



**World Hope International
UN Trust Fund to End Violence Against Women**

**Enhancing Responses to Violence Against
Women and Girls in Cambodia Project
January 2016-December 2018

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Abbreviations

ADHOC	Cambodian Human Rights and Development Association
CC	Commune Council
CCWC	Commune Committee for Women and Children
CDHS	Cambodia Demographic and Health Survey
CVACS	Cambodian Violence Against Children Survey
DoSAVY	District Office Social Affairs, Veterans and Youth Rehabilitation
DoWA	District Office of Women's Affairs
DV	Domestic Violence
FGD	Focus Group Discussion
KII	Key Informant Interview
Licadho	Cambodian League for the Promotion and Defense of Human Rights
MoI	Ministry of Information
MoSAVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Women's Affairs
NAPVAW II	National Action Plan to Prevent Violence Against Women 2014-2018
OE	Outreach Event
PDoSAVY	Provincial Department of Social Affairs, Veterans and Youth Rehabilitation
PDoWA	Provincial Department of Women's Affairs
RGC	Royal Government of Cambodia
RUPP	Royal University of Phnom Penh
SSC	Social Services of Cambodia
SGBV	Sexual and Gender-Based Violence
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNTF	United Nations Trust Fund to End Violence Against Women
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
WHI	World Hope International

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 World Hope International, its partners or the UN Trust Fund

Executive Summary

Introduction

Violence against women is commonplace in Cambodia and the threat of physical and sexual violence against women and girls in Cambodia is a lifelong struggle. Research shows that roughly 6 in 10 females aged 13 to 24 had suffered from at least one form of violence before the age of 18, (CVACS 2013) and one in five ever-partnered women aged 15-64 reported experiencing physical and/or sexual violence by their intimate partner in their lifetime (MoWA 2015).

Domestic violence is widely accepted as part of gendered power relations, with 50 percent of women believing that there is at least one reason that justifies wife beating (CDHS 2014). About half (49 percent) of the women who reported experiencing intimate partner violence had never told anyone about the violence, and only 24 percent of the women had sought help from formal services (MoWA 2015). Acceptance of sexual and gender-based violence (SGBV) is high in communities with 80 percent of men and women failing to respond when they hear of cases of abuse. Domestic violence is strongly associated with more gender-inequitable attitudes at home, use of highly controlling behavior and frequent quarrels, with 50 percent of men using violence experiencing discord in their family compared to 32 percent of men who did not (Fulu 2013).

The Royal Government of Cambodia (RGC) has a legal and policy framework in place to prevent and protect women and girls from violence, however the health, legal, and welfare services that exist to mitigate the effects of domestic and sexual violence are still inadequate, unavailable, and/or inaccessible for most victims. Service providers are largely untrained and there is inadequate coordination between service providing agencies to fully support victims. As such SGBV in the home and communities remain a significant risk for women in Cambodia due to weaknesses in implementation of laws and policies.

Enhancing Responses Project

The *Enhancing Responses to Violence Against Women and Girls in Cambodia* project was funded by the United Nations Trust Fund to End Violence Against Women (UNTF) and implemented by World Hope International (WHI) in 45 communes in four districts in Kampong Speu province, Cambodia between January 2016 and December 2018. The project aimed to address the prevalence of violence against women and girls (VAWG) in Cambodia by preventing violence and improving service delivery so that fewer women and girls are victimized, and that those who are victimized are provided with quality essential services to assist recovery from the gender-based violence induced trauma. To effectively address VAWG, WHI focused on change at the individual, community, and national levels, utilizing a comprehensive strategy in line with the six levels of The Spectrum of Prevention¹

The Enhancing Responses Project goal is to improve service delivery and create change at the institutional level by developing and facilitating a series of modular trainings for the District Offices

¹ <https://www.preventioninstitute.org/tools/spectrum-prevention-0>

of Social Affairs, Veterans, and Youth Rehabilitation's (DoSAVY) and the District Offices of Women's Affairs (DoWA) social and welfare workers, as well as Commune Committee on Women and Children (CCWC) members in Kampong Speu province to improve their capacity to serve woman and girl victims of domestic and sexual violence by partnering with Hagar and Social Services Cambodia (SSC) on basic counseling and case management. Outreach events and activities organized in collaboration with the CCWCs, with support from DoWA and DoSAVY, are aimed at increasing target communities' awareness on the impact of violence and the best way to prevent and respond to it. Mentoring and coaching of social service workers are important elements of the project aimed at enhancing the quality of services being provided to victims of violence.

More than 20,000 people were targeted in the efforts to reduce and prevent violence against women and girls. The primary targets are 12,400 women and girls in the four target districts of Kampong Speu province, including 300 female survivors of violence. The indirect beneficiaries are the key players responding to needs of victims, especially the direct service providers in the government and local authority structures (93 persons), as well as over 9,000 local community including men and boys, other government officials and NGOs.

Objectives of the Evaluation

The purpose of the evaluation is to assess the impact of the project, including progress towards the achievement of the outcomes, outputs and overall performance, as well as to identify lessons learned and best practices and generate forward looking recommendations for future programming. The evaluation also assessed the *effectiveness, relevance, efficiency, sustainability, gender equality and human rights based approach, and knowledge generation* of the project. WHI will consider the recommendations in the design of the next phase of work with the social services sector and will inform further development of awareness-raising messaging and behavior change programming around the prevention of SGBV.

The intended audience of the evaluation report includes the UNTF to End Violence Against Women, UN Women in Cambodia, WHI Project Team, the partner training organizations (SSC and Hagar), the project implementers including DoWA, DoSAVY and CCWC trainees and service providers, relevant national, provincial and district government counterparts, especially MoWA and MoSAVY, as well as interested NGOs working in the field of VAWG and SGBV prevention and response in Cambodia.

Methodology

The external evaluation took place from August to November 2018 in the four project target districts (Borseth, Oudong, Thpong and Samrong Tong) in Kampong Speu province and Phnom Penh by an external consultant team. The evaluation covers the target primary beneficiaries (women and girls and female survivors of gender based violence), trained government social welfare workers (DoWA, DoSAVY and CCWC members), and secondary beneficiaries (community members, including men, boys and local authorities) as well as other stakeholders, including government officials, implementing partners and collaborating agencies.

The evaluation was guided by the Terms of Reference and project logframe of the Enhancing Responses Project while data was collected through a combination of methods. These included a desk review of key project and government documents, field work including an end line survey questionnaire with primary beneficiaries, focus group discussions and in-depth interviews with target beneficiaries, government social workers and officials, SGBV survivors, implementing partners and WHI project staff and site visits to observe several project activities. A total of 377 target beneficiaries (198 women and girls and 179 men and boys) participated in the end line survey while another 165 stakeholders (96 women and girls, including 11 SGBV survivors) were interviewed individually or in small groups. The evaluation team also observed two training sessions of government social workers, one Outreach Event, two group therapy sessions with SGBV survivors and a group supervision session with government social workers.

Project documents were analyzed, information from the fieldwork interviews was assessed against project reports and surveys, and triangulation of data across different stakeholders and sources allowed for verification of information. Both qualitative and quantitative data were analyzed for content, including comparisons where relevant, and findings incorporated into the report. A key limitation of the evaluation was the limited direct access by the evaluation team to interview many female survivors of SGBV to gather and verify information, including social worker-client interaction, due to ethical considerations and respect for clients' privacy. As such the evaluation team also reviewed and triangulated data from interviews with other key stakeholders, including social worker trainees, WHI project staff, local authorities and community women, while also reviewing project SGBV survivor case management monitoring reports.

An observation regarding comparison to the baseline survey, the baseline and bi-annual surveys did not disaggregate data for men and women, nor did they cover all the project indicators. Hence some end line findings do not have baseline information with which to compare. With regards to sampling for FGDs, the evaluation team relied on the WHI project team through the CCWCs and Village Authorities to invite participants to the FGDs with women and men in the randomly selected villages. As such probability sampling method was not applied, so FGD participants were selected based on a combination of factors including their availability and willingness to join. The same was true for FGDs with the garment factory workers and high school students.

Key Findings and Conclusions

Project Goal: The project made strong progress towards the overall goal of increasing respect for rights of women and girls and access to social and legal services for survivors, including challenging cultural norms that violence against women is acceptable. At the end line survey almost all women and girls (97 percent) and 100 percent of men and boys understand that women have a right to a life free from violence, an increase from 94 percent of women surveyed at the baseline. What must be addressed still is that 22 percent of women and girls still believed it was acceptable for women to be punished for not fulfilling their tasks, an indication of deeply ingrained harmful gender norms and the need for continued dissemination of information on women's rights. While the vast majority of women (87 percent) and men (70 percent) did not report cases of violence at the end line survey, of those 13 percent of women and 30 percent of men who did report, 85 percent of all community

respondents reported directly to village authorities, compared to 97 percent at the baseline. Cases were also reported to police (23 percent), neighbors (24 percent) and village security guards (34 percent) as FGD participants explained that these people were located within nearby proximity to villagers. The low formal reporting of violence cases can be attributed to a combination of factors including stigma against women survivors, fear of lost reputation in the community as well as the Village Commune Safety Policy which rewards villages with low incidences of domestic violence cases.

Effectiveness: The project has been largely successful in reaching out and providing SGBV services to 412 female survivors of SGBV through trained government service providers and Outreach Events. Victims of violence received direct counseling, information on legal aid and social services, and referral services and at least 55 women participated in group therapy sessions as a support mechanism. However, 70 percent of women and girls surveyed believe husbands are justified in hitting their wives for at least one reason, another indication of ingrained cultural norms.

The project has been very successful in equipping government service providers with increased knowledge, improved attitudes, quality skills, as well as the tools to provide more gender responsive services and support for women and girls who experience violence. Two different series of modular trainings for government social workers, DoSAVY and DoWA, and CCWC members, combined with practical follow up coaching, supervision and reflections by project staff, enabled trainees to put their learning into practice to assist and support SGBV survivors in a truly women-client centered approach. Perhaps most significant is the shift in the positive attitude and orientation of service providers of putting their clients needs first and working with clients to find solutions driven by clients themselves.

The project reached or exceeded all target beneficiaries and events through well-planned and adjusted activities and made significant progress in disseminating information on SGBV to communities (women, girls, men, boys and local authorities) in 45 communes through Outreach Events supported by CCWCs and village authorities. Women especially appeared to have a much greater understanding of the negative emotional impact of violence on women, an increase of almost 70 percent to 90 percent at the end line survey compared to 12 percent at baseline survey. The end line survey showed that 70 percent of women and 80 percent of men had seen or heard messages on prevention and responses to violence, but 27 percent of women and girls did not know of any available SGBV service. The dissemination of information to communities did not necessarily reach the expected changes in attitude or practices of target beneficiaries, as behavior change takes long-term sustained efforts to achieve, and requires more than one-off two-hour Outreach Events held in communities during the life of the project. WHI made amendments to the programming to further impact attitude change, holding smaller group sessions with men, especially husbands who had committed some form of violence against their wives. This was initiated in the third year of the project, in response to suggestions from female SGBV survivors, social service providers and local authorities as well as lessons learned from disseminating information on prevention and responses to violence against women and girls at Outreach Events.

Relevance: The project's rights-based strategies and activities were highly relevant to the context where there are high levels of acceptance in society of violence against women and girls, combined with limited availability, low access and poor quality of services for female survivors of SGBV. The results showed that targeting women, girls and female SGBV survivors with information on their rights and available services, especially through direct service provision, empowered them with knowledge, provided support for available options and enabled them to access appropriate services.

The project's rights-based strategy took a coordinated multi-dimensional and multi-level approach, working at the individual, community and institutional levels, inline with the RGC's policies and plans, especially the second National Action Plan to Prevent Violence Against Women 2014-2018 (NAPVAW II). Continuing to support, expand and provide technical support for SGBV services in communities remains important to ensure momentum is sustained, especially as almost 50 percent of SGBV survivors reached through the project received services for at least two forms of violence and over one-quarter of women and girls surveyed at the end line survey did not know where they could report cases of violence or access SGBV services.

Efficiency: The project has been implemented in a cost effective manner according to the planning document and has used resources in an appropriate manner, especially by capitalizing on specialized training organizations to deliver modular trainings and working with established government structures. The project was well managed vertically, with strong coordination and relationships with government stakeholders and service providers, and with the training organizations to deliver project activities and results. However, WHI could have taken a more proactive role to promote more cross collaboration between and among the different project teams, different training organizations, and different government service providers to strengthen coordination, enhance learning and improve service delivery for project beneficiaries. This could have taken the form of more regular joint meetings between project teams and training organizations, more joint monitoring and follow-up field visits with trained service providers, engaging other NGO legal service providers in information sessions and activities such as Outreach Events and training sessions as well as conducting joint learning and information sessions with DoWA, DoSAVY and CCWC trainees.

Impact: At the end line, many female SGBV survivors receiving direct services from government service providers stated they have improved confidence in themselves, no longer blame themselves for violence by their husbands and with clear information on their rights, services and options, have taken concrete steps to solve their problems. This has taken the form of women using improved communication skills to reduce conflicts within the family, participating in counseling services from social service providers and/or seeking legal services to end their abusive marital relationship through divorce or separation. Many trained service providers interviewed at the end line survey felt strongly that the WHI project directly contributed to reduced incidences in violence in communities, despite the lack of formal reporting to village and commune authorities. Some local authorities interviewed at the end line survey also noted that many women in their villages are better informed of their rights to be free from violence, and have come forward to seek informal help when they are faced with violence in their family. Yet one-third of women and girls surveyed at the end line never felt safe at home while 17 percent never felt safe in the community or at school, indicating more

efforts are needed to address both harmful attitudes and behaviors that perpetuate violence against women as normal.

The project has resulted in significant changes in government service providers' capacity to deliver client-centered services to female survivors of violence, which has also improved the quality of their own performance and work relations beyond their own departments. Expanding social work training to other government officials responsible for preventing and responding to violence against women and girls, including village and commune authorities and police as front line service providers will likely aid in the efforts to reduce violence in homes and communities. Future interventions should however engage more directly with men, boys, husbands, and male perpetrators to change negative attitudes and harmful behaviors towards women, including transforming harmful masculinity and gender norms, and work to promote and advance more positive violence free and gender equitable relations.

Sustainability: Community members, women and girls and survivors of SGBV reached by the Outreach Events and trained government social workers demonstrated increased knowledge of SGBV services in their community. Furthermore, the government is committed to ending violence against women and will continue the interventions in line with their national policies and plans, especially through NAPVAW II and the multi-coordinated response mechanism, and with the enhanced capacity of trained government social workers trained by WHI Enhancing Responses Project. A barrier remains is the low level of government resources allocated to SGBV prevention and responses, as well as the difficulty to access available government budgets, so client services and outreach activities will likely be reduced, unless additional donor funding is available or changes to government budgets and financial expense systems are adopted.

Gender Equality and Human Rights Based Approach: The project interventions supported rights holders with knowledge and services to claim their rights to be free from violence through a combination of information sessions and direct service provision by trained government service providers. Government social workers were provided with trainings to increase their knowledge, skills and attitude to directly support services to women, girls and female survivors of violence in their roles to protect the rights of women in Cambodia. The main constraints to addressing GE & HR are entrenched harmful gender norms in Cambodian society that require long term coordinated efforts to systematically address all forms of violence against women and girls, as well as the fact that the women remain under represented in decision-making, politics and the civil service positions within the government structure². Men hold the vast majority of management and decision-making positions in government as well as locally elected and appointed officials and as such are in influential positions to exercise both power and authority, often placing little emphasis on and allocating fewer resources for social services for women.³

² MoWA (2018): *Women in Decision Making, Politics and Civil Service, Data Sheet*. Phnom Penh

³ In 2017 women held only 22% of decision-making positions in the Civil Service. At the sub-national level, women held only 8% of CC Chief positions, 17.3% of provincial deputy governors, 3.5% and 26% of deputy district governors. There was only 1 female provincial governor.

Knowledge Generation: The modular training sessions for government social workers, including content, participatory techniques, and methodology, including follow up, coaching, supervision and reflection in the field on practical experiences of delivering services to clients and survivors of gender-based violence is a model approach for effective implementation for gender-responsive SGBV services in line with government policies and plans. The participatory nature of the modular training sessions in combination with continual on-going practical guidance in the field enabled trainees to continually improve their knowledge and skills to effectively respond to SGBV cases and was cited by many trainees interviewed at the end line survey as the “most effective training course they had ever participated”, compared to other trainings they had attended that did not include practical follow-up in between and after lessons.

Providing social work skills, emphasizing “soft skills” such as communication, listening and questioning, combined with technical skills for working with clients, for government staff strengthened their capacity to work with SGBV survivors and was mentioned by almost all trainees interviewed as personally and professionally motivating for many of them as they began helping clients to solve DV and family problems themselves. End line interviews with training organization staff, WHI project staff and trained social service providers all confirmed that on-going supervision and coaching by WHI project staff, including outreach to SGBV survivors, proved critical to the success of the project interventions as is working with the existing government structures at the sub-national and local level.

Key Recommendations

Continue to provide follow up technical support: As the evaluation found that group therapy sessions are valuable to supporting survivors, but needed better facilitation, continue to provide follow up technical support to PDoWA/DoWA, PDoSAVY/DoSAVY and CCWCs on counseling and case management so they can strengthen their skills to provide effective gender-responsive services to victims of SGBV. Critical in the training and follow up supervision is to focus on aspects of confidentiality (as it was found that some group therapy sessions took place in public spaces), training on managing group dynamics, enhancing awareness on the emotional impact of violence and ways to cope/overcome (this project had great effect in raising women’s awareness on the emotional impact of violence, and some effect on men), and strengthen counseling and mediation/problem solving skills for the purpose of helping the survivor and preventing further violence. With regards to counseling skills, the training and follow up supervision should include discussion around the feelings women have that they are responsible for the violence, especially in situations where counseling or mediation may not result in preventing violence

Address gender norms around acceptance of violence and barriers to help seeking behaviors: Realizing from the evaluation that while Outreach Events may have raised awareness towards certain aspects of the consequences of violence, they did not change ingrained cultural values and attitudes, conduct a barrier analysis or other research to better understand what will positively influence behavior change. As the evaluation also found some village authorities are hesitant to report violence for fear of creating a negative reputation for their village, study what the positive impact of reporting violence would be for a village in order to be able to target messaging and programming to drive up

reporting. Also noting that while women and men accepted for the most part that violence is wrong, women still tended to believe that it was acceptable for men to punish them for certain behaviors, look at what methods could be effective towards changing women's perceptions of acceptability of violence. Another ingrained idea to further understand and address, the idea that women are to blame for the violence experienced, and the feeling of shame that often stops them from reporting.

Targeting and on-going prevention messages: For future projects, recognizing that behavior change requires a targeted and sustained effort, ensure activities are not one-off events, but are continuous. Options for targeting include addressing certain audiences with very specific messaging, such as providing women in garment factories with messaging related to social and legal services available to survivors, and schools with messages on how boys and girls can treat each other with respect and equity. Primary prevention messaging could also include sexual harassment as a form of violence at the workplace and at school, in line with NAPVAW II.

For future projects, more investment in IEC research for targeted prevention and response messages on violence at the beginning of the project is warranted (especially as it was noted by this evaluation that the majority of women did not know where to seek out services and did not know about legal aid options). Also, where Outreach Events are held, in order to increase effectiveness, increase the participatory nature of the Outreach Events, using more interactive methodologies such as games, group discussions and different materials. As women reported that they felt safer in communities where awareness raising was ongoing, conduct more Outreach Events more often, building different messages into the activities for continuous learning and continually keeping the messages of prevention in conversation within the communities targeted.

More promotion of legal aid services: The evaluation found that women survivors of violence that do know their legal options are unlikely to pursue it if its considered time consuming and expensive. As such future projects should emphasize options for free consultation or representation in their awareness strategies as well as strengthening links with legal aid NGOs.

Systematically engage men and boys more directly: For future projects, recognizing men are the main perpetrators of violence, engage men and boys more directly in order to raise their level of understanding on critical elements of SGBV, such as the negative emotional consequence of violence (as evaluation found men had less understanding than women) and non-violent means of dealing with conflict in the home. This would include addressing stereotypes of masculinity, male behavior and gender roles within families and society to tackle gender inequality issues and the root causes of violence and might include such interventions as the Gender Road Map⁴ initiative, which is a couple based gender-transformative model to address unequal power relations. Also target local authorities at the commune and village level, including the CC Chief or male CC members and Village and Deputy Village Chiefs as they are the first contacts for both women and men in DV disputes.

⁴ https://cambodia.oxfam.org/policy_paper/gender-road-map-guidebook

Furthermore, the evaluation notes that many female and male government social service providers found it more effective to meet with both women and men (husband and wife) involved in domestic violence disputes while many male government social service providers were uncomfortable providing SGBV services alone to women. As such the project should advocate for **promoting teams of male and female social workers** (DoWA and DoSAVY) and (CCWC members and male CCs) to jointly respond to DV and SGBV cases with both women and men in the community.

Support, expand and provide technical support for government social service providers to continue to provide SGBV services remains important to ensure momentum is sustained, especially as almost 50 percent of survivors received services for at least two types of violence. The evaluation found that the inclusion of female village assistants and volunteers in the meetings with CCWCs on the prevention and responses to SGBV in communities towards the end of the project a promising intervention to help bring information and services closer to women in the villages. Furthermore, many of the women villagers participating in FGDs at the end line survey stated they trust the female village assistants and volunteers to provide assistance network with female government social service providers at the commune and district levels. The female village assistants are part of the local village governance structure, operate as part of the government's women's network from the national to sub-national level and are involved in assisting CCWCs with addressing women and children's issues, including domestic violence.

In line with NAPVAW II, shifting gender norms around the acceptance of violence against women is an important element in the promotion and uptake of SGBV services for survivors of violence. Recognizing that changing gender norms takes time and long term sustained effort, WHI should strengthen engagement with MoWA and MoSAVY at the national level to promote the participatory social service training sessions among a wider range of government officials, UN Agencies and NGOs, linking with national campaigns on the prevention of violence against women as well as utilizing different social media platforms to reach different target audiences.

For future projects and as suggested by trained government service providers, **provide regular joint learning opportunities** for CCWC and DoWA/DoSAVY social workers and staff to learn and network together on SGBV cases in a safe environment, as a means to strengthen overall government coordination efforts to respond to SGBV. Continuous education and supervision are also key to ensuring that skills learned are practiced appropriately. As such, every group trained should receive on-going training/coaching/supervision or support.

Leverage UN Women's mandate to strengthen links with MoWA (and MoSAVY) at the national level to support advocacy efforts for increased budgets at the national and sub-national level for gender-sensitive responses to SGBV, as well as promoting easier access to budgets and expenditure lines. This could include providing support to government counterparts for more evidence-based reporting on SGBV services in line with the RGC's budget reforms of programme-based budget (PBB) and Gender Responsive Budgeting (GRB), as well as more active participation in the MoWA led Technical Working Group on Gender Based Violence at the national level. In addition, continue to support evidence-based advocacy efforts at the district and commune level for increased access to

government budgets, such as through the Commune Development Plan and the Commune Investment Plan, for both prevention and response services to DV and SGBV.

Leverage UN Women’s relationship with the Government to promote wider discussion of the Village Commune Safety Policy implementation to ensure that the VCS Policy is not interpreted as stifling DV interventions and reports or inadvertently reinforcing mediation of DV cases that are of a more serious, criminal nature.

Promote the modular training and learning “loop back” cycle with participatory training sessions, practical exercises, follow-up coaching, group supervision and reflection exercises with trainees to MoWA, MoSAVY, UN Women, development agencies and other relevant NGOs working on SGBV prevention and response as an effective approach that enables trainees to continually improve their knowledge and skills to effectively respond to and solve SGBV cases.

Continue to provide more opportunities for CCWC (and DoWA/DoSAVY) to lead Outreach Events on DV and SGBV so they gradually build their capacity on the job to disseminate SGBV prevention and responses messages in line with NAPVAW II and other government plans. Furthermore, use the Outreach Events to utilize skills and knowledge learned in training sessions to reach out and identify potential SGBV clients in need of services.

Regarding the design of future programs, a few things were noted in this evaluation. The first, that budgeting missed a critical element of transportation for trainees to visit clients. The baseline and bi-annual surveys were conducted via an informal arrangement with RUPP, and the result was lower and varying technical quality of services and finally WHI staff roles were not well defined at first, hence their value added was limited on some fronts. All these findings just lend to the criticality of reviewing the details of a project before role out.

Ensure that future projects have a more robust and technically sound baseline survey, with clearly worded, technically sound and tested questions linked to project indicators to better measure progress and results. In addition, ensure the results of regular monitoring activities are used to inform and direct changes in the programming as necessary by maintaining a running list of findings and recommendations from this evaluation, monitoring surveys and other field visits and reviewing these on a quarterly basis for action. Lessons learned to be kept on file to be used both internally in project design and to be shared with key stakeholders as appropriate to inform strategic direction of SGBV programming.

1. Background and Project Context

1.1 Violence Against Women in Cambodia

Violence against women is commonplace in Cambodia and the threat of physical and sexual violence against women and girls in Cambodia is a lifelong struggle. Research shows 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 (CVACS 2013).

According to the 2015 National Survey on Women's Health and Life Experiences in Cambodia, one in five ever-partnered women aged 15-64 reported experiencing physical and/or sexual violence by their intimate partner in their lifetime (MoWA 2015). Acceptance of sexual and gender-based violence (SGBV) among the community is still unacceptably high, with 80 percent of both men and women failing to respond when they hear of cases of abuse.

Domestic violence is widely accepted as part of gendered power relations, with 50 percent of women believing that there is at least one reason that justifies wife beating (CDHS 2014). 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 (CVACS 2013). 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 (MoWA 2015) while the majority of girls (50 percent) and boys (80 percent) had never told anyone about an incident of sexual abuse or physical violence (CVACS 2013). Women with disabilities experience much higher levels of discrimination and inter-personal violence (Astbury 2013).

Violence against women and girls is perpetrated by traditional gender norms, and a variety of factors at the personal level, such as lower education and childhood experience of violence (MoWA 2014). Men are still expected to be the breadwinners, be superior to women and girls, dominate over women and be strong and brave (GADC 2010). Furthermore, while perpetrators of violence may continue to live their lives without social stigma, the victim (of rape) is marked as used and a worthless woman, a situation that leads to shame and guilt for women and girls which can force them to keep rape a secret, marry the rapist or leave the household to preserve the family reputation (Brown 2007). Male sexual entitlement has been identified as a dynamic driving sexual violence in Cambodia, with 21 percent of men reporting that they have ever raped a woman (Fulu 2013). The second most frequently reported motivation was related to entertainment seeking – fun or due to boredom – followed by anger or punishment (Fulu 2013).

The 2013 Partner for Prevention Study on men and violence found that intimate partner violence is largely driven by factors related to gender inequality, childhood experiences and the enactment of harmful forms of masculinity. Male perpetration of domestic violence is strongly associated with all forms of childhood abuse, especially sexual abuse in Cambodia, and is associated with lower levels of education and current food insecurity. Domestic violence is also strongly associated with more gender-inequitable attitudes at home, use of highly controlling behavior and frequent quarrels, with 50 percent of men using violence experiencing discord in their family compared to 32 percent of men who did not. Depression and alcohol abuse problems by men were factors in men using violence against their partners in Cambodia. Furthermore the study suggests that the use of violence may increase among men who have less power compared to other men or who experience social stresses. While it is essential to end impunity for men who commit violence, including rape and marital rape, prevention efforts should aim to transform larger social norms around masculinity and promote non-violent ways to be men (Fulu 2013).

1.2 Legal and Policy Framework of GBV in Cambodia

The Royal Government of Cambodia (RGC) spent the past decade developing a legal framework to reduce Violence Against Women and Girls (VAWG), 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) and the Criminal Procedure Code (2010) and Criminal Code (2010). In 2010 the Ministry of Interior (MOI) 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.

In 2014 the RGC developed The Five Year Strategic Plan for Gender Equality and the Empowerment of Women in Cambodia 2014-2018 (Neary Rattanak IV), the Second National Action Plan on Violence Against Women 2014-2018 (NAPVAW II) and the Second National Plan of The Committee to Counter Trafficking 2014-2018. This was then followed by the development of the first Action Plan to Prevent and Respond to Violence Against Children 2017-2021, demonstrating the government's commitment to end VAWG throughout the nation. With a solid framework in place, the focus now lies in promotion, implementation, and enforcement of existing laws and policies.

Summary of Legal and policy framework on Gender Equality and SGBV in Cambodia

The Constitution	Enshrines the right of all Khmer citizens to life, personal freedom, and security, and (Article 32) guarantees there shall be no physical abuse of any individual (Article 38)
Rectangular Strategy Phase III	Refers to eliminating violence against women and expanding to culture of non-violence to contribute to promoting social morality, value for women and Khmer family as well as building families, communities and society with harmony
Neary Rattanak IV (2014-2018)	Is the five year strategic plan for Gender Equality and Women's Empowerment in Cambodia 2014-2018
NAPVAW II (2014-2018)	Identifies three priorities 1) Domestic violence, 2) Rape and sexual violence and 3) violence against women with increased risk. Includes key actions to address SGBV through improvement to laws and policies and increased protections and responses.
Law on the Prevention of Domestic Violence and Protection of Victims 2005 (The DV Law)	Establishes the responsibility of local authorities to intervene in cases of domestic violence and provides for protection orders to be issued by the courts to protect the victim from further violence. This law permits mediation in non-criminal cases of violence against women, which provides a legal framework for the use of traditional justice mechanisms. This law applies to people within the same household who perpetrate violence.
Law on Suppression of Human Trafficking and Sexual Exploitation 2008	Establishes the law against kidnapping persons for labour and sexual exploitation. Article 15 includes references to sexual aggression and marriage against the will of victims as punishable offences. Articles 42 and 43 refer to sexual intercourse and indecent acts against minors under the age of 15 years.
The Village Commune Safety Policy 2010	Designates rape, domestic violence and anti-human trafficking as key priority areas for commune, district, municipal and provincial councils to address

2009 Criminal Code	Describes types of violence and punishments, including rape, sexual slavery, forced prostitution, pregnancy, sterilization and other forms of sexual violence (Title 2, Art. 188); Title 3, Sexual Assaults (Art 230-252)
Second National Plan of The Committee to Counter Trafficking 2014-2018	Identifies 4 key strategies for prevention, protection and punishment of human trafficking, labour and sexual exploitation, including strengthening law and policy enforcement, enhancing prevention and criminal justice responses and protecting victims with gender and age appropriate and quality support.
First Action Plan to Prevent and Respond to Violence Against Children 2017-2021	Addresses multiple forms of violence against children and identifies groups of children vulnerable to increased risk through 5 key interventions including coordination, primary prevention, multi-sectoral child protection response services, law and policy formulation/amendment and monitoring and evaluation.

Despite the progress in the legal and policy framework, the health, legal, and welfare services that exist to mitigate the effects of domestic and sexual violence are still inadequate, unavailable, and/or inaccessible for most victims. Service providers are largely untrained and there is inadequate coordination between service providing agencies to fully support victims when they need it most. As such SGBV in the home, community and workplaces remain a significant risk for women in Cambodia due to weaknesses in implementation of laws and policies.

1.3 World Hope International in Cambodia

World Hope International (WHI) became actively involved in economic development and education in Cambodia in 1998, and in 2005 WHI's Cambodia country office opened the Phnom Penh Assessment Center (AC) for Survivors of Sexual Exploitation and Rape. From 2005 to 2015, WHI helped nearly 1,100 female victims of rape and commercial sexual exploitation find refuge through the program and provided care to victims of rape and gang rape. To support WHI's work in this field, WHI has participated in the Ministry of Social Affairs, Veterans, and Youth Rehabilitation's (MoSAVY) technical working group to formulate new National Minimum Standards on Residential Care for Victims of Human Trafficking and Sexual Exploitation.

To reduce Violence Against Women and Girls in Cambodia, WHI developed The Enhancing Responses to Violence Against Women and Girls in Cambodia Project in line with the priorities set out by the Government and building on the framework already in place to protect women and children from violence. The Enhancing Responses project focuses on preventing and responding to the high rates of domestic and sexual abuse against women and girls through two focus areas: preventing violence and improving service delivery; and by influencing change at individual, community, and institutional levels. Through this multi-dimensional approach, the Enhancing Responses project aims to complement the Government's efforts to reduce rates of domestic and sexual violence and build capacity of public institutions and service providers to create increased access to and improve services to all survivors of VAWG throughout Cambodia.

2. Project Description

The Enhancing Responses Project, implemented between January 2016 and December 2018, addresses the prevalence of violence against women and girls (VAWG) in Cambodia by preventing violence and improving service delivery so that fewer women and girls are victimized, and that those who are victimized are provided with quality essential services to assist recovery from the gender-based violence induced trauma.

The Enhancing Responses Project goal is to improve service delivery and create change at the institutional level by developing and facilitating a series of modular trainings for the District Offices of Social Affairs, Veterans, and Youth Rehabilitation's (DoSAVY) and the District Offices of Women's Affairs (DoWA) social and welfare workers, as well as Commune Committee on Women and Children (CCWC) members in Kampong Speu province to improve their capacity to serve woman and girl victims of domestic and sexual violence by partnering with Hagar and Social Services Cambodia (SSC) on basic counseling and case management. In addition, outreach events and activities organized in collaboration with the CCWCs, with support from DoWA and DoSAVY, are aimed at increasing target communities' awareness on the impact of violence and the best way to prevent it. Furthermore, mentoring and coaching of social service workers are important elements of the project aimed at enhancing the quality of services being provided to victims of violence.

A total of more than 20,000 people were targeted in the efforts to reduce and prevent violence, including both direct and indirect beneficiaries of the action. The primary direct targets are 12,000 women and girls in four districts, Borseth, Oudong, Thpong, and Samrong Tong, of Kampong Speu province, and include 300 female survivors of violence. The indirect beneficiaries are the key players responding to needs of victims, especially the direct service providers in the government and local authority structures (93 persons), as well as the local community including men and boys, other stakeholders and NGOs. (9,000 persons)

The goal of the Enhancing Responses project is: "Women and girls in Samrong Tong, Borseth, Thpong, and Oudong districts of Kampong Speu province, Cambodia feel safer from SGBV as a result of living in communities with a greater understanding and respect for the rights of women and girls and access social and legal services for survivors."

To effectively address VAWG, WHI focused on change at the individual, community, and national levels. WHI utilized a comprehensive strategy in line with the six levels of The Spectrum of Prevention⁵. These are: Level 1: Strengthening Individual Knowledge and Skills. Level 2: Promoting Community Education. Level 3: Educating Providers. Level 4: Fostering Coalitions and Networks. Level 5: Changing Organizational Practices, and Level 6: Influencing Policy and Legislation.

The Enhancing Responses Project has three (3) Outcomes and six (6) Outputs:

⁵ <https://www.preventioninstitute.org/tools/spectrum-prevention-0>

- **Outcome 1:** Four hundred (400) women and girl victims of SGBV in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia are better informed about SGBV and available legal and social services.
 - **Output 1.1:** Four hundred (400) women and girl victims of SGBV from 45 communes have increased knowledge about women and girls rights, consequences of GBV, GBV related services in their commune, and to receive conflict resolution services.
 - **Output 1.2:** Fifty (50) percent of women in target communes understand the consequences for victims (e.g. stigma, psychological issues, etc.) if an individual perpetrates an act of VAWG.
- **Outcome 2:** Ninety-three (93) government and community actors in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia better serve victims of SGBV and ensure SGBV crimes are reported.
 - **Output 2.1:** Forty-eight (48) government social and welfare workers have the knowledge to provide quality-counseling, referral, and follow-up services for SGBV victims.
 - **Output 2.2:** Forty-five (45) Commune Committee for Women and Children (CCWC) members have knowledge and skills to provide quality counseling and conflict resolution services between victims of violence and the broader community.
- **Outcome 3:** Commune Members from 45 communes in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province respond to incidences of SGBV and protect current and potential victims of SGBV.
 - **Output 3.1:** Individuals from 45 communes have increased knowledge about women and girls' rights, consequences of GBV, GBV related services in their commune, how to seek help from the legal system, and to receive conflict resolution services
 - **Output 3.2:** Forty-five (45) Commune Committee for Women and Children (CCWC) members in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia have increased knowledge and skills to assist SGBV victims.

The Key Activities to achieve the Outcomes and Outputs include:

- Conduct learning needs assessment with CCWCs and government social workers and develop training curriculum tailored to training participants
- Conduct modular trainings on women and girls' rights, role of government, women affairs service providers, CCWC members and other duty bearers, basic listening and counseling skills and conflict mediation, including practicing new skills
- Training of CCWC members and Government Social Workers to support women and girl victims of SGBV, including consequences of violence on victims and families such as stigma, psychological issues, and economic challenges, and educate commune members on SGBV
- Government Social Workers, Women's Affairs staff and CCWC members provide counseling, referrals, and conflict mitigation services to women, girls and families impacted by SGBV, as well as information on rights of WAG and SGBV to community at large
- Conduct outreach by trained CCWC members so WAG are provided with counseling, conflict mitigation and referrals for services
- Conduct commune level Outreach Events so WAG learn about SGBV, their right to live free

from violence and available services

- Conduct commune level Outreach Events so communities learn about SGBV, the impact of SGBV on victims and available services, as well as what to do in cases of violence, using creative dramas and information sessions
- Trained participants counsel victims of SGBV, provide information on rights, available health, legal and welfare support services and make referrals to services
- Trained DoSAVY/DoWA social workers and CCWC members conduct follow-up visits with SGBV survivors, conduct client assessments and document cases
- Trained DoSAVY/DoWA social workers conduct Group Therapy sessions with SGBV survivors as support network, with WHI supervision
- Provide regular on-going support, supervision, coaching and monitoring to government social workers and CCWC members to improve skills, responses and services for clients of SGBV
- Conduct peer group debriefings and quarterly district coordination meetings, including discussion on lessons learned and best practices

Project Location and Beneficiaries

The project has been implemented in four districts, Borseth, Samrong Tong, Oudong and Thpong districts, of Kampong Speu province. Target beneficiaries include: 12,500 direct beneficiaries (12,100 women and girls vulnerable to violence and exploitation and 400 survivors of violence and exploitation) and 9,093 indirect beneficiaries (48 government social and welfare workers from DoSAVY and DoWA, 45 CCWC members and 9,000 community members).

Project Implementers and Partners

The Enhancing Responses Project has been implemented by a) A team of four WHI project staff including a Project Manager, a Clinical Supervisor and two Social Worker Specialists, b) in close partnership with government departments and local authorities including the Provincial Department and District Offices of Women's Affairs (PDoWA and DoWA), the Provincial Department and District Offices of Social Affairs, Veterans, and Youth Rehabilitation (PDoSAVY and DoSAVY) and the Commune Committees for Women and Children (CCWC) and c) partnered with two NGOs based in Cambodia, Hagar International and Social Services Cambodia (SSC) to deliver training.

Other stakeholders include the Kampong Speu provincial and district government officials, NGOs including World Vision, Cambodian League for the Promotion and Defense of Human Rights (Licadho), Cambodian Human Rights and Development Association (Adhoc), and Cambodia's Children Fund, as well as the Royal University of Phnom Penh (RUPP) and UN Women Cambodia Country Office.

The total budget of the three-year Enhancing Responses project was \$US 443,550, including \$US 400,718 from the UN Trust Fund to End Violence Against Women and \$US 42,832 from WHI.

3. Purpose of the Evaluation

The external evaluation of the Enhancing Response Project is a mandatory requirement of the UNTF to End Violence Against Women.

The purpose of the evaluation is to assess the impact of the project, including progress towards the achievement of the outcomes, outputs and overall performance, as well as to identify lessons learned and best practices and generate forward looking recommendations for future programming. WHI will consider the recommendations in the design of the next phase of work with the social services sector and will inform further development of awareness-raising messaging and behavior change programming around the prevention of SGBV.

The intended audience of the evaluation report findings includes the UNTF, UN Women in Cambodia, WHI Project Team, the training organizations (SSC and Hagar), the project implementers including DoWA, DoSAVY and CCWC service providers, relevant national, provincial and district government counterparts, especially MoWA and MoSAVY, as well as relevant NGOs working in the field of VAWG and SGBV prevention and response in Cambodia.

The external evaluation took place from August to November 2018 in the final two quarters of the project that is scheduled to end on 31 December 2018. The timing of the evaluation was to ensure that the evaluation team was able to observe on-going and planned training and activities in the field as well as to gain access to the project team and partner staff, as well as other project stakeholders, including trainees.

4. Evaluation Objectives and Scope

4.1 Scope of the Evaluation

The focus and scope of the evaluation is determined by the evaluation objectives, criteria and questions.

The evaluation covers the entire project duration, from 1 January 2016 to 30 December 2018 (with field work up to the end of October 2018), in the four project target districts in Kampong Speu province (Borseth, Oudong, Thpong and Samrong Tong). The evaluation covers the target primary beneficiaries (women and girls vulnerable to violence and exploitation in the target communities and women and girls survivors (clients) of sexual and gender-based violence directly targeted by the project), government social and welfare workers participating in the training and project activities (DoSAVY, DoWA and CCWC members), secondary beneficiaries (men and boys in the target areas, uniformed personnel, education professionals, government officials and the general public who benefited from greater knowledge of SGBV and women's rights) as well as other stakeholders, including implementing partners and collaborating agencies.

4.2 Objectives of the Evaluation

The overall objectives of the final evaluation are:

- To evaluate the relevance of the project within the country context, answering the question of whether the initiative responded to the issues.
- To evaluate the effectiveness of the action, examining factors contributing to the achievement of the results in time.
- To evaluate efficiency in the use and allocation of resources and in the managing, monitoring and documentation of the program, answering the question of whether the value for money was acceptable.
- To evaluate the sustainability of the project, reviewing the level of ownership stakeholders have and understanding whether the action can and will continue post-implementation.
- To generate key lessons learned and identify best practices, as well as make recommendations on the future direction of programming promoting the objectives of the Enhancing Responses project, to reduce gender-based violence and empower and support victims.

