

**A: Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS)**

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## ACRONYMS, ABBREVIATIONS AND DEFINITIONS

|        |                                                                                                 |
|--------|-------------------------------------------------------------------------------------------------|
| ACCESS | Australia-Cambodia Cooperation for Equitable Sustainable Services                               |
| AIP    | Cambodia Aid Investment Plan 2014 – 2018                                                        |
| ASC    | ACCESS Steering Committee                                                                       |
| ATJW2  | Access to Justice for Women Phase 2                                                             |
| CANS   | Commune Alcohol Notification System                                                             |
| CBR    | community based rehabilitation                                                                  |
| CCADR  | Commune Committee for Alternative Dispute Resolution                                            |
| CCAP   | Cambodian Communication Assistance Program                                                      |
| CCWC   | Commune Committee for Women and Children                                                        |
| CDPO   | Cambodian Disabled People’s Organisation                                                        |
| CDHS   | Cambodia Demographic and Health Survey                                                          |
| CNP    | Cambodia National Police                                                                        |
| CPCS   | Crime Prevention and Community Safety                                                           |
| CPI    | Community Policing Initiative                                                                   |
| CSR    | corporate social responsibility                                                                 |
| D&D    | deconcentration and decentralisation reform process (RGC)                                       |
| DAC    | Disability Action Council                                                                       |
| DAWG   | Disability Action Working Groups                                                                |
| DCWC   | District Committee for Women and Children                                                       |
| DFAT   | Department of Foreign Affairs and Trade (Government of Australia)                               |
| DHS    | Demographic and Health Survey                                                                   |
| DoSVY  | District Office of Social Affairs, Veterans and Youth Rehabilitation                            |
| DPO    | disabled people’s organisation                                                                  |
| DRA    | Disability Rights Administration                                                                |
| DRIC   | Disability Rights Initiative Cambodia                                                           |
| DWPD   | Department of Welfare for Persons with Disabilities                                             |
| EOPO   | end of program outcome                                                                          |
| EVAW   | Ending Violence against Women                                                                   |
| GBV    | gender-based violence                                                                           |
| GIZ    | Gesellschaft für Internationale Zusammenarbeit<br>(German Agency for International Cooperation) |
| GoA    | Government of Australia                                                                         |
| H-EQIP | Cambodia Health Equity and Quality Improvement Project                                          |
| HI     | Handicap International                                                                          |

|          |                                                                                          |
|----------|------------------------------------------------------------------------------------------|
| ICF      | International Classification of Functioning, Disability and Health                       |
| ICRC     | International Committee of the Red Cross                                                 |
| IDD      | Investment Design Document                                                               |
| IO       | intermediate outcome                                                                     |
| JPA      | Judicial Police Agent                                                                    |
| JPO      | Judicial Police Officer                                                                  |
| LGBTI    | lesbian, gay, bisexual, transgender and intersex                                         |
| M&E      | monitoring and evaluation                                                                |
| M&EF     | monitoring and evaluation framework                                                      |
| MDGs     | Millennium Development Goals                                                             |
| MEF      | Ministry of Economy and Finance                                                          |
| MEL      | monitoring evaluation and learning                                                       |
| MOH      | Ministry of Health                                                                       |
| MOI      | Ministry of Interior                                                                     |
| MOSVY    | Ministry of Social Affairs, Veterans and Youth Rehabilitation                            |
| MOWA     | Ministry of Women's Affairs                                                              |
| NAPVAW2  | Second National Action Plan to Prevent Violence against Women                            |
| NCDD     | National Committee for Democratic Development                                            |
| NDSP     | National Disability Strategic Plan                                                       |
| NGO      | non-government organisation                                                              |
| NSDP     | National Strategic Development Plan                                                      |
| NVF      | National Fund for Veterans                                                               |
| OECD-DAC | Organisation for Economic Cooperation and Development – Development Assistance Committee |
| P&O      | prosthetics and orthotics                                                                |
| PCWC     | Provincial Committee for Women and Children                                              |
| PDoWA    | Provincial Department of Women's Affairs                                                 |
| PFM      | public financial management                                                              |
| PFMRP    | Public Financial Management Reform Programme                                             |
| PoSVY    | Provincial Departments of Social Affairs, Veterans and Youth Rehabilitation              |
| PWDF     | Persons with Disability Foundation                                                       |
| RGC      | Royal Government of Cambodia                                                             |
| SoPs     | standard operating procedures                                                            |
| SPPF     | National Social Protection Framework 2016-2025                                           |
| TA       | technical assistance                                                                     |
| TAF      | The Asia Foundation                                                                      |
| TPO      | Transcultural Psychosocial Organisation                                                  |

