



Cambodia Women's Crisis Center

# Promoting Women's Dignity

End of Project Evaluation Report

**Project Period:** 01 March 2017 – 28 February 2020

**Project Organization:**

*Lead Organization:* Cambodia Women's Crisis Center (CWCC)

*Co Partner:* ADD International

**Location of the Project:** Phnom Penh, Kampong Thom, Siem Reap, Kampong Speu and Svay Rieng, Cambodia

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*“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 CWCC, its partners or the UN Trust Fund”.*

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## Contents

Acronyms and Abbreviations.....	1
Context of the Project.....	2
Description of Project .....	2
Purpose of the Evaluation.....	4
Evaluation Objectives and Scope .....	5
Evaluation Team.....	5
Evaluation Design and Methodology .....	5
Overall Evaluation Design .....	5
Data Sources.....	5
Methods of Data Collection and Analysis.....	6
Key Informant Interviews.....	6
Focus Group Discussions .....	6
Data Analysis.....	6
Sample and Sampling Design .....	6
Limitations.....	7
Safety and Ethical Considerations.....	7
Findings .....	8
Effectiveness.....	8
Outcome 1: Women and girls in Phnom Penh, Kampong Thom, Siem Reap, Kampong Speu and Svay Rieng provinces including women and girls with disabilities, take action themselves, to prevent VAWG, by the end of the project. ....	8
Outcome 2: Inclusive access to legal and multi-sectoral services and response for survivors of VAWG including women and girls with disabilities is increased in Phnom Penh, Kampong Thom, Siem Reap, Kampong Speu and Svay Rieng provinces by the end of the project.....	16
Outcome 3: National policies and government VAWG services have greater inclusion of women and girls with disabilities in mainstream gender-based violence (GBV) prevention and support strategy by the end of the project. ....	20
Relevance .....	25
Efficiency.....	27
Impact .....	27
Sustainability .....	29
Knowledge Generation.....	30
Gender Equality and Human Rights .....	30
Conclusions .....	31
Overall.....	31
Effectiveness.....	31
Relevance .....	31

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Efficiency.....	32
Sustainability .....	32
Impact .....	32
Knowledge Generation .....	32
Gender Equality and Human Rights .....	32
Recommendations per Evaluation Criteria .....	33
Annexes.....	36
1. Terms of Reference.....	36
2. Evaluation Matrix.....	63
3. Beneficiary Data Sheet.....	65
4. Data Collection Instruments and Protocols .....	66
5. List of Stakeholders Interviewed or Consulted .....	84
6. List of Documents Reviewed .....	85

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## Acronyms and Abbreviations

ACCESS	Australia-Cambodia Cooperation for Equitable Sustainable Services
CEDAW	Convention on the Elimination of All forms Discrimination Against Women
CRPD	Convention on the rights of Persons with Disabilities
CWCC	Cambodia Women’s Crisis Center
DBMSN	District Based Multi-Sectoral Network
DPO	Disabled People’s Organization
EVAWG	Ending Violence against Women and Girls
FGD	Focus Group Discussion
GBV	Gender-based violence
I-SAF	Implementation of Social and Accountability Framework
IDI	Individual Interviews
KII	Key Informant Interview
MoWA	Ministry of Women’s Affairs
MOSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
PDoSVY	Provincial Department of Women’s Affairs
PWD	Promoting Women’s Dignity
TWGG-GBV	Technical Work Group on Gender – Gender Based Violence
UN	United Nations
VAWG	Violence against women and girls

## Context of the Project

Violence against women and girls (VAWG) continues to be a serious human rights violation in Cambodia. Women and girls with disabilities face increased risks of violence and/or challenges accessing services and protections. Poor institutional capacity, lack of coordination in the response system, inequitable social norms, all have limited access to protections and services for all women and in particular for women and girls with disabilities. Services and responses that do exist have not been seen as being inclusive of women and girls with disabilities and not recognizing their specific vulnerabilities or the additional discrimination and barriers they face.

The Women's Life and Health Experiences Study in Cambodia showed that approximately one in five women aged 15 to 64 who had ever been in a relationship, reported having experienced physical and/or sexual violence by an intimate partner at least once in their lifetime; 14 percent of women 15-64 reported having experienced physical violence by someone other than an intimate partner after the age of 15<sup>1</sup>. The Triple Jeopardy Study of violence against women with disabilities found that women with disabilities experience higher levels of controlling behaviors from partners, and higher levels of all forms of violence from family members compared to other women.<sup>2</sup> While disclosure rates of VAWG are low overall, the Triple Jeopardy study found that women and girls with disabilities were less likely than other women to disclose partner violence.

The Royal Government of Cambodia has recognised the importance of addressing VAWG including women and girls with disabilities. Cambodia has ratified the UN Convention on the Elimination of All forms Discrimination Against Women (CEDAW) and the UN Convention on the rights of Persons with Disabilities (CRPD) and agreed to strategies that promote disability inclusion including the Sustainable Development Goals. The Ministry of Women's Affairs (MoWA) is implementing its fourth strategic plan, Neary Rattanak IV, and the National Action Plan to Prevent Violence Against Women 2019-2023 is awaiting approval at the Council of Ministers. The National Action Plan aims to address primary prevention, identified gaps in service and response, specifically identifying women and girls with disabilities' as experiencing increased risk for VAWG additional barriers to protection and services.

While these efforts are significant, service providers have not been effectively implementing these commitments. Poor institutional capacity and lack of coordination in the response system is seen to limit access to protection and services for women. women and girls with disabilities are recognized to face additional problems in accessing protection due to an absence of information and routine exclusion from services. This is a result of their isolation and the inadequate understanding of service providers on women and girls with disabilities.

Within this context, importantly this project has identified and exploited opportunities for engagement of women and girls with disabilities in planning and delivery of services to impact quality service delivery, policy development and promote positive attitude change.

## Description of Project

**Project Name:** Promoting Women's Dignity (PWD)

**Project Period:** 01 March 2017 – 28 February 2020

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<sup>1</sup> Ministry of Women's Affairs (2014). Women's Life and Health Experiences Survey, National Institute of Statistics: Phnom Penh

<sup>2</sup> Astbury, J; Walji, F (2013). Triple Jeopardy: Gender based violence and human rights violations experienced by women with disabilities in Cambodia. Australian Aid: Phnom Penh.

## **Project Organization:**

*Lead Organization:* Cambodia Women's Crisis Center (CWCC)

*Co Partner:* ADD International

**Implementation Status:** Project is completed with an end date 28 February 2020.

**Specific forms of violence addressed by the project:** Physical, sexual, emotional, economic violence perpetrated by intimate partners, family members, and community members against women and girls, including women and girls with disabilities.

**Total Resource Allocation:** CWCC and ADD International were granted **USD 999,736** to implement the PWD Project in one municipality and four provinces. This includes Phnom Penh Municipality (Reusey Keo, Chroy Changva Districts), Siem Reap (Pouk and Siem Reap Districts), Kampong Thom (Baray and Stoung Districts), Kampong Speu (Samrong Tong District), and Svay Rieng (Kampong Rou District).

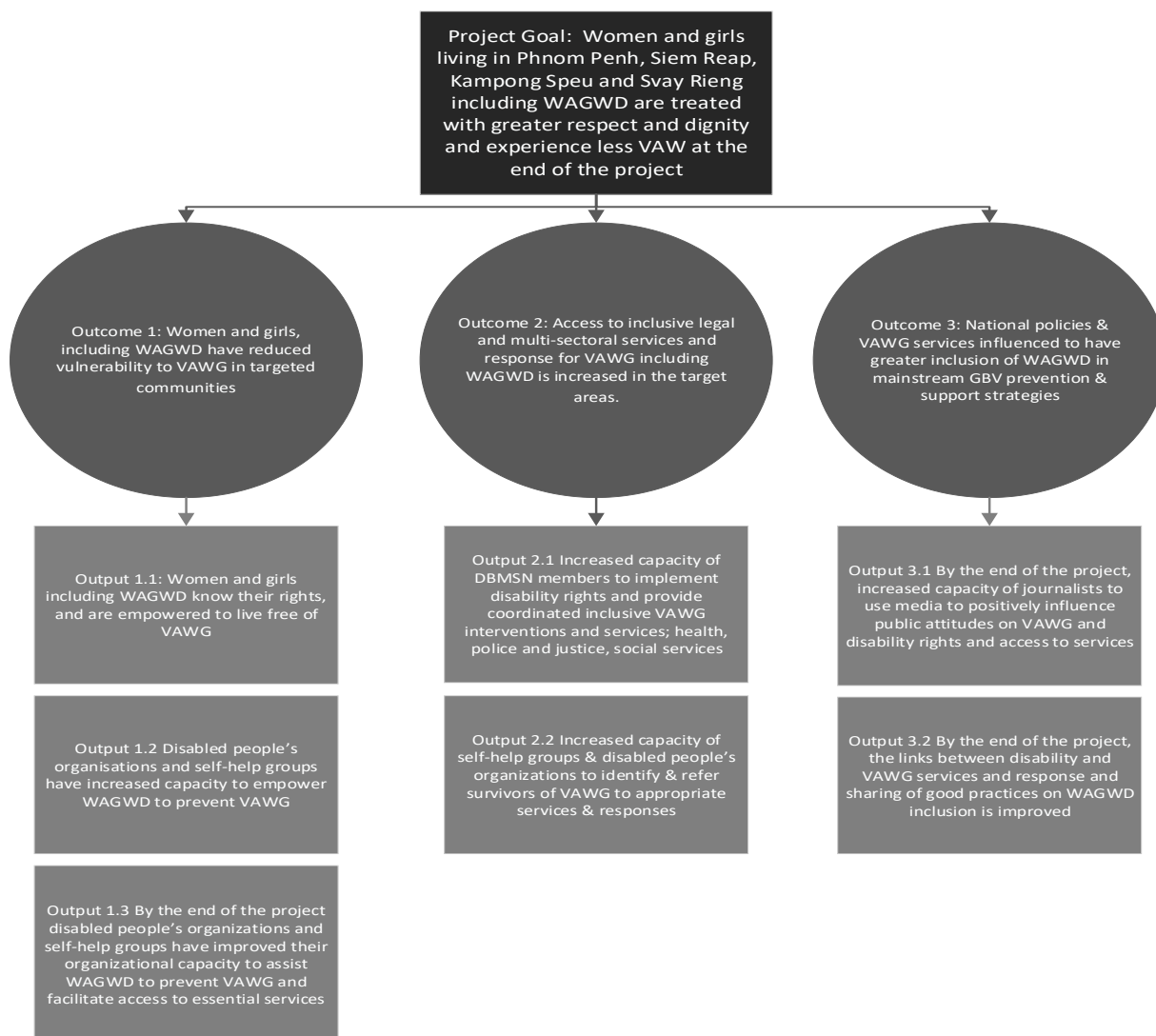
**Primary and Secondary Beneficiaries:** Primary beneficiaries of the project are women and girls at risk of or experiencing VAWG including women and girls with disabilities who have been facilitated to access to multi-sectoral coordinated services. Secondary beneficiaries include Disabled People's Organisations, Self-Help Group Members, Youth Groups, Women's Groups, and District Based Multi-Sectoral Network (DBMSN) members and journalists.

## **Main Objectives of the Project**

This project aimed to reduce violence against women and girls, including those with disabilities. The project is worked toward changes in knowledge, attitudes and practices that promote violence against women and girls (VAWG) intending to result in prevention of VAWG; and empowerment of women and girls through rights knowledge, life skills and access to civil registration. The project learnings were intended to informed disability and VAWG inclusion policies and good practices at the national level.

The overarching strategy of Promoting Women's Dignity was to model disability inclusion in VAWG prevention, services and response for replication at scale. The outcomes that form the project theory of change were designed to prevent VAWG through targeting change in social norms that promote VAWG and further disadvantage women and girls with disabilities, and to facilitate their access to inclusive services and ensuring a better coordinated response. The learnings from the project were intended to be documented and communicated to policy makers to promote scaling up of good practices and improved disability inclusion in minimum standards, policy development and implementation.

The Goal of the PWD Project is **women and girls living in Phnom Penh, Kampong Thom, Siem Reap, Kampong Speu and Svay Rieng provinces including women and girls with disabilities, are treated with greater respect and dignity and experience less VAWG by the end of the project.** Under the scope of this goal the project worked toward the achievement of the following specific outputs and outcomes:



## Purpose of the Evaluation

The main purpose of the evaluation of the PWD Project is to assess the effectiveness, relevance, efficiency, impact, how the project has achieved the above stated outcomes, as well as had any unintended impacts on ending violence against women and girls (EVAWG). With the set outcomes, the evaluation also aims to measure the progress of the intended outputs throughout the implementing program. The evaluation shall place emphasis on the current situation in regard to: violence against women including women and girls with disability, multi-sectoral response to VAW focusing on adequate enforcement of existing laws and regulations, provision of essential services that are inclusive of women and girls with disabilities, couple with behavior change addressing prevailing attitudes and acceptance of VAWG including women and girls with disabilities. The evaluation will also examine if the assumptions made at the beginning of the project are were valid or relevant.

The result of the evaluation will be presented to stakeholders in target areas and the report will be shared with government particularly MoWA, national and International organizations working on VAWG such UN Women, UNFPA and ACCESS program of Australian Aid.



## Evaluation Objectives and Scope

The objectives of the evaluation are:

1. To evaluate the entire three years of implementation of the PWD project (01 March 2017- 28 February 2020) on relevance, effectiveness, efficiency, sustainability and impact, and the cross-cutting themes of gender equality and human rights
2. To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning and scale up

The Scope of the work was as follows:

The scope of the evaluation included a desk review of relevant research, reports, and background documents provided by CWCC and ADD International Cambodia (see Annex 6), field visits to Phnom Penh, Kampong Speu, Kampong Thom and Siem Reap consulting with project staff, community members, primary and secondary beneficiaries, and other relevant stakeholders for a thorough assessment (See Annex 5). A draft report was prepared for comments and updated based on the input.

## Evaluation Team

The Evaluation Team included Robin Mauney, MSW as the Lead Researcher, Sophal Nguon, MSW as co-researcher. Data collectors were Bopharath Phy, Vichara Srun and Sovannary Ty. The lead and co-researchers have MSWs, extensive experience in ending violence against women and girls, conducting evaluations, including applying qualitative and quantitative research methods. The data collectors have experience and skills in conducting both qualitative and quantitative interviews and research with women and girls subject to violence.

## Evaluation Design and Methodology

### Overall Evaluation Design

The technical approach for carrying out the end of project evaluation was systematic and collaborative in nature. The framework for the evaluation is summative as it occurred at the end of project implementation. A framework was designed that evaluates the progress against the planned results using reported program data and validated through input from key stakeholders including relevant government authorities, primary and secondary beneficiaries.

This methodology for collecting relevant data for analysis will include a desk review of existing resources and evaluative input from key informants. Secondary data was reviewed from secondary sources such as program reports to assess reported progress toward indicators. The primary data collection methodology is participative calling upon key actors ranging from direct participants to indirect supporters for evaluative input. A purposive sampling strategy was employed that gathered qualitative input from national, and subnational level key informants. Data collection techniques were semi-structured interviews and focus group discussions.

### Data Sources

The evaluation drew on both secondary and primary sources of data. Secondary data sources included relevant project documents, policy documents, and research in the fields. A full listing of resources is available in Annex 6.

Primary data was collected from the primary and secondary beneficiaries, and other key stakeholders. Collection of this data provided an opportunity for gathering input from women and girls impacted by the project, and to triangulate and validate the reported data. Primary data was collected at baseline on some indicators. Similar data measures were used in the endline and data collected for other indicators that do not have baseline data. Primary data

sources include: Women and girls subject to violence including women and girls with disabilities that participated in the project; District Disabled People's Organisations; Self-Help Groups of People with Disabilities Members; Youth Group Members; DBMSN, Journalists, and the MoWA.

### Methods of Data Collection and Analysis

This evaluation was conducted by using participatory methods in order to take into account the views of those who are most familiar with the PWD project and to ensure active involvement of all stakeholders. In cooperation with CWCC and ADD, the key informants were identified and invited to participate based on a pre-organized schedule. The participants were made aware of the purpose of the interview. The types of interviews were as follows:

#### Key Informant Interviews

Key informant interviews were used as a methodology to collect data from government, and staff. The key informant interviews used a semi-structured in-depth interview format. An interview guide is available in the Data Tools Annex. A full list of key informants (categories, not names) is available in the Annex 5.

#### Focus Group Discussions

The focus group discussion (FGD) model were held with Self-Help Groups, Women's Support Groups, Youth Groups, Disabled People's Organizations and DBMSN members. A full list of FDG participants (categories, not names) is available in Annex 5.

#### Data Analysis

Data analysis was inductive – looking for patterns, themes, and categories emerging out of the data. A baseline was conducted at the beginning of the project. The data collection and analysis measured progress from the baseline according to relevant indicators. When possible, the data gathered will be triangulated using various types of data or data sources to verify and substantiate the results of the assessment. Additionally, for indicators where baseline data was collected, the current data was compared to the baseline data to measure progress.

### Sample and Sampling Design

Primary data was collected using a purposive sampling strategy. In this study, this includes primary beneficiaries of the project that are women and girls at risk of or experiencing VAWG including women and girls with disabilities who have been facilitated to access to multi-sectoral coordinated services and secondary beneficiaries including Disabled People's Organisations, Self-Help Group Members, Youth Groups, Women's Groups, and DBMSN members and journalists.

The PWD project was implemented in Phnom Penh, Kampong Speu, Svay Rieng, Kampong Thom and Siem Reap Provinces. The project was implemented in Phnom Penh Municipality (Reusey Keo, Chroy Changva Districts), Siem Reap (Pouk and Siem Reap Districts), Kampong Thom (Baray and Stoung Districts), Kampong Speu (Samrong Tong District), and Svay Rieng (Kampong Rou District). This is a total of 8 districts. To be able to access an overall view of the progress, two sites were selected for visits. However due to reduction in scale of the sample due to COVID 19, Kampong Rou District in Svay Rieng was not visited.

The villages were selected in cooperation with CWCC and ADD International. The criteria for selection was mix of villages where the project was new (first time implementation), and villages where CWCC and ADD had implemented other projects and villages where ADD International was lead implementer and villages where CWCC was lead implementer. See Annex 5 for the List of Stakeholders Interviewed or Consulted.

Participants in the KIIs, and FGDs were invited with cooperation from the CWCC and ADD. Accommodation was made for participants with disabilities with the support of ADD.

## Limitations

The study is limited necessarily by the type of data collected. The study is based on reported data from the agencies and evaluative input from key informants. The KII and FGD data is qualitative and cannot be generalized, but only represents what the study participants said. To respond to this limitation, multiple types of key informants were asked similar questions to triangulate the findings and validate the reported data.

An additional limitation was the onset of the COVID 19 pandemic in the middle of the evaluation field work. The research team was conducting field visits at the same time the COVID 19 virus was beginning to spread in Cambodia. In consultation with CWCC, ADD, and guidance from the Royal Government of Cambodia, the field work was ended early. Over 80 percent of site visits were completed prior to stopping interviews. However, Svay Rieng province was not visited and some visits were limited particularly with people with disabilities in Siem Reap. This was based on the concern for health and safety of the research team and the project beneficiaries. This reduced the FGDs from 20 to 16. Out of the original eight districts seven were visited. Even with this reduced sample, it is considered that adequate interviews were completed to consider the evaluation sample adequate.

## Safety and Ethical Considerations

Any research that is conducted with women that have been subject to violence, are at risk for violence or otherwise in a marginalised group, requires ethical considerations to be reviewed in research. The researchers have experience in conducting this type of research and follow the World Health Organization, *Researching Violence Against Women: A practical guide for researchers and activists*. Key principles and steps followed include:

- Do No Harm – the overall ethical approach will be to do no harm to the participants.
- Researchers were trained in understanding the dynamics of violence against women and girls, and people with disabilities.
- Researches are aware of referral resources and know how to make a referral to support services when appropriate for an interviewee.
- Informed consent was obtained prior to all interviews. This included explaining and ensuring understanding of the purpose of the interview, what the data will be used for, that participation is voluntary and participants can refuse to answer any questions or leave at any time – refusing to participate does not impact services. This procedure was administered verbally, and participants will be asked if they agree. If so, they were asked to sign or thumbprint the consent sheet. All participants consented.
- Confidentiality measures were explained including that all data is aggregated and no names are used.
- As the purpose of the research was not prevalence or understanding women's individual experience with violence, no questions were asked about women's personal experience with violence. Questions were related to knowledge and understanding of rights, experiences with referrals, and other attitudinal questions.
- Interviews were conducted in locations, and in ways that protect participant's privacy, reduce risk and were convenient to the participants. These were arranged in advance with CWCC and ADD. Researchers were not alone with research participants. This applied the approach of seen but not heard – so the persons being interviewed have a sense of privacy, and protection at the same time.
- No photographs were taken of the participants by the researchers.

All the researchers have training in child protection and were provided update child protection training prior to field work. The researchers signed and adhered to CWCC and ADD International's Child Protection and Safeguarding Policies.

## Findings

### Effectiveness

The overall project goal is: *Women and girls living in Phnom Penh, Kampong Thom, Kampong Speu, Siem Reap and Svay Rieng provinces including women and girls with disabilities are treated with greater respect and dignity and experience less VAWG by the end of the project.*

Following is a review of all outcome and output indicators compared to the baseline where relevant. There were two indicators for the overall project goal. PWD was successful in reducing VAWG and increasing women and girl's treatment with great respect and dignity. A description of these indicators follows.

*Indicator 1 is the number of women and girls reported they are treated with greater respect and dignity and experience less violence.*

In the project reports in the final year it is reported that at least 366 of survivors and at-risk women interviewed in the project areas reported greater respect from former abuser, family, community members and service providers. This data was from individual interviews (IDIs). Reported data cumulated from annual reports shows that at least 323 women and girls reported greater respect from former abuser, family and community members. In the end of project evaluation, a total of 22 survivors were interviewed. All but one (see below) reported reduced violence, increased treatment with respect and dignity. Most commonly the reduction in violence was physical violence, and when violence continued it was most commonly emotional violence.

*Indicator 2 is the number of women and girls with disabilities reporting they are treated with greater respect and dignity and experience less violence*

In the project reports a total of at least 141 women and girls with disabilities reported reduced violence and experience of increased respect and dignity. In the end of project evaluation 10 women and girls with disabilities were interviewed in KIIs. All but one reported of the women and girls that were interviewed reported that they were fully respected from family, community members and service providers. A few of the women and girls with disabilities reported that that violence continued, but all reported a decrease in physical VAWG.

Data related to these overall indicators are further explored in outcome indicators and reporting. All outcome and output indicators were met as follows.

Outcome 1: Women and girls in Phnom Penh, Kampong Thom, Siem Reap, Kampong Speu and Svay Rieng provinces including women and girls with disabilities, take action themselves, to prevent VAWG, by the end of the project.

<i>Outcome Indicator 1.1 # of women and girls including women and girls with disabilities perceiving a reduced risk of VAWG in the target by the end of the project.</i>	
Baseline	Target
<b>This indicator aims to measure progress made during the course of the project and is not a comparison to a baseline figure</b>	2017/18 200
	2018/19 500
	2019/20:450
Progress	
<b>2017/18 Annual Report: Through FGDs, it was found out that 150 of the women in the target areas, who experienced various forms of VAWG, claimed of better respect to their rights.</b>	
<b>2018/19 Annual Report: Based on survey with 358 survivors of VAWG (69 women and girls with disabilities) 223 (40 women and girls with disabilities) or 62 percent perceived a reduced risk of VAWG)</b>	

**2019/20 Final Report:** Based on the survey with 404 survivors of VAWG (207 women and girls with disabilities), 352 (169 women and girls with disabilities) or 87 percent perceiving a reduced risk of VAWG.

**Evaluation:** In this evaluation, in FGDs and KIs with survivors, (22 survivors, 10 women and girls with disabilities), 90 percent reported a perceived reduced risk of VAWG. The reduced risk resulted from changed behavior of the abuser, knowledge of how to report VAWG, increased access supports and essential services, and increased economic independence through income generation support activities. The type of violence that was reduced was most commonly physical violence. Emotional violence was the type that was reported to continue (verbal abuse).

Output 1.1: By the end of the project, women and girls including women and girls with disabilities know their rights and how to respond toward VAW.

*Output 1.1 Indicator 1: # of women project participants disaggregated by disability that can express knowledge of four basic women's human rights and understanding that violation of these rights is not acceptable.*

Baseline	Target
<p><b>89 respondents (100%) including 72 women expressed four women's human rights and 88% of them have basic understanding of women's human rights 25% of 88% described meaning.</b></p> <p><b>50% of women and girls with disabilities expressed four basic women's human rights and 50% of them had basic understanding women's human rights meaning.</b></p>	<p>2017/18: 235 2018/19: 560 2019/20: 580</p>

Progress

*This indicator was met or exceeded*

**2017/18 Annual Report:** Actual 266 participants in Youth Groups and Women's Support Groups can express four women's human rights. 628 reported they would not tolerate violations of their rights. Of those participating 23 were women and girls with disabilities.

**2018/19 Annual Report:** Actual 961: 448 women and girls (197 women and girls with disabilities) showed that had knowledge of four basic women's human rights. 570 women, girls and women and girls with disabilities understood that violation of these rights is not acceptable. Through dissemination of Women's Support Groups to 729 villagers (549 female) of which 56 are persons with disabilities, 513 (53 persons with disabilities) can express at least four basic women's rights and 715 report they will not accept any violation of their rights.

**2019/20 Annual Report:** Actual 843: 609 women and girls (121 women and girls with disabilities) demonstrated knowledge of four basic women's human rights. 842 women, girls and women and girls with disabilities understood that violation of these rights is not acceptable. Through dissemination of Women's Support Groups to 642 villagers (465 female) of which 25 are persons with disabilities, 234 (7 persons with disabilities) can express at least four basic women's rights while 619 claimed they will not accept any violation of their rights.

**Evaluation Findings End of Project:** At the end of the project overall 100 percent of the Women's Support Group members, Self- Help Group Members and Youth Group Members could express at least four women's human rights.

- Women's Support Group – 69 female participants (100 percent).
- Self Help Group - 43 total participants, 38 female, 42 women and girls with disabilities (100 percent)
- Youth Group Members - 60 participants, 43 female, 3 persons with disabilities (100 percent)

At the end of the project overall 100 percent of the Women's Support Group Members, Youth Group Members interviewed had a basic understanding of the rights they had described. Participants were able to describe how the rights were realized generally and reported they would act not accept violations of their rights.



**At the end of the project, 100 percent of women and girls with disabilities interviewed in Self-Help Groups had a basic understanding of the rights they name, describe the meaning and reported they would not accept violations of the rights. Compared to baseline, there was limited understanding of these meanings (50 percent). This is further discussed further in the narrative.**

*Output 1.1 Indicator 2: # of women project participants disaggregated by disability that have increased decision making power in economic decision-making*

Baseline	Target
<b>50% of Youth Groups and Women's Support Groups had mixed responses saying that it should be with the husband or wife or both.</b>	2017/18: 46 2018/19: 59 2019/20: 75
<b>50% of women and girls with disabilities indicated that the women made the family decisions</b>	

Progress

**2017/2018 Annual Report: Actual 98. 1 woman with a disability with support of DPO started her own business (making decisions). 97 women in Siem Reap and Kampong Thom increased decision-making on major decisions.**

**2018/19 Annual Report: Actual 354. 61 women with disabilities including 20 survivors of VAWG have increased decision making power in the family on managing money, work, and children's education. Based on individual interview survey, 293 women (73 persons with disabilities) demonstrated increased decision-making power in the family. They gained more power in managing household finance and access to resources.**

**2019-20 Final Report: Actual 520. 100 survivors of VAWG and 62 women with disabilities have increased decision making power in the family on managing money, work, and children's education. Based on IDI survey, 358 women (159 persons with disabilities) demonstrated increasing decision-making power in family. They gained more power in managing household finance and resources.**

**Evaluation Findings End of Project:**

**In FGDs with Women's Support Groups (69 female participants) 100% reported that men and women should discuss together prior to making decisions. Commonly women reported that their decision-making power had increased, and they were consulted and/or participated in decisions. A very few expressed that women still had an increased risk or violence if they disagreed with their husband. About half of the groups reported that men had the final say in decisions if they disagreed, and others said if they did not agree the purchase (for example) would not be completed.**

**In FGDs with Self-Help Group members (43 members and 38 women and girls with disabilities), 100 percent reported that women made the day to day decisions on small household purchases, and that men and women talked together about larger purchases or decisions. Approximately 75 percent of the groups reported that if the husband and wife disagree, that the man has the final say. The others reported that the decision would be delayed.**

**In FGDs with Youth Groups (60 participants, 43 female, 3 persons with disabilities) 100% reported that men and women should discuss together prior to making decisions. Commonly groups reported that women make routine day to day household decisions on their own, that men and women discussed most major decisions. The results were mixed on who had the final say if the couple disagreed. Approximately 70 percent of the groups reported that the husband had the final say if they disagreed.**

**In KIIS with project staff, it was also reported that women including those with disabilities were more confident to speak up and were more engaged in decision-making in their families.**

**Output 1.2 By the end of the project, communities (youth, women, men and other community members) demonstrate increased gender equitable attitudes toward all women including women and girls with disabilities.**

**Output 1.2 Indicator 1 # target youth, men, women, and other community members disaggregated by disability that agree with specific norms and attitudes toward gender equity and VAWG.**

Baseline	Target
50% of target groups showed a low understanding of what gender equity and VAWG norms/attitudes are.	2017/18: 285 2018/19: 600 2019/20 580
100% of women and girls with disabilities showed a low understanding of what gender equity and VAWG norms/attitudes are.	

**Progress**

**2017/18 Annual Report:** Actual 1203 One youth member in Puok district of Siem Reap showed an improved understanding of gender equality increasingly sharing household responsibilities. Additionally, based on post-test in awareness session by youth groups and the DBMSNs, 1,202 participants (37 women and 14 men with disability), demonstrated increased understanding of gender equality norms and attitudes.

**2018/19 Annual Report:** Actual 2062. In the first half of the year 933 (186 women and 16 men with disability) demonstrated understanding of gender equality in the first half. In the second half of the year DBMSNs and Youth Groups conducted awareness for the total of 71 times reaching 1,643 villagers (1,291 females). Of which, 56 are persons with disabilities. Based on the test, 1,129 (25 persons with disabilities) had a clear understanding of gender equality norms and attitudes.

**2019/20 Annual Report:** Actual: 2231: Based on the post-test and individual interviews, 1270 (1072 women and 133 women and girls with disabilities) demonstrated understanding of gender equality. In the second half of the year, DBMSNs and Youth Groups conducted awareness raising sessions for a total of 64 times reaching 1664 villagers (1026 Female, 52 persons with disabilities). Based on the test, 861 (33 persons with disabilities), had a clear understanding of gender equality norms and attitudes.

In the evaluation, overall, in the target groups (Women’s Support Groups, Youth Groups and Self-Help Groups) 80 percent of the study participants showed a high understanding of positive gender equality and VAWG norms and attitudes.

For women and girls with disabilities 82 percent showed they had a higher understanding of positive gender equality and VAWG norms and attitudes. These are discussed further in the narrative.

This is compared to 50 target groups percent at baseline having a low understanding, and 100 percent of women and girls with disabilities having a low understanding. There was a significant increased from baseline. This is explored further in the narrative.

Output 1.3: By the end of the project, disabled people’s organizations and self-help groups have improved their organizational capacity to assist women and girls with disabilities to prevent VAWG and facilitate access to essential services.

**Output 1.3 Indicator: # Women and girls with disabilities that have increased capacity to prevent VAWG and have accessed long term development opportunities through disabled people’s organisations and self-help groups.**

Baseline	Target
50% Self-Help Group respondents that indicated they did not have capacity to prevent VAWG.	2017/18 16 2018/19 40 2019/20 44

**Progress**

**2017/18 Annual Report:** 19 Actual. Women and girls with disabilities received financial support and vocational training opportunity to enable to access long term development. This included facilitating accessibility for women and girls with disabilities to pursue higher education, provide capital for small business and sensitized care takers to be more responsive to their needs.

**2018/19** 46 Actual. **13 members of Self-Help Groups (7 women) mobilized resources from CDPO and ICRC to attend vocational skills training on tailoring, and TV repair. 39 women and girls with disability (7 girls) have increased capacity to prevent violence by engaging in social and economic activities.**

**2019/2020** 28 Actual. **28 Women with disabilities increased their capacity to prevent violence by engaging in social and economic activities.**

**In FGDs in this final project evaluation 100 percent of the Self-Help Group members reported they had learned different strategies to prevent VAWG showing they had increased capacity. (See narrative for further explanation). In FGDS, about 50 percent of the participants had accessed long-term development opportunities. The examples provided were soap making, animal raising and vegetable gardens.**

Outcome 1 focuses on Community Based Groups such as members of Women’s Support Groups, Youth Groups, Disabled People’s Organizations and Self-Help Groups being provided training and capacity building. Important topics were human rights including VAWG and disability rights, how to access protections and services, monitor and report cases of VAWG and support for long-term development opportunities.

Women’s Support Groups are led by CWCC and the members are women that have been subject to VAW or are at risk of VAW. The members of the group had their capacity built on human rights including VAWG and disability, how to access protections monitor and report cases of VAW to relevant duty bearers. At the beginning of the project it was understood that Women’s Support Group members lacked capacity on understanding women’s human rights, disability inclusion and resource and referral on VAWG.

In turn, when their capacity was improved on these topics, the Women’s Support Group members were able to better understand their rights and were able to disseminate and conduct awareness raising for community members on VAWG including preventing and reporting it. The PWD project team worked with the Women’s Support Group members and conducted community sessions using flip charts and posters to make the discussions interesting and user friendly for people with disabilities.

*“After joining the training, we have better negotiation communication skills and it makes our relationship with our husbands better”*

Women’s Support Group Member  
Siem Reap Province

In FGDs with Women’s Support Group members for this evaluation, participants could name human rights of women. Commonly they reported the right to participation, the right to life, the right to a life free of violence, and a right to make decisions. Importantly they noted these rights extended to women and girls with disabilities. When asked what these rights mean or how they realized these rights, participants were able to describe such actions making decisions (jointly or alone) in the family and having opportunities for education and/or work. Repeatedly women reported they would not tolerate violations of their rights.

Along with this increased knowledge and understanding of rights was a reported increased participation in decision-making in the family. Women’s support group members reported that commonly in the family in Cambodia that women make day-to-day decisions, and increasingly after participating in the PWD project that men and women talked together about larger decisions. In FGDs, women reported that they had more confidence to share their ideas and opinions, and understood it was their right to speak up. However at least half still reported that if the couple did not agree on an issue, the man had the final say in decisions. A few reported that the decision would be delayed. This finding is in line with the social norm in Cambodia



that the man as the traditional head of the household is the decision-maker (MoWA, 2014), so when there is disagreement in decision-making the default is to return to this gendered social norm. The important change is women's increased participation in the decision-making process. They are speaking up more, sharing their opinions, engaging in the decision-making processes in their families. Their agency and voice in decision-making has increased. This increase in decision-making is attributed to their better negotiation and communication skills.

Women's Support Group members could easily name different types of VAWG (physical, sexual, emotional, economic). Participants reported physical VAWG had reduced, but that the most common type of VAWG that is still occurring is emotional violence. In all FGDs, participants reported that while emotional violence (yelling, verbal fighting) continued, that physical violence had reduced in their families and communities.

*"There is decreased violence in our community, women understand more about their rights and know how to prevent violence."*

Women's Support Group  
Member  
Siem Reap Province

When examining positive gender equality and VAWG norms and attitudes, overwhelmingly women reported that VAWG was wrong and rarely exhibited blaming attitudes in the FGDs. Interestingly the FGD participants in Phnom Penh (the urban city) were the ones that held any negative attitudes about VAWG. A few participants in one Women's Support Group in Phnom Penh reported the norm that there are some reasons violence is justified by a husband to his wife. All the other Women's Support Group FGD participants disagreed that violence is acceptable for any reason. Also, in Phnom Penh a few FGD participants agreed that women should remain silent about the violence to keep the family together.

Only in Siem Reap province did any participants (only one) report that a woman should marry the perpetrator of rape due to shame in losing her virginity. In Cambodia, there is a saying

*"When a woman loses her virginity, she should get married"*

Women's Support Group  
Member  
Phnom Penh

*"men are gold, women are white cloth"*, referring to the fact that men cannot be damaged by pre-marital sex, but women can. Virginity is still expected of women (not men) at marriage. It is important to note that these attitudes were not the majority. These traditional attitudes remain common generally in Cambodia and demonstrates the importance of continue to challenge these unequal gendered norms at all levels (family, community, society).

However, with positive gender equality norms, the results were more mixed. While overall positive, some participants still maintained traditional notions, that women should marry earlier than men. FGD participants all agreed except for Phnom Penh that women should marry young. As Phnom Penh is the largest city and many women are migrating to the urban area to work, it is likely this norm is impacted by the later trends to marry as women in the urban area are working or going to school before marriage. A few also agreed that men had more rights than women. This was only in Siem Reap province and the group reporting this also had mixed attitudes toward VAWG. Overall, most FGD participants did not agree with the statement that men did not have more rights than women. However, the majority of participants agreed that women should not have sex before marriage, but some disagreed with this for men (Phnom Penh and Siem Reap), demonstrating a double standard for men and women on premarital sex.

These changes demonstrate that a change toward positive social gender norms is occurring, but in the short time of the project the attitudes were not completely transformed. Practically, women live in the community and are subject the same negative gendered norms, and change comes slowly. Positive progress is a success, but naturally there is still more unequal norms

that must continue to be addressed at the individual, family, community, and society level for sustained change.

Women's Support Groups or in Self-Help Group members are described in project reports as being more active and responsive than in the past. This was also confirmed by KIIs with project staff. Women themselves reported now they were 'braver' to speak up in their family, in Self-Help or Women's Support Group meetings and at the community level.

*"Emotional violence continues but physical violence is less"*  
Women's Support Group Member  
Kampong Speu Province

Having the confidence to be able to speak up is very positive improvement. Continuing to build on this self-confidence to speak in the family, and in the community will raise women's voice, and contribute to their greater participation in decision-making at all levels. While a success, changing social norms within the community takes time, so this is a significant foundation for women to build on and continue to gain agency in decision-making in multiple settings.

Self-Help Group and Disabled People's Organization members reported in FGDs in this evaluation that their members were provided training on their roles and responsibilities, on women's human rights, VAWG, disability rights, and information on identification and referral of VAWG cases. In addition, to the training, they were provided follow-up coaching and mentoring to improve their skills. To understand their capacity, ADD completed inner well-being assessments, and gender assessment tools to understand where the groups were, and provided capacity building based on these assessments.

At baseline, Self-Help Group members, including women and girls with disabilities, were easily able to identify the rights of women, but had limited understanding of what those rights meant. In FGDs with Self-Help Group members during this evaluation, 100 percent of participants could easily identify rights, and a significant improvement was that more participants understood what those rights meant and how to realize them. For example, the right to participation was described as the right for women and girls to participate in public meetings and to go to school.

*"Men and women have equal rights. But men can do some things that women can't – for example they can go out to karaoke at night. Women cannot"*  
Self-Help Group Member  
Kampong Thom Province

Women and girls with disabilities in Self-Help Groups also stated that men and women have the same rights and should have the same opportunities. However, with further exploration, there is still some thinking that men have more rights than women. This was particularly related to mobility. For example, it was reported that it was ok for men to go out at night but not women.

Also, important to note is that the Self-Help Groups were pre-established, and the participants had been meeting together and learning about income generation, promoting participation and other supports prior to the PWD project. This was not the first engagement or opportunity to participant, but the new learnings were on VAWG, decision-making, and improved skills for leadership and income generation.


In Self-Help Groups there was a strong focus on promoting increased decision-making for women. The pattern that was described is that women make day-to-day decisions, and men and women increasing discuss larger decisions together. This was seen as a positive change from the past, where women did not have input into or participation in larger decisions. Some groups reported that men have the final say where there is a disagreement in the decision, but in at least one group it was reported that women have the final say. Clearly, the groups

described that men and women are increasingly engaging in higher levels of joint decision-making. However, the decision-making practices remain in line with cultural norms in Cambodia described earlier where it is still common for men to have final decision-making power. There were slight differences regionally on decision-making. Only one Self-Help Group in Kampong Speu Province agreed that men should be the main decision-maker, the rest of the Self-Help groups disagreed.

Understanding of positive gender equality and VAWG norms, increased significantly in the Self-Help Groups. At baseline it was reported that 100 percent had a low understanding of these norms. By the end of the project in FGDs 82 percent showed that they had a high understanding of these norms. This increase can be attributed to participation in trainings, and increased opportunities to understand and apply these rights.

Participants responded to the same set of questions about gender roles and VAWG that they had responded to at baseline. Interestingly, close to 100 percent of participants that accepted positive norms on VAWG, but fewer accepted positive norms around gender equality. Some of the responses to statements that did not demonstrate positive attitudes toward gender equality such as “girls should marry earlier than boys” were reported as “tradition in Cambodia”. These attitudes were not seen as negative gendered norms by the participants. This attitude toward gender inequality was more common in Kampong Thom Province than in Kampong Speu Province (the two sites where Self-Help groups were interviewed).

However, while some still maintained these traditional gender equality norms, the Self-Help Group members in both provinces overwhelmingly agreed that there is no justification for a husband to hit his wife, that women should not remain silent if they experience violence, and a rape victim should not marry the perpetrator. Only one group in Kampong Thom agreed that a woman can be partly to blame for rape because of the way they dress.



*“Yes we report it (domestic violence) because it is wrong and we have to help women. Report to the Village Chief or the Village Volunteer”*  
Self-Help Group Member

In Disabled People’s Organizations and Self-Help Groups, participants were asked in FGDs about VAWG. Participants could name the types of violence and reported that VAWG had decreased in their communities. The most common type of VAWG currently being experienced was emotional violence. Some group members reported that physical violence had reduced, but that it does continue. The evaluators suspected that some participants experienced abuse.

In every FGD, every participant, could readily identify where to report VAWG. They repeatedly stated, the local authorities, the police, or an NGO. Some reported this was a significant change from the past as previously they had the belief that violence in the family was private, and they should not interfere.

In Self-Help Groups participants also provided examples where they had accessed long-term development opportunities. Participants reported on participation in income generation activities such as soap making or linking with educational opportunities. These were important to the participants and they want more support in these activities to ensure their success.

Self-Help Group Members, Youth Group Members, and Women’s Support Group members also reported they had participated in community activities such as 16 Day Campaign to End Violence Against Women, International Day of Persons with Disabilities. These were activities that provided them an opportunity to participate in community activities to raise awareness about women’s rights around VAWG and disabilities.

In conclusion, women and girls in Phnom Penh, Kampong Thom, Siem Reap, Kampong Speu and Svay Rieng provinces including women and girls with disabilities had learned about their rights, had better capacity to take action themselves to prevent VAWG by the end of the project. They participants all report a reduction in physical violence, though some reports were that while reduced it continues. The most common type of violence reported currently is emotional violence such as shouting, yelling or verbal fighting.

*“Emotional violence is the most common now.. The risk has decreased because everyone now knows about domestic violence and the authorities respond to the cases so that men are scared of that”*

Self-Help Group Member  
Kampong Thom

Outcome 2: Inclusive access to legal and multi-sectoral services and response for survivors of VAWG including women and girls with disabilities is increased in Phnom Penh, Kampong Thom, Siem Reap, Kampong Speu and Svay Rieng provinces by the end of the project

<i>Outcome Indicator 2.1 # of cases and survivors of VAWG including women and girls with disabilities that access inclusive essential services</i>	
Baseline	Target
<b>Cases reported to CWCC that received essential services in response to their needs. Baseline data is 497 (8 persons with disabilities)</b>	2017/18 460 2018/19 460 2019/20 370
<b>Progress</b>	
<b>2017/18 Annual Report: 289 survivors (24 women and girls with disabilities) received essential services</b>	
<b>2018/19 Annual Report: 235 survivors (49 women and girls with disabilities) received essential services</b>	
<b>2019/20 Final Report: 373 survivors (51 women and girls with disabilities) received essential services</b>	
<p>The project team also conducted service satisfaction survey with clients at different stage in which they were supported, and it was found out that majority of them (70%) are very satisfied with support while 25% are satisfies and 4 percent are neutral. Only 1 percent expressed unsatisfied due to the clients felt unhappy with the time-consuming while going through legal process even though CWCC’s staffs often inform them before and during the time they access to services.</p> <p>In the end of project evaluation, survivors were interviewed in Klls. Approximately 90 percent (15 8 WWD), reported that the they had received services based on their needs and the services were effective. The respondents did not see the services as effective had complaints with the slowness of the health system most commonly. At least one reported that the services were not effective because her husband did not stop the violence.</p>	
<b>Output 2.1: By the end of the project, increased capacity of CWCC and DBMSN members in the project areas, to implement disability rights and provide coordinated inclusive VAWG interventions and services including health, police and justice, social services.</b>	
<i>Output 2.1 Indicator: # of VAWG cases reported by communities and/or woman and girl survivors including women and girls with disabilities.</i>	
Baseline	Target

<p><b>58 percent of community would not report VAWG case to someone else, mainly because they would be worried about their own safety and believed that it was none of their business. They would report a case if they were survivors</b></p>	<p>2017/18: 100 2018/19: 110 2019/20: 80</p>
<p>Progress</p>	
<p><b>2017/18 Annual Report:</b> Achieved 589: <b>41 VAWG against women and girls with disabilities cases were identified and reported by SHGs, Village Volunteers and Women’s Support Groups to DPOs and local authorities. The families received consultation and information on services from by DPOs and local authorities. DPOs and SHGs conducted follow-up visits to monitor the progress of the cases. 548 cases were reported by survivors themselves or community members to the local authorities. This illustrates survivors are more willing to seek help and have knowledge of where to go for help for VAWG cases</b></p>	
<p><b>2018/19 Annual Report:</b> Achieved 897 <b>A total of 897 cases were reported by survivor themselves or community members to local authorities. This has illustrated less tolerance for VAWG among community members and survivors themselves as well as the knowledge of where to go when for VAWG cases</b></p>	
<p><b>2019/20 Annual Report:</b> Achieved 1248 <b>A total of 1248 cases were reported by survivor themselves or community members to local authorities. This has illustrated less tolerance for VAWG among community members and survivors themselves as well as the knowledge of where to go when for VAWG cases</b></p>	
<p><b>In the end of project evaluation, in review of the annual reports it is apparent that women and girls in the community including those with disabilities were likely to report VAWG cases. At baseline 58 percent of target group community members would not report a case of VAWG. At the end of the project, the opposite was true. Women’s Support Group Members, Self-Help Group members, Youth Group Members (100 percent) all reported that they would report a case of VAWG. They were also clearly aware of where to report. The reason to report stated is that VAWG is wrong, it is against the law, and the woman has a right to help. This is a significant shift from the baseline.</b></p>	
<p><i>Output 2.1 Indicator: # of services cases/survivors intervened or referred by the DBMSN disaggregated by disability to appropriate services.</i></p>	
<p>Baseline</p>	<p><b>Target</b></p>
<p><b>82 VAWG cases referrals from DBMSNs to CWCC in 2016. Data from DBMSNs were not disaggregated by disability</b></p>	<p>2017/18: 105 2018/19: 105 2019/20: 110</p>
<p>Progress</p>	
<p><b>2017/18:</b> Achieved 42. <b>A total of 974 cases were intervened by DBMSNs. Of those cases 674 domestic violence cases were mediated, 87 obtained divorces, and all perpetrators of sexual abuse and trafficking were arrested and are in the process of legal procedures. Of the 974 cases, 42 cases were referred to CWCC for further services.</b></p>	
<p><b>2018/19</b> Achieved 1122. <b>A total of 1122 cases were intervened by the DBMSNs (1103 domestic violence and 19 sexual abuse) following the reporting of survivors and community members.</b></p>	
<p><b>2019/20</b> Achieved 1098. <b>A total of 1098 cases were interviewed by the DBMSNs (1080 domestic violence and 18 sexual abuse) following the reporting of survivors and community members.</b></p>	
<p><b>Reporting:</b> <b>At least 95% of the DBMSNs members are active. With the increased understanding on Alternative Dispute Resolution and Disability Inclusion, DBMSNs member has played their role more effectively. Concept of Disability was gradually integrated into their work.</b></p>	
<p><b>In this final evaluation, the members of the DBMSNs, reported that they had received training on operations, prevention of VAWG, Referral Guidelines, Alternative Dispute Resolution and Disability Inclusion. As a result, this was reported to enable them to do their jobs better. Members reported that prior to the training that they did not and coming together as a group</b></p>	



they did not have the capacity to do their jobs. They now report they are better prepared to prevent and respond to VAWG.

Output 2.2: By the end of the project, increased capacity of Disabled People's Organizations and self-help groups to identify and refer survivors of VAWG to appropriate services and response.

*Output 2.2 Indicator: # of survivors including women and girls with disabilities and cases of VAWG identified and referred by disabled people's organisations and self-help groups for appropriate services and response.*

Baseline	Target
DPOs have existing referral and recording systems that identify VAWG case. However, Self-Help Groups indicate that they are generally not referring VAWG cases to appropriate services, as they are unable to identify such cases. Baseline data is 84 (11 persons with disabilities)	2017/18: 20
	2018/19: 40
	2019/20: 40

**Progress**

**2017/18:** Achieved 51 In the first half of the year, 2 women with intellectual disability who are survivors of domestic violence were referred by DPOs and Self-Help Groups to service providers including ADHOC, TPO, health centers and local authorities for appropriate services responding to their needs. In the second half of the year, 49 VAWG cases (21 women and girls with disabilities) identified reported by SHGs, Village Volunteers and DPOs to local authorities. The families received consultation from by DPOs and local authorities and referred 4 cases to CWCC for further services including legal and safe shelter support.

**2018/19:** Achieved 172 In the first half of the year, 97 VAWG cases were identified by DPOs and of that 75 cases were referred to local authorities by Self-Help Groups, Village Volunteers and DPOs to local authorities. In the second half of the year, DPOs identified 41 cases and referred those cases to local authorities by using referral guidelines form developed by the Ministry of Women's Affairs, including case registration, referral, follow-up and summary of case.

**2019/20** Achieved 107 A total of 107 cases are identified and referred to local authorities by implementing the government forms, including Case Register, Referral Form and summary of case based on the Referral Guidelines.

In this final evaluation, both DPOs and Self-Help groups reported that they commonly refer cases of VAWG to the local authorities or other service providers. In one DPO they reported that in the past they did not know they had the right or obligation to report, but now they know to report and know how to report cases. In 100 percent of the Self-Help groups they reported that they would report cases of VAWG. This new action was reported as a "change in mindset" – from non-reporting to reporting.

Outcome 2 is focused on creating and improving access legal and multi-sectoral services in the target areas. This was accomplished by developing and building the capacity of the DBMSN's and building the capacity of the DPOs and Self-Help Groups to prevent, identify and report VAWG.

The DBMSNs are a multi-sectoral coordination mechanism that include government officials such as representatives from health, women's affairs, police, social affairs, village, commune, and district chiefs. The project focused on creating these multi-sectoral coordination mechanisms where they did not exist, ensuring that the members were capacitated to do their jobs through training in alternative dispute resolution, disability inclusion, and relevant standards and guidelines such as the Referral Guidelines and the Minimum Standards of Basic Counseling of the Ministry of Women's Affairs. In the project reports it

*"Key actors (local authorities, police, health center), partner to intervene in VAWG cases and see it through to support victim's access to service and to catch the abuser. We know how to refer to services and we keep records and report to the Governor"*

DBMSN Member  
Kampong Thom

is clearly

noted that the members have gained new information on disability inclusion and are paying more attention to this issue.

Through participation in the DBNSN, the in KIs and FGDs members reported they gained information on how disability inclusion, and then took it back to their organization/office and shared the priority and methods for disability inclusion with their subordinates. In particular the information on disability inclusion was new information. Some reported that as a result of the training, they had changed the way they work. Some examples were to make sure that people with disabilities are invited to trainings, and that when possible accommodation is made for their participation.

*“Women are brave enough to express concern, vulnerable groups learn about their rights and advocate for their rights even though they are victims.”*

DBMSN Member  
Phnom Penh

The numbers of cases of VAWG managed by the DBMSNs clearly increased over the life of the project. In this end of project evaluation, DBMSN members interviewed in FGDs and KIs, reported that participation in the group had enabled them to do their jobs -where in the past they did not have this capacity. They now keep minutes of their meetings, keep records of cases, know how to refer cases of VAWG to relevant service providers and work more closely with each other to prevent VAWG. An important comment by a DBMSN member was about his learning how and why to keep confidentiality of women seeking help and learning how to work with women with disabilities. DBMSN members cited these as significant accomplishments during the life of the project.

The DBMSN members also reported in FGDs that victims of VAWG now are more likely to report VAWG and file a complaint, particularly for physical violence. They reported on the increased knowledge of victims of their rights and that they were more confident to report a case. It was reported by DBMSN members that “even women with disabilities or women in other vulnerable groups” would report cases of VAWG now.

*“The government service providers improved their capacity and pay more attention to intervene in cases. Now they follow the MoWA guidelines.”*

CWCC Staff  
Siem Reap

A common remark by staff was that before the project, that victims of VAWG did not know where to get support and the authorities did not know what to do. But now with the project supporting the DBMSN, the local authorities know how to refer the survivor to the right person. In the FGDs there were no regional differences noted.

Changes were reported in the CWCC works as well. In KIs with CWCC staff, they reported that prior to this project, they did not focus on including women and girls with disabilities. They report that through PWD, they were provided training by ADD on how to work with women and girls with disabilities and learned about existing resources and practices for inclusion.

For example, CWCC staff now have learned new ways to communicate with women and girls with disabilities, such as using family members to help communicate if the person is deaf. CWCC also reported there were challenges in finding adequate services especially for women and girls with disabilities that had mental health or intellectual limitations.

DPO and Self-Help Group members also reported an increase in their ability to identify VAWG, and to report it. In the baseline DPOs had some experience with reporting, but Self-Help Groups did not. In the end of project evaluation, in FGDs with Self-Help Groups members 100 percent of the groups stated that they would report a case of VAWG. They identified reporting to the local authorities, police, or village volunteers. This was a significant improvement over the baseline.

*“VAWG is wrong and we have to help women, so we report the cases.”*

Self-Help Group  
Kampong Thom

However, it is important to note that while members of the Self-Help Group acknowledged that VAWG is wrong and that they would report it, some members reported that they still experienced VAWG. This was not universal, but important to note. The most common type of VAWG experienced was emotional, but some report experience of physical violence (this was noted in Kampong Thom).

*“Yes, their rights are violated but this has changed. Now women are able to shout out the issues they are facing. These are changes in the family and in the community.”*

Disable People’s  
Organization

Another important comment by the FGDs with Self-Help Groups is that the DBMSNs and the community are now more aware of disability rights. In the interviews with women and girls with disabilities, the majority perceived that if they reported a case to the local authorities or the DBMSN, that they would respond.

DPOs reported that women know where to report violations of their rights and they do. This was an important change.

In conclusion, inclusive access to legal and multi-sectoral services and response for survivors of VAWG including women and girls with disabilities was increased in the target provinces during

the project. The DBMSNs are functioning better, the Self-Help Group members are more likely to report cases, and disability awareness has increased. It most noted that at least in Kampong Thom province, some of the FGD participants reported still experiencing violence at home. This was more commonly emotional violence, but physical violence (while reported to be reduced) does still occur.

Outcome 3: National policies and government VAWG services have greater inclusion of women and girls with disabilities in mainstream gender-based violence (GBV) prevention and support strategy by the end of the project.

**Outcome 3.1 Indicator: # of communes in target areas record VAW cases with disaggregated data of women and girls with disabilities into their record keeping system.**

Baseline	Target
Target communes record cases of VAW however currently they do not disaggregate their data by women and girls with disabilities	2017/18 1
	2018/19 9
	2019/20 8

**Progress**

**2017/18. Achieved 3. Three communes in the targeted areas of Kampong Thom fully utilize recording and referral form followed the referral guideline on VAWG case.**

**2018/19 Achieved 5. Five communes in the targeted areas of Kampong Thom fully utilize recording and referral form followed the Referral Guidelines on Women and Girl Survivors of GBV.**



**2019/20** Achieved 1. **One commune in the targeted areas of Svay Rieng fully utilize recording and referral form followed the Referral Guidelines on Women and Girl Survivors of GBV.**

In this end of project evaluation, all of the DBSMNs interviewed reported that they have a recording system. They reported that now they keep a record of the number of women with disabilities. However, not all were fully utilizing the Referral Guidelines on Women and Girl Survivors of GBV. In KIIs DBMSN participants and commune authorities reported that they made referrals to other service providers such as health, police or NGOs, but all were not fully using the forms in the Referral Guidelines.

***Outcome 3.2 Indicator: # of formal commitments by the government or service providers to support inclusion of women and girls with disabilities in plans, budgets and monitoring (3rd NAPVAW, Neary Rattanak includes women and girls with disabilities, Disability Action Council includes include VAWG in its strategies)***

Baseline	Target
-Review of National Action Plans to Prevent Violence Against Women (NAPVAW) - Baseline and End-line	2017/18 1 2018/19 3 2019/20 3

Progress

**2017/18 Annual Report.** Too early to report.

**2018/19 Annual Report:** Achievement 3 **Two commitments to include disability and VAWG into the government plan including National Disability Strategic Plan II and the National Action Plan to Prevent Violence Against Women 2019-2023. One action taken by government responding the free forensic exam for rape cases in Kampong Thom. The action has been implemented from 19 Feb 2019**

**2019/20 Annual Report – Achievement 3 One announcement from the Ministry of Health to provide medical care with free of charge to types of survivors VAWG and one announcement from the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) to coordinate the survivors to access to medical care. Kampong Speu PDoSVY committed to develop action plan to address the issues which recommended by SRTF.**

In the end of project evaluation, with KIIs at MoWA, MoSVY and at the Provincial Level, it was reported that the project had an impact on disability inclusion and VAWG. MoWA reports that ADD now participates on the Technical Working Group on Gender GBV Committee (TWGG-GBV) and that CWCC has become the leading organization in Cambodia on inclusion of VAWG and disability. They cited the example that in MoWA’s work with vulnerable groups that CWCC was invited to provide input and they provided input to help shape the indicators of the NAPVAW so that now the priority is to include data on people with disabilities in their data collection system. A review of the NAPVAW identifies that women with disabilities are include seven times including as an at-risk group, ensuring disaggregated data that includes disabilities, and women and girls with disabilities had access to justice.

Also, it was reported in this evaluation that service providers (government and NGO) would be expected to provide inclusive services to meet the needs of women and girls with disabilities that are subject to VAWG. At the provincial level, it was noted the importance of free forensic exams so that perpetrators of sexual violence can be more likely to be prosecuted.

Output 3.1: By the end of the project, increased capacity of journalists to use media to positively influence negative public attitudes on VAWG and disability rights and access to services.

**Output 3.1 Indicator: # of media reports/stories (print, TV, radio) that provide positive information on VAWG, disability rights to the public.**

Baseline	Target
Baseline media interview indicated good understanding of the existing biased gender and VAWG norms (violence is resulted from victim's actions and authorities/other stakeholders tend to solve the problem outside judicial system). There was good understanding of gender bias in reporting.	2017-18 0 2018-19 6 2019-20 12

Progress

**2017-18 Annual Report:** Achievement 8: The concept note for journalist training was drafted. The training was delivered. There were 14 Media report and stories on disability and VAW during the period. 8 out of the 14 media report has positively patriate disability and VAWG including WMC, Veayo radio, PNN, SEATV, RFI, Nice TV, Khmer Time and DAP News.

**2018-19 Annual Report:** Achievement 16; A total of 79 stories were analyzed during the year and 16 reports had positively portrait disability and VAWG.

**2019-20 Annual Report:** Achievement 69: A total of 113 stories were analyzed during the year and 69 were found to report positively about disability and VAWG

In this evaluation, the engagement of media was reviewed. The priority was to promote improved reporting on disability and VAWG – portraying both in a more positive way, not blaming the victims or sensationalizing the situations. Training was provided to key media outlets on VAWG dynamics and good practices on portraying VAWG for 31 media practitioners. While in the baseline the media actors reported a good understanding of gender bias in reporting, the review of reporting initially showed that the actual portrayal of VAWG and disabilities was not positive. Over time this improved significantly.

Output 3.2: By the end of the project, the links between disability and VAWG service and response and sharing of good practice on women and girls with disabilities inclusion is improved.

**Output 3.2 Indicator: # of recommendations on produced or impacted for inclusive VAWG services in line with UN Women Essential Services Package, and commitments through CRPD, SDGs.**

Baseline	Target
# of recommendations on produced or impacted for inclusive VAWG services in line with UN Women Essential Services Package, and commitments through CRPD, SDGs.	2017-18: 1 2018-19: 3 2019-20: 2

Progress

**2017-18 Achievement 1:** Through TWGG-GBV working group, CWCC informed the GBV working group's secretariat to consider comments of CWCC's on the report of the Mid-term review of the 2<sup>nd</sup> NAPVAW which highlighted disability inclusion in the report.

**2018-19: Achievement 14:** A total of 14 recommendations were made. This included 5 recommendations for inclusive VAWG services provided to TWGG\_GBV to integrate into the Minimum Standard on Essential Services for VAWG survivors. A learning paper was produced in which observations emerging from project implementation has been recorded. There are 9 recommendations focused on reducing and inclusive service for

**VAWGWD: Practice with potential – making male offenders aware, in their home; Making referral system easier to use and understand.**

**2019-20: Achievement 17: Recommendations were submitted through GADNet to NAPVAW III development including (1) Capacity development to GBV Working Group on invisible violence. (2) Capacity development targeted village volunteer to address, identify, provide ongoing counselling, awareness raising. (3) Specify women and girls with disabilities, especially women with hearing, seeing, speaking, and communicating difficulties into marginalized group. Recommendations were made to the National Gender Equality Policy Development: 1. women and girls with disabilities, LGBTIQ into vision policy, 2. more clearer role of the CNCW to support GMAC, 3. Invest more on capacity development to CWCC focal point, 4. expand and strengthen the PWG-GBV & DWG-GBV to address the VAWAG, especially invisible violence.**

**In the end of project evaluation, relevant authorities at the national level at the Ministry of Women’s Affairs reported that the PWD project by CWCC had provided input to the development of the NAPVAW, and to the National Gender Equality Policy Development process. Both inputs had prioritized multi-sectoral coordination, and good practices in disability inclusion among other areas as described. It was also noted that CWCC and ADD provided input to research and reporting such as the Cambodia Gender Assessment.**

***Output 3.2 Indicator: # of publication / case studies with evidence related to prevention and access to services for women and girls including women and girls with disabilities shared in Technical Working Group on Gender’s Sub- committee on GBV and other forums /workshops.***

Baseline	Target
This indicator aims to measure progress made during the course of the project and is not a comparison to a baseline figure.	2017-18 3
	2018-19 5
	2018-20 4

**Progress**

**2017-18 Achievement 2: Two case studies were documented to be shared in TWGG\_GBV.**

**2018-19: Achievement 7: Five cases studies were produced. A Good practice paper on reducing VAWGWD in Cambodia was produced. A narrative report with list of recommendations used by ADD in influencing meetings with DAC, MoWA and women and persons with disabilities was produced and a technical report on disability inclusive written and used in professional capacity building to both ADD and CWCC Staff.**

**2019-20 Achievement 13: 3 case studies have developed to test the hypothesis reflect to the learnings are captured. 2 video production named “Count Them Too” and “Lost Voice” were finalized and disseminated; and 8 case studies were developed to reflect powerful learnings on intersectionality between disability and VAWG.**

**In this final evaluation, in KIIS with staff and MoWA it was reported that the case studies were used for learning internally and for influencing at the subnational level with PDoWA and PDoSVY. These provide real examples of successes and challenges in applying the existing minimum service standards. The videos and learnings were also used for 16 Day Campaign.**

Outcome three focused on ensuring that national policies, and government VAWG services had greater inclusion of women and girls with disabilities in mainstream VAWG prevention and support focused on journalist media, government officials such as duty bearers (decision-makers, policy makers and policy implementers).

*“The trainings build our capacity do work with people. We know keep better records than before.”*

Kampong Thom  
DBMSN

The PWD project focused on improving recordkeeping and practices at the subnational level. In project development and documented at the baseline of the project it was recognized that a gap was the lack of data available on women and girls with disabilities that are subject to VAWG. Through PWD’s capacity building efforts, it was reported that they had been provided training on the Referral Guidelines and all had some kind of recordkeeping systems building on application of these guidelines.

This evaluation found that recordkeeping systems were more developed in Kampong Thom province where there had been prior training and project implementation. However, all subnational government authorities interviewed reported that they were aware of the importance of inclusion and documentation of women and girls with disabilities that had been subject to VAWG.

*“The National Action Plan intends to promote inclusion of WAGWD at all levels”*

MoWA  
Phnom Penh

Another focus was influencing duty bearers at the national level. One of the approaches was engaging in advocacy for inclusion of women and girls with disabilities in relevant government action plans, policies, or any planning. PWD had a positive influence on the National Action Plan to Prevent Violence Against Women. During the development of this Plan, CWCC and ADD staff both engaged in the Technical Working Group on Gender GBV Committee (TWGG-GBV) general meetings for GBV coordination, in meetings to review the draft National Action Plan and provided input and recommendations generally and around inclusion of women and girls with disabilities. Key successes included participation of disability rights organizations at in national level GBV consultations, and inclusion of a priority for collection and disaggregation of data on women and girls with disabilities in the next monitoring plan of the National Action Plan to Prevent Violence Against Women.

This participation and advocacy resulted in women and girls with disabilities being mentioned in the new plan seven times. In KIIs with MoWA, and other stakeholders at the national level,

*“When violence against women is sensationalized in the media or women with disabilities are pitied it violates our rights”*

Woman with Disability

it was reported that CWCC and ADD were the leaders in understanding and promoting good practice in disability inclusion for women and girls with disabilities. PWD also had additional success in promoting gender equality and prevention of violence in the National Disability Strategic Plan. The National Disability Strategic Plan II expressed commitment to include disability into Commune Investment Plan and in implementation of Social and Accountability Framework.

At the subnational level, DBMSN’s members, Women’s Affairs and Social Affairs all noted the importance of raising up issues of disability inclusion and ensure that women and girls with disabilities were not subject to VAWG. One key area was a commitment to include DPOs in planning and service delivery. At the national level, MoWA has included women and girls with disabilities as one of its priority groups that have challenges in accessing services or have increased risk for violence, and as such reported that they seek technical advice from CWCC and ADD (among other NGOs) to ensure good practices in disability inclusion.

The media through journalists is another duty bearer that the project sought to influence. The project focused on print, television, and radio. The reality is that the media is a powerful actor in influencing public opinions and views. For this reasons PWD wanted to ensure that the media had a good understanding of VAWG and disability so they could help to challenge negative stereotypes.

In 2017 the Ministry of Women's Affairs in cooperation with the Ministry of Information developed a Code of Conduct for Reporting on VAWG. This was a new policy and did not include women and girls with disabilities. In the baseline it was found that generally media had a good understanding of gender equality. However, it was deemed important to address negative stereotypes. The project provided training to various media members, and then monitored the reporting.

Over time the positive reporting has increased. In KII's with media outlets, it was reported that while standards exist, it is difficult to understand and apply the learnings and the project helped to do that. The data reported in the annual reports showed that increasingly media content was less stereotypic and was more positive.

In conclusion, PWD was successful at influencing national policies and government VAWG services to have greater inclusion of women and girls with disabilities in mainstream GBV prevention and support strategies by the end of the project. This was accomplished through advocacy while participating in policy development processes and raising up issues of women and girls with disabilities for inclusion.

### Relevance

The Promoting Women's Dignity Project strategies and activities were deemed relevant to the situation and appropriate to the needs of women and girls including women and girls with disabilities.

In the project context, data about woman and girls subject to violence and women and girls with disabilities was described. A review of the current research and interviews in this evaluation demonstrate that the issues identified in the context in the proposal are still current, and that projects such as PWD have begun to address them and raise them as priorities to the national level. The project was 100 percent aligned with policy and the needs of women and girls, including women and girls with disabilities.

The project design of PWD brought together two strong organizations – ADD with specialization on rights of women and girls with disabilities and CWCC with specialization on rights and service provision to women subject to VAWG. Through this partnership, the skills and experience of each organization was able to strengthen the other. ADD was able to support the Self-Help Groups and DPOs to build their capacity to prevent and respond to VAWG. CWCC was able to improve their capacity for inclusive services and were able to advocate at with the DBMSNs, and the national level policy makers for disability inclusion for VAWG services. This resulted in a strong partnership that contributed to the relevance of the project. Both are now recognized as leaders in disability inclusion in VAWG prevention and response.

The Royal Government of Cambodia through the Ministry of Women's Affairs has prioritized the development of quality essential services. Women and girls subject to VAWG including women and girls with disabilities, have the right to access inclusive coordinated quality services. PWD's goals, and outcomes were relevant and continue to be so as they built understanding of rights focusing on duty bearers and rights holders, addressed negative social norms through the media and impacted long term policy through engagement at the national



and subnational level. This strategy supports the increased access to quality essential services as a priority of the government and international good practice. The PWD project promoted equitable access to services and rights as a core principle and strategy.

The project accomplished the outcomes and outputs, and it is clear that these were addressing the continuing situation for women and girls with disabilities and survivors of VAWG as these are now prioritized in the National Action Plan to Prevent Violence Against Women. The National Disability Strategic Plan II expressed commitment to include disability into Commune Investment Plan and Implementation of Social and Accountability Framework (I-SAF). Information on women and girls with disabilities has been shared across the country. Secretary General of Disability Action Council also raised this issue several times in its high-level coordination meetings.

Additionally, women and girls with disabilities are prioritized in MoWA's overall strategic plan, and the Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) program is promoting inclusion of women and girls with disabilities that have experienced violence. The project was successful, but it is still timely and relevant to the current situation. While successful, PWD was focused on a limited number of provinces therefore its goals and outcomes are relevant to future implementation in an expanded area.

For Outcome 1 the priority was to build reduce risk for violence by building of rights, increasing decision-making of women including women and girls with disabilities, and promoting more gender equitable norms in the community. The project demonstrated considerable success as is described in detail effectiveness section above. Overall, women and girls increasing their understanding of their rights, showing increased decision-making participation, and increased reporting and intervention of cases. This strategy of building understanding or rights and access to services and other protections is in line with the National Action Plans and fits with the Essential Services Program priorities in Cambodia.

For Outcome 2 the priority was to increase access to multi-sectoral services and response for survivors of VAWG including women and girls with disabilities through increased reporting, improved coordination and quality of services including intervention and referral to essential services, and the increased capacity of DPOS and Self-Help Groups to refer women and girls with disabilities for VAWG. As demonstrated in the effectiveness section above, there was considerable success with this outcome. The lack of understanding of rights prevents women and girls including women and girls with disabilities from seeking redress or supportive services when a violation is experienced, showing the relevance of the linkage of Outcomes 1 and 2. It was fully achieved.

Once again, the research, the government priorities through the National Action Plan to Prevent Violence against Women, and international good practice through the Essential Services Package for Women and Girls subject to Violence shows this strategy is relevant to the current context of Cambodia. The DBMSNs have been identified and prioritized as the multi-sectoral coordination mechanism through the TWGG-GBV and the National Action Plan to Prevent Violence against Women. Multi-sectoral coordination is a key priority for promoting quality essential services as identified in the Essential Services Package.

Increasing the capacity of the DBMSNs was accomplished in this project and was clearly a priority nationally (as in National Action Plan and donor funding). Increased cases responded to by the DBMSN's and their capacity to refer based on National Referral Guidelines was accomplished and continues to be a priority nationally to expand this to other provinces.

DPOs and Self-Help Groups are mechanisms that bring together women and girls with disabilities. Increasing the capacity of these mechanisms and their members to identify and

refer cases of VAWG promotes women and girls with disabilities access to essential services. And finally, the priority for increasing the DBMSN's and CWCC's capacity for inclusive services is clearly a good practice that can be expanded to other areas within the country.

For Outcome 3, the priority was to mainstream women and girls with disabilities into mainstream VAWG prevention and support strategies. There was considerable success in this outcome with seven formal commitments including the National Action Plan to Prevent Violence against Women including women and girls with disabilities as a priority. Also, in this outcome, at the subnational level, it was prioritized to improve data collection on women and girls with disabilities that are subject to VAWG. There was demonstrated success, and this priority was included in the new National Action Plan to Prevent Violence against Women.

An additional strategy in this Outcome was to improve the media reporting that promotes positive information on VAWG, disability rights to the public. This was also a success, as during the life of the project through media monitoring a distinct improvement in promoting positive information about VAWG and disabilities was noted. Once again, this is a priority of the Ministry of Women's Affairs and is priorities in the new National Action Plan to Prevent Violence against Women.

The project also documented cases studies, developed Good Practice Papers on reducing VAWG against women and girls with disabilities, and used those to build the capacity of ADD, and CWCC staff, and other service providers and government working to end violence against women. These impacted daily works and also were used in efforts such as 16 Day Campaign to End Violence Against Women.

The project was not required to make any adjustments based on the context, and the conclusion is the project is deemed very relevant to the current context of women and girls, including women and girls with disabilities along and in line with the priorities and policies of the Royal Government of Cambodia and international good practices identified in the Essential Services Package.

### Efficiency

In this evaluation, the project was deemed to efficiently and cost-effectively implemented. A review of the budget was conducted and expenditures in the reports. Overall, 100 percent of the activities were conducted as planned. If any delays occurred, they were slight and corrected quickly. All target groups achieved the results as planned.

The project was implemented jointly with CWCC as lead and ADD as co-applicant. The project partners reported to work well together, meeting regularly to plan activities, monitor progress and problem solve any challenges.

CWCC has financial controls in place that ensure that cost comparisons are made with purchases. The program team along with the finance team also discuss the best and most cost-effective way to carry out activities.

While a financial audit was not conducted, a review of the activity costs appeared reasonable in the context of Cambodia and cost norms in the country.

### Impact

To adequately measure impact of the project at this stage it is important to recognize that long-term impact cannot yet be measured. Impact is a measure as to what extend the project contributed to ending violence against women, gender equality and/or women's empowerment.

While the full results of the Outcomes are reported above, the evaluation found that in the target groups (Women’s Support Groups, Youth Groups and Self-Help Groups) 80 percent of the study participants showed a high understanding of positive gender equality and VAWG norms and attitudes. For women and girls with disabilities, 82 percent showed they had a higher understanding of positive gender equality and VAWG norms and attitudes. In the end of project evaluation, 100 percent of DBMSN they had increased understanding of rights-based approaches learned through trainings provided by the project.

The PWD project has impacted ending violence against women and girls in the target areas through a reported reduction in VAWG. Women and girls themselves reported in Self-Help Groups, in Women’s Support Groups and in individual interviews that they perceived a reduced risk of VAWG. This reduced risk was most reported to be of physical violence. Study participants reported that the most common type of violence they experienced now was emotional violence. This was described as yelling, or verbal fighting. While in all groups there was a reported reduction in physical violence in a few groups (primarily with women and girls with disabilities), violence including physical violence continued.

An impact of the PWD project was increase in understanding of rights of women. In all FGDs with Women’s Support Groups, Youth Groups, and Self-Help Groups, participants had clearer understanding of rights. They could name women’s rights easily. Participants also repeatedly reported that rights of women and men were equal. This was true for 100 percent of the woman and girls including women and girls with disabilities interviewed. Participants also demonstrated an increased understanding of how to realize those rights. They were able to talk about rights to report violence, rights to access services, and improved participation in decision-making.

Based on the understanding of their rights, an impact of the PWD project was an increased commitment to and practice of reporting VAWG when they witnessed or experienced it. Study participants also reported that it was important to report VAWG and not keep silent any longer. This is significant as it challenges the social norm in Cambodia that women should keep silent about abuse to “keep the family together”. Though significant progress was made, some women still held traditional beliefs (women should marry earlier, men have final decision-making power). While these were evident, it was very clear there was significant progress and increased understanding of rights and capacity to realize their rights.

An important impact was also that the duty bearers, were better equipped to respond to VAWG. They reported they know better how to do their jobs, and they are understanding about VAWG, they record cases of VAWG, and know to respond to women and girls with disabilities. This was important in the research in preparation for the project, it was identified that violence against women and girls with disabilities was not addressed. Through this project it has begun to be addressed.

Additionally, women and girls with disabilities, reported that they now were more respected in the community, and more included in activities and they had avenues to reports rights violations. In the words of one Self-Help Group member – “we are happy now that we know about rights and where to seek help”.

Through the PWD project duty bearers learned more about women and girls with disabilities and their responsibilities to protect their rights. They no longer ignored reports from women and girls with disabilities but responded to them when a case was reported.

At the national level, there were significant impacts as well. The rights of women and girls with disabilities, have been raised and included in policy and action planning. In implementation of policies, actions are considered for inclusion and accommodation.



All these impacts are expected in the project. They are intended consequences of the outcomes and activities. There were few reported unintended consequences. The project was a joint project by two organizations that had separate expertise on disability rights and responding to VAWG. Each of these brought their expertise to the project. For example, the women and girls with disabilities had already participated in Self-Help Groups and DPOs or other community activities, and learning about VAW, and how to respond was not their first participation. For the VAWG specialist, they also were already experts in VAWG but learned how to be more inclusive of women and girls with disabilities. This bringing together of two organizations with complementary strengths was a positive outcome and impact of the project.

One unexpected result was how welcome the skills building on disability inclusion was by the duty bearers. It was expected there would be some resistance, however the DBMSNs wanted the information and were happy to share their learnings. This showed that with the skills, the DBMSNs were able to promote more inclusive services, even though they still faced challenges with some types of disabilities.

In conclusion, women and girls including women and girls including those with disabilities know their rights and are better able to realize their life free of violence, through increased access to services, and improved capacity, and attitudes by duty bearers and community members. Importantly, however, these attitudes are deeply embedded in society and will require continued focus and attention for women and girls including women and girls with disabilities to realize their rights.

### Sustainability

While the full results are reported above the evaluation in the target groups (Women's Support Groups, Youth Groups and Self-Help Groups) 80 percent of the study participants showed a high understanding of positive gender equality and VAWG norms and attitudes. For women and girls with disabilities, 82 percent showed they had a higher understanding of positive gender equality and VAWG norms and attitudes. In the evaluation 100 percent of DBMSN reported they will continue beyond the life of the project.

The PWD project focused on institutionalization of these systems through its project design. The project aligned with the needs of women and girls with disabilities and women and girls subject to VAWG and the priorities of the Royal Government of Cambodia to address them. Building the capacities of existing mechanisms to carry out their jobs results in the project being sustainable.

DBMSN's are able to better recognize, provide service and refer in line with international and national good practices and policies. These capacities are improved, and the members will be able to continue to apply the learnings past the life of the project. DBMSN's believe they have the obligation to provide services to women and girls with disabilities.

Self-Help Groups and DPOs are better able to identify and refer women and girls with disabilities to essential services. Systems have been put in place and attitudes have been changed to ensure that members understand their rights and are able to report and access services and protections.

Women's Support Groups have increased capacity on VAWG, disability inclusion and are able to disseminate this information widely in the community.

All participants have increased recognized of women and girls with disabilities rights to services. women and girls with disabilities face less discrimination and feel included in community activities and have access to services. Also the images of women and girls with disabilities and VAWG are presented more respectfully promoting stereotypes less.

Carrying out the project in this way, building on existing mechanisms, strengthening their capacity will ensure the project continues to benefit the beneficiary groups after the project.

Applying national guidelines, building systems for recordkeeping, and linking service providers together improves accountability so that stakeholders can continue to realize their rights.

### Knowledge Generation

The PWD project applied knowledge on good practices in disability inclusion, and good practices in ending VAWG through application of essential services. The project generated 21 knowledge products as reported in Outcome 3. These are practices that can be applied and scaled up through the implementation of the National Action Plan to Prevent Violence against women.

Key learnings from the project:

- Community members, DBMSN members and others want to do the right thing – and provide support and value to women and girls with disabilities, they just did not have the capacity, or have inclusion as priority focus of their work. Strong attitudes prevailed prior to the project that it was ok to exclude women and girls with disabilities.
- It is challenging to fully promote inclusion of women and girls with disabilities particularly those with mental health issues or intellectually disabled persons. While duty bearers reported they wanted to provide services, they did not always have the capacity.
- Relevant authorities want to provide quality services, but lack the knowledge, resources and tools.
- Public services are challenging for women and girls with disabilities to access.
- Partnerships between two leading organizations with strong capacity in VAWG and women and girls with disabilities resulted in better results as each brought their experience to project implementation.

### Gender Equality and Human Rights

The full results are presented above. However, in the target groups (Women's Support Groups, Youth Groups and Self-Help Groups 80 percent of the study participants showed a high understanding of positive gender equality and VAWG norms and attitudes. This is increased from 50 percent at baseline. For women and girls with disabilities, 82 percent showed they had a higher understanding of positive gender equality and VAWG norms and attitudes. At baseline at least 50 percent had a low understanding, so this is a significant increase. And 100 percent of DBMSNs increased understanding of rights-based approaches.

The PWD project outcomes focused on promoting gender equality. In Outcome 1 the focus was to build knowledge and understanding of how to apply knowledge on women's human rights. The primary beneficiary groups were women and girls generally and women and girls with disabilities. The project demonstrated an increased understanding of knowledge and ability to access rights, particularly to decision-making, and reporting of VAWG. As was demonstrated in the earlier sections, the project demonstrated success.

Approaches that ensured promotion of gender equality were learning about rights, learning ways to realize them targeting both individual women, duty bearers and public opinion through a focus on secondary beneficiaries – Women's Support Groups, DBMSN's, Youth Groups, Journalists and DPOs, and Self-Help Groups. The strategy was to increase the understanding of all the groups on women's human rights, and work with them in their own roles to ensure that women could realize these rights. As a result, the overall project focused on gender

equality and human rights as an integral focus of the project, extensively incorporating this focus into all aspects of the project.

## Conclusions

### Overall

The PWD project was successful in achieving its overall goal, its outcomes and outputs. As a result of the PWD project, women and girls including women and girls including women and girls with disabilities have experienced less physical violence and are treated with greater respect than at the beginning of the project.

### Effectiveness

The PWD project was effective in carrying out its goals, outcomes and outputs. It met its indicators successfully and exceeded most of the indicators.

Women and girls including women and girls with disabilities increased their knowledge on their rights, and their understanding of these rights, and perceived a reduced risk of VAWG, especially physical violence.

Women's Support Groups, and Youth Groups are better able to share strong messages to the community against VAWG, that promote reduced violence in the community.

Duty bearers such as DBMSNs are better able to understand their roles and responsibilities, understand how to include women and girls with disabilities and to refer all survivors to essential services based on the relevant policies of the Royal Government of Cambodia.

Disabled People's Groups and Self-Help Groups are able to function better and are able to identify and refer women and girls including women and girls with disabilities subject to VAWG to essential services.

DBMSNs valued the coordinated way they were now working together as a shared expertise hub in response to VAWG and other issues happening in the community.

Women and girls community people know now how to approach a member of DBMSNs asking for assistance and referral when facing any issue in their community including VAWG for women and girls including women and girls with disabilities.

### Relevance

The PWD project is relevant to the current context of women and girls in Cambodia including women and girls with disabilities. The project design – partnering two strong organizations on disability rights and VAWG rights and services, resulted in a project that was highly relevant to both sectors.

This is evidenced by the National Action Plan on Violence Against Women and the Essential Services Package. The strategies employed in this project are aligned with these two policy documents.

The National Disability Strategic Plan II expressed commitment to include disability into Commune Investment Plan and Implementation of Social and Accountability Framework (I-SAF). Information on women and girls with disabilities has been shared across the country. Secretary General of Disability Action Council also raised this issue several times in its high-level coordination meetings.

PDOWA, the duty bearers and Women's Support Groups participated in the interview acknowledged that the project designed responded to the need of addressing and reducing

the violence in the community resulting from providing training to involved practitioners and commitments performing their work in the ground.

### Efficiency

While a full audit was not conducted, the budget was reviewed, financial policies, activity reports and observations at the project implementation level. The project appears to be fully implemented as efficiently as possible. Cost norms were in line with Cambodia, and CWCC and ADD have strong financial controls and procedures.

### Sustainability

While the project activities will cease at the end of the project, the learnings provided will be on-going. The project design accounted for continuation past the life of the project by using existing groups and applying government policy and good practice. While logically, continued project funds would support even better integration of the learnings, the capacity that has been built will change the lives of women and girls including women and girls with disabilities subject to violence – reducing violence in the target communities. The coordinated mechanism of DBMSNs is worthwhile that can be continuously practiced and shared the best practice to have it practiced in a nationwide.

### Impact

Women and girls including women and girls with disabilities know their rights and are better able to realize their life free of violence, through increased access to services, and improved attitudes including reporting through the media. Duty bearers are better able to respond to VAWG, including that experienced by women and girls with disabilities. Importantly, however, traditional attitudes that support VAWG and marginalize women and girls with disabilities are deeply embedded in society and will require continued focus and attention for women and girls including women and girls with disabilities to realize their rights.

### Knowledge Generation

The project demonstrated that women and girls with disabilities access to services can be improved. Community members, DBMSN members can provide inclusive services provided the knowledge and tools. Working together with two strong organizations with capacity in VAWG and women and girls with disabilities resulted in better results as each brought significant experience to the project and shared easily with each other.

### Gender Equality and Human Rights

The PWD focused on gender equality and human rights as an integral focus of the project, extensively incorporating this focus into all aspects of the project. The project promoted increased understanding of human rights of women with Self-Help Group Members, Women's Support Group Members, Youth Groups and the DBMSNs. Throughout the project defined VAWG as a violation of women's human rights and promoted that all woman and girls including woman and girls with disabilities had the right to access protections including essential services.

## Recommendations per Evaluation Criteria

Evaluation Criteria	Recommendations	Relevant Stakeholders (Recommendation made to whom)	Suggested timeline (if relevant)
<b>Overall</b>			
	<p>1. Expand the PWD model capacitating and empowering on VAWG and disability inclusion with Self-Help Groups, Youth Groups, Women’s Support Groups, Disabled People’s Organisations, and DBMSNs to other districts/ provinces as funding permits.</p> <p>The priority is to continue to support better understanding of the rights of women, including women and girls with disabilities, promoting access to essential services VAWG.</p> <p>This can be linked to dissemination of findings in Sustainability below.</p>	MoWA, ADD, CWCC	<p>As funds permit in line with the National Action Plan to Prevent Violence Against Women</p> <p>Consider promoting within ACCESS funding stream</p>
	<p>2. In line with the priority of the National Action Plan to Prevent Violence Against Women, provide capacity building associated with relevant minimum standards (Basic Counseling, Referral, Mediation, Disability Inclusion) to new members of commune councils as well as DBMSNs members aimed at strengthening their skills and capacity in providing better quality essential services</p>	ADD CWCC MoWA	<p>As funds permit in line with the National Action Plan to Prevent Violence Against Women</p>
<b>Effectiveness</b>	<p>3. Provide further opportunities and increased technical support for Women’s Support Groups, Self-Help Groups and Youth Groups</p>	ADD CWCC MoWA	<p>Immediately based on funding availability</p>

	to engage in income generation activities based on market assessments.		
	4. Conduct or research markets for suggested income generation activities		
	5. Disseminate best practices and provide technical support to DBMSNs or other service providers on disability inclusion particularly where they face challenges (types of disabilities)	ADD CWCC	Immediately
	6. Expand the DBMSNs to additional districts and build the capacity to provide quality inclusive essential services including for women and girls with disabilities providing training on relevant guidelines and minimum standards. (Linked to expand model above)	MoWA CWCC	As funds permit in line with the National Action Plan to Prevent Violence Against Women
<b>Relevance</b>	7. Monitor the implementation of the National Action Plan engaging in the process of setting up the system for monitoring with MoWA, the TWGG, GBV to ensure indicators are included and analyzed for women and girls with disabilities.	ADD CWCC	3 <sup>rd</sup> quarter 2020
	8. Explore the impact and relevant programming to end different types of violence or traditional harmful practices (early marriage) on different age groups of women and girls including women and girls with disabilities,	ADD CWCC	As funds permit for an assessment for a future project
<b>Efficiency</b>	9. No recommendations		
<b>Sustainability</b>	10. Disseminate the learnings from the project to MoWA, ACCESS, and other stakeholders, Share the lesson learnt and best practice from the project with partner NGOs and mainstream the best practice through workshop or public forum	ADD CWCC	Third quarter 2020 or When possible re: COVID 19

<b>Impact</b>	<p>11. Engage in prevention projects that address unequal and negative gender norms at all levels (individual, family, community, and societal) to ensure women’s access to their right to a life free of violence continues to be realized for all women including women and girls with disabilities.</p> <p>A particular focus on physical violence and emotional violence should be a priority</p>	ADD CWCC MoWA	ongoing
	<p>12. Provide opportunities for inclusion of women and girls with disabilities in policy analysis, development and participation in raising their voices by ensuring they participate in workshops, trainings, have roles on committees and working groups. Opportunities are the TWGG-GBV, GBV Working Groups, and Commune Council meetings – in addition to opportunities when specific policies are being developed</p>	ADD CWCC	On-going
<b>Knowledge Generation</b>	1. See Sustainability above		
<b>Gender Equality and Human Rights</b>	No recommendations		
<b>Others (if any)</b>			





## Annexes

### 1. Terms of Reference

## **Cambodian Women's Crisis Center (CWCC)**

### **Terms of Reference**

## **Evaluation of the Promoting Women's Dignity (PWD) Project**

### **1. Background and Context**

#### **1.1 Description of the project - PWD**

Violence Against Women is still critical in Cambodia due to the fact that women and girls are vulnerable to gender-based violence; women and girls with disabilities (women and girls with disabilities) face increased risks of violence and/or challenges accessing services and protections. Poor institutional capacity, lack of coordination in the response system, inequitable social norms, all limit access to protections and services for all women and women and girls with disabilities. Currently, VAWG services and responses that do exist are not inclusive of women and girls with disabilities and do not recognize their specific vulnerabilities or the additional discrimination and barriers they face.

To tackle these issues with support from UN Trust Fund, CWCC in partnership with ADD International has been implementing the project namely "Promoting Women's Dignity (PWD)". The PWD is a 3 - year project covering period from 01 March 2017 – 28 February 2020.

The project aims to reduce violence against women and girls, including those with disabilities. The project is working toward the changes in knowledge, attitudes and practices that promote violence against women and girls (VAWG) which would result in prevention of VAWG; and women and girls are empowered through rights knowledge, life skills and access to civil registration. The project learnings informed disability and VAWG inclusion policies and good practices at the national level.

Primary beneficiaries of the project are women and girls at risk of or experiencing VAWG including women and girls with disabilities who have been facilitated to access to multi-sectoral coordinated services. Secondary beneficiaries include Disabled People's Organisations, Self-Help Group Members, Youth Groups, Women's Groups, and DBMSN members and journalists.

#### **1.2 Project Objectives and Strategies**

The overarching strategy of Promoting Women's Dignity is to model disability inclusion in VAWG prevention, services and response for replication at scale. The outcomes that form the project theory of change will prevent VAWG through targeting change in social norms that promote VAWG and further disadvantage women and girls with disabilities, and will facilitate their access to inclusive services and ensuring a better coordinated response. The project promoted equality for woman and girls with disabilities and equitable access to services. The learnings from the project will be documented and communicated to policy makers to promote



scaling up of good practices and improved disability inclusion in minimum standards, policy development and implementation.

The Goal of the PWD Project is **women and girls living in Phnom Penh, Kampong Thom, Siem Reap, Kampong Speu and Svay Rieng provinces including women and girls with disabilities, are treated with greater respect and dignity and experience less VAWG by the end of the project.** Under the scope of this goal the project will work towards the achievement of the following specific outcomes:

**Outcome 1:**

Women and girls in Phnom Penh, Kampong Thom, Siem Reap, Kampong Speu and Svay Rieng provinces including women and girls with disabilities, take action themselves, to prevent VAWG, by the end of the project.

The indicator to verify this outcome is: # of women and girls including women and girls with disabilities perceiving a reduced risk of VAWG in the target area by the end of project.

**Outcome 2:** Inclusive access to legal and multi-sectoral services and response for survivors of VAWG including women and girls with disabilities is increased in Phnom Penh, Kampong Thom, Siem Reap, Kampong Speu and Svay Rieng provinces by the end of the project. This outcome is verified by the Indicator: # of cases and survivors of VAWG including women and girls with disabilities that access inclusive essential services.

**Outcome 3:** National policies and government VAWG services have greater inclusion of women and girls with disabilities in mainstream GBV prevention and support strategy by the end of the project. This outcome is verified by indicator: # of communes in target areas record VAW cases with disaggregated data of women and girls with disabilities into their recordkeeping system and # of formal commitments by the government or service providers to support inclusion of women and girls with disabilities in plans, budgets and monitoring (3rd NAPVAW, Neary Rattanak includes women and girls with disabilities, Disability Action Council includes include VAWG in its strategies).

Detailed Result Chain of the project are provided upon request.

The PWD project has been jointly implemented two organizations: CWCC is a lead organization and ADD International is implementing partner.

Since its inception in 1997, CWCC has been addressing intimate partner violence, sexual violence, and trafficking of women and girls. CWCC has three safe shelters for women and children victims of VAWG and each year serves 1,500 clients providing free psycho-social support, shelter, legal support, and economic empowerment. CWCC is recognized in Cambodia as the leader in promoting good practices in VAWG prevention and response. CWCC is one of a limited number of civil society organisations with formal membership on MoWA's Technical Working Group on Gender's subcommittee on Gender Based Violence which led the development of the National Action Plan to Prevent and Respond to Violence Against Women.

ADD International is recognized as a leader in disability rights in Cambodia. ADD International has recently piloted a small VAWG project in Cambodia working with volunteers as focal points to provide awareness, information and referral on VAWG to women and girls with disabilities. Through this, a village-based mechanism to support WGWD who are victims of violence has been tested and evaluated. Learning from this, project are being used to implement the PWD.

ADD International also has experience leading projects focused on women and girls with disabilities experiencing VAWG in several countries and has developed a discussion paper on approaches and is in the process of reflecting on these learning to improve practices.

CWCC and ADD International has been granted in the amount of **USD 999,736** to implement the PWD Project in one municipality and four provinces. This includes Phnom Penh Municipality (Reusey Keo, Chroy Changva Districts), Siem Reap (Pouk and Siem Reap Districts), Kampong Thom (Baray and Stoung Districts), Kampong Speu (Samrong Tong District), and Svay Rieng (Kampong Rou District).

To assess the impact of the PWD Project and to draw up lessons learned for future implementation an external consultant will be contracted to partner with project staff of CWCC and ADD International to conduct a project evaluation.

It is important to note that prior to project implementation, a base line survey was conducted to assess the situation of VAW including relevant supporting mechanism implementing in target area and also validate the project indicators. The report for the base line survey could be used as input for baseline information to assess project achievement and impact.

## **2. Purpose of the Evaluation**

The main purpose of the evaluation of the PWD Project is to assess the impact, how the project has achieved the above stated outcomes, as well as had any unintended impacts on EVAWG. The evaluation shall place emphasis on the current situation in regard to: violence against women including women and girls with disability, multi-sectoral response to VAW focusing on adequate enforcement of existing laws and regulations, provision of essential services that are inclusive of women and girls with disabilities, couple with behavior change addressing prevailing attitudes and acceptance of VAWG including women and girls with disabilities.

The result of the evaluation will be presented to stakeholders in target areas and the report will be shared with government particularly MoWA, National and International organizations working on Violence Against Women such UNWOMEN, UNFPA and ACCESS program of DFAT. Some findings and lessons learned may be used as input for the development of National Action Plan to Prevent Violence Against Women (NAPVAW) IV, and the development of National Guideline on Reintegration. And if the assumptions were made at the end of the project are relevant.

## **3. Evaluation Objectives and Scope**

### **3.1 Objectives of the Evaluation**

The main objectives of the evaluation are:

- a). To evaluate the entire 3 years of PWD project (01 March 2017- 28 February 2020) against the effectiveness, relevance, efficiency, sustainability and impact, as well as the cross-cutting gender equality and human rights

- b). To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning and scale up.

### 3. 2 Scope of the Evaluation

The Evaluator is required to lead the evaluation with support from CWCC's project staff. The evaluator will be responsible to design the evaluation covering the entire duration of the project (01 March 2017- 28 February 2020). Activities include literature review, visit target areas: Phnom Penh, Kampong Speu, Kampong Thom, Siem Reap and Svay Rieng provinces to conduct interviews with community members, duty bearers, disable people organisation (DPOs) and other people identified as having useful information to provide, organize a workshop to present results and prepare draft and final reports of the Evaluation. It is to note that the shall make concrete recommendations that help CWCC and ADD to move develop new plan of actions or project addressing critical issues related to Violence Against Women including advocacy. The Scope of the work for the consultant is summarized below:

- Review background documents provided by CWCC and conduct a literature review
- Consult with relevant CWCC's and ADD's staff to shape the Evaluation
- Consult with project staff, community and other relevant stakeholders to make a thorough assessment
- Develop inception report to be approved by Evaluation Management Team before conducting field assessment
- Conduct field assessment in at least 16 selected target villages in Phnom Penh, Kampong Speu, Svay Rieng, Kampong Thom and Siem Reap.
- Conducting a workshop to share findings of the Evaluation with all relevant CWCC staff and stakeholders and to receive input to develop final report
- Provide a draft report for comments
- Submit a final report

### 4. Evaluation Questions

To attain the above stated objectives the evaluation shall focus on the following questions:

- **Effectiveness:** to what extent were the intended project goal, outcomes and output achieved and how?

***Note:** In addressing this question the consultant shall assess the extent to which the project directly benefited the targeted beneficiaries. At project goal level this refers to primary beneficiaries (women and girls including women and girls with disability) an at outcome level, secondary beneficiaries (such as men and boys). Please include a table on the number of beneficiaries reached as an annex. Since the project has put an effort to influence government service providers for to greater inclusion women and girls with disabilities in GBV prevention and support strategy, please assess the extent to which the project was successful in advocating for that change and whether this is likely to positively benefit women and girls including women and girls with disabilities. In all cases please address whether the project achieved results in accordance with the expected theory of change or not.*

- **Relevance:** To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of target group: women and girls including women and girls with disability?

**Note:** In addressing this question please assess the extent to which the project strategies and activities were relevant and appropriate to the needs of women and girls and whether the project was able to adjust to any changes in the context and needs of the primary beneficiaries during the project implementation.

- **Efficiency:** To what extent was the project efficiently and cost-effectively implemented?

**Note:** In addressing this question, the consultant may wish to consider whether the activities were delivered on time and to budget and whether activities were designed to make best use of resources (e.g. were cost comparisons made between different intervention/activity types before decisions taken?). Also consider whether the project has been managed well to make best use of human and financial resources.

- **Sustainability:** To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?

**Note:** In addressing this question, the consultant needs to assess the likelihood for sustainability (given that the evaluation is conducted at the end of the project when longer-term sustainability cannot yet be assessed). For example, what steps have been taken to institutionalize the project, build capacity of stakeholders or secure benefits for rights holders through accountability and oversight systems?

- **Impact:** To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?

**Note:** In addressing this question, you may have to repeat some evidence and analysis from question one on effectiveness, however this question should specifically identify any changes in the situation for women and girls in relation to specific forms of violence and look at both intended and unintended change for both women and girls targeted by the project and those not (if feasible).

- **Knowledge generation:** To what extent has the project generated knowledge, promising emerging practices in the field of EVAWG that should be documented and shared with other practitioners?

**Note:** In addressing this question, it must be clear that the knowledge generated is new, innovative, builds on evidence from other projects or has potential for replication or scale up in other projects or contexts. It should not include generic lessons or knowledge that has already been frequently documented in this context.

- **Gender Equality and Human Rights:** Cross Cutting Criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.

**Note:** *Practically this could mean: incorporating an assessment of human rights and gender responsiveness throughout the evaluation questions above - if not obvious; ensuring the evaluation approach and methods of data collection are gender responsive (e.g. women and girls must feel safe to share information); specify that the evaluation data must be disaggregated by sex and other social criteria of importance to the project's subject.*

## 5. Methodology

The Evaluation shall be conducted by using participatory methods in order to take into account the views of those who are most familiar with CWCC project and to ensure active involvement of all stakeholders.

The Evaluation is an opportunity for target communities and other stakeholders to learn about the project impact. The Evaluation is considered a shared activity with communities and relevant stakeholders, therefore systems to build ownership on the findings and disseminate the findings and conclusions with all stakeholders, including community members should be identified and agreed in the Evaluation planning.

CWCC will provide the necessary documents related to the evaluation such as base line report, 6 monthly/annual progress report and handle all arrangement related to the consultancy.

## 6. Evaluation ethics

Fundamental principles of ethical research must be adhered to, for example, transparency, cost-effectiveness, accountability and collaboration with beneficiaries. Ethical practices expected of the External Consultant include: confidentiality of data, anonymity of responses, informed consent for participation in the study and for photographs, Child protection/child friendly interview and respectful communication.

In this regard the consultant shall put in place specific safeguards and protocols to protect the safety (both physical and psychological) of respondents and those collecting the data as well as to prevent harm. This must ensure the rights of the individual are protected and participation in the evaluation does not result in further violation of their rights. The consultant must have a plan in place to:

- Protect the rights of respondents, including privacy and confidentiality;
- Elaborate on how informed consent will be obtained and to ensure that the names of individuals consulted during data collection will not be made public;
- If the interview involves children (under 18 years old\*) the consultant must consider additional risks and need for parental consent;

- The consultant must be trained in collecting sensitive information and specifically data relating to violence against women and select develop questionnaires based on these issues.
- Data collection tools must be designed in a way that is culturally appropriate and does not create distress for respondents;
- Data collection visits should be organized at the appropriate time and place to minimize risk to respondents;
- The interviewer or data collector must be able to provide information on how individuals in situations of risk can seek support (referrals to organizations that can provided counselling support, for example)

## 7. Key deliverables of evaluators and timeframe

The time frame for the evaluation is 30 days within 5 months from 01 December 2019 to 30 April 2020.

### Key Deliverable

No.	Deliverable	Deadlines of Submission to UN Trust Fund M&E Team	Deadline
1	Evaluation Inception Report	The inception report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund's review and approval.	By 10 February 2020  Final approval 18 February  Feb 21 – get comments and update it  Shall be finished approved by 28 February
2	Draft Evaluation Report	The Draft Report needs to meet the minimum requirements and structure specified in the guidelines for UN Trust Fund's review.	13 March Desk Research  Field Work in March – by end of March  27 March Draft report  End of April

3	Final Evaluation Report	The Final Report needs to meet the minimum requirements and structure specified in the guideline for UN Trust Fund's review and approval.	
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## 8. Evaluation team composition and required competencies of Evaluators

### 8.1 Evaluation Team Composition and Roles and Responsibilities

The evaluation will be conducted by an external consultant (either national or international) who will be supervised by the Evaluation Task Manager, Evaluation Management Team and External Stakeholder Reference Group.

- **External consultant who lead the Evaluation** Carry out the evaluation based on agreed activities, facilitate a participatory evaluation processes, including designing questionnaire, conducting data collection, analysis and findings, lead the dissemination workshop, discussions and writing of the draft and then final Evaluation Report.
- **Evaluation Task Manager**  
CWCC's Executive Director and ADD Country Director will play role as Evaluation Task Manager who leads the overall management of the evaluation process and supervise the evaluator to ensure that the evaluation meets the standards required by UNTF. The task manager will also review, share comments and the inception and evaluation reports.
- **Evaluation Management Team**  
The Evaluation Management team consists of 8 members including:
  - CWCC's M & E Coordinator
  - ADD MEL manager
  - CWCC's Project officer for Community Organizing in Phnom Penh
  - CWCC's lawyer/legal staff in Kampong Thom
  - CWCC's Project officer for reintegration in Siem Reap
  - ADD's Project Manager for community work in Pouk of Siem Reap and Baray of Kampong Thom.
  - DPOs Leaders in Samrongtong of Kampong Speu and in Kampong Ro of Svay Rieng

The evaluation Management Team is playing a key role as coordinator/supporter. The team will coordinate all logistic arrangements and facilitate access to beneficiaries and key informants including local government in project areas as required by the evaluator. The group will oversight the evaluation process to avoid any conflict of interest or possible biases.

- **External Stakeholder Reference Group**  
The external stakeholder group consists of 5 members: UNTF focal point, UNWOMEN in Cambodia, GADC – an NGO working on Gender, CDPO – an NGO working on Disability and 2 NGOs working on Violence Against Women.

The Stakeholder Reference Group will provide contextual and technical expertise on violence against women. They may be interviewed by the Evaluator as key informants. The Stakeholder Reference group will review and comment on the inception and evaluation report.

## **8.2 Required Competencies of the Evaluator**

The consultant/evaluator either national or international shall have the following qualification:

- Degree in Social Science/Local/Regional development
- Experiences in conducting studies or research
- Experiences in applying participatory research methods with a wide-range of approaches
- Evaluation experience at least 5 years in conducting external evaluations, with mixed-methods evaluation skills and having flexibility in using non-traditional and innovative evaluation methods
- Expertise in gender and human-rights based approaches to evaluation and issues of violence against women and girls
- Experience with program design and theory of change, gender-responsive evaluation, participatory approaches and stakeholder engagement
- Specific evaluation experiences in the areas of ending violence against women and girls
- Experience in collecting and analysing quantitative and qualitative data as well as data visualization
- In-depth knowledge of gender equality and women's empowerment
- A strong commitment to delivering timely and high-quality results, i.e. credible evaluation and its report that can be used
- A strong team leadership and management track record, as well as interpersonal and communication skills to help ensure that the evaluation is understood and used.
- Good communication skills and ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts
- Regional/Country experience and knowledge: in-depth knowledge of gender based violence within the Cambodian context is required.
- Language proficiency: fluency in English is mandatory; good command of Khmer language is desirable.

## **9. Management Arrangement of the evaluation**

To ensure the evaluation process run smoothly and effectively, the Evaluator will work hand in hand with the evaluation team: Evaluation Task Manager, Evaluation Management Team and Stakeholder Reference Group. The arrangement are as follows:

### **The Evaluation Task Manager**

The Evaluation Task Manager plays a key role in managing the evaluation including role in communicating with UNTF focal point, ensuring compliance with UNTF evaluation guideline developing TORs, recruitment of consultant/evaluator, provide orientation to the evaluator, coordinate with Evaluation Management Team, Stakeholder Reference Group and UNT Trust



Fund to comment/feedback on the inception and evaluation report and review and approve these reports

### The Evaluation Management Team

Under management of Evaluation Task Manager, the evaluation management team assist the evaluator in conducting field work including administrative and logistic arrangement, contacting beneficiaries and key informants for interview and other related work as required by the evaluator.

### External Stakeholders Reference Group

With the coordination of Evaluation Task Manager, the Stakeholders Reference group will be engaged in the evaluation by reviewing and providing feedback on the Inception and Evaluation Reports. Hence, the group will provide input for final approval of both reports.

### 10. Timeline for the entire evaluation process

Timeline and responsible groups are presented in the below table.

Stage of Evaluation	Key Task	Responsible	Number of working days required	Timeframe
Inception stage	Briefings of evaluators to orient the evaluators	Evaluation Task Manager	10 working days	3rd week of January 2020
	Desk review of key documents	Evaluator/s		3rd week of January 2020
	Finalizing the evaluation design and methods	Evaluator/s		4 <sup>th</sup> week of January 2020
	Submit draft <b>Inception report</b>	Evaluator/s		By 24 <sup>th</sup> January 2020
	Review <b>Inception Report</b> and provide feedback	Evaluation Task Manager, Stakeholder Group and UNTF	5 working days	By 31 <sup>st</sup> January 2020
	Incorporating comments and revising the <b>inception report</b>	Evaluator/s	4 working days	By 6 <sup>th</sup> February 2020
	Submitting final version of <b>inception report</b>	Evaluator/s		
	Review final <b>Inception Report</b> and approve	Evaluation Task Manager, Stakeholder Group and UNTF	5 working days	By 13 February 2020

<b>Data collection and analysis stage</b>	Desk research	Evaluator/s	<b>10 working days</b>	By 27 February 2020
	In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.)	Evaluator/s	<b>Over 4-6 weeks (depending on travel)</b>	By 2 <sup>nd</sup> week of April 2020
<b>Synthesis and reporting stage</b>	Analysis and interpretation of findings	Evaluator/s	<b>4 weeks</b>	By 2 <sup>nd</sup> Week of May 2020
	Preparing a <b>first draft report</b>	Evaluator/s		
	Review of the draft report with key stakeholders for quality assurance	Evaluation Task Manager, Stakeholder Group and UNTF	<b>10 working days</b>	By 23 May 2020
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Evaluation Task Manger		
	Incorporating comments and preparing <b>second draft evaluation report</b>	Evaluators	<b>2 weeks</b>	By 1 <sup>st</sup> Week of June 2020
	Final review and approval of report	Evaluation Task Manager, Stakeholder Group and UNTF	<b>5 working days</b>	By 2 <sup>nd</sup> Week of June 2020
	Final edits and submission of the <b>final report</b>	Evaluator/s	<b>4 working days</b>	By 3 <sup>rd</sup> Week of June 2020

## 11. Report Coverage and Formats

As per requirement of UN Trust Fund the evaluator shall develop and submit two type of reports: inception report and Evaluation Report. The Reports must be provided in English covering the aspects as stated in the following annexes:

- Annex A: Inception Report Structure
- Annex B: Evaluation Matrix Template
- Annex C: Evaluation Report Structure
- Annex D: Beneficiary Data Template
- Annex E: Methodology Template
- Annex F: Findings Template
- Annex G: Conclusions Template
- Annex H: Recommendations Template

## 12. Accountability

The Evaluator will be accountable to the Evaluation Task Manager and UNTF project portfolio manager who is responsible for approval of the final draft of the Inception and Evaluation Report. The Evaluator is expected to discharge the agreed duties in a timely manner and with the highest degree of professionalism and integrity. The Evaluator will deal with all

CWCC/ADD project documents and reports and with the CWCC and ADD staff in mutual respect manner and will exercise confidentiality regarding any conversations, meetings, written documents and reports.

### 13. Fees

negotiable

### 14. How to apply

Focusing on participatory method the interested consultant shall submit evaluation proposal that cover the following aspects:

1. Proposed evaluation design
2. Data sources
3. Proposed data collection methods and analysis
4. Proposed sampling methods
5. Field visits
6. Level of stakeholder engagement
7. Proposed consultancy fee
8. A CV detailing previous experience
9. A sample of a Project Evaluation Report which was recently drafted
10. Contact details of two referees

The proposal must be submitted by 3<sup>rd</sup> of January 2020. No late proposals will be considered.

Submit proposals to: **Ms Eang Ravuthea**

Human Resource Manager

Cambodian Women's Crisis Center

#13C, St.331, Sngkat Boeung Kak II,

Khan Toul Kok, Phnom Penh. P.O Box 242 & CCC Box 356.

For more information, please contact:

**Ms Pok Panhavichetr** at:

Tel:(

Mobile: (

**Ms Thak Socheat** at:

Tel:(

Mobile: (

## Annex A: Inception Report Structure

This is a template for the evaluator/s to complete that can be used as a guide, and therefore should be adjusted as appropriate. All text in *blue italics* serve as instructions to inform the evaluator/s of the requirements for each section and subsection of the inception report, and for Evaluation Task Managers to reference as they review deliverables from the evaluator(s). All sections that require mandatory text to adhere to the mandatory UN Trust Fund guidelines are highlighted in yellow.

<b><u>Inception Report Out line</u></b>	
<b>I.</b>	<b>Introduction:</b> <ul style="list-style-type: none"><li>• Background and context of the project</li><li>• Description of the project (including theory of change and the results chain – project goal, outcomes and outputs)</li><li>• Purpose, objectives and scope of the evaluation</li><li>• Evaluation criteria and key questions (including – but not limited to – the mandatory questions requested by the UN Trust Fund in Table 2)</li></ul>
<b>II.</b>	<b>Methodology</b> <ul style="list-style-type: none"><li>• Evaluation design, including:<ul style="list-style-type: none"><li><input type="checkbox"/> Description of overall design</li><li><input type="checkbox"/> Data sources</li><li><input type="checkbox"/> Method of data collection and analysis</li><li><input type="checkbox"/> Sample and sampling design</li><li><input type="checkbox"/> Limitations of the methodology and how these will be addressed</li></ul></li></ul>
<b>III.</b>	<b>Safety and ethical considerations and protocols to be put in place</b>
<b>IV.</b>	<b>Workplan including roles and responsibilities</b> <ul style="list-style-type: none"><li>• A work plan with associated activities, deliverables, timeline, roles and responsibilities, as well as travel and logistical arrangements.</li></ul>
<b>V.</b>	<b>Annexes</b> <ul style="list-style-type: none"><li>• <b>Evaluation Matrix</b> (this matrix summarizes the key aspects of the evaluation exercise by specifying what will be evaluated and how and the key indicators the evaluator/s will use to measure results – see template <i>Annex B in the UNTF guidelines</i>).</li><li>• Data collection instruments (questionnaires and interview guides, etc., including ethical and safety protocols such as consent forms)</li><li>• List of documents consulted</li><li>• List of stakeholders/partners to be consulted</li><li>• Draft outline of final report (<i>Annex C in the UNTF guidelines</i>).</li></ul>

### Section I: Introduction

#### 1. Background and Context of the Project

*This section should specify what is being evaluated—specifically, identifying the critical social, economic, political, geographic and demographic factors within which the project operates and has a direct bearing on the evaluation.*

## **2. Description of Project**

*This section should provide details on the evaluation object. This includes: name of the project organization; project duration; project start date and end date; current project implementation status; description of the specific forms of violence addressed by the project; main objectives of the project; description and graphic representation of targeted primary and secondary beneficiaries; theory of change (or results chain) of the project; total resource allocation; and key partners.*

## **3. Purpose of Evaluation**

*This section should explain why the evaluation is being conducted, who will use or act on the evaluation results and how they will use or act on these results. The purpose should also include some background and justification for why the evaluation is needed at this time.*

## **4. Evaluation Objectives and Scope**

*Drawn directly from the TOR and to include the mandatory objectives, this section defines the parameters and focus of the evaluation. It includes the aspects of the intervention to be covered by the evaluation—specifically, the timeframe, implementation phase, geographic area and target primary and secondary beneficiaries as well as broader stakeholders. In addition, this section specifies the main objectives that the evaluation must achieve. Meaning, it is linked directly to the key questions of the evaluation so that users will have the information they need for pending decisions or actions.*

## **5. Description of evaluation team**

*This section should introduce each evaluation team member and include a brief description of their role and responsibilities.*

## **6. Final version of Evaluation Questions with evaluation criteria**

*This section should include an explanation of the evaluation criteria used for key evaluation questions and a listing of the final questions. This must include the mandatory questions in the TORs. It should also include a narrative explanation for any questions which have been added, removed or reframed.*

## **Section II: Methodology**

### **7. Evaluation Design and Methodology**

*This section must describe, in detail, the overall approach and method for conducting the evaluation. It presents the data sources and tools that are most appropriate and feasible to meet the evaluation purpose and objectives and answer the evaluation questions. It also addresses the evaluation's limitations.*

**Required subsections include:**

### **7.1. Overall evaluation design**

*At a minimum, this subsection must specify the overall evaluation design such as: 1) post-test only without comparison group; 2) pre-test and post-test without comparison group; 3) pre-test and post-test with comparison group; or 4) randomized control trial.*

### **7.2. Data sources**

*This subsection must specify what information and documents the evaluation will draw on and how it will be accessed.*

### **7.3. Data collection methods and analysis**

*This subsection must describe the level of precision required for quantitative methods; value scales or coding used for qualitative analysis; and the level of stakeholder participation throughout evaluation process.*

### **7.4. Sampling framework**

*This subsection must describe the area and population (number of people in the project target area) to be represented; rationale for selection; mechanics of selection; and the limitations to the sample. When applicable, it should also reference indicators and benchmarks (previous indicators, national statistics, human rights treaties, gender statistics, etc.)*

### **7.5. Limitations of the methodology**

*This section must articulate the boundaries of the evaluation methodology—detailing any constraints or any information needs which may not be met based on methodological choices.*

## **Section III: Safety and ethical considerations and protocols to be put in place**

*This section should set out the specific steps the evaluator/s will take to ensure that the evaluation will be conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation' in accordance with the requirements set out in the TOR, It must include explicit language and protocol to protect the safety and security of participants as well as the evaluation team; process for obtaining informed consent; and resources and referrals for participants who might need them.*

## **8. Work plan**

*This section should include the specific timeline and deliverables to be submitted by the evaluator(s) through the submission of the finalized report.*

## **9. Annexes**

*This section should include the following attachments to the main body of the inception report.*

- **Evaluation Matrix** (this matrix summarizes the key aspects of the evaluation exercise by specifying what will be evaluated and how and the key indicators the evaluator/s will use to measure results – see below).
- **Data collection instruments** (questionnaires and interview guides, etc., including ethical and safety protocols such as consent forms)
- **List of documents consulted**
- **List of stakeholders/partners to be consulted**
- **Draft outline of final report** (see the template below at annex D).



**Note:** Much of the content in the background sections of the inception report has been specified in the TOR. Therefore, the commissioning organization should review to ensure that the evaluator(s) share the same understanding about the evaluation object and the purpose of the exercise. The contracted evaluator(s) may add additional sections to their inception report; however, the required sections and annexes specified in this guideline must be included.



## Annex B: Evaluation Matrix Template

The evaluation matrix is a key tool for the evaluator/s that elaborates how the evaluation questions will be answered through the evaluation methods. This **must** be completed by the evaluator/s and annexed to both the inception report and evaluation report. **It must include the mandatory UN Trust Fund evaluation criteria and questions stated in the TOR.** The indicators to measure the evaluation questions *should include some of the project's own indicators from the Results and Resources Framework* and make use of the end line / final project reports prepared by the grantee organization.

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data Collection Methods
<b>Effectiveness</b>	To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?	<i>To be completed by the evaluator/s</i>	<i>To be completed by the evaluator/s</i>
<b>Relevance</b>	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?	<i>To be completed by the evaluator/s</i>	<i>To be completed by the evaluator/s</i>
<b>Efficiency</b>	To what extent was the project efficiently and cost-effectively implemented?	<i>To be completed by the evaluator/s</i>	<i>To be completed by the evaluator/s</i>
<b>Sustainability</b>	To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?	<i>To be completed by the evaluator/s</i>	<i>To be completed by the evaluator/s</i>
<b>Impact</b>	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?	<i>To be completed by the evaluator/s</i>	<i>To be completed by the evaluator/s</i>
<b>Knowledge generation</b>	To what extent has the project generated knowledge, promising or emerging practices in the field of EAWG that should be documented and shared with other practitioners?	<i>To be completed by the evaluator/s</i>	<i>To be completed by the evaluator/s</i>

<b>Gender Equality and Human Rights</b>	Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.	<i>To be completed by the evaluator/s</i>	<i>To be completed by the evaluator/s</i>
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## Annex C: Evaluation Report Structure

This is a template for the evaluator/s to complete that can be used to structure the final evaluation report. Evaluator(s) may add additional sections to the evaluation report as they wish. All text in *blue italics* is provided as instructions explain each section and to inform contracted evaluator/s of UN Trust Fund requirements for each section and subsection, and for evaluation task managers to reference as they review deliverables.

### Box 8: Final Project Evaluation Report Outline

- I. Title and opening pages**
  - Title page (with key project information)
  - Table of contents
  - List of acronyms and abbreviations
- II. Context and description of the project**
- III. Evaluation purpose, objectives and scope**
  - Evaluation criteria and key questions (including – but not limited to – the mandatory questions requested by the UN Trust Fund)
- IV. Evaluation methodology (see suggested template)**
  - Description of overall design
  - Data sources
  - Description of data collection methods and analysis
  - Description of sample and sampling design
  - Limitations
- V. Safety and ethical considerations and protocols put in place**
- VI. Findings with analysis per evaluation question (see suggested template)**
- VII. Conclusions per evaluation criteria (see suggested template)**
- VIII. Recommendations per evaluation criteria (see suggested template)**
- IX. Annexes:**
  - Terms of reference
  - Evaluation matrix
  - Beneficiary data sheet
  - Data collection instruments and protocols
  - List of stakeholders interviewed or consulted (without direct reference to individuals unless consent has been given)
  - List of documents reviewed

## Evaluation Report Structure with detailed instruction

### 1. Title and cover page

- Name of the project
- Locations of the evaluation conducted (country, region)

- Period of the project covered by the evaluation (month/year – month/year)
- Date of the final evaluation report (month/year)
- Name and organization of the evaluators
- Name of the organization(s) that commissioned the evaluation
- Logo of the grantee and of the UN Trust Fund

## 2. Table of Content

## 3. List of acronyms and abbreviations

## 4. Executive summary

*A standalone synopsis of the substantive elements of the evaluation report that provides a reader with a clear understanding of what was found and recommended and what has been learnt from the evaluation. It includes:*

- Brief description of the context and the project being evaluated;
- Purpose and objectives of evaluation;
- Intended audience;
- Short description of methodology, including rationale for choice of methodology, data sources used, data collection & analysis methods used, and major limitations;
- Most important findings with concrete evidence and conclusions; and
- Key recommendations.

## 5. Context of the project

- Description of critical social, economic, political, geographic and demographic factors within which the project operated.
- An explanation of how social, political, demographic and/or institutional context contributes to the utility and accuracy of the evaluation.

## 6. Description of the project

*The project being evaluated needs to be clearly described. Project information includes:*

- Project duration, project start date and end date
- Description of the specific forms of violence addressed by the project
- Main objectives of the project
- Importance, scope and scale of the project, including geographic coverage
- Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities
- Key assumptions of the project
- Description of targeted primary and secondary beneficiaries as well as key implementing partners and stakeholders
- Budget and expenditure of the project

## 7. Purpose of the evaluation

- Why the evaluation is being done
- How the results of the evaluation will be used
- What decisions will be taken after the evaluation is completed
- The context of the evaluation is described to provide an understanding of the setting in which the evaluation took place

## **8. Evaluation objectives and scope**

- A clear explanation of the objectives and scope of the evaluation.
- Key challenges and limits of the evaluation are acknowledged and described.

## **9. Evaluation Team**

- Brief description of evaluation team
- Brief description of each member's roles and responsibilities in the evaluation
- Brief description of work plan of evaluation team with the specific timeline and deliverables

## **10. Evaluation Questions**

- The original evaluation questions from the evaluation TOR are listed and explained, as well as those that were added during the evaluation (if any).
- A brief explanation of the evaluation criteria used (e.g. relevance, efficiency, effectiveness, sustainability and impact) is provided.

## **11. Evaluation Methodology**

*Methodology needs to be clearly described with rationale for choices made explicit. See Annex G for optional template. This section must include:*

- Description of overall design
- Data sources
- Description of data collection methods and analysis
- Description of sampling
- Description of ethical considerations in the evaluation
- Limitations of the evaluation

## **12. Findings and Analysis per Evaluation Question**

*Findings and analysis must provide direct answer to each evaluation question with conclusive statements, sound analysis and concrete evidence to substantiate findings. See Annex H for optional template.*

## **13. Conclusions**

*Conclusions must be presented with clear logic and correlation to findings. See Annex G for mandatory template.*

## **14. Recommendations**

*Recommendations must be provided with clear actionable steps to be taken within specific timeframe. Evaluator(s) are strongly encouraged to add additional paragraphs/sub-sections in narrative format to elaborate on the rationale for recommendations made. See Annex H for mandatory template.*

## **15. Annexes**

*The following annexes must be submitted to the UN Trust Fund as attachments to both the draft and final report. They should be compiled and merged with the main report, and not sent as separate files.*

- **Final Version of Terms of Reference (TOR) of the evaluation**
- **Evaluation Matrix.** *This should be submitted complete with indicators, data sources and data collection methods per evaluation question. See Annex E for the template.*
- **Beneficiary Data Sheet.** *This should provide the total number of beneficiaries reached by the project as assessed by the evaluator/s. See Annex D for the template.*
- **Additional methodology-related documentation** *This should present data collection instruments including questionnaires, interview guide(s), observation protocols, informed consent statements, etc. And safety and ethical protocols.*
- **Lists of persons and institutions interviewed or consulted and sites visited**  
*As appropriate, specification of the names of individuals interviewed should be limited to ensure confidentiality in the report. Please provide the names of institutions or organizations that they represent.*
- **List of supporting documents reviewed**



## Annex D: Beneficiary Data Template

The beneficiary data sheet is a key tool for the evaluation which quantifies the individuals who directly benefited from the project (primary), as well as those individuals the project worked with to change the lives of the primary beneficiaries (secondary). This **must** be annexed to the evaluation report. Further guidance is available for evaluator/s on request. If it is not possible to collect or reliably provide this data, the evaluator/s should explain in the report.

### TOTAL BENEFICIARIES REACHED BY THE PROJECT

Type of Primary Beneficiary	Number
Female domestic workers	
Female migrant workers	
Female political activists/ human rights defenders	
Female sex workers	
Female refugees/ internally displaced asylum seekers	
Indigenous women/ from ethnic groups	
Lesbian, bisexual, transgender	
Women/ girls with disabilities	
Women/ girls living with HIV/AIDS	
Women/ girls survivors of violence	
Women prisoners	
Women and girls in general	
Other (Specify here:)	
<b>TOTAL PRIMARY BENEFICIARIES REACHED</b>	-
Type of Secondary Beneficiary	Number
Members of Civil Society Organizations	
Members of Community Based Organizations	
Members of Faith Based Organizations	
Education Professionals (i.e. teachers, educators)	
Government Officials (i.e. decision makers, policy implementers)	
Health Professionals (doctors, nurses, medical practitioners)	
Journalists / Media	
Legal Officers (i.e. Lawyers, prosecutors, judges)	
Men and/ or boys	
Parliamentarians	
Private sector employers	
Social/ welfare workers	
Uniformed personnel (i.e. Police, military, peace keeping)	
Other (Specify here:)	
<b>TOTAL SECONDARY BENEFICIARIES</b>	
Indirect beneficiaries reached	Number
Other (total only)	
<b>GRAND TOTAL</b>	

## Annex E: Methodology Template

The methodology template is a key tool for describing the distinct components of the methodological approach the evaluator/s should ensure all elements are included in the Inception Report and the Draft and Final Evaluation Report.

Sub-sections	Inputs by the evaluator(s)
<b>Description of evaluation design</b>	<i>Please specify if the evaluation was conducted by one of the following designs: 1) post-test<sup>3</sup> only without comparison group; 2) pre-test and post-test without comparison group; 3) pre-test and post-test with comparison group; or 4) randomized control trial.</i>
<b>Data sources</b>	<i>This must be coherent with the evaluation matrix (Annex D)</i>
<b>Description of data collection methods and analysis</b> (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis; level of participation of stakeholders through evaluation process, etc.)	<i>This must be coherent with the evaluation matrix (Annex D)</i>
<b>Description of sampling</b> <ul style="list-style-type: none"> <li>• Area and population to be represented</li> <li>• Rationale for selection</li> <li>• Mechanics of selection limitations to sample</li> <li>• Reference indicators and benchmarks/baseline, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.)</li> </ul>	
<b>Limitations of the evaluation methodology used</b>	

<sup>3</sup> "Test" means project/intervention in this context.

## Annex F: Findings Template

The findings template may be used to provide direct answer to each evaluation question in the Final Evaluation Report with analysis and concrete evidence. This is an optional template.

<b>Evaluation Criteria</b>	<b>Effectiveness</b>
<b>Evaluation Question 1</b>	To what extent were the intended project goal, outcomes and outputs achieved and how?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	
<b>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b>	
<b>Conclusions</b>	

<b>Evaluation Criteria</b>	<b>Relevance</b>
<b>Evaluation Question 2</b>	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	
<b>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b>	
<b>Conclusions</b>	

## Annex G: Conclusions Template

This template should be used to provide conclusive statements organized per evaluation criteria, in addition to those for overall conclusions. Evaluator(s) may add additional paragraphs/sub-sections in narrative format as needed.

<b>Evaluation Criteria</b>	<b>Conclusions</b>
<b>Overall</b>	
<b>Effectiveness</b>	
<b>Relevance</b>	
<b>Efficiency</b>	
<b>Sustainability</b>	
<b>Impact</b>	
<b>Knowledge Generation</b>	
<b>Gender Equality and Human Rights</b>	
<b>Others (if any)</b>	

## Annex H : Recommendations Template

This template should be used by the evaluator/s to provide recommendations per evaluation criteria. Evaluators may add additional paragraphs/sub-sections in narrative format as needed.

<b>Evaluation Criteria</b>	<b>Recommendations</b>	<b>Relevant Stakeholders</b> (Recommendation made to whom)	<b>Suggested timeline</b> (if relevant)
<b>Overall</b>			
<b>Effectiveness</b>			
<b>Relevance</b>			
<b>Efficiency</b>			
<b>Sustainability</b>			
<b>Impact</b>			
<b>Knowledge Generation</b>			
<b>Gender Equality and Human Rights</b>			
<b>Others (if any)</b>			

## 2. Evaluation Matrix

<b>Evaluation Criteria</b>	<b>Evaluation Questions</b>	<b>Indicators</b>	<b>Data Source and Data Collection Methods</b>
<b>Effectiveness</b>	To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?	<p>A review of <b>all outcome and output indicators</b> in the program document comparing to the baseline when relevant in the project document.</p> <p>The indicators (when relevant) will be compared with baseline values</p> <p>See Annex B for full list of indicators</p>	<p>Project Reports (periodic and final)</p> <p>KIIs with staff</p> <p>KIIs FGDs with the District Based Multi-Sectoral Network</p> <p>MoWA</p> <p>KIIs and FGDS with primary and secondary beneficiaries</p>
<b>Relevance</b>	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?	% alignment of project results with the current situation of the needs of women and girls subject to violence including women and girls with disabilities outlined in the National Action Plan to Prevent Violence Against Women and Girls and the Cambodia Gender Assessment	<p><i>Review of project documents</i></p> <p><i>Review of relevant policy and situation of violence against women and girls including those with disability</i></p> <p><i>National Action Plan to Prevent Violence Against Women and Girls</i></p> <p><i>Cambodia Gender Assessment</i></p> <p><i>KII with Staff, MoWA and the District Based Multi-Sectoral Network</i></p> <p><i>FGDs with Primary Beneficiaries Secondary Beneficiaries</i></p>
<b>Efficiency</b>	To what extent was the project efficiently and cost-effectively implemented?	<p># of activities has been implemented as planned throughout the project on time</p> <p># of target groups achieved in the projects as planned</p>	<p><i>Review of project reports (timing, cost, activity completion)</i></p> <p><i>KIIs with staff</i></p> <p><i>Review of budget and project implementation schedules</i></p>
<b>Sustainability</b>	To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?	<p># of women and girls have increased understanding and knowledge of VAWG and their rights</p> <p># youth, men and women and other community members disaggregated by disability that agree with specific norms and attitudes toward gender equality</p>	<p>Project Reports (periodic and final)</p> <p>KIIs with staff</p> <p>KIIs FGDs with the District Based Multi-Sectoral Network</p> <p>MoWA</p> <p>KIIs and FGDS with primary and secondary beneficiaries</p>



		# of District Based Multi-Sectoral Coordination Networks continued beyond the project timeframe	
<b>Impact</b>	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?	<p># of women and girls have increased understanding and knowledge of VAWG and their rights</p> <p># youth, men and women and other community members disaggregated by disability that agree with specific norms and attitudes toward gender equality</p> <p>#of improved referral systems in the District Based Multi-Sectoral Networks, Self-Help Groups and disabled people's organisations</p>	<p>Project Reports (periodic and final)</p> <p>KIIs with staff</p> <p>KIIs FGDs with the District Based Multi-Sectoral Network</p> <p>MoWA</p> <p>KIIs and FGDS with primary and secondary beneficiaries</p>
<b>Knowledge generation</b>	To what extent has the project generated knowledge, promising or emerging practices in the field of EAWG that should be documented and shared with other practitioners?	<p># of knowledge products shared with other practitioners</p> <p># of policy documents influenced by the knowledge generated in the project</p>	<p>Review of periodic reports</p> <p>KII with MoWA</p>
<b>Gender Equality and Human Rights</b>	Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.	<p>% of increased understanding of rights by women and girls</p> <p>% increased understanding of rights based approaches by duty bearers in the District Based Multi-Sectoral Coordination Mechanisms</p>	<p>Interviews with primary and secondary beneficiaries</p> <p>interviews with District Based Multi-Sectoral Network</p> <p>Review of Project Reports</p>

### 3. Beneficiary Data Sheet

#### TOTAL BENEFICIARIES REACHED BY THE PROJECT

Type of Primary Beneficiary	Number
Female domestic workers	N/A
Female migrant workers	N/A
Female political activists/ human rights defenders	N/A
Female sex workers	N/A
Female refugees/ internally displaced asylum seekers	N/A
Indigenous women/ from ethnic groups	N/A
Lesbian, bisexual, transgender	N/A
Women/ girls with disabilities	292
Women/ girls living with HIV/AIDS	N/A
Women/ girls survivors of violence	4,747
Women prisoners	N/A
Women and girls in general	13,845
Other (Specify here:)	
<b>TOTAL PRIMARY BENEFICIARIES REACHED</b>	<b>18,884</b>
	-
Type of Secondary Beneficiary	Number
Members of Civil Society Organizations	23
Members of Community Based Organizations	1,972
Members of Faith Based Organizations	N/A
Education Professionals (i.e. teachers, educators)	N/A
Government Officials (i.e. decision makers, policy implementers)	261
Health Professionals (doctors, nurses, medical practitioners)	11
Journalists / Media	29
Legal Officers (i.e. Lawyers, prosecutors, judges)	N/A
Men and/ or boys	3,277
Parliamentarians	N/A
Private sector employers	N/A
Social/ welfare workers	N/A
Uniformed personnel (i.e. Police, military, peace keeping)	74
Other (Specify here:)	
<b>TOTAL SECONDARY BENEFICIARIES</b>	<b>5,647</b>
<b>Indirect beneficiaries reached</b>	<b>Number</b>
Other (total only)	7,674
<b>GRAND TOTAL</b>	<b>32,205</b>

4. Data Collection Instruments and Protocols

### Cover sheet for Interviews

Type of Key Informant	
National Level	<input type="checkbox"/>
Provincial Level	<input type="checkbox"/>
District Level	<input type="checkbox"/>
Women's Group	<input type="checkbox"/>
Disabled People's Organisation	<input type="checkbox"/>
District Based Multi-Sectoral Coordination Group	<input type="checkbox"/>
Youth Group	<input type="checkbox"/>
Self-Help Group	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>
ADD Staff	<input type="checkbox"/>
CWCC Staff	<input type="checkbox"/>
MoWA	

Interviewer	
Date	
<b>Location</b> (list all that are relevant)	
Province	
District	
Commune	
School Name	

**Other:**

Participants					
	Name	Sex	Age	Disability	It has been read to me, explained and my questions answered Signature or Thumprint
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

## Participant Information for PWD Evaluation

**Facilitator introduces him/herself to the individual or group:** My name is \_\_\_\_\_ . Thank you for joining our group today. I am a consultant here on behalf of Cambodia Women's Crisis Center and ADD International. We are conducting an evaluation of CWCC/ADD project activities in the Promoting Women's Dignity Project. The information we gather will be used to help us review our work and develop future priorities.

Your participation in this group is voluntary and at any time if you do not want to answer a question or you want to stop participating it is ok to leave.

Our discussion should take about 1 hour. I have some specific topics to discuss. I will bring up the topic and I would like for everyone to share their ideas. It does not need to be formal or in any particular order. But we would like for everyone to be able to talk, so sometimes I might have to share with you it is time to move to the next person or topic. My job is to make sure we can talk about all topics in the time!

Some of the topics may be difficult for you to talk about or make you feel sad or uncomfortable, but many people have found it useful to talk about these problems. If you are upset about talking to the evaluation team, and you need help with your feelings or other problems that happened because you were talking to us, come and see me and I can give you a list of NGOs that can help you. (Give out below numbers if requested)

- CWCC (add local number)
- TPO Cambodia 023 63 66 991 (counseling services)
- LICHADO 023 727 102 (Protection)

We would like to use the information you provide in our report to plan. If it is ok, we would like to quote some of the things you tell us in our report. However, even though we might quote some of your comments, we will not use your names. **Is this ok?**

To be able to understand and remember what you have said we would also like to write down the discussion. But again, we will not record your names, only your ideas.

Do you understand what I have said? Do you have any questions?

***Can you please sign the consent form? Thanks***

## Consent Form for Individual Interviews

I have had read to me and I understand the Participant Information.

I freely agree to participate in this baseline evaluation.

SIGNED: \_\_\_\_\_ and Thumb Print: \_\_\_\_\_

SIGNED: \_\_\_\_\_

Date: \_\_\_\_\_

### TO BE COMPLETED BY INTERVIEWER

I certify that I have read and explained the above participant and consent information to the participant and I believe that the participant understands that explanation.

Researcher Name:

SIGNED: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent Form for Focus Group Discussion**

**I have had read to me and I understand the Participant Information**

**I freely agree to participate in this evaluation.**

**Date:**

<b>Name</b>	<b>Signature</b>	<b>Thumbprint</b>

**TO BE COMPLETED BY INTERVIEWER**

**I certify that I have read and explained the consent information and answered questions. I believe that the participants understand the purpose and explanation.**

**Researcher Name:**

**Signed:** \_\_\_\_\_ -

**Date:** \_\_\_\_\_

## Interview Topics/Questions for Focus Group Discussions

### Youth Groups, Women's Support Groups, Self-Help Groups (women and girls with disabilities)

(adapted from Baseline for easy comparison)

**Note:** Complete consent, Complete Cover sheet with participant information, record notes from discussions

**Opening:** Now we want to talk about the topics. We want to get your ideas. First what kinds of activities have you participated in with PWD –As we have the discussion, I would like for you to share how these have impacted your learning/thinking/actions.

#### Topic 1: Rights of Women

*Indicator: # of women project participants disaggregated by disability that can express knowledge of four basic human rights and understanding that violation of these rights is not acceptable*

1. **What are human rights of women? Please name some – can you name 4?**  
*Examples of rights: right to freedom from violence, freedom from sexual violence, right to education, right to vote, reproductive rights, right to autonomy, right to own land, right to work etc. There are more rights than the ones listed.*
  - Discuss - Can you give examples of what these rights mean and how they are claimed by women? Are they different for men or women?
2. **Are these rights commonly violated? Is this acceptable? Why or why not?**
3. **Have you participated in any training or awareness raising about the rights of women? How did this impact your thinking?**

#### Topic 2: Decision Making

*Indicator: # of women project participants disaggregated by disability that have increased decision making power in the family including in economic decisions*

4. **Who makes decisions in your family?**
  - About small purchases
  - About large purchases
  - About having children?
  - About education?
  - About work?
  - About going out?
  -
5. **What happens if you disagree about a decision? Who has the final say?**
6. **Has this changed over time? If so what made it change?**

#### Topic 3; Understanding of Gender Equality Norms

*Indicator:# target youth, men, women, and other community members disaggregated by disability that agree with specific norms and attitudes toward gender equity and VAWG*



**7. I want to ask you about some statements about men and women – norms for their behavior in Cambodia for discussion**

- Girls should not have sex before marriage
- It is acceptable for boys to have sex before marriage.
- Men have more rights than women.
- Men have the right to be the main decision maker in the family.
- Women should marry young, while men can marry when they are older.

**8. What other norms are there for men and women in Cambodia? What makes a good man or good woman in Cambodia?**

**9. Have you participated in any training or awareness raising about the gender norms? How did this impact you? Any changes as a result?**

**Topic 4: Violence against women in the community**

*Indicator: # of women and girls including women and girls with disabilities perceiving a reduced risk of VAWG in the target area by the end of the project (data collected at baseline)*

**10. What are the types of violence against women that commonly occur in your community?**

*Examples include physical, psychological/emotional, sexual and economic – such as domestic or intimate partner violence, sexual violence sexual harassment, assault, trafficking*

- Is this different for different groups of women (women with disabilities, LBT women, older women, younger women, or other groups)?
- Has this changed over the project period?
- Has the risk increased or decreased over time?

**Topic 5: Norms and attitudes surrounding VAWG in Cambodia?**

**1. How the training you have participated in impacted your thinking or actions?**

**2. What are the common norms and attitudes about VAWG. Some examples to discuss (there are others that the group may also bring up):**

- husband is justified in using violence if wives argued with husbands, do not obey him, or do not show respect.
- A wife should tolerate/keep silent about violence to keep her family together.
- A rape victim should marry the perpetrator to eliminate the shame of losing her virginity.
- A woman that is raped can be partly to blame because of the ways she dresses or acts

**3. What are other attitudes? These attitudes blame women for violence? Have you seen the attitudes change over time? How so?**

**Topic 6 Reporting of VAWG cases**

*Indicators: # of VAWG cases reported by communities and/or woman and girl survivors including women and girls with disabilities.*

4. **If you knew of VAWG happening to someone else would you report it?**  
Why or why not?
5. **If violence was happening to you would you report it or seek help?**  
Why or why not?
6. **Who would you report to or seek help from?**

**Additional questions for self-help groups (women and girls with disabilities)**

*Indicator: # women and girls with disabilities that have increased capacity to prevent VAWG and have accessed long term development opportunities through disabled people's organizations and self-help groups*

7. **Do you think your group has the capacity to prevent VAWG?**

Please discuss. Why/why not? How has this changed?

8. **Has your group accessed long-term development opportunities\*\* through disabled people's organisations and self-help groups?**

Please discuss.

*Indicators: # of survivors including women and girls with disabilities and cases of VAWG identified and referred by disabled people's organisations and self-help groups for appropriate services and response.*

9. **How does your group identify violence against women and girls with disabilities and VAWWG and refer them for appropriate services/response?**

Has this changed over time?

10. **Do you have a recording system for these cases?**

If yes, can you share data on the number of referrals this year

11. **Does the PWD project respond to the current situation of VAWG against women and girls -including those with disabilities?**

12. **What are the most important changes you have seen as a result of the project?**

13. **What challenges have you seen?**

14. **Do you have recommendations for how the project could improve in the future?**

15. **How will you continue to implement your activities/learnings from the project after it ends?**

**Interview Topics/Questions (KII or FGD)**  
**Disabled People's Organisations**  
(adapted from Baseline for easy comparison)

**Note: Complete consent, Complete Cover sheet with participant information, record notes from discussions**

**Opening: Now we want to talk about the topics. We want to get your ideas. First what kinds of activities have you participated in with PWD –As we have the discussion , I would like for you to share how these have impacted your learning/thinking/actions.**

**Topic 1: Women's Basic Human Rights**

*Indicator: # of women project participants disaggregated by disability that can express knowledge of four basic women's human rights and understanding that violation of these rights is not acceptable.*

- 1. Can you name four basic women's human's rights? (record how many they can name)**  
Examples of rights: right to freedom from violence, freedom from sexual violence, right to education, right to vote, reproductive rights, right to autonomy, right to own land, right to work etc. There are more rights than the ones listed.
- 2. Discuss - Can you give examples of what these rights mean and how they are claimed by women? Are they different for men or women?**
  - a. Right to freedom from violence
  - b. Right to Vote
  - c. Right to Own Land
  - d. Right to Freedom of Expression
  - e. Right to Work
- 3. Are these rights commonly violated? Is this acceptable? Why or why not?**
- 4. Have you participated in any training or awareness raising about the rights of women? How did this impact your thinking?**

**Topic 2: VAWG**

*Indicator: # women and girls with disabilities that have increased capacity to prevent VAWG and have accessed long term development opportunities through disabled people's organisations and self-help groups. \*\*\* what is long term development opportunities?*

- 5. What does your organisation do to prevent VAWG? Do you think your group has the capacity to prevent VAWG?**  
Please discuss. Why/why not?
- 6. Has your group accessed long term development opportunities through disabled people's organisations and self-help groups?**

Please discuss.

*Indicators: # of survivors including women and girls with disabilities and cases of VAWG identified and referred by disabled people's organisations and self-help groups for appropriate services and response.*

**7. Does your group identify violence against women and girls with disabilities and VAWWG and refer them for appropriate services/response?**

Why or why not?

**8. Do you have a recording system for these cases?**

If yes, can you share data on the number of referrals this year?

**9. Can you tell me the number of cases and survivors that have accessed essential services (health, social, legal, police)?**

Please discuss.

**10. Does the PWD project respond to the current situation of VAWG against women and girls -including those with disabilities?**

**11. What are the most important changes you have seen as a result of the project?**

**12. What challenges have you seen?**

**13. How will you continue to implement the activities, learnings from the project after it ends?**

**14. Do you have recommendations for how the project could improve in the future?**

*\*\* what are long term development opportunities?*

Examples:

- Training to support income generation activities
- Further education
- Assistance applying for civil registration documents (birth certificate, ID card, family books)

## Interview Topics/Questions for KII or FGD

### District Based Multi-Sectoral Network (adapted from Baseline for easy comparison)

#### Topic 1: Functioning of the District Based Multi-Sectoral Network? Tell me about your work? What is the role of the District Based Multi-Sectoral Network?

- How have you engaged with the PWD project?
- What kinds of trainings have you had? How did your work change after the trainings?
- How often do you meet? What are the purposes of the meetings?

#### 1. Who participates on the District Based Multi-Sectoral Network?

- How do you engage (participate, get input) women and girls with disabilities?

#### Topic 2: Women's Human Rights

#### 1. Can you name four basic women's human's rights? (record how many they can name)

Examples of rights: right to freedom from violence, freedom from sexual violence, right to education, right to vote, reproductive rights, right to autonomy, right to own land, right to work etc. There are more rights than the ones listed.

#### 2. Discuss - Can you give examples of what these rights mean and how they are claimed by women? Are they different for men or women?

- a. Right to freedom from violence
- b. Right to Vote
- c. Right to Own Land
- d. Right to Freedom of Expression
- e. Right to Work

#### 3. Are these rights commonly violated? Is this acceptable? Why or why not?

#### 4. Have you participated in any training or awareness raising about the rights of women? How did this impact your thinking?

#### Topic 3: Attitudes toward Gender Equality and VAWG

*Indicator: # target youth, men, women, and other community members disaggregated by disability that agree with specific norms & attitudes toward gender equity & VAWG*

#### 5. Some examples to discuss (there are others that the group may also bring up):

- husband is justified in using violence if wives argued with husbands, do not obey him, or do not show respect.
- A wife should tolerate/keep silent about violence to keep her family together.
- A rape victim should marry the perpetrator to eliminate the shame of losing her virginity.
- A woman that is raped can be partly to blame because of the ways she dresses or acts

#### 6. What are other attitudes? These attitudes blame women for violence? Have you seen the attitudes change over time? How so?

#### 7. What are about norms and attitudes surrounding VAWG in Cambodia?

Some examples to discuss (there are others that the group may also bring up):

- A husband is justified in using violence if wives argued with husbands, do not obey him, or do not show respect.
- A wife should tolerate/keep silent about violence to keep her family together.
- A rape victim should marry the perpetrator to eliminate the shame of losing her virginity.

**Topic 4: Services and Referral**

*Indicator: # of services cases/survivors intervened or referred by the DBMSN disaggregated by disability to appropriate services. (This data can be received from reports)*

- 8. What is your role in VAWG cases?**
- 9. If you intervene in these cases, how do you respond? Please discuss.**
- 10. Do you make referrals for appropriate services? Why or why not? What are common referrals? What are challenges and gaps in service? Is it different for women and girls with disability?**
- 11. Do you have a recording system for these cases? Do you use specific forms? Are they easy to use?**
- 12. Do you have any statistics that you can share?**

**Topic 5: Trainings, Implementation, Changes**

- 13. What kinds of training have you received?**
  - Clinical Handbook? (ask Health Centre workers)
  - Minimum Standards of Basic Counseling
  - Referral Guidelines
  - Mediation Practices
  - Disability Inclusion
  - Data Management
  - Other
- 14. How has the training helped your work? What kind of training or support do you need now?**
- 15. Does the PWD project respond to the current situation of VAWG against women and girls -including those with disabilities?**
- 16. What are the most important changes you have seen as a result of the project?**
- 17. What challenges have you seen?**
- 18. How will you continue to implement the activities, learnings from the project after it ends?**
- 19. Do you have recommendations for how the project could improve in the future?**

## **Interview Topics/Questions Key Informant Interview**

### **MoWA, Staff**

#### **(adapted from Baseline for easy comparison)**

1. How have you been engaged with the PWD project?
2. Does the PWD project respond to the current situation of VAWG against women and girls -including those with disabilities?
3. What are the most important changes you have seen as a result of the project?
4. What challenges have you seen?
5. Have the learnings from the PWD project (from publications, or its staff) influenced policy documents such as the NAPVAW, Neary Ratanak, or other documents? IF so how?
6. Has the PWD participated in the TWGG-GBV? How have they raised the issues around women and girls with disabilities? What impact has this had?
7. What are recommendations for further promoting inclusive practices for women and girls with disabilities (services, policy), in line with the Essential Services Package?
8. Do you have other recommendations for how the project could improve in the future?



**Interview Topics/Questions for Key Informant Interview  
Media  
(adapted from Baseline for easy comparison)**

**Topic 1: Training and Engagement with the Project**

1. **How did you participate with the PWD project? Did you receive training? How did it change your work?**
2. **Which do you think is the most accurate way to describe this case? Please explain.**

A. Sveng Socheata, 38, on Saturday filed a complaint to police against Thong Sokhom, 27, her husband, alleging he had beaten her.

B. Sveng Socheata, on Saturday filed a complaint to police against Thong Sokhom, her young husband, alleging he had beaten her.

3. **When reporting a rape case is it important to describe:**
  - What the victim was wearing? (yes/no why?)
  - If she is married? (yes/no why?)
  - If the victim was drunk? (yes/no why?)
  - If the perpetrator was young? (yes/no why?)

**Topic 2: Women's Human Rights**

4. **Can you name four basic women's human's rights? (record how many they can name)**

Examples of rights: right to freedom from violence, freedom from sexual violence, right to education, right to vote, reproductive rights, right to autonomy, right to own land, right to work etc. There are more rights than the ones listed.

5. **Discuss - Can you give examples of what these rights mean and how they are claimed by women? Are they different for men or women?**
  - a. Right to freedom from violence
  - b. Right to Vote
  - c. Right to Own Land
  - d. Right to Freedom of Expression
  - e. Right to Work

6. **Are these rights commonly violated? Is this acceptable? Why or why not?**
7. **Have you participated in any training or awareness raising about the rights of women? How did this impact your thinking?**

**Topic 3: Attitudes toward Gender Equality and VAWG**

*Indicator: # target youth, men, women, and other community members disaggregated by disability that agree with specific norms & attitudes toward gender equity & VAWG*

8. **Some examples to discuss (there are others that the group may also bring up):**

- husband is justified in using violence if wives argued with husbands, do not obey him, or do not show respect.
- A wife should tolerate/keep silent about violence to keep her family together.
- A rape victim should marry the perpetrator to eliminate the shame of losing her virginity.
- A woman that is raped can be partly to blame because of the ways she dresses or acts

**9. What are other attitudes? These attitudes blame women for violence. Have you seen the attitudes change over time? How so?**

**10. What are about norms and attitudes surrounding VAWG in Cambodia?**

Some examples to discuss (there are others may also bring up):

- A husband is justified in using violence if wives argued with husbands, do not obey him, or do not show respect.
- A wife should tolerate/keep silent about violence to keep her family together.
- A rape victim should marry the perpetrator to eliminate the shame of losing her virginity.

**11. What are the biggest changes you have seen in your work as a result of participation in the project?**

## **Key Informant Interview for women that have been served by the program**

**Facilitator introduces him/herself to the individual:** My name is \_\_\_\_\_ . Thank you for participating in this interview. I am a consultant here on behalf of Cambodia Women's Crisis Center and ADD International. We are conducting an evaluation of CWCC/ADD project activities in the Promoting Women's Dignity Project. The information we gather will be used to help us review our work and develop future priorities.

Your participation in this interview is voluntary and at any time if you do not want to answer a question or you want to stop participating it is ok to leave.

Our discussion should take about 1 hour. I have some specific topics to discuss. Some of the topics may be difficult for you to talk about or make you feel sad or uncomfortable, but many people have found it useful to talk about these problems. If you are upset about talking to the evaluation team, and you need help with your feelings or other problems that happened because you were talking to us, come and see me and I can give you a list of NGOs that can help you. (Give out below numbers if requested)

- CWCC (add local number)
- TPO Cambodia 023 63 66 991 (counseling services)
- LICHADO 023 727 102 (Protection)

We would like to use the information you provide in our report to plan. If it is ok, we would like to quote some of the things you tell us in our report. However, even though we might quote some of your comments, we will not use your names. **Is this ok?**

To be able to understand and remember what you have said we would also like to write down the discussion. But again, we will not share your names, only your ideas.

Do you understand what I have said? Do you have any questions?

***Can you please sign the consent form? Thanks***

**Key Informant Interview for KILs with individual women survivors:**

**Background Information: Ok the first information I want to ask is about you.**

Name: \_\_\_\_\_ (ok if they do not want to give name)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

Occupation:  No occupation  Yes I have a job – please list: \_\_\_\_\_

Questions	1	2	3	4
1. Do you have difficulty seeing, even if wearing glasses?	<input type="checkbox"/> No- no difficulty at all	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all
2. Do you have difficulty hearing, even if using a hearing aid?	<input type="checkbox"/> No- no difficulty at all	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all
3. Do you have difficulty walking or climbing steps?	<input type="checkbox"/> No- no difficulty at all	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all
4. Do you have difficulty remembering or concentrating?	<input type="checkbox"/> No- no difficulty at all	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all
5. Do you have difficulty (with self-care such as) washing all over or dressing?	<input type="checkbox"/> No- no difficulty at all	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all
6. Using your usual language, do you have difficulty communicating for example understanding or being understood?	<input type="checkbox"/> No- no difficulty at all	<input type="checkbox"/> Yes – some difficulty	<input type="checkbox"/> Yes – a lot of difficulty	<input type="checkbox"/> Cannot do at all

**Now I want to ask some questions about rights, access to services and attitudes of people in the community**

**Rights of Women**

**7. What are human rights of women? Please name some**

*Examples of rights: right to freedom from violence, freedom from sexual violence, right to education, right to vote, reproductive rights, right to autonomy, right to own land, right to work etc. There are more rights than the ones listed.*

- Are these rights different for men or women? What are barriers to claiming your rights?
- Are there different barriers (or additional) for women with disabilities accessing these rights?

**8. Have you participated in any training or awareness raising about the rights of women? How did this impact your thinking?**

**Decision Making**

**9. Who makes decisions in your family?**

- About small purchases
- About large purchases
- About having children?
- About education?
- About work?
- About going out?

**10. What happens if you disagree about a decision? Who has the final say?**

**11. Has this changed over time? If so what made it change?**

**Understanding of Gender Equality Norms**

**12. I want to ask you about some statements about men and women – norms for their behavior in Cambodia and you tell me what you think about them. Do you agree, disagree or don't know**

	Agree	Disagree	Don't Know
Girls education is not as important as boys because women will just get married			
It is acceptable for boys/men to have sex before marriage			
It is acceptable for girls/women to have sex before marriage			
Women may be to blame for rape because of the way she dresses			
A woman who works outside the home still needs to fulfil her household responsibilities			
Women should marry young, while men can marry when they are older.			
A husband is justified in using violence if wives argued with husbands, do not obey him, or do not show respect.			
A wife should tolerate/keep silent about violence to keep her family together			

**13. How have your ideas changed over time?**

**Violence against women in the Community:**

**The next question I want to ask is about violence against women in the community**

**14. What are the types of violence against women that commonly occur in your community?**

*Examples include physical, psychological/emotional, sexual and economic – such as domestic or intimate partner violence, sexual violence sexual harassment, assault, trafficking*

- Is this different for different groups of women - how about women with disabilities?

**15. Where do women go for help when they experience violence?**

- Are women treated with respect? How about women with disabilities?
- Do women with disabilities have equal access to services?
- Do you feel service providers (police, health commune council) take you seriously? How about women with disabilities?
- Has the risk for violence increased or decreased over time?

**Additional questions for women with disabilities:**

Do you feel the community treats you like others? (with respect, welcomes you, encourages you to join groups?)

How do you feel about yourself? Confidence? Independence? Good about yourself?

## 5. List of Stakeholders Interviewed or Consulted

### Cambodian Women's Crisis Center

#### Target area of Women's Support Groups, Youth Group and Self-Help Groups

Name Province	Name District	Name Commune	Name Village	YG CWCC	WSG CWCC	SHG ADD
Siem Reap	Puok	Doun Keo	Doun Oun Village			10 (7WWD)
		Sam Rong Year	Doun Sva Village			(14 (10WWD)
		Rouel	Tropang Svay		10	
			Kok trach	12 (12F 1 Person with disability)		
		Lvea	Lvea		12	
	Toul Roveang		10 (5F)			
	Siem Reap	Norkorthom	Anhchanh		10	
			Krovan	10 (5F)		
		Krobiriel	Tarous		7	
			Kok Doung	7 (2F)		
Kampong Thom	Stoung	Trea	Trea		19	
			Leap Torng	9 (8 F 1 Person with disability)		
		Banteay Stoung	Srom Deck		10	
			Banteay Stoung	8 (8 F)		
	Baray	Choeung Doeung	Pon Reay		11	
			Choeung Doeung	6 (3F)		
		Balaing	Duong		10	10 (8 women with disabilities)
			Balaing	10 (7F)		
			Taduk			10 (10 women with disabilities)
Phnom Penh	Chroy Changva	Bakkheng	Bakkheng		15	
			Kdeychas	9(3F)		
		Brektasek	Preaktakong		10	
	Reusey Keo	Svaypak	Svaypak		12	
			Lu	15(8F)		
		Toulsangke 1	Toulpope		15	
			Kongkeaea Phos	15(11F)		
Kampong Spue	Samrong Tong	Phney Commune	Tang Kror Sang			14 (13 women with disabilities)
			Ba Ti			9 (7 women with disabilities)
Svay Rieng	Kampong Ror	Svay Ta Yean	Prey Thlok			31 (14 women)

						with disabilities)
			Prey Breas			20 (11 women with disabilities)
Total groups for FGD				6 YG	6 WSG	4 SHG
<b>Study Participants</b>	<b>Type of Interview</b>	<b>Number</b>				
DBMSN	FGD	6				
District Authorities	KII	3				
CWCC Staff	KII	6				
PDoWA	KII	1				
PDoSVY	KII	1				
MoWA	KII	1				
Survivors of VAWG	KII	15				
Media Outlets	KII	1				

#### 6. List of Documents Reviewed

- PWD Project Application and Design Documents
- Baseline Survey of PWD
- Periodic Program Reports
- National Action Plan on Prevention of Violence against Women
- Nearly Rattanak IV
- National Action Plan on Persons with Disabilities
- Cambodia Gender Assessment
- Cambodia Women's Life and Health Experiences Study
- Cambodia Demographic and Health Survey
- Triple Jeopardy Study
- Draft National Action Plan on Preventing Violence Against Women
- Draft National Disability Strategic Plan
- Essential Services Package
- Cambodia Gender Assessment Chapter on Violence against Women