4.3 Key Limitations and Challenges

- Many women aged 18-35 were working in nearby garment factories during the day (except Sunday), and were not present in the villages during the administering of the survey.
- Some of the FGDs with women included female village representatives, which meant some participants dominated the conversation while others deferred to their authority. This was mitigated by holding many FGDs with women in different locations to identify common trends, by the strong facilitation skills of the evaluation team, which ensured that a majority of the participants' voices were heard and captured and triangulation of data from other interviews and survey responses.
- Some of the FGDs with men included men who committed domestic violence (DV), so other men were reluctant to discuss the actual situation of violence against women and girls in the village freely. They explained this afterwards to the evaluation team.
- Some of the men in the villages were drinking alcohol during the day so the survey administrators did not interview them. Some male participants of the FGDs were drunk which also caused some tension/ discomfort in the interactions of the group discussion.
- The evaluation took place in the final four months of the project, meaning some activities had not been completed. As such, though data continued to be updated through the final month of the project, a few activities, such as the special outreach event during the 16 Days of Activism to End Violence Against women, and their impact were not captured.
- The evaluation team relied on the WHI project team through the CCWCs and Village Authorities to invite participants to the FGDs with women and men in the randomly selected villages. As such the selection of FGD participants in the villages was not random, but based on a combination of factors such as village leader identifying participants, villagers availability and their willingness to join.

5. Evaluation Team

5.1 Description of Evaluation Team

The consultant team included an Expatriate Lead Consultant (female), a National Associate Consultant (male), two experienced national Facilitators/Interviewers with GBV/Social Work and NGO/Young Women Leadership backgrounds (female), and two national assistants/documenters (one female and one male) to administer the surveys. The CVs of the two lead evaluation team members and brief biographies of the facilitators and assistants are included in Annex 8, 9 and 10.

The Lead and Associate Consultants jointly planned the final evaluation design, including the methodology, tools and work plan at the outset, divided stakeholder interviews among the team's language and expertise and conducted some key stakeholder interviews jointly. The Lead Consultant participated in interviews with women, girls and survivors, government service providers, government officials as well as project partners and implementers. The Associate Consultant led the interviews with men and boys, as well as conducted interviews with government service providers, government officials, project partners and other project stakeholders. The two female facilitators conducted interviews and FGDs with women, girls and survivors of violence as well as government service providers and project partners directly involved in the project. The two assistants administered the community survey, with women interviewing women and girls only and men interviewing men and boys. They also assisted as needed with interviewing some government social workers and local authorities as well as conducting FGDs with beneficiaries.

All team members wrote up and translated interview and FGD notes, and these were double checked for accuracy among other team members. The team reviewed and analyzed data and findings together to triangulate the data, find common themes, draw conclusions and discuss recommendations. The Lead Consultant prepared the inception report, draft and final evaluation reports with assistance from the Associate Consultant who provided input on relevant sections of the report following the evaluation criteria. The Associate Consultant managed the logistics of field work operations, translated all evaluation tools and guiding questions into Khmer, trained the team members on survey administration, evaluation guidelines and ethics and supervised the administration of the community survey, including pre-test and revisions. He also oversaw data entry and generated reports from SPSS and Excel for the community survey results.

5.2 Work plan of Evaluation Team

The work plan of the evaluation team included four phases, the inception stage, the data collection and analysis stage, the synthesis and reporting stage as well as the executive summary stage, from 22 August 2018 to 16 November 2018 as described in the terms of reference. The inception stage covered a two-week period from 14 to 30 August 2018 with a desk review of key project documents, several meetings with WHI project management, design of the evaluation methods, field work logistics and preparation and finalization of the inception report. The data collection and analysis stage, including literature review and document research, field visits to administer survey questionnaires, conducting interviews and focus group discussions with stakeholders, and observing

trainings and activities took place from 3 September to 3 October 2018. The synthesis and reporting stage, including preparing draft evaluation reports and conducting validation meetings took place from 1 October to 15 November 2018. The final evaluation report, including the executive summary was completed in January 2019, after the review and incorporation of feedback from different project stakeholders, including WHI, SSC, Hagar, UN Women, UNTF, and some DoSAVY, DoWA and CCWC trainees.

6. Evaluation Questions with evaluation criteria

Evaluation Criteria	Mandatory Evaluation Questions
Effectiveness	<ol style="list-style-type: none"> 1) To what extent were the intended project goal, outcomes and outputs achieved and how? 2) To what extent did the project reach the target beneficiaries at the project and outcome levels? How many beneficiaries have been reached? 3) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
Relevance	<ol style="list-style-type: none"> 4) To what extent are the project goal, strategy and activities as originally conceived, relevant in responding to the needs of female survivors of gender-based violence? 5) To what extent were the achieved results (project outcomes and outputs) relevant to the needs of female survivors affected by gender-based violence?
Efficiency	<ol style="list-style-type: none"> 6) How cost efficient was the project in terms of financial investment and outcome? 7) Was the project implemented in a timely manner, in accordance with the Project Document? 8) How efficient were management and coordination for the project? 9) What constraints, if any, affected the efficiency of project activity implementation? What efforts were made to overcome these challenges?
Impact	<ol style="list-style-type: none"> 10) To what extent has this project generated positive changes in the lives of targeted (and non-target) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of these women and/or girls? Please describe those changes. 11) What unintended consequences (positive and negative) resulted from the project, for stakeholders and project partners? 12) What policy recommendations should come from the implementation and lessons learned from the project?
Sustainability	<ol style="list-style-type: none"> 13) How are the achieved results going to be sustained after this project ends, especially the positive changes generated by the project in the lives of women and girls at the project goal level? 14) What elements of the project (in order of priority) should continue if further funding becomes available?

Gender Equality and Human Rights-Based Approach	<p>15) How did the intervention contribute to the empowerment of rights holders to demand and duty bearers to fulfill Human Rights (HR) & Gender Equality (GE) norms?</p> <p>16) Were there any constraints (e.g. political, practical, bureaucratic) to addressing HR & GE efficiently during implementation? What level of effort was made to overcome these challenges?</p>
Knowledge Generation	<p>17) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?</p> <p>18) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?</p>

7. Evaluation Design and Methodology

Sub-sections	Inputs by Evaluator Consultant
Description of evaluation design	<p>The final project evaluation was conducted by the Evaluation Consultant Team and took place from 14 August to 30 November 2018.</p> <p>The evaluation was designed from post-test without comparison group as per data provided in the baseline survey. Comparison of data from the baseline and bi-annual surveys and focus group discussions with target beneficiaries as well as information from pre and post-tests collected through training and regular monitoring reports were included. Together this forms an integral part of the analysis and reporting against project indicators and relevant evaluation criteria. The design of the external evaluation included both quantitative and qualitative methods to measure progress against project indicators as well as evaluation criteria through structured community surveys, key informant interviews, focus group discussions, observations of project activities and information from the desk review of project documents and other reports. The consultant team prepared the structured questionnaires and guiding questions in consultation and with input from the WHI Project Team. The consultant team gathered information from all project implementers and stakeholder groups through interviews, observations, existing project documents, external reports and other sources.</p> <p>As per the evaluation Terms of Reference, the evaluation addressed the criteria of <i>effectiveness, relevance, efficiency, sustainability, impact, gender equality and human rights based approach and knowledge generation</i> and answers the key questions in Section 6.</p> <p>Data collection took place over a period of four to six weeks from 3 September to early October 2018, including the inception and synthesis stages, in the target districts in Kampong Speu and Phnom Penh according to the schedule and availability of stakeholders. An overview of the evaluation design and methodology is also found in the final inception report and in Annex 2.</p>

Data Sources	<p>The evaluation included all primary and secondary beneficiary groups in the data and information collection process in the four target districts of Kampong Speu province, as well as project implementers and other key stakeholder groups. Data was gathered through a combination of qualitative and quantitative methods:</p> <ul style="list-style-type: none"> • Desk review of relevant documents including the project proposal, annual and progress reports, baseline and bi-annual community surveys, training lessons and materials, Outreach Event materials, regular supervision, coaching and activity reports, national plans and other studies relevant to the project. A full list of documents reviewed can be found in Annex 7. • An End line Community Survey with structured questionnaires with target beneficiaries, including women/high school girls, and men/high school boys, in the community, at selected garment factories and high schools in the target districts where Outreach Events took place. • Key informant interviews (KII) with the WHI project team, government social workers (DoWA, DoSAVY and CCWC), NGO training partners, UN Women, UNTF, local authorities, police and other relevant stakeholders. The list of stakeholders interviewed can be found in Annex 6. • Focus Group Discussions (FGD) with women, men, high school girls, high school boys, female and male garment factory workers, separated by gender and target group, and government social workers (DoWA, DoSAVY and CCWC) participating in the project. The list of FGDs can be found in Annex 6. • Observations of project activities including SSC and Hagar training sessions, Outreach Events, Group Therapy and Group Supervision sessions. The list of activities observed can be found in Annex 6.
Description of data collection methods and analysis	<p>End line Community Survey</p> <p>The End line Community survey (structured questionnaire) based on the project goal, outcomes and output indicators, was administered individually with project target beneficiaries. The structured questionnaire was revised and expanded from the initial baseline survey based on the project log frame, was pre-tested in the field and revised accordingly. Female data collectors surveyed women and girls and male data collectors surveyed men and boys individually to gather information against the baseline and bi-annual community surveys to determine changes from project interventions. Each individual survey took between 20-25 minutes to administer.</p> <p><i>Community Survey Questionnaire</i></p> <ol style="list-style-type: none"> 1. Total participants surveyed = 377 persons 2. Total Female surveyed = 198 women/girls 3. Total Male surveyed = 179 men/boys <p>Key Informant Interviews, Focus Group Discussions, Case Studies and Observation of Activities</p>

	<p>Consultations took place in person in target districts and Phnom Penh using semi-structured KII and FGD guides. KIIs were conducted individually or in small groups (typically two to three people), depending on availability. FGDs were held separately with women/girls and men/boys in community places, district government offices, garment factory sites and high school classrooms depending of the target group and area.</p> <ol style="list-style-type: none"> 1. The KII and FGD guides were developed for each stakeholder group to guide the discussion and gather information on key themes based on the evaluation criteria and the project log frame and indicators. The KIIs took between 45-60 minutes and FGDs took between 60 to 90 minutes. 2. Case Studies focusing on most significant change were conducted with a selection of participating government social workers, CCWC members and a client, to highlight changes in knowledge, attitudes and practices of key target groups. 3. Visits were made to observe regular project activities such as the training sessions with government social workers, Outreach Events, Group Therapy and Group Supervision sessions, using observation check list forms. <p><i>Key Informant Interviews/Case Studies:</i></p> <ol style="list-style-type: none"> 1. Project Partners: 10 persons-WHI (3M, 1F), SSC (4F), Hagar (2M) 2. Government Social Workers: 8 persons- DoWA (2 F), DoSAVY (3M, 1F) 3. CCWC members: 3 women 4. Clients/Survivors of SGBV: 3 women 5. Local Authorities, Police, Health Official: 7 persons (6 M, 1 F) 6. Provincial and National Government Officials: 4 persons (2 M, 2F) 7. NGOs, RUPP, UN Women and UNTF: 6 persons (5 M; 1 F) <p><i>Focus Group Discussions:</i></p> <ol style="list-style-type: none"> 1. Community Women, Female Garment Factory Workers and High School Students (Girls): 7 groups x 6-10 persons = 52 women/girls 2. Community men, Male Garment Factory Workers and High School Students (boys): 7 groups x 4-8 persons = 46 men/boys 3. Government Social Workers (DoWA/DoSAVY): 2 groups = 6 persons (4F, 2M) 4. CCWC members: 4 groups = 14 persons (All women) 5. Clients/Survivors of SGBV: 2 groups = 8 women <p><i>Observation and Site Visits:</i></p> <ol style="list-style-type: none"> 1. Group Therapy Sessions with: 2 groups = 8 women 2. Group Supervision with DoSAVY and DoWA: 1 time with 3 persons (3F) 3. Training Session at Hagar with DoWA and DoSAVY: 1 time 4. Training Session at SSC with CCWC: 1 time 5. Outreach Event: 1 time with @58 community members (50F; 8M)
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	<p>Analysis</p> <p>Analysis of information was based on project evaluation criteria and the evaluation questions. The information from the desk review, including the baseline and bi-annual surveys and project documents and reports, and from different participatory techniques, stakeholder groups and data sources was assessed for common recurring themes and subthemes. Patterns and themes were then compiled for each evaluation criteria.</p> <p>For the community survey structured questionnaires, responses were tabulated on paper forms, double-checked for quality and any errors corrected in the field by the field supervisor of the consultant team. SPSS was used for data encoding and analysis based on the structured questionnaire, project objectives and baseline survey, with MS Excel used for subsequent processing. Analysis of data was disaggregated by various factors such as gender, age, marital status, and occupation. Findings are presented in quantitative figures, with tables to illustrate key findings.</p> <p>All interviews were conducted and written up in Khmer (or English as appropriate), and translated into English and double-checked for accuracy. Analysis of qualitative methods was based on evaluation objectives, evaluation criteria and interview questions. The information from different participatory techniques and stakeholder groups has been assessed for common recurring themes, triangulated across methods and groups and reviewed against progress reports, survey findings and desk review findings. Quotes from FGDs/KIIs are used to illustrate the findings from the quantitative data. Information from qualitative methods provides in-depth information and additional evidence to support findings from the end line survey results, as well as results from the pre-post test, training reports, progress reports, community surveys, and literature/desk review.</p> <p>Feedback discussions/workshops on preliminary findings from the evaluation were held with different stakeholder groups including: 1) WHI, Hagar, SSC and UN Women, and 2) selected DoSAVY and DoWA social workers and CCWC members (6 persons) in the province. Discussions included review of findings and recommendations for future interventions.</p>
Description of sampling	<p>The evaluation included primary and secondary beneficiaries and key stakeholders in the four target districts in Kampong Speu and in Phnom Penh.</p> <p>Quantitative Community Survey:</p> <p>The sample size was calculated within the parameters of a Margin of Error of 0.05 and Confidence Level of 0.95 using the Survey System Calculator⁶. Of the 12,500</p>

⁶ <https://www.surveysystem.com/sscalc.htm>

	<p>women and girls and 9,000 community members in 52 communes targeted for outreach events, 10,718 participants had attended at least 1 outreach event by end of June 2018, so a total of 377 participants were selected for interviews.</p> <p>Using the WHI Outreach Event database and to ensure geographical representation, 12 of the 52 communes (3 per district) were randomly selected and a list of villages for each commune was drawn up for the community survey based on sufficient numbers (at least 50 persons) of participants attending the Outreach Events to ensure there were enough participants available for the survey. WHI contacted the relevant CCWC members who informed the Commune Councils (CC) and Village Authorities of the community survey in advance. Survey administrators randomly selected villagers to interview, going house to house. In the end, a total of 11 villages in 10 communes were visited, with 1 village in each of 9 communes, and 2 villages in 1 commune. The evaluation team had reached the target number of survey respondents in 11 villages in 10 communes, and the remaining 2 target communes included surveys with garment factor workers and high schools students in 2 different communes. Please see Annex 6 for details.</p> <p>In addition, two out of five garment factories that participated in WHI Outreach Events were selected from the Outreach Event database in consultation with WHI based on their availability. Survey participants included some garment factory workers, both male and female, who participated in WHI Outreach Events. Following the FGDs, the survey team randomly approached and interviewed workers using the questionnaire on their lunch break.</p> <p>In addition, two out of four high schools that participated in WHI Outreach Events were selected from the Outreach Event database in consultation with WHI based on their availability. Survey participants included some Grade 11 and 12 high school students, both girls and boys, who participated in WHI Outreach Events. With the consent of the School Director, the survey team randomly approached students and interviewed them at the school grounds before and after classes.</p> <p>Qualitative Methods:</p> <p>A combination of purposeful qualitative and convenience sampling was used to identify key informants who could best help the evaluation team understand the project. Participants were selected based on their relevance and involvement with the project.</p> <p>All four current WHI project team members were interviewed. For the NGO project partners, Hagar and SSC, the designated contact person(s) and training team for the Enhancing Responses project were interviewed as they were</p>
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	<p>directly involved with and have the best understanding of project implementation.</p> <p>For the government project partners and trainees, DoWA and DoSAVY and CCWCs, participants from all 4 districts were selected from the trainee participant lists (2016, 2017, and 2018) and invited to participate in either FGDs or KIIs with the evaluation team in consultation with WHI. For DoWA and DoSAVY, 37 percent of all the trainees participated in interviews. For CCWCs, 4-5 participants per district were invited to FGDs or KIIs with the logistical assistance of WHI, based their availability. Approximately 40 percent of CCWC trainees participated in the interviews.</p> <p>To ensure geographical representation, a total of 14 FGDs in 6 communes, (2-3 communes per district) in the four target districts, were held with target beneficiaries who also participated in the community survey, including women/girls and men/boys. This represents 100 percent of the districts and over 10 percent of the communes per district (15) and of the total communes (52). Communes were selected from the WHI Outreach Event database. Random convenience sampling was utilized for FGDs to ensure community men and women who attended outreach events were invited, with the support of the CCWCs, Village Chiefs and Deputy Village Chiefs. Three FGDs with vulnerable women and 3 FGDs with community men were conducted in 3 villages in 3 communes in 3 districts. Two FGDs with female garment factory workers and 2 FGDs with male garment factory workers were held in 2 different garment factories in 1 commune in 1 district and 2 FGDs with high school girls and 2 FGD with high school boys were held in 2 different high schools in 2 different districts and communes.</p> <p>FGDs with female survivors of violence were held with clients attending group therapy sessions organized by DoWA and DoSAVY, with support from WHI. KII with female survivors were selected in advance by the social workers, and asked for their permission to be interviewed.</p> <p>For local authorities, two village chiefs and two commune police officials were randomly selected for short interviews in the villages and communes where FGDs and surveys were organized. A deputy village chief was also approached and interviewed spontaneously as was a village security guard.</p> <p>Two out of the four high schools and two out of the five garment factories in Samrong Tong district participating in WHI Outreach Events were selected for FGDs based on availability in consultation with WHI. Participants were invited by the Garment Factory contact person to take part in the FGDs and individual</p>
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	<p>interviews. Students were selected and invited by the School Director to take part in the FGDs and interviewed.</p> <p>Other stakeholders, including ministry and provincial officials (MoSAVY, PDoSAVY, PDoWA, Deputy Governor, NGOs, RUPP, UN Women and UNTF Portfolio Manager) were chosen for their knowledge and/or involvement in the project. WHI provided us with the contact list and organized appointments.</p> <p>The baseline, bi-annual and end line indicators have been included in the final evaluation report as well as relevant SGBV statistics from national surveys such as the CDHS 2014, Neary Rattanak IV, NAPVAW II, the 2015 National Survey on Women's Health and Life Experiences in Cambodia and the 2013 Cambodian Violence Against Children Survey (CVACS).</p>
Description of ethical considerations in the evaluation	<p>The guiding principles of this external evaluation include 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. As the evaluation team interviewed stakeholders involved in SGBV prevention and response, a review of ethical considerations as outlined in the UN Evaluation Group (UNEG) Ethical Guidelines for Evaluation, UNEG Code of Conduct, World Health Organization <i>Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women</i>, <i>Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence</i>, Sexual Violence Research Initiative and UN Women Evaluation <i>Handbook: How to manage gender responsive evaluation</i> documents was undertaken.</p> <p>Of key importance is to respect people's right to provide information in confidence and make people aware of the scope and limits of confidentiality. This entails ensuring the safety and confidentiality of participants and information, respecting participant's decisions and choices, making sure participants are not harmed during the process and making available sources of help. The following measures were undertaken:</p> <p>Safety and Training: The consultant team members held a half day review session on the key documents above to ensure the key ethical principles including safety, informed consent, confidentiality and privacy of responses, voluntary nature of participation as well as recognizing potential signs of stress or behaviors that might occur during interviews. Appropriate responses were discussed, including asking if the participant wishes to stop the interview and providing referrals to local support services. Written information on social, health and legal services was on hand.</p> <p>Informed consent and confidentiality: All people interviewed were informed of the purpose of the external evaluation, the confidentiality of their responses and the use of the information for the final evaluation report. All participants were</p>

	<p>asked for their verbal consent prior to administering the interviews, informed their participation was voluntary, with the freedom to stop the interview or not answer questions at any time without repercussions. No names or pictures were used in the report, except for case studies with the expressed consent of the participants.</p> <p>Gender sensitivity: Stakeholders were interviewed separately taking into account their gender and positions of authority. Individuals were interviewed in a private setting away from others to limit outside disturbances and were not pressured for answers. FGD were held separately with women, female garment workers and high school girls as with men, male garment workers and high school boys to account for gender and age differences.</p> <p>Female consultant team members interviewed primary beneficiaries including women and girls vulnerable to violence and exploitation and survivors of sexual and gender-based violence, including in-depth interviews, case studies and focus group discussions. Male consultant team members interviewed men and boys in FGDs. Both female and male consultant team members interviewed government social and welfare workers, including male and female DoSAVY and DoWA officials and CCWC members as well as project implementers, partners and other stakeholders.</p> <p>Child Protection and Safety: The team leaders briefed all team members on the WHI Child Protection Policy content as part of the training session. No girls or boys under the age of 18 were interviewed or surveyed individually as part of this evaluation, except for participating high school students and with the express informed consent of both the School Director and the student. Only girls and boys who participated in the Outreach Events at the selected high schools were asked to volunteer to participate in the survey questionnaire and FGDs (separate girls and boys), with the express invitation and consent of the School Director, in accordance with WHI Child Protection Policy and Guidelines.</p> <p>Integrity of reporting: Only the consultant team has access to the Questionnaire survey, KII, FGDs and Observation notes. The individual Questionnaire survey, KII, and FGD transcripts in English and Khmer will eventually be destroyed and/or handed over to WHI as necessary for safekeeping and all documents will be marked confidential. Names and positions of people interviewed are not included, except for case studies, to ensure confidentiality of reporting.</p>
Limitations of the evaluation methodology used	<p>The information collected through the quantitative and qualitative questions and discussions with stakeholders depends on the willingness of interviewees to provide honest information and feedback on their own personal and family situation, their community and of project interventions. It is not possible to independently verify the accuracy of all information, however this was mitigated by interviewing different stakeholders on similar topics and by including information from different reports and studies, including the baseline, bi-annual and final surveys and interviews and any pre-post tests conducted, as a means to triangulate and verify the data collected.</p>

	<p>Due to the sensitive nature of SGBV, the need to respect survivor's privacy, and to adhere to the "do no harm principle" we had limited direct access to the SGBV clients in the project. In addition, time constraints prevented the consultant team from travelling hours to interview individual clients one at a time in their home, so we were only able to interview 11 clients. As such this evaluation also relies on WHI client satisfaction surveys, DoWA/DoSAVY and CCWC client assessments as well as the WHI client database for additional information to inform the evaluation results. However the few interviews conducted with survivors of SGBV did provide some rich in-depth information on project interventions, services and responses to SGBV to supplement information from the other interviews, surveys and progress reports.</p> <p>The evaluation team relied on the WHI project team through the CCWCs and Village Authorities to invite participants to the FGDs with women and men in the randomly selected villages. As such probability sampling method was not applied, so FGD participants were selected based on a combination of factors including their availability and willingness to join. The same was true for FGDs with the garment factory workers and high school students who were selected and invited by the garment factory managers and high school principals, respectively. Information from the FGDs was triangulated with other data sources and the survey for comparison.</p> <p>There are limited formal reports and/or access to formal records kept by government social workers and commune authorities in which to verify reports of SGBV cases. As such it was difficult to ascertain the level and quality of recording and reporting information on SGBV cases in accordance to case management guidelines based on the lack of project or government case forms.</p>
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8. Demographic Information of Stakeholders

8.1 Community survey with primary and secondary beneficiaries

8.1.1 Geographic distribution

The community survey was conducted in 11 villages in 10 of the target communes (1 village per commune (9), and 2 villages in 1 commune) in the 4 target districts of Kampong Speu province with 377 respondents, including 198 females (53 percent) and 179 (47 percent) males. The sample size was fairly evenly spread between districts as follows: 90 respondents in 3 communes in Oudong, 92 respondents in 3 communes Thpong, 101 respondents in 2 communes in Samrong Thong (including 2 garment factories) and 94 respondents in 2 communes in Borseth districts.

Table 8.1.1: Female and Male respondents in community survey per district

	District	Total respondents	Female respondents	Male respondents
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		(N=377)		(N=198)		(N=179)	
		#	%	#	%	#	%
1	Oudong	90	24	44	22	46	26
2	Thpong	92	24	42	21	50	28
3	Samrong Thong	101	27	55	28	46	26
4	Borseth	94	25	57	29	37	20

Source: WHI Enhancing Responses Project End line Survey, September 2018

8.1.2 Attendance at Outreach Events

Of the total respondents surveyed (N=377), 115 respondents (30 percent) had attended an Outreach Event, 192 respondents (51 percent) had heard but had not attended an Outreach Event and 70 respondents (19 percent) had never attended or heard of the Outreach Event. Of the total respondents, fewer women than men (24 vs. 38 percent) reported they had attended an Outreach Event, which contradicts the WHI Outreach Events attendance lists and database which showed a higher percentage of women (56 percent) than men (44 percent) joining the events. (Table 8.1.2a) This difference can be partly explained as men said they attended meetings organized by the village leaders, police and commune authorities in which the topic of domestic violence and the commune safety village policy had been discussed, but they were not able to distinguish between the different meetings and organizers. They also mentioned hearing prevention of violence against women and girl messages through different sources such as social media, TV, radio and at the workplace.

Table 8.1.2a: Female and Male respondents participated in Outreach Events

	Outreach Event	Total respondents (N=377)		Female respondents (N=198)		Male respondents (N=179)	
		#	%	#	%	#	%
1	Attended OE	115	30	47	24	68	38
2	Heard of but did not attend OE	192	51	113	57	79	44
3	Did not attend OE / had not heard	70	19	38	19	32	18

Source: WHI Enhancing Responses Project End line Survey, September 2018

According to the survey, more men than women (59 vs. 41 percent) respondents said they attended the Outreach Events while more women than men (59 vs. 41 percent) said they had heard of but had not attended an Outreach Event. The responses are different than the Outreach Event attendance list / database which has significantly more women than men (80 percent vs. 20 percent) attending Outreach Events.

Table 8.1.2b Female and Male respondents participated in Outreach Events as a percentage

	Outreach Event	Attended OE (N=115)		Heard but did not attend OE (N=192)		Did not attend OE / had not heard (N=70)	
		#	%	#	%	#	%
1	Female respondents (N=198)	47	41	113	59	38	54

2	Male respondents (N=179)	68	59	79	41	32	46
	Total	115	100	192	100	70	100

Source: WHI Enhancing Responses Project End line Survey, September 2018

8.1.3 Age, Education and Occupation of survey respondents

The age range of respondents was 16 to over 60 years of age including 5 percent of high school students' aged 16-17. Fewer women than men (46 vs. 64 percent) between the ages of 21-40 years participated in the survey as the majority of these women in this age group were outside the village working in the factories during the day. A greater percentage of women than men over the age of 40 (40 vs. 20 percent) participated in the survey. (Table 8.1.3a)

Table 8.1.3a: Age range of female and male respondents in community survey

	Age	Total respondents (N=377)		Female respondents (N=198)		Male respondents (N=179)	
		#	%	#	%	#	%
1	16-17 years	20	5	13	7	7	4
2	18-20 years	39	10	15	8	24	13
3	21-30 years	93	25	40	20	53	30
5	31-40 years	111	29	51	26	60	34
6	41-50 years	64	17	41	21	23	13
7	51-60 years	43	11	34	17	9	5
8	60+ years	7	2	4	2	3	2
	Total	377	100	198	100	179	100

Source: WHI Enhancing Responses Project End line Survey, September 2018

Women respondents had significantly less education than men respondents. Half of the women respondents had only attended some grades in primary school, one in five (21 percent) had no schooling at all and 28 percent had some secondary school education. Only 7 percent of men respondents had no schooling, while more than half (54 percent) had some secondary school education. (Table 8.1.3b) This is partly explained as more women over the age of forty than men (40 vs. 20 percent) participated in the survey. Findings from the CDHS 2014 show that the percentage of women experiencing physical violence is associated with lower levels of education of women and is significantly higher for women with no education (31 percent) compared to women with some secondary school education (12 percent). (CDHS 2014)

Table 8.1.3b: Education level of survey respondents

	Education Level	Total respondents (N=377)		Female respondents (N=198)		Male respondents (N=179)	
		#	%	#	%	#	%
1	No School	55	15	42	21	13	7
2	Literacy Class	2	1	2	1	0	0
3	Primary School: Grades 1-6	166	44	98	50	68	38
5	Lower Secondary School: Grade 7-9	54	25	38	19	56	31

6	Upper Secondary School: Grade 10-12	59	16	18	9	41	23
7	University or higher	1	0	0	0	1	1
	Total	377	100	198	100	179	100

Source: WHI Enhancing Responses Project End line Survey, September 2018

The main occupations identified by both women and men respondents were farming and garment factory worker, followed by small trader/seller for women and construction worker for men. Fewer high school girls were interviewed than high school boys. (Table 8.1.3c)

Table 8.1.3c Main occupation of survey respondents

	Main Occupation	Total respondents (N=377)		Female respondents (N=198)		Male respondents (N=179)	
		#	%	#	%	#	%
1	Farming	148	39	72	36	76	42
2	Garment Factory Worker	83	22	51	26	32	18
3	Trader/Seller	44	12	33	17	11	6
4	Construction Worker	26	7	2	1	24	13
5	Housewife	18	5	18	9	0	0
6	Not Working	14	4	9	5	5	3
7	Government Social Service Provider	3	1	1	1	2	1
8	Uniformed Personnel (Police/Army)	1	0	0	0	1	1
9	Other (motor repair, dry dock worker)	6	2	0	0	6	3
10	High School Student	32	8	12	6	20	11
11	University Student	2	1	0	0	2	1
	Total	377	100	198	100	179	100

Source: WHI Enhancing Responses Project End line Survey, September 2018

8.1.4 Marital Status and No of Children of survey respondents

The vast majority of women (63 percent) and men (77 percent) respondents were married, living with their spouse (overall 69 percent). Slightly more single, never married men were survey respondents compared to women (22 vs. 16 percent). No divorced or widowed men were interviewed while 14 percent of women surveyed were either divorced or widowed. (Table 8.1.4a)

Table 8.1.4a: Marital status of survey respondents

	Marital Status	Total respondents (N=377)		Female respondents (N=198)		Male respondents (N=179)	
		#	%	#	%	#	%
1	Single/Never Married	72	19	32	16	40	22
2	Married, live with husband/wife	262	69	124	63	138	77
3	Married, live separate from spouse	17	5	16	8	1	1

4	Divorced	13	3	13	7	0	0
5	Widowed	13	3	13	7	0	0
	Total	377	100	198	100	179	100

Source: WHI Enhancing Responses Project End line Survey, September 2018

The majority of survey respondents had 1, 2 or 3 children (51 percent), while significantly more women than men respondents had 4 or more children (30 vs. 12 percent). (Table 8.1.4b) The percentage of married women experiencing physical violence (DV) is generally higher for women who have five or more children (39 percent) than other women. (CDHS 2014)

Table 8.1.4b: No of children of survey respondents

	No. of children	Total respondents (N=377)		Female respondents (N=198)		Male respondents (N=179)	
		#	%	#	%	#	%
1	0	90	24	44	22	46	26
2	1	66	18	28	14	38	21
3	2 or 3	140	37	68	34	72	40
4	4 or 5	50	13	35	18	15	8
5	6 or more	31	8	23	12	8	4
	Total	377	100	198	100	179	100

Source: WHI Enhancing Responses Project End line Survey, September 2018

8.2 FGD and KII with primary and secondary beneficiaries

8.2.1 Profile of community women/girls and men/boys in FGDs

Community Women: Of the 25 community women participating in FGDs, 84 percent were between 41 and 60 years of ages (only 1 was younger at 36 years), all were married (21 women) or widowed (3 women) except for 1 single woman. The number of children of the married/widowed women ranged from 1-10, with an average of 4-5 children. The education level of women FGD participants ranged from no schooling (5 women) to 10th Grade (1 woman), with the vast majority of women (13 persons or 52 percent) having only some primary school education (Grade 1-6).

Female Garment Factory Workers: The female garment factory workers were significantly younger than community women. Of the 14 garment factory workers participating in FGDs, all were between the ages of 18-40, with one third between the ages of 18-20, 21-30 and 31 to 40 years of age respectively. Eight women (64 percent) were married or divorced (1 woman) and 5 women (36 percent) were single, never married. The number of children of the married/divorced women ranged from 0-3, with about half having 2 children. The education level of FGD participants ranged from no schooling (1 woman) to 10th-12th Grade (3 women), with most women having completed 6th Grade /or some lower secondary school education (10 persons or 71 percent).

Community Men: The men participating in the FGDs were younger than the community women. Of the 19 community men participating in FGDs, about one third were between the ages of 27-40; 41-50 and 51-60, with only 1 men over the age of 60 years. All were married and one man was divorced. The number of children the men had ranged from 1-9, with an average of 3-4 children. The education

level of men FGD participants ranged from Grade 1 (1 man) to 11th Grade (1 man), with the vast majority of men (11 persons or 58 percent) having some secondary school education (Grade 7-9).

Male Garment Factory Workers: The male garment factory workers were younger than community men. Of the 14 garment factory workers participating in FGDs, all were between the ages of 19-38, with about 70 percent under the age of 30 and 30 percent between 31 to 38 years of age. Half the men were married or single, never married. The number of children of the married men ranged from 1-2. The education level of FGD participants ranged from Grade 5 to Grade 9, with almost all men having completed 6th Grade /or some lower secondary school education (12 persons or 85 percent).

High School Girls and High School Boys: All the 14 high school girls participating in the FGD were in 11th or 12th Grade and were aged 16 or 17, with one young woman aged 18 years. All the 12 high school boys participating in the FGDs had completed 11th Grade, and were aged 16-18 years, with one young man aged 20 years.

8.2.2 Profile of survivors of violence in FGDs and KIIs

Of the 11 women survivors of SGBV interviewed in FGDs or individually, three women were between the ages of 30 and 40, 3 women were between 41 and 50 years old, four were over 50 years and 1 single woman was 21 years old. Eight women were currently married, two were widowed, and one young woman was single. The number of children of the married/widowed survivors ranged from 2-8, with an average of 4 children. The education level of married survivors interviewed ranged from no schooling (2 women) to Grade 8 (1 woman), with about half of the women having only 3-4 years of schooling and the remaining having studied in Grades 6-8 in lower secondary school.

8.2.3 Profile of government social workers and community actors trained

Of the 11 government social workers DoSAVY and DoWA interviewed in FGDs or KIIs, five were female DoWA officials, 2 were female DoSAVY officials and 4 were male DoSAVY officials who attended the training courses with Hagar in 2016, 2017 or 2018. The DoSAVY officials were decidedly younger than the DoWA officials. The two female DoSAVY officials were aged 24, two of the male DoSAVY officials were aged 25 and 26 and the remaining two DoSAVY managers interviewed were over 40 years. Four of the female DoWA officials interviewed were 30-33 years of age, and one DoWA manager was also over 40 years of age.

Of the 17 CCWCs interviewed in FGDs or KIIs who attended the training courses with SSC in 2016, 2017 or 2018, the vast majority of the CCWCs were over the 45 years of age, with only 3 people interviewed under 40 years, including a Deputy District Governor. According to the SSC training list only 3 or 15 percent of the CCWCs trained in 2017 were under the age of 40 compared to 7 or 50 percent in 2018.

9. Findings and Analysis

9.1 Effectiveness

Evaluation Criteria	Effectiveness
Evaluation Question 1	To what extent were the intended project goal, outcomes and outputs achieved and how?
Response to the evaluation question with analysis of key findings by the evaluation team	<p><u>Project Goal:</u> Women and girls in Samrong Tong, Borseth, Thpong, and Oudong districts of Kampong Speu feel safer from SGBV as a result of living in communities with a greater understanding and respect for the rights of women and girls and access social and legal services for survivors.</p> <p>The project made some progress towards the overall goal of increasing respect for rights of women and girls and access to social and legal services for survivors. Almost all women and girls (97 percent) and 100 percent of men and boys understand that women have a right to a life free from violence, yet 22 percent of women and girls still believed it was acceptable for women to be punished for not fulfilling their tasks. While the vast majority of women (87 percent) and men (70 percent) did not report cases of violence, of the 13 percent of women and 30 percent of men who did report cases, 80 percent of women and 87 percent of men reported directly to village authorities. (See Table 9.1.1 below)</p> <p><u>Outcome 1:</u> 400 women and girl victims of SGBV in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia are better informed about SGBV and available legal and social services.</p> <p>The project has been very successful in reaching out and providing services to 412 survivors through government service providers and Outreach Events and over 80 percent of women and girls in the community are aware of legal and social services available through the village authorities. Victims of violence received direct counseling, information on legal aid and social services, and referral services and some women participated in group therapy sessions as a support mechanism. However an alarming 70 percent of women and girls surveyed believe husbands are justified in hitting their wives for at least one reason, an indication of deeply ingrained harmful gender norms and the need for continued dissemination of information on women's rights. It is important to note that shifting gender norms around the acceptance of violence against women is an important element in the promotion and uptake of SGBV services for women.</p> <p>Under Outcome 1, the project has largely achieved Outputs 1.1 and 1.2 through a combination of trained government service providers providing information on SGBV and women's rights as well as direct counseling, referral services and mediation</p>

	<p>services to survivors of violence while Outreach Events provided participants with information of SGBV, women's rights and available services.</p> <p><u>Outcome 2: 93 government and community actors in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia better serve victims of SGBV and ensure SGBV crimes are reported.</u></p> <p>The project has been extremely successful in equipping government service providers with increased knowledge, improved attitudes, quality skills, as well as the tools to provide more gender responsive services and support for all women who experience violence. Two different series of modular trainings for government social workers, DoSAVY and DoWA, and CCWC members, combined with practical follow up coaching, supervision and reflections by project staff, enabled trainees to put their learning into practice to assist and support SGBV survivors in a truly women-client centered approach. Interviews with social service providers, training organization staff, WHI project staff, and female SGBV survivors as well as the results of pre-and post tests administered to trainees and field monitoring visit reports by WHI Project staff suggest greatly improved knowledge and skills of the trained social service providers to assist SGBV survivors with quality counseling and services.</p> <p>Under Outcome 2, the project has fully achieved Output 2.1 and Output 2.2 with essentially all trained government social workers and CCWCs showing significant improvements (averages of 30-40 percent increases) in levels of understanding of all lessons as well as demonstrating strong skills in providing counseling and referrals to survivors. Perhaps most significant is the shift in the positive attitude and orientation of service providers of putting their clients needs first and working with clients to find solutions driven by clients themselves. All planned targets were met or exceeded expectations.</p> <p><u>Outcome 3: Commune Members from 45 communes in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu respond to incidences of SGBV and protect current and potential victims of SGBV.</u></p> <p>The project has made strong progress in disseminating information on SGBV to communities (men and women) in 45 communes through Outreach Events supported by CCWCs and Village Authorities, and the end line survey showed that 80 percent of men and 70 percent of women had seen or heard messages on prevention and responses to violence. The end line survey showed that while the vast majority of women and men would contact villages authorities for support with SGBV cases, only 13 percent of women and 30 percent of men said they reported cases of violence when they observed them.</p> <p>Under Outcome 3, the project has achieved Output 3.1 by reaching 11,746 community members directly, for an estimated population based target total of 29,365 persons against a target 21,100 beneficiaries, by the end of December 2018 through</p>
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	<p>Outreach Events in villages, garment factories and high schools. Output 3.2 has been fully achieved through the training of CCWC members, CCWC direct service provision with survivors of violence and CCWC members' participating and providing information on SGBV to community members through Outreach Events.</p>
<p>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</p>	<p>The sources of data for this section include the baseline, bi-annual and end line surveys, end line FGDs and KII with target beneficiaries, including women and girls and female survivors of violence, men, boys and local authorities, trained social service providers, WHI Enhancing Project semi-annual and annual narrative reports (2016, 2017, 2018) and Hagar and SSC semi-annual and annual training reports.</p> <p><u>Project Goal:</u> Women and girls in Samrong Tong, Borseth, Thpong, Oudong districts of Kampong Speu feel safer from SGBV as a result of living in communities with a greater understanding and respect for the rights of women and girls and access social and legal services for survivors.</p> <p><u>Indicator 1:</u> Percent of persons in target districts who have reported SGBV to an authority when they knew it occurred</p> <p>About six out of 10 persons (62 percent) at the end line survey said they observed some form of violence against women and girls in their community, with similar percentages between women (59 percent) and men (64 percent). Overall the vast majority of all persons (N=377, 79 percent) said they never reported cases of violence with 16 percent reporting sometimes and 5 percent reporting often. More women and girls (N=198, 87 percent) than men and boys (N=179, 70 percent) never reported cases of violence, with 13 percent of women and girls and 30 percent of men and boys sometimes or often reporting cases of violence to authorities. There is little change from the baseline survey results that showed 24 percent of all respondents (women and men) reporting cases of violence, 38 percent did not report any cases of violence while another 38 percent had either not observed violence or did not answer. Interviews with different stakeholders at the end line survey and validation of evaluation findings meetings with service providers and project implementers indicated that stigma, shame and the feeling that domestic violence is still a “private matter that should be dealt within the family and household” remain obstacles and contribute to the hesitancy and lack of formal reporting of SGBV cases, particularly by women.</p> <p>For those respondents who did report cases of violence, the majority reported to village authorities (85 percent), village security guards (34 percent), neighbors (24 percent), police (23 percent) and/or the CC/CCWC (15 percent). Women and men reported violence cases to village authorities and neighbors at similar rates while men were far more likely than women to report to the village security guard (46 vs. 8 percent), police (31 vs. 1 percent) and CC/CCWC (20 vs. 4 percent). Only 1 person contacted DoSAVY, 1 person contacted an NGO/Legal Aid and no one contacted DoWA.</p>

Table 9.1.1: Reporting SGBV cases when observed

Q14	If observed/reported, whom did you report SGBV cases to (Multiple responses)	Female Respondents (N=25)		Male Respondents (N=54)		All Respondents (N=79)	
		#	%	#	%	#	%
1	Village Chief/Authorities	20	80	47	87	67	85
2	Police	1	4	17	31	18	23
3	Commune Council/CCWC	1	4	11	20	12	15
4	Village Security Guards	2	8	25	46	27	34
5	Neighbors	6	24	13	24	19	24
6	NGOs/Legal Aid	1	4	0	0	1	1
7	DoSAVY	0	0	1	2	1	1

Source: WHI Enhancing Responses Project End line survey, September 2018

FGDs with women and girls confirmed that the first contact point for reporting cases of violence is the village authorities, and often they contacted the female Deputy Village Chief or a female village representative. They also told neighbors and knew about the CCWC but did not report cases of violence to them directly at first. *“The Village Chief disseminated information on the DV Law, advises husbands and wives on the effect of DV on families and asks them to sign an agreement to stop fighting.”* (FGD with Women) FGDs with men and boys also revealed the Village Chief as the main contact person to solve the DV problem, followed by village security guards and police. *“We need to use the DV Law to solve the problem of violence, but it is difficult to prevent violence because men get drunk and commit violence against their wives.”* (FGD with Men, Oudong) In cases of physical or sexual violence, the police will be often be directly contacted by survivors or neighbors or referred by village leaders according to the law as village and commune authorities do not have the mandate to intervene. In cases of the more common emotional violence between spouses, village authorities will often try to “educate” or mediate between the husband and wives to solve the immediate problem.