|         |                                                                        |
|---------|------------------------------------------------------------------------|
| ToR     | terms of reference                                                     |
| ToT     | train of trainer                                                       |
| UN      | United Nations                                                         |
| UNCRPD  | United Nations Convention on Rights of Persons with Disabilities       |
| UNDP    | United Nations Development Program                                     |
| UNESCAP | United Nations Economic and Social Commission for Asia and the Pacific |
| UNESCO  | United Nations Educational, Scientific and Cultural Organization       |
| UNICEF  | United Nations Children’s Fund                                         |
| VAW     | violence against women                                                 |
| VCSP    | Village and Commune Safety Policy                                      |
| WCCC    | Women and Children’s Consultative Committee                            |
| VIC     | Veterans International Cambodia                                        |
| WHO     | World Health Organization                                              |

## Glossary

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accessibility</b>                        | Accessibility describes the degree to which an environment, service, or product allows access by as many people as possible, including persons with disabilities. <sup>1</sup>                                                                                                                                                                                                                                                              |
| <b>Accompaniment</b>                        | A process of progressive TA and support to operationalise capacity development efforts, such as training. An accompaniment approach targets strengthening of target beneficiaries' leadership of capacity development, with a focus development partners providing swift, flexible and responsive support. Healthy communication and a partnership approach to jointly solving problems are key elements of accompaniment.                  |
| <b>Barriers</b>                             | Factors in a person's environment that, through their absence or presence, limit functioning and create disability – for example, inaccessible physical environments, a lack of appropriate assistive devices, and negative attitudes towards disability. <sup>2</sup>                                                                                                                                                                      |
| <b>Community Based Rehabilitation (CBR)</b> | A strategy within general community development for rehabilitation, equalization of opportunities, poverty reduction, and social inclusion of persons with disabilities. CBR is implemented through the combined efforts of persons with disabilities themselves, their families, organizations, and communities, and the relevant governmental and nongovernmental health, education, vocational, social, and other services. <sup>3</sup> |
| <b>Disability</b>                           | In the International Classification of Functioning, Disability and Health (ICF), an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors). <sup>4</sup>                                                                       |
| <b>Disabled People's Organization (DPO)</b> | Organizations or assemblies established to promote the human rights of disabled people, where most the members as well as the governing body are persons with disabilities. <sup>5</sup>                                                                                                                                                                                                                                                    |
| <b>Gender based violence (GBV)</b>          | Gender-based violence (GBV) is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity. GBV includes violence against                                                                                                                                 |

<sup>1</sup> WHO, 2011, p. 301

<sup>2</sup> WHO, 2011, p. 302

<sup>3</sup> WHO, 2011, p. 302

<sup>4</sup> WHO, 2011, p. 303

<sup>5</sup> WHO, 2011, p. 303

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                 | men, boys, and sexual minorities or those with gender-nonconforming identities. <sup>6</sup>                                                                                                                                                                                                                                                                   |
| <b>Impairment</b>                                                               | In the ICF loss or abnormality in body structure or physiological function (including mental functions), where abnormality means significant variation from established statistical norms. <sup>7</sup>                                                                                                                                                        |
| <b>Inclusive Services</b>                                                       | Services for persons with disabilities and for people affected by GBV                                                                                                                                                                                                                                                                                          |
| <b>International Classification of Functioning, Disability and Health (ICF)</b> | The classification that provides a unified and standard language and framework for the description of health and health-related states. ICF is part of the “family” of international classifications developed by the World Health Organization. <sup>8</sup>                                                                                                  |
| <b>Intimate partner violence</b>                                                | Intimate partner violence (IPV) refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours. It can occur within heterosexual or homosexual relationships and does not require sexual relations. <sup>9</sup> |
| <b>Mainstream services</b>                                                      | Services available to any member of a population, regardless of whether they have a disability – for example, public transport, education and training, labour and employment services, housing, health and income support. <sup>10</sup>                                                                                                                      |
| <b>Physiotherapy</b>                                                            | Provides services to individuals to develop, maintain, and maximize movement potential and functional ability throughout the lifespan. Also known as physical therapy. <sup>11</sup>                                                                                                                                                                           |
| <b>Reasonable accommodation</b>                                                 | Necessary and appropriate modification and adjustment not imposing a disproportionate or undue burden, where needed in a particular case, to ensure that persons with disabilities enjoy or exercise, on an equal basis with others, all human rights and fundamental freedoms. <sup>12</sup>                                                                  |
| <b>Rehabilitation</b>                                                           | A set of measures that assists individuals who experience or are likely to experience disability to achieve and maintain optimal functioning in interaction with their environment. <sup>13</sup>                                                                                                                                                              |
| <b>Social norm</b>                                                              | Social norms are informal understandings that govern the behaviour of members of a society. Social norms are regarded                                                                                                                                                                                                                                          |

<sup>6</sup> World Bank (2016) End Violence Against Women and Girls Resource Guide - Terminology. Available at <http://www.vawgresourceguide.org/terminology>; Fulu, E; Liou, C; Miedema, S; Warner, X. (Not dated) *Replicating the UN Multi-Country Study on Men and Violence: Preferred Terminology*.. Partners for Prevention: Bangkok.

<sup>7</sup> WHO, 2011, p. 305

<sup>8</sup> WHO, 2011, p. 306

<sup>9</sup> World Bank (2016) End Violence Against Women and Girls Resource Guide - Terminology. Available at <http://www.vawgresourceguide.org/terminology>; Fulu, E; Liou, C; Miedema, S; Warner, X. (Not dated) *Replicating the UN Multi-Country Study on Men and Violence: Preferred Terminology*.. Partners for Prevention: Bangkok.

<sup>10</sup> WHO, 2011, p. 306

<sup>11</sup> WHO, 2011, p. 307

<sup>12</sup> WHO, 2011, p. 308

<sup>13</sup> WHO, 2011, p. 308



|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | as collective representations of acceptable group conduct as well as individual perceptions of particular group conduct. They can be viewed as cultural products (including values, customs, and traditions) which represent individuals' basic knowledge of what others do and think that they should do.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Sexual violence/sexual assault</b> | Sexual violence/sexual assault is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part, or object. <sup>14</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Target Ministries</b>              | Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)<br>Ministry of Women's Affairs (MoWA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Twin Track Approach</b>            | Work on disability and to promote gender equality often use a twin track approach. This is a combination of:<br><b>Mainstreaming:</b><br>For disability includes working to identify and overcome the barriers in society that persons with disabilities face, e.g. physical accessibility, communication, attitude, legislation, and including persons with disabilities into all aspects of development<br><b>Targeted activities that respond to particular needs or areas of inequality:</b><br>For disability, this includes supporting and empowering persons with disabilities, their families and representing organisations through increasing their access to support services, health care, education, livelihood and social activities as well as through political empowerment. <sup>15</sup><br>For gender equality this can include activities that focus on building women's leadership, eliminating GBV, and promoting women's economic empowerment. |
| <b>Violence against women</b>         | Violence against women (VAW) is any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. <sup>16</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

<sup>14</sup> World Bank (2016) End Violence Against Women and Girls Resource Guide - Terminology. Available at <http://www.vawgresourceguide.org/terminology>; Fulu, E; Liou, C; Miedema, S; Warner, X. (Not dated) *Replicating the UN Multi-Country Study on Men and Violence: Preferred Terminology..* Partners for Prevention: Bangkok.

<sup>15</sup> CBM, 2017

<sup>16</sup> World Bank (2016) End Violence Against Women and Girls Resource Guide - Terminology. Available at <http://www.vawgresourceguide.org/terminology>; Fulu, E; Liou, C; Miedema, S; Warner, X. (Not dated) *Replicating the UN Multi-Country Study on Men and Violence: Preferred Terminology..* Partners for Prevention: Bangkok.



## Map of Cambodia <sup>17</sup>



<sup>17</sup> Source: <http://www.mapsofworld.com/cambodia/cambodia-political-map.html>

## Basic Data - ACCESS

|                                    |                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Country:                           | Kingdom of Cambodia                                                                                                                                                                                                                                                                                                                                                                   |
| Activity Name:                     | Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS)                                                                                                                                                                                                                                                                                                            |
| Program:                           | Bilateral                                                                                                                                                                                                                                                                                                                                                                             |
| Location of Activity:              | National and subnational levels – subnational sites to be determined but expected to be limited.                                                                                                                                                                                                                                                                                      |
| Counterpart Agencies:              | Ministry of Women’s Affairs (MoWA)<br>Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY)<br>Disability Action Council (DAC)<br>Ministry of Economy and Finance (MEF)<br>Provincial Governments<br>District Administrations and Commune Councils, including Commune Committee on Women and Children (CCWC), and Commune Committee on Alternate Dispute Resolution. |
| Managing Contractor:               | To be appointed – open tender                                                                                                                                                                                                                                                                                                                                                         |
| Term:                              | 5 ½ years (1 January 2018 – 30 June 2023)                                                                                                                                                                                                                                                                                                                                             |
| Key Dates:                         |                                                                                                                                                                                                                                                                                                                                                                                       |
| Tender                             | September–November 2017                                                                                                                                                                                                                                                                                                                                                               |
| Mobilisation                       | December, 2017                                                                                                                                                                                                                                                                                                                                                                        |
| Commencement of Implementation     | January 2018                                                                                                                                                                                                                                                                                                                                                                          |
| Impact Evaluation                  | Year 5 (Financial Year 2022-23)                                                                                                                                                                                                                                                                                                                                                       |
| Cost of Activity:                  |                                                                                                                                                                                                                                                                                                                                                                                       |
| Government of Australia (GoA)      | AU\$25 million                                                                                                                                                                                                                                                                                                                                                                        |
| Royal Government of Cambodia (RGC) | AU\$ Unknown.<br>In kind support anticipated (office space, facilitation).<br>increased uptake of financial responsibility for inclusive services anticipated over the Program’s term.                                                                                                                                                                                                |

## Acknowledgement and Disclaimer

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## **B: Executive Summary**

### **INTRODUCTION – A CONSOLIDATED INVESTMENT ON DISABILITIES AND PEOPLE AFFECTED BY GENDER BASED VIOLENCE (GBV)**

#### ***Consolidation of two activities in separate sectors will facilitate activity management***

DFAT currently implements two separate five-year programs ending in 2017, addressing violence against women and disabilities in Cambodia: a \$13.5 million Ending Violence Against Women (EVAW) Program, and a \$10.4 million Disabilities Rights Initiative Cambodia (DRIC) Program. Both align support under Royal Government of Cambodia (RGC) strategies: National Action Plan for Preventing Violence Against Women (NAPVAW2); and Cambodia's National Disability Strategic Plan (NDSP).

These DFAT investments contribute to identified needs in Cambodia, fill genuine funding gaps, and align with the 18 June 2014 *Australian aid: Promoting prosperity, reducing poverty, enhancing stability* aid strategy and the *Cambodia Aid Investment Plan 2015 -18*. The initiatives are also important investments for advancing DFAT's gender equality and disability strategies.

Given the similarities in stages of development of the Cambodian GBV and disability sectors, similarities in the DFAT Programs' aid management modalities, including grants programs, and the evidence of ongoing need for service delivery, DFAT wishes to consolidate the management of activities in both sectors into a new five year program, building on the achievements of the past EVAW and DRIC investments and supporting the RGC's progress on social protection and public financial management (PFM) reform.

### **DEVELOPMENT CHALLENGES FOR SERVICE DELIVERY TO PEOPLE AFFECTED BY GBV & PERSONS WITH DISABILITY**

#### ***One in five ever-partnered Cambodian women aged 15-64 has experienced physical or sexual violence***

According to recent prevalence data, one in five ever-partnered Cambodian women aged 15-64 reported experiencing physical or sexual violence, or both, by an intimate partner in their lifetime; eight percent had experienced it in the past 12 months. Rates of both were higher in rural compared to urban areas.<sup>18</sup> Many affected women do not seek help, attributed to both the lack of suitable services, and the need for greater sensitivity, knowledge and other capacity amongst service providers.<sup>19</sup>

#### ***Around 10 percent of Cambodia's population has a physical difficulty; treatment needs are high***

Cambodia's National Demographic and Health Study indicates that approximately 9.5 percent of the population over five years of age reported some form of physical difficulty; 2.1 percent of the population reported a 'strong difficulty'.<sup>20</sup> A 2014 population based study of children aged between two and nine years estimated the prevalence of impairment at 15.6 percent, and disability at 10.1 percent. The study found treatment needs to be very high.<sup>21</sup> The DFAT-funded DRIC program remains relevant for Cambodia and is largely on track to achieve its goals. Only the component focussing on physical rehabilitation faces ongoing implementation challenges. The Program is benefiting from mid-term review recommendations concerning efficiency, (mainly associated with coordination) and sustainability.

#### ***NGOs currently fill service delivery gaps***

There are capacity and sustainability challenges involved in providing services in accordance with these needs and the objectives of the NAPVAW2 and the NDSP, including:

- › At the national level, the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY), the Disability Action Council (DAC), and the Ministry of Women's Affairs (MoWA) face capacity

<sup>18</sup> MoWA (2015) National survey on women's health and life experiences in Cambodia.

<sup>19</sup> Ibid. pp. 94-95

<sup>20</sup> Cambodia National Institute of Statistics, Directorate General for Health (2015) National Demographic and Health Survey 2014.

<sup>21</sup> Evans P et al. (2014) A Population-based Study on the Prevalence of Impairment and Disability Among Young Cambodian Children. *Disability, CBR & Inclusive Development*, 25 (2), pp. 5-20.

constraints in fulfilling their policy and monitoring functions, and to prepare, propose, and defend their budget needs;

- › Both target ministries (the MoWA and the MoSVY) also face challenges in influencing other line ministries to include and report on the activities for which those line ministries have accepted responsibility under the NAPVAW2 and the NDSP;
- › At subnational level, government capacity to provide services for people affected by GBV and for persons with disability areas is limited. Capacity challenges include budget processes, management, and technical supervision;
- › NGOs currently provide the bulk of frontline services, particularly in subnational rural locations;
- › The political environment associated with upcoming national elections (mid 2018) presents further challenges to service delivery; and
- › A functional re-assignment of government administration responsibilities at subnational level is advancing as part of the RGC's deconcentration and decentralisation (D&D) reform process. The process is chaired by the Ministry of Interior (MOI). The implications for capacity development and service delivery at subnational level in both sectors as a result of this process are not yet clear.

### ***RGC implementing PFM Reform and Social Protection initiatives***

The RGC has put into place two key policy settings that underpin the relevance of strengthening inclusive services for people affected by GBV and persons with disabilities and which militate in favour of the ACCESS Program's proposed approach:

- › The RGC is currently implementing Phase 2 of a World Bank facilitated Public Financial Management Report Program (PFMRP). Key objectives include building budget credibility, improving financial accountability, improving budget policy links, and improving performance accountability.<sup>22</sup> The proposed ACCESS Program will align with the PFMRP Stage 2 by supporting coordination and communication for budget formulation between the planning, budget and financial management units of the target ministries, the other line ministries with responsibilities under the NAPVAW2 and the NDSP, subnational authorities, and the Ministry of Economy and Finance (MEF).
- › the *National Social Protection Policy Framework 2016-2025* (SPPF), approved by the Council of Ministers on 24 March, 2017. The SPPF is intended to contribute to the strengthening and broadening of human resource development as well as stimulating national economic growth. The SPPF seeks to harmonize, concentrate and strengthen existing schemes or programs in order to increase the effectiveness, transparency and consistency of the whole social protection system. ACCESS will be able to make valuable contributions to objectives contained in the SPPF, including strengthening vocational training programs for vulnerable households (persons with disabilities), policy contributions to social security schemes, including promotion of the welfare of persons with disabilities, and policy formulation around integration of all social security operators, including the Persons with Disabilities Foundation (PWDF).

### **DEVELOPMENT AND END-OF-INVESTMENT OUTCOMES ENVISAGED**

To address the needs identified, and to consolidate and facilitate activity administration across both GBV and disability sectors, the **Australia-Cambodia Cooperation for Equitable Sustainable Services Program** is proposed (**ACCESS**). Key elements of the proposed program are:

- › ACCESS, while building on previous investments, **will focus on strengthening financial sustainability required to underpin quality services in both sectors**. The Program will align with the RGC's public financial management (PFM) reform measures, such as improving the budget system under the

<sup>22</sup> <http://www.mef.gov.kh/pfmrp-2nd-launch.html>



Public Financial Management Reform Programme (PFMRP)<sup>23</sup>. ACCESS will support the MoWA and the MoSVY (target ministries) to realise increased budget (from a growing Cambodian economy) to deliver their mandates, working in concert with the Ministry of Economy and Finance (MEF).

- › For service delivery, ACCESS **will seek to strengthen service delivery links between the RGC, NGOs and multilateral agencies at national and subnational levels**, including supporting the RGC target ministries' leadership of service delivery for people affected by GBV and persons with disabilities. A small-grants mechanism and sector-specific joint-planning will provide opportunities for this. For example, for GBV, the MoWA, NGOs and the ACCESS Program would support joint service delivery planning under the MoWA's leadership. This will enable RGC agencies at national and subnational level, together with NGOs and multilaterals, access to DFAT funding for activities which meet agreed ACCESS funding criteria. ACCESS funding criteria are also expected to contain cross-cutting requirements that RGC subnational investment plans contain social inclusion activities (i.e. for persons with disabilities) and activities supporting people affected by GBV.
- › ACCESS will **increasingly focus its support in the disabilities sector on strengthening economic inclusion for persons with disabilities, including stronger links between rehabilitation services and economic inclusion**. Significantly, ACCESS will support the establishment of employment services for persons with disabilities, building on successful local and international models.

A draft Program Logic Model for ACCESS is set out at the end of this Executive Summary.

The proposed goal and outcomes are summarised below in the table below, and descriptions of ACCESS' end of program outcomes (EOPOs) and intermediate outcomes (IOs) follow.

| ACCESS Goal: Improved sustainability of quality, inclusive services                                                            |                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| End of Program Outcome 1: Increased funding for services for persons with disabilities and people affected by GBV              |                                                                                                                                    |
| Workstreams                                                                                                                    | Intermediate Outcomes                                                                                                              |
| 1.1 RGC-focused                                                                                                                | MoWA, MoSVY, and DAC more effective in preparing, proposing, and defending their budget needs related to the NAPVAW2 and the NDSP. |
|                                                                                                                                | MoWA, MoSVY, and DAC advocate more effectively for line ministry implementation of the NAPVAW2 and the NDSP.                       |
| 1.2 NGO-focused                                                                                                                | NGOs have more diverse and sustainable funding sources for services.                                                               |
| End of Program Outcome 2: Increased accessibility of quality services for persons with disabilities and people affected by GBV |                                                                                                                                    |
| 2.1 GBV                                                                                                                        | Increased adoption and operationalisation of existing standards for services for people affected by GBV.                           |
|                                                                                                                                | MoWA effectively supports referral and coordination networks at national and sub-national levels.                                  |
| 2.2 Disability                                                                                                                 | Rehabilitation and employment services support increased economic inclusion of persons with disabilities.                          |
|                                                                                                                                | Persons with Disabilities Foundation (PWDF) increasingly independently manages rehabilitation services.                            |
|                                                                                                                                | Persons with disabilities employment services established.                                                                         |
| 3. Cross-cutting                                                                                                               | Sub-national investment plans promote social inclusion and responses to GBV                                                        |

<sup>23</sup> <http://www.mef.gov.kh/pfmrp.html>



***EPO 1: Increased funding for services for persons with disabilities and people affected by GBV***

Two workstreams are proposed for this outcome, focusing on increasing funding for services for persons with disabilities and people affected by GBV.

***1.1 RGC-focused workstream***

This workstream would focus on **building capacity within both the MoWA, the MoSVY, and the DAC to prepare, propose and defend their budget needs** required to support implementation of both the NAPVAW2 and the NDSP. The following two intermediate outcomes are identified.

***IO: the MoWA, the MoSVY, and the DAC more effective in preparing, proposing, and defending their budget needs related to the NAPVAW2 and the NDSP***

Activities required to realise this IO centre on strengthening both target line ministries' capacities to implement the RGC PFM reform measures. Building closer technical cooperation between the MEF and the target ministries through technical assistance (TA) support is anticipated. This support is expected to lead to improved capacity to prepare, propose, and defend budget needs for services under both strategies. TA support to the generation and analysis of reliable evidence on which to base realistically costed budget submissions would be central to this approach. Building on existing institutional arrangements, including the MEF financial controllers currently co-located in both target ministries will be essential. This is expected to provide a pathway to sustainable budget increases.

***IO: the MoWA, the MoSVY, and the DAC advocate more effectively for line ministry implementation of, and reporting on, responsibilities under the NAPVAW2 and the NDSP***

Linked to the previous IO, through aligning with the RGC's PFMRP, and through ongoing political economy analysis, ACCESS would work with the MoWA, the MoSVY and the DAC to **generate evidence and analysis that will assist other non-target line ministries with responsibilities under the NAPVAW2 and the NDSP to deliver on their NAPVAW2 and NDSP responsibilities**. An initial engagement with the Ministry of Health (MoH) is likely. This would provide a pathway for the MoWA, the MoSVY and the DAC to increasingly assume a facilitation role with respect to the line ministries that face challenges in implementing their responsibilities under the NAPVAW2 and the NDSP. Building relationships, and generating and analysing data are central elements of this approach.

***1.2 NGO-focused workstream***

Recognising that NGOs' financial sustainability is an internal matter for each NGO, this workstream would foster **development of a funding diversification strategy that NGOs, particularly local NGOs, could apply**. The strategy would include accessing private sector funding, including through corporate social responsibility (CSR) and social entrepreneurship activities in Cambodia. Opportunities may exist for corporate-sponsored sports events, or the development of branding/logo campaigns evidencing a company's support to initiatives targeting persons with disabilities or people affected by GBV.

***IO: NGOs have more diverse and sustainable funding sources for services***

While funding diversification is ultimately an internal matter for each NGO, this IO will **support efforts to diversify funding**, particularly by local NGOs that Australia has been working with for many years and that continue to play essential roles in service provision. This IO seeks to address ongoing provision of those services, while localising and diversifying funding sources for local NGO sustainability.

***EPO 2: Increased accessibility of quality services for persons with disabilities and people affected by GBV***

Under this EPO there will be two activity workstreams focusing on the two target groups (persons with disabilities and people affected by GBV). Activities in the workstreams under this EPO could be scaled to include other services and target groups where funding available. **An initial focus on the health sector** elements of both workstreams is proposed. This takes into account the technical alignment in both workstreams,





capitalises on gains made under the previous investments under EVAW and DRIC, and provides opportunities for synergies and encouragement through DFAT health sector investments, such as the Cambodia Health Equity and Quality Improvement Project (H-EQIP).

## **2.1 Gender-based violence workstream**

While the focus of activities in this workstream will be on services, the overall approach and grantee criteria will **emphasise integration of prevention principles**. This will be both primary prevention in terms of the role of service providers in shifting social norms around acceptance of and reliance on violence; and secondary prevention due to the role of services in mitigating further incidents.

### ***IO: Increased adoption and operationalisation of standards for services for people affected by GBV***

This will prioritise two areas of service provision:

**Health sector: Counselling and psycho-social support** as outlined in the Minimum Standards for Basic Counselling of Women Survivors of GBV (the MoH and the MoWA, 2016), and the role of health services as outlined in the National Guidelines for Management of Violence Against Women in the Clinical Handbook on Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence (the MoH, 2016).

**Justice:** Implementation of the forthcoming guidelines on mediation (expected in 2017), legal assistance and potentially strengthening the role of the MoWA Judicial Police Agents. It is not proposed to engage beyond this with the formal justice sector.

Other services may be supported, on the advice of the MoWA and with consideration of referral needs (see following outcome).

### ***IO: the MoWA effectively supports referral and coordination networks at national and sub-national levels***

Activities under this IO will **focus on the MoWA's role in building network capacity, relationships, and compliance to the Referral Guidelines** for Women and Girl Survivors of Gender-Based Violence (the MoWA, 2016). Work will build on the Access to Justice for Women Phase 2 (ATJW2) communities of practice approach implemented in two provinces by the Gesellschaft für Internationale Zusammenarbeit (German Agency for International Cooperation, GIZ). The aim will be **to fulfil the virtual one-stop service centre model that the MoWA advocates**. It is anticipated that expansion would be based on a thorough mapping of service availability and needs. The Provincial Departments of Women's Affairs (PDoWA) and Provincial, District, and Commune Committees for Women and Children (PCWC, DCWC, and CCWC) are key stakeholders in relation to this IO. There are opportunities to link to the work of the DFAT-funded Community Policing Initiative (CPI), and the MoWA Judicial Police Agents and Officers.

## **2.2 Disability workstream**

### ***IO: Rehabilitation and employment services support increased economic inclusion of persons with disabilities***

It is proposed to start **engagement on economic inclusion with a focus on persons with disabilities**. Opportunities may also be explored to expand activities under this IO to economic empowerment for people affected by GBV, women more broadly, or other marginalised groups, particularly if more funding becomes available.

**The initial focus will be on social inclusion through rehabilitation, including prosthetics and other aids, and on formal employment through job placement and sensitising workplaces, as well as strengthening the workforce readiness of persons with disabilities.** There will be openness to promoting entrepreneurship of, or involving, persons with disabilities, but with a focus on only supporting financially viable and sustainable enterprises. ACCESS will not support small grants and loans or well-intentioned but poorly conceived ventures based on low-level skills with no clear market links.

### ***IO: the PWDF increasingly independently manages rehabilitation services***

Activities under this IO will **build management readiness for sustainable quality services following the planned handover to the PWDF of rehabilitation services**, currently operated with support from a range of international

**organisations.** Rehabilitation services have been prioritised because of the important role they play in enabling social and economic inclusion of persons with disabilities, and in providing emotional and social support to clients and their families. There is an existing network of 11 rehabilitation centres, one Spinal Cord Injury Centre, one orthopaedic component factory and three orthotic and prosthetic repair workshops contemplated under this outcome.

#### ***IO: employment services established for persons with disabilities***

This is a new and exploratory area for program support and so multiple approaches will be adopted. An early focus will be on **establishing a job placement service linking persons with disabilities with formal employment opportunities.** Activities under this IO will also support the further objective of breaking down stigma and discrimination against persons with disabilities seeking employment.

### ***3. Cross-cutting workstream***

#### ***IO: Sub-national investment plans promote social inclusion and responses to GBV***

Grant support will be provided to NGOs, international agencies and other partners across both sectors working to engage with and influence commune investment plans and links to the RGC Village and Commune Safety Policy (VCSP). Anticipated activities include minimising risk factors associated with GBV, such as alcohol consumption. It is also proposed that the program supports development of a more coordinated approach and of supporting materials to build commune councils' understanding of, and commitment to, social inclusion, particularly of persons with disabilities. Taking a PFM approach, ACCESS will work with the MoWA/PDoWA, the MoSVY to **better understand and influence provincial and district planning, budgeting, and supervision that promotes social inclusion, particularly for persons with disabilities, and that contemplates appropriate responses to GBV.** This will require engagement with the MOI and the National Committee for Democratic Development (NCDD), the two key advocates of D&D reform.

#### **PROPOSED DELIVERY APPROACH AND KEY PARTNERSHIPS**

##### ***ACCESS will take an 'accompaniment' approach***

ACCESS will adopt an accompaniment approach (a process of progressive TA and support to operationalise capacity development) as follows:

- › Supporting planning process in each of the MoWA and the MoSVY that prioritise the RGC's responsibility for service delivery. For example, the Program's geographic footprint will be determined in consultation with the MoWA and the MoSVY and considering need and existing service provision levels by both NGOs and government;
- › Selection of activity sites will be centred on joint RGC-GoA agreement, taking into consideration jointly developed site selection criteria. These criteria could include: a link to previous GoA-funded activities (EVAW/DRIC or other – i.e. CPI); established working relationships with authorities and stakeholders; GBV incidence data; and community data (women, children, persons with disabilities, economically vulnerable communities, and ethnic minorities);
- › At national level ACCESS will strengthen the capacities of the MoWA, the MoSVY, and the DAC to secure and execute increased budgets to assure improved quality of services, and to support other line ministries in the same efforts; and
- › ACCESS will also work with subnational stakeholders, where possible aligning with national efforts, to improve quality service delivery, particularly through improved understanding and coordination of services.

The Program will include a **competitive grants mechanism**, with clear criteria. Grants are expected to be long term, with two rounds over the life of the Program (Year 1 and Year 3). Selected activities and specialist TA are expected to be tendered.***Program Governance***

A **joint RGC-GoA Inter-Ministerial Steering Committee** (ACCESS Steering Committee, ASC) is proposed, including representation from the MoWA, the MoSVY, the DAC, DFAT (Development Counsellor or similar), the MEF and the ACCESS Team Leader (Managing Contractor).

ACCESS management team and TA personnel, and representatives from NGOs and international organisations may be invited to attend on an advisory basis. It is proposed that the ASC meets at least six monthly to provide strategic guidance and review progress. DFAT and the RGC will agree on appropriate arrangements for the ASC.

### ***Accessing funds through the grants mechanism and monitoring progress***

Ministry (and sector) specific workstream meetings at each of the target ministries would conduct joint planning and generate activity proposals for funding through the ACCESS competitive grants mechanism. It is proposed that the ministry's executive at each of the target ministries leads these meetings. The joint planning processes will enable the relevant target ministries, together with NGOs and international agencies, opportunities to work together to develop activities that meet agreed ACCESS funding criteria. Two grants rounds are proposed: Year 1 (for Years 1-3), and Year 3 (for years 4 and 5). Grantees (activity implementers) are expected to include NGOs, international organisations, and the private sector. Separate contractual arrangements will apply to DFAT funds allocated to UN agencies in line with this decision-making process.

An ACCESS Grants Panel (AGP) would screen proposals developed through these joint planning processes and decide on grants. Proposed membership of the AGP is: DFAT First Secretary Development Cooperation; representatives of the MEF and the Managing Contractor; and an independent member drawn from an NGO or the private sector.

### ***Implementation Management***

The GoA will procure services of a Managing Contractor to implement ACCESS, including sourcing and managing international and national short-term and long-term TA personnel to provide accompaniment, conduct research, monitoring and evaluation (M&E), performance and results reporting, and grants monitoring and management. TA personnel with specialist expertise in disabilities, GBV, and PFM are anticipated. The appointed Managing Contractor would need to deploy staff with grants management expertise.

### ***Monitoring, Evaluation and Learning***

The Program would adopt **an embedded approach for monitoring, evaluation and learning** (MEL) where activities generate data which contribute to incidence mapping and to social accountability. This approach could include common indicators across grantees linked to the NAPVAW2 and the NDSP. These demands would be light, with grantees using their own systems to generate these data. The MEL would include development of practice examples, which would be used as communication materials for application elsewhere. Grantees will be required to collect data on incidence when conducting any activity at community level. The MEL would **include an annual joint reflection process linked to the annual plan**. A grants stocktake would take place at the end of Year 3, with a view to conducting a final smaller round of grants in Year 3 (for Years 4 and 5).

ACCESS will generate **six monthly progress and financial reports**, as well as activity results report as required by the RGC and by DFAT. Where possible non-financial progress reports and activity reports will be made available to ACCESS stakeholders.

## CRITICAL RISKS AND CHALLENGES TO SUCCESS

- › **Demands on capacities and financial and human resources:** There is a risk that the tasks of building financial management capacities in target ministries, concurrently with building service delivery capacities for persons with disabilities and for people affected by GBV, will burden the financial and human resources of the target ministries. