all five women-led DPOs completed their first annual organisational development plan with support of ADD UNTF Model project staff. In the following years 2 and 3, four women-led DPOs, excluding Tbong Khmum, developed their annual action plans themselves with their own staff and board members. The total number of action plans completed at the baseline was 5, and 4 in Years 2 and 3, in line with the approved second project modification request which also included COVID-19 emergency response packages.

Output 1.2: By the end of the project, women leaders and staff of women-led OPDs and networks have increased knowledge and skills needed to run effective violence prevention approaches in their communities, and to manage their organisations and continue to do so into the future.

Indicator 1.2.1: All four female DPO leaders interviewed at the end line clearly identified the four types of violence against women and girls, as physical, economic, emotional and sexual compared to the baseline where four out of six female DPO staff identified physical violence, four staff identified psychological violence, three staff identified economic violence and only two staff identified sexual violence. At the end line, all four DPO leaders mentioned both economic and emotional violence while one DPO leader mentioned physical violence as the most common violence against women and girls' issues in their communities, compared to the baseline where three female staff mentioned physical violence, two women mentioned psychological and one women mentioned economic violence.

This demonstrates an increased understanding and recognition by women-led DPOs/network leaders of the different types of violence against women, especially the less visible types, beyond physical violence.

At both the baseline and end line, all DPO leaders/staff interviewed agreed that a key cause of violence against women and girls was that men had power over women. At the end line, three of four DPOs identified a lack of understanding of the rights of women, including right to be free from violence as a key contributor to violence against women. (Table 9.6)

All women-led DPO leaders increased their knowledge of violence against women issues and demonstrated increased positive gender equitable attitudes and understanding of violence against women and girls from the baseline to the end line. For example, at the end line 100 percent of the DPO leaders disagreed that when men discipline their partner it makes their family stronger compared to only 50 percent at the baseline while all (100 percent) DPO leaders at the end line disagreed that women should tolerate violence to keep the family together and that a man has a reason to hit his partner if she does not do the housework to his satisfaction compared to 83 percent at the baseline. Furthermore all DPO leaders (100 percent) disagreed that men should have more power than women and that women having power means that men have no power, demonstrating understanding of power relations and in gender equality between men and women. (Table 9.6) “SASA! has taught us to understand the root causes of GBV and that we have the power within ourselves to affect change in our lives and others.” (FGD/KII with women-led DPO leader/staff, BTB)

Table 9.6: DPO Leaders: Understanding, Attitudes and Knowledge of VAWG Issues³⁸

Main Causes of VAWG	Baseline (N=6)		End Line (N=4)	
	#	%	#	%
Men have power over than women	6	100	4	100
Social norms and culture	1	17	2	50
Women do not speak out / limited participation in community	1	20	1	25
Do not know the law / lack understanding of rights and GBV	2	40	3	75
Attitudes and Knowledge of VAWG Issues	Agree	Disagree	Agree	Disagree
	%	%	%	%
a) A wife should tolerate violence to keep the family together	17	83	0	100
b) VAWG is normal in the community	83	17	0	100
c) Women can refuse her partner if she does not want to have sex	83	17	100	0
d) When men discipline their wives it makes their families stronger	50	50	0	100
e) Women and girls with disabilities are more at risk of violence than women and girls with no disabilities	83	17	100	0

³⁸ Additional questions were asked at the end line compared to baseline

f) Man has a reason to hit his partner if she does not do the housework to his satisfaction.	17	83	0	100
g) Women are to blame for the violence against them.	0	100	0	100
h) Husband and wife have equal rights and power in the family	100	0	100	0
i) Would you laugh at a man doing housework?	25	75	0	100

Source: ADD UNTF Model Project Baseline and End line KII with DPOs

As at the baseline, all women-led DPO leaders agreed at the end line that actions should be taken to prevent violence against women. The key actions mentioned included awareness-raising and dissemination of information on violence against women, gender equality and power, human rights and collaboration with local authorities. (Table 9.7) At the end line, all DPO leaders explained they have participated in SASA! training and then disseminated information on violence against women and girls, gender and rights, worked with community volunteers to conduct home visits with women with disabilities and those experiencing or at risk of violence, met with SHGs of persons with disabilities on rights and violence against women and girls and collaborated with local authorities on referrals and interventions for women facing violence.

Table 9.7: What should be done to prevent VAWG? Actions taken to prevent VAWG in the community?

What should be done to prevent VAWG?	Baseline (N=6)		End line (N=4)		What have you done to prevent VAWG in the community?	End line (N=4)	
	#	%	#	%		#	%
Awareness raising on the law and VAWG	4	67	4	100	Disseminated information on VAWG, gender and rights	4	100
Awareness raising on gender	4	67	3	75	Meeting/Strengthen SHG of persons with disabilities on rights	4	100
Awareness raising on human rights	4	67	4	100	Work with CVs to conducted home visits with women on VAWG	4	100
Report to local authorities	4	67	3	75	Collaborate/work with local authorities of VAWG	4	100

Source: ADD UNTF Model Project Baseline and End line KII with DPOs

KIIs with all four women-led DPOs revealed they actively identified cases of women experiencing violence, used the case reporting forms to record interventions such as counselling, referrals to legal services or shelters, and collaborated with local authorities to find solutions, and followed up with each specific GBV case. (Table 9.8) “We work as facilitators to provide counselling and direction to

survivors of violence in line with the SASA! approach; our role is not to solve GBV problems directly.” (FGD/KII with women-led DPO leader/staff, KPT)

Indicator 1.2.2: All four women-led DPOs, including leaders, staff and board members showed significant improvements in learning and applying knowledge and skills gained through project activities to successfully manage their organisations and networks, as evidenced by the regular annual review and planning sessions utilising the Three Circles and GICA tools.

Organisational capacity for each women-led DPO increased from between 47 and 60 percent at the baseline to at least 90 percent at the end line across the 23 capacity areas as measured by the Three Circles tool. (Table 9.9) FGDs and KIIs with women-led DPOs revealed that all four organisations had high capacity of leadership (No. 6), using participatory monitoring and evaluation (M&E), (No. 7), clear activity plans as well as engagement with service providers (No. 19) and accountability to donors (No. 23). All four organisations still identified capacity gaps to recruit and maintain staff (No. 2) while three organisations identified capacity needs for longer-term strategic learning, planning and engaging stakeholders in the process (No. 8, 14, 21), securing financial resources (No. 5) and encouraging flexibility and creativity (No. 10), including limited documentation and reporting. These capacity areas are essential for longer term sustainability.

Gender capacity for each women-led DPO increased from 50-60 percent at the baseline to over 95 percent at the end line as measured by the GICA tool. (Table 9.8) FGDs and KIIs with women-led DPOs revealed that two organisations still identified capacity gaps in gender knowledge and skills and they did not yet feel confident to train others while one DPO felt they needed more tools and experience to measure gender capacity with target groups.

Table 9.8: Overall capacity scores of DPOs at baseline and end line using the Three Circles and GICA tools

Capacity Area	Baseline – Year 1				End line Year 3			
DPO	BWWDF	KSDWF	KDWCDO	WCDFK	BWWDF	KSDWF	KDWCDO	WCDFK
Capacity to Be (Max score=55)	32	27	32	28	48	48	52	49
Capacity to Do (Max score = 30)	17	12	19	20	28	26	29	28
Capacity to Relate (Max score = 30)	20	15	20	17	29	29	29	26
Total OCA Score	69	54	71	65	105	103	110	103
Gender Capacity (Max score of 20)	11	11	10	12	19	19	20	19

Source: ADD UNTF Model Project Baseline, Annual and End line Assessments using the Three Circles Tool
Capacity scale: 1=no capacity; 2=low capacity; 3=average capacity; 4=good capacity; 5= high capacity

While the women-led DPO in Tbong Khmum was not formally registered, the project worked with the three SHGs of persons with disabilities, including conducting capacity assessments, annual planning, training sessions, holding outreach sessions and engaging them with violence prevention and response activities. As a result, their organisational and gender capacity scores doubled from the baseline, assessed at no capacity (1) to the end of year 3, where several capacity areas scored average (3). The most notable improvement areas were in maintaining a clear identity (No. 1), maintaining effective operational systems (No. 3) and leadership to inspire (No. 6) under Capacity to Be, having a clear plan of activities (No. 15) under Capacity to Do and engaging service providers (No. 19) and accountable to donors (No. 23) under Capacity to Relate. All six of these capacity areas' average scores were between 3 and 3.5 (average capacity) at the end of Year 3. The SHGs showed increased capacity in four other areas (scores between 2.4 and 2.9) while the other 13 capacity areas remained at no capacity (score=1). For gender, the most notable improvement areas were in the knowledge and skills (score=3) and programme (score=3.6). (Table 9.9a) It appears that with more time, effort and capacity building to formally register a women-led DPO in Tbong Khmum, both organisational and gender capacities will continue to improve.

Table 9.9a: Overall capacity scores of Tbong Khmum SHGs at baseline and end line using the Three Circles and GICA tools

Assessment Year	Organisational Capacity and Gender Capacity Areas				Gender Capacity (Max score=20)
	Capacity to Be (Max Score=55)	Capacity to Do (Max score=30)	Capacity to Relate (Max score=30)	Total OCA Score (Max=115)	
Baseline Year 1	11	6	6	23	4
End Year 3	18	10	15	43	9.2

Source: ADD UNTF Model project baseline assessment and project reports

Outcome 2: One thousand six-hundred (1,600) women and girls with disabilities, their caregivers, family members, community and duty bearers in six districts in Battambang, Kampong Speu, Kampot, Svay Rieng and Tbong Khmum provinces, demonstrate increased capacity to identify violence and support the rights of women and girls with disabilities to live free from violence.

Indicator 2.1: More women with disabilities, their caregivers, family members and community demonstrated increased knowledge of the different types of violence at the end line, with 85 percent of respondents correctly identifying physical violence, followed by sexual (76 percent) and psychological (75 percent) violence. This represents from 45 to 75 percent improvements. While fewer respondents identified economic violence at the end line at 62 percent compared to other types of violence, this figure has more than doubled from only 28 percent of respondents at the baseline. Interviews with SHGs of persons with disabilities also showed increased recognition of

the 4 different types of violence, with physical violence the highest (85 percent), followed by sexual violence (65 percent), and both psychological and economic violence at 60 percent. More female members of the SHGs of persons with disabilities were able to identify all 4 types of violence (75 percent) than male members (only 38 percent). Interviews with stakeholders revealed this could be partly due to the fact that fewer men participate in the SHGs meetings and they participate less regularly than women. (Table 9.10)

Table 9.10: Stakeholders able to identify violence in descriptive scenarios

Types of Violence Stakeholders	Baseline Year 1				End line Year 3				% Change	
	WGWD, family, Caregivers (N=94)		SHG (N=90)		WGWD, family Caregivers (N=98)		SHG (N=20)		WGWD, family caregivers	SHG
	#	%	#	%	#	%	#	%	%	%
Physical Violence	55	59	62	69	83	85	17	85	+26%	+16%
Psychological Violence	49	52	49	54	73	75	12	60	+23%	+6%
Economic Violence	26	28	37	41	61	62	12	60	+34%	+19%
Sexual Violence	40	43	53	59	74	76	13	65	+33%	+6%

Source: ADD UNTF Model Project Baseline and End line Assessments (One to One Interviews, KIIs)

Indicator 2.2: The majority of stakeholders interviewed said there was a notable decline in the type and frequency of domestic violence in their community since the project started. For example, 29 percent of women and girls with disabilities, caregivers and family members and 30 percent of SHG members mentioned physical violence as a problem at the end line compared to 55 and 79 percent respectively at the baseline. “There are very few domestic violence cases in our village now since the DPOs, with support from local authorities and police, have come to our community to provide information and conduct activities on prevention and response to violence against women.” (IDI with female SHG member, KPS, TBK, KPT)

CCWC members also noted a reduced in domestic violence in communities. Only 25 percent of felt psychological violence and 38 percent felt economic and sexual violence were still problems in the community at the end line compared to 100 percent at the baseline. Though less, the majority of CCWC (75 percent) still felt physical violence was a problem in the community. (Table 9.11) This can be partly explained as CCWC members are called to intervene in physical violence cases more often than other types of violence. “There is much less domestic violence in communities than before since the project interventions raised awareness on gender-based violence. There are still some cases involving hitting and shouting.” (KII with male and female CCWC members, TBK, KSP, BTB, SVR, KPT)

All stakeholders felt the risk of violence against women and girls with disabilities was much lower now than at the baseline, due to community awareness raising on prevention of violence against women as well as direct interventions and actions taken to respond to cases of GBV. (Table 9.11)

The end line interviews show dramatic positive changes in community attitudes, including women with disabilities, caregivers, family members and members of SHGs of people with disabilities towards acceptance of violence against women compared to the baseline. (Table 9.11) Most notable is that almost no woman at the end line interviewed said they would tolerate violence against themselves compared to 40 percent at the baseline. The few that did said they would only tolerate verbal arguments if they were at fault but would work to solve the problem later with their husband or family members. About one-third of respondents still believe a husband is justified in using violence if the wife disobeys but this is reduced from 46 and 80 percent at the baseline. One-third of community members interviewed believe a wife should keep silent about violence to keep her family together compared to 61 percent at the baseline while this reduced from 91 percent to 40 percent of SHG members from the baseline to the end line. About half of the community respondents at the baseline (40 percent of women and girls with disabilities/caregivers/family and 61 percent of SHG members) agreed that a survivor of rape should marry their perpetrator, (rape is crime under Cambodian Law) which declined significantly to 20 percent and 15 percent respectively at the end line.

Discussions with CCWC members on the norms and attitudes around violence against women and girls revealed they themselves do not accept or tolerate violence. They recognise that violence against women and girls is a community as well as family problem and they are actively working to educate and inform community members on violence against women and girls' prevention and responses. Most CCWC members felt that work on ending gender-based violence requires working with men directly as well as with husbands and wives, but felt changes in male behaviour and attitudes was often slow. "We must work with husbands and wives to find the reasons for violence and solutions to ending violence. But sometimes the changes are slow and some men do not show much lasting change in their attitude or behaviour." (KII with female CCWC members, BTB, SVR)

Table 9.11: Stakeholders attitudes towards violence against women and girls with disabilities

Risk, norms, attitudes of VAWG Stakeholders	Baseline Year 1						End line Year 3					
	WGWD, family caregivers (N=94)		SHG (N=90)		CCWC (N=8)		WGWD, family, caregivers (N=98)		SHG (N=20)		CCWC (N=8)	
	#	%	#	%	#	%	#	%	#	%	#	%
Number/% agree with statement												
Types of VAWG in communities												
Physical Violence	52	55	71	79	8	100	28	29	6	30	6	75
Psychological Violence	50	53	71	79	8	100	38	39	9	45	2	25
Economic Violence	31	33	19	21	8	100	15	15	2	10	3	38

Sexual Violence	19	20	51	57	8	100	9	9	2	10	3	38
Risk of VAWG in communities												
Risk of VAWG in community	83	88	71	79	8	100	67	68	13	65	8	100
If yes, the risk of VAWG is high	53	56	81	90	4	50	17	25	4	20	1	13
Women and girls with disabilities are at higher risk of violence than women and girls without disabilities	86	91	82	91	8	100	90	92	18	90	6	75
Norms and attitudes of VAWG												
A husband is justified in using violence if wife argued with him, does not obey him, or does not show respect.	43	46	71	80	4	50	32	33	7	35	-	-
A wife should tolerate violence to keep family together	57	61	82	91	5	63	29	30	8	40	-	-
A rape victim should marry the perpetrator to eliminate the shame of losing her virginity.	38	40	55	61	7	88	22	22	3	15	-	-
It is acceptable /tolerable if they are violated (women only)	39	41	69	86	0	0	4	4	0	0	0	0

Source: ADD UNTF Model Project Baseline and End line Assessments (One to One Interview, KIIs and FGD/IDIs)

The end line interviews showed a dramatic increase from the baseline for all community members, including women with disabilities, caregivers, family members, and members of SHGs with persons disabilities, willingness to report incidences of violence experienced by themselves (97 percent vs 65 percent) and by other women and girls with disabilities (84 percent vs 48 percent). Most stakeholders explained they would report and seek assistance from local authorities including village leaders, commune councils, police or NGOs to help solve the problem. This is a positive development in that this shows that most women will no longer keep silent about violence in the family and community and have increased trust and satisfaction towards local authorities. (Table 9.12)

Table 9.12: Attitudes towards support rights of women and girls with disabilities to live free from violence

Attitudes toward support of WGWD to live free from violence	Baseline Year 1						End line Year 3					
	WGWD, family, caregivers (N=94)		SHG (N=90)		CCWC (N=1)		WGWD, family, caregivers (N=98)		SHG (N=12)		CCWC (N=5)	
What would you do if you were violated? (women only)												
Number/% answered yes	#	%	#	%	#	%	#	%	#	%	#	%
Speak out to others/seek help	-	-	-	-	-	-	1	1	2	17	-	-
Report to local authorities/other	61	65	33	37	1	100	95	97	12	100	5	100

What would you do if another woman or girl with disabilities was violated? (all participants)	WGWD, family, caregivers (N=94)		SHG (N=90)		CCWC (N=8)		WGWD, family, caregivers (N=98)		SHG (N=20)		CCWC (N=8)	
Directly help/speak out to others	-	-	-	-	-	-	9	9	9	45	-	-
Report to local authorities/other	45	48	20	22	8	100	82	84	19	95	8	100

Source: ADD UNTF Model Project Baseline and End line Assessments (One to One Interview, KIIs and FGD/IDIs)

Indicator 2.3: End line interviews show increases in actions (helping, reporting, speaking out) to support women and girls with disabilities to live free from violence, with almost double the number (51) and percentage (52 percent) of women and girls with disabilities, caregivers and family members speaking out about violence compared to the baseline. All duty bearers interviewed said they actively spoke out at meetings and community events about violence against women. Fewer members of SHGs of persons with disabilities interviewed at the end line compared to the baseline helped or reported violence against women which they explained as there were fewer cases of violence in their communities now and many survivors now report directly to the local authorities. About the same percentage spoke out about violence at the end line as the baseline. This is partly due to recent restrictions on group gatherings due to COVID-19 as well as the content of SHG meetings have largely focused on the difficult economic and livelihood situation during the pandemic. (Table 9.13)

Table 9.13: Actions taken to support rights of women and girls with disabilities to live free from violence

Actions toward support of WGWD	Baseline Year 1						End line Year 3					
	WGWD, family, caregivers (N=94)		SHG (N=90)		CCWC (N=8)		WGWD, family, caregivers (N=98)		SHG (N=20)		CCWC (N=8)	
In the last 12 months have you ..?												
Number/% answered yes	#	%	#	%	#	%	#	%	#	%	#	%
Helped women and girls with disabilities experiencing violence at home or nearby?	14	15	38	42	2	25	21	21	1	5	4	50
Told village or CC/police about domestic violence nearby?	12	13	31	34	3	38	19	19	0	0	6	75
Spoken out about violence against women to others in community?	25	27	53	59	7	88	51	52	10	50	8	100

Source: ADD UNTF Model Project Baseline and End line Assessments (One to One Interview, KIIs and FGD/IDIs)

Output 2.1: By the end of the project, women and girls with disabilities know their rights and are playing a key and active role in violence prevention activities with their communities and with duty bearers.

Indicator 2.1.1: Project reports reveal that 99 percent of 340 women and girls with disabilities surveyed through annual one to one interviews in Year 3 increased their knowledge of basic rights of women and girls with disabilities, including violence against women

issues. This is an increase from Year 1 in which 151 (95 percent) out of 158 women and girls and 79 women and girls with disabilities (50 percent) demonstrated understanding of their rights to live free from violence.

Indicator 2.1.2: Project progress reports and databases show that at the end of the project, 84 community volunteers/village activists (80 women and 4 men) participated in project activities and 70 were playing an active role preventing violence against women and girls with disabilities through their outreach work. They have implemented awareness raising activities based on SASA! adaptation training with individual women, caregivers and families, conducted home visits, organised “quick chats” to deliver messages on violence against women and disability rights and provided referrals for women survivors. The target of 80 community volunteers was met.

The end line one to one interviews with 25 community volunteers revealed that 80 percent had seen community members taking action to prevent violence against women and girls with disabilities in their community in the past year and 80 percent had also seen SASA! tools and materials being used. Over half (52 percent) of the community volunteers knew someone who talked about SASA! approach in their community. Furthermore, three out of four (76 percent) community volunteers had participated in an activity on violence against women and girls in the past 12 months, and two-thirds (67 percent) said it was a SASA! activity. This reveals a high level of engagement by the community volunteers in violence against women and girls prevention activities as well as widespread recognition of the SASA! approach and tools in the community. “With the SASA! training, coaching and advice from the DPO and NGO staff, I have improved my public speaking and facilitation skills and I can now help families solve their domestic violence problems. The community appreciates my help and listens to what I have been advising them.” (KII with community volunteers, BTB, TBK)

Output 2.2: By the end of the project, caregivers, family members and community have improved knowledge on disability rights and VAW and are actively supporting women and girls with disabilities.

Indicator 2.2.1: At the baseline, of 184 caregivers, family members and community members surveyed, only 5 persons (2.7 percent) were aware of the rights of women and girls with disabilities and none were aware of any issues of violence against women and girls. Of the 7 duty bearers interviewed, none were aware of the rights of women and girls with disabilities and none were aware any issues of violence against women and girls. The project progress reports reveal that 99 percent of 340 women and girls with disabilities surveyed through annual one to one interviews in Year 3 increased their knowledge of basic rights of women and girls with disabilities, including violence against women issues. Outreach activities have reached a total of 6,879 community members by the end of August 2021, with 94 percent aware of women’s right to be free from violence.

At the end line, 34 percent of women and girls with disabilities, caregivers, family members and community interviewed cited 2 or more rights that women and girls with disabilities have and 21 percent stated that women and girls with disabilities have the same and/or equal rights as everyone else. More stakeholders interviewed at the end line gave a wider variety of answers about rights than at the baseline, adding the right to work, to life, and to participate, indicating increased knowledge on rights of women and persons

with disabilities. As the questions were open ended, 31 percent replied they didn't remember or know. (Table 9.14) Overall, 80 percent (20 women) of the community volunteers were able to cite at least 2 different rights that women and girls with disabilities have. These include the right to participate (44 percent), 28 percent said they have equal rights, the right to work, and the right to education, the right to be protected and to marry (20 percent) and 12 percent said they have the right to travel. Only two women couldn't answer.

Far more SHG members at the end line were able to cite more different rights that women and girls with disabilities are entitled to, including right to work, to life, to participate, to information, to services and protection from violence. Over half (55 percent) replied that women and girls with disabilities have the same rights as everyone else. At the end line, 7 of the 8 CCs members interviewed mentioned 3 or 4 basic rights, including protection, participation, survival and work while 5 persons replied that women and girls with disabilities have equal rights as everyone else. (Table 9.14)

Table 9.14: Awareness of rights of women and girls with disabilities and issues of violence against women and girls³⁹

Rights of WGWD/VAWG issues	Baseline Year 1						End line Year 3					
	WGWD, family, caregivers (N=94)		SHG (N=90)		CCWC (N=8)		WGWD, family, caregivers (N=73)		SHG (N=20)		CCWC (N=8)	
	#	%	#	%	#	%	#	%	#	%	#	%
Rights of WGWD												
Equal rights as everyone else	-	-	-	-	-	-	21	29	11	55	5	63
Free from violence	34	37	11	12	1	13	6	8	3	15	4	50
Reproductive rights	18	20	0	0	0	0	-	-	-	-	-	-
Right to marry/have family	18	20	0	0	2	25	2	3	-	-	-	-
Right to work / education	-	-	-	-	-	-	7	10	5	25	6	75
Right to survival/life	-	-	-	-	-	-	1	1	1	5	5	63
Right to participate/expression	-	-	-	-	-	-	9	13	6	30	7	88
Right to information/services	-	-	-	-	-	-	-	-	1	5	2	25
Don't know/don't remember	-	-	-	-	-	-	22	31	3	15	-	-
Common issues of VAWG												
Difficulty livelihoods/work	8	9	-	-	-	-	29	40	13	65	4	50
Violence (all types)	4	4	-	-	-	-	6	8	-	-	2	25
Lack of participation/isolation	-	-	-	-	-	-	8	11	7	35	-	-
Discrimination against WGWD	17	18	-	-	-	-	7	10	10	50	-	-

³⁹ PQ12-14, One to One Interviews with women and girls, caregivers, family members, excluding 25 CVs; PQ11-13 with SHGs and PQ21-23 with CCWC

Difficult to travel/mobility	8	9	-	-	20	28	3	15	-	-
Difficult self-care	15	16	-	-	20	28	-	-	-	-
Don't know/No problems	40	43			8	12	2	-	1	13
Alcohol/drugs	-	-			-	-	-	-	3	38
Don't understand one other/power	-	-			-	-	-	-	3	38

Source: ADD UNTF Model Project Baseline and End line Assessments (One to One Interview, KIIs and FGD/IDIs)

Many more stakeholders mentioned livelihood difficulties as a violence against women issue at the end line than at the baseline in large part due to COVID-19. This is consistent with other studies that show that the impact of COVID-19 on family economics has placed more women at risk of violence. Discrimination against women and girls with disabilities was mentioned by women and girls with disabilities, caregivers and family members (10 percent vs 18 percent at baseline) as well as by SHG members (50 percent), but not by CCWCs. Isolation and lack of participation was also mentioned by women and girls with disabilities, caregivers and family (11 percent) and SHG members (35 percent), while difficulties with travel/mobility and self-care (28 percent) were mentioned by women and girls with disabilities, caregivers and family members. Over one-third of CCWC members mentioned power relations between husband and wife as well as alcohol and drugs. One is a root cause while the other (alcohol) is a symptom, indicating perhaps more work on gender and power relations is required with CCWCs. (Table 9.14)

Indicator 2.2.2: More stakeholders interviewed at the end line (57 percent) participated in an activity or group discussions in the last 12 months compared to the baseline (40 percent). Of importance is that of those who had participated in an activity, 85 percent interviewed at the end line stated the activity involved people of similar ages and issues, compared to only 5 percent at the baseline. This is an indication that the project activities and SHGs of people with disabilities are better addressing/more responsive to the situation of women with disabilities including women experiencing or at risk of violence. According to project reports, the total number of stakeholders participating in village meetings, group discussions and SHGs for persons with disabilities was 1,284 by the end of August 2021.

Indicator 2.2.3: The end line interviews revealed significant positive changes in practices towards women and girls with disabilities, their families and caregivers by community members and duty bearers in the last 12 months, with 63 percent reporting having received a visit from a community volunteer, 47 percent received services they needed and 84 percent were aware of service providers in their community. (Table 9.15) Slightly fewer people said they were invited to an event that was accessible as compared to the baseline, which could be partly attributed to the COVID-19 pandemic and resulting restrictions on gathering in 2020 and 2021. It could also be due to the limited disability accessible areas in communities for persons with physical disabilities as some people interviewed

mentioned they had difficulty traveling. The project report Year 3 indicated that 100 percent of 149 persons surveyed reported they and their families have changed practices toward women and girls with disabilities as a result of project interventions.

Table 9.15: Change in practice towards women and girls with disabilities in communities

Change in practice towards WGWD in communities	Baseline Year 1		End line Year 3	
	WGWD, caregivers, family (N=94)		WGWD, caregivers, family (N=98)	
In the last 12 months ...?				
Number/% said yes	#	%	#	%
Did you receive a visit from/feel empowered by a village volunteer?	20	23	62	63
Did you receive the services you needed?	22	26	46	47
Were you invited to join a meeting / party or event in the community that was accessible?	47	55	45	46
Do you know about service providers you need in the community?	47	55	82	84

Source: ADD UNTF Model Project Baseline and End line Assessments (One to One Interview, KIIs and FGD/IDIs)

Output 2.3: By the end of the project, commune and district councils have produced plans for implementing intersectional programmes that address root causes of disability discrimination and violence against women and girls, and are on track to implement these.

Indicator 2.3.1: According to end line interviews, all 8 (100 percent) CC members interviewed reported having an annual plan and participated in the various stages of development. Year 3 project reports indicate that 8 communes also updated data on persons with disabilities and ID poor families in their community, provided monthly financial support to families of persons with disabilities using the government's social fund budget and included activities to directly respond to the needs of persons with disabilities. Seven CC/CCWCs interviewed at the end line knew how many persons/families with disabilities were in their community, though disaggregated data by sex and type of disability were not available.

Indicator 2.3.2: At the end line, 7 (88 percent) CC members interviewed were clearly able to describe the Commune Investment Plan (CIP) processes, including needs assessments, village meetings, prioritisation of issues, development of plans, approval processes and implementation of activities. At the baseline, all 8 CC members interviewed stated they were unclear of the key contents of the CIP stages. By the end line, all 8 (100 percent) of CC members interviewed said the DPOs regularly attended CC meetings, joined trainings and activities, and provided information pertaining to women and girls with disabilities compared to only 2 persons (25 percent) at the baseline who explained that DPOs were involved in the CIP process. At the end line, all 8 CC members (100 percent) interviewed said the CIPs tended to prioritise infrastructure projects, such as roads and canals, while 4 (50 percent) also mentioned projects related to

education, social services, gender and 1 person specifically mentioned women and girls with disabilities. Year 3 project reports indicate that communes facilitated provision of ID poor cards for persons with disabilities to access free public services.

Indicator 2.3.3: According to project reports, 577 persons with disabilities including 469 women and girls with disabilities (81 percent) were provided with goods and services by CCs and community, including ID poor cards to access financial support through the government social fund, housing and latrine materials, livelihood support and vocational training. In addition, the project responded to the negative impact of the COVID-19 pandemic on persons with disabilities by working closely with local authorities to identify and ensure those in need received additional support through the provision of sanitation/hygiene packages, food kits, livelihood support and smart phones. A total of 806 people with disabilities including 667 women and girls with disabilities (83 percent) received personal protective equipment (PPE) and basic food supplies support from the UNTF Model project as a part of these revised activities.

Output 2.4: By the end of the project, cases of violence against women and girls with disabilities, including invisible violence, are being identified and referred for support and services, through OPDs and/or other service providers.

Indicator 2.4.1: The project progress reports show 312 women and girls with disabilities experiencing violence were identified and referred by women-led DPOs and community volunteers for support from service providers, including consultations following the SASA! approach. *“When I have a case of violence against any women, I must intervene because I am a CCWC. One of my roles is to help survivors of violence. I can provide counselling, refer them to the police post or send to the police at the district level. (KII with female CCWC, SVR)*

Indicator 2.4.2: The project progress reports show 130 women and girls with disabilities and family members have received livelihood support, job referrals, vocational training as well as housing and latrine construction support.

Outcome 3: Action research has contributed to increase the understanding of intersectional approaches to primary prevention of violence against women and girls with disabilities and how to put the empowerment of women and girls with disabilities at the heart of any approach and the findings have been shared with key targets in Cambodia and internationally.

Indicator 3.1: The number of learning documents produced in years 2 and 3 include 17 Impact Stories highlighting changes in the lives of project target beneficiaries, and one Action Research Report. The evaluation team produced three Impact Stories highlighting positive changes in women’s lives. This exceeded the target of six documents.

Indicator 3.2: A total of 16 meetings, trainings, and events were held with key stakeholders at provincial, national and international level, including discussions on project interventions, results, and findings and recommendations from the action research on prevention of violence against women and girls with disabilities in Cambodia. This far exceeds the initial target of one, indicating broad dissemination of the project’s interventions and research study with a wide audience.

Output 3.1: By the end of the project, new evidence on violence against women and girls with disabilities in the target communities has been gathered, analysed and shared with key targets in Cambodia and internationally.

Indicator 3.1.1 : A total of 22 analyses reports were completed. This includes 3 Annual Partner Reflection reports (2019, 2020, and 2021) used for learning among project implementers. One COVID-19 Survey – Violence and Risk and Income Loss among People with Disabilities in Cambodia (2021), 17 Impact Stories were developed from project interventions and one Action Research Report on the Intersectionality Approach to Primary Prevention. This far exceeds the initial target of one study and is an indication of ADD International's dedication to documenting and sharing learnings.

Indicator 3.1.2: Sixteen meetings were conducted to disseminate preliminary findings with Research Teams A and B, the Research Steering Committee and key stakeholders from sub-national to national level to validate key findings. This is below the planned target of 25 due in part to delays from the COVID-19 pandemic and further dissemination is planned.

Output 3.2: By the end of the project, project learning has been distilled and shared with key targets in Cambodia and internally.

Indicator 3.2.1: One Action Research on Intersectionality Approach to Primary Prevention was completed in 2021, utilising a participatory approach involving women-led DPOs and community volunteers. The Research Report and Learning Paper was produced and circulated. The target has been met.

Indicator 3.2.2: Five meetings were conducted to disseminate preliminary findings with Research Teams A and B and the Research Steering Committee to validate key findings. Seven workshops to present key findings of the Action Research were conducted in Cambodia in June 2021, with 306 participants (125 women) from ADD UNTF Model project team and partners, government ministries, development agencies and international and local NGOs/CSOs in Cambodia. One international dissemination workshop to share the learnings captured from the Action Research findings was held. The total of 13 meetings is below the target of 25 due to delays from COVID-19 and further dissemination is warranted.

Conclusions

The project was extremely effective in delivering results by partnering with women-led DPOs/networks and NGOs with experience in working on violence against women, combining on-going capacity assessments using the ADD International Three Circles and GICA tools to strengthen organisations with the community resource mobilisation (SASA!) approach involving partners, community volunteers, SHGs of persons with disabilities and local authorities. The modified SASA! approach used simple concepts and messages to apply with target groups, and discussions on gender power relations were particularly effective in empowering women with knowledge they could be agents of change. Furthermore, strong coordination between women-led DPOs, NGO partners, community members and local authorities significantly and positively impacted the lives of women and girls with disabilities.

Evaluation Criteria	Effectiveness
Evaluation Question 2	What internal and external and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? (Specifically how has the COVID-19 pandemic impacted the theory of change, project implementation, organisation, and programming for women and girls with disabilities?)
Response with analysis of key findings	<p>External Factors</p> <p>COVID-19 pandemic: The global COVID-19 pandemic and resulting restrictions had a significant impact on both the lives of the target beneficiaries, especially women with disabilities, as well as the implementation of some of the project's strategies and activities. Travel restrictions combined with job and income loss resulted in some violence in families as a direct result of stresses of reduced or no income. "Some families were forced to stay at home due to COVID-19, and the stress of having less or no income led to some cases of domestic violence." (FGDs with women-led DPOs, BTB).</p> <p>Harmful Gender Norms: Cultural attitudes play a significant role in the lives of women. Both men and women readily accept some detrimental behaviours because of accepted social norms that state men are socially superior to women. For example, while rape is widely understood as criminal, women and girls are still blamed for putting themselves in a vulnerable position and experience significant social stigma.⁴⁰ The lack of legal or social sanctions or penalties for men, together with the attitude that some women are 'bad' and deserve such treatment perpetuates these crimes.⁴¹</p> <p>Stereotypical perspective of disability as medical not social issue: Many development workers and government officials still view disability as a medical not social issue, and consider disability as a charitable cause not from a rights perspective, which often leads to a service delivery approach not a women's empowerment approach.</p> <p>Domestic Violence Law: The Law on the Prevention of Domestic Violence and Protection of Victims provides for mediation and reconciliation for "minor" cases of physical and sexual violence and all cases of emotional and economic violence, and informal reconciliation by community members without any formal training remains the primary means of resolving cases of domestic violence.⁴² The NAPVAW III includes actions to review the law to be in line with international standards and approval of the Aide-Memoire on Guidelines for Good Practice on Mediation as Response to VAW.⁴³</p>

⁴⁰ MoWA 2014, Cambodia Gender Assessment 2014, Policy Brief 7

⁴¹ Fulu, E., X. Warner, S. Miedema, R. Jewkes, T. Rosselli and J. Lang (2013) *Why do some men us violence and how can we prevent it?* Bangkok: UN Women.

⁴² CEDAW Concluding Observations on the sixth periodic report of Cambodia, 8 November 2019 (CEDAW/C/KHM/CO6)

⁴³ NAPVAW III 2019-2023

Strong personal commitment of Women-led DPOs/Networks: The leaders and staff of the women-led DPOs/networks were universally commended by all stakeholders interviewed for their constant support, kindness and positive attitudes in working with women and girls with disabilities, caregivers, family members and community volunteers. They were viewed as capable, competent women always available to provide technical support and follow up on issues related to the rights of persons with disabilities and prevention of violence against women, including interventions and responses. Community women and local authorities alike praised them for their quick responses to cases of violence, and providing coaching and mentoring to community volunteers. “They have increased our knowledge and skills on many topics, including conflict resolution and facilitation skills, and are very quick to respond when we need help.” (KII with community volunteers, BTB, KPT, TBK, KPS)

Strong personal commitment of community volunteers: The community volunteers often demonstrated fierce commitment and selflessness to support, counsel and advocate for the rights of women with disabilities and women survivors of violence. Often this dedication was borne out of their own personal experience with discrimination or violence, and when provided with knowledge and skills to improve their own lives, they were eager to share and help others to have a better understanding of their rights and to learn how to protect themselves.

Dismissive attitudes of some men limiting their engagement in activities: Despite being invited and available to participate in some project activities such as SHGs meetings and outreach events, some men asked their wives to attend instead, believing gender and gender-based violence issues are for women only. As such important information on violence prevention and responses is either reaching women only or reaching men indirectly through women.

Limited local government budget for social issues: Commune Council budgets are still limited and infrastructure projects are often prioritised over social issues, hence an over reliance by the government on CSOs/NGOs to provide resources to address social issues. The project did extremely well in supporting Commune Councils to register more persons with disabilities into government programs such as ID Poor and the Social Fund, thereby strengthening both the capacity and systems of government to address the needs of persons with disabilities.

Internal Factors

Excellent ADD International tools and policies, and implementation: The Three Circles and GICA tools and processes provided a system for regular participatory on-going capacity assessments, planning, action and review processes that built ownership for results with the women-led DPOs/networks. This process strengthened both their technical capacity as well as confidence in themselves in their ability to lead, manage and implement programs in their organisations.

Strong M&E and reporting systems: The project developed strong M&E systems that regularly tracked progress of outcomes, outputs and activities against targets, and in turn provided reliable data for project implementation, and adjustments as needed. UN Trust Fund commended the UNTF Model project on its solid M&E systems and tools, including the one to one interview tool which incorporated targeted questions on violence against women, the Washington Group Questions short set and the Inner Well-being tools as well as the Three Circles and GICA tools used for capacity strengthening with the women-led OPDs.

Strong partnerships combining expertise: ADD International Cambodia selected established local NGO partners working on women's issues, including gender-based violence, and linked them with women-led DPOs. The project merged disability rights with violence against women, combining organisations with expertise in disability with organisations with expertise in gender-based violence. The UN Trust Fund Portfolio Manager in particular noted the significance of the project's complimentary partnerships across sectors and intersectionality of violence against women and women and girls with disabilities which has historically been underfunded.

Creative approach to SASA! adaptation: The project team was able to adapt and simplify the SASA! approach to fit the context of Cambodia to mobilise community resources to address rights of women and girls with disabilities and violence against women. A simple method used was "quick chats" whereby community volunteers delivered key messages in direct conversations with community people on specific practical issues, such violence against women. However more simple Information, Education and Communication (IEC) materials could have been developed to aid the community volunteers in delivering key messages on gender, power and violence creatively, especially as many community members have limited levels of schooling. UN Trust Fund also noted that the SASA! methodology could have more clearly explained in reports and communications as to how it was used and adapted to fit the Cambodia context.

Responsive leadership to adapt to external challenges/COVID-19: ADD International Cambodia management were very quick to raise the issues of the negative impact of COVID-19 on target beneficiaries lives, including loss of livelihoods, reduced income and increased food security, with UN Trust Fund and to propose some adjustments to the activities. This resulted in redirecting / reallocating some unspent funds and resources to support target groups while at the same time continuing with modified project activities. The women-led DPOs also adjusted by changing in person interventions to phone calls with target groups and zoom meetings with SHGs, as well as facilitating distribution of targeted COVID-19 packages. This enabled the project to both continue its activities and respond to needs of target beneficiaries. The UN Trust Fund was also acknowledged by the project implementers and NGO partners as being supportive of and delivering on the requests for reallocating financial resources for the COVID-19 humanitarian response within the context of the project activities.

Excellent utilisation of community volunteers for Action Research: The project engaged community volunteers in the action research process, thereby capitalising on local resources and knowledge of key issues. In addition, their involvement is part of capacity building

	<p>efforts with target groups in gathering information, identifying key issues and analysing data pertaining to violence against women and girls with disabilities. As such the knowledge and skills built through this process will remain in the community while also lending more credibility to research findings.</p> <p>Limited adaption to community men work schedule outside of village: There was little involvement of men in the project activities, in part as some men worked during the day away from the village. Changing attitudes and behaviours towards violence against women and girls requires male involvement so future projects should increase involvement of men and boys. “I was invited to speak at the meeting. I said that in order to stop violence against women, women cannot do it alone, so the project should consider inviting men to participate as well.” (KII with woman survivor of violence, Kampot)</p>
Quantitative and/ or Qualitative evidence to support response and analysis	Data sources and information gathered by the evaluation team included end line interviews with ADD UNTF Model project staff, review of baseline assessment and project progress reports and information as well as end line interviews with women-led DPOs/women with disability networks and NGO Partners, members of SHGs of persons with disabilities, community volunteers, women survivors of violence, and commune council members. Additional sources of data included KII with External Stakeholder Reference Group as well the ADD UNTF Model Project Action Research Learning Paper.
Conclusions	ADD, together with the women-led DPOs, were proactive, creative and very responsive to challenges in the internal and external environment, especially the COVID-19 pandemic. This included advocating with UN Trust Fund to re-allocate resources and unspent project funds to support COVID-19 humanitarian and health related responses targeting beneficiaries at risk of falling further into poverty; shifting travel and in-person meetings and activities to on-line platforms, and increasing collaboration with local authorities in the identification and distribution of COVID-19 packages to target beneficiaries.

9.2 RELEVANCE.

Evaluation Criteria	Relevance
Evaluation Question 3	To what extent do the achieved results (project goal, outcome and outputs) continue to be relevant to the needs of the target group: women and girls with disabilities including the most marginalized?
Response with analysis of key findings	<p>The ADD UNTF Model project results remain highly relevant to the needs of women and girls with disabilities, including survivors of violence and those at risk of violence, and are reflected in the CEDAW Concluding Observations (2019), the NAPVAW III and the Sustainable Development Goals on gender (SDG 5), inclusive development and leaving no-one behind.</p> <p>Links with CEDAW recommendations and NAPVAW III: The CEDAW Committee noted with concern “there are significant barriers to women’s and girls’ access to justice and effective remedies for violations of their rights, particularly for rural women, indigenous</p>

women, women belonging to ethnic minority groups, and women with disabilities, including a) Social and cultural stigma, which deter women and girls from registering their complaints, particularly with regard to domestic violence and rape and (b) Limited access to information on the mechanisms and procedures to seek remedies for violations of the rights of women and girls, especially in rural areas.” The Committee also noted with concern the persistence of discriminatory stereotypes about the roles and responsibilities of women and men in the family and in society which continues to perpetuate gender inequality and legitimizes gender-based violence, as well as social norms that justify gender-based violence against women and girls and blame the victim rather than the perpetrator and the inadequate provision of essential services and support to victims/survivors of domestic violence, particularly in rural areas.⁴⁴ The NAPVAW III (2019-2023) aims to reduce violence against women and girls including those at risk through increased prevention interventions, improved response, increased access to quality services and multi-sectoral coordination and cooperation. As such the project results continue to be aligned with national government plans.

Project Goal:

Reducing violence against women and girls with disabilities remains highly relevant as while the end line results showed a significant decrease (from 70 to 27 percent) in women with disabilities experiencing violence from family members and caregivers, still about one in four women with disabilities reported experiencing some form of violence. The project has successfully promoted the intersection between disability and violence against women, and linked disability rights with rights of all women, including women with disabilities, to live lives free from violence.

Reducing discrimination against women with disabilities remains highly relevant especially as the end line results show dramatic improvements in women with disabilities feeling more included and respected in family, community, by service providers and self, and reported less discrimination by others. Still 14 percent of respondents felt excluded by family members. These are positive signs that indicate that the discourse on disability rights in Cambodia is emerging and disability is increasingly seen as a human rights issue. “Before disability was viewed only as medical problem not a social issue or barrier around impairment.” (KII with External Stakeholder Reference Group Member)

Outcomes 1 and 2:

Capacity strengthening of women-led DPOs/networks to lead VAW primary prevention interventions remains highly relevant as project results showed significant improvements of all four women-led DPOs/networks’ capacity to implement interventions to address intersecting root causes of violence related to power, strengthen core institutional systems and skills, and network with external organisations. Women-led DPOs/networks, including community volunteers, are connected with women and girls with

⁴⁴ CEDAW Concluding Observations on the sixth periodic report of Cambodia, 8 November 2019 (CEDAW/C/KHM/CO6)

disabilities in the communities and are well networked with local authorities to represent, and facilitate prevention and response services for women and girls with disabilities experiencing violence.

Community-based mobilisation approach and empowerment of women with disabilities remains highly relevant as project results showed that many community women have the knowledge, skills and positive attitudes to deliver key messages on violence against women and disability rights, and to share with family members and others to stop, prevent and respond to violence against women. This has unleashed hidden problems in communities of violence against women with disabilities and fostered community ownership of problems through direct engagement of community volunteers, and SHGs of persons with disabilities. The customised SASA! approach brought the community together to address violence against women with disabilities. “The project activities were implemented by community members themselves, especially women and girls with disabilities, and this was a wake-up call to the community, and especially for local authorities, on the issues of violence against women and girls with disabilities.” (KII with ADD International staff)

Increasing knowledge of different types of violence, including invisible forms, remains highly relevant as evidenced by the target beneficiaries increased capacity and understanding of the four types of violence - physical, economic, emotional and sexual - at the end line. Fewer men than women in SHGs of persons with disabilities at the end line were able to correctly identify the four types of violence indicating the need for continued awareness-raising with men in order to realise positive behaviour changes towards ending violence against women.

Addressing harmful attitudes and promoting positive behaviour change towards preventing and responding to violence against women and girls with disabilities remains highly relevant as some harmful social norms continue to blame victims for violence and some women and girls still tolerate some forms of violence in the family as normal. These attitudes are part of the harmful gender norms perpetuated by society, and require continued multi-stakeholder long-term awareness raising strategies aimed at changing social norms.

Promoting rights of persons with disabilities and eliminating discriminatory attitudes and behaviours towards women and girls with disabilities, remains highly relevant as while women and girls with disabilities have learned more about their rights, how to protect their rights and have been empowered to address key issues, some community members and local authorities were unaware of the problems facing women with disabilities and so did not take any action. The community and local authorities needed to come together and join forces to tackle the issues together.

Action Research on intersectional approaches to primary prevention of violence against women with disabilities remains relevant in that while the findings and recommendations are powerful, and have helped raise the importance of the issues, continued dissemination and efforts are needed to influence and shape responses at the national level.

Quantitative and/ or Qualitative evidence to support response and analysis	Data sources and information gathered include the ADD UNTF Model Project semi-annual and annual narrative reports, baseline and end line one to one interviews, interviews with ADD project management, staff, women survivors of violence, community volunteers/activists, women-led DPOs/networks and NGO partners, local authorities and SHGs of persons with disabilities as well as Impact Stories of Change. References also include CEDAW Concluding Observations (2019), NAPVAW III, Neary Rattanak V and SDGs, especially SDG 5.
Conclusions	The project results remain highly relevant to the needs of women and girls with disabilities, including survivors of violence and those at risk of violence, and are reflected in the SDGs, CEDAW Concluding Observations (2019) and the NAPVAW III. Eliminating violence against women and ending discrimination against women with disabilities requires a multi-level coordinated approach involving demand side strategies and empowering approaches with community women and their families and community based organisations as well as supply side strategies with duty bearers and policy makers to deliver on their commitments and obligations to women with disabilities, including survivors of violence.
Evaluation Criteria	Relevance
Evaluation Question 4	How has the project ensured accountability to the target group? (I.e. views considered, mechanisms to mitigate negative effects, challenges and lessons learned on safeguarding in the project)
Response with analysis of key findings	<p>Promoting safeguarding policy with partners: The project included the concept and policy of safeguarding as part the Three Circles tool, which was discussed and assessed regularly through annual reviews and reflection meetings. ADD International introduced several forms for reporting cases concerning staff, partners and beneficiaries and regularly encouraged partners and beneficiaries to bring concerns to the attention of ADD International, following the guidelines. This could be in written or verbal form. But it is not clear to what extent safeguarding concepts have been fully internalised and applied at the field level, as all women-led DPOs indicated they have good cooperation with all stakeholders and have not experienced any negative or harmful behaviours with local authorities, ADD project staff, the DPO staff or the community volunteers. “We have good cooperation with local authorities from village to commune level, and are fully satisfied with ADD staff. We have never felt any discomfort or experienced any negative or harmful actions by project staff, so we openly share information.” (FGD/KII with women-led DPOs, BTB, SVR, KPT, KSP). Interviews with all four women-led DPOs indicated that the main mechanisms for addressing staff and project related problems were organisational policies, staff meetings and informal communications. “We have not utilised the formal mechanism to report safeguarding problems as we do not have any concerns or complaints so far. We respect and are satisfied with ADD project staff.” (FGD/KII with women-led DPOs, BTB, SVR, KPT, KSP)</p> <p>Reflection / coordination meetings with partners: The project held six-month review and annual partner coordination meetings, as well as bi-monthly partner reflection which were opportunities to review progress, discuss challenges, share lessons learned and plan actions forward.</p>

	<p>Monitoring visits with partners and SHGs of persons with disabilities: ADD project staff conducted quarterly and bi-monthly field monitoring visits including meetings with SHGs of persons with disabilities as part of project activities.</p> <p>Engagement of government stakeholders in project workshops/activities: The project included many different stakeholders in project workshops including government departments such as health, social affairs, local authorities, women-led DPOs/networks and NGO partners, community volunteers and women and girls with disabilities to discuss activities, issues and solutions. Local authorities started to hear the issues directly from women and girls with disabilities. As a result, many families and women with disabilities were also enrolled in the ID Poor card.</p> <p>Supporting women with disabilities direct engagement with local authorities: The project supported women-led DPOs / networks to directly connect with local authorities on key issues facing women with disabilities as well to strengthen SHGs of persons with disabilities as a platform for information sharing and to connect to service providers. Through deeper understanding of different types of disabilities and rights, more women with disabilities have participated and voiced their opinions through SHGs of persons of disabilities. For example some community volunteers have noted that many SHG members are able to identify the different forms of violence and report cases of violence against women to community volunteers, and often directly to the village and commune council authorities themselves. In addition, ADD project staff noted that SHG leaders now know how to list the various problems members experience, such as which members experience violence, who has livelihood difficulties and is in need of support, what additional information on violence against women with disabilities is needed for women and men to change their attitudes and behaviours, and are able to convey this information to local authorities and commune councils. As such many issues raised by women with disabilities have been included in commune development plans. For example, women-led DPOs/community volunteers work with women with disabilities and survivors of violence on referrals to local authorities and support them to seek legal, health and other social services. “Local authorities and commune councils have demonstrated increased levels of responsibility to address violence against women with disabilities, and always participate in project activities or meetings aimed at prevention and helping solve problems of violence against women.” (KII with community volunteers in BTB, KPT)</p> <p>Engaging community volunteers: The project recruited women from the community to act as volunteers, and provided information and SASA! tools to increase their knowledge and experience to respond to issues of violence against women and disability. Community volunteers are well known by women in the community and members of SHGs, and are well networked with women-led DPOs and local authorities. However some community volunteers still require further capacity and confidence to be able to represent and raise issues facing women with disabilities with others and at meetings.</p>
Quantitative and/ or Qualitative evidence	Data sources and information gathered include the ADD UNTF Model Project semi-annual and annual narrative reports, baseline and end line one to one interviews, interviews with ADD Project management, staff, women survivors of violence, community

to support response and analysis	volunteers/activists, women-led DPOs/networks and NGO partners, local authorities and SHGs of persons with disabilities as well as Impact Stories of Change.
Conclusions	The project has been very successful in promoting a circle of accountability through participation whereby all project stakeholders are accountable to one another for actions and results. The project has instilled a working culture of mutual respect and fostered an environment where stakeholders actively listen and respond to one another with integrity and dignity. While training and mechanisms on safeguarding have been part of the project activities, there still seems to be a reliance on informal practices within the organisations to address potential protection issues based on a history of good relationships and cooperation, as well as no experience in dealing with any safeguarding issues. As such there is still room for continued reflection and shared learning about safeguarding principles, reporting mechanisms and actual cases of harmful practices to ensure that all stakeholders address and uphold both safeguarding principles and practices so everyone, including staff and target groups, are protected and safe from harm.

9.3 EFFICIENCY.

Evaluation Criteria	Efficiency
Evaluation Question 5	To what extent was the project efficiently and cost-effectively implemented?
Response with analysis of key findings	<p>The project was very well managed, leading to timely and effective implementation of activities and reports. Despite some very minor delays at the start, such as recruitment of the project manager and multiple revisions of progress reports, the project met its expected targets and deadlines in a very timely manner.</p> <p>Women-led DPOs/NGO Partners: Working with established women-led DPOs/NGO partners based in the provinces added to the efficiency of the implementation of project activities at the sub-national level and strengthened direct linkages of persons with disabilities (rights holders) with commune councils (duty bearers). The project only employed three or four staff with ADD, including the project manager, project assistant and M&E Manager.</p> <p>Overall Project Budget: The overall project budget for 3 years was USD 483,947, with a total estimated project expenditures across all activities of the three outcomes equal to about 69 percent and M&E and management costs at around 31 percent. The total direct activity costs associated with all three Outcomes was projected at around USD 334,000 by the end of the project. Outcomes 1 and 2 combined were equal to 87 percent with Outcome 2 at 54 percent of all expenses for all three outcomes. This is a high percentage of costs for direct interventions with target beneficiaries.</p>

	<p>Project delivery rate: The project expenses and delivery rates at end of Years 1, 2 and 3 were high at 85 percent, 97 percent and 100 percent respectively, with mid-year delivery rates slightly lower in all three years at 63 percent in 2019, 74 percent in 2020 and 79 percent in 2021. By the end of August 2021, 100 percent of expenses had been disbursed.</p> <p>Timely quality reporting: Review of project reports and interviews revealed quality and timely submission of semi and annual progress reports to UN Trust Fund, with ADD International UK and Cambodia supporting each other to produce quality well written reports that captured the project's progress, achievements and challenges with clear data, information and analysis. To improve efficiency of reporting, ADD International Cambodia developed an internal countdown plan with a clear time frame to finalise the reports for timely submission to UN Trust Fund. The UNTF Portfolio Manager noted the UNTF Model project reports were of high quality, well written, with good context analysis and strong data collection and analysis.</p> <p>Efficient use of local consultants/resources: The project utilized expert local consultants, resources and staff for trainings, monitoring activities, and research, thereby combining effective use of financial resources with local and in-house expertise and knowledge of the Cambodian context, including disability rights and violence against women</p> <p>Low-costs for SASA! adaptation/IEC materials: There was limited expenses for IEC materials for training and follow up sessions on SASA!, including use of materials for outreach activities. This kept project costs down however this may have resulted in less documentation of the SASA! tools, approaches and lessons learned, which would be useful to have as a reference for future projects and to share with others.</p> <p>Costs savings from COVID-19 redirected to target beneficiaries: While not planned, project savings realised from reduced travel costs, meetings and outreach activities were redirected to support target beneficiaries struggling with reduced incomes and livelihoods as a result of the COVID-19 pandemic and resulting restrictions. Project savings and additional planned costs were redirected in the form of humanitarian response and including sanitation and food packages, livelihood support, health messages and information on COVID-19 and vaccinations for target groups.</p>
Quantitative and/ or Qualitative evidence to support response and analysis	Data sources and information include the ADD UNTF Model Project semi-annual and annual narrative reports, including financial expenditure and analysis reports, project modification requests as well as interviews with ADD project management and staff and the UN Trust Fund Portfolio Manager.
Conclusions	The project overall has been implemented in a cost effective manner and has used resources in an appropriate manner, including using ADD International tools, adapting SASA! lessons and keeping only three or four project staff to manage and oversee the project. The

use of local expertise and consultants with in-depth knowledge of the Cambodia context also contributed to cost efficiencies and the cost-effectiveness of the project.

Evaluation Criteria	Efficiency
Evaluation Question 6	What constraints, if any, affected the efficiency of project activity implementation? What efforts were made to overcome these challenges?
Response with analysis of key findings	<p>The main constraints were the impact of and restricts imposed due to the COVID-19 pandemic.</p> <p>Delayed outreach activities: Some outreach activities were delayed or not conducted in 2020 and 2021 as women-led DPOs/networks and community volunteers were not able to meet directly with target groups. Some group activities were dropped, while more home visits and phone calls were used to keep in contact with target beneficiaries.</p> <p>Limited meetings of SHGs of persons with disabilities: Some SHGs of persons with disabilities were not able to meet together in 2020 and 2021, so sharing of information was limited and some momentum was lost. This resulted in a loss of motivation of some members to continue involvement with the SHGs of persons with disabilities. Women-led DPOs and community volunteers followed up with members by phone, through home visits and smaller gatherings where possible. “Many SHG members were too busy at home or working to attend meetings, and now with the COVID-19 pandemic, many meetings were missed.” (KII with community volunteer, TBK)</p> <p>Loss of jobs and income of target beneficiaries: The COVID-19 pandemic resulted in loss of jobs and income for many persons, including women, with disabilities. Some small business owners supported through the project were negatively impacted as villagers did not have money to purchase goods from their shops. The project was able to redirect some cost savings from activities not conducted and some activities were reformulated, such as holding virtual meetings and working with local authorities and government offices to register poorer persons with disabilities with government programs.</p> <p>Shortened SASA! training sessions: Some SASA! training sessions were shortened and some women-led DPO staff/partners felt they would have benefited from more technical training on SASA! approach to enhance their learning and skills. “Staff received fewer lessons on SASA! approach due to COVID-19, so we have not gained enough knowledge and technical skills to fully put our learnings into practise with community members.” (FGD with women-led DPO, KSP)</p> <p>Low overall budgets for women-led DPOs: The low budget and limited resources, such as equipment and remuneration for the women-led DPOs, reportedly led to some difficulties in hiring and retaining staff as well as to maintain certain outreach activities. Some of the project staff left due to the low salary level. This has implications for retaining institutional memory and sustainability given that</p>

	the women-led DPOs have a limited number of staff. “We still have limited staff for implementing activities. Some staff resigned for better opportunities as the compensation is lower than a garment factory worker salary. We cannot maintain staffing levels when the project ends.” (FGD with women-led DPOs, KPT, KPS, SVR)
Quantitative and/ or Qualitative evidence to support response and analysis	Data sources and information include the ADD UNTF Model Project semi-annual and annual narrative reports, including financial expenditure and analysis reports, as well as interviews with ADD project management and staff, women-led DPOs partners, and community volunteers.
Conclusions	The main constraints to project efficiency were the restrictions imposed and impact due to the COVID-19 pandemic, including delayed outreach activities, limited gatherings of SHGs of persons with disabilities, shortened SASA! training sessions and limited in person follow-up as well as safety and food security concerns of the poorest women with disabilities and survivors of violence. The project adjusted to conducting more online meetings, outreach through phone calls and in small groups and redirecting unspent travel and activity costs to COVID-19 packages. The project was not able to reach out as often or to as many women with disabilities during some COVID-19 lockdown periods due to a combination of communication barriers and travel restrictions. But community volunteers in the villages were largely able to maintain contact with target women with disabilities, caregivers and family members as well as women-led DPOs. The low budget for the women-led DPOs reportedly led to some difficulties in staff retention and maintaining certain outreach activities.

9.4 SUSTAINABILITY.

Evaluation Criteria	Sustainability
Evaluation Question 7	To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?
Response with analysis of key findings	Reduced levels of domestic violence: The incidences, levels and types of violence against women and girls with disabilities are likely to continue to decline as more community members and local authorities have the knowledge and skills to prevent and respond to violence against women. Women themselves no longer tolerate violations and they have the strategies to prevent and stop violence within their own families. Community volunteers have increased capacity to address violence against women issues in their communities and feel empowered to help their communities. Many local authorities no longer feel burdened by the responsibility to address violence against women but now feel obligated to help prevent and respond, and have the community networks such as

	<p>women-led DPOs and community volunteers to collaborate with. “I will continue to work as a volunteer and do what I am doing now because I don’t want the past history of domestic violence in my community to happen again.” (KII with community volunteer, BTB)</p> <p>Increased feelings of inclusion and respect: Community attitudes are changing towards people with disabilities as a result of project activities and there is less overt discrimination. Women with disabilities feel more acknowledged and respected by others in their community, and feel a greater sense of belonging, especially as members and representatives of community groups. Project staff report that many community members no longer refer to or call people with disabilities by their disability, i.e. the blind woman or the deaf woman, but are shown value and respect by referring to them by their names as everyone else. “In my community, people do not discriminate against me anymore. I feel appreciated and loved by people around me.” (KII with female SHG member, KPS)</p> <p>Knowledge of disability rights: These are positive signs that indicate that the discourse around disability rights in Cambodia is emerging and disability is seen as a human rights issue. Furthermore, more people are viewing disability as a social issue to be addressed by all members society and not as a medical issue or impairment to be dealt with by specialists. Many community members recognise that people with disabilities have the same rights as everyone else. <i>“We all have the same rights, there is no difference between people with disabilities and people who do not have a disability.” (KII with female SHG member, BTB.)</i> “Women and men have the same rights. Furthermore it is very important that women with disabilities know their rights so they are not discriminated against by others.” (KII with male SHG member, KSP)</p> <p>Knowledge of right to live free from violence and skills to address violence against women: The training on SASA! approach and tools included topics on disability, power, community mobilization, communication and network, violence against women, as well as relevant laws, some articles related to disabilities and rights of persons with disabilities. The knowledge and skills gained will remain with community members such as community volunteers, women with disabilities, caregivers/family members, members of SHGs as well as local authorities who can and will address issues of violence against women with disabilities. “Women with disabilities now have a clear picture of the different types of domestic violence, they know their rights and they know who to contact for help if they need it. They recognise the power within themselves to take action and make positive changes.” (KII with project/NGO staff)</p>
Quantitative and/ or Qualitative evidence to support response and analysis	Data sources and information gathered include the ADD UNTF Model Project semi-annual and annual narrative reports, baseline and end line one to one interviews, interviews with project staff, women survivors of violence, community volunteers/activists, women-led DPOs/networks and NGO partners, and SHGs of persons with disabilities.
Conclusions	There is a high likelihood that project results will be sustained in the long term and in fact continue to improve due to a combination of the knowledge of rights of stakeholders gained through project activities as well as the actions and methods taken to prevent and solve

issues quickly. Target beneficiaries and stakeholders have seen and felt visible improvements and changes in their lives, i.e. less violence and less discrimination, during the course of the project activities.

Evaluation Criteria	Sustainability
Evaluation Question 8	To what extent has the project contributed to strengthening capacity, systems and accountability of rights holders (women and girls with disabilities and SHG of persons with disabilities) and duty bearers (family, government)?
Response with analysis of key findings	<p>Women and girls with disabilities: Many women survivors of violence have recognised the power within themselves to change their situation through their own actions as a result of project interventions using the SASA! approach, including home visits, quick chats, participation in SHGs and community awareness-raising events. With increased knowledge of their rights, as well as obligations of duty bearers, many women with disabilities know how to prevent, solve and help others with issues of violence in families. “I understand about my rights now, especially to be free from violence. I also know whom I should contact or refer the cases to if violence happens.” (KII with female SHG member, BTB)</p> <p>SHGs of persons with disabilities: Many members interviewed at the end line, mostly women, expressed deep satisfaction with the opportunity to meet together to learn from another, discuss issues, share problems and find solutions together, and felt an increased sense of belonging to the community and less isolation than before the project. The project implementers have strengthened SHGs through regular meetings, trainings sessions on rights and violence against women, and helped them forge direct connections with local authorities. Some members received livelihood support in the form of small business loans. Some SHGs have strong membership, leaders and a clear sense of purpose, while other SHGs do not meet often and are less cohesive. Most SHGs will require mentoring and future support from women-led DPOs or NGO partners, as well as livelihood interventions, so some SHGs may continue to function well, while others may not.</p> <p>Women-led DPOs/networks: As demonstrated through regular capacity assessments and development plans, the four women-led DPOs in Battambang, Kampong Speu and Svay Rieng provinces have strengthened their leadership, institutions, structures, systems and capacity to implement project activities and deliver project results, as well as increased their representation role of women with disabilities and networking functions at the community, sub-national, and in some cases the national level. They will continue to function, provide mentoring support through their network of community volunteers and link with government officials as representatives of women with disabilities. The greatest challenge they face is mobilising financial and human resources to expand project activities and to represent women with disabilities at a much larger scale. “We feel like the project implementation period was</p>

	<p>reduced to 18 months due to COVID-19. Behaviour change takes time. We can realise far greater results by expanding the project activities to other villages, communes and districts.” (FGDs with women-led DPOs)</p> <p>Community Volunteers: Community volunteers are the lifeline of the project, and have increased their capacity and skills to work closely with women with disabilities including survivors and those at risk of violence as well as liaise with local authorities. They have capacity to identify women experiencing violence, make home visits, provide counselling/consultations, as well as utilise the government approved GBV case reporting mechanism. They are also recognised by the commune councils for their capacity and skills. Some new community volunteers are also village and commune authorities. “Female community volunteers have the capacity to facilitate awareness-raising activities and events, conduct home visits and compile reports on GBV cases.” (KII with female CCWC, KPT)</p> <p>Commune Councils: Through the involvement in the project from the start, especially the SASA! lessons, as well as revisions to include COVID-19 packages for persons with disabilities in need, local authorities have a much deeper insight into the situation of persons with disabilities and are in a better position to take their issues into consideration when planning and implementing projects. They have a deeper sense of obligation to work with women and girls with disabilities experiencing violence to find longer lasting solutions, based on their increased understanding of power relations, recognition of the different types of violence and strategies to prevent and respond to GBV. More persons with disabilities including women have been registered into the government ID Poor system for on-going services and support. “We now recognise the need to include persons with disabilities into all projects and activities, including prevention and responses to violence.” (KII with female CCWC, SVR). All CC/CCWCs still rely however on informal recording of GBV cases even though there are government approved guidelines and forms for reporting and managing GBV cases. Some have received training and others have not. “I don’t have any system to record cases. I just note it in the book and keep it at the CC office.” (KIIs with 8 CCs/CCWCs)</p>
Quantitative and / or Qualitative evidence to support response and analysis	Data sources and information gathered include the ADD UNTF Model Project semi-annual and annual narrative reports, baseline and end line one to one interviews, interviews with ADD project staff, women survivors of violence, community volunteers/activists, women-led DPOs/networks and NGO partners, local authorities and SHGs of persons with disabilities as well as Impact Stories of Change.
Conclusions	The project has significantly contributed to enhancing the capacity and systems of all stakeholders to either realise their rights as rights holders or fulfil their obligation to uphold the rights of women with disabilities as duty bearers. Women-led DPOs have strengthened their institutional systems and networking skills to better represent, advocate and support women with disabilities, and their biggest challenge forward is securing and maintaining financial and human resources. Continuation of SHGs of persons with disabilities will likely depend on member interest as well as availability of some outside support. As it is the mandate of the CCs/CCWCs to address and

respond to women's issues, they have strengthened capacity and networks with women-led DPOs and community volunteers to fulfil their roles.

9.5 IMPACT.

Evaluation Criteria	Impact
Evaluation Question 9	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (positive and negative, intended and unintended impact)? Why?
Response with analysis of key findings	<p>Perceived fewer domestic violence cases in community: All stakeholders interviewed and as evidenced by the project goal results, stated that domestic violence has decreased in many communities over the life of the project, with estimates of 30 to 50 percent reductions in some villages. The community has become more aware of the root causes of violence against women and have gained knowledge and skills to solve problems within their families, including managing their anger and resolving arguments in a constructive manner. "The project has helped to reduce domestic violence by more than 50 percent in my community, by providing myself and community members with a better understanding of domestic violence and how to solve problems without using violence." (KII with community volunteers, TBK, BTB, KPT) Many women survivors of violence attribute project activities on prevention and responses to violence against women, such as awareness-raising and home visits, directly with changes in their husband's behaviour and less violence in their family. "The project has improved my life and relieved my emotional stress as my husband has stopped abusing and using violence with me." (KII with woman survivor of violence, BTB) Some men have engaged directly in outreach activities, SHGs and through home visits by community volunteers and have stopped using violence in their families. "By using the SASA! approach, women with disabilities now know the four different types of violence and understand that GBV is not a normal family problem. Some men who attended the SASA! training have stopped using violence because they understand the negative impact of violence on their family." (FGD/KII with women-led DPO, KSP)</p> <p>Women survivors less afraid of stigma of domestic violence: More women survivors of violence are open to sharing their ideas and personal stories about violence in their families. Social norms often place the blame of domestic violence on women and women were told not to discuss domestic violence with others outside the home. In the past, many women survivors of violence were either not invited to group meetings or felt afraid to join the discussions. "One day the SHG invited me to a meeting and I shared my experience of violence and the problems I had with my husband. I had been waiting for the moment to express my sadness and pain, and SHG was a safe place to express and share with others." (KII with women survivor of violence, KPT) Now many women survivors are more confident to share their domestic violence problems at home and seek out others for help and guidance, recognizing they are not to</p>

blame. “Now women survivors of violence are more confident to discuss the violence they experience at home. In the past they would not share their personal family problems with others or discuss them in the public like now.” (KII with community volunteer, TBK)

Improved self-confidence of women to solve problems: Through participating in SHGs of persons with disabilities and home visits by community volunteers, women with disabilities and survivors of violence have gained knowledge on domestic violence and practical skills to solve their own problems in their families. Through sharing with others facing similar problems, they have learned they are not alone and feel confident to take control and solve their own family problems. “They dare to express their ideas and share their personal stories with group members. They know how to manage arguments in the family and deal with anger by walking away to calm down and then discussing problems later.” (KII with community volunteer, BTB)

Commitment to help other women in the community facing violence: Many women survivors of violence interviewed felt so empowered by their own success in reducing and/or eliminating violence within their own families through the project activities, that they were eager to share their own experience and help other women in the community. “I am determined to continue advising others on the harmful effects that emotional violence has on women and families as long as I am alive. I am more confident and competent to help others to prevent all forms of violence against women. I believe that if we help each other at the community level, then authorities at all levels, will help prevent violence against women and fulfil their roles accordingly.” (KII with women survivor of violence, family member of women with disability, KPT)

Increased recognition by community members and local authorities: Some women-led DPOs leaders/staff and community volunteers were initially afraid of engaging with local authorities as they expected to be discriminated against. Through the project activities, they now have confidence to contact government authorities directly and feel they are respected and listened to. “We have observed a lot of positive changes in our interactions with village authorities, police and commune council members as they are helpful and friendly.” (FGD with women-led DPO, BTB) Many of the community volunteers interviewed also expressed deep satisfaction as they increased their knowledge of the root causes of violence and improved their facilitation skills through SASA! approach and project activities. They were able to help families experiencing violence resolve their problems. “I feel so happy and proud of myself that I can help people in my community. People in my community love me, respect me and my work has also raised the profile of my family as well.” (KII with community volunteers, KPT, BTB)

Faster and more empathetic responses to violence cases by duty bearers: Interviews with many stakeholders revealed that the project activities have resulted in improved and faster responses to violence cases in the community by village and commune authorities, as well as police. Many observed that local authorities have an increased sense of responsibility to address domestic violence cases due to an increased understanding of the root causes of violence against women. “The project involved local authorities, such as village leaders, police, health centres and teachers, in the SASA! training, and now they have a better understanding of the rights of women

	<p>with disabilities, and approaches such as home visits, to better address GBV issues in the community.” (FGD/KII with women-led DPO, SVR) In addition, local authorities appreciate and value the role that women-led DPOs and community volunteers have played in awareness-raising and facilitating solutions to violence against women in communities. There is a mutual support system, whereby everyone is working together and cooperating to address GBV in the community. “Local authorities have a greater understanding about domestic violence, and now pay greater attention to solving problems.” (KII with community volunteers, BTB, KPT, TBK, KSP)</p> <p>Some unresolved DV resulting in hopelessness: A few women survivors of violence interviewed expressed a sense of hopelessness due to past violence from husbands and struggled with being the sole income earner for their family, including children and parents with disabilities. “Since my husband violated me, I have often been forgetful. I believe in my own hard work to make a living, but I don't have any future dreams because my husband does not earn income for the family.”(KII with women survivor of violence/family member with women with disability, KPS) Other women interviewed still felt the heavy burden of past emotional abuse and expressed worries that husbands and family members would use violence again. “I feel safer than before but I worry that my husband will use violence again in the future.” (KII with women survivors of violence, BTB, KPT, KPS)</p>
Quantitative and / or Qualitative evidence to support response and analysis	Data sources and information gathered include the ADD UNTF Model Project semi-annual and annual narrative reports, baseline and end line one to one interviews, interviews with ADD Project management, staff, women survivors of violence, community volunteers/activists, women-led DPOs/networks and NGO partners, local authorities and SHGs of persons with disabilities as well as Impact Stories of Change.
Conclusions	The project was remarkably successful in contributing to a reduction in violence against women with disabilities as well empowering women with knowledge of their rights, strategies to realise their rights and confidence in themselves to take actions to live lives free from violence. There are fewer cases of violence in families and communities, women survivors of violence no longer feel stigmatised by domestic violence, are more confident in themselves to solve domestic violence problems, are committed to helping women survivors and feel they are treated with greater respect by others. Both community members and local authority actions have improved skills and attitudes for more gender-sensitive responses to women experiencing violence.

Evaluation Criteria	Impact
Evaluation Question 10	What are the key changes in the lives of these women and/or girls with disabilities as a result of project interventions?
Response with analysis of key findings	<p>Women with disabilities confident to affect change in their lives: Through the adapted SASA! approach, community volunteers/activists were mobilised to deliver key messages on disability rights and violence against women directly through home visits and informal “quick chats”. As a result many women survivors of violence report less or no violence in their families through increased understanding of their rights, violence, gender and power relations, as well as their own actions to make positive changes in their own lives. “My life has improved. After joining the SHG, attending the training on violence against women and learning from others, I learned ways to control my anger when my husband was drunk and used abusive language. I waited till later and then explained to him about the different types of violence and the negative impact on the family. He has changed and no longer uses violence.” (KII with woman survivor of violence, TBK) Other women have said they have a deeper understanding of the causes of violence, have learned how to prevent violence in the family as well as to find alternatives and solutions when and if domestic violence happens. “I used to shout and yell at my children, now I have stopped as I know the negative impact it has on the family.” (IDI with female member of SHG, TBK)</p> <p>Increased feelings of self-worth and involvement in community: Many women with disabilities have gained more confidence in themselves to actively participate in group meetings and community events, and feel a greater sense of belonging. Before the project, many felt isolated from others in the community and did not feel they had the right to join in community meetings or events. “Being a women with a disability, I used to feel embarrassed and afraid of others. I did not dare join with others and I thought I had no right. But after participating in meetings with other women with disabilities and sharing our stories, I no longer felt alone or embarrassed. I am more confident in myself now.” (KII with CV/women with disability, BTB”) Through group activities with other women with disabilities, they gradually gained confidence in themselves and felt they were valuable members of society. “I am brave enough now to speak about my vulnerabilities, and I know my rights. I feel like I love myself more than before.”(IDI with female member of SHG, TBK)</p> <p>Positive outlook on future: Many of the women interviewed expressed a more positive outlook on life, as they felt more included in community activities and felt that other community members had better understanding about the causes of violence against women as well as the rights of persons with disabilities. They planned to continue to join in SHGs meetings and community events, even after the project finishes. “We have learned how to find our own solutions to solve our problems. We will keep helping others and will not leave the SHGs members behind.”(IDI with female members of SHG, BTB)</p> <p>Improved livelihoods: Some of the poorest women with disabilities and survivors of violence were provided with small grants to start small businesses and improve agriculture techniques. They attribute these direct interventions and support with increased income,</p>

	<p>increased food security and improved livelihoods for their family. “I received some chickens to raise and raising chickens has helped to increase my family’s income. I also received some rice and food packages during the COVID-19 pandemic as we faced food shortages.” (IDI with female member of SHG, BTB, KPS, TBK)</p> <p>Feel less discrimination by others, especially service providers: As evidenced by the project goal results, many women with disabilities said they feel far less discrimination by service providers, including village authorities, police, health care professionals and CC/CCWC members. Community volunteers have also echoed this sentiment as they are in constant and close contact with many local authorities, including sharing telephone numbers. “Village authorities understand the needs of persons with disabilities and respond quickly. Health centre staff have prioritised our needs. CC/CCWCC members do not discriminate against us anymore.” (KII with woman with disability/community volunteer, BTB). Other women have shared information from the SHG meetings directly with family members and neighbours, especially on equal rights of persons with disabilities. “In my community, people have stopped discriminating against me. They now encourage and admire me as they have seen me participating in many community meetings.” (IDI with female SHG member, BTB)</p>
Quantitative and / or Qualitative evidence to support response and analysis	Data sources and information gathered include the ADD UNTF Model Project semi-annual and annual narrative reports, baseline and end line one to one interviews, interviews with ADD project management, staff, women survivors of violence, community volunteers/activists, women-led DPOs/networks and NGO partners, local authorities and SHGs of persons with disabilities as well as Impact Stories of Change.
Conclusions	The project was remarkably successful in fostering positive changes in the lives of women with disabilities as demonstrated through increased feelings of inclusion with family, community, service providers and self. Women with disabilities, through community-based mobilisation approaches, gained confidence to affect changes in their lives through increased knowledge of their rights and engagement with SHGs of persons with disabilities. They felt valued as community members and felt far less or almost no discrimination by community members or service providers. Many increased their own feelings of self-worth, including a more positive outlook on the future.

9.6 KNOWLEDGE GENERATION.

Evaluation Criteria	Knowledge generation
Evaluation Question 11	To what extent has the project generated knowledge, promising emerging practices in the field of EVAWG that should be documented and shared with other practitioners?
Response with analysis of key findings	<p>Disability and Inclusion tools: The project's use of different tools to identify different types of violence against women, discuss gender inequality and power relations, promote the rights of persons with disabilities and combined with the use of Washing Group Questions and ADD International's Inner Well-being tools can be promoted with other NGOs working with vulnerable women. Some NGOs and government officials working with vulnerable populations do not have the knowledge, capacity or tools to identify persons with disabilities, including the concepts of impairments and exclusion.</p> <p>SASA! adaptation: The project has successfully adapted parts of the SASA! approach as strategies to mobilise communities and women to address violence against women with disabilities, using a rights-based empowerment approach. Of note, are the use of less formal approaches such as "quick chats" and home visits with community members to disseminate information, provide support through counselling and encourage women to take decisions. It would be beneficial to develop more simpler locally produced IEC materials to assist the community volunteers in their outreach and dissemination sessions with communities and directly with women and girls with disabilities and women experiencing or at risk of violence.</p> <p>Limited documentation and materials: Documentation of lessons learned, tools and of use of SASA! approach is somewhat limited and not as complete as it could be. This would be beneficial so that the adapted SASA! approach and tools could be readily used to expand to other areas, and used in different contexts.</p> <p>Working with a combination of partners with different expertise: The project combined working with women NGOs with experience on violence against women and women-led DPOs with expertise on disability issues in a mutually reinforcing partnership. The two different types of organisations were able to learn from each other and support one another throughout the project cycle, through project activities, training sessions, reflection and learning sessions.</p> <p>Livelihood support for vulnerable women with disabilities: The COVID-19 pandemic demonstrated how precarious and vulnerable the livelihoods of women and families with disabilities are, placing them at increased risk of violence due to economic stresses on the family due to income and job losses. Targeted support for livelihood interventions through SHGs would decrease the risk of violence against women with disabilities due to economic pressures.</p>

	Action Research: The Action Research Report and Learning Paper provides excellent analysis, finding and recommendations on the intersectionality between disability and violence against women. This document should continue to be circulated, presented and discussed locally, nationally and internationally, and used as a basis for new projects and proposals.
Quantitative and / or Qualitative evidence to support response and analysis	Data sources include the ADD UNTF Model project SASA! training session, progress reports, end line KIIs/FGDs with women-led DPOs/networks, KIIs with community volunteers, ADD Project staff and the External Reference Group and the Action Research Report.
Conclusions	The project's adaptation of the SASA! approach, using the community-based approach to mobilise community resources to address disability rights and violence against women is a model for other projects working on ending violence against women and girls. Working together with established women NGOs working on violence against women and women-led DPOs was mutually reinforcing and provided learning opportunities for both organisations. The Action Research provides substantial insight into the intersection of disability and violence against women, and findings and recommendations should be further disseminated at international, national and local levels, and used for future project development and advocacy.
Evaluation Criteria	Knowledge generation
Evaluation Question 12	What elements of the project, if any, could be replicated or scaled up for future actions should funds be available?
Response with analysis of key findings	<p>Most elements of the current project could be replicated and/or scaled up with future funding.</p> <p>Community-based mobilisation /SASA! approach: This approach can easily be scaled up and expanded into new villages, communes and districts in the five provinces by the women-led DPOs, with new funding and some additional technical support. Home visits and "quick chats" are important activities as they bring resources and messages directly to women and families so they feel supported by community members with information and strategies for action.</p> <p>Working with women-led DPOs/networks and community volunteers: With additional project funding, the women-led DPOs/networks can expand the project activities, using the community-based resource mobilisation approach, to new communes and districts, recruiting new community volunteers. Current active community volunteers can serve as role models and resources for new community volunteers.</p>

	<p>Use ADD International Three Circles and GICA tools with partners for on-going capacity building and support. These simple tools have been effective for strengthening capacity of individuals and organisations, for encouraging participatory assessments and planning processes, and supporting on-going actions, learning and monitoring for continued improvement.</p> <p>Outreach activities: Outreach activities utilising SHGs of persons with disabilities are safe environments to reach women with disabilities and women survivors of violence, many who have never joined community events or shared personal stories. For many women, involvement in SHGs gave them confidence, increased their feelings of self-worth, and instilled courage to address violence in their families as they learned from others' experiences and felt supported to make changes.</p> <p>Livelihood support for vulnerable women with disabilities: Implement targeted support for livelihood interventions for women and families with disabilities to decrease the risk of violence against women due to economic pressures.</p>
Quantitative and / or Qualitative evidence to support response and analysis	Data sources and information gathered include the ADD UNTF Model Project semi-annual and annual narrative reports, interviews with ADD Project staff, women-led DPOs/networks and NGO partners, External Stakeholder Reference group.
Conclusions	All project activities can be replicated and/or scaled up as the project results showed significant achievements in reducing violence against women with disabilities as well as discrimination against persons with disabilities.

9.7 GENDER EQUALITY AND HUMAN RIGHTS.

Evaluation Criteria	Gender equality and human rights
Evaluation Question 13	Which human-rights based and gender-responsive approaches have been incorporated through-out the project and to what extent?
Response with analysis of key findings	<p>The core design of the project was founded on a participatory community-based model and rights-based approach, putting women and women with disabilities at the centre of all activities, as project partners, implementers, community volunteers and target beneficiaries.</p> <p>Inclusion of gender inequalities and unequal power as root causes of violence against women: Through the SASA! adaptation, addressing gender inequalities and unequal power relations as the root cause of violence against women empowered many women to believe in themselves and they could make changes in their own situation, without relying solely on external assistance.</p> <p>Rights of persons with disabilities and rights of women: Information sessions on the rights of persons with disabilities and rights of women with linkages to the UN Conventions and Universal Human Rights Declaration instilled women and girls with disabilities with the</p>

	<p>knowledge and confidence that they have equal rights as everyone else, including men and women without disabilities. This was evident in interviews with all stakeholders, especially women with disabilities, as many responded they have the same rights as everyone. Engaging commune councils as duty bearers to systematically include persons with disabilities in meetings and activities, and therefore address specific issues of persons (women and girls) with disabilities in their plans and implementation at the outset is a positive step towards inclusive development.</p> <p>Participation and expression: Women-led DPOs/networks and NGO partners were consulted in the project design stage and involved throughout all stages of the project implementation and monitoring. These included needs assessments of women with disabilities and communities with higher cases of violence against women, meetings with SHGs of persons with disabilities as well as on-going annual capacity assessments, planning sessions and project reflection sessions. The project supported the direct engagement of women-led DPOs in village and commune council planning processes, so their voices and views are directly heard by government authorities.</p> <p>Planned but unmet targets of youth involvement: The project focused on changing harmful or negative gender stereotypes and gender equalities that are the root cause of violence against women. Studies show that behaviour change communication is more effective with younger children, between the ages of 12-18 years. A key learning from the Action Research was that girls and boys with disabilities can be the best agents for change to influence their peers with and without disabilities to not perpetuate negative attitudes and behaviours in their future lives.⁴⁵ Because of the COVID-19 pandemic, the involvement of younger children and youth was not realised, so future projects should include these target groups.</p>
Quantitative and / or Qualitative evidence to support response and analysis	Data sources and information gathered include the ADD UNTF Model Project proposal, semi-annual and annual narrative reports, baseline and end line one to one interviews, interviews with ADD project staff, women survivors of violence, community volunteers/activists, women-led DPOs/networks and NGO partners, local authorities and SHGs of persons with disabilities.
Conclusions	Participatory rights-based approaches were utilised throughout all project interventions, from project design, selection of partners and community volunteers, community-based mobilization and implementation of activities as well as monitoring and reflection of project activities. Interventions supported rights holders with knowledge and strategies to claim their rights to be free from violence and to be free from discrimination through a community-based mobilization approach empowering community members and women and girls with disabilities. Women-led DPOs, community volunteers and CC/CCWCs were provided with trainings to increase their knowledge, skills and attitudes on violence prevention and responses for women and girls with disabilities in their roles to protect the rights of women with disabilities in Cambodia.

⁴⁵ ADD International, Preventing violence against women and girls with disabilities in Cambodia, A Learning Paper, 2021

Evaluation Criteria	Gender equality and human rights
Evaluation Question 14	What constraints (e.g. political, practical, bureaucratic), if any, were there to addressing HR & GE efficiently during implementation? What level of effort was made to overcome these challenges?
Response with analysis of key findings	<p>There were a few constraints to addressing human rights and gender equality during the project implementation.</p> <p>Entrenched discriminatory attitudes and stereotype gender roles: Some local authorities, as well as women and men, still blame families with repeated incidences of violence against women on male behaviour of drinking and jealousy, and not unequal power relations. As a result some local authorities were dismissive of certain reoccurring cases of domestic violence and were frustrated of repeatedly engaging with the same families with no lasting changes or results.</p> <p>Afraid of family separation and stigma of violence against women: Some women survivors of violence did not engage with the project activities or report domestic violence, as they were afraid their family (husband) would be separated and they would have no means to support their children. In addition, some families still believe their family will be stigmatised if they disclose sexual violence or rape of their daughters. “Some families don’t want to share information that their daughters were sexually violated as they feel it will bring shame upon their family.” (FGD with women-led DPO, KPT) Continued dissemination of information on gender equality and rights of women and girls to be free of violence is required to influence positive changes in gender norms, attitudes and behaviours toward violence against women in Cambodian society in line with CEDAW and government commitments to gender equality and women’s empowerment.</p> <p>Unintentional and/or intentional discrimination against women with disabilities: Some stakeholders interviewed, including community members and local authorities, still hold the view that persons of disabilities are to be pitied, are helpless, are a burden to families and society and need handouts. These views are disempowering and perpetuate the attitude that persons with disabilities are not equal. “I did not report this case of sexual violence between husband and wife, but provided counselling. I helped her because she is disabled and I pity her.” (KII with male CCWC)</p> <p>Village Commune Safety Policy: This government guideline, which aims to protect communities, may be contributing to low levels of formal recording of cases of physical and sexual violence by local authorities. Under this policy, the priority to reduce domestic violence is suspected to have had an unintended impact on reduction of reporting of domestic violence cases, so that the relevant area shows success or improvement in its work to end violence against women.⁴⁶ End line interviews with CC/CCWC members revealed that</p>

⁴⁶ Ministry of Women’s Affairs (2018), Cambodia Gender Assessment, Legal Protection and VAWG, 2018

	some had received training but no-one used the official government Minimum Standards of Services Referral Guidelines or Case Management forms. The project provided training to women-led DPOs/community volunteers on the approved guidelines and forms for referrals and responses to GBV .
Quantitative and / or Qualitative evidence to support response and analysis	Data sources and information gathered include end line interviews with women-led DPOs/networks, community activists, women survivors of violence and local authorities. Information was also sourced from other UN Trust Fund project evaluations and referenced CEDAW Concluding Observations, government national plans (NAPVAW III), policies (Village Commune Safety Policy) and guidelines (Minimum Standards of Services (MSS), MSS for Essential Services, Referral Guidelines, and Case Management forms.)
Conclusions	The main constraints to addressing HR & GE are entrenched harmful gender norms and traditional stereotypes of the roles of women and men in Cambodian society that require long term coordinated efforts to systematically address all forms of violence against women and girls. Vulnerable women, including women and girls with disabilities, suffer from multiple and intersecting forms of discrimination and inequalities, making them vulnerable to violence. Social norms, stigma and discrimination can increase their risk of violence or challenges in accessing protections and services. ⁴⁷

CONCLUSIONS PER EVALUATION CRITERIA.

Evaluation Criteria	Conclusions
Overall	The ADD UNTF Model project has proven to be a very successful project using a community-based model approach to mobilise community resources to address violence against women and girls with disabilities and increase inclusion of women with disabilities in line with the SDGs, including SDG 5 and the principle of leaving no-one behind. This project is a model for how to successfully combine and work with partners with expertise in disability rights with rights of women be free from violence, using a modified SASA! approach.
Effectiveness	The project was extremely effective in delivering results by partnering with women-led DPOs/networks and NGOs with experience in working on violence against women, combining on-going capacity assessments using the ADD International Three Circles and GICA tools to strengthen organisations with the community resource mobilisation (SASA!) approach involving partners, community volunteers, SHGs of persons with disabilities and local authorities. The modified SASA! approach used simple concepts and messages to apply with target groups, and discussions on gender power relations were particularly effective in empowering women with knowledge they could

⁴⁷ Ministry for Women's Affairs (2019), NAPVAW III

	<p>be agents of change. Furthermore, strong coordination between women-led DPOs, NGO partners, community members and local authorities significantly and positively impacted the lives of women and girls with disabilities.</p> <p>ADD International was proactive, creative and very responsive to challenges in the internal and external environment, especially the COVID-19 pandemic. This included advocating with UN Trust Fund Portfolio Management to re-allocate resources and unspent project funds to support COVID-19 humanitarian and health related responses targeting beneficiaries at risk of falling further into poverty; shifting travel and in-person meetings and activities to online platforms, and increasing collaboration with local authorities in the identification and distribution of COVID-19 packages to target beneficiaries.</p>
Relevance	<p>The project results remain highly relevant to the needs of women and girls with disabilities, including survivors of violence and those at risk of violence, and are reflected in the SDGs, CEDAW Concluding Observations (2019) and the NAPVAW III. Eliminating violence against women and ending discrimination against women with disabilities requires a multi-level coordinated approach involving demand side strategies and empowering approaches with community women and their families and community-based organisations as well as supply side strategies with duty bearers and policy makers to deliver on their commitments and obligations to women with disabilities, including survivors of violence.</p> <p>The project has been very successful in promoting a circle of accountability through participation whereby all project stakeholders are accountable to one another for actions and results. The project has instilled a working culture of mutual respect and fostered an environment where stakeholders actively listened and responded to one another with integrity and dignity. There is still room for continued reflection and learning about safeguarding principles to ensure that all stakeholders practice and uphold both principles and practices so everyone is protected and safe from harm.</p>
Efficiency	<p>The project overall has been implemented in a cost effective manner and has used resources in an appropriate manner, including using ADD International tools, adapting SASA! lessons and keeping only three or four project staff to manage and oversee the project. The use of local expertise and consultants with in-depth knowledge of the Cambodia context also contributed to cost efficiencies and the cost-effectiveness of the project.</p> <p>The main constraints to project efficiency were the restrictions imposed and impact due to COVID-19 pandemic, including delayed outreach activities, limited gatherings of SHGs of persons with disabilities, shortened SASA! training sessions and limited in person follow-up as well as safety and food security concerns of the poorest women with disabilities and survivors of violence. The project adjusted by conducting more online meetings, outreach through phone calls and in small groups and redirecting unspent travel and activity costs to COVID-19 packages. The low budget and limited resources for the women-led DPOs reportedly led to some difficulties in retaining project staff as well as in the ability to maintain certain outreach activities.</p>

Sustainability	<p>There is a high likelihood that project results will be sustained in the long term and continue to improve due to a combination of the knowledge of rights of stakeholders gained through project activities as well as the actions and methods taken to prevent and solve issues quickly. Target beneficiaries and stakeholders have seen and felt visible improvements and changes in their lives, i.e. less violence and less discrimination, during the course of the project.</p> <p>The project has significantly contributed to enhancing the capacity and systems of all stakeholders to either realise their rights as rights holders or fulfil their obligation to uphold the rights of women with disabilities as duty bearers. Women-led DPOs have strengthened their institutional systems and networking skills to better represent, advocate and support women with disabilities, and their biggest challenge forward is securing and maintaining financial and human resources. Continuation of SHGs of persons with disabilities will likely depend on member interest as well as availability of some outside support. As it is the mandate of the CCs/CCWCs to respond to women's issues, they have both increased capacity and strengthened networks with women-led DPOs and community volunteers to fulfil their roles.</p>
Impact	<p>The project was remarkably successful in contributing to a reduction in violence against women with disabilities as well empowering women with knowledge of their rights, strategies to realise their rights and confidence in themselves to take actions to live lives free from violence. There are fewer cases of violence in families and communities, women survivors of violence no longer feel stigmatised by domestic violence, are more confident in themselves to solve domestic violence problems, are committed to helping women survivors and feel they are treated with greater respect by others. Both community members and local authorities have improved skills, attitudes and actions leading to more gender-sensitive responses to women experiencing violence.</p> <p>The project was remarkably successful in fostering positive changes in the lives of women with disabilities as demonstrated through increased feelings of inclusion with family, community, service providers and self. Women with disabilities, through community-based mobilisation approaches, gained confidence to affect changes in their lives through increased knowledge of their rights and engagement with SHGs of persons with disabilities. They felt valued as community members and felt far less or almost no discrimination by community members or service providers. Many increased their own feelings of self-worth, including a more positive outlook on the future.</p>
Knowledge Generation	<p>The project's adaptation of the SASA! approach, using the community-based approach to mobilise community resources to address disability rights and violence against women is a model for other projects working on ending violence against women and girls. Working together with established women NGOs working on violence against women and women-led DPOs was mutually reinforcing and provided learning opportunities for both organisations. The Action Research provides substantial insight into the intersection on disability and violence against women, and findings and recommendations should be further disseminated at international, national and local levels, and used for future project development and advocacy. Essentially all project activities can be replicated and/or scaled</p>

	up as the project results showed significant achievements in reducing violence against women with disabilities and discrimination against persons with disabilities.
Gender equality and human rights	<p>Participatory rights-based approaches were utilised throughout the project, from the design stage, involvement and selection of partners and community volunteers, implementation of activities as well as monitoring and reflection of project activities. Interventions supported rights holders with knowledge and strategies to claim their rights to be free from violence and to be free from discrimination through a community-based mobilization approach empowering community members and women and girls with disabilities. Women-led DPOs, community volunteers and CCs/CCWCs were provided with trainings to increase their knowledge, skills and attitudes on violence prevention and responses for women and girls with disabilities in their roles to protect the rights of women with disabilities in Cambodia.</p> <p>The main constraints to addressing HR & GE are entrenched harmful gender norms and traditional stereotypes of the roles of women and men in Cambodian society that require long term coordinated efforts to systematically address all forms of violence against women and girls, especially vulnerable and at risk women, including women and girls with disabilities.</p>

RECOMMENDATIONS PER EVALUATION CRITERIA.

Evaluation Criteria	Recommendations	Relevant Stakeholders (To Whom)	Suggested Timeline
Overall⁴⁸	<ul style="list-style-type: none"> The Royal Government of Cambodia and development partners should continue focusing on violence against women with disabilities in their primary prevention strategies ensuring strong voice of women and girls with disabilities throughout. All programs that aim at addressing violence against women and girls with disabilities should address the root causes of violence, engage men and boys as active participants and involve young people to learn about the intersectional aspects of violence, gender and disability in society and become effective change leaders. Programs to address violence of women and girls should include work to empower SHGs and organisations of people with disabilities. 	Royal Government of Cambodia ADD International UN Trust Fund NGOs/CSOs	Current and next projects 2021 onwards

⁴⁸ ADD International, Prevention of violence against women and girls in Cambodia, A Learning Paper, 2021

Evaluation Criteria	Recommendations	Relevant Stakeholders (To Whom)	Suggested Timeline
Effectiveness	<ul style="list-style-type: none"> Develop a new project expanding to other areas (provinces, districts, communes), utilising and involving women-led DPOs/networks as implementers, trainers, mentors and partners. Continue the community-based mobilisation model - SASA! adaptation – and document and produce more and simpler IEC materials, especially for people with lower literacy levels. 	ADD International	As soon as possible, 2021/2022
	<ul style="list-style-type: none"> UN Trust Fund should consider reviewing the current policy of 3-year limit of projects, allowing for project extensions and back to back grant approvals for successful projects. 	UN Trust Fund	2021 onwards
Relevance	<ul style="list-style-type: none"> With demonstrated effective demand side approaches achieving results, the next step is to strengthen linkages with policy makers and decision makers at the national level to ensure the intersectional approach to women with disabilities and violence is included in government plans and policies. The next project and activities should also include linkages with and cross learning between communities, provincial and national level government ministries and officials as well as national plans, such as NAPVAW III, to support lasting change. 	ADD International	2021 onwards
Efficiency	<ul style="list-style-type: none"> Study the costs, benefits and positive lessons learned from adjustments to project activities due to COVID-19 in more detail and use findings in new project proposals and plans for cost efficiencies to reach more beneficiaries. In new project proposals, incorporate lessons learned on cost savings from reduced travel and in-person meetings to increased use of online platforms / telephone calls for meetings and capacity building activities with partners. Build on the demonstrated capacity of the four women-led DPOs in primary prevention interventions to address violence against women and girls with disabilities by expanding project activities into new communes and districts, providing targeted technical support in identified areas of improvement as per the Three Circles tool as well as additional financial support. 	ADD international	2021

Evaluation Criteria	Recommendations	Relevant Stakeholders (To Whom)	Suggested Timeline
Sustainability	<ul style="list-style-type: none"> Continue to provide technical, financial and coaching support for women-led DPOs / networks to expand the SASA! approach to other communes and districts, thereby strengthening their technical capacity in areas of proposal and report writing, resource mobilisation, and to further develop longer term organisational plans. Collaborate with MoWA and NAPVAW III multi-coordination mechanism to continue to provide capacity building to CCWCs on gender and primary prevention of VAW, including women and girls with disabilities, using the SASA! approach and spearheaded by women-led DPOs. Continue to support and empower SHGs of persons with disabilities as a platform for information sharing, addressing common issues, and advocacy on rights of persons with disabilities as well as for livelihood support to mitigate risk of violence against women. 	ADD International Women-led DPOs	2021 on-wards
Impact	<ul style="list-style-type: none"> Continue to promote and apply the community based model – not centre based - on intersectionality between disability and violence against women. As per the Action Research recommendations, advocate for NGOs and government to apply a twin track approach to project development: a) design projects addressing the specific needs of persons with disabilities / women and girls with disabilities and b) develop a common approach to help mainstream persons with disabilities/women and girls with disabilities into society, such as schools, community activities, health services, etc. 	ADD International	2022 on-wards
Knowledge Generation	<ul style="list-style-type: none"> Continue to disseminate findings of the Action Research at national, international and local levels, especially with policy and decision makers at the national level, to influence systematic and longer term changes to address violence against women with disabilities. Continue to share the findings of the Action Research with women and girls with disabilities so they can increase their knowledge, utilise findings and advocate for their rights based on documented evidence. 	ADD International	2021 onwards

Evaluation Criteria	Recommendations	Relevant Stakeholders (To Whom)	Suggested Timeline
	<ul style="list-style-type: none"> • Offer and expand use of both the Washington Group Questions and ADD International's Inner Well-being tools, as well as project learnings, with other NGOs, as a means to increase capacity of other organisations on inclusion of persons with disabilities into a wide range of projects. • Conduct learning forums with other NGOs and development agencies on the community-based model approach and tools on intersectionality of disability and violence against women, for greater inclusion of women with disabilities into projects addressing violence against women. 		
Gender equality and human rights	<ul style="list-style-type: none"> • Develop strategies to include more men and men with disabilities into violence against women and girls prevention and response activities, including as community volunteers/role models, to promote positive masculinities and behaviour change towards ending violence against women and girls. • Develop strategies to involve youth, including boys and girls with disabilities, in community activities as well as to be agents of change to eliminate harmful gender stereotypes, promote rights of persons with disabilities and champion ending all forms of violence against women and girls. 	ADD international	Next project, 2021/2022
Others	<ul style="list-style-type: none"> • Capture and increase use of sex disaggregated data through surveys and interviews, to better analyse differences between men and women's attitudes and develop targeted approaches and messages to affect behaviour change of men and women on violence against women with disabilities. • Improve M&E data collection and surveys to better utilise information, capture knowledge of and responses to different types of violence (i.e. physical, psychological, economical and sexual) against women and girls with disabilities. 	ADD International	2021 onwards

This Evaluation Report has been developed by an independent evaluator. The analysis presented in this report reflects the views of the author and may not necessarily represent those of ADD International, its partners or the UN Trust Fund.



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