Indicator 2: The extent to which women understand they have the right to a life free from violence

At the end line survey, almost all women and girls (97 percent) agreed that women and girls have the right to live lives free from violence, a slight increase from 94 percent at the baseline. All men at the end line survey agreed that women and girls have the right to live free from violence, the same as at the baseline survey.

The baseline survey showed that 31 percent of all respondents agreed that it was acceptable for women to receive punishment for not fulfilling their tasks.⁷ At the end line survey this had decreased significantly to 13 percent. However more women and girls (22 percent) than men and boys (5 percent) at the end line survey agreed that it was acceptable for women to receive punishment for not fulfilling their tasks, while 79 and 95 percent of women/girls and men/boys respectively disagreed or strongly disagreed. In FGDs with women, this was explained as, *“Women should not tolerate any type of physical violence in the family, as it causes pain and embarrassment. Women can tolerate shouting and yelling but not hitting to keep the family together.”* (FGD with Survivors) This is an indication of internalized harmful gender norms by women and girls in Cambodia, including high levels of acceptance of violence against women by women themselves and the urgent need for continued dissemination of women’s rights and violence prevention messages.

Indicator 3: The extent to which women feel safe in their communities as a result of living in communities with a greater understanding /respect for rights of women and girls and access social and legal services for survivors

At the end line survey, women and girls were asked if they felt safe in their communities, home and at school. The majority (59 percent) always or usually felt safe in the community while 24 percent sometimes felt safe and 17 percent never felt safe. While the majority (57 percent) of women always or usually felt safe at home, an alarming one in three (34 percent) women and girls never felt safe in their home. This is an indication that domestic violence is the most common form of violence that women experience in Cambodia and still remains a serious threat to women and girls. About half of the women and girls (49 percent) felt girls were always or usually safe at school and 17 percent never felt safe. Another 16 percent did not know. In FGDs with high school girls at the end line, some girls said they felt unsafe traveling to and from home to school alone while others mentioned that some boys teased or harassed girls at school. In the evaluation findings validation meetings with government service providers, it was also mentioned that some female students lived far from school causing worries about girl’s physical safety while traveling to and from school. It was also mentioned that male students in schools and men in the community sometimes gather in groups and talk about the “female body”, causing girls and women to feel uncomfortable and unsafe. There was no corresponding survey question at the baseline survey on women feeling safe at home, in the community or at school.

Table 9.1.2: Extent to which women and girls feel safe in their communities

		In the community	At Home (N=198)	At School (N=198)
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⁷ Baseline survey data was not disaggregated by sex

Q23-25	How often do you (women/girls) feel safe?	(N=198)					
		#	%	#	%	#	%
1	Always	81	41	90	46	68	34
2	Usually	35	18	21	11	29	15
3	Sometimes	48	24	19	10	36	18
4	Never	34	17	68	34	33	17
5	Don't know	-	-	-	-	32	16

Source: WHI Enhancing Responses Project End line survey, September 2018

At the baseline survey, FGDs with women revealed that the perpetrators of all forms of violence are from within the communities. They reported that domestic violence occurred as result of alcohol consumption and abuse, unemployment, lack of education or knowledge, as well as husbands being jealous of their wives. In FGDs with women and girls at the end line survey, husbands were also reported as the main perpetrators of violence against wives, while some high school girls mentioned parents hitting children, boys hitting girls and a few cases of men sexually assaulting girls in the village. They reported that domestic violence occurred mostly when men/husband drank alcohol, if men stayed at home but did not take care of the house or children and when husbands and wives got angry and yelled at each other. FGDs with women at the end line survey seemed to indicate a greater openness of women to discuss their own current and past domestic violence problems, how they worked with others to help solve domestic violence issues in their families and community, and their appreciation of female village representatives and networks as sources of support as compared to the baseline survey where women seemed to rely on others, such as village authorities or NGOs, to intervene with men and help solve domestic violence cases.

FGDs with men and boys at the end line survey revealed similar comments that violence came from men drinking alcohol and being drunk, men staying at home/not working but not doing household chores, and conflicts with their wives about money and expenses. Some men also blamed women for starting the conflict by yelling and cursing at their husbands first. Sexual violence is not recognized as a problem and is considered a private matter between a husband and a wife. *"Yes there is sexual violence between husbands and wives but they do not share this openly with others, nobody talks about this."* (FGD with Men/Male Garment Factory Workers) There are still some misconceptions and a lack of clear understanding about what constitutes marital rape (i.e. is it a crime? is it my duty as a wife? what is consent?), and women are embarrassed to discuss sexual relations between husbands and wives with others. A tradition of silence regarding sexual relations within marriage can hinder

	<p>reporting. <i>“One woman told other villagers her husband forced her to have sex against her will and she felt it was wrong. But her older daughter told her mother to stop spreading personal family matters to others.” (FGD with Women, Oudong)</i></p> <p>At the end line survey, women and girls reported that they would feel safer if there was more dissemination of violence prevention messages in the community (44 percent), more direct intervention with households experiencing violence (24 percent), reducing alcohol consumption / sales (19 percent) as well as more skilled SGBV service providers in villages (12 percent). Only 6 percent suggested counseling with men while 4 percent mentioned reducing gambling in the village.</p> <p>Outcome 1: 400 women and girl victims of SGBV in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia are better informed about SGBV and available legal and social services.</p> <p><u>Indicator 1: Perspectives of women and girls about the access and availability of services</u></p> <p>FGDs with women at the baseline and early bi-annual surveys revealed that police, village security guards and village authorities were main sources of SGBV services aimed at preventing and addressing “physical fighting” between husbands and wives and in the community. The women felt the SGBV services were focused mainly on perpetrators (i.e. men committing acts of violence), and stopping men from drinking alcohol and beating their wives, and not on services for women or survivors of violence. While women were aware of health services in their communities, most discussions and information messages were focused on the health challenges related to domestic violence, with little information was provided on legal aid or other services.</p> <p>At subsequent bi-annual surveys in late 2017 and early 2018, FGDs with women revealed that they all recognized the CCWC as the focal point in charge of assisting women victims of violence or those at risk of violence. At the end line, FGDs with women confirmed the important role of village leaders in counseling and conflict resolution, especially female village representatives who are usually in deputy village leader positions or village development committee volunteers, as key contact points related to SGBV services and their role in seeking assistance from CCWC as necessary. <i>“The CCWC focal point regularly comes to the village and provides information on health and domestic violence.” FGD with women.</i> In FGDs and KIIs with clients at the end line, females survivors of SGBV acknowledged the important role of the CCWCs, and to a lesser extent the role of DoWA and DoSAVY, in providing counseling, advising on different services and options, including mediation and filing for divorce proceedings. <i>“I know the CCWC member as she lives near me and I always consult with her when I have a problem with my husband.” (KII with Survivor)</i></p>
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Indicator 2: Percent of women in the commune who know of the availability of legal rights and services

Of the women and girls surveyed (N=198) at the end line survey, 86 percent relied on village authorities as their main source for information and services on conflict mediation and legal rights related to SGBV, 16 percent knew of CCWC services and 17 percent knew of the police role in providing these services. To a lesser extent, neighbors (11 percent), the village security guards (12 percent) and NGOs/Legal Aid organizations were also described as sources of assistance. Only 4 percent said they did not know of any services. When asked about filing cases of violence with courts, the majority of women (87 percent) did not know how to proceed, and only 13 were aware of this system. This is not surprising given few violence related cases actually make it to the legal system. While the general trend in knowledge was the same for men, a higher percentage of men knew of services relating to legal services and rights. There was no corresponding question or information gathered from community members at the baseline and community surveys specific to availability of legal rights and services.

Table 9.1.4: Knowledge of legal rights and services for victims of violence

Q15	Who provides legal aid/conflict mediation for victims of violence (Multiple responses)	Female Respondents (N=198)		Male Respondents (N=179)	
		#	%	#	%
1	Village Chief/Authorities	170	86	164	92
2	Police	33	17	58	32
3	Commune Council/CCWC	32	16	43	24
4	Village Security Guards	24	12	72	40
5	Neighbors	22	11	54	30
6	NGOs/Legal Aid	5	3	5	3
7	Court	1	1	2	1
8	Health services	1	1	1	1
9	DoWA/DoSAVY	0	0	3	2
10	Don't Know	7	4	3	1

Source: WHI Enhancing Responses Project End line survey, September 2018

In FGDs with women, all women mentioned village authorities as the main source for mediation in cases of domestic violence, but in more serious physical violence cases, police would normally get involved according to the law as these acts of violence against women are crimes. In FGDs and KII with survivors of violence, women were aware of their options to pursue legal action in court such as filing for divorce, however this was mentioned as time consuming and expensive.

Indicator 3: The extent to which women agree that they should tolerate violence to keep the family together

The proportion of women and girls who believe that wife beating is justified varied according to actions a wife might take. The highest number believe that wife beating is justified if the wife neglects the children, goes out without telling him or argues with him, at 35 percent, 34 percent and 24 percent, respectively. Two in ten women believe that wife beating is justified if she refuses to have sexual intercourse with him (20 percent) or if she does not prepare the meal on time (16 percent). Three percent believe that wife beating is justified if she asks him to use a condom. These proportions are similar to the CHDS 2014 findings for Kampong Speu province for all except for neglect of children, which received 35 percent approval compared to 45 percent in the CDHS 2014.

Table 9.1.5: Attitude toward wife beating (Women and Men)

Q9	Is a husband/intimate partner justified to hit his wife for the following reasons?	Female respondents (N=198)						Male respondents (N=179)					
		Yes		No		Don't know		Yes		No		Don't know	
		#	%	#	%	#	%	#	%	#	%	#	%
1	If a meal is not prepared on time/burnt	31	16	167	84	0	0	2	1	177	99	0	0
2	If she argues with him	47	24	148	75	3	1	4	2	175	98	0	0
3	If she neglects the children	69	35	124	63	5	2	8	4	170	95	1	1
4	If she goes out without telling him	68	34	121	61	9	5	4	2	173	97	2	1
5	If she refuses to have sex	37	19	135	68	26	13	3	2	176	98	0	0
6	If she asks him to use a condom	6	3	132	67	60	30	1	1	178	99	0	0

Source: WHI Enhancing Responses Project End line survey, September 2018

Seventy percent of women surveyed believe that wife beating is justified for at least one of the six reasons above, which is much higher than the CDHS 2014 findings of 54 percent for women in Kampong Speu province. This is a harmful attitude that signifies acceptance of norms that give men the right to use force against women. Only thirty percent of women and girls surveyed *rejected all six reasons* as justification for men hitting their wives. There is no corresponding figure in CDHS 2014 or the project baseline survey. Significantly, almost all men surveyed at the end (over 95 percent) rejected violence against women for all six

	<p>reasons, much higher than the CDHS 2014 findings for Kampong Speu province which showed 28 percent of men agreeing with a least one of the six reasons below.</p> <p><u>Output 1.1: Four hundred (400) women and girl victims of SGBV from 45 communes have increased knowledge about women and girls rights, consequences of GBV, GBV related services in their commune, and to receive conflict resolution services, etc.)</u></p> <p><u>Indicator 1.1.1: Percent improvement in knowledge, attitudes and skills</u></p> <p>All 412 WAG victims received information on their rights, forms of violence, available services and contact information through Outreach Events, and/or through direct interventions through CCWC or DoWA/DoSAVY. Approximately 55 survivors also participated in a series of 6-9 small group therapy sessions held monthly with about 6-8 women, led by the WHI Clinical Advisor and DoWA staff, where they learned more about their rights, gained problem solving skills, shared experiences and helped each other to address their family problems. The WHI Social Work Specialists also conducted coaching sessions and “spot checks” with CCWCs to support them during their visits with clients. Neither the baseline nor end line surveys directly measured the improvement in survivor’s knowledge, attitudes and skills in part due to confidentiality, access and ethical issues.</p> <p><u>Indicator 1.1.2: # of Women and Girls Trained</u></p> <p>As of December 2018, 412 women and girl survivors of violence received SGBV services, including 311 victims who received counseling, case management, group therapy and/or referrals to other services from government service providers, Over 100 clients also attended the Outreach Events on awareness raising on prevention and responses to SGBV.</p> <p><u>Output 1.2: Fifty (50) percent of women in target communes understand the consequences for victims (e.g. stigma, psychological issues, etc.) if an individual perpetrates an act of VAWG</u></p> <p><u>Indicator 1.2.1: Percent improvement in knowledge, attitudes and skills</u></p> <p>In response to the four separate questions asked at the end line survey: How does violence (physical, sexual, emotional, sexual) negatively affect a victim, 90 percent of women and girls surveyed identified being upset or sad as a negative impact of emotional violence on victims, followed by economic (80 percent), physical (71 percent) and sexual (57 percent). About one in three (34 percent) women saw health problems as an effect of physical violence while 20 percent understand sexual violence could result in health problems. Only about 10 percent of the women did not know of any negative impacts of physical, emotional or economic violence on victims while 22 percent did not know of any negative consequences of sexual violence on victims. It appears that more women have a much better understanding of the negative consequences of violence on victims</p>
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at the end line survey compared to the baseline survey. For example, a far greater percentage of women understand the negative emotional impact of violence on victims at the end line survey (as high as 90 percent) compared to the baseline survey (around 12 percent).

FGDs with women and girls at the end line revealed that they learned about the different forms of violence against women (physical, sexual, emotional and economic) and the harmful affect on victims of violence through direct participation in Outreach Events and from family members, friends and neighbors that attended these events and shared the information either by word of mouth or through the leaflets distributed at the event. *“Some women become upset and depressed and others don’t eat and become skinny and this affects their health.”* (FGD with women villagers) *“Some women get very stressed, lose weight, don’t take care of their children and they are not a happy family. Girls are also scared and afraid of being sexually assaulted.”* (FGDs with high school girls)

Table 9.1.6: Negative impact of violence on victims

Q18-Q21	How does violence (physical, sexual, emotional, economic) negatively affect the victim? (Multiple responses)	Female Respondents (N=198)			
		Physical	Sexual	Emotional	Economic
		%	%	%	%
1	Feels shame or stigma	10	17	5	1
2	Is sad, upset or emotionally disturbed	71	57	90	80
3	May miss work and lose income	10	1	1	14
4	May have health problems	34	20	6	1
5	Don’t Know	8	22	9	10

Source: WHI Enhancing Responses Project End line survey, September 2018

Furthermore, fewer proportion of women at the end line survey (10 and 14 percent) than at the baseline survey (67 percent) felt that the negative impact of physical or sexual violence on victims was only shame or stigma. This could be interpreted that women have a deeper and broader understanding of the range of negative consequences that violence has on women’s emotional, physical and economic health, beyond the social stigma attached with domestic violence and rape.

	<p>The baseline and bi-annual surveys included only one multiple-choice question: How does sexual and physical violence negatively affect the victim? The four answers were 1) feels shame or stigma, 2) is sad, upset or emotionally disturbed 3) may miss work or lose income and 4) all of the above and 5) Others. The survey data was not initially disaggregated for women and men respondents, which should be addressed in future project monitoring and evaluation. WHI further analysis on the data showed that 12 percent of women responded that stigma, being emotionally upset and missed income were all negative impacts of violence, 67 percent said shame and stigma were the main impact and only 6 percent said being emotionally upset were negative effects on victims facing violence.</p> <p><u>Indicator 1.2.2: # of Women and Girls Trained</u></p> <p>As of December 2018, a total of 6,528 women and girls had attended Outreach Events in villages in 45 communes in 4 districts and received information about women’s rights, types of violence and available services. WHI estimates that 16,320 women and girls against a target of 12,100 have heard or seen prevention and response messages as a result of the Outreach Events and campaigns held in villages, garment factories and high schools. WHI estimated it reached an additional 500 community people, about half who were women, with the special event to mark the end of the 16-Day campaign to end violence against women and girls on December 10, 2018. Of the women and girls respondents at the end line survey, 70 percent had seen or heard messages on prevention and responses to violence against women and girls, 21 percent had not and 9 percent did not know. At the baseline survey (July 2017), 77 percent of both men and women respondents had seen or heard of violence prevention messages and 21 percent had not, indicating little change in exposure to the information on violence against women through the project events.</p> <p>Outcome 2: 93 government and community actors in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia better serve victims of SGBV and ensure SGBV crimes are reported.</p> <p><u>Indicator 4: The extent to which government and community actors are better skilled to serve victims of SGBV and to ensure SGBV crimes are reported</u></p> <p>Hagar reported that DoSAVY and DoWA trainees attending the advanced level courses in 2018 demonstrated an average improvement of 85 percent from their pre to post scores on the lessons on Case Management Level 2. In 2017, all trainees showed increased understanding of basic counseling and 84 percent showed increased understanding and knowledge of case management in post-tests. The average improvement was 28 percent. In 2016, trainees scored an average of 19 percent improvement in knowledge and skills for the lessons in Basic Counseling 3 and Case Management 1-3 across all 7 training modules.</p>
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	<p>SSC reported that CCWC trainees in 2016, 2017 and 2018 demonstrated an overall improvement in knowledge and skills of between 21 to 25 percent across all training sessions in basic counseling/listening and types and impact of violence, according to pre and post-tests. Trainees also demonstrated improvements in positive attitudes in how to assist SGBV survivors as displayed in role-plays in training sessions.</p> <p><u>Indicator 5: Percent of training participants demonstrate ability to support mediation sessions</u></p> <p>Both DoWA/DoSAVY and CCWC trainees demonstrated good problem solving /conflict mediation skills during role-plays and on post-tests during training sessions in 2016, 2017 and 2018. In 2016, 77 percent of DoSAVY/DoWA showed strong conflict mediation skills, while 53 percent of CCWC scored at least 52 percent on problem solving post-tests compared to an average pre-test score of 20 percent. In 2017, 94 percent of DoSAVY/DoWA earned higher scores on post-tests related to counseling and cases management, while 86 percent of CCWC earned a higher score on their post-tests, with average increases of around 20 points.</p> <p>Output 2.1: Forty-eight (48) government social and welfare workers have the knowledge to provide quality-counseling, referrals, and follow-up services for SGBV victims.</p> <p><u>Indicator 2.1.1: # of government social workers trained</u></p> <p>The project trained a total of 43 government social workers (88 percent) over 3 years through modular trainings, including 13 DoSAVY/DoWA officials who were selected from the 32 previously trained officials in 2016 (16 persons) and 2017 (13 persons) and provided with advanced level courses in counseling and case management in 2018.</p> <p><u>Indicator 2.1.2: Percent improvement in knowledge, attitudes and skills</u></p> <p>All DoSAVY/DoWA trainees demonstrated improvements in 2016, 2017 and 2018, with averages post-test score improvements across all 7 lessons in 2016 and 2017 of around 28 percent and around 13 percent in 2018 for the advanced level courses.</p> <p>Output 2.2: Forty-five (45) CCWC members have knowledge and skills to provide quality counseling and conflict resolution services between victims of violence and the broader community.</p> <p><u>Indicator 2.2.1: Percent of training participants demonstrate understanding of The DV Law, other laws to protect women and girls, know how to provide referrals</u></p>
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	<p>Across CCWC cohorts in 2017 and 2018, training participants showed an average improvement of 28 and 29 percent improvement on understanding SGBV and ways to protect women and girls from violence, with 92 percent of trainees demonstrating increased understanding across all lessons. Furthermore, trainees demonstrated increasing levels of understanding at each lesson, as demonstrated by increased post-test levels though SSC training reports showed there is a large difference between individuals pre and post test scores (ie. range from 9 to 59 and 24 to 92 percent). There is a wide variation among CCWC trainees' education level and ages, which may also be a factor.</p> <p><u>Outcome 3: Commune Members from 45 communes in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu respond to incidences of SGBV and protect current and potential victims of SGBV.</u></p> <p><u>Indicator 6: Percent of community population that would refer victims of SGBV to services</u></p> <p>The end line survey showed that even though 60 percent of women and girls and 64 percent of men and boys had observed some form of violence in their community, only 13 percent of women and 30 percent of men said they reported cases of violence. Baseline and bi-annual surveys in different communities in 2016 and 2017 showed similar levels of reporting of 10 and 12 percent. FGDs with men and women at the end line survey revealed that almost everyone knew of and would “contact” the village authorities first if there were violence cases. Given the difference between what people actually reported and what they said they would report if there were violence cases, it would be useful to invest in more research for targeted prevention and response messages on violence at the beginning of the project so interventions can be designed accordingly to shift norms and affect behavior change.</p> <p><u>Indicator 7: Percent of community population aware of the existence of services that offer support to victims of SGBV</u></p> <p>Of the women and men respondents surveyed (N=377) at the end line survey, more men than women were aware of more different types of services that support victims of SGBV. Almost half (44 percent) of the women and 81 percent of men relied on village authorities as their main source of SGBV related services, followed by police, village security guards, neighbors and CCWCs. Over one in four (27 percent) women said they did not know of any services. While women and men put village leaders as the most important contact for SGBV services, women were much less likely to report that village leaders or anyone as being of assistance or help in cases of violence against women.</p> <p>The baseline survey showed 97 percent of respondents said commune authorities were main responses for SGBV, which included village authorities, and 71 percent mentioned police. These differences can be partly explained as the baseline was administered as multiple choice answers while the end line required respondents to provide specific answers. Furthermore, it</p>
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was observed that the Outreach Event messages encouraged community members to approach police and commune authorities or health services in serious cases of violence while FGDs with community members (both men and women) at the end line mentioned reliance on village authorities in less serious cases of violence, ie quarrels and verbal fighting, where informal mediation is the norm.

Table 9.1.7: Knowledge of services available for victims of violence

Q16	Services available for victims of violence (Multiple responses)	Female Respondents (N=198)		Male Respondents (N=179)		All Respondents (N=377)	
		#	%	#	%	#	%
1	Village Chief/Authorities	88	44	145	81	233	62
2	Police	37	19	64	36	101	27
3	Village Security Guards	20	10	64	36	84	22
4	Commune Council/CCWC	29	15	34	19	63	17
5	Neighbors	22	11	63	35	85	23
6	Health services	22	6	9	5	31	6
7	NGOs/Legal Aid/Court	7	4	1	1	8	2
8	DoWA/DoSAVY	0	0	2	2	2	0.6
9	Don't Know	53	27	8	4	61	16

Source: WHI Enhancing Responses Project End line survey, September 2018

Indicator 8: The extent to which commune members know how to help survivors of GBV cope after an attack

At the end line survey in separate FGD discussions with women and girls and men and boys, all participants revealed that the village chief, with support from the village security guard and police, had the responsibility to intervene, educate husbands, provide mediation with the husband and wife and solve domestic disputes. Men were more likely to cite commune police and village guards (36 percent) involvement in more serious cases of violence than women (19 and 10 percent respectively) as they dealt directly with men and husbands. While women mentioned CCWC and female village representatives as sources of advise and counseling for women, still one in four women did not know of available services. Findings are similar to the baseline survey, however anecdotally and as expressed in FGDs at the end line more women seem to be aware of and seek out female authorities as sources of support (CCWC, female village representatives) whereas men recognize the roles of village, police and commune authorities, typically male, to solve more serious domestic violence issues.

Output 3.1: Individuals from 45 communes have increased knowledge about women and girls' rights, consequences of GBV, GBV related services in their commune, how to seek help from the legal system, and to receive conflict resolution services

Indicator 3.1.1: # of communes of individuals trained

By the end of December 2018, a total of 11,746 community members including women, girls, men, boys, and government officials had attended at least 1 Outreach Event in villages, garment factories or high schools on prevention and response messages on violence against women and girls, and an additional 500 people attended the special event on 10 December 2018 in Kampong Speu province to mark the end of the 16 days Campaign to End Violence Against Women. The project estimated that at least 29,365 community members have heard of violence prevention messages by way of the Outreach Events, while an estimated 68,444 viewers followed the concert live on Facebook, or viewed or shared videos of the event. By the project end in December 2018, WHI had conducted a total of 185 Outreach Events and 5 campaigns in 45 communes in 4 districts.

Indicator 3.1.2: Percent improvement in knowledge, attitudes and skills

Pre-and post-tests administered at Outreach Events by WHI showed varying levels of improvement of participants in knowledge of types of SGBV, DV Law (94 percent), consequences of SGBV (9-61 percent), available services (77 percent), and willingness to report violence (15 percent). The end line survey (N=377) showed the following levels of understanding by all respondents of the negative impact of violence on victims, with almost twice as many women citing emotional distress across all types of violence as compared to men. Men were more likely than women to cite health problems of victims for both physical and sexual violence and lose of income. Shame and stigma were cited far less (16 percent) than at the baseline and bi-annual surveys (40 percent). Men were more likely to cite shame and stigma than women as a consequence of violence on victims. *"Women (wives) feel ashamed with her neighbors, the family loses their reputation in the community and they don't want to go out and be seen in public." (FGD with Men)* However some women still recognize that many women are stigmatized for violence against them and feel ashamed, *"People are embarrassed and ashamed about domestic violence in their family and don't want to tell others." (FGD with Female Garment Factory Workers)*

Table 9.1.8: Awareness of negative impact of violence on victims

Q18-Q21	Negative impact of violence on victims	Female Respondents (N=198)				Male Respondents (N=179)			
		Physical	Sexual	Emotional	Economic	Physical	Sexual	Emotional	Economic
		%	%	%	%	%	%	%	%
1	Feels shame or stigma	10	17	5	1	14	17	21	3

2	Is sad, upset or emotionally disturbed	71	57	90	80	43	29	74	51
3	May miss work and lose income	10	1	1	14	23	4	10	38
4	May have health problems	34	20	6	1	65	49	12	7
5	Don't Know	8	22	9	10	14	33	18	22

Source: WHI Enhancing Responses Project End line survey, September 2018

Overall the end line survey findings show that women have an increased and very high understanding of the emotional toll of different types of violence on victims, but perhaps do not see the negative economic or health impacts of violence as much. Men generally have less understanding than women of the negative consequences of different forms of violence on women, except shame and health problems, indicating that more awareness raising with men on the impact of violence women is needed. *"Women victims of violence feel ashamed of violence in their family so they don't want to go anywhere."* (End line FGD with community men.) *"Some women have physical injuries or get sick. The family also loses their reputation in the community."* (End line FGD with high school boys)

Output 3.2: Forty-five (45) Commune Committee for Women and Children (CCWC) members in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia have increased knowledge and skills to assist SGBV victims

Indicator 3.2.1: # of individuals trained

The project selected 15 CCWC members to be trained each year in 2016, 2017, and 2018 for a total of 45 CCWC members for the three-year period. A total of 43 CCWC members (96 percent) completed the six 3-day training courses (total 18 days) with SSC in 2106 (15 women), 2017 (15 women) and 2018 (13 women).

Indicator 3.2.2: Percent improvement in knowledge, attitudes and skills

SSC reported that CCWC trainees in 2016, 2017 and 2018 demonstrated an overall improvement in knowledge and skills of between 21 to 25 percent across all training sessions, according to pre and post-tests. Trainees also demonstrated improvements in positive attitudes in how to assist SGBV survivors as displayed in role-plays in training sessions. For example SSC reports that trainees were observed practicing newly learned skills and showed improvements in their communications skills such as using open-ended questions, listening closely to clients, showing empathy for their situation and assisting clients to help reach solutions. *"I've changed my attitudes and behavior. I used to give advice, solve their problems for them, now I don't*

	<i>do that.” CCWC trainee, SSC Training Report. “When women came to me with marital problems I just told them go ahead and get a divorce. Now I explore their needs and wants and lets them decide what’s best for them.” (CWCC trainee, SSC Training Report)</i>
Conclusions	The modular training sessions for the government service providers, including follow up coaching, supervision and reflection sessions were successful and led to measurable improvements in the knowledge, skills, and attitudes to provide effective services to survivors of SGBV. Direct counseling and interventions with survivors of SGBV by trained government service providers also led to changes and improvements in many clients lives and family situation. Outreach Events were conducted as planned but did not necessarily reach the expected changes in attitude of target beneficiaries, as behavior change takes long-term sustained efforts to achieve, not necessarily one-off events. An important observation of the consultant team is the baseline and bi-annual survey reports did not disaggregate data for women and men, did not respond or adequately cover all project indicators and some questions were not gender-sensitive or even ethically sound. In the future, a more robust baseline survey questionnaire should be developed, tested, implemented and used to monitor and evaluate progress.
Others	See Beneficiary Data Sheet (Annex 4) and Results Monitoring Plan (Annex 3); Hagar and SSC Training Reports The target of 400 survivors was revised to a more realistic target of 300 survivors in the first year of the project. After concerted effort in Year 2 to support trained social workers with additional transportation costs to make client visits, the number of clients reached increased dramatically, exceeded 300 in Year 3 and reached 412 by the end of December 2018.

Evaluation Criteria	Effectiveness
Evaluation Question 2	To what extent did the project reach the target beneficiaries at the project and outcome levels? How many beneficiaries have been reached?
Response to the evaluation question with analysis of key findings by the evaluation team	<p><u>Project Goal:</u> Target: 5,400 women and girls vulnerable to exploitation directly reached: Actual: 6,528 women and girls Target: 12,100 women and girls population based x 2.5; Actual: 16,320 Target: 300 survivors: Actual: 412 survivors Achieved: The project reached 6,528 (121 percent) women and girls directly, and 412 female survivors in the target communities through Outreach Events and direct services with SGBV survivors including counseling, group therapy, case management and referrals. It is estimated that the total population of women and girls reached was 16,320 equal to 2.5 times the number of women and girls reached directly. The total number of primary beneficiaries reached was 16,732 or 134 percent, exceeding the planned target of 12,400 women and girls vulnerable to exploitation and survivors.</p> <p><u>Outcome 1:</u> Target: 300 survivors; Actual: 412 clients, including 311 clients with direct services, 101 clients attending Outreach Events</p>

	<p>Achieved: The project reached 412 female survivors of SGBV (137 percent) with SGBV services by December 2018 out of a revised target of 300 survivors.</p> <p>Outcome 2:</p> <p>Target: 93 government service providers; Actual: 85 government service providers</p> <p>Achieved: The project trained 42 government social workers (88 percent) out of a target of 48 persons over 3 years through modular trainings, including 13 DoSAVY/DoWA officials who were selected from the 29 previously trained officials in 2016 (16 persons) and 2017 (13 persons) and provided with advanced level courses in counseling and case management in 2018.</p> <p>Achieved: The project selected 15 CCWC members to be trained each year in 2016, 2017, and 2018 for a total of 45 CCWC members. A total of 43 CCWC members (96 percent) completed the training courses in 2016 (15 women), 2017 (15 women) and 2018 (13 women).</p> <p>Outcome 3:</p> <p>Target: 5,400 women and girls vulnerable to exploitation reached directly; Actual: 6,528 women and girls</p> <p>Target: 12,100 women and girls population based x 2.5; Actual: 16,320 women and girls</p> <p>Target: 3,600 community members, including men, boys, government officials; Actual: 5,218 community members</p> <p>Target: 9,000 community members population based x 2.5; Actual: 13,045 community members</p> <p>Achieved: The project reached an estimated total of 16,320 women and girls (135 percent) out of a population-based target of 12,100 women and girls, and an estimated 13,045 community members (145 percent) out of 9,000 men, boys, uniformed officials, and government officials by December 2018 through Outreach Events and campaigns. The project reached an additional 500 community members on 10 December 2018 through a final campaign event to mark the end of the 16-day Campaign to End Violence Against Women including 957 followers on Facebook, 21,444 Facebook live views of the concert event and 41,000 viewers of short videos on prevention of violence against women.</p>		
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>The main sources of beneficiary data were the WHI Outreach Event database, WHI Client database, the WHI M&E Master Spreadsheet, and the SSC and Hagar training reports as detailed in the WHI progress reports to UNTF.</p> <p>Beneficiary totals as of the end of December 2018 are detailed below.</p> <p>Outcome 1:</p>		
	Primary Beneficiary Type	Expected #	Actual #
	Women and Girls in General: directly reached	5,400	6,528

	Women and Girls: Population based target x 2.5	12,100	16,320
	Survivors of SGBV	300	412 311 (Direct services); 101 (OE)
	Total Primary Beneficiaries	12,400	16,732
	Source: WHI Outreach Event Database, WHI Client database, WHI M&E Master Spreadsheet, WHI progress reports to UNTF		
	Outcome 2:		
	Beneficiary Type	Expected #	Actual #
	DoSAVY/DoWA	48	42
	CCWC members	45	43
	Total Government Officials	93	85
	Source: SSC and Hagar training reports (2016, 2017, 2018), WHI M&E Master Spreadsheet, WHI progress reports to UNTF		
	Outcome 3:		
	Beneficiary Type	Expected #	Actual #
	Women and Girls in general: directly reached	5,400	6,528
	Women and Girls in general: Population based target x 2.5	12,100	16,320
	Community Members directly reached (Men, boys, government officials)	3,600	5,218
	Community members: population based target x 2.5	9,000	13,045
	General public event and via social media (10 December 2018)	-	62,944
	Source: WHI Outreach Event Database, WHI Client Database, WHI M&E Master Spreadsheet		

Conclusions	The project may have overestimated the number of community members, especially the target group of women and girls vulnerable to exploitation, to be reached directly through Outreach Events in villages given that the timings were not suitable for many villagers, as many working age women were working out the village during the day. Reaching out to garment factories and high schools was an important adjustment to reach target numbers and target groups. Other times could have been explored earlier on in the project, such as Sundays, evenings or holidays. Targets for survivors and government service providers were achieved through well-planned project activities. The expected number of government service providers and survivors were achieved as planned.
Others	See Beneficiary Data Sheet (Annex 4) and Results Monitoring Plan (Annex 3)

Evaluation Criteria	Effectiveness
Evaluation Question 3	What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes or outputs?
Response to the evaluation question with analysis of key findings by the evaluation team	<p><u>External Factors</u></p> <p><u>Project Goal:</u></p> <p>Harmful Gender Norms: Cultural attitudes play a significant role in the lives of women. Both men and women readily accept some detrimental behaviors because of accepted social norms that state men are socially superior to women. For example, rape or sexual violence within marriage is widely misunderstood and not talked about, and often the women is blamed or told to keep silent as it is a matter between husband and wife. Furthermore, 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 (CGA 2014, Policy Brief 7).</p> <p>Lack of trust in the justice system: There is a general lack of trust by the public in the legal and justice systems in Cambodia, stemming in part from a lack of response and/or forced mediation outside the judicial system. Other studies have identified negative attitudes of certain duty bearers towards victims of violence as a key obstacle to effective responses to SGBV, which in turn deters help seeking behaviors such as reporting to police and local authorities. WHI worked with both rights holders and duty bearers to raise awareness of SGBV as a violation of women's rights and to improve SGBV response mechanisms.</p> <p><u>Outcome 1: Survivors</u></p> <p>Individual vs. Group Counseling: Many survivors interviewed at the end line expressed a great willingness and openness to meet individually with government service providers and were very appreciative of the counseling and referral services provided, which helped them to solve domestic violence issues, such as husbands drinking, reduced quarrelling and in some</p>

	<p>serious cases, filing for divorce. Many women interviewed at the end line however did not have the time to join group therapy sessions as they were working/busy, some did not want to join the group sessions as they did not feel it was necessary, and others did not find value or any change in their situation in the therapy sessions.</p> <p>Victim blaming: Violence against women is still viewed by many members of society as the fault of women and many women still feel ashamed or afraid to report incidents of violence. Furthermore, many people do not know what types of violence constitute violence against women, or feel that certain types of violence are “acceptable” within a marriage and should be tolerated by women, as it is part of their role as wives, mothers and women in society.</p> <p><u>Outcome 2: Government Service Providers</u></p> <p>Strong personal commitment: Many of the selected government service providers demonstrated a strong commitment to learning about skills for social work, to apply their knowledge in the field to assist clients and to continually provide and improve their services to meet the needs of clients and survivors of violence.</p> <p>Strong support from provincial, district and commune authorities: WHI maintained excellent relations with sub-national authorities, including directors, supervisors and government social workers. Many of the direct supervisors interviewed at the end line said they were very supportive of their staff to attend the trainings as well as apply their knowledge and skills in the fields. This in turn motivated many government social workers, especially CCWCs, as they felt valued and appreciated for their work serving the community, especially victims of violence.</p> <p>Limited government budgets for activities, reporting, referrals and follow-up of cases, as well as general awareness raising activities. Furthermore, CCWC focal points have heavy workloads and limited resources to effectively manage and follow-up on SGBV cases. WHI was able to mobilize additional resources beyond their required grantee contribution for the project to support transportation costs for trained government staff to make client visits. This extra support was essential in enabling government social workers and CCWC members to travel and provide services to clients and to reach the target number of SGBV survivors.</p> <p>Reluctance to formally report SGBV cases: Many local authorities are reluctant to formally record reports of SGBV cases for fear that formal reports will result in a negative image of their village, such as the village being unsafe or the village authorities not performing their duties according to the Village Commune Safety (VCS) Policy. As such this reluctance to report or seek help upward from commune or district authorities has contributed to fewer women availing quality services from trained government service providers.</p> <p><u>Outcome 3: Community</u></p> <p>Timing of Outreach Events: For the most part the WHI project team organized Outreach Events during the weekdays in the mid-morning and early afternoon, with the coordination of CCWC members and Village Authorities. However, many younger</p>
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women (aged 18-40) and girls (16-18) are not in the community during those times as they are working at the garment factories or studying at school. At times it was difficult for local authorities to mobilize enough participants to attend the Outreach Events. As such many of the villagers attending the events were older, aged 50 and above, and often brought their grandchildren with them. Few men attended these events, as they were working in the fields or not interested to attend. In the second year, WHI began holding Outreach Events at selected Garment Factory sites and High Schools to reach more target groups and younger women and men. It might also have been beneficial to conduct some Outreach Events on Sunday, which is a day off for most garment factory workers. Furthermore, conducting only one Outreach Event per village during the project life is quite limited in scope and impact, especially in motivating positive behavior change.

INTERNAL FACTORS

Effective Training Methodology/Strong Partner Capacity: Both Hagar and SSC had the expertise, knowledge and overall capacity of their training team to deliver the training curriculum, sessions and different lessons to the government social workers, in a participatory manner using different methods, tools and exercises to enhance learning.

Project Staff Capacity: The WHI project team are experienced and trained social development workers, who have had years of experience working with other projects and organization serving disadvantaged communities, survivors of violence and liaising with government officials. The staff paid attention to building strong respectful relations with government officials from the provincial to the village level, following established protocols so they were able to conduct and implement project activities.

Staff changes: WHI had several staffing changeovers throughout the project cycle including the project manager and clinical advisor positions, which meant more time was spent on establishing relations with the DoSAVY and DoWA trainees / officials. However WHI project management remained strong throughout the life of the project, providing leadership, clear direction and institutional support during times of staff changes and project implementation.

Strong M&E and reporting system: WHI established and maintained a strong data collection and monitoring system throughout the project cycle, conducting bi-annual community surveys, tracking and updating the client database, and planning and recording Outreach Events and follow up activities (supervision and coaching) with government social workers. However the baseline survey had limited questions, some were poorly constructed and information did not correspond to indicators, so there are gaps in information to robustly measure progress on certain expected results.

IEC Materials/Participation at Outreach Events: WHI made excellent use of the existing materials/video on domestic violence from MoWA / GIZ to show and discuss at the community Outreach Events on prevention and responses to violence against women. As observed, participants were very engaged, and some women were emotionally moved to tears by the

	<p>content of the video. However the slide show and leaflet were not as engaging for participants and no other materials were used. Furthermore only the leaflet was distributed and no other IEC materials were left in the community. For future projects, WHI may try to access other readily available materials from MoWA or MoSAVY and other NGOs such as the CARE trainings and video clips on sexual harassment for garment factory workers and high school students.</p> <p>Coordination between project partners/trainees: WHI utilized and relied on the sub-national government coordination mechanisms at the commune, district and provincial for government service providers/trainees to address and discuss SGBV cases. There were no project coordination meetings or cross-learning events between the PDoWA/PDoSAVY and the CCWC trainees on specific training topics, despite the fact that both groups were receiving similar training sessions albeit from different organizations, and providing counseling with clients in the same target villages. The WHI project team could have facilitated some sessions to strengthen networks, share experiences and improve coordination in order to improve services to SGBV clients.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>Data sources and information gathered by the evaluation team included observations at an Outreach Event and review of Outreach Event materials, end line interviews with WHI project staff, training organization staff, trained social service providers, review of WHI Enhancing Project Databases, Baseline Survey reports and information as well as end line FGDs with community women, men and female survivors of violence and KIIs with provincial and district government officials. Additional sources of data included Hagar and SSC training reports and observations of training sessions.</p>
Conclusions	<p>WHI was responsive to challenges in the internal and external environment, which necessitated adding locations of some project activities from village based (i.e. outreach events in villages/communities with CCWCs) to reach more vulnerable women and girls, including younger women and men, at garment factories and at high schools (i.e. outreach events through employers and educational institutions). Despite some project staff turnover, WHI strong project management as well as project staff expertise and experience kept the activities on track, and adjustments were made as necessary. While the project effectively utilized specialized training organizations to deliver quality services to the government social service providers, the lack of effective project coordination and cross learning events among stakeholders was a lost opportunity to strengthen interventions. WHI were Both men and women readily accept some detrimental behaviors because of accepted social norms that state men are socially superior to women and women are still often blamed by members of society for violence against women, thereby hindering formal reporting of violence cases. Furthermore, community members and village authorities believe that formal reporting cases on domestic violence leads to negative images of the village, which they view is at odds with the RGC's VCS Policy which rewards violence free communities.</p>

9.2 Relevance

Evaluation Criteria	Relevance
Evaluation Question 4	To what extent are the project goal, strategy and activities as originally conceived, relevant in responding to the needs of female survivors of gender-based violence?
Response to the evaluation question with analysis of key findings by the evaluation team	<p><u>Project Goal:</u> Vulnerable Women and Girls and Female survivors of SGBV: The Enhancing Responses project addresses SGBV and the rights of women to live free from violence as well as strengthening knowledge, availability and access to quality services for female survivors of SGBV. The project strategies and activities were highly relevant to vulnerable women and girls, especially female survivors. Studies show that one in five ever-partnered women aged 15-64 reported experiencing physical and/or sexual violence by their intimate partner in their lifetime (MoWA 2015) while only 24 percent of the women had sought help from formal services (MoWA 2015)⁸.</p> <p><u>Approach:</u> The project's rights-based strategy took a coordinated multi-dimensional and multi-level approach, working at the individual, community and institutional levels. This was through direct engagement with female survivors of violence through trained government social service providers (duty bearers including PDoSAVY, PDoWA and CCWC), intensive training of government social service providers (PDoSAVY, PDoWA and CCWC) and providing on-going supervision, coaching, reflection and follow up to support and enhance their work performance with clients, coordinating activities with local authorities to disseminate SGBV prevention messages and information on available social and legal services, while reinforcing policies, guidelines and mechanisms of national and sub-national level government structures and authorities. These approaches correspond to three UNTF interventions of: primary prevention, improving service delivery and strengthening institutional responses.</p> <p><u>Outcome 1:</u> Prevention through rights awareness and information with women, girls and survivors: Targeting women, girls and female survivors with SGBV rights and services information was highly relevant, especially as female survivors of SGBV are among the most vulnerable women in society and often have limited knowledge of their rights, support options as well as available services. Studies show that while laws exist, implementation is weak and WAG are often taught they should try to</p>

⁸ MoWA 2015

	<p>keep the family together at all costs, including tolerating violence, which is in direct contradiction to laws and policies of the government.</p> <p>Service provision directly with survivors: This was an extremely important and highly relevant activity that provided gender-responsive support services to female survivors of violence, in a setting that has largely blamed women for violence within their family or inciting men by their behavior. This has shifted the notion to place women at the center of services and to place them as the decision makers for services and support needed. <i>“The clients we meet feel happy that someone is listening to them and they understand they are not to blame for domestic violence by their husbands. Some women have been able to resolve conflicts with their husbands while others know how and when to remove themselves from a bad situation.” (FGD with DoWA/DoSAVY)</i></p> <p>Group Therapy Sessions: While the group therapy sessions with survivors, led by DoWA with support from the WHI Clinical Advisor, were intended as an additional support mechanism for women facing domestic violence, observations revealed that group dynamics and facilitation by service providers were not yet conducive to healing or leading to improvements. There did not seem to be a clear purpose for the series of the group sessions nor were there any facilitation guidelines. It is noted that managing group sessions requires skilled facilitators with clearly defined agendas, guidelines and plans, which is different from individual counseling, and the capacity of government service providers is still low. There is evidence from other project interventions that group support therapy sessions are valuable mechanisms for survivors of SGBV to come together to learn, share experiences, support each other and address their situation, but they require more highly motivated and trained skilled facilitators able to manage group dynamics as well as individual skills in counseling and problem solving and mediation in relation to prevention and responses to violence.</p> <p><u>Outcome 2:</u></p> <p>Strengthening institutional responses: Provision of modular training sessions for government service providers was highly relevant as the participatory training sessions delivered by project partners (Hagar and SSC) for government service providers (DoWA/DoSAVY and CCWC) with a focus on technical skills such as basic counseling skills, referrals and case management, combined with soft skills such as listening, observing, communicating, and problem solving were highly relevant and empowered the government service providers to respond to survivors of SGBV in more gender-sensitive manner. <i>“The training sessions were excellent, loved all the topics and methodologies. They helped me tremendously.” (KII DoWA/DoSAVY).</i> Even though some CCWC members found some lessons difficult at first, they persevered and valued the training course topics. <i>“Even though I found the first few sessions hard, they were interesting and helped me with skills I need that are relevant to the problems we see in the community.” (FGD with CCWC)</i></p>
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	<p>Capacity building for improving service delivery: Providing on-going support for government service providers was also highly relevant and critical to project achievements. WHI provided on-going supervision, coaching, follow up and reflection with government service providers between training sessions and after completion of the training course. This enabled training participants to put their knowledge to practical use in the field to support survivors and reinforced the classroom learning in the field. This also enabled trainees with opportunities to share experiences with other trainees while also having the opportunity to gain further guidance and seek clarification from WHI while serving clients. <i>“There are other social work institutions and training courses in Cambodia but none that offer practical learning exercises and technical supervision like the WHI project.” (KII with DoSAVY)</i></p> <p>Outcome 3:</p> <p>Primary prevention through Outreach Activities: The outreach activities conducted at villages, garment factories and high schools, with support of CCWC and village authorities, were relevant as they aimed at providing general information on women’s rights, SGBV prevention and available services to the community. This is a supplemental activity to the regular government led village, commune and district information meetings and forums on prevention and responses to violence against women. Despite the fact that WHI delivered 50-60 sessions per year to village members (180+ events in 3 years), these were one off 2 hours sessions so it is difficult to directly attribute changes or measure the impact on female survivors or community members as a result of these specific events. Behavior change requires more sustained interventions over a longer period of time.</p> <p>Engaging communities, local authorities as well as men and boys: While the outreach activities provided general information on violence against women and services and were relevant, they did not really seem to address many of the root causes of domestic violence and violence against women, including gender inequalities. There were lost opportunities to engage more men and boys in discussions on gender inequalities, including male power and privilege as well as the benefits of gender equality in preventing and ending violence against women. It may have been more beneficial to work more directly with men and boys, as well as husbands of female survivors, in smaller groups to directly affect positive behavior change and with the support of male village authorities or male commune council members.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the	<p>The sources of data for this section included national government plans and guidelines, end line FGDs and KII with target beneficiaries, including women and girls and female survivors of violence, men, boys and local authorities, trained social service providers, WHI Enhancing Project semi-annual and annual narrative reports (2016, 2017, 2018) and Hagar and SSC semi-annual and annual training reports. A group supervision session with service providers by WHI project staff was also observed.</p>

<p>response and analysis above</p>	<p><u>Project Goal:</u></p> <p>Alignment with Government Policies and Plans: The project goal is in line with Target 4 of the National Strategic Development Plan 2014-2018 to enhance the implementation of gender equity, through implementation of NAPVAW II, with a view to end gender-based violence in accordance with the Convention of the Elimination of Discrimination Against Women (CEDAW). Furthermore, the goal, strategies and activities are directly in support of NAPVAW II strategy on promoting Legal and Multi-sectoral services and the new minimum standards for basic counseling for women and girl survivors of gender-based violence (MoWA and MoH 2016) aimed at improving skills of service providers to deliver better quality services in an effective and timely manner.</p> <p>The project strategies and activities focusing on improving referrals for survivors of SGBV are also in line with the strategies outlined in Neary Rattanak IV and Strategy 2: Legal Protection and Services of NAPVAW II to ensure women and girls have equal access to legal protection. The training sessions, field work and follow up activities to support government social workers and service providers to provide quality services to survivors of SGBV are in accordance with the new Guidelines for Referrals for Women and Girl Survivors of Gender Based Violence (MoWA 2016).</p> <p><u>Outcome 1:</u></p> <p>Service provision directly with survivors: KII and FGD with service providers revealed that through one-on-one discussions, their clients had more information on their rights and services as well as confidence and skills to address their particular family situation. These include improved communication with husbands, finding shelter if needed, pros and cons or divorce and/or accessing legal aid or the court. <i>“One client told me I saved her marriage and family through my counseling and advice.” (KII with DoWA)</i></p> <p>Group Therapy sessions observed were not conducted in private settings, but in front of village authorities’ houses, near the road and accessible to many people passing by. In one group, women were blaming each other for their family problems and husband’s violence. Despite clear selection criteria and ground rules, in another group session, some women participants were widows, some were single and some were relatives, calling into question the confidentiality and safety of the sessions. Neither did there seem to be a clear purpose or guidelines for the on-going series of therapy sessions. A few women facing violence in their family had left the group therapy, as they did not see any value. A few other women who were experiencing conflicts with their husbands wanted to join but the group was closed to newcomers so they could not join. Other female survivors</p>
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	<p>interviewed indicated a reluctance to join as well, <i>"I don't have time to join a group, and I feel that consulting directly with the CCWC is better for me."</i> (KII with Survivor)</p> <p><u>Outcome 2:</u></p> <p>Institutional strengthening and capacity development of service providers: The learning assessments revealed that 60 percent of CCWC members trainees and 49 percent of DoSAVY and DoWA staff had never received any social work training on case management or basic counseling. As result of training sessions and technical supervision, government service providers changed their attitudes from pre-judging, blaming, providing unsolicited advice and offering ill informed solutions to women survivors to putting the client's needs first by listening, questioning, observing and providing information and options for women to reflect and decide their course of action. <i>"Before I used to just ask questions to record information, and I never listened to the client. I was quick to judge and made the decision for them. Now I put the client first, listen, ask questions, observe, provide information so they can make decisions for themselves."</i> (FGD with DoSAVY/DoWA)</p> <p>Technical supervision and follow up with service providers: Follow up coaching and supervision with trained government social workers by WHI project staff was appreciated and valued by all trainees interviewed. They explained this follow up was essential in building their capacity to improve the quality of counseling and information services to clients, as they were able to discuss experiences and get additional advice based on the real situation. <i>"The training sessions with follow up coaching, support and supervision from WHI project staff is excellent and has helped my improve my skills."</i> (KII with DoSAVY)</p> <p><u>Outcomes 1 and 3:</u></p> <p>Primary prevention on SGBV prevention and services with communities: Many women, men and service providers interviewed at the end line replied that many men in the communities, especially those that committed acts of violence against women, did not join or participate in the Outreach Events. Most of the participants in villages were older women. <i>"Mostly older women join the Outreach Events and not so many men attend or participate. Sometimes the men are drunk."</i> (KII with CCWC)</p> <p>Towards the end of the project, WHI started smaller group sessions with men, especially husbands who committed some form of violence against their wives and this should be continued in future interventions as studies show that men's involvement in ending violence against women is critical to fostering positive male behavior change.</p>
Conclusions	<p>The project strategy and activities were highly relevant to the situation and needs of female survivors, especially the direct service provision on rights and services through trained government social providers, including follow up technical supervision. Prevention activities were also relevant but could be improved by tailoring messages to specific groups, (ie men, girls and boys), conducting smaller group sessions, including more participatory activities and involving more IEC materials.</p>

Evaluation Criteria	Relevance
Evaluation Question 5	To what extent were the achieved results (project outcomes and outputs) relevant to the needs of female survivors affected by gender-based violence?
Response to the evaluation question with analysis of key findings by the evaluation team	<p><u>Project Goal:</u> Women and girls feel safe from SGBV and respect rights of women to live free from violence: evidence shows that traditional gender norms and attitudes towards women and girls roles often undermine efforts to promote gender equality and women and girls rights to live lives free from violence. End line survey results showed that while women, girls and survivors may know of certain SGBV services available, they do not report or seek services beyond their neighbors or village authorities, but are very appreciative of and value the information and services provided directly by the government social workers. Shifting attitudes of women and survivors away from accepting violence as normal remains very relevant while behavior change in men and boys is very important as findings show violence against women still prevails and not all women feel safe in their communities or home.</p> <p><u>Outcomes 1 and 3:</u> Increasing knowledge, availability and access to SGBV services continues to be relevant for the female survivors affected by SGBV as well as for vulnerable women and girls in the community. However most women and girls recognize village level authorities as the main contact point for services, indicating that the recent initiative to train female village assistants and volunteers (37 women) and strengthening linkages with CCWCs is most welcome. These women are part of the formal and informal local village governance structure, operate as part of the government's women's network from the national to sub-national level and are involved in assisting CCWCs with addressing women and children's issues, including addressing domestic violence at the village level. Many of these women have participated in various community development and health trainings, and are trusted members of the community, accessible to villagers, village leaders and commune authorities.</p> <p>Improving rights awareness and empowerment so women feel safe remains highly relevant to women and girls in Cambodia, but it may not be enough as many women and girls still accept and tolerate some forms of violence in the family, as normal in their lives. These attitudes are part of the harmful gender norms perpetuated by society, and require continued multi-stakeholder long-term awareness raising strategies aimed at change society norms.</p> <p>Prevention of Violence Messages with communities remains relevant to the project and project results show women and girls increased awareness of the many different types of social, emotional and physical affects that violence has on women and girls, with more women and female survivors participating at the end line interviews stating they now realize they are not to</p>

	<p>blame for violence committed by their husbands. This is a very positive shift in knowledge and attitudes, as this is another step towards changing harmful gender norms. End line survey FGDs with men and boys revealed that they recognize the importance of education on prevention of domestic violence with men and boys, including stronger emphasis on implementing the DV Law, linkages between alcohol abuse and the use of violence in families as well as the changes in gender roles and family dynamics due to women working for wages outside the house. However they were less likely than women to cite the emotional impact that violence had on women. This indicates the need to address gender roles, stereotypes and inequalities with men and boys in the context of violence against women.</p> <p>Outcome 2:</p> <p>Institution strengthening, and service provision through capacity building remains highly relevant to the project and the project results showed remarkable changes in knowledge, skills and attitudes of service providers in the 2-3 years of the project in providing gender-sensitive and appropriate responses to WAG survivors of SGBV. CCWC members are closer to women in villages and are well networked with village authorities and village members to continue provide both prevention and responses services to women and girls in a systematic manner, as part of their roles and responsibilities. Skilled and trained DoWA and DoSAVY will remain important technical service providers for female survivors as well as, perhaps more for technical support with CCWC than directly with clients in the future given their time and resource constraints of their government positions.</p> <p>Provision of services for survivors remains highly relevant to the project and WHI client database results showed that of the 257 female survivors provided with direct services from 2016-2018, between 40 to 50 percent received services for a combination of multiple-forms of violence (ie emotional and physical, physical and sexual), 20 to 40 percent received services for emotional violence, 11-16 percent received services for physical violence, about 5 percent received services related to economic violence and between 1 and 6 percent received services for sexual violence (rape). Results show the continued need for different SGBV services to address different and multiple forms of violence against women.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>The sources of data for this section include the end line survey, end line FGDs and KII with target beneficiaries, including women and girls and female survivors of violence, men, boys and local authorities, trained social service providers, WHI Enhancing Responses Project semi-annual and annual narrative reports (2016, 2017, 2018), WHI Project client databases and Hagar and SSC semi-annual and annual training reports.</p> <p>The end line survey showed that while the majority of women and girls felt safe in their community, almost 20 percent never felt safe, and an alarming one in three (34 percent) women and girls never felt safe in their home. About 70 percent of women</p>

surveyed believe that wife beating is justified in at least one circumstance. (See Table 9.1.5) This is an indication that domestic violence still remains a serious threat to women and girls in Cambodia.

Furthermore, at the end line survey, one-third (33 percent) of married or divorced women surveyed experienced at least one form of emotional violence in the last 12 months, which is about twice the CDHS 2014 findings of 17 percent. This may be an indication that women surveyed recognized different forms of emotional violence as a result of project interventions, and does not necessarily signal an increase in domestic violence cases. About nine percent of women said they experienced some form of physical violence and three percent of women reported forced sexual intercourse, which are both similar to the CDHS 2014 findings of 10 and 3 percent respectively. Seven percent of women at the end line experienced economic violence such as withholding money in the last 12 months, but there are no comparable CDHS 2014 findings. There are no similar baseline survey questions so we used CDHS 2014 findings as a rough comparison.

We were also interested to learn about men and boy's perspectives on violence against women in their households. The vast majority of men (over 92 percent) surveyed at the end line said women in their households did not experience any type of physical, sexual or economic violence which is similar to but slightly higher than 90 percent of married or divorced women surveyed. However a much lower percentage (13 percent of men reported that women experienced emotional violence such as insults, compared to women's own reporting (33 percent). In addition only 4 percent of men reported that women experienced verbal threats of violence compared to 22 percent of women. This may be because men do not recognize different forms of emotional violence, they have normalized these types of behaviors towards women or are not aware of their own or others behaviors that constitute emotional or psychological violence towards women.

In contrast there are similar numbers and proportions of men and women reporting physical violence involving pushing, shaken or throwing things. Eight percent of men reported that women experience some form of physical violence, similar to women's reporting.

Table 9.2.1: Experience/knowledge of different forms of violence in the past year

Q10/11	Forms of Violence	Female respondents (N=153) (Married/Divorced women only)	Male respondents (N=179)
	<i>(Statements adapted from CDHS 2015)</i>	In the past 12 months has your husband/intimate partner ever?	In the past 12 months has any women over 18 years of age in your family ever experienced?

			Yes		No		Don't know		Yes		No		Don't know	
			#	%	#	%	#	%	#	%	#	%	#	%
	1 (EV)	Insulted you or made you feel bad about yourself	50	33	95	62	7	4	24	13	155	87	0	0
	2 (EV)	Threaten to hurt or harm you or someone you care for	34	22	112	73	7	4	8	4	171	96	0	0
	P3 (PV)	Pushed, shaken, thrown something at you	14	9	137	90	7	4	14	8	165	92	0	0
	P4 (PV)	Slapped, twisted your arm or pulled your hair	9	6	138	90	7	4	9	5	170	95	0	0
	P5 (PV)	Punched, kicked, hit or beaten you	4	3	142	93	7	4	5	3	174	97	2	1
	P6 (PV)	Threatened to attack with a knife, gun or other weapon	5	3	141	92	7	4	2	1	177	99	0	0
	S7 (SV)	Physically forced you to have sexual intercourse	4	3	142	93	7	4	2	1	175	98	2	1
	8 (Envy)	Withheld or taken money away	11	7	135	88	7	4	5	2	173	97	1	1
<p><i>(Note: EV = Emotional violence, PV=Physical violence; SV=Sexual violence and EcV=Economic violence)</i></p> <p>Source: WHI Enhancing Responses Project End line survey, September 2018</p>														
Conclusions	<p>The project results were and remain highly relevant to the situation and needs of female survivors, especially the direct service provision for rights and services through trained government social providers, including follow up technical supervision. Continuing to support, expand and provide technical support for SGBV services remains important to ensure momentum is sustained, especially as almost 50 percent of survivors received services for at least two forms of violence. Women need continued targeting especially in disseminating information on their right to report cases of violence and where they can report cases to, as over one-quarter did not know where they could report. Prevention focusing on changing traditional beliefs about the acceptance of violence as well as behavior change with men and boys remains highly relevant, especially to recognize and address the different forms of violence in the home, but requires additional activities targeted specifically at men and boys.</p>													

9.3 Efficiency

Evaluation Criteria	Efficiency
Evaluation Question 6	How cost efficient was the project in terms of financial investment and outcome?
Response to the evaluation question with analysis of key findings by the evaluation team	<p>Training services: The project efficiently conducted training through contracting training services from well-established organizations with the required expertise and experience in Cambodia. The training organizations specialized qualifications added to the efficiency of the implementation of the project activities.</p> <p>Overall Project Budget: The overall project budget for 3 years was USD 443,550, with a total estimated project expenditures across all activities of the three outcomes equal to about 57 percent and management costs at around 42 percent, with personnel costs at 20 percent. The total direct activity costs associated with all three Outcomes is projected at around USD 230,000 by the end of the project and Outcomes 1 and 2 combined were equal to 74 percent with Outcome 2 at 26 percent of all expenses for all three outcomes.</p> <p>Project delivery rate: The project expenses and delivery rates for Year 1 and Year 2 were 88 percent and 80 percent respectively, with mid-year delivery rates slower in all three years at 25 percent in mid-2016, 32 percent in mid-2017 and 32 percent mid-2018 respectively. By the end of June 2018, 75 percent of expenses had been disbursed, and overall budget expenses on track to be utilized by the end of the project.</p> <p>Costs per trainees: Fees for the training organizations were USD 14,000 (Hagar) and USD 7,000 (SSC) per year (USD 21,000) or USD 36,000* and USD 21,000 (Total USD 57,000) for 3 years. This is approximately USD 800 training fee per person for DoSAVY/DoWA to attend the 35 day course by Hagar (basic counseling and case management) and less than USD 470 training fee per person for CCWC to attend the 18 day course with SSC (basic social work skills). In other words, the training fee costs were between USD 24 -26 per day per trainee, not including transportation, per diem or hotel costs. This small investment in strengthening the capacity of government service providers will continue to benefit survivors and the community beyond the life of the project.</p> <p>Cost per beneficiary: By the end of June 2018, the project reached over 11,000 (15,000 by end of project, target 21,500) community members including survivors through direct services such as outreach events, individual counseling and group sessions equal to about USD 40 per person*. The projected estimated cost of the project activities at the three Outcome levels per beneficiary (15,000 persons) is equal to USD 15 (USD 230,000/15,000). The projected activity cost per survivor (estimated 300 clients) across the three Outcome levels budget (USD 230,000/300) is about USD 770.</p>

	<p>IEC Materials: WHI was extremely resourceful in using an existing video on violence against women previously developed by MoWA and disseminated as part of their national violence prevention awareness campaigns. This was not only very cost effective in reusing materials but had the added benefit of being formally endorsed and approved by the national government. Other IEC materials used were low cost leaflets that were distributed at events and a corresponding slide show that was reused and shown at events.</p> <p>Low project staff costs: WHI kept personnel costs to a minimum at only 20 percent of the total project budget, with four project staff managing and overseeing all activities in the field, including Outreach Events, and follow-up, supervision, coaching and reflection activities with 88 trained government service providers (DoSAVY/DoWA and CCWC members).</p> <p>Travel costs to visit clients: WHI supported government service providers with transportation costs to visit clients and attend meetings as part of the project activities, as government budgets are limited. These are necessary costs of the project activities but future client visits by government service providers will need to be covered by the government budget.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Data sources and information gathered by the evaluation team include the WHI Enhancing Responses Project semi-annual and annual narrative reports, including financial expenditure and analysis reports, as well as interviews with WHI Project management and staff.
Conclusions	The project overall has been implemented in a cost effective manner and has used resources in an appropriate manner, including contracting with specialized training organizations for quality sessions, using some existing IEC materials and keeping only four project staff to manage and oversee the project. In future projects, transportation costs for client visits need to be included as part of the initial project budget in order to ensure that these necessary expenses for project activities are covered and targets can be achieved.
Others	<p>*In 2018 Hagar held four 5-day (total 20 days) advanced level training sessions for 13 previously trained DoSAVY/DoWA officials reduced from seven 5-day training sessions in 2016 and 2017.</p> <p>*Total project budget=USD 443,000; Cost per beneficiary: 11,000 = USD 40; 15,000= USD 30; and 21,500=USD 20</p>

Evaluation Criteria	Efficiency
Evaluation Question 7	Was the project implemented in a timely manner, in accordance with the Project Document?

<p>Response to the evaluation question with analysis of key findings by the evaluation team</p>	<p>The project activities were largely completed on schedule, or ahead of time, except for slower delivery of services to WAG survivors in Year 1 and despite some initial lag time in the first six months in securing appropriated levels of approvals for the project during the start up phase of the project.</p> <p>WAG Survivors: In Year 1, only 53 (53 percent) of a target of 100 WAG victims and survivors were provided with services, due largely to the low capacity of service providers and the need to provide more training courses before they starting direct contact with survivors. In addition, travel costs for trainees to visit clients was not included or approved as part of the project, causing difficulties for government officials to provide services to victims. WHI reports that the provision of direct services to survivors was delayed by the lack of support for transportation costs for trainees to visit survivors and clients in villages. Neither the government nor the project had budget to support this expense. In Year 2 WHI mobilized additional funds to support the transportation costs for social workers, which enabled trainees to make home visits to clients and survivors on a more regular basis. In Year 2 and Year 3, trained government social workers increased the number of SGBV survivors they were able to reach at their homes in villages, and were able to make regular visits to provide counseling and referral services. In Year 2, trained government social service providers reached 239 WAG survivors, including 138 WAG survivors reached directly with services and 101 WAG survivors attending Outreach Events. In Year 3, 120 WAG victims were reached through government social service providers bringing the total to 412 WAG survivors reached (311 with direct services) by the end of the project in December 2019.</p> <p>By the end of the Year 1 (2016) 52 Outreach Events including 2 campaigns had been conducted in communes and villages, against a revised target of 45 planned events. In Year 2 (2017) 64 Outreach Events and 1 campaign had been conducted in villages, 5 garment factories and 5 high schools against a target of 60 Outreach Events and 1 campaign. In Year 3 (2018), a total of 71 Outreach Events and 2 campaigns had been completed by the end of December 2018 exceeding the target of 62 for 2018, including 4 garment factories, 4 high schools and 2 campaigns averaging 7 to 10 events per month. The project conducted a total of 185 Outreach Events and 5 Campaigns by the end of December 2018. WHI was not reaching their intended target numbers of women and girls, and men and boys at Outreach Events in Year 1. So in Year 2 WHI extended the Outreach Events to include 5 garment factories and 5 high schools to reach more young women and girls, as well as to compensate for the two month gap where outreach events were not possible in villages and communes due to the Commune Council elections taking place in mid-year 2017. WHI continued this approach in Year 3 with the successful awareness raising events in garment factories and high schools, with the support of the Ministry of Labour and Vocational Training and Ministry of Education, Youth</p>
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	<p>and Sports. This approach was also important to fill the gap in not being able to conduct village outreach events in mid-2018 due to the National Assembly elections in July 2018.</p> <p>In Year 1 (all 16 persons) and Year 2 (13 out of 16 persons), a total of 29 DoWA/DoSAVY trainees completed the 7 five-day training sessions (total 35 days) with Hagar International. In Year 1 (15 persons) and Year 2 (15 persons), a total of 30 CCWC trainees had completed the 6 three-day training courses (total 18 days) with SSC, despite a three-month disruption due to Commune Council elections taking place in mid-2017. In Year 3, the training plan for DoWA/DoSAVY was revised to provide four advanced level training courses to 13 previously trained and motivated DoWA/DoSAVY officials, as all DoWA/DoSAVY officials in the target districts had been trained. The advanced level training courses were completed on time as re-scheduled. In Year 3, the training courses with 13 CCWCs were completed as scheduled in October 2018, though 2 of the 15 CCWCs dropped from the course for personal reasons.</p> <p>For the most part, the training sessions by Hagar and SSC were held as scheduled each year, though the trainings with the CCWC members was interrupted for 3 months due to the Commune Council elections in mid-2017. SSC reports that this did affect the momentum and flow of learning of the trainees as the training sessions are carefully planned to build on the previous lessons and practical fieldwork. In the future, the project could better plan and adjust for this event so participant's learning is not negatively affected. The project also decided not to recruit and train 16 new government social workers in Year 3, in part because of the extensive amount of and importance of follow-up supervision and coaching required for trainees in Year 1 and Year 2, but to provide additional advanced courses for about half of the previously trained and highly motivated DoSAVY/DoWA officials. This is an important lesson for future project designs to allow for sufficient time for retraining and refresher courses in the last year of the project. It is unclear whether this is also true for CCWC training.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Data sources and information gathered by the evaluation team include the WHI Enhancing Responses Project semi-annual and annual narrative reports, WHI Outreach Event Database and Client Database, end line interviews with WHI Enhancing Responses Project management, staff and training organizations as well as SSC and Hagar semi-annual and annual reports.
Conclusions	The project activities were implemented according to the planning document, except for a slow start up in the first six months of Year 1 due to lack of budget for transportation for client visits and fewer community women and men in villages available

	to attend Outreach Events during the weekdays. WHI was able to secure additional budget for transportation and Outreach Events were extended to garment factories and high schools in the second and third year to include more younger women and men. WHI project management was flexible when necessary and adjusted project activities and schedules accordingly to meet planned targets. For future projects, more careful attention to national planned events needs to be taken into consideration in planning events so as not to affect key activities such as training courses, while ensuring adequate refresher courses and follow up activities for trainees in the final year of the project proved an important aspect in the provision of quality support for both direct and indirect beneficiaries.
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Evaluation Criteria	Efficiency
Evaluation Question 8	How efficient were management and coordination for the project?
Response to the evaluation question with analysis of key findings by the evaluation team	<p>Training Organizations: WHI effectively utilized two excellent training and service organizations, Hagar and SSC, to deliver the trainings sessions on basic counseling and case management for SGBV survivors to the government service providers. This enabled the WHI project team to concentrate on providing supervision and coaching in the field to trainees as well as supporting the CCWCs to mobilize and conduct Outreach Events.</p> <p>Management of Trainings: Interviews with both training organizations emphasized that both the quality of the learning of participants and training sessions would have been further enhanced had the project had been designed and funded for follow up coaching and support to service providers in the field by the training teams, not only WHI project staff. The trainers would have been able to provide technical support, feed lessons learned back into the training sessions, and adjust the next lessons and trainings topics as necessary to better support participants learning, and not just rely on feedback from WHI project staff. Hagar was not in a position to do this at the beginning of the project, but SSC was.</p> <p>Internal and External Monitoring: WHI has a comprehensive confidential client database that is used to track clients by case number, address, age, dates of services, type of violence and perpetrator, type of services received and by whom, and this was updated regularly. Furthermore, WHI utilized the service of external surveyors through RUPP to conduct bi-annual monitoring and surveys with target beneficiaries. This enabled WHI to gather on-going feedback and information on their Outreach Events and activities. However, the formal agreement with RUPP for monitoring services did not materialize so WHI relied on informal arrangements with RUPP professors and students, which comprised the quality of services. The baseline survey questions were limited, did not always match or measure the project indicators and some were not gender-sensitive. It is also unclear how the results of these surveys were incorporated into the project learning, except for reporting. A recommendation is for future</p>

	<p>projects to have more robust baseline survey and to better use results from monitoring surveys to direct changes in programming as necessary along the project cycle.</p> <p>Timely activities: Training sessions, Outreach Events, and project reports were largely delivered to WHI and UNTF in a timely manner after the first six months at the start of the project. Despite small disruptions in training for CCWCs with the commune council elections in 2017 and Outreach Activities with the national assembly elections in 2018, project activities were generally delivered and conducted as planned and on schedule.</p> <p>Supportive Management: The WHI project management was careful to ensure that the project staff was not only provided with appropriate management and technical supervision for their positions, but also with necessary supervision, including emotional and technical support to help manage stress. This is especially important to assuring quality of service provision and reducing burnout for service providers working with clients and survivors of SGBV and other trauma.</p> <p>Project staff involvement: WHI project staff joined in the series of training sessions delivered by Hagar and SSC, and feedback and observations revealed that their role during the trainings could have been better defined to add greater value to the lessons and enhance participants' learning. They were not participants nor strictly observers nor trainers, and sometimes their interventions created confusion for trainees. This may not have been the most efficient use of their time given their heavy intense workload, but they could also have led a session or two incorporating trainee learning and experiences from the field to feedback into the training sessions. It is recommended to better define the role of WHI staff when working with partners and to better utilize WHI expertise when contracting out services to other organizations.</p> <p>Separate Trainings/Team: The project management tended to manage and operate the project activities, partners, trainees and staff as almost two separate vertical or silo activities, with limited collaboration. There was little coordination efforts between the WHI project team of social workers and the WHI Clinical Advisor, little planned interaction between Hagar and SSC training teams and no organized learning sessions for government social workers (DoSAVY and DoWA) and commune authorities (CCWC members) to come together to share experiences, learn from each other on providing services to survivors of SGBV and strengthen networks together. This was a missed opportunity for the project to deepen learning, enhance training outcomes and strengthen coordination efforts. It is recommended to ensure better collaboration between partners in the project in the future.</p> <p>Lack of coordination/communication between different groups of trainees: WHI missed the opportunity to organize informal sharing sessions between the two sets of government social workers (DoSAVY/DoWA) and the CCWC members, to share practical experiences and strengthen coordination outside of the formal government meetings. This additional networking may have enhanced support for referrals and other services for survivors. <i>"We would like to have joint meetings or lesson learned sharing workshop with all trained CCWCs and DoWA/DoSAVY at the district (and provincial) to share experiences,</i></p>
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	<p><i>learn together, and support each other.” (FGD with CWCC)</i> It is recommended to build in opportunities for joint cross learning sessions among trainees to strengthen networking and coordination in future projects.</p> <p>Limited coordination with other NGOs: While there are only a few NGOs working in Kampong Speu province, WHI had limited contact with other NGOs including those agencies listed in the project proposal and on their IEC materials and leaflets. This lack of coordination did not seem to affect the project implementation, however some regular contact might have yielded additional benefits in terms of referrals and mapping of services. It is recommended to ensure better coordination with other NGOs in the future projects.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Data sources and information gathered by the evaluation team include the WHI Enhancing Responses Project semi-annual and annual narrative reports, WHI Outreach Event Database and Client Database, baseline and bi-annual surveys, end line interviews with WHI Enhancing Responses Project management, staff training organizations and trained government service providers and relevant NGOs in Kampong Speu province. Other sources of information included SSC and Hagar semi-annual and annual reports and observations of training sessions with trainees.
Conclusions	The project was well managed vertically, with strong coordination and relationships with government stakeholders and service providers, and with the two trainings organizations to deliver project activities and results. Importantly, WHI project management provided appropriate technical and emotional support for their project staff and the trainees providing SGBV support. However WHI could have taken a more proactive role to promote more cross collaboration between and among the different project teams, different training organizations, and different government service providers to strengthen coordination, enhance learning and improve service delivery for project beneficiaries. Furthermore, in future projects the role of WHI project staff in relation to implementing partners could be better defined at the outset of the project to maximize the different experiences and expertise of all staff and partners towards achieving the project results while linking with other relevant NGO service providers could add value to project activities, especially referrals to legal services.

9.4 Impact

Evaluation Criteria	Impact
Evaluation Question 9	To what extent has this project generated positive changes in the lives of targeted (and non-target) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of these women and/or girls? Please describe those changes.

<p>Response to the evaluation question with analysis of key findings by the evaluation team</p>	<p>Reduction in domestic violence: Women and girls, and survivors of violence recognized there has been an overall reduction of domestic violence incidents and the severity in their family and communities. The majority of women recognize that they have the right to live free from violence and many have the confidence to contact village authorities and neighbors, as well as police and commune authorities as necessary, for assistance in cases of domestic violence, including rape and sexual assault. <i>"We will contact the village authorities first, but if they can't solve the particular problem, then we can access CCWC or police as necessary. Both the police and CCWC have given us their telephone numbers to contact for advice anytime."</i> (FGD with women)</p> <p>However increased knowledge of women about their women's rights and available services has not necessarily translated into action as over one fourth of the women surveyed at the end line still don't know who to report cases of violence to. As such there is still a need to raise awareness and provide information on reporting of cases of SGBV.</p> <p>Fewer domestic violence cases in community: Many service providers interviewed at the end line survey felt strongly that the WHI project directly contributed to their improved skills to more effectively address domestic violence disputes in communities, leading to fewer incidences of violence despite the lack of formal reporting by many village and commune authorities. <i>"I can say that domestic violence has reduced by 70 to 80 percent in the villages since the WHI project activities, as a result of more skilled service providers including CCWCs and Outreach activities."</i> (FGD with DoWA/DOSAVY)</p> <p>Improved self-confidence: Many women survivors have gained new confidence to talk with their husbands, to express their feelings in a positive way and to encourage them to reduce their alcohol consumption, leading to less arguments and quarrels at home. <i>"We are more confident to negotiate with our husbands, they have reduced their drinking and we feel so much better than before about our family life."</i> (FGD with Survivors)</p> <p>Informed decision-making related to experiences of violence: Before the project, DoWA and DoSAVY reported that many survivors attempted to solve their domestic violence problems quickly and without a lot of knowledge regarding their rights and/or services available. As such, they often made quick and ill-informed decisions that did not necessarily solve or change their situation at home. <i>"Before when we met clients, they were very angry, decided they wanted a divorce but did not think through the pros and cons. Now with counseling and information, they are making better informed decisions."</i> (KII with CCWC, DoWA and DoSAVY) Some local authorities have also noted that many women in their villages now dare to come forward and seek help when they are faced with violence in their family. <i>"Women are more brave to tell others about violence in their family and to call for help from the local authorities."</i> (KII with male Village Leader)</p> <p>Undoing restrictive gender norms: Through individual counseling and to some extent group therapy sessions, many survivors of violence no longer blame themselves for domestic violence. <i>"I always thought it was my fault that my husband was not happy with me and beat me. I tried to forgive him but he never changed. But since I have received counseling from CCWC, I know I am not to blame."</i> (KII with Survivor) They have taken action to resolve their particular family situation, whether through</p>
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	<p>discussions with husbands to reduce conflicts at home, reduce alcohol consumption, and/or filing for divorce. <i>"I feel so much stronger now that I have been able to discuss my family situation and conflict with husband with the CCWC and the female village representative, who have given me good advice."</i> (FGD with Women Survivor).</p> <p>Improved relations with husband and family: Some women with conflicts with their husbands receiving counseling from government service providers were able to directly address and solve their problem with their husbands because of the solid advice and discussions with the social workers. <i>"I always went to meet with the CCWC to consult about my husbands' drinking problem and the problems it was creating in the family. After many discussions, and advice to include our daughter and mother in-law in discussions, I talked with my husband and he has reduced drinking. I am feeling so good to have my good husband back and a happy family."</i> (KII with Survivor)</p> <p>Self-determination: Not all women have been able to resolve their domestic problems with their husbands, even after counseling and support from trained government service providers. Through direct counseling and information on their options and available services, some women have come to their own decisions and conclusion to seek divorce as the final solution. <i>"My husband has not changed and continues to hit me and does not let me meet family or friends. So with support from the CCWC and DoSAVY, I have connected with the police and village chief and other organizations, and I have finally come to my own decision to file for divorce at the court."</i> (KII with Survivor) Another survivor has also come a similar conclusion, after many years of abuse by her husband. <i>"I was referred to DoWA, and after counseling and discussions on my options, DoWA accompanied me to the court at the provincial level to file for divorce. I feel much better now about my life."</i> (KII with Survivor)</p> <p>Unresolved DV resulting in hopelessness: Some survivors expressed feelings of hopelessness when they did not see any change in their husband's violent behavior or any improvement in their lives, after counseling or referral services. Some also felt it was their responsibility to change their behavior and to solve violence in their family, with little support from husbands and men. As a result, some survivors stopped joining group therapy sessions and/or have become resigned to their situation.</p> <p>Fear of husband's violence: Some female survivors were afraid that visits by government social workers would make matters worse with their husbands, so were reluctant to participate in counseling sessions, especially group sessions. <i>"In one case, after counseling, the wife decided to file for divorce and the husband found out and then he caused more problems with his wife than before."</i> (KII with DoSAVY)</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the	Data sources and information gathered by the evaluation team include the WHI Enhancing Responses Project semi-annual and annual narrative reports, WHI Outreach Client Database, end line interviews with WHI Enhancing Responses Project management, staff, female survivors of violence (clients), government service providers, local authorities and FGDs with community and observations of group sessions with female survivors of violence.

response and analysis above	
Conclusions	Many survivors receiving direct services from government service providers have improved confidence in themselves, no longer blame themselves for violence by their husbands and with clear information on their rights, services and options, have taken concrete steps to solve their problems whether it is improving communications with their husbands, reducing conflict within the family or in the event they do decide to divorce or separate are better informed and supported with counseling and legal services. Government service providers have increased their capacity to provide more effective counseling and referral services for female survivors of violence, and this had led to more effective interventions in domestic violence cases where women are more informed of their rights, available options and courses of actions. However, some survivors of violence who have not realized changes in their family situation or who have not benefited from social services provided may require a different approach, case management or counseling services, perhaps involving direct interventions with their husbands and involvement of families.

Evaluation Criteria	Impact
Evaluation Question 10	What unintended consequences (positive and negative) resulted from the project, for stakeholders and project partners?
Response to the evaluation question with analysis of key findings by the evaluation team	<p><u>Positive consequences</u></p> <p>Improved recognition and job performance: Some government social workers and CCWC members attributed the training courses and close follow up supervision and support to improved job performance and recognition of excellent work by their own supervisors. During interviews at the end line survey, they stated they feel valued at work and have gained increased respect from work colleagues as a result of gaining and applying knowledge and skills in counseling and case management.</p> <p>Improved Work Environment: With increased capacity and confidence to work with and assist WAG survivors to solve problems, government service providers feel valued for their skills and contribution in the workplace. <i>“Before, the CC Chief always managed the DV cases. But after I attended the training with WHI/SSC, he now refers the DV cases to me, and gives me the authority to manage the clients myself. He trusts and values my skills now.” (FGD with CCWC)</i> Collaboration among and within departments and teams has also improved, resulting in better working environment. <i>“I used to be short tempered at work with colleagues. Now we now work closely together to solve problems together, we share information with others and work in all communes together.” (KII with DoWA)</i></p> <p>Improved family relations and community standing: Some government social workers and CCWC members also stated during end line survey interviews that they have improved family relationships as a result of the lessons on such topics as</p>

knowing yourself, showing empathy, communication skills and improved listening skills. *“In my own family, there was no violence, but I was mean and nasty. My husband and I did not understand each other, and I did not let him near me. But I’m not mean any more and speak softly to him and others are saying I understand my husband now”. (CCWC, SSC Training Report)* By learning how to manage stress, and with on-going support from WHI project staff in the field, service providers have also improved family relations. *“Now I have learned to relax and I do not take my work stress home with me to my family.” (KII with DoWA.)* They have also applied this new knowledge and skills to their family and community relationships, and mentioned an increased standing in their own community for their work in solving problems with DV in the community. Many trainees have more positive attitudes, are more respectful of others, and this has improved relations with community members as well. *“I respect and value people more than before. And people in the community are more friendly as they see we (DoWA/DoSAVY) have been very helpful in solving DV issues with families.” (KII with DoWA)*

Negative consequences

Tension with Village Authorities: Some DoSAVY and DoWA officials interviewed at the end line mentioned that some village and commune chiefs have expressed exasperation with some government social workers by continued follow up with clients as interfering in the villager lives, after the “DV problem” has been solved. Some VCs/DVCs/CC’s don’t understand the purpose of the follow up visits and feel that continued interventions are unnecessary and intrusive. In addition some Village Authorities still believe that domestic violence is a family matter that should be solved by the husband and wife themselves.

Negative messaging to women to change behavior: End line interviews with a few female survivors who did not see any improvement in their situation or change in their husband’s violent behavior, despite counseling sessions, reports to village authorities and assistance from others felt hopeless. *“To make myself feel better, I told myself that I owe him, it is my fate (karma) to be with him so that is why my life it terrible.” (KII with survivor).* Furthermore, individual counseling sessions and group therapy sessions with survivors that have not resulted in reductions in DV may have reinforced messages that women need to change to solve the domestic violence problem. *“My husband has not changed his behavior of drinking and using violence against me. So I have changed my behavior to hold in my anger, be patient and not respond, but he still hits me.” (KII with survivor).* Care needs to be taken by service providers not to mistakenly or inadvertently stress that women should be the drivers of change in their responses to violence within the family. *“If women complain to their husbands, they will fight. If they are quiet, there is no fighting. (FGD with CCWC)* This is also the view held by many men and because of cultural norms that dictate women should be patient. *“I think the problem of DV starts when women start yelling and cursing at their husbands if they don’t help at home or are drunk.” (FGD with Men)*

	<p>Negative messaging to men: Without more positive messages to men to change behavior, some men and husbands feel they are solely and entirely to blame for violence in the family, and are reluctant to join any village meetings and group discussions on violence prevention. <i>“Some men don’t join the dissemination events and are angry when their wives attend, and they start fighting.” (FGD with CCWC)</i> Furthermore, many social service providers have not and do not meet with husbands directly, only with women. This may foster even more tension as men are kept out of the discussions or solutions. <i>“I have never met with the husband, he does not want to meet or talk with us.” (FGD with DoWA/DoSAVY)</i> Furthermore, some service providers acknowledge men are afraid of police and are embarrassed to discuss problems they are having with their wives. <i>“Men don’t attend Outreach Events, don’t participate or ask questions in meetings and are embarrassed to discuss marital issues with others.” (KII with DoWA/DoSAVY)</i> Men also recognize that some men stop drinking and perpetrating violence at home for only a short time and start again when they drink, underscoring that to root cause of violence has not been fully addressed. <i>“It is difficult to prevent domestic violence as men drink, start fighting with their wives, they stop drinking for awhile but then it happens again and again.” (FGD with Men)</i></p> <p><u>Had potential for a negative consequence</u></p> <p>Male workers visiting female clients: Some male DoSAVY workers, especially younger men, expressed worry and concern that visiting female SGBV survivors contribute to husband’s jealousy and potential for increased DV within the family, despite always visiting the client with either the Village Chief or CCWC member. Older male service providers are worried to meet younger female survivors. <i>“Some husbands are jealous of male counselors like me if we go to visit their wives for counseling on domestic violence. We should meet with the husband also.” (KII with DoSAVY)</i></p> <p>Undue burden on women to change their own behavior, not men’s, to avoid violence: Working more with survivors and women only, and less with husbands and men, may have placed an undue burden on women to be solely responsible for solving domestic violence issues, by providing them with “communication and coping skills” to temporarily react to the problem. <i>“Women now change their behavior when their husband is drunk, they don’t yell but walk away and deal with their husband later.” (FGD with DoWA/DoSAVY)</i></p>
<p>Quantitative and/or qualitative evidence gathered by the evaluation team to support the</p>	<p>Data sources and information gathered by the evaluation team include the end line interviews with female survivors of violence (clients), government service providers, and local authorities as well as FGDs with community women and men. Information was also sourced from observations of group sessions with female survivors of violence and the group supervisions with government service providers by WHI project staff.</p>

response and analysis above	
Conclusions	The project has resulted in significant changes in government service providers' capacity, which has improved the quality of their own performance, teamwork and work relations beyond their own departments. Personal growth and development through the specialized training courses and follow up support by WHI project staff have also led to improvements in service providers' personal and family relationships as well as feeling valued and trusted by community members. While direct counseling with survivors has resulted in many positive changes and reduction in domestic violence, care needs to be taken that the burden of solving domestic violence and behavior change is not placed on women only. Not engaging men and boys more directly in promoting gender equality and modeling non-violent behavior towards women was a missed opportunity to help men transform harmful masculine behaviors, such as anger and violence, into more positive actions

Evaluation Criteria	Impact
Evaluation Question 11	What policy recommendations should come from the implementation and lessons learned from the project?
Response to the evaluation question with analysis of key findings by the evaluation team	<p>WHI is well placed to coordinate and collate feedback on the government forms used by the government social workers with survivors of clients, especially MoWA's referral guidelines and guidelines on basic counseling, to review and revision if necessary on the government forms. Furthermore, WHI could facilitate the development of a 'How to' or "Step-by-step" manual on the best practices of working with survivors of violence, including counseling and case management, based on the experiences and lessons learned of the DoWA/DoSAVY and CCWC trainees through their direct contact with survivors of violence.</p> <p>The government, specifically MoSAVY, MoWA, MoI and other ministries, should increase national budget allocations and funding for government service providers for client services and provide on-going supervision and support to their department staff in the field, in line with NAPVAW II. In addition, it is important for the government to facilitate easier access to the government budgets by government staff so they have the resources in a timely manner to perform their work and provide services in the field. This may require coordinated higher-level advocacy and discussions with government ministries and departments at the national and provincial level, in which the UN and other development agencies may be in a position to facilitate. This could include providing support to government counterparts for more evidence-based reporting on SGBV services in line with the RGC's budget reforms of programme-based budget (PBB) and Gender Responsive Budgeting (GRB),</p>

	<p>If possible, there should be a discussion of the Village Commune Safety Policy implementation to ensure that the VCS Policy is not interpreted as stifling DV interventions or reports from villages to communes to districts. Currently villages are rewarded by have a small number of cases of SGBV and DV reported, which is undermining other government efforts to accurately record cases and respond to violence against women in a systematic manner.</p> <p>Seeing that almost a third of women did not know to whom or where to report cases of SGBV, there needs to be a concerted effort on the part of the government to raise awareness among the whole population, women and young people especially, on where and how to report cases of violence, and what services can be expected to support survivors of SGBV.</p> <p>Knowing that most people go to local authorities rather than DoWA, DoSAVY or the CCWCs to report, local authorities must be provided with training and tools to ensure they appropriately handle cases. Or, alternatively, greater awareness should be made among the population of the availability and responsibility of DoWA, DoSAVY and CCWCs to handle and respond to cases, and an investigation should be done to determine why people are not reporting to these entities.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>Recognizing that there are far more men than women in the social welfare service provision, the Government should make efforts to encourage women's entry into this workforce, to create gender balance and offer more options to women survivors.</p> <p>In order to equally spread the burden of solving the DV problem between men and women, MoWA and MoSAVY should take a stance that programming addressing violence should address men as well as women. Wherever services are offered to women, awareness raising should be conducted with men as well, and services offered as needed to them to reduce factors which may lead to violence.</p> <p>Consider expanding and providing additional technical support as necessary to engage with DV couples, wives and husbands together, in a more systematic manner, such as through the Oxfam initiative "Gender Road Map"⁹ which is a couple-based gender-transformative model to address unequal power relations. This could also be extended to include "positive parenting" initiatives with families aimed at ending violence against children in families and promoting model families in communities.</p> <p>Recognizing that most people go to local authorities, and women often prefer to seek out female village authorities or female village volunteers for SGBV services, the government is encouraged to increase the number of women in the positions of village</p>

⁹ https://cambodia.oxfam.org/policy_paper/gender-road-map-guidebook

	<p>leader and deputy leader in line with their stated policy that one-third of the village authority structure is female. Furthermore, extend the social work training and tools to the female authorities in the villages so they can better respond to cases of violence in their community and provide services and referrals to survivors of SGBV.</p> <p>Outreach awareness raising events on prevention of violence against women and girls are more effective when they are held with small groups, are interactive and participatory and should be part of a series of events over time to reinforce different prevention and response messages on violence. These could be linked more closely with regular commune and village meetings to reinforce or positively influence the implementation of the messages of the Village Commune Safety Policy.</p> <p>The training component of the project can be scaled up to include all communes, other districts and expand into other provinces. All trainings of government social workers, officials and community actors should include “soft skills” such as listening, observing, and empathizing with survivors of SGBV as essential skills for provision of services and in responding to survivors of violence. Furthermore, cross departmental and joint trainings with different government officials (i.e. DoSAVY and DoWA), with follow up exercises, should be encouraged as they contribute to both improved individual job performance and a shared commitment to addressing violence against women and girls.</p> <p>Focus on changing harmful or negative gender stereotypes and gender equalities that are the root cause of violence against women. Studies show that behavior change communication is more effective with younger children, between the ages of 12-18 years of age. Furthermore targeting key influencers such as community leaders and parents to model and promote positive attitudes and practices towards ending against violence of women, girls and children can have a multiplier effect in the communities.</p>
Conclusions	<p>Expanding social work training to other government officials responsible for preventing and responding to violence against women and girls, including village and commune authorities and police as front line will likely aid in the efforts to reduce violence in homes and communities. Importantly, training sessions must be accompanied by on-going follow up and supervision with trainees to ensure learning is applied. Furthermore, the government is validated to encourage its gender equality and women’s empowerment policies by appointing and recruiting more women in positions throughout government departments, offices, elected officials and at the national and sub-national levels.</p>

9.5 Sustainability

Evaluation Criteria	Sustainability
Evaluation Question 12	How are the achieved results going to be sustained after this project ends, especially the positive changes generated by the project in the lives of women and girls at the project goal level?
Response to the evaluation question with analysis of key findings by the evaluation team	<p>As mentioned above, the project has partnered with government ministries and sub-national authorities, especially MoSAVY/PDoSAVY, MoWA/PDoWA, and the CCWCs through the Commune, District and Provincial Authorities, to address SGBV in a systematic manner that involves strengthening prevention activities and improved quality of case management and therapeutic services for survivors through government structures. The project interventions have the enhanced capacity of government service providers to provide improved quality of SGBV services to women and female survivors, as evidenced by training reports, group supervision and field monitoring visits, and end line interviews with key stakeholders in line with the Royal Government of Cambodia's commitments to eliminate SGBV through international and national policy frameworks, including CEDAW, Neary Rattanak IV and NAPVAW II, the DV Law and other relevant laws and policies.</p> <p>Increased knowledge of women's rights and SGBV services: Community members, women and girls and survivors reached by the Outreach Events and direct social services demonstrated increased knowledge of SGBV services in their community. Many female survivors interviewed at the end line stated they would recommend CCWC counseling and referral services to friends and neighbors facing domestic violence issues as they had found the advice and support helpful in their own lives. Women and girls participating in FGDs at the end line have stated they have shared and would continue to share this information they learned from the Outreach Events on SGBV prevention and services with others in their community. Both village and commune authorities interviewed at the end line also mentioned that they will continue to reinforce the SGBV prevention and response messages disseminated through the Outreach Events, through their regular monthly coordination meetings, community forums and events and as part of their overall functions.</p> <p>DoSAVY, DOWA and CCWC Mandate: DoSAVY and DoWA and CCWC are mandated to address DV and SGBV at the community level, including dissemination of information on prevention and responses for women and girls and survivors of violence. End line interviews with trained government service providers confirmed that these dissemination activities are part of the government's national and sub-national action plans to eliminate violence against women and children so they will continue to conduct various activities in line with the Outreach Events, including meeting with individual clients. In evaluation validation meetings, government service providers felt confident and committed to continuing to meet with 3-4 SGBV survivors/ clients</p>

	<p>a month as part of their regular work and increased capacity to provide effective services. However they did indicate that the number of SGBV prevention activities and client visits would be less frequent due to lack of sufficient government resources.</p> <p>Increased Capacity of government service providers: Through the WHI Enhancing Responses project, DoSAVY and DoWA, as well as CCWC members, are now better equipped with knowledge, skills and positive attitudes to implement MoWA guidelines on basic counseling and referrals with SGBV survivors. In end line interviews and at validation meetings, many of the more motivated government social workers stated they would continue to provide both direct services to WAG survivors of violence as well as disseminate information on SGBV prevention and services as part of their own job descriptions and personal commitment to end violence against women. Again frequency of travel to visit clients will likely be reduced unless additional resources can be found to supplement government budgets.</p> <p>Utilizing Government Structures: By training government social workers and CCWC members and utilizing government structures and regular mechanisms to address violence against women and children, such as monthly CC meetings, district coordination meetings and provincial coordination meetings, the project interventions have increased the capacity of government social workers to better utilize the existing coordination system to address SGBV and DV cases. As the project has trained government social workers on the use of various forms such as recording cases, referring cases, feedback sheet and summarizing cases, they have contributed to strengthening SGBV reporting. Furthermore, the national government has established indicators on VAWG to be monitored, so the government is required to report on SGBV at the national and international level.</p> <p>Reduced Violence and Change in Perceptions: Though the reduction in violence figures are not clear as the baseline could not identify numbers of cases being reported in the areas targeted, the perception among service providers is that violence is reducing as a result of awareness raised. The survey found that perceptions on the acceptability of violence have also changed for the positive. As violence is decreased and perceptions become more positive for the protection of women and children, the knock-on effect will be that violence will continue to decrease. As families experience less violence, the cycle of violence is halted. Children who grow up without such experiences are less likely to perpetrate themselves and communities where violence is decreasing are empowered to become less tolerant of violence.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the	<p>Data sources and information gathered by the evaluation team include the end line interviews with female survivors of violence (clients), government service providers, and local authorities as well as FGDs with community women and men. Information was also sourced from interviews with provincial and district level authorities and UN Women as well as government national plans (NAPVAW II) and sub-national coordination mechanisms (CRM).</p>

response and analysis above	
Conclusions	Through the WHI Enhancing Responses project, DoSAVY and DoWA, as well as CCWC members, are now better equipped with knowledge, skills and positive attitudes to implement MoWA guidelines on basic counseling and referrals with SGBV survivors. Women and female survivors of violence also have better knowledge of different forms of violence against women and SGBV services for women and many stated they would recommend services, especially through the CCWC, to other women. This directly supports the government's national and international commitments to end violence against women and they will continue the interventions in line with their national policies and plans, especially through NAPVAW II, and with enhanced capacity of government social workers. A barrier remains the low level of government resources allocated to prevention and responses, so client services and outreach activities will likely be reduced, unless additional donor funding is available. Women and female survivors of violence also have better knowledge of different forms of violence against women and their impact and many stated they would recommend key SGBV services, especially through the CCWC, to other women.

Evaluation Criteria	Sustainability
Evaluation Question 13	What elements of the project (in order of priority) should continue if further funding becomes available?
Response to the evaluation question with analysis of key findings by the evaluation team	<p>Continue to provide follow up, supervision, coaching and refresher training sessions with trained government social workers and CCWC members so they build on and improve the quality and skills in counseling and case management to SGBV survivors. If possible, expand to all other districts and communes, to ensure provincial wide coverage.</p> <p>Involve training organizations, including Hagar and SSC, with the resources and a role to follow-up, supervise and coach trainees in the field, to support trainees practical learning in the field and to further build on and improve training sessions through reflection.</p> <p>Support for individual counseling: Continue to provide support for and backstop trained government social workers and CCWC members to provide individual counseling and referral services to SGBV survivors and women at risk of violence in communities, as end line interviews with survivors showed that these SGBV services often resulted in women taking decisions and action to address their own situation.</p> <p>Men's Groups: Continue to implement and expand the "pilot" group counseling sessions with men and husbands (13 men) who commit domestic violence through promoting positive behavior change, such as the MoWA led "Good Men Campaign."</p>

	<p>End line FGDs with community women suggested working directly with husbands and perpetrators of domestic violence while FGDs with men revealed the importance of educating and working with men who commit violence to effect lasting change.</p> <p>Female village volunteers: Continue with the recent initiative to engage female village volunteers/authorities in SGBV prevention and response meeting with the CCWCs, as they are at the front line and first contact point for many women in the community. End line FGDs with community women revealed that they are part of the women’s network from village to commune to district level, and can play an important role in both prevention and responses to SGBV at the community level.</p> <p>Emphasize impact of violence on women: Given women’s increased recognition of the different forms of violence and the negative emotional impact on women, and to some degree a reduction in the levels of blame or shame attributed to victims of violence, continue to emphasize this aspect in SGBV prevention messages with all stakeholders, especially women to encourage uptake of SGBV services.</p> <p>Outreach Events at Garment Factories and High Schools: Given the success of and enthusiasm of garment factory management and high school principals as well as the workers and students, continue the outreach events to disseminate information on prevention and response messages on SGBV, aiming to shift harmful gender norms by targeting younger women and men and girls and boys.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Data sources and information gathered by the evaluation team include the baseline and end line survey with women and women, end line interviews WHI project staff, training organizations, female survivors of violence (clients), government social service providers and local authorities as well as FGDs with community women and men. Information was also sourced from observations of Outreach Events, group supervision as well as referencing WHI Enhancing Responses semi-annual and annual reports and Hagar and SSC training reports.
Conclusions	The project’s demonstrated success in providing effective training sessions, follow up, supervision, coaching and refresher training sessions with trained government social workers and CCWC members should be continued so they can build on and improve the quality and skills in counseling and case management to SGBV survivors. End line interviews with survivors showed that direct SGBV interventions of individual counseling and referral services often resulted in women taking decisions and actions to positively address their own situation. It would be beneficial to expand the “pilot” group counseling sessions with men and husbands who commit domestic violence through promoting positive behavior change while emphasizing the negative impact that violence has on women. Outreach events on SGBV prevention and responses at garment factories and high schools reaching younger women and men offer greater potential to shift harmful gender norms.

9.6 Gender Equality and Human Rights Based Approach

Evaluation Criteria	Gender Equality and Human Rights Based Approach
Evaluation Question 14	How did the intervention contribute to the empowerment of rights holders to demand and duty bearers to fulfill Human Rights (HR) & Gender Equality (GE) norms?
Response to the evaluation question with analysis of key findings by the evaluation team	<p>The project was instrumental in further instilling government and elected officials with their duty to protect women and children from violence by providing training of topics such as the DV Law, role of local authorities in supporting victims of domestic violence, supporting victims of rape to file complaints with police and to have forensic examinations, and protective order from courts. (Hagar and SSC training reports) Furthermore, DoSAVY officials provided specialist training on government regulations on addressing different types of SGBV while Hagar trainers delivered training on the legal process, underscoring government's obligations to protect victims of SGBV and to prosecute perpetrators. (Hagar training reports)</p> <p>The project provided community members with clear information on laws and policies that support gender equality and women's rights, including the DV Law. In end line FGDs, community members, especially women, were able to articulate that violence against women is against the law and that action can and must be taken against perpetrators. Furthermore, it was observed that the different types of violence, including physical, sexual, emotional and economic, were presented and discussed at the Outreach Event, so people were able to better understand the various forms of violence and their impact on victims, especially women. <i>"We learned about the 4 different types of violence and which authorities to contact in cases of violence. We need to tell all girls they should not be ashamed if they are sexually assaulted and they should tell others immediately."</i> (FGD with High School Girls) In end line FGDs, men and boys also stated they were informed about the DV Law, rights of women and that violence is against the law and rights of women and children through Outreach Events and local community meetings, and so were afraid of the police and doing wrong by the law. <i>"We men can stop and solve domestic violence in our community before it happens and can take action to inform the village chief, police or commune chief, or the court as necessary."</i> (FGD with Men)</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Data sources and information gathered by the evaluation team include the WHI Enhancing Responses Project semi-annual annual reports, Hagar and SSC training reports, observations of Outreach Events, end line interviews WHI project staff and training organizations as well as end line FGDs with community women and girls and men and boys

Conclusions	The project interventions supported rights holders with knowledge and services to claim their rights to be free from violence through a combination of information sessions and direct service provision by trained government service providers. Government social workers were provided with trainings to increase their knowledge, skills and attitude to directly support services to women, girls and female survivors of violence in their roles to protect the rights of women in Cambodia.
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Evaluation Criteria	Gender Equality and Human Rights Based Approach
Evaluation Question 15	Were there any constraints (e.g. political, practical, bureaucratic) to addressing HR & GE efficiently during implementation? What level of effort was made to overcome these challenges?
Response to the evaluation question with analysis of key findings by the evaluation team	<p>There were several key constraints to addressing human rights and gender equality during the project implementation.</p> <p>Entrenched discriminatory attitudes and stereotype gender roles: There are entrenched gender stereotypes and discriminatory attitudes about women and women’s roles in Cambodia society. Women are often less likely to be protected from violence as a result of their work and economic status, and this includes garment factory workers (NAPVAW II). In many communities, younger women aged 18-35 went to work in the garment factories and men were at home farming and “taking care of the house and children.” The shift in the traditional gender roles as men as breadwinners and women as care takers to more gender equitable roles did not seem to be adequately supported or addressed. The root causes of violence may not have been adequately addressed in the field. <i>“Many husbands are jealous as their wives work in the factory and the men stay at home, often with no work but to take care of children. Their wives have many friends, earn money and look pretty. They sometimes fight over money, drinking and household work.” (FGD with Men/KII with DoSAVY)</i> Many men were reportedly drinking and drunk during the day, not taking care of children or the household, while their wives were off working in the factories, and expected to take care of the house when they returned from work. This was only superficially addressed as “men should not get drunk” and “women should not confront their husbands when they are drunk.”</p> <p>Male government service providers and female survivors of SGBV: Many of the DoSAVY officials trained are men, some are quite young, and during interviews they expressed hesitancy and concerns with having direct contact with female survivors of violence. This was due to the sensitive nature of discussing SGBV with the clients, especially sexual violence and rape, and concerns that husbands would be jealous or feel threatened by their presence. Some also feared for their safety. To address this, male DoSAVY officials were accompanied by the village chief, female village representative or CCWC member, and in some cases paired up with a female DoSAVY or DoWA official on their client visits. <i>“Sometimes the female client doesn’t want to talk to me because I am a man, so I refer to my female colleague.” (KII with male DoSAVY)</i></p>

	The Village Commune Safety Policy , while an important guideline for local authorities to protect villagers, is also interpreted as stifling DV/SGBV interventions and reports from villages to communes to districts. Currently, village authorities are not rewarded for reporting cases of SGBV and DV, which in turn can undermine the government's efforts to accurately record cases and address DV. <i>"We have never had a DV case referred outside the village to higher authorities as this will have a negative impact on our village reputation."</i> (FGD with Men) By training government officials on the role of government authorities to prevent and protect victims of SGBV, by providing follow up supervision and coaching in the field, and by holding Outreach Events involving the participation of local authorities, WHI made efforts to also ensure local authorities also increased their understanding and willingness to support victims of SGBV in line with the laws of Cambodia.
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Data sources and information gathered by the evaluation team include end line interviews with trained government social service providers and local authorities, as well as FGDs with community men. Information was also sourced from observations of Outreach Events and during field work as well as referencing government national plans (NAPVAW II), and policies (VCS Policy).
Conclusions	The main constraints to addressing GE & HR are entrenched harmful gender norms in Cambodian society that require long term coordinated efforts to systematically address all forms of violence against women and girls, as well as the fact that the women remain under represented in decision-making, politics and the civil service positions within the government structures. ¹⁰ Men hold the vast majority of management and decision-making positions in government as well as locally elected and appointed officials and as such are in influential positions to exercise both power and authority. ¹¹

9.7 Knowledge Generation

Evaluation Criteria	Knowledge Generation
Evaluation Question 16	What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?

¹⁰ Ministry of Women's Affairs (2018): *Women in Decision Making, Politics and Civil Service, Data Sheet*. Phnom Penh

¹¹ In 2017 women held only 22% of decision-making positions in the Civil Service. At the sub-national level, women held only 8% of CC Chief positions, 17.3% of provincial deputy governors, 3.5% and 26% of deputy district governors. There was only 1 female provincial governor.

<p>Response to the evaluation question with analysis of key findings by the evaluation team</p>	<p>“Soft skills” training: Putting efforts into building personal “soft skills” of government officials, such as listening, observing, and empathizing with clients and people in general as part of counseling and case management skills to address SGBV has motivated government officials on both a personal and professional level to eliminate SGBV in their communities. <i>“Government social workers attitudes have changed as they now understand and know how to apply effective social work principles such as empathy, confidentiality, client centered approach, asking questions and observing and ensuring clients make their decisions, not us.” (KII with DoSAVY)</i></p> <p>Supporting existing mechanisms: Utilizing and supporting existing government structure and mechanisms contributes to both improved individual job performance and a joint shared commitment to addressing violence against women and girls. It now becomes everyone’s responsibility to address and solve violence in the community. <i>“The training has aligned with government plans such as NAPVAW II and trainees are able to put their knowledge to practice in the field to support survivors, and can use their networks to advise clients on appropriate services.” (KII with Provincial Official)</i></p> <p>Smaller Outreach Events: WHI reports that smaller Outreach Events (50-75 persons) at the village level, as compared to larger campaigns, were more effective for communicating and engaging with participants on violence prevention and responses messages. This also allowed for more direct engagement by social service providers with participants to address their concerns and served as capacity building for service providers to conduct information sessions on prevention and services addressing violence against women.</p> <p>Group Supervision and Coaching: WHI found that follow up meetings with groups of trainees/trained social workers, not only individual, enhanced their learning and sharing opportunities, and the trainees felt more comfortable discussing cases with one another in a group than one on one with WHI project staff. This was also more efficient for project staff due to workload and abrupt cancellations by individual trainees, and took the pressure off the government social workers if they were not able to meet with any clients in the month. It was noted by WHI project staff that senior trained government staff often were not available for group supervision visits due to their busy work schedules, and perhaps felt uncomfortable being coached together with more junior staff members.</p> <p>Coordination and Collaboration: WHI could have been more proactive in facilitating and coordinating among staff, partners, trainees and other relevant NGOs in support of project activities and learning. The role of WHI staff could have been better defined when working with partners and to better utilize WHI expertise when contracting out services to other organizations. Future projects can build in more opportunities for joint cross learning sessions across different partners and government service providers (trainees) to strengthen networking and coordination of service provision at the sub-national level. It is also important to maintain relations with other relevant NGOs in the project area to ensure services are not duplicated and to support referrals and services for SGBV survivors.</p>
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	<p>Monitoring and Using Data to modify project while in process: The baseline survey was limited in scope and did not provide sufficient information on indicators to measure changes in knowledge, attitude or practices. Some questions were not very well phrased and others were not gender-sensitive. It was also not clear how the monitoring results were incorporated into project learning. It is important to invest in a more robust baseline survey with clear questions linked to indicators to measure results and to better use results of monitoring to direct changes in the programming as necessary.</p> <p>Travel costs essential for provision of SGBV services: At the start of the project, services to survivors of SGBV were hindered by a lack of support by the government and project budget for transportation costs for government social workers to visit clients in their community. WHI was able to mobilize additional funds outside the project budget grantee contribution to support travel costs to make client visits. This was essential to reach the target number of clients and the project could well have exceeded the target number of clients had funds been available sooner and directly through the project budget.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	Data sources and information gathered by the evaluation team include WHI Enhancing Responses project semi-annual and annual progress reports to UNTF, SSC and Hagar training reports, the baseline survey questionnaire and results, end line interviews WHI project staff, training organizations, relevant NGOs and trained government service providers, Information was also sourced from observations of Outreach Events, training sessions, and group supervisions as well as referencing government national plans (NAPVAW II) and sub-national coordination mechanisms (CRM).
Conclusions	Providing social work skills, emphasizing “soft skills” combined with technical skills for working with clients, for government staff strengthened their capacity to work with SGBV survivors and was personally motivating for many of them as they began helping clients to solve problems themselves. On-going supervision and coaching proved critical to the success of the project interventions as is working with the existing government structures to support government staff to provide more client centered SGBV services. It is important for WHI to be more proactive in coordinating among different partners and staff in future projects as well as ensure a more robust baseline survey to be used for monitoring and evaluation purposes. In addition, the project budget must include all necessary costs (ie travel costs) so that project implementers can deliver on planned activities.

Evaluation Criteria	Knowledge Generation
Evaluation Question 17	Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?

<p>Response to the evaluation question with analysis of key findings by the evaluation team</p>	<p>Joint Training: The training of different and multiple groups of government officials together (DoSAVY and DoWA) on practical knowledge and skills, such as basic counseling and case management, to address SGBV has strengthened cooperation and coordination of prevention and response efforts among these two departments. This reinforces the message that coordinated responses and shared responsibilities among government institutions are most effective in addressing SGBV. <i>“Training DoSAVY and DoWA together, and providing training to CCWCs means that we now understand our roles, responsibilities, how and who to refer clients to, and we are able to share information faster to collectively solve the domestic violence problems together.” (KII with DoSAVY)</i></p> <p>Training and Learning Cycle: The “loop back” or sustained combination of participatory training sessions, practical exercises in the field, follow-up coaching, group supervision and reflection exercises among the government trainees, has reinforced the knowledge and skills learned in the classroom and provided government social workers the opportunity to increase and improve their skills to effectively respond and solve SGBV cases. The excellent training combined with practical work with clients in the field and ongoing supervision has shifted the attitude of government social workers, motivated them to provide more quality services and increased their capacity as professional service providers. <i>“ The project provided us with opportunities to apply our learning and work with clients in the field so we can really understand the “client’s heart.” Group supervision has enable me to move forward in developing my professional skills as a social worker.” (KII with DoSAVY)</i></p> <p>Working with couples/families: Some government service providers worked with both survivors (wives) as well as men (husbands), sometimes separately and sometimes together as a couple. This has resulted in longer-term changes in the couples relationship and reduced conflicts, with better communication, happier family life and fewer arguments. <i>“Working with both wives and husbands means than the couple can change together, understand and help each other to build a happy, prosperous family together without conflicts or violence.” (KII with DoSAVY, DoWA and CCWC)</i> Many of the people interviewed, from project staff, government service providers, survivors of SGBV as well as women and men suggest working more directly with DV families and couples, including model family/good men, as important to effect longer lasting changes to ending violence against women. <i>“I found that my intervention is most effective when both the husband and wife listen to my counseling and then make the final decisions on their next steps.” (KII with Service Provider)</i></p> <p>Some promising practices that could be adapted or replicated to other projects or countries with similar interventions would be the inclusion of “Soft skills” into technical training courses on SGBV prevention and responses. Putting efforts into building personal “soft skills” of government officials, such as listening, observing, and empathizing with clients and people in general as part of counseling and case management skills to address SGBV has motivated government officials on both a personal and professional level to eliminate SGBV in their communities. These soft skills training would be particularly useful in trainings</p>
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	<p>with frontline health professionals who work with SGBV survivors, community police and law enforcement officials who work with SGBV survivors as well as local authorities who are also at the frontline in dealing with domestic violence disputes.</p> <p>Another promising practice by WHI project management that could be replicated (and that perhaps has received less attention in this report) is the importance of and attention paid to project staff and government social service providers' health and emotional well being throughout the project interventions of providing SGBV services to survivors.</p>
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	<p>Data sources and information gathered by the evaluation team include the WHI Enhancing Project semi-annual and annual reports, SSC and Hagar training reports, end line interviews WHI project staff, training organizations and UNTF/UN Women staff and government service providers, as well as observations of training sessions and group supervision.</p>
Conclusions	<p>The modular training sessions, including content, participatory techniques, methodology, including follow up, coaching, supervision and reflection in the field on practical experiences of delivering services to clients and survivors of SGBV is a model for effective implementation for gender-responsive SGBV services in line with government policies and plans. The inclusion of soft skills into technical training courses on SGBV prevention and responses in other projects and with other service providers seems to facilitate personal growth and professional development and accelerate the effective provision of services through a more women-client centered approach.</p>

10. Conclusions

Evaluation Criteria	Conclusions
Effectiveness	<p>The modular training sessions for the government service providers, including follow-up coaching, supervision and reflection sessions were successful and led to measurable improvements in the knowledge, skills, and attitudes of government social workers to provide effective services to survivors of SGBV. Direct counseling and interventions with survivors of SGBV by trained government service providers also led to changes and improvements in many clients lives and family situation. Outreach Events were conducted as planned but did not necessarily reach the expected changes in attitude of target beneficiaries, as behavior change takes long-term sustained efforts to achieve, not one-off events. The timings of the Outreach Events were not suitable for most women and girls in the community as they were working or in school during the day. Reaching out to garment factories and high schools was an important adjustment. Targets for survivors and government service providers were achieved through well-planned activities.</p>
Relevance	<p>The project results were and remain highly relevant to the situation and needs of female survivors, especially the direct service provision for rights and services through trained government social providers, including follow up technical supervision. Continuing to support, expand and provide technical support for SGBV services remains important to ensure momentum is sustained, especially as almost 50 percent of survivors received services for at least two forms of violence. Women need continued targeting especially in disseminating information on their right to report cases of violence and where they can report cases to, as over one-quarter did not know where they could report. Prevention focusing on changing traditional beliefs about the acceptance of violence as well as behavior change with men and boys remains highly relevant, especially to recognize and address the different forms of violence in the home, but requires additional activities targeted specifically at men and boys.</p>
Efficiency	<p>The project overall has been implemented in a cost effective manner and has used resources in an appropriate manner. The project activities were implemented according to the planning document, except for a slow start up in the first year, and when necessary were revised and adjusted to meet planned targets. WHI was responsive to challenges in the internal and external environment, which necessitated adding locations of some project activities from village based (i.e. outreach events in villages/communities with CCWCs) to reach more vulnerable women and girls, including younger women and men, at garment factories and at high schools (i.e. outreach events through employers and educational institutions). Despite some project staff turnover, WHI strong project management as well as project staff expertise and experience kept the activities on track, and adjustments were made as necessary. While the project effectively utilized specialized training organizations to deliver quality services to the government social service providers, the lack of effective project coordination and cross</p>

	<p>learning events among stakeholders was a lost opportunity to strengthen interventions. Both men and women readily accept some detrimental behaviors because of accepted social norms that state men are socially superior to women and women are still often blamed by members of society for violence against women, thereby hindering formal reporting of violence cases. Furthermore, community members and village authorities believe that formal reporting cases on domestic violence leads to negative images of the village, which they view is at odds with the RGC's VCS Policy which rewards violence free communities.</p>
Impact	<p>Many survivors receiving direct services from government service providers have improved confidence in themselves, no longer blame themselves for violence by their husbands and with clear information on their rights, services and options, have taken concrete steps to solve their problems, whether it is reducing conflict within the family or seeking to end the relationship through divorce or separation. The end line survey revealed that almost all women and girls (97 percent) and all men and boys understand that women have a right to a life free from violence, 80 percent of women and girls in the community are aware of legal and social services available through the village authorities and for those respondents who did report cases of violence, the majority (85 percent) reported to village authorities (85 percent). However, most women (87 percent) and men (70 percent) did not report cases of violence, one in five women and girls still believed it was acceptable for women to be punished for not fulfilling their tasks and an alarming 7 out of 10 women believe men/husbands are justified to hit their wives for a least one reason. As such more efforts are needed to transform harmful attitudes that accept violence against women as normal. The project has resulted in significant changes in government service providers' capacity, which has improved the quality of their own performance, teamwork and work relations beyond their own departments. However, care needs to be taken that the burden of solving domestic violence is not placed on women only, and future interventions should engage more with husbands/male perpetrators to change harmful behaviors.</p>
Sustainability	<p>Through the WHI Enhancing Responses project, DoSAVY and DoWA, as well as CCWC members, are now better equipped with knowledge, skills and positive attitudes to implement MoWA guidelines on basic counseling and referrals with SGBV survivors. Women and female survivors of violence also have better knowledge of different forms of violence against women and SGBV services for women and many stated they would recommend services, especially through the CCWC, to other women. This directly supports the government's national and international commitments to end violence against women and they will continue the interventions in line with their national policies and plans, especially through NAPVAW II, and with enhanced capacity of government social workers. A barrier remains the low level of government resources allocated to prevention and responses, so client services and outreach activities will likely be reduced, unless additional donor funding is available. Women and female survivors of violence also have better knowledge of different forms of violence against women and their impact and many stated they would recommend key SGBV services, especially through the CCWC, to other women.</p>

Gender Equality and Human Rights Based Approach	The project interventions supported rights holders with knowledge and services to claim their rights to be free from violence through a combination of information sessions and direct service provision by trained government service providers. Government social workers were provided with trainings to increase their knowledge, skills and attitude to directly support services to women, girls and female survivors of violence in their roles to protect the rights of women in Cambodia. The main constraints to addressing GE & HR are entrenched harmful gender norms in Cambodian society that require long term coordinated efforts to systematically address all forms of violence against women and girls, as well as the fact that the women remain under represented in decision-making, politics and the civil service positions within the government structures. ¹²
Knowledge Generation	The modular training sessions, including content, participatory techniques, methodology, including follow up, coaching, supervision and reflection in the field on practical experiences of delivering services to clients and survivors of gender-based violence is a model approach for effective implementation for gender-responsive SGBV services in line with government policies and plans. Providing social work skills, emphasizing “soft skills” combined with technical skills for working with clients, for government staff strengthened their capacity to work with SGBV survivors and was personally motivating for many of them as they began helping clients to solve problems themselves. On-going supervision and coaching proved critical to the success of the project interventions as is working with the existing government structures. However it is important in the future for WHI to be more proactive in coordinating among different partners and staff in future projects as well as ensure a more robust baseline survey to be used for monitoring and evaluation purposes. In addition, the project budget must include all necessary costs (ie travel costs) so that project implementers can deliver on planned activities.

11. Recommendations

Evaluation Criteria	Recommendations	Relevant Stakeholders	Suggested Timeline
Effectiveness	As the evaluation found that group therapy sessions are valuable to supporting survivors, but needed better facilitation, continue to provide follow up technical support to PDoWA/DoWA, PDoSAVY/DoSAVY and CCWCs on counseling and case management so they can strengthen their skills to provide effective gender-responsive services to victims of SGBV. Critical in the training and follow up supervision is to focus on aspects of confidentiality (as it was found that some group therapy sessions took place in public spaces), training on managing group	WHI, SSC, Hagar, MoWA, MoSAVY	2019

¹² Ministry of Women’s Affairs (2018): *Women in Decision Making, Politics and Civil Service, Data Sheet*. Phnom Penh

	dynamics, enhancing awareness on the emotional impact of violence and ways to cope/overcome (this project had great effect in raising women's awareness on the emotional impact of violence, and some effect on men), and strengthen counseling and mediation/problem solving skills for the purpose of helping the survivor and preventing further violence. With regards to counseling skills, the training and follow up supervision should include discussion around the feelings women have that they are responsible for the violence, especially in situations where counseling or mediation may not result in preventing violence.		
	Realizing from the evaluation that while Outreach Events may have raised awareness towards certain aspects of the consequences of violence, they did not change ingrained cultural values and attitudes, conduct a barrier analysis or other research to better understand what will positively influence behavior change. As the evaluation also found some village authorities are hesitant to report violence for fear of creating a negative reputation for their village, study what the positive impact of reporting violence would be for a village in order to be able to target messaging and programming to drive up reporting. Also noting that while women and men accepted for the most part that violence is wrong, women still tended to believe that it was acceptable for men to punish them for certain behaviors, look at what methods could be effective towards changing women's perceptions of acceptability of violence. Another ingrained idea to further understand and address, the idea that women are to blame for the violence experienced, and the feeling of shame that often stops them from reporting.	UN Women, WHI, MoWA, PDoWA	2019
	For future projects, recognizing that behavior change requires a targeted and sustained effort, ensure activities are not one off, but are continuous. Options for targeting include addressing certain audiences with very specific messaging, such as providing women in garment factories with messaging related to social and legal services available to survivors, and schools with messages on how boys and girls can treat each other with respect and equity. Messaging could also include sexual harassment as a form of violence at the workplace and at school.	WHI, UN Women, MoWA, PDOWA	2019
	For future projects, more investment in IEC research for targeted prevention and response messages on violence at the beginning of the project is warranted (especially as it was noted by this evaluation that the majority of women did not know where to seek out services and did not know about legal aid options). Also, where Outreach Events are held, in order to	WHI, UN Women, PDoWA	2019

	increase effectiveness, increase the participatory nature of the Outreach Events, using more interactive methodologies such as games, group discussions and different materials. As women reported that they felt safer in communities where awareness raising was ongoing, conduct more Outreach Events more often, building different messages into the activities for continuous learning and continually keeping the messages of prevention in conversation within the communities targeted.		
	For future projects, recognizing men are the main perpetrators of violence, engage men and boys more directly in order to raise their level of understanding on critical elements of SGBV, such as the negative emotional consequence of violence (as evaluation found men had less understanding than women) and non-violent means of dealing with conflict in the home. Also target local authorities at the commune and village level, including the CC Chief or male CC members and Village and Deputy Village Chiefs as they are the first contacts for both women and men in DV disputes.	WHI, UN Women, MoWA, MoI	2019
Relevance	In line with NAPVAW II, prevention of violence against women and girls, focusing on shifting traditional harmful gender norms as well as behavior change with men and boys, remains highly relevant, especially to address violence in the home. This requires additional activities targeted at men's attitudes and behavior, including addressing gender inequalities, male power and privilege as well as promoting the benefits of gender equality to men as well as women. The evaluation found some community men felt excluded, blamed and angry over the negative portrayal of men in violence prevention messages and sessions, and did not want their wives to attend such meetings which could lead to less involvement of women in future activities.	WHI, UN Women, MoWA	2019
	The evaluation confirmed the importance of NAPVAW II primary prevention messages for the urgent and continued need to address women and girl's acceptance of domestic violence, as 70 percent of women and girls at the end line survey agreed husbands are justified in using violence in some cases and 22 percent of women believed women should be punished for not fulfilling household tasks compared to only 5 percent of men and boys surveyed.	WHI, MoWA, UN Women	2019
	Continuing to support, expand and provide technical support for government social service providers to continue to provide SGBV services remains important to ensure momentum is sustained, especially as almost 50 percent of survivors received services for at least two types	WHI, UN Women, Hagar,	2019

	of violence. The evaluation found that WHI's inclusion of female village assistants and volunteers in the meetings with CCWCs on the prevention and responses to SGBV in communities towards the end of the project a promising intervention to help bring information and services closer to women in the villages.	SSC, MoSAVY, MoWA, CCWC	
Efficiency	For future projects and as suggested by trained government service providers, provide regular joint learning opportunities for CCWC and DoWA/DoSAVY social workers and staff to learn and network together on SGBV cases in a safe environment, as a means to strengthen overall government coordination efforts to respond to SGBV. Continuous education and supervision are also key to ensuring that skills learned are practiced appropriately. As such, every group trained should receive on-going training/coaching/supervision or support.	WHI, DoWA, DoSAVY, CCWC	2019
	For future projects, provide more opportunities for CCWC (and DoWA/DoSAVY) to lead Outreach Events on DV and SGBV so they gradually build their capacity on the job. Furthermore, use the Outreach Events to utilize skills and knowledge learned in training sessions to reach out and identify potential SGBV clients in need of services.	WHI	2019
	As many male government social service providers were uncomfortable providing SGBV services alone to women but many female and male government social service providers found it effective to meet with both women and men (husband and wife) involved in domestic violence disputes, consider promoting teams of male and female social workers (DoWA and DoSAVY) and (CCWC members and male CCs) to jointly respond to DV and SGBV cases with both women and men in the community.	WHI, MoSAVY, MoWA, CCWC	2019
	Coordination is critical to the efficiency of the action. In order to ensure wrap around services to survivors, a shared message with regards to preventing and response for SGBV, and increase referrals for services, within any new project, efforts should continue towards communicating with all relevant stakeholders in that region, especially local authorities. This can prevent miscommunication and resistance to project interventions.	WHI, UN Women	2019
	Regarding the design of future programs, a few things were noted in this evaluation. The first, that budgeting missed a critical element of transportation for trainees to visit clients. The baseline and bi-annual surveys were conducted via an informal arrangement with RUPP, and the result was lower and varying technical quality of services and finally WHI staff roles were	WHI	2019

	not well defined at first, hence their value added was limited on some fronts. All these findings just lend to the criticality of reviewing the details of a project before role out.		
Impact	Continue to support the Government's nationwide efforts to address and change the harmful attitudes that many women hold themselves that men (husbands) are justified in committing acts of violence against of women in some circumstances. Address with the Government that currently, villages appear to be rewarded for having a small number of DV and SGBV cases reported, which undermines efforts to see cases reported systematically. Look at other ways to reward villages, especially those who are pro-actively managing cases.	WHI, UN Women, MoWA	2019
	The evaluation found that most women, men and survivors of SGBV first point of contact at the village level were village authorities. As such, consider to expand social work training to other "front line" government officials and local authorities responsible for preventing and responding to violence against women and girls, including village and commune authorities and police.	WHI, UN Women, MoWA, MoI	2020
	For future projects, systematically engage with men committing DV (male perpetrators) and provide support for interventions with men to address male attitude and behavior change on SGBV, including family interventions, couple therapy and men's groups (DV) to tackle SGBV head on. This might include interventions with couples using the Gender Road Map Guidelines. As well, systemically engage with key stakeholders, including village authorities and survivors themselves, in the design of all projects.	WHU, UN Women, MoWA	2020
	The evaluation found that women survivors of violence that do know their legal options are unlikely to pursue it if its considered time consuming and expensive. As such future projects should emphasize options for free consultation or representation in their awareness strategies as well as strengthening links with legal aid NGOs.	WHI	2019
	Shifting gender norms around the acceptance of violence against women is an important element in the promotion and uptake of SGBV services for survivors of violence. Recognizing that changing gender norms takes time and long term sustained effort, future WHI should strengthen engagement with MoWA and MoSAVY at the national level to promote the participatory social service training sessions among a wider range of government officials, UN Agencies and NGOs, linking with national campaigns on the prevention of violence against women as well as utilizing different social media platforms to reach different target audiences.	WHI, UN Women, MoWA and MoSAVY	2019

Sustainability	For future projects, leverage UN Women's mandate to strengthen links with MoWA (and MoSAVY) at the national level to support advocacy efforts for increased budgets at the national and sub-national level for gender-sensitive responses to SGBV, as well as promoting easier access to budgets and expenditure lines. This is an action the Government must take on in an effort to assure access to essential services for survivors. This could include providing support to government counterparts for more evidence-based reporting on SGBV services in line with the RGC's budget reforms of programme-based budget (PBB) and Gender Responsive Budgeting (GRB), as well as more active participation in the MoWA led Technical Working Group on Gender Based Violence.	WHI, UN Women, MoWA, MoSAVY	2020
	As the vast majority of village leaders (and community police) are male and they are often the first point of contact for SGBV services, the Government should make efforts to encourage that women are placed in positions of authority, especially at the local level, in line with the government policy that one-third of leadership at the village level should be female.	UN Women	2020
	As transportation costs for government social workers are critical to the provisions of SGBV services for clients in communities, continue to support advocacy efforts at the district and commune level for increases in government budgets, such as through the Commune Development Plan and the Commune Investment Plan, for both prevention and responses to DV and SGBV, including promoting easier access to utilize budget and expenditure lines for social service activities.	UN Women, MoWA, Mol	2019
Gender Equality and Human-Rights Based Approach	For future projects, emphasize and address stereotypes of masculinity, male behavior and gender roles within families and society to tackle gender inequality issues and the root causes of violence.	WHI, UN Women, MoWA and MoSAVY	2019
	Recognizing that there are far more men than women in the social welfare service provision, (MoSAVY) the Government should make efforts to encourage women's entry into this workforce, to create gender balance and offer more options to women survivors.	UN Women, MoSAVY, MoWA	2019
	Leverage UN Women's relationship with the Government to promote wider discussion of the Village Commune Safety Policy implementation to ensure that the VCS Policy is not interpreted as stifling DV interventions and reports or inadvertently reinforcing mediation of DV cases that are of a more serious, criminal nature.	UN Women, MoWA and Mol	2020

Knowledge Generation	Promote the training and learning “loop back” cycle with participatory training sessions, practical exercises, follow-up coaching, group supervision and reflection exercises with trainees as an effective approach that enables trainees to continually improve their knowledge and skills to effectively respond and solve SGBV cases. Furthermore, the project recognized the importance of building in follow up refresher trainings and retraining after the initial course was completed, allowing for continuing professional development of trainees.	WHI, UN Women, MoSAVY and MoWA	2019
	For future projects, invest in a more robust baseline survey with clear questions linked to project indicators to better measure results and to better use results of monitoring to direct changes in the programming as necessary.	WHI	2019
	WHI is encouraged to maintain a running list of recommendations made from this evaluation and field visits. These should be reviewed internally on a quarterly basis, with an update status of follow up. Also maintain a file of lessons learned to build from when developing new projects.	WHI	2019
	The evaluation found that WHI made various adjustments to the project activities, including working around the schedule of the clients/survivors, adding garment factories and high schools to the Outreach Events to reach younger garment factory workers and students and adding small group sessions with men who committed domestic violence. For future projects, WHI is encouraged to continue course correction when necessary and building their adaptive capacity.	WHI	2019

12. Annexes

Annex 1:	Terms of Reference Scope and Deliverables
Annex 2:	Evaluation Matrix
Annex 3:	Final Results Monitoring Plan
Annex 4:	Beneficiary Data Sheet
Annex 5:	Data Collection Instruments
Annex 6:	List of Stakeholders Interviewed
Annex 7:	List of Documents Reviewed
Annex 8:	Case Studies
Annex 9:	Standalone Executive Summary

Annex 1. Terms of Reference Scope and Deliverables



Terms of Reference for Final Evaluation Consultant For the project:

“Enhancing Response to Violence Against Women and Girls in Cambodia”

.....Partial subsection of the full TOR...

2. Purpose of the Final Evaluation

This is a final project evaluation of a project conducted through support from the UN Trust Fund to End Violence against Women. The evaluation is necessary to assess the impact of the project and identify lessons learned and best practice for future programming. The full breakdown of purpose of the evaluation is as follows:

- Assess progress achieved or being made towards the achievement of the expected outputs/outcomes and overall performance of this project;
- Determine whether the project contributed to achieving the stated project outcomes/project goal, and explain why/why not;
- Provide forward-looking recommendations on how to build on the achievements of the project and to ensure that they are sustained by the relevant stakeholders;
- Highlight any particular processes and partnerships that have contributed to the achievement of the project outputs/outcomes; and
- Document lessons learned, success stories and good practices in order to capitalize on the experiences gained. The evaluation should take into consideration the project duration, existing resources and political and contextual constraints.

3. Evaluation Objectives and Scope

3.1 Scope of Evaluation:

The focus and scope of the evaluation shall be determined based on the three (3) evaluation objectives and key evaluation questions.

Project Timeframe: This evaluation shall cover the entire project duration, from 1 January 2016 to 31 December 2018.

Geographical Coverage: Borseth, Samrong Tong, Thpong, Odoung districts of Kampong Speu province.

Target Groups: Primary beneficiaries (Women & girls survivors of sexual and gender base violence and women & girls in general directly involved with the projects activity), government social & welfare workers (CCWCs, DoSAVY & DoWA), secondary beneficiaries (Men & Boys in general, education professionals, government officials uniformed personnel, and general public who benefited from greater knowledge about SGBV and women's right), and stakeholders.

3.2 Evaluation Objectives

The overall objectives of the evaluation are:

- To evaluate the relevance of the project within the country context, answering the question of whether the initiative responded to the issues.
- To evaluate the effectiveness of the action, examining factors contributing to the achievement of the results in time.
- To evaluate efficiency in the use and allocation of resources and in the managing, monitoring and documentation of the program, answering the question of whether the value for money was acceptable.
- To evaluate the sustainability of the project, reviewing the level of ownership stakeholders have and understanding whether the action can and will continue post-implementation.
- To generate key lessons learned and identify best practices, as well as make recommendations on the future direction of programming promoting the objectives of the Enhancing Responses project, to reduce gender-based violence and empower and support victims.

4. Evaluation Questions

The key questions are made in relation to the five (5) evaluation criteria appear in the table below and should be answered by the evaluation. WHI may add more evaluation questions during the consultation with the selected Evaluator, at the evaluation planning stage.

Relevance: whether the project goal and outcomes are in line with the needs and aspirations of the beneficiaries, and with the policy environment of the project.

Impact: whether there has been a change toward the achievement of the project goal as a consequence of the achievement of the project outcomes. Both intended and unintended impacts are reviewed.

Effectiveness: the degree to which achieving outputs and outcomes of the project will contribute to the project goal.

Efficiency: the relationship between the results and means i.e. whether the process of transforming the means into results has been cost-effective.

Sustainability: the degree to which the benefits produced by the project continue after the external assistance has come to an end.

Evaluation Criteria	Mandatory Evaluation Questions
Effectiveness	<p>To what extent were the intended project goal, outcomes and outputs achieved and how?</p> <p>To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?</p> <p>What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?</p>
Relevance	<p>To what extent are the project goal, strategy and activities, as originally conceived, relevant in responding to the needs of female survivors of gender-based violence?</p> <p>To what extent were the achieved results (project outcomes and outputs) relevant to the needs of female survivors affected by gender-based violence?</p>
Efficiency	<p>How cost efficient was the project in terms of financial investment and outcome?</p> <p>Was the project implemented in a timely manner, in accordance with the Project Document?</p> <p>How efficient were management and coordination for the project?</p> <p>What constraints, if any, affected the efficiency of project activity implementation? What efforts were made to overcome these challenges?</p>
Sustainability	<p>How are the achieved results going to be sustained after this project ends, especially the positive changes generated by the project in the lives of women and girls at the project goal level?</p> <p>What elements of the project (in order of priority) should continue if further funding becomes available?</p>
Impact	<p>To what extent has this project generated positive changes in the lives of targeted (and non-target) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.</p> <p>What unintended consequences (positive and negative) resulted from the project, for stakeholders and project partners?</p> <p>What policy recommendations should come from the implementation and lessons learned from the project.</p>
Gender Equity and	<p>How did the intervention contribute to the empowerment of rights holders to demand and duty bearers to fulfil HR & GE norms?</p>

Human Rights Based Approach	Were there any constraints (e.g. political, practical, bureaucratic) to addressing HR & GE efficiently during implementation? What level of effort was made to overcome these challenges?
Knowledge Generation	<p>What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?</p> <p>Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?</p>

5. Evaluation Methodology

To address the evaluation criteria and answer the key evaluation questions, analyze the data, interpret the findings, and report results, the evaluation will need to adopt methodologies that combine both qualitative and quantitative research techniques. The consultant is expected to propose his/her methodology for the evaluation which should include but not be limited to:

5.1. Evaluation design:

It must detail a step-by-step plan of work that specifies the methods the evaluation will use to collect the information needed to address the evaluation criteria. Based on the context of this project specifically, WHI recommends a post-test without comparison group, but leaves it to the evaluator applying to provide their recommendation as well, based on the information available.

The evaluation must collect the information needed to address evaluation criteria and answer the evaluation questions, analyze data, interpret the findings, and report the results.

5.2. Data sources:

Primary Data: These data consist of the reported or observed values, beliefs, attitudes, opinions, behaviors, motivations and knowledge of stakeholders that should be obtained through questionnaires, surveys, interviews, focus groups, key informants, expert panels, direct observations, and case studies.

Field visits: Supported by World Hope International, the Evaluator should visit the sites where the project is being implemented, and have interviews with stakeholders, partners and beneficiaries., ensuring all ethical guidelines are maintained.

Secondary Data: These data should be collected from evidence that has direct relevance for the purposes of the evaluation. Some of the documents that can be used include but are not limited to: published research (including grey research) related to the objectives and goal of the project published in the timeframe of the project, reports by partner NGOs or NGOs also working in VAWAG in Cambodia and the region, conference notes about VAWAG in the region.

5.3. Proposed data collection methods & sampling methodology

To Note: all survey tools must be tested prior to use. Rationale for the sites selected and the tools used should be presented in the inception report.

Monitoring and Evaluation System: Throughout the duration of the project, a monitoring database was maintained for UNTF showing progress against performance indicators. The Evaluator will have access to this database.

Project documents: The Evaluator will have access to documents relevant to the project, such as project plans, partner agreements, project reports.

Questionnaires: The Evaluator may use questionnaires to obtain feedback from participants of the action, including the victims of violence and their families and communities.

Surveys: Bi annually the project completed community surveys. The Evaluator will have access to the surveys and introduce additional survey methods as necessary for the purposes of this evaluation.

Interviews: The Evaluator may conduct interviews with Government Social Service providers, NGO partners (30 - 35 people) and stakeholders (approximately 20-25 people).

Field Visits: At least visit two districts geographical areas mentioned in 1.3, and visit the following activities: outreach event, group therapy, group coaching, and group supervision.

5.4. Analysis of Data:

A data collection and analysis plan should be developed to map how the information collected will be organized, classified, inter-related, displayed and compared relative to the evaluation questions. In the writing of the evaluation, possible challenges and limitations should be described. The analysis plan should be written together with data collection methods and instruments.

The Enhancing Responses Project team at WHI will assist the Evaluator in organizing workshops, surveys, group discussions, interviews with relevant stakeholders.

6. Evaluation Ethics

The evaluation must be conducted in accordance with the principles outlined in the UN Evaluation Group (UNEG) "Ethical Guidelines for Evaluation" available at <http://www.unevaluation.org/ethicalguidelines> .

It is imperative for the Evaluator(s) to:

- Guarantee the safety of respondents and the research team.
- Apply protocols to ensure anonymity and confidentiality of respondents.
- Select and train the research team on ethical issues.
- Provide referrals to local services and sources of support for victims when requested.
- Ensure compliance with legal codes governing areas such as provisions to collect and report data, particularly permissions needed to interview or obtain information from or about children and youth.
- Store securely the collected information.

The Evaluator(s) must consult with the relevant documents prior to development and finalization of data collection methods and instruments. The key documents include (but not limited to) the following:

World Health Organization (2003). Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women.
www.who.int/gender/documents/violence/who_fch_gwh_01.1/en/index.html

Jewkes, R., E. Dartnall and Y. Sikweyiya (2012). Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence. Sexual Violence Research Initiative. Pretoria, South Africa, Medical Research Council.
www.svri.org/EthicalRecommendations.pdf

Researching violence against women: A practical guide for researchers and activists, November 2005. http://www.path.org/publications/files/GBV_rvaw_complete.pdf

World Health Organization (WHO), 'Ethical and safety recommendations for researching documenting and monitoring sexual violence in emergencies' 2007, http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

The consultant is also required to read and agree to the child protection guidelines as well as the client protection Guidelines of World Hope International and ensure a strict adherence to it, including establishing protocols to safeguard confidentiality of information obtained during the evaluation. These guidelines will be shared by WHI.

Annex 2. Evaluation Matrix

2.1 Evaluation Matrix - Criteria and Questions

Evaluation Criteria	Mandatory Evaluation Questions	Indicators	Data Source and Data Methods
Effectiveness	1) To what extent were the intended project goal, outcomes and outputs achieved and how? 2) To what extent did the project reach the targets beneficiaries at the project and outcome levels? How many beneficiaries have been reached? 3) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs?	Q1 & Q2: Goal Indicator #1-3 Outcome Indicator #1-8 Output Indicator #1-11 Q3: Progress reports FGD/KII Implementers	Baseline, Bi-annual, Final Survey beneficiaries Baseline, Bi-annual, Final FGD/KII with beneficiaries / survivors FGD/KII project partners/ implementers Case Study implementers/partners Feedback Workshops Progress and Training Reports
Relevance	4) To what extent are the project goal, strategy and activities, as originally conceived, relevant in responding to the needs of female survivors of gender-based violence? 5) To what extent were the achieved results (project outcomes and outputs) relevant to the needs of female survivors affected by gender-based violence?	Q4 & Q5: Goal Indicator #1-3 Outcome Indicator #1-8 Output Indicator #1-11	Literature review on S/GBV reports, surveys, plans (ie NAPVAW II, NR IV, 2015 MoWA/WHO Survey, CDHS 2014, Referral Guidelines, etc.) Baseline, Bi-annual, Final Survey beneficiaries Baseline, Bi-annual, Final FGD/KII with beneficiaries / survivors Case Study Survivors FGD/KII project partners/ implementers Progress and Training Reports
Efficiency	6) How cost efficient was the project in terms of financial investment and outcome? 7) Was the project implemented in a timely manner, in accordance with the Project Document? 8) How efficient were the management and coordination for the project?	Q6-9 All Outcome and Output Indicators	Progress and Training reports Cost/beneficiary Analysis KII Project Implementers / Partners KII with Government Officials

	9) What constraints, if any, affected the efficiency of project activity implementation? What efforts were made to overcome these challenges?		
Impact	<p>10) To what extent has this project generated positive changes in the lives of targeted (and non-target) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of these women and/or girls? Please describe those changes.</p> <p>11) What unintended consequences (positive and negative) resulted from the project, for stakeholders and project partners?</p> <p>12) What policy recommendations should come from the implementation and lessons learned from the project?</p>	<p>Q10: Goal Indicator #1-3 Outcome Indicator #1-3, 6-8 Output Indicator #1-4, 8-9</p> <p>Q11&12 Goal Indicator #1-3 Outcome Indicator #1-3, 6-8</p>	<p>Baseline, Bi-annual, and Final survey with beneficiaries FGD/KII with beneficiaries FGD/KII/Case Study with survivors FGD/KII/Case Study with partners/ implementers KII with Government Officials and other stakeholders Validation / Feedback Workshops Literature Review</p>
Sustainability	<p>13) How are the achieved results going to be sustained after this project ends, especially the positive changes generated by the project in the lives of women and girls at the project goal level?</p> <p>14) What elements of the project (in order of priority) should continue if further funding becomes available?</p>	<p>Q13: Goal Indicator #1-3 Outcome Indicator #1-3, 6-8</p> <p>Q14: Outcome Indicator #4-5 Output Indicators #1-4, 8-9</p>	<p>Baseline, Bi-annual, and Final Survey beneficiaries Baseline, Bi-annual, Final FGD/KII with beneficiaries / survivors FGD/KII partners/ implementers KII Government officials Validation/Feedback Workshops Progress and Training Reports</p>
Gender Equality and Human Rights-Based Approach	<p>15) How did the intervention contribute to the empowerment of rights holders to demand and duty bearers to fulfill Human Rights (HR) & Gender Equality (GE) norms?</p> <p>16) Were there any constraints (e.g. political, practical, bureaucratic) to addressing HR & GE efficiently during implementation? What level of effort was made to overcome these challenges?</p>	<p>Q15 & Q16 Goal Indicator #1-3 Outcome Indicator #1-8 Output Indicators 5-7, 10-11</p>	<p>Baseline, Bi-annual, and Final Survey beneficiaries Baseline, Bi-annual, Final FGD/KII with beneficiaries / survivors FGD/KII partners/ implementers Progress and Training Reports</p>
Knowledge Generation	<p>17) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?</p> <p>18) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?</p>	<p>Q17&Q18: Goal Indicator #1-3 Outcome Indicator #1-8 Output Indicator #1-9</p>	<p>Baseline, Bi-annual, Final FGD/KII with beneficiaries / survivors FGD/KII project partners/ implementers Progress and Training Reports</p>

2.2 Evaluation Matrix – Criteria and Questions and Sub-Questions

Evaluation Criteria	Mandatory Evaluation Questions	Sub-Evaluation questions
Effectiveness	<ol style="list-style-type: none"> 1) To what extent were the intended project goal, outcomes and outputs achieved and how? 2) To what extent did the project reach the targets beneficiaries at the project and outcome levels? How many beneficiaries have been reached? 3) What internal and external factors contributed to the achievement an/or failure of the intended project goal, outcomes and outputs? 	<ul style="list-style-type: none"> • <i>What collaborations and relationships worked well? What did not work well? Why?</i> • <i>What processes facilitated project implementation? What hindered progress?</i> • <i>Did target groups participate as expected? Why or why not?</i> • <i>What level of institutional support was provided and/or expected from participating institutions and local authorities? Was it met?</i> • <i>Was there sufficient time/engagement for target to implement follow up/on interventions with target beneficiaries? Why or why not?</i>
Relevance	<ol style="list-style-type: none"> 4) To what extent are the project goal, strategy and activities, as originally conceived, relevant in responding to the needs of female survivors of gender-based violence? 5) To what extent were the achieved results (project outcomes and outputs) relevant to the needs of female survivors affected by gender-based violence? 	<ul style="list-style-type: none"> • <i>How well does the project link with national plans (NSDP, NR IV, NAPVAW II, etc.)?</i> • <i>How does the project address underlying factors related to S/GBV from NAPVAW II and other country studies?</i> • <i>How do results/findings link with CEDAW, SDGs and other international plans?</i>
Efficiency	<ol style="list-style-type: none"> 6) How cost efficient was the project in terms of financial investment and outcome? 7) Was the project implemented in a timely manner, in accordance with the Project Document? 8) How efficient were management and coordination for the project? 9) What constraints, if any, affected the efficiency of project activity implementation? What efforts were made to overcome these challenges? 	<ul style="list-style-type: none"> • <i>Were human, financial and technical resources sufficient? Why or why?</i> • <i>Were activities cost efficient? Were other less costly alternatives explored?</i> • <i>What was the cost per beneficiary? Survivor? Trainee?</i> • <i>Were activities and outputs achieved on time? If not, why?</i> • <i>Were implementation problems addressed at appropriate level and in a timely manner?</i>
Impact	<ol style="list-style-type: none"> 10) To what extent has this project generated positive changes in the lives of targeted (and non-target) women and girls in relation to the specific forms of violence addressed by this project? Why? What are 	<ul style="list-style-type: none"> • <i>How have women and girls lives changed? What actions have they taken?</i>

	<p>the key changes in the lives of these women and/or girls? Please describe those changes.</p> <p>11) What unintended consequences (positive and negative) resulted from the project, for stakeholders and project partners?</p> <p>12) What policy recommendations should come from the implementation and lessons learned from the project?</p>	<ul style="list-style-type: none"> • <i>What changes in men behavior and attitude towards S/GBV? What actions have they taken?</i> • <i>What specific actions did government social workers/community actors take to prevent and respond to S/GBV? What worked? What did not?</i> • <i>What policies or procedures could be improved or implemented to facilitate the work of government / communities to prevent/respond to S/GBV?</i>
Sustainability	<p>13) How are the achieved results going to be sustained after this project ends, especially the positive changes generated by the project in the lives of women and girls at the project goal level?</p> <p>14) What elements of the project (in order of priority) should continue if further funding becomes available?</p>	<ul style="list-style-type: none"> • <i>What knowledge, attitude and behavior change of target beneficiaries (Women/Girls and Survivors) is likely to continue?</i> • <i>What activities will communes and government workers continue as part of institutions? Individual?</i> • <i>What formal documents/procedures have institutions adopted? What needs strengthening?</i> • <i>What parts of the project should be continued? Why?</i>
Gender Equality and Human Rights-Based Approach	<p>15) How did the intervention contribute to the empowerment of rights holders to demand and duty bearers to fulfill Human Rights (HR) & Gender Equality (GE) norms?</p> <p>16) Were there any constraints (e.g. political, practical, bureaucratic) to addressing HR & GE efficiently during implementation? What level of effort was made to overcome these challenges?</p>	<ul style="list-style-type: none"> • <i>How were women engaged in the project design and activities? How were men and boys engaged in the design and activities?</i> • <i>How were power dynamics and different levels of authority factored into the project design and activities?</i> • <i>What existing laws/policies/procedures facilitated or hindered implementation?</i> • <i>Did the project envisage any specific impact on HR & GE? Is it clearly articulated in the results framework?</i>
Knowledge Generation	<p>17) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?</p> <p>18) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?</p>	<ul style="list-style-type: none"> • <i>What activities/strategies would you replicate? Why and How?</i> • <i>Are there different approaches or activities that could be explored for addressing S/GBV? If yes what are they?</i> • <i>What would you do differently next time? Why?</i> • <i>Are there other stakeholders that could have been engaged? Other activities?</i> • <i>How will documents or materials on S/GBV be shared with others?</i>

2.3 Evaluation Matrix by Goal and Outcome Indicators

Goal and Outcome	Goal and Outcome Indicators	Key Questions (See Survey, FGD and KII Guides)	Target Groups	Methods/ Tools
Goal: Women and girls in Samrong Tong, Borseth, Thpong, Oudong districts of Kampong Speu feel safer from S/GBV as a result of living in communities with a greater understanding and respect for the rights of women and girls and access social and legal services for survivors.	#1: Percent of persons in target districts who have reported SGBV to an authority when they knew it occurred	<ul style="list-style-type: none"> • S12/FGD&KII Q1: Have you ever observed violence against women or girls in your community? • S13/FGD&KII Q4: In the last 12 months, did you report violence against women or girls when you observed it? ¹³ • S14/FGD&KII Q4-5: If you reported a case of violence, to whom did you report to? 	<ul style="list-style-type: none"> • Women and Girls Vulnerable to Violence and Exploitation (WAGVE) • Women/Girls Survivors of S/GBV • Community Members (Men/Boys) 	<ul style="list-style-type: none"> • Survey • FGD • FGD/KII Survivor • Survey • FGD
	#2: The extent to which women understand they have the right to a life free from violence	<ul style="list-style-type: none"> • S8/FGD&KII Q9: It is acceptable for women and girls to receive punishment when they do not fulfill their responsibilities? • S9/FGD&KII Q9: In your opinion, is a husband/intimate partner justified to hit or beat his wife for any of the following reasons? ¹⁴ • S10-11: In the past 12 months has your husband / intimate partner ever? ¹⁵ • S7/FGD&KII Q7: Do women have the right to live free from violence at home, work and community? • FGD&KII Q8: In what way would violence free homes help Cambodians? 		
	#3: The extent to which women feel safe in their communities as a result of living in communities with a greater understanding /respect for rights of women and girls and access social and legal services for survivors.	<ul style="list-style-type: none"> • S24-26: How often/do you feel safe from violence in the commune/village? Home? Schools? • S27/FGD&KII Q8: What would make you feel safer from violence in your commune/village or home? 		

¹³ Percent of persons in target districts who have reported SGBV to an authority when they knew it occurred because of increased knowledge about GBV and awareness of GBV services. Numerator: Number of persons in target districts who have reported SGBV to an authority when they knew it occurred. Denominator: Total number persons surveyed – Outcome Indicator

¹⁴ CDHS 2014; Chapter 19, 19.5

¹⁵ CDHS 2014, Chapter 20, 20.10

<p>Outcome 1: 400 women and girl victims of SGBV in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia are better informed about SGBV and available legal and social services.</p>	<p>#1: Perspectives of women and girls about the access and availability of services.</p> <p>#2: Percent of women in the commune who know of the availability of legal rights and services.</p> <p>#3: The extent to which women agree that they should tolerate violence to keep the family together.</p>	<ul style="list-style-type: none"> • S15/FGD&KII#1-2 Q5: In your commune/village who provides legal aid / conflict resolution services for victims of violence? • S16/FGD&KII#1-2 Q5: In your commune/village what services are available for victims of violence? (List) • S17/FGD&KII#1-2 Q5: Do you know how to get a case of violence to go to court? • S8/FGD&KII#1-2 Q9: It is acceptable for women and girls to receive punishment when they do not fulfill their responsibilities? • S9/FGD&KII#1-2 Q9: In your opinion, is a husband/intimate partner justified to hit or beat his wife for any of the following reasons? ¹⁶ • S10/11: In the past 12 months has your husband / intimate partner ever? ¹⁷ • S7/FGD&KII#1-2 Q7: Do women have the right to live free from violence at home, work and community? • S27/FGD&KII#1-2 Q8: In what way would violence free homes help Cambodians? 	<ul style="list-style-type: none"> • Women and Girls Vulnerable to Violence and Exploitation (WAGVE) • Women/Girls Survivors of S/GBV 	<ul style="list-style-type: none"> • Survey • FGD • KII • Case Study Survivor
<p>Outcome 2: 93 government and community actors in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia better serve victims of SGBV and ensure SGBV crimes are reported.</p>	<p># 4: The extent to which government and community actors are better skilled to serve victims of S/GBV and to ensure S/GBV crimes are reported</p> <p>#5: Percent of training participants demonstrate ability to support mediation sessions</p>	<ul style="list-style-type: none"> • FGD&KII#3 Q3: FGD&KII#4 Q3-5: How did you provide support to women seeking help before and how do you provide support since the training? What has changed? • FGD&KII#3 Q4: FGD/KII#4 Q4-7: What changes have you observed in the survivors of violence you or other colleagues provide support to? • FGD&KII#3 Q4-5: What changes have you seen in the community (men and women) regarding attitudes and behavior of violence towards women and girls? • FGD&KII#1-2 Q4-5: What are community responses when violence occurs? What is done to prevent violence? What is done to help survivors? How could these efforts be improved? • FGD&KII#4 Q2: What type of services did you/have you received from the service providers? Counseling? Group Therapy? Legal services? Health services? Other? 	<ul style="list-style-type: none"> • DoSAVY • DoWA • CCWC • Women/Girls Survivors of S/GBV 	<ul style="list-style-type: none"> • FGD • KII • Case Study DoWA, DoSAVY, CCWC • Pre-Post Tests • Training Reports • Observation • FGD /KII Survivors

¹⁶ CDHS 2014; Chapter 19, 19.5

¹⁷ CDHS 2014, Chapter 20, 20.10

		<ul style="list-style-type: none"> • FGD&KII#4 Q3: How often did you attend/receive Counseling? Group Therapy? Legal services? Health services? • FGD/KII#4 Q4: What type of services have you found the most healing / beneficial? Why? Who provided them? • FGD/KII#4 Q5: How have the services helped you personally, with family, or socially • FGD/KII#4 Q6: Would you recommend any services to a friend / neighbor experiencing violence? What types of services? Why? • FGD/KII#4 Q7: What services did you find the least helpful? Why? What could be improved? 		
Outcome 3: Commune Members from 45 communes in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu respond to incidences of S/GBV and protect current and potential victims of SGBV.	<p>#6: Percent of community population that would refer victims of S/GBV to services</p> <p>#7: Percent of community population aware of the existence of services that offer support to victims of SGBV</p> <p>#8: The extent to which commune members know how to help survivors of GBV cope after an attack.</p>	<ul style="list-style-type: none"> • S12/FGD&KII#1-2 Q1: Have you ever observed violence against women or girls in your community? • S13/FGD&KII#1-2 Q4: In the last 12 months, did you report violence against women or girls when you observed it? ¹⁸ • S15/FGD&KII#1-2 Q4-5: In your community who provides legal aid / conflict resolution services for victims of violence? • S16/FGD&KII#1-2 Q5: In your commune/village, which of the following services are available for victims of violence? (List) • S15/FGD&KII#1-2 Q4-5: Who provides these services? How could these efforts be improved? • FGD/KII#1-2 Q1,2,6: Can you give examples of violence in your community? • FGD/KII#1-2 Q3: What are the problems that women face after abuse? • FGD/KII#1-2 Q4: What are community responses when violence occurs? What is done to prevent violence? What is done to help survivors? How could these efforts be improved? • S18-21/FGD&KII#1-2 Q3: How does physical violence negatively affect the victim? Sexual? Emotional Economic? (List) 	<ul style="list-style-type: none"> • Women and Girls Vulnerable to Violence and Exploitation (WAGVE) • Women/Girls Survivors of S/GBV • Community Members (Men/Boys) 	<ul style="list-style-type: none"> • Survey • FGD • KII • Case Study Survivor • FGD /KII Survivors

¹⁸ Percent of persons in target districts who have reported SGBV to an authority when they knew it occurred because of increased knowledge about GBV and awareness of GBV services. Numerator: Number of persons in target districts who have reported SGBV to an authority when they knew it occurred. Denominator: Total number persons surveyed – Outcome Indicator

2.4 Data Sources

Project stakeholder interviews, project documents including baseline and bi-annual community surveys, project progress reports, training reports and materials, pre-post tests, and field visits and observations of activities well as review of relevant national plans, reports and studies are included in the evaluation design. (See Annex 10.1, 10.2, 10.3) The following table is an overview of project beneficiaries and data sources, which will be collected and compared and used to assess progress (effectiveness, efficiency and impact) against goal and outcome indicators.

Goal and Outcomes Mapping against Project Beneficiaries and Data Sources

Project Beneficiaries	Primary and Secondary Data Sources	Goal Ind.#1	Goal Ind.#2	Goal Ind.#3	Outcome Ind.#1	Outcome Ind.#2	Outcome Ind.#3	Outcome Ind.#4	Outcome Ind.#5	Outcome Ind.#6	Outcome Ind.#7	Outcome Ind.#8
Women and Girls Vulnerable to Violence and Exploitation	Surveys, FGDs, progress reports, OE materials, reports and OE pre-post tests, monitoring reports											
Survivors of S/GBV	KII, FGDs, case study, pre-post tests, progress reports, group observation											
Social Welfare Workers DoSAVY /DoWA	FGD, KII, pre-post tests, progress, partner, and training reports, training/field activity observation, case study											
CCWC	FGD, KII, pre-post tests, progress, partner, and training reports, training / field activity observation, case study											
Community Members, (Men and Boys)	Surveys, FGD, progress reports, OE materials, reports, and pre-post tests, case study											
Other Stakeholders	KII, progress reports											

Annex 3. Final version of the Results Monitoring Plan

A. Statement of Project Goal, Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes, outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline of baseline data collection Please specify month/year	F. End line Data Please provide actual end line data per indicator	G. Timeline of end line data collection Please specify month/year
Project Goal: Women and girls in Samrong Tong, Borseth, Thpong, Oudong districts of Kampong Speu feel safer from S/GBV as a result of living in communities with a greater understanding and respect for the rights of women and girls and access social and legal services for survivors.	1. Percent of persons in target districts who have reported SGBV to an authority when they knew it occurred	Questionnaire survey with target group	103 persons surveyed: (49 Women; 54 Men) All: 24%: Yes All: 38%: No All: 38%: Did not answer/ had not see violence (Note: data not disaggregated by sex)	June 2016	377 persons surveyed: (198 F; 179 M) All: 21% Sometimes/Often All: 79% No/Never F: 13% Sometimes/Often F: 87% No/Never M: 30% Sometimes/Often M: 70% No/Never	September 2018
	2. The extent to which women understand they have the right to a life free from violence	Questionnaire survey with target group FGD Women	49 women surveyed: Right to live free from violence: F: 94% Agree Acceptable for women / girls to be punished: All: 31% Agree FGD Women: 100% (11 participants) felt women should tolerate violence if it is not too bad in order to keep family together	June 2016 July 2017	377 persons surveyed: (198 F; 179 M) Right to live free from violence: All: 99% Agree F: 97% Agree M: 100% Agree Acceptable for women/girls to be punished: All: 13% Strongly Agree/Agree F: 22%: Strongly Agree/Agree M: 5% Strongly Agree/Agree FGD: Most women felt should not tolerate physical violence but emotional violence (yelling, etc.) is acceptable	September 2018
	3. The extent to which women feel safe in their	Questionnaire survey with	No baseline survey Q		198 women surveyed: Feel safe in community: 41%: Always; 18%: Usually	September 2018

	communities as a result of living in communities with a greater understanding / respect for rights of women and girls and access social and legal services for survivors.	female target group FGD Women	FGD Women: Women stated that perpetrators of all forms of violence are from the communities. Most DV occurs as result of alcohol abuse, unemployment, lack of education or knowledge, and husband's jealousy	December 2016	24%: Sometimes; 17%: Never Feel safe at home: 46%: Always; 10%: Usually 10%: Sometimes; 34%: Never Feel safe at school 34%: Always; 15%: Usually 18%: Sometimes; 17%: Never 16%: Don't Know FGD Women/Girls: All women said DV caused by husbands, from drinking, arguing, conflict about money but DV has decreased.	
Outcome 1: 400 women and girl victims of SGBV in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia are better informed about SGBV and available legal and social services.	1. Perspectives of women and girls about the access and availability of services.	Questionnaire survey with target group FGD Women	11 women (1 FGD): Women said Village Security Guards, Police and Village Chief are main sources of DV services. The focus is on men as perpetrators of violence not women or girls as survivors of SGBV	June 2016	52 Women/Girls (7 FGDs) Women recognized the CCWC as the focal point in charge of assisting women victims of violence or those at risk of violence. They confirmed the important role of village leaders in counseling and conflict resolution, especially female village representatives who are usually in deputy village leader positions or village development committee volunteers, as key contact points related to SGBV services and their role in seeking assistance from CCWC as necessary.	September 2018
	2. Percent of women in the commune who know of the availability of legal rights and services.	Questionnaire survey with target group	49 women surveyed: 76%: CC authorities 12%: police 2%: legal aid services 4%: health services	June 2016	377 persons surveyed: (198 F; 179 M) F: 86% Village authorities F: 17% Police F: 16% CCWC F: 12% Village Security Guards F: 11% Neighbors	September 2018

			Note: SGBV services seems to mean mainly for punishment of perpetrator		F: 5% legal aid/court/health	
	3: The extent to which women agree that they should tolerate violence to keep the family together.	Questionnaire survey with target group FGD Women	No baseline survey Q 100% (11 women) of FGD participants felt women should tolerate "moderate" violence, not physical, if it is not too bad in order to keep family together. 44% (9 women) of FGD participants did not tolerate forced sex within marriage. 100% agreed moderate violence (hit with stick) to educate children is acceptable	June 2016 December 2016	377 persons surveyed: (198 F; 179 M) F: 30% rejected all six reasons for men hitting wives F: 70% agree with at least 1 reason for men hitting wives % Agreed: F: 16% if not prepare meal F: 24% if argue with husband F: 35% if neglect children F: 34% if goes out without telling husband F: 19% if refuse sex F: 3% if ask to wear condom	September 2018
Outcome 2: 93 government and community actors in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia better serve victims of SGBV and ensure SGBV crimes are reported.	4. The extent to which government and community actors are better skilled to serve victims of S/GBV and to ensure S/GBV crimes are reported	Post-Test/Role Play FGD Women and Men KII/FGD Social Workers KII Local Authorities	DoSAVY/DoWA: 16 persons 69% scored >70% Trauma Care Post Test 56% scored >70% Basic Counselling 1 Post Test 50% showed demonstrated skills in open-ended questions, validating and summarizing during counselling role plays. 19% improvement in skills/knowledge of Basic Counselling 2 and Case Management 1-3	June and December 2016	DoSAVY/DoWA: 16 persons 69% scored >70% Trauma Care Post Test 56% scored >70% Basic Counselling 1 Post Test 50% showed demonstrated skills in open-ended questions, validating and summarizing during counselling role-plays. 19% improvement in skills/knowledge of Basic Counselling 2 and Case Management 1-3	October 2018

			CCWC: 15 persons 20% improvement (5 modules) from post tests in skills and knowledge of Basic Counselling, Listening, Case Management and types and impact of violence.	December 2016	CCWC: 15 persons 20% improvement (5 modules) from post tests in skills and knowledge of Basic Counselling, Listening, Case Management and types and impact of violence.	
	5. Percent of training participants demonstrate ability to support mediation sessions	Post-Test/Role Play FGD Women and Men KII/FGD Social Workers	DoSAVY/DoWA: 16 persons 77% showed good problem solving /conflict mediation skills during role plays CCWC: 15 persons All scored less than 30% on problem solving / conflict mediation pre-test	December 2016	DoSAVY/DoWA: 16 persons 77% showed good problem solving /conflict mediation skills during role plays CCWC: 15 persons 53% scored > 52% on problem solving/conflict mediation post-test	October 2018
Outcome 3: Commune Members from 45 communes in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu respond to incidences of S/GBV and protect current and potential victims of SGBV.	6. Percent of community population that would refer victims of S/GBV to services	Questionnaire Survey FGD Women and Men	103 persons surveyed: (49 Women; 54 Men) 24%: Yes reported violence 38%: No did not report violence 38%: Did not answer or had not witnessed violence (Note: data not disaggregated by sex) Reason: violence happens in other villages	June 2016	377 persons surveyed: (198 F; 179 M) Women: 13%: Yes reported violence 87%: No did not report violence Men: 30%: Yes reported violence 70%: No did not report violence	September 2018
	7. Percent of community population aware of the existence of services that offer	Questionnaire Survey FGD Women and Men	103 persons surveyed: (49 Women; 54 Men) 77% know CC authorities as main services for GBV 15% know police	June 2016	377 persons surveyed: (198 F; 179 M) Women: 44% know Village authorities 19% know police 15% know CCWC	September 2018

	support to victims of SGBV		6% know services such as legal aid, NGO counselling and health. FGD Men says services do not exist other than Village Chief and police (Note: data not disaggregated by sex)		10% Village Guards 11% neighbors 10% health/Legal Aid Men: 81% know Village authorities 36% know police 36% know CCWC 19% Village Guards 35% neighbors 8% health/Legal Aid/DoWA or DoSAVY	
	8: The extent to which commune members know how to help survivors of GBV cope after an attack.	FGD Women / Men KII Local Authorities	FGD Women: Consensus was Village Chief or Police could intervene to help FGD Men: Victims didn't know whether to call Village Chief, police or NGO, but neighbors would intervene to offer advice or report to Village Chief	June 2016	FGD Women: All participants revealed that the village chief was main source. Also female village representatives and CCWC were resources FGD Men: All participants revealed that the village chief was main source, also village security guards, police and CC Chief as necessary	September 2018
Output 1.1: Four hundred (400) Women and girl victims of SGBV from 45 communes have increased knowledge about women and girl's rights, consequences of GBV, GBV related services in their commune, and to receive conflict resolution services, etc.)	1: Percent improvement in knowledge, attitudes and skills	Group Therapy Notes? Group Supervision / Coaching Reports?	N/A or 0 No baseline data collected on victims' knowledge, attitudes, skills	January 2016	377 survivors received information on rights, services and consequences of GBV. Not possible to collect data on improvement of victims' knowledge, attitudes, skills	October 2018
	2. # of Women and Girls Trained	Progress Reports Client Database	0	January 2016	Target 300/400: Achieved: 337 at October 2018	October 2018

Output 1.2: Fifty (50) percent of women in target communes understand the consequences for victims (e.g. stigma, psychological issues, etc.) if an individual perpetrates an act of VAWG	3: Percent improvement in knowledge, attitudes and skills	Questionnaire Survey	49 women surveyed: Q: Possible impact of physical/sexual violence on victim: 67% said shame or stigma was main effect 12% said shame or stigma, emotionally upset and missed work/lost income as consequences 6% said only emotionally upset	June 2016	198 women surveyed: Target 50%: Achieved: 80% <i>Physical Violence:</i> 10% said stigma/shame 80% said emotionally upset 10% said missed income 34% health problems <i>Sexual Violence:</i> 17% said stigma/shame 57% said emotionally upset 1% said missed income 34% health problems <i>Emotional Violence:</i> 5% said stigma/shame 90% said emotionally upset 1% said missed income 6% health problems <i>Economic Violence:</i> 1% said stigma/shame 80% said emotionally upset 14% said missed income 1% health problems	September 2018
	4. # of Women and Girls Trained	Training Reports	0	January 2016	WAG Target: 12,100; Achieved: 6,436x2.5=16,090 Survivors Target: 300; Achieved: 377 Total WAG/Survivor=16,467	October 2018
Output 2.1: Forty-eight (48) government social and welfare workers have the knowledge to provide quality counseling, referral, and follow-up services for SGBV victims.	5. # of government social workers trained	Reports	0	January 2016	Target 48; Achieved: 42 Total: DoSAVY (10M/11F) / DoWA (8F) officials attended trainings in 2016 & 2017. 13 (9F, 4 M) DoSAVY (4M/3F) / DoWA (6F) officials attended advanced courses in 2018	October 2018
	6: Percent improvement in knowledge, attitudes and skills	Pre-Post tests, role play	DOWA/DoSAVY Group averages:	June 2016	DoWA/DoSAVY Overall average Improvement: from pre-post test: 28% Group Averages:	September 2018

		FGD/KII with government social workers WHI Coaching and Supervision Reports	Trauma Informed Care Training: Pre-test: 30% correct Basic Counselling 1: Pre-test: 34% correct Basic Counselling 2: Pre-test: 43% correct Basic Counselling 3: Pre-test: 46% correct Case Management 1: Pre-test: 47% correct Case Management 2: Pre-test: 61% correct Case Management 3: Pre-test: 53% correct	June and December 2016	Trauma Informed Care Training: Post tests: 70% correct Basic Counselling 1: Post tests: 70% correct Basic Counselling 2: Post tests: 76% correct Basic Counselling 3: Post tests: 65% correct Case Management 1: Post tests: 81% correct Case Management 2: Post tests: 69% correct Case Management 3: Post-test: 81% correct	
Output 2.2: Forty-five (45) CCWC members have knowledge and skills to provide quality counseling and conflict resolution services between victims of violence and the broader community.	7. Percent of training participants demonstrate understanding of The DV Law, other laws to protect women and girls, know how to provide referrals	Pre-Post tests, role play FGD/KII with government social workers WHI Coaching / Supervision Reports	N/A Pre-Post tests not given in 2016 30 CCWC 2017/2018: Pre-test range: 9% to 59% score	June 2017 June 2018	CCWC 2017 / 2018 92% of all CCWC showed improvement in post-test 30 CCWC in 2017/2018: Post-test range 24% to 92% Average: 28% and 29% increase on post-test	September 2018
Output 3.1: Individuals from 45 communes have increased knowledge about women and girls' rights, consequences of GBV, GBV related services in their commune, how to seek help from the legal system, and to receive	8. # of communes of individuals trained	Reports from OE	0 at baseline 84 persons attended OE 7% had better understanding of consequences of S/GBV 81% know /understand available services from CC/local authorities	December 2016	Target 21,400; Achieved: 11,496 x 2.5 = 28,740 + 377 survivors (6,436 WAG x 2.5 =16,090; 5,060 x 2.5=12,650; 377 survivors)	October 2018
	9. Percent improvement in knowledge, attitudes and skills	Questionnaire Surveys FGD Women	103 persons surveyed	June 2016	377 persons surveyed: (198 F; 179 M) Women:	September-October 2018

conflict resolution services.		FGD Men	95% believe women have right to be free from violence 72% only recognise shame or stigma as consequence of SGBV 77% only know services from CCs 24% have reported violence 19% aware of anti-violence campaigns		97% believe women have right to be free from violence 57%-90% recognise emotional distress as consequence of SGBV 44% know services of Village Chief, 19% police; 15% CCWC; 13% have reported violence 70% aware of violence prevention messages Men 100% believe women have right to be free from violence 29%-74% recognise emotional distress as consequence of SGBV 81% know services of Village Chief, 36% police, 19% CCWC; 30% have reported violence 80% aware of violence prevention messages	
Output 3.2: Forty-five (45) Commune Committee for Women and Children (CCWC) members in Borseth, Oudong, Thpong and Samrong Tong districts of Kampong Speu province, Cambodia have increased knowledge and skills to assist SGBV victims.	10. # of individuals trained	Training Reports	0	January 2016	Target 45: Achieved: 43 15 CCWC attended training courses with SSC in 2016 and 2017. Only 13 CCWC attended training with SSC in 2018	October 2018
	11. Percent improvement in knowledge, attitudes and skills	Pre-post tests, role-plays	CCWC: Group average for Basic Counselling and Case Management modules: 20% improvement in CCWC knowledge and skills from pre-test to post-test	December 2016	CCWC: Group average improvement range from 21%-25% in 2016, 2017, and 2018 in counselling and case management	October 2018

Annex 4. Beneficiary Data Sheet

		The number of beneficiaries reached	
Beneficiary group		At project goal level	At the outcome level
Women and girls in general		6,528x2.5=16,320	6,528x2.5=16,320
Women survivors of violence		412	412
PRIMARY BENEFICIARY TOTAL			16,732
Civil society organizations and NGOs	Number of institutions reached	n/a	-
	Number of individuals reached	n/a	-
Community based groups	Number of institutions reached	n/a	-
	Number of individuals reached	n/a	-
Educational professional and teachers		n/a	18
General public/ community at large (10 December 2019)		n/a	500
Government officials (decision/ policy makers)		n/a	-
Health professionals		n/a	-
Journalists/ media		n/a	-
Legal officers (lawyers, prosecutors, judges)		n/a	-
Men/ boys		n/a	3,360
Parliamentarians		n/a	-
Private sector employers		n/a	-
Social welfare workers (DoWA/DoSAVY and CCWC)		n/a	42+43=85
Uniformed personnel (police/ military)		n/a	262
Others: Local Authorities (Village Chief/Deputy)		n/a	1,442
Others: Female Village Assistants/Volunteers			37
Others: 10 Dec. 2018 Event via Facebook Views			957
Others: 10 Dec. 2018 Event: Facebook Live Views of Concert			21,444
Others: 10 Dec. 2018 Event: Facebook Views/Shares of Videos			47,000
SECONDARY BENEFICIARY TOTAL (Direct)		n/a	5,218x2.5=13,045+85+37=13,167
SECONDARY BENEFICIARY TOTAL (Direct and Indirect)			82,111

Source: WHI M&E Master SpreadSheet (December 2018)

5. Data Collection Instruments

5.1 Interview Cover Sheet

Interview Cover Sheet

Ref No. _____

Interviewer Name:	Interview Date:
Interview Location: District: Commune: Village:	Time start: Time end:

Attended Outreach Event <input type="checkbox"/>	Did not attend Outreach Event <input type="checkbox"/>	Don't Know <input type="checkbox"/>
--	--	-------------------------------------

Informed Consent and Checklist

Tick ☒ when done

1. Purpose of evaluation: To learn about your involvement, knowledge, experience and gather suggestions for future project interventions.	
1. Voluntary participation: You can choose to participate, answer or not answer questions, and stop or leave at any time.	
2. Use of information: For future project planning, a published report and disseminated to stakeholders.	
3. Verbal consent: Are you willing to participate?	Yes or No
4. Do you wish to be anonymous (no name recorded), confidential (name recorded but not shared publicly) or agree to share name publicly?	Circle 1

Introduction:

Hello. I am (name) working as independent consultant to conduct an external evaluation of the 3-year Enhancing Responses to Violence Against Women and Girls project funded by UN Trust Fund to End Violence Against Women and World Hope International from 2016-2018. We are here to learn about your experiences with the project aimed at preventing violence against women and girls and improving services for GBV survivors. The information will allow WHI and partners to reflect on achievements and lessons learned for future interventions. The findings will be disseminated in a final report.

The **goal of the project** is: "Women and girls in Samrong Tong, Borseth, Thpong, Oudong districts of Kampong Speu feel safer from S/GBV as a result of living in communities with a greater understanding and respect for the rights of women and girls and access social and legal services for survivors." The project worked in partnership with DoWA, DoSAVY, CCWC, Hagar and SSC to implement project activities with women and girls, survivors of gender-based violence, community members, men and boys in 45/52 communes in these 4 districts.

Everything you say will be kept confidential. Your participation is voluntary. Your answers are very important so we ask you to answer truthfully. We hope this survey will take only 20 minutes. (For KII about 45 minutes; For FGD, around 1.5 hours)

Do you have any questions? May we start the discussion now?

5.2 Ethical Guidance

5.2.1 Ethical Guidance for Survey Administration

The purpose of the survey is to gather information as part of the final evaluation of the Enhancing Responses project in 4 districts in Kampong Speu province. In order to evaluate the project's results, including changes in knowledge, attitudes and practices towards sexual and gender-based violence, WHI has engaged a consultant team to conduct Focus Group Discussions (FGDs) and Key Informant Interviews (KII).

Prioritizing women and girls' safety and well-being, and never risking harm, are ethical standards WHI and the evaluation team must adhere to. The special nature of the topic requires extra care be applied when administering survey tools, training survey implementers, as well as analyzing, sharing and applying the survey findings.

Informed Consent: Prior to survey being administered, WHI will sensitize the department level leadership on the purpose of the evaluation and seek their consent for data collection. After this, commune leadership will be similarly sensitized and asked for consent. Finally, individuals directly being surveyed will provide consent prior to participating in completing the surveys.

Voluntary Participation: The survey administrator will explain the purpose of the survey, that participation is voluntary, how the information will be collected, and how the information will be used. Individuals surveyed will be asked for and provide consent prior to participating in completing the survey. Individuals will be informed they can stop at any time or not answer any question.

Confidentiality and Safety: The evaluation team of trained professional development workers will administer the survey. The survey team will be trained in survey administration including instructions about the importance of maintaining confidentiality, to recognize and deal with respondent's distress and provide referrals as needed. A list of available services and contact persons/agencies will be provided as needed.

Privacy: The survey administrators will interview participants individually away from others, ensuring the survey is administered out of earshot of others. Individual names will not be collected. This measure aims to instill confidence in participants that their participation adheres to ethical standards.

Gender sensitivity: Female evaluation team members will interview women and girls, and male evaluation team members will interview men and boys, adhering to ethical standards when researching the subject of violence against women and girls. This measure aims to instill confidence in participants that their participation is treated with respect.

Child Protection: No girl or boy under the age of 18 will be interviewed individually in the community. Only high school girls and boys participating in outreach events in selected high schools will be asked to volunteer to participate, through and with the informed consent of School Directors and/or parents, as well as the students.

Professional Conduct: The evaluation team will be mindful of power differences between survey administrators and commune participants, making sure participants realize their participation is voluntary. Survey administrators will not conduct interviews in communities where they are from or have familial connections or with participants that are known to them. Facilitators will take care to avoid judgment of participants by their appearance, ethnicity or other characteristics; will

treat people and their comments with respect; avoid asking leading questions; and observe confidentiality to ensure personal details of participants or anyone they refer to cannot be used.

Target areas/Beneficiaries: The survey will be administered to people in communities where Outreach Events have taken place as part of the WH Enhancing Responses Project 2016-2018. Survey participants will include women and men in the communities, female and male garment factory workers, girl and boy high school students (Grade 11 and 12), and with FGD participants.

Data Protection: All data will be guarded and kept confidential. Individual names will not be collected. No identifiers will be written on the survey forms. If any identifier that can be tied to the participant is collected, the identifier will be kept separate from the subject. Data will be stored on a password-protected computer in WHI's offices in Phnom Penh, and any paper documents will be destroyed. The information shared will be sufficiently aggregated so that evaluation cannot be directly linked to household respondents.

Many of the survey questions have been used previously in similar locations in Cambodia in 2005 and 2009¹⁹ and 2014²⁰. Many questions have been translated into Khmer language and tested, but a pre-test will be conducted, and questions revised, prior to the administration of the final survey.

Findings: The evaluation team will work with WHI to ensure evaluation results are properly interpreted, and shared with government and other stakeholders to apply promising practices and lessons learned, and to help to influence future interventions and policies.

¹⁹ This survey was sponsored by Ministry of Women's Affairs, gtz, Federal Republic of Germany, UNFPA, UNDP, UNIFEM and Australian Aid Program.

²⁰ CDHS 2014

5.2.2 Ethical Guidance for FGDs and KIIs

In order to evaluate the project's results, including changes in knowledge, attitudes and practices towards sexual and gender-based violence, WHI has engaged a consultant team to conduct Focus Group Discussions (FGDs) and Key Informant Interviews (KII).

The following guidance will be adhered to in all FGDs and Interviews

- **Voluntary:** All participants will be told that their participation is voluntary prior to participating and before the FGD/KII begins. Participants will be made aware of the risks and benefits of participating in the evaluation.
- **Confidentiality:** The importance of respecting confidentiality and anonymity will be stressed before the FGD begins and at the end. Facilitators will keep information confidential and will not use personal identifiers during note taking. After the transfer of notes to electronic documents, all notes will be kept in password-protected documents.
- **Informed Consent:** All participants must give formal consent to participate in the FGD/KII. Verbal consent will be obtained from each participant prior to the FGD/KII. Participants will be told they can leave anytime prior to the end of the FGD/KII. Prior to giving consent, facilitators will give a clear statement of the purpose of the FGD/KII to allow prospective participants to make an informed decision.
- **Professional Behavior:** Facilitators will not conduct FGDs/KII in communities where they are from or have familial connections or with participants that are known to them. Facilitators will take care to avoid judgment of participants by their appearance, ethnicity or other characteristics; will treat people and their comments with respect; avoid asking leading questions; and observe confidentiality to ensure personal details of FGD/KII participants or anyone they refer to cannot be used.
- **Data Confidentiality:** All raw and processed data will only be shared with the WHI team and the project donor: UNTF. The findings of the evaluation will be shared with the community through WHI. The communes who participated in the evaluation will not be shared. The data will be shared as findings from Kampong Speu province.
- **Referral Information:** Prior to the evaluation, the consultant team will identify institutions to refer FGD/KII participants to in the event they need support post FGD/KII. Facilitators will also be trained to recognize signs of distress, how to deal (show empathy, take a short break) and provide referrals as necessary.
- **Participants:** Each focus group will be comprised of 6-8 participants. There will be separate groups: men only, women only, female garment factory workers, male garment factory workers, female/girls high school students (Grade 11-12), male/boys high school student, CCWC members (female) and DoWA/DoSAVY social workers. KII will be with 1-2 individuals at a time.

5.3 Data Collection Instruments

- 5.3.1 WHI ER Evaluation Survey_2Sep18
- 5.3.2 WHI ER Project Evaluation FGD Guide Community_2Sep18
- 5.3.3 WHI ER Project Evaluation KII /FGD Guide Service Providers_2Sep18
- 5.3.4 WHI ER Project Evaluation KII / FGD Survivors_2Sep18
- 5.3.5 WHI ER Project Evaluation KII Government Officials_2Sep18
- 5.3.6 WHI ER Project Evaluation KII NGOs/Agencies/Stakeholders_2Sep18
- 5.3.7 WHI ER Project Evaluation KII Other_2Sep18
- 5.3.8 WHI ER Project Evaluation KII Reflection Guides WHI Hagar SSC_2Sep18
- 5.3.9 WHI ER Project Evaluation OE Observation_2Sep18
- 5.3.10 WHI ER Project Evaluation Observation List Groups_2Sep18
- 5.3.11 WHI ER Project Case Study Guides_5Sep18
- 5.3.12 WH ER Project KII with RUPP
- 5.3.13 WHI ER Project KII with UNTF/UNW

5.3.1

WHI Enhancing Responses Project Final Evaluation Community Survey: Questionnaire

Section 1: Demographic Characteristics

First, I would like to ask you some questions about your background.

1	How old are you now?	Write exact age in years: _____	
2.	What is your gender?	1. Male 2. Female 3. Other	1 2 3
3	What is the highest-grade level you completed?	1. No school 2. Literacy Class 3. Primary school: Grades 1-6 4. Lower Secondary School: Grade 7-9 5. Upper Secondary School: Grade 10-12 6. University or higher	1 2 3 4 5 6
4	What is your main occupation? (Circle only 1)	1. Farming 2. Government Social Service Provider 3. Uniformed Personnel (Police/Army) 4. Health Worker 5. Trader/Seller 6. Education/Teacher 7. Garment Factory Worker 8. Construction Worker 9. High School Student 10. University Student 11. Housewife 12. Not working at this time 13. Other (Write Answer) _____	1 2 3 4 5 6 7 8 9 10 11 12 99
5	Are you married?	1. Single/Never Married 2. Married, live w/husband/wife 3. Married, live separate from husband/wife 4. Divorced 5. Widowed 6. Single, live with partner or boy/girlfriend	1 2 3 4 5 6
6	How many children do you have?	0 1 2 or 3 4 or 5 6 or more	1 2 3 4 5

Section 2:

Now I would like to ask you some questions violence against women and girls.

Do you agree or disagree with the following two statements? (Q7 and Q8)																																							
7	Women and girls have the right to live lives free of violence.	1. True / Agree 2. False / Disagree 3. Don't Know	1 2 3																																				
8	It is acceptable for women and girls to receive punishment when they do not fulfill their responsibilities/do their tasks.	1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree	1 2 3 4																																				
9	In your opinion, is a husband/intimate partner justified to hit or beat his wife for any of the following reasons? (Read statements below) a. If meal is not prepared on time/burnt b. If she argues with him c. If she neglects the children d. If she goes out without telling him e. If she refuses to have sex f. If she asks him to wear a condom	Circle the answer to each statement <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f.</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		Yes	No	Don't Know	a.	1	2	3	b.	1	2	3	c.	1	2	3	d.	1	2	3	e.	1	2	3	f.	1	2	3									
	Yes	No	Don't Know																																				
a.	1	2	3																																				
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c.	1	2	3																																				
d.	1	2	3																																				
e.	1	2	3																																				
f.	1	2	3																																				
10	For Women only: (Then Skip to 12) In the past 12 months has your husband / intimate partner ever? (Read statements below) a. Insulted or mad you feel bad about yourself b. Threatened to hurt or harm you or someone you care for c. Pushed, shaken, or something thrown at you d. Slapped, arm twisted or hair pulled e. Punched, kicked, hit or beaten f. Threatened to attack with a knife, gun or other weapon g. Physically forced to have sexual intercourse in marriage h. Withheld or taken money away	Circle the answer to each statement <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Not Answer/Don't Know</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h.</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		Yes	No	Not Answer/Don't Know	a.	1	2	3	b.	1	2	3	c.	1	2	3	d.	1	2	3	e.	1	2	3	f.	1	2	3	g.	1	2	3	h.	1	2	3	
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f.	1	2	3																																				
g.	1	2	3																																				
h.	1	2	3																																				
11	For Men Only: In the past 12 months, has any women over 18 years in your family experienced any of the following from another family member? (Read statements below)	Circle the answer to each statement <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Not Answer/Don't Know</th> </tr> </thead> <tbody> </tbody> </table>		Yes	No	Not Answer/Don't Know																																	
	Yes	No	Not Answer/Don't Know																																				

	a. Insulted or made to feel bad about self b. Threatened to hurt or harm self or someone she cared for c. Pushed, shaken, or something thrown at d. Slapped, arm twisted or hair pulled e. Punched, kicked, hit or beaten f. Threatened attack with a knife, gun or other weapon g. Physically forced to have sexual intercourse in marriage h. Withhold or take money away	a. 1 2 3 b. 1 2 3 c. 1 2 3 d. 1 2 3 e. 1 2 3 f. 1 2 3 g. 1 2 3 h. 1 2 3	
12	Have you ever observed violence against women or girls in your commune/village?	1. Yes 2. No 3. Don't know	1 2 3
13	In the last 12 months, did you report violence against women or girls when you observed it?	1. Never (Skip to Q15) 2. Sometimes (1 or 2 times) 3. Often (3 or more times) 4. Did not observe (Skip to Q15)	1 2 3 4
14	If you reported a case of violence, to whom did you report to? <i>(DO NOT read answers /Multiple answers possible)</i>	1. DoWA 2. DoSAVY 3. Police 4. Commune Council /CCWC 5. NGOs/Agencies offering counseling 6. Legal Aid Organisations 7. NGOs/Agencies offering shelter 8. Court 9. Health Services 10. Village Chief/Authorities 11. Village Security Guard 12. Neighbor 13. Other (Please explain _____)	1 2 3 4 5 6 7 8 9 10 11 12 99
15	In your commune/village who provides legal aid / conflict resolution services for victims of violence? <i>(DO NOT read answers /Multiple answers possible)</i>	1. DoWA 2. DoSAVY 3. Police 4. Commune Council /CCWC 5. NGOs/Agencies offering counseling 6. Legal Aid Organisations 7. NGOs/Agencies offering shelter 8. Court 9. Health Services 10. Village Chief/Authorities 11. Village Security Guard 12. Neighbor	1 2 3 4 5 6 7 8 9 10 11 12

		13. Don't Know 14. Other (Please explain _____)	13 99
16	In your commune/village, what services are available for victims of violence? <i>(DO NOT read answers/Multiple answers possible)</i>	1. DoWA 2. DoSAVY 3. Police 4. Commune Council /(CCWC) 5. NGOs/Agencies offering counseling 6. Legal Aid Organizations 7. NGOs/Agencies offering shelter 8. Court 9. Health Services 10. Village Chief/Authorities 11. Village Security Guard 12. Neighbor 13. Don't Know 14. Other (Please explain _____)	1 2 3 4 5 6 7 8 9 10 11 12 13 99
17	Do you know how to get a case of violence to go to court?	1. Yes 2. No 3. Don't Know	1 2 3
18	How does physical violence negatively affect the victim? <i>(DO NOT read answers / Multiple answers possible)</i>	1. Feels shame or stigma 2. Is sad, upset and/or emotionally disturbed 3. May miss work and loose income 4. May have health problems 5. Don't Know	1 2 3 4 5
19	How does sexual violence negatively affect the victim? <i>(Do NOT read answers / Multiple answers possible)</i>	1. Feels shame or stigma 2. Is sad, upset and/or emotionally disturbed 3. May miss work and loose income 4. May have health problems 5. Don't Know	1 2 3 4 5
20	How does emotional violence negatively affect the victim? <i>(Do NOT read answers / Multiple answers possible)</i>	1. Feels shame or stigma 2. Is sad, upset and/or emotionally disturbed 3. May miss work and loose income 4. May have health problems 5. Don't Know	1 2 3 4 5
21	How does economic violence negatively affect the victim? <i>(Do NOT read answers / Multiple answers possible)</i>	1. Feels shame or stigma 2. Is sad, upset and/or emotionally disturbed 3. May miss work and loose income 4. May have health problems 5. Don't Know	1 2 3 4 5
22	In the past 12 months, have you seen or heard messages on prevention of violence against women and girls?	1. Yes 2. No 3. Don't know	1 2 3

	<i>(Note: by IEC, interpersonal communication or outreach activities)</i>	
	Men and Boys STOP at Q22! Thank you for your participation!	

Section 3: Women and Girls only (Q24 to 27)

Now I would like to ask you some questions about safety for women and girls.

24	How often do you feel safe from violence in the commune/village areas?	1. Always 2. Usually 3. Sometimes 4. Never	1 2 3 4
25	How often do you feel safe from violence in the home?	1. Always 2. Usually 3. Sometimes 4. Never	1 2 3 4
26	How often do girls in your commune / village feel safe from violence in schools? <i>(Note: if asking a high school student, ask you)</i>	1. Always 2. Usually 3. Sometimes 4. Never 5. Don't know	1 2 3 4 5
27	What would make you feel safer from violence in your commune/village, home or school? <i>(Do Not read answers /Multiple Answers possible. Please listen and record responses)</i>	1. More dissemination of prevention of VAWG messages in community 2. Reduce alcohol consumption/selling in the village 3. Reduce gambling in the village 4. More counseling/intervention with men 5. More skilled GBV service providers in the villages 6. More direct intervention with households experiencing violence 7. Other (Please describe) _____	1 2 3 4 5 6 7
	Thank you for your participation!		

5.3.2 WHI Enhancing Responses Project Final Evaluation Community Survey: Women/Girls

FGD #1: Guided Questions with Women/Girls

Participant	Age (yrs)	Marital Status*	No of Children	Education (Highest Grade)
P1				
P2				
P3				
P4				
P5				
P6				
P7				
P8				

Questions

1. What problems have women and girls experienced in health and security in your commune? (PROBE on violence, not on health.) Can you give examples of violence in the commune? When and where does sexual violence occur?
2. Who are the perpetrators? (PROBE: outside/inside commune, people you know/don't know.) What happens to the perpetrators?
3. What are the problems that women face after an attack? (PROBE: physical, psychological, social problems.)
4. What are community responses when violence occurs? What is done to prevent violence? What is done to help survivors? How could these efforts be improved? Do women's support networks exist to help survivors?
5. What social and legal services exist to help address these problems? (PROBE: health, police, legal support, social counselling) Who provides these services? How could these efforts be improved?
6. Has the problem of sexual violence gotten worse, better, or stayed the same over the last year?
7. Do women have "the right" to live free from violence at home, at work and in the community in Cambodia?
8. Are there types of violence or circumstances when women should accept violence within the home (PROBE: yelling, hitting or not cooking food, going out? etc.)? Should women tolerate violence to keep the family together?
9. How would violence free homes help Cambodians? What would it look like?
10. Do you have any other suggestions or recommendations?

Thank you for your participation!

5.3.3 WHI Enhancing Responses Project Final Evaluation Community Survey: Men and Boys

FGD #2: Guided Questions with Men/Boys

Participant	Age (yrs)	Marital Status*	No of Children	Education (Highest Grade)
P1				
P2				
P3				
P4				
P5				
P6				
P7				
P8				

Questions

1. What problems have women and girls experienced in health and security in your commune? (PROBE on violence, not on health.) Can you give examples of violence in the commune? When and where does sexual violence occur?
2. Who are the perpetrators? (PROBE: outside/inside commune, people you know/don't know.) What happens to the perpetrators?
3. What are the problems that women face after an attack? (PROBE: physical, psychological, social problems.)
4. What are community responses when occurs? What is done to prevent violence? What is done to help survivors? How could these efforts be improved? Do women's support networks exist to help survivors?
5. What social and legal services exist to help address these problems? (PROBE: health, police, legal support, social counselling.) Who provides these services? How could these efforts be improved?
6. Has the problem of sexual violence gotten worse, better, or stayed the same over the last year?
7. Do women have "the right" to live free from violence at home, at work and in the community in Cambodia?
8. Are there types of violence or circumstances that women should accept within the home (PROBE: yelling, hitting or not cooking food, going out? etc.) Should women tolerate violence to keep the family together?
9. How would violence free homes help Cambodians? What would it look like?
10. Do you have any suggestions or recommendations?

Thank you for your participation!

5.3.4 WHI Enhancing Responses Project Final Evaluation Community Survey: Service Providers

FGD / KII #3: Guided Questions with Service Providers

Circle: DoSVY or DoWA or CCWC:

District: _____

	Name	Age yrs	Sex M/F	Position	Commune (CCWC)	Years in Position	Year Trained
P1							
P2							

Questions

1. Can you please describe your involvement with the Enhancing Responses Project, including training (WHI, SSC, Hagar), follow up activities (Events, Sessions, Clients) and other coordination work (with DoSVY, DoWA and CCWCs).
2. Have you ever come into contact with cases of violence among your clients? Can you tell me how these experiences originated, what you did, and what the client did? How many cases are you managing per month?
3. Could you please describe how you used to provide support to women seeking help before you attended the training (Hagar/SSC) and how you provide support since you attended the training? What has changed?
4. What changes have you observed in the survivors of violence you provide support to? (Counseling? Group therapy?) Please describe
5. What changes have you seen in the community (men and women) regarding attitudes and behavior of violence towards women and girls? (Fewer incidents of violence? More reports of violence?) Has violence increased, stayed the same or gotten worse in the past year?
6. What project activities/training/approaches have worked well? Please explain
7. What activities/training/approaches did not work well? What could be improved?
8. What other organizations or persons in this community, work on family violence issues? How do you coordinate with other institutions to address the needs of abused women?
9. How has the project supported the implementation of laws (DV Law), procedures (GBV Referral Guidelines, Commune Safety) or national plans (NAPVAW II)? Please describe
10. What changes in legislation, policy, or staffing would facilitate your work? What changes in the behaviors or attitudes of the people with whom you work would facilitate your work?
11. Do women have "the right" to live free from violence at home, at work and in the community in Cambodia? How would violence free homes help Cambodians? What would it look like?
12. Should women tolerate violence to keep the family together? Why or why not?
13. Do you have any other suggestions?

Thank you for your participation!

5.3.5 WHI Enhancing Responses Project Final Evaluation Community Survey: Survivors of GBV

FGD / KII #4: Guided Questions with Survivors

Participant	Age (yrs)	Marital Status*	No of Children	Education (Highest Grade)
P1				
P2				
P3				
P4				
P5				
P6				

Questions

1. How did you learn/come into contact with the service provider? Did someone refer you? Who?
2. What type of services did you/have you received from the service providers? (Individual Counseling? Group Therapy? Legal services? Health services? Other?)
3. How often did you attend Individual Counseling? Group Therapy? Legal services? Health services? Other?
4. What type of services have you found the most healing/beneficial? Why? Who provided them?
5. How have the services helped you personally, with family, or socially? (*Probe: more confident in self, not blame myself, better relations, able to help others*) Please explain.
6. Would you recommend any services to a friend/neighbor experiencing violence? What types of services? Why?
7. What services did you find the least helpful? Why? What could be improved?
8. Do you feel safer from violence in your home or community since you received services? Please explain
9. Do you think the women and girls in the community feel safer from violence as a result of the WHI Outreach Events on prevention and responses to violence? Why or Why not?
10. Should women tolerate violence to keep the family together? If yes, why and when?
11. Do women have the “right” to be free from violence at home, community and work?
12. How would violence free homes help Cambodians? What would it look like?
13. Do you have any other suggestions?

Thank you for your participation!

5.3.6 WHI Enhancing Responses Project Final Evaluation
KII Guide with Government Officials
(Provincial and National)

KII #5: Guided Questions with Government Officials

District: _____ **Commune** _____

	Name	Position	Department	Sex (M/F)
P1				

Questions

1. Can you please describe your involvement with the Enhancing Responses Project, including partners (WHI, SSC, Hagar) and implementers (DoSAVY, DoWA and CCWCs)?
2. How has the project supported the implementation of government laws (DV Law), policies/procedures (GBV Referral Guidelines, Commune Safety, etc.) and/or national plans (NAPVAW II)? Please describe
3. In your opinion, what project activities/approaches have worked well? Please explain
4. In your opinion, what project activities/approaches did not work well? What could be improved?
5. What changes have you seen in the government social workers (DOWA, DOSAVY) and CCWC's skills, attitudes, or practices since the project began in 2016 (2.5 years ago)? Please describe. (ie improved listening skills, better counseling skills, more empathy, etc.)
6. What parts of the project do you think the government institutions, including government social workers and CCWC, will continue after the project finishes in December 2018? Why or why not?
7. Any other suggestions or recommendations for us?

Thank you for your time!

**5.3.7 WHI Enhancing Responses Project Final Evaluation
KII Guide with collaborating NGOs/Agencies**

KII #6: Guided Questions with NGOs / Agencies

	Name	Position	Organization	Sex (M/F)
P1				

Questions

1. Can you please describe your involvement with the Enhancing Responses Project?
2. How have you / your organization coordinated / organized work with WHI and implementers (DoSAVY, DOWA, CCWC) to address the needs of victims of violence?
3. What changes have you seen in the participating social workers (DOWA, DOSVY) and CCWC's skills, attitudes, or practices from before the training/activities and after (in the last 1-2 years? Please describe. (ie. improved listening skills, better counseling skills, more empathy, etc.)
4. What changes have you seen in the community (men and women) regarding attitudes and behavior towards violence towards women and girls in the last 2 years? Have there been fewer incidents of types of violence? More reporting of violence? More referrals? More attention to mediation? Please describe
5. What changes have you observed in the survivors of violence as a result of the project interventions? Please describe (ie improved knowledge of legal services, increased understanding of DV Law and women rights?, etc.)
6. What changes have you seen with other local authorities or police in preventing and responding to violence against women and girls? Please describe (ie Improved services for victims? More prevention activities? Faster/better responses to address survivor needs)?
7. What parts of the project do you think the government social workers and community actors will continue to work after the project is finished? Why or why not?
8. What changes in legislation, policy or procedures would facilitate your work? What changes in the behaviors or attitudes of the personnel with whom you work would facilitate your work?
9. Any other suggestions or recommendations for us?

Thank you for your time and participation!

5.3.8 WHI Enhancing Responses Project Final Evaluation
KII Guide with Other Stakeholders
(Village Chief, Police, Health Officials)

KII #7: Guided Questions with other stakeholders

District: _____ **Commune** _____

	Name	Position	Department	Sex (M/F)
P1				

Questions

1. What is your involvement with the Enhancing Responses project?
2. How has the project **supported your work** to implement government laws (DV Law), policies/procedures (GBV Referral Guidelines, Commune Safety Policy, Health protocols etc.) and/or national plans (NAPVAW II)? What have **you learned**? What have you done differently than before?
3. What problems have women and girls experienced with violence in your commune? Has the problem of sexual violence gotten worse, better, or stayed the same over the last year?
4. What changes have you observed in the community (men and women) regarding attitudes and behavior of violence towards women and girls since the project began (1-2 years ago? (Probe: Fewer incidents of types of violence? More reporting of violence?) Please describe
5. What changes have you observed in the survivors of violence as a result of project interventions (Counseling? Group therapy?) (Probe: more confident, better health, etc.) Please describe
6. What changes have you seen in the government social workers (DoWA, DoSAVY) and CCWC's skills, attitudes, or practice since the project began (1-2 years)? (Probe: improved listening skills, better counseling skills, more empathy, able to solve problems etc.) Please describe
7. What parts of the project do you think the government institutions, including government social workers and community actors, will continue to work after the project is finished in December 2018? Why or why not?
8. Do you have any suggestions or recommendations?

Thank you for your time and participation!

**5.3.9 WHI Enhancing Responses Project Final Evaluation
Reflection Guides with WHI, Hagar and SSC Teams
KII with WHI, Hagar and SSC Managers/Supervisors**

Circle: Organization: WHI

SSC

Hagar

	Name	Age yrs	Sex M/F	Position	Years in Position
P1					
P2					
P3					

Questions

1. Can you please describe your role /responsibilities with the Enhancing Responses Project?
2. How have you / your organization coordinated / organized work with the other partners (WHI, Hagar, SSC) and implementers (DoSAVY, DOWA, CCWC)?
3. In your opinion, what project activities/training modules have worked well? Please explain
4. In your opinion, what project activities / training modules have not worked well? What would you do differently? What could be improved?
5. What problems did you encounter with the project? How did you solve them?
6. How do you follow up with the trainees? What feedback mechanisms are in place to provide supervision and coaching for the trainees? (DoSAVY, DoWA, CCWC)
7. What changes have you seen in the trainees/social workers (DOWA, DOSVY) and CCWC's skills, attitudes, or practice from before the training/activities and after? Please describe. (ie improved listening skills, better counseling skills, more empathy, etc.)
8. What changes have the social workers (DoSAVY, DoWA)/community actors (CCWC) seen in the community (men and women) regarding attitudes and behavior of violence towards women and girls? Have there been fewer incidents of types of violence? More reporting of violence?
9. What changes have the social workers (DoSAVY, DoWA) or community actors CCWC) seen / observed in the survivors of violence as a result of individual counseling? Group therapy? Case Management? Please describe (ie more confident, better health, etc.)
10. What changes have the social workers (DoSAVY, DoWA) or community actors CCWC) seen with other government agencies or local authorities in preventing and responding to violence against women and girls? Please describe (ie Improved services for victims? More prevention activities? Faster/better responses to address survivor needs)?
11. What parts of the project do you think the government social workers and community actors will continue to work after the project is finished? Why or why not?
12. What parts of the project should/could be replicated to other areas? Why or why not?
13. Any other suggestions or recommendations for us?

Thank you for your time and participation

**5.3.10 WHI Enhancing Responses Project Evaluation
Observation Checklist at Group Supervision, Group Coaching and Group Therapy**

Observer Name:	Date: ____/____/____
District/Commune:	Time Start:
Location:	Time End:

Observation	Yes	No	Comments/Describe
Group Supervision WHI DOWA/DoSAVY			
1. Are participants actively engaged (Ask questions, share ideas, raise issues?)			
2. Are participants helping each other to solve problems? (Raise issues, listening to each other?)			
3. Are the participants demonstrating learned skills? (Active listening, empathy, reflection?)			
4. Are the facilitators encouraging /giving the opportunity to all participants to share?			
5. Are the facilitators helping participants to solve problems?			
Group Coaching WHI CCWC			
1. Are participants actively engaged (Ask questions, share ideas, raise issues?)			
2. Are participants helping each other to solve problems? (Raise issues, listening to each other?)			
3. Are the participants demonstrating learned skills? (Active listening, empathy, reflection?)			
4. Are the facilitators encouraging /giving the opportunity to all participants to share?			
5. Are the facilitators helping participants to solve problems?			
Group Therapy (Survivors)			
1. Are all participants sharing/talking?			
2. Are participants listening to each other?			
3. Are participants helping each other to solve problems?			
4. Are the facilitators encouraging /giving the opportunity to all participants to share?			
5. Are the facilitators using active listening skills? Reflective listening skills? Open-ended questions?			
6. Are the facilitators showing empathy? (Affirming, encouraging, not blaming?)			
7. Are the facilitators helping participants to solve problems?			

General Comments/Observations:

5.3.11 WHI Enhancing Responses Project Final Evaluation
Case Study Guide #1, #2, #3
CCWC/DoWA/DoSAVY

Hello. I am (name) and I am a member of a team conducting an evaluation of the 3- year Enhancing Responses to Violence Against Women and Girls project funded by UN Trust Fund to End Violence Against Women and World Hope International from 2016-2018. You were recommended to interview as you have demonstrated strong commitment in your work. We would like to learn about your experiences aimed at preventing violence against women and girls and improving services for GBV survivors. We would like to ask you some questions about your personal life, your work life and your involvement with the community and GBV, as well as some positive changes in yourself, skills and capacity. The findings will be disseminated in a final evaluation report.

Your participation is voluntary. We would like to write up your story, include it and disseminate it as part of the final evaluation report. Do you have any questions? Do you agree to participate? May we take a photo and include your personal details?

Q1: Can you please tell us briefly about yourself? (Probe: name, education, marital status, age, number of children, occupation, role/years as a CCWC and responsibilities)

Q2: Why did you decide to participate in the ER Project? What was your involvement with the ER Project? (i.e. attended trainings, organized Outreach Events, disseminated S/GBV information, met with clients, community members GBV families)

Q3: What challenges did you face before you participated in the ER Project?

Q4: Since you participated in the ER Project, what kind of changes have you seen in yourself? Can you give some examples? (Probe: knowledge, attitude, practice: better listener, can help solve DV problems in families/households, more empathetic)

Q5: Among those changes, what do you think are the most significant changes for yourself, your work and your community? Why do you think they are the most significant changes? Please describe specifically.

Q6: What do you want to do / hope to improve for your future personal (self) development and professional (work) development. Please describe

Thanks for your time and sharing with us your story!

WHI Enhancing Responses Project Final Evaluation
Case Study Guide #4 & #5
Client

Hello. I am (name) and I am a member of a team conducting an evaluation of the 3- year Enhancing Responses to Violence Against Women and Girls project funded by UN Trust Fund to End Violence Against Women and World Hope International from 2016-2018. You were recommended to interview as you have received services from CCWC (or DoWA/DoSAVY). We would like to ask you some questions about your experiences and some positive changes in yourself and life.

Your participation is voluntary. We would like to write up your story, include it and disseminate it as part of the final evaluation report. Do you have any questions? Do you agree to participate? May we take a photo and include your personal details?

Q1: Can you please tell us briefly about yourself and family? (Probe: name, education, marital status, age, number of children, occupation, role/years as a CCWC and responsibilities)

Q2: How did you learn about/find GBV services from CCWC (or DoWA/DoSAVY)? Who referred you? What type of services did you receive? (i.e. individual counseling, family counseling, group therapy, Outreach Events, etc.)

Q3: What challenges did you face before you received and participated in GBV services for clients?

Q4: Since your received services, what is your situation now? What changes have you seen in yourself and your Family? Can you give some examples? (Probe: less fighting in family? no more violence? Husband stop drinking? Improved communication/family relationship?

Q5: What do you think are the most significant changes for yourself and family? Why do you think they are the most significant changes? Please describe specifically.

Q6: What do you want to do / hope to improve for your future personal (self) life and family? Please describe

Thanks for your time and sharing with us your story!

Introduction (Please read Introduction for purpose, confidentiality and consent)

Interviewer:

Date:

	Name	Position	Department	Sex (M/F)
P1				

Questions

1. Can you please describe your involvement / working relationship with WHI and the Enhancing Responses Project, including any partners (SSC, Hagar) and implementers (DoSAVY, DoWA, CCWC)?
2. In your opinion, what are the advantages or disadvantages of having institutional arrangements between RUPP and WHI (or other NGOs) for future projects addressing gender-based violence?
3. In your opinion, how has the project supported the implementation of government laws (DV Law), policies/procedures (GBV Referral Guidelines, Commune Safety Policy, etc.) and/or national plans (NAPVAW II)? Please describe
4. From administering the bi-annual community survey, have you observed any changes or improvements in service providers (DoSAVY/DoWA/CCWC) knowledge, skills, or attitudes on addressing gender-based violence? Please explain
5. From administering the bi-annual community survey, have you observed any changes or improvements in community women and men in knowledge, skills, or attitudes on addressing gender-based violence? Please explain
6. Any other suggestions or recommendations for us?

Thank you for your time!

**5.3.13 WHI Enhancing Responses Project Final Evaluation
KII Guide with UNTF/UN Women**

	Name	Position	Organization	Sex (M/F)
P1				

Questions

1. Can you please describe your involvement / working relationship with WHI and the Enhancing Responses Project?
2. In your opinion how has the ER Project supported / aligned with the government policies, plans or regulations to address violence against women? (ie NAPVAW II, DV Law, etc.)
3. In your opinion how has the ER Project added value to Cambodia's effort to address prevention and responses to VAWG, including addressing social norms/gender stereotypes?
4. In your opinion how has the ER Project supported the needs of vulnerable women and women survivors of violence, including services? Please describe
5. What are the key strengths/achievements of the Enhancing Responses Project to date?
 - Technical /Program expertise in addressing VAWG?
 - Program management and coordination?
 - Influencing policy and/or government plans/processes?
6. What are the key weaknesses of the Enhancing Responses Project to date? What needs to be improved? What should be done differently?
 - Technical /Program expertise in addressing VAWG?
 - Program management and coordination?
 - Influencing policy and/or government plans/processes?
8. Are you aware of any best practices that you would adapt/replicate from the ER Project to other countries/areas?
9. Do you any suggestions or recommendations for the future of the Enhancing Responses Project? What would like to see for the next steps or stages to sustain the project efforts?

Thank you!

Annex 6. List of Stakeholders/Institutions Interviewed and Sites Visited

Project Stakeholders	Interview Type	No. Persons		
WHI	(Survey, KII, FGD)	Total	F	M
1. WHI: Project Manager, Clinical Advisor, 2 Social Work Specialists	Reflection/KII	4	1	3
Project partners				
2. Hagar International	Reflection/KII	2	0	2
3. Social Services of Cambodia	Reflection/KII	4	4	0
4. Department of Women's Affairs (DoWA)	KII/Case Study	2	2	0
	1 FGD	3	3	0
5. Department of Social Affairs, Veterans and Youth (DoSAVY)	KII/1 Case Study	4	1	3
	1 FGD	3	1	2
6. Commune Committee for Women and Children (CCWC)*	KII/Case Study	3	3	0
	4 FGD	14	14	0
Primary Beneficiaries				
7. Women and Girls Vulnerable to Violence and Exploitation	Survey	198	198	0
	7 FGD	52	52	0
8. Survivors of S/GBV	KII/Case Study	3	3	0
	2 FGD	8	8	0
Secondary Beneficiaries				
9. Community men and boys	Survey	179	0	179
	7 FGD	46	0	46
10. Village/Deputy Chief; Security Guard	KII	4	0	4
11. Police Post (Commune)	KII	2	0	2
12. Health Center Official	KII	1	1	0
Other stakeholders				
13. MoSAVY, Deputy Director of Inspection (Former Director PDoSAVY, Kampong Speu)	KII	1	-	1
14. Provincial Deputy Governor, Kampong Speu	KII	1	-	1
15. PDoWA and PDoSAVY, Deputy Directors, Kampong Speu	KII	2	2	0
16. UN Women in Cambodia, National Program Officer	KII	1	-	1
17. UNTF Portfolio Manager, Cambodia	KII	1	1	-
18. Licadho and Adhoc, Kampong Speu	KII	2	-	2
19. WVI, Project Officer	KII	1	-	1
20. RUPP, Lecturer	KII	1	-	1
Total	34 KII/ Case Study	32	14	18
	3 Reflections	7	4	3
	22 FGD	126	78	48
	377 Survey	377	198	179
Grand Total	-	542	294	248
			54%	46%

* Including 1 Deputy District Governor (F) attended the Training Course with SSC

Sites and Activities Observed	Location Area	Comments
1. Group Therapy (WHI/DoWA with Survivors)	Rung Roeang Commune, Thpong District Damnak Reang Commune, Oudong District	2 groups; Total 8 Survivors
2. Group Supervision (WHI with DoSAVY/DoWA)	Samrong Thong District	3 women: 1 DoWA, 2 DoSAVY
3. SSC Training Course with CCWC	Phnom Penh	13 CWCC members
4. Hagar Training Course with DoSAVY / DoWA	Phnom Penh	13 DoSAVY/DoWA staff
5. WHI Outreach Event	Amleang Commune, Thpong District	58 persons; @46-48 women and @6-8 men

Villages for Survey, FGD and KII	Commune	District
1. Ang Sandan	1. Preah Srae	1. Oudong
2. Chek	2. Cheoung Roas	
3. Ang Tapuk	3. Damnak Reang	
4. Lor	4. Prambei Mom	2. Thpong
5. Trapeang Plong	5. Rong Roeung	
6. Peanich	6. Yeang Angk	
7. Srei Kak	7. Roleang Chak	3. Samrong Thong
8. Teuk Lorn 1		
9. Toumpong	8. Kaheng	
10. Beung Thnong	9. Borsedth	4. Borsedth
11. Prey Eth	10. Por Angkrang	
Schools for FGD /Survey	Commune	District
12. Oudong High School	1. Oudong	1. Oudong
13. Hun Sen High School Roleang Chak	2. Roleang Chak	2. Samrong Tong
Garment Factories for FGD/ Survey	Commune	District
14. Ideal Pacific Cambodia Limited	1. Samrong Thong	1. Samrong Thong
15. Continuous Lucky Cambodia Limited	2. Samrong Thong	2. Samrong Thong
Total:		
11 Villages, 2 High Schools, 2 Garment Factories	12 Communes	4 Districts

Annex 7. List of Documents Reviewed

Project Documents

- Hagar List of DoSAVY and DoWA Trainees, 2016, 2017, 2018
- Hagar Semi-Annual and Annual Reports to WHI (2016 (2), 2017 (2), 2018 (1))
- Hagar Training Curriculum and Lessons, 2016, 2017, 2018
- SSC List of CCWC Trainees, 2016, 2017, 2018 (SSC)
- SSC Semi-Annual and Annual Reports to WHI (2016 (1), 2017 (2), 2018 (1))
- SSC Training Curriculum and Lessons, 2016, 2017, 2018
- WHI (2018), Terms of Reference for Final Evaluation Consultant For the project “Enhancing Response to Violence Against Women and Girls in Cambodia”
- WHI (2015), Enhancing Responses to Violence Against Women and Girls Project Proposal, UNTF To End Violence Against Women and World Hope International
- WHI Semi-Annual and Annual Progress Reports to UNTF (2016 (2), 2017 (2), 2018 (1))
- WHI/UNTF Questionnaire Survey and Ethical Guidance (2016 and 2017)
- WHI/UNTF Focus Group Discussion Guides and Ethical Guidance (2016 and 2017)
- WHI Baseline Survey for Enhancing Responses to Violence Against Women and Girls Project, Data Collection, Entry and Management Report, July 2016
- WHI Research Evaluation Report for Enhancing Responses to Violence Against Women and Girls Project, January 2017, December 2017, June 2018
- WHI Summary Notes and Transcriptions of FGDs for Baseline and Biannual Surveys, (July and December 2016, January and December 2017, January 2018)
- WHI Client Database, 2016, 2017, 2018
- WHI Outreach Events Participants Database, 2016, 2017, 2017
- WHI List of Outreach Events by Communes, 2016, 2017, 2018
- WHI Outreach Events Curriculum, Leaflet, Slideshow and Agenda, 2018
- WHI Consent Forms for Survey, FGDs, KII and Case Study and Photographs
- WHI Child Protection Policy for Visitor and Contractor

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- (MoWA and MoH 2016). *Minimum Standards for Basic Counseling for Women and Girl Survivors of Violence*, MoWA and MoH 2016
- (MoWA 2016). *Referral Guidelines for Women and Girl Survivors of Gender Based Violence*, MoWA 2016
- (NAPVAW II). *The 2nd National Action Plan to Prevent Violence Against Women, 2014-2018*, MoWA 2014
- (NR IV 2014) *The Five Year Strategic Plan for Gender Equality and Women's Empowerment 2014-2018*, MoWA 2014
- Mid-Term Review of The 2nd National Action Plan to Prevent Violence Against Women, 2014-2018, June 2017
- (MoSAVY 2017). Draft National Minimum Standards on Residential Care for Victims of Human Trafficking and Sexual Exploitation, MoSAVY 2017
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Annex 8. Case Studies

Case Study: Enhancing Responses Project

Mrs. Sin Savorn, CCWC

Kraing Ampil Commune, Samrong Tong District, Kampong Speu Province

Mrs. Sin Savorn joined the commune council as a member of the Commune Committee for Women and Children (CCWC) in 2004 in Kraing Ampil commune, Samrong Tong district, Kampong Speu province. Savorn is 54 years old, married with one daughter. Savorn's main responsibilities are for women and children's issues in Kraing Ampil commune. *"I want to help empower women to have the knowledge to defend themselves, because they are often lost and nobody knows their situation better than themselves."*

Savorn decided to join the training organized by World Hope International as she recognized that the training was important for her to expand her knowledge and improve her skills in working with victims of violence in her commune. *"Before I joined with the WHI ER project and training, I did not believe in myself and I did not pay much attention to the information and stories from the client. I always used to ask another person to support me as a witness when I met with the client."* She added that she changed her behavior after joining only a few of the lessons. *"Now I pay attention and really listen to the client before advising or providing any counseling to them. I also know the importance and the ethics of keeping the client's information confidential."*

Asked about changes in terms of her own counseling skills, Savorn responded that she has applied her increased knowledge and skills to helping women and couples solve their domestic problems. *"If I compare myself at the beginning of the training, I did not know the way to provide counseling to victims of violence. But now I have critical thinking skills and am able to provide comprehensive information to couples. For example, I have provided information and advised a family that wanted to divorce to think again about the impact of their decision on the children, including the financial issues, economic impact and their relationship. After receiving my advice and discussing their situation, they decided not to file for a divorce and went back home to live together. They do not have any more domestic violence problems."*

Savorn responded quickly to the significant change for herself in the workplace. She has a very good relationship with her colleagues and working with team members on women and children's issues and poverty reduction. In the community, she has also supported clients by sending them to the health center when needed. She has observed that domestic violence has decreased. Previously she was dealing with around 5 cases per month but now she has only 1 client who has sought her support. For herself, she now knows how to distinguish between her personal and professional affairs, and does not mix the two together at work. She also thanks her family and the commune council chief for motivating and appreciating her for all the work she has done.

For her future plans, Savorn is committed to continuing to disseminate information on domestic violence and to improve prevention and responses to domestic violence in the community, even in the absence of WHI. She would like to have more counseling training as it is of great benefit to her as she continues to provide support to community members in the commune to prevent and reduce violence.

Case Study: Enhancing Responses Project

**Mrs. Phal Chanthy, Deputy District Governor
Thpong District, Kampong Speu Province**

Mrs. Phal Chanthy has been the Deputy District Governor of Thpong district, Kampong Speu province since January 2018. She has a Bachelor's Degree in Pedagogy, is 37 years old, married and has four children. She described some of her life experiences that have motivated her to be involved in providing services for women affected by domestic violence. *"As the deputy district governor and a woman, I have many people seeking my advice about domestic violence. To be more effective, I decided to apply for and was accepted to join the social work training courses offered by WHI in partnership with Social Services of Cambodia."*

As part of the Enhancing Responses project, Chanthy participated with the Outreach Events organized by WHI in Komar Meas and Oursnoul villages to disseminate information on the prevention and responses to domestic violence. She has participated in mainstreaming and promoting information on the elimination of all kinds of domestic violence in the community, including the relationship between drinking alcohol and domestic violence. *"Even though domestic violence has not been completely eliminated, it has decreased a lot. I have conducted individual consultations and provided counseling with clients."* She mentioned that some cases involving domestic violence have been managed by the CCWC but some cases have been referred to her and have required her involvement. *"I now have the information and skills to help people and clients help themselves to find the root cause of their problem and to find solutions. I am able to provide them with clear information on the negative affect of domestic violence on their family such as the impact on their family's health and well-being, their children's education and the damage of their properties, as well as the pros and cons of divorce, so they can make their own informed decisions."*

Chanthy acknowledges she has changed herself. *"Before when people came for my advice, I was impatient to solve their problems, so I would ask them a few direct questions and then give them the solution. That is what I thought was expected of me in my position. But after joining the training course, I have learned to listen more to people rather than quickly providing feedback or answers. I have counseled women and their husbands, so they can discuss and make decisions together. I found that it is effective when both husband and wife listen to my counseling and then make a final decision on whether or not to divorce."* Furthermore, Chanthy stated that she has improved her skills in public speaking and has become quite flexible in adapting to many different situations as a result of her involvement in the Enhancing Responses Project.

Chanthy described significant changes in her workplace as she now eagerly works together with others to help address problems of domestic violence. When she receives reports from the CCWC about domestic violence, she is confident to meet and provide counseling to the victim. In the community, she observed that the villagers believe and trust in her ability to help them solve conflicts and problems with families who experienced domestic violence. She also receives a lot of support from her husband and her children, so she is able to work for her community to help them solve their own personal problems.

For the future, Chanthy wants people in her community to live in peace and harmony and she is committed to continuing to disseminate information on the prevention of violence in the community. She expects to continue to hold public forums addressing gender-based violence against women and girls even after WHI finishes the activities in the district. She would like to have more training on prevention and responses to violence against women so she can transfer

this knowledge to the commune level. In addition, she will continue to coordinate with other government departments and local authorities on different strategies to encourage more people to join the public forum on prevention of domestic and gender-based violence.

Case Study: Enhancing Responses Project
Mrs. Khem Sinan, Head of District Office of Women's Affairs
Thpong District, Kampong Speu Province

Mrs. Khem Sinan is the Head of the District Office of Women's Affairs in Thpong District, Kampong Speu province. Her responsibilities include working with all government departments and police, local authorities at the commune and village levels as well as with communities to promote gender equality and women's empowerment, including addressing violence against women and girls. Sinan is 30 years old, married with two children and attributes part of her success at work to her supportive husband who currently looks after the children at home.

Sinan joined the training courses with Hagar, conducted visits with clients and joined in dissemination activities with WHI since 2016. She described the situation before she joined the project. *"Domestic violence is serious problem in many communities and there are always cases of domestic violence. People face problems in their families but have never received any counseling or advice before."* She noted that she did not have the knowledge, skills or experience to effectively address domestic violence problems in the community. This has changed since joining the training and activities of the project. *"Before I did not really know how to talk to people in the community or to communicate with clients facing conflicts with their families. Now, I have learned about counseling skills, and have changed my attitude completely. I know the importance of listening, empathizing with people and showing that I respect and value people."*

Sinan has observed the positive results of applying the knowledge and skills she learned in the training courses in her work and community. Even though she is still young, only 30 years old, she feels she can help provide counseling to both wives and husbands. *"At first I met with the wife, I listened carefully, and truly empathized with her situation and made sure she felt safe. Then I met with the husband separately to hear his point of view. I provided counseling to both of them separately and then together as a couple. Now the husband has stopped drinking, they are not fighting anymore and they told me that I saved their marriage."* On her follow up visits to the community, the village leader has reported that the clients she has counseled have stopped all forms of domestic violence.

From her involvement in the Enhancing Responses project, Sinan has noted she has changed significantly in her attitude at work and with people, resulting in a more collaborative approach at work. *"I used to get impatient, angry and complain about my team, but I have learned to manage my stress and relax as a result of the training sessions and follow up support from WHI."* She mentioned that teamwork has improved greatly and her team works closely with others to solve problems together. *"We have a system to meet with CCWC, to contact the CC and village authorities and to share information in a confidential manner about domestic violence cases. Even the police are more cooperative."* In addition, community members have recognized the value of the work of DoWA, in cooperation with DoSAVY, CCWC and village authorities. *"Community members have seen how we have helped solved many domestic violence problems in their villages and they are so friendly and welcoming and recognize our services and skills."*

For the future, Sinan will continue to disseminate information on the prevention and responses to violence against women and girls in communities and follow up with clients facing domestic violence, as it is an important part of her work. She would like to involve more men in the activities to end violence against women as well as to work directly with more husbands and wives facing domestic violence, so they can share their experiences and help each other solve their family problems. She would like all the commune and district officials to join the training course and extra sessions so they can all work together and help each other to end violence against women and girls.

Case Study: Enhancing Responses Project

Mrs. Von Pon, CCWC Member

Yuk Samakee Commune, Oudong District, Kampong Speu Province

Mrs. Von Pov has been a Commune Committee for Women and Children (CCWC) focal point since 2012. Before joining the Commune Council she was a village volunteer working to support women and children. Pov was selected to join the WHI Enhancing Responses project and attended the training course with SSC in 2017. Pov has been involved in outreach events with WHI to disseminate information on prevention and responses to violence against women and has provided counseling to victims of violence in her community.

Mrs. Pov describes how the training sessions have completely transformed her attitude and approach towards helping women and girls facing violence in her community. *"The sessions on counseling skills have been very important for my personal and professional development. I now know myself better, I know how to talk to people, how to ask questions and then listen, and how to advise people on the law and regulations."* She said she used to just tell women victims of violence to go directly to the commune or district office to solve the problem, and to find the authorities by themselves, without her assistance. *"Before when someone came to me with a problem, I just gave them advice without listening to them. Now when I meet the client, I ask them questions and listen until they describe their problem. I listen carefully, ask a lot questions, and give them some information to help them find their own solution."* She also said if they need more assistance, she provides them with the phone numbers and contact details of the authorities in charge and gives them clear advice on whom to see.

Pov said that as a result of her increased knowledge and skills in helping women victims of violence in her community successfully solve their family problems, she feels she is more valued by the community members. *"Before no-one sought my help or advice, now they know me and know they can get good advice and counseling from me. People know that I can help them solve their problems. I also keep the information confidential and don't give names of clients to others."* In addition, the CC Chief has also recognized the important role and contribution of her work in addressing violence against women and girls in her community. *"Before the CC Chief used to give advice directly to people seeking solutions to their domestic problems, especially divorce. But now the CC Chief calls the CCWC for assistance to provide counseling to the families facing domestic violence. Now we ask many questions and listen to both the woman and the man to try to find the reasons for their family conflict."*

For the future, Pov thinks it is very important to continue to disseminate information on women's rights including prevention messages on violence against women and girls, and the available services. She would like to see more mainstreaming of domestic violence messages, along with

health and education, as well as more interactive activities and IEC material at community events and services for survivors of violence. As a CCWC member she is committed to disseminating information on women's rights and to ending violence against women and girls in her community.

Case Study: WHI Enhancing Responses Project
Ms. Ouk Sokuntheary, Officer
Provincial DoSAVY, Kampong Speu Province

Ms. Ouk Sokuntheary has been working as an Officer at the Provincial Department of Social Affairs, Veterans and Youth Rehabilitation since 2016. Her main duties are administration, in addition to disseminating information and meeting with clients. She is 25 years old, the youngest of 7 siblings and has two Bachelor Degrees in English from IFL in Phnom Penh and History from RUPP.

Sokuntheary was eager to join the training and activities of the WHI Enhancing Response project to gain new skills and knowledge to help with her work in communities. *"I love to work in the community. I want to learn more and gain more professional development."* However, Sokuntheary had no experience, training or skills to work with survivors of gender-based violence and victims of domestic violence. *"I had no idea what to do, where to start or what counseling skills were. I was so worried to meet with clients and afraid that I would fail the client."*

But since she attended the training sessions with Hagar in 2017 and was selected for additional sessions in 2018, she has gained more knowledge, skills and confidence to work with women survivors of violence in her community. *"Most importantly is that I have increased my knowledge and skills on social work and counseling. Through my work in the field with clients, I have improved my skills, knowledge and gained more experience on working with and helping victims of gender-based violence, including domestic violence."* She also noted the importance of the first lessons on "knowing ourselves" as the foundation to build upon to better serve clients. *"The client can see we are confident in our knowledge and have the skills to help them. I feel good that I can help clients feel better and help them solve their family problems."* She recognizes that she still needs to further develop her questioning and listening skills so she can better assist clients in finding their own solutions.

Sokuntheary has also gained new knowledge and skills on how to network and coordinate work with her team members, colleagues in other provincial and district offices, and many other stakeholders working on prevention and responses to violence against women. *"Through the course we have worked closely with our colleagues at both provincial and district offices of Women's Affairs and have learned to contact CCWC, CC and village authorities to meet the needs of clients."* Furthermore, she did not let her young age or her gender disadvantage her in any way. *"I always go to visit clients with my male colleague as we can help and learn from each other. We want to meet with the husband and/or family together to help them solve some of the family problems together."*

Sokuntheary represents a new generation of motivated, young and skilled social workers with the potential to transform social work to a more women client centered approach. For her future, she wants to continue to develop her professional skills, including questioning and counseling skills and to learn more about different available services. She also wants to teach others, and share her knowledge and experience with others. She added, *"I want to help improve and further*

develop communities. Many community members and villager authorities have asked me to continue my work and to work with clients to decrease domestic violence in the villages."

Case Study - Enhancing Responses Project
Client/Survivor of Domestic Violence
Kampong Speu province

Mrs. Theavy* is 30 years old, has been married for over six years, and has two children, aged 4 and 2. She studied only until Grade 7. She currently lives in a small two-room house in a village just outside of the provincial town of Kampong Speu. Neither her husband nor she has any income or wage-earning job, relying instead on her family members for support. She is a survivor of domestic violence and this is her short story.

Theavy got married in 2012 and began having problems with her husband when she was pregnant with her first child in 2013. *"He started to beat me when I was pregnant. I didn't know what to do. I always thought that it was my fault that my husband was not happy with me and beat me."* Furthermore, her husband did not want her to go out, meet friends or even family members. *"I never even am able to meet with some friends or relatives because my husband does not allow me."* The fighting and abuse continued for years as Theavy kept forgiving her husband and hoping he would return back to the good man he was before they got married and stop hitting her. He has not.

Theavy was able to contact the CCWC member in her commune as she lives near her aunt's home and has known her since she was a child. The CCWC member provided her with information on her rights, counseled her on how to protect herself and her children, and connected her with different government social services at the commune, district and provincial levels as well as the village chief and police. *"CCWC has provided me with a lot of counseling. Importantly, I have learned that I am not to blame for my husband hitting me. Through CCWC services, I have also connected with other services that have helped protect me and provided me with information on my different options."*

After years of domestic abuse, then finally with counseling from trained social workers on her various options, Theavy was referred to a legal organization and has decided to file for divorce. *"My husband still beats me, and I can't live like this anymore. So I decided to file for divorce at the court and hope it will be over soon. I am still scared though and I can't sleep at night."* Theavy appreciates all the support she has received from CCWC and all the other government and NGO agencies that have provided counseling, advice and legal support services. She would recommend the services to other women facing domestic violence and encourages other women not to blame themselves.

Theavy is waiting for the final court decision in October 2018. She now realizes she can finally live a life free from domestic violence once her divorce is finalized. She hopes she and her children can move forward with a safe and happy life, knowing she is not to blame for her husband's violence or the end of her marriage.

**Note: Theavy is not her real name and has been changed to protect her identity.*

Annex 9. Stand Alone Executive Summary



Enhancing Responses to Violence Against Women and Girls in Cambodia Project

January 2016-December 2018

Final External Evaluation Report, January 2019

EXECUTIVE SUMMARY

Introduction

Violence against women is commonplace in Cambodia and domestic violence is widely accepted as part of gendered power relations, with 50 percent of women believing that there is at least one reason that justifies wife beating (CDHS 2014). About half (49 percent) of the women who reported experiencing intimate partner violence had never told anyone about the violence, and only 24 percent of the women had sought help from formal services (MoWA 2015). Acceptance of sexual and gender-based violence (SGBV) is high in communities with 80 percent of men and women failing to respond when they hear of cases of abuse. While the Royal Government of Cambodia (RGC) has a legal and policy framework in place to prevent and protect women and girls from violence, the health, legal, and welfare services that exist to mitigate the effects of domestic and sexual violence are still inadequate, unavailable, and/or inaccessible for most victims. As such SGBV in the home and communities remain a significant risk for women in Cambodia due to weaknesses in implementation of laws and policies.

The *Enhancing Responses to Violence Against Women and Girls in Cambodia* project was funded by the United Nations Trust Fund to End Violence Against Women and implemented by World Hope International (WHI) in 45 communes in four districts in Kampong Speu province, Cambodia between January 2016 and December 2018. The primary targets are 12,400 women and girls in the target districts of Kampong Speu province, including 300 female survivors of violence. The indirect beneficiaries are the key players responding to needs of victims, especially the direct service providers in the government and local authority structures (93 persons), as well as over 9,000 local community members including men and boys, other government officials and NGOs.

The Enhancing Responses Project goal is to improve service delivery and create change at the institutional level by developing and facilitating a series of modular trainings for the District Offices of Social Affairs, Veterans, and Youth Rehabilitation's (DoSAVY) and the District Offices of Women's Affairs (DoWA) social and welfare workers, as well as Commune Committee on Women and Children (CCWC) members in Kampong Speu province to improve their capacity to serve woman and girl victims of domestic and sexual violence by partnering with Hagar and Social Services Cambodia (SSC) on basic counseling and case management. Outreach events and activities organized in collaboration with the CCWCs, with support from DoWA and DoSAVY, are aimed at increasing target communities' awareness on the impact of violence and the best way to prevent and respond to it. Mentoring and coaching of social service workers are important

elements of the project aimed at enhancing the quality of services being provided to victims of violence.

Objectives of the Evaluation

The purpose of the evaluation is to assess the impact of the project, including progress towards the achievement of the outcomes, outputs and overall performance, as well as to identify lessons learned and best practices and generate forward looking recommendations for future programming. The evaluation also assessed the *effectiveness, relevance, efficiency, sustainability, gender equality and human rights based approach, and knowledge generation* of the project.

The external evaluation took place from August to November 2018 in the four project target districts (Borseth, Oudong, Thpong and Samrong Tong) in Kampong Speu province and Phnom Penh. The evaluation covers the target primary beneficiaries (women and girls and female survivors of SGBV), trained government social welfare workers (DoWA, DoSAVY and CCWC members), and secondary beneficiaries (community members, including men, boys and local authorities) as well as other stakeholders, including government officials, implementing partners and collaborating agencies. Data was collected through a combination of methods, including a desk review of key project and government documents, field work including an end line survey questionnaire with primary beneficiaries, focus group discussions and in-depth interviews with target beneficiaries, government social workers and officials, SGBV survivors, implementing partners and WHI project staff and site visits to observe several project activities.

Key Findings and Conclusions

Project Goal: The project made strong progress towards the goal of increasing respect for rights of women and girls and access to social and legal services for survivors, including challenging cultural norms that violence against women is acceptable. Almost all women and girls (97 percent) surveyed at the end line understand that women have a right to a life free from violence, an increase from 94 percent of women surveyed at the baseline. What must be addressed still is that 22 percent of women and girls still believed it was acceptable for women to be punished for not fulfilling their tasks, an indication of deeply ingrained harmful gender norms and the need for continued dissemination of information on women's rights. While the vast majority of women (87 percent) and men (70 percent) did not report cases of violence at the end line survey, of those 13 percent of women and 30 percent of men who did report, 85 percent of all community respondents reported directly to village authorities, compared to 97 percent at the baseline. The low formal reporting of violence cases can be attributed to a combination of factors including stigma against women survivors, fear of lost reputation in the community as well as the Village Commune Safety Policy which rewards villages with low incidences of domestic violence cases.

Effectiveness: The project was largely successful in reaching out and providing SGBV services to 412 female survivors of SGBV through trained government service providers and Outreach Events. Victims of violence received direct counseling, information on legal aid and social services, and referral services and at least 55 women participated in group therapy sessions as a support mechanism. However, 70 percent of women and girls surveyed believe husbands are justified in hitting their wives for at least one reason, another indication of ingrained cultural norms.

The project was very successful in equipping government service providers with increased knowledge, improved attitudes, quality skills, as well as the tools to provide more gender responsive services and support for women and girls who experience violence through modular

trainings for government social workers, DoSAVY and DoWA, and CCWC members, combined with practical follow up coaching, supervision and reflections by project staff. Perhaps most significant is the shift in the positive attitude and orientation of service providers of putting their clients' needs first and working with clients to find solutions driven by clients themselves.

The project exceeded all target beneficiaries and events through well-planned activities and made significant progress in disseminating information on SGBV to communities supported by CCWCs and village authorities. Women especially appeared to have a much greater understanding of the negative emotional impact of violence on women, an increase of almost 70 percent, up to 90 percent at the end line compared to 12 percent at baseline. The end line survey showed that 70 percent of women and 80 percent of men had seen or heard messages on prevention and responses to violence, but 27 percent of women and girls did not know of any available SGBV service. WHI made amendments to further impact attitude change, holding smaller group sessions with men, especially husbands who had committed violence, in the third year of the project.

Relevance: The results showed that targeting women, girls and female SGBV survivors with information on their rights and available services, especially through direct service provision, empowered them with knowledge, provided support for available options and enabled them to access appropriate services. The project's rights-based strategy took a coordinated multi-dimensional and multi-level approach, working at the individual, community and institutional levels, inline with the RGC's policies and plans, especially the second National Action Plan to Prevent Violence Against Women 2014-2018 (NAPVAW II).

Efficiency: The project was implemented in a cost-effective manner and used resources appropriately, especially by capitalizing on specialized training organizations to deliver modular trainings and working with established government structures. The project was well managed vertically, with strong coordination and relationships with government stakeholders and service providers, and with the training organizations to deliver project activities and results. WHI could have taken a more proactive role to promote more cross collaboration among the different project teams, different training organizations, and different government service providers to strengthen coordination, enhance learning and improve service delivery for project beneficiaries.

Impact: At the end line, many female SGBV survivors receiving direct services from government service providers stated they have improved confidence in themselves, no longer blame themselves for violence by their husbands and with clear information on their rights, services and options, have taken concrete steps to solve their problems. Many trained service providers interviewed at the end line survey felt strongly that the project directly contributed to reduced incidences in violence in communities and some local authorities also noted that many women have come forward to seek informal help when they are faced with violence in their family. Yet one-third of women and girls surveyed at the end line never felt safe at home while 17 percent never felt safe in the community or at school, indicating more efforts are needed to address harmful attitudes and behaviors.

The project has resulted in significant changes in government service providers' capacity to deliver client-centered services to female survivors of violence, which has also improved the quality of their own performance and work relations beyond their own departments. Expanding social work training to other government officials responsible for preventing and responding to SGBV and engaging more directly with men, boys, husbands, and male perpetrators to change negative attitudes and harmful behaviors towards women are suggested future interventions

Sustainability: Community members, women and girls and survivors of SGBV reached by the Outreach Events and trained government social workers demonstrated increased knowledge of SGBV services in their community. The enhanced capacity of government social workers trained by the project contributes directly to the government's ability to deliver on their national commitments, especially through NAPVAW II and the multi-coordinated response mechanism. A barrier is the low level of government resources allocated to SGBV prevention and responses, as well as the difficulty to access available government budgets at all levels.

Gender Equality and Human Rights Based Approach: The project interventions supported rights holders with knowledge and services to claim their rights to be free from violence through a combination of information sessions and direct service provision by trained government service providers. Government social workers were provided with trainings to increase their knowledge, skills and attitude to directly support women, girls and female survivors of SGBV in their roles to protect the rights of women in Cambodia. The main constraints to addressing GE & HR are entrenched harmful gender norms in Cambodian society that require long term coordinated efforts to systematically address all forms of violence against women and girls, as well as that women are under represented in decision-making, politics and the civil service in the government structure²¹.

Knowledge Generation: The modular training sessions for government social workers, including content, participatory techniques, and methodology, including follow up, coaching, supervision and reflection in the field on practical experiences of delivering services to survivors of SGBV is a model approach for effective implementation for gender-responsive SGBV services in line with government policies and plans. Providing social work skills, emphasizing "soft skills" such as communication, listening and questioning, combined with technical skills for working with clients, strengthened the government social workers' capacity to work with SGBV survivors and was personally and professionally motivating for them as they began helping clients to solve DV and family problems themselves. On-going supervision by WHI project staff, including outreach to SGBV survivors, proved critical to the success of the project interventions as is working with the existing government structures at the sub-national and local level.

Key Recommendations

Continue to provide follow up technical support: As group therapy sessions are valuable to supporting survivors, but needed better facilitation, continue to provide follow up technical support to PDoWA/DoWA, PDoSAVY/DoSAVY and CCWCs on counseling and case management so they can strengthen their skills to provide effective gender-responsive services to victims of SGBV. Critical in the training and follow up supervision is to focus on aspects of confidentiality (as it was found that some group therapy sessions took place in public spaces), training on managing group dynamics, enhancing awareness on the emotional impact of violence and ways to cope/overcome, and strengthen counseling and mediation/problem solving skills for the purpose of helping the survivor and preventing further violence. With regards to counseling skills, the training and follow up supervision should include discussion around the feelings women have that they are responsible for the violence, especially in situations where counseling or mediation may not result in preventing violence.

²¹ MoWA (2018): *Women in Decision Making, Politics and Civil Service, Data Sheet*. Phnom Penh

Address gender norms around acceptance of violence and barriers to seeking help:

Conduct a barrier analysis to better understand what will positively influence behavior change on VAWG as information sessions did not necessarily change ingrained cultural values and attitudes. Study what the positive impact of reporting violence would be for a village in order to be able to target messaging and programming to drive up reporting. As some women still believed that it was acceptable for men to punish them for certain behaviors, look at what methods could be effective towards changing women's perceptions of acceptability of violence. Another ingrained idea to further understand and address is the idea that women are to blame for the violence experienced, and the feeling of shame that often stops them from reporting.

Targeting and on-going prevention messages: For future projects, ensure activities are not one-off events, but are continuous. Options for targeting include addressing certain audiences with very specific messaging, such as providing women in garment factories with messaging related to social and legal services available to survivors, and schools with messages on how boys and girls can treat each other with respect and equity. Primary prevention messaging could also include sexual harassment as a form of violence at the workplace and at school, in line with NAPVAW II.

For future projects, more investment in IEC research for targeted prevention and response messages on violence at the beginning of the project is warranted. As women reported that they felt safer in communities where awareness raising was ongoing, conduct more participatory Outreach Events more often, using interactive methodologies, building different messages into the activities for continuous learning and continually keeping the messages of prevention in conversation within the communities targeted.

More promotion of legal aid services: The evaluation found that women survivors of violence that do know their legal options are unlikely to pursue it if its considered time consuming and expensive. As such future projects should emphasize options for free consultation or representation in their awareness strategies as well as strengthening links with legal aid NGOs.

Systematically engage men and boys more directly: Recognizing men are the main perpetrators of violence, engage men and boys more directly in order to raise their level of understanding on critical elements of SGBV, such as the negative emotional consequence of violence and non-violent means of dealing with conflict in the home. This includes addressing stereotypes of masculine behavior and gender roles within families and society to tackle gender inequality issues and the root causes of violence, and might include such interventions as the Gender Road Map²² initiative. Also target male local authorities at the commune and village level, as they are the first contacts for both women and men in DV disputes. The project should also advocate for promoting teams of male and female social workers (DoWA and DoSAVY) and (CCWC members and male CCs) to jointly respond to DV and SGBV cases with both women and men in the community.

Support, expand and provide technical support for government social service providers to continue to provide SGBV services remains important to ensure momentum is sustained, especially as almost 50 percent of survivors received services for at least two types of violence. Provide regular joint learning opportunities for CCWC and DoWA/DoSAVY social workers and staff to learn and network together on SGBV cases in a safe environment, as a means to strengthen overall government coordination efforts to respond to SGBV. The evaluation found that the

²² https://cambodia.oxfam.org/policy_paper/gender-road-map-guidebook

inclusion of female village assistants and volunteers in the meetings with CCWCs on the prevention and responses to SGBV in communities towards the end of the project a promising intervention to help bring information and services closer to women in the villages.

Leverage UN Women’s mandate to strengthen links with MoWA (and MoSAVY) at the national level to support advocacy efforts for increased budgets at the national and sub-national level for gender-sensitive responses to SGBV, as well as promoting easier access to budgets and expenditure lines. This could include providing support to government counterparts for more evidence-based reporting on SGBV services in line with the RGC’s budget reforms of programme-based budget (PBB), Gender Responsive Budgeting (GRB), and through the Commune Development Plan and the Commune Investment Plan, for both prevention and response services to DV and SGBV. Also

Leverage UN Women’s relationship with the Government to promote wider discussion of the Village Commune Safety Policy implementation to ensure that the VCS Policy is not interpreted as stifling DV interventions and reports or inadvertently reinforcing mediation of DV cases that are of a more serious, criminal nature.

Promote the modular training and learning “loop back” cycle with participatory training sessions, practical exercises, follow-up coaching, group supervision and reflection exercises with trainees to MoWA, MoSAVY, UN Women, development agencies and other relevant NGOs working on SGBV prevention and response as an effective approach that enables trainees to continually improve their knowledge and skills to effectively respond to and solve SGBV cases.

Regarding the design of future programs, ensure budgets include the critical element of transportation for trainees to visit clients, baseline and monitoring surveys are technically sound in line with the project’s log frame and UNTF criteria and project staff roles are well defined and revisited during the project to maximize value added to the project interventions and results.

Ensure that future projects have a more robust and technically sound baseline survey, with clearly worded, technically sound and tested questions linked to project indicators to better measure progress and results. In addition, ensure the results of regular monitoring activities are used to inform and direct changes in the programming as necessary by maintaining a running list of findings and recommendations from this evaluation, monitoring surveys and other field visits and reviewing these on a quarterly basis for action. Lessons learned to be kept on file to be used both internally in project design and to be shared with key stakeholders as appropriate to inform strategic direction of SGBV programming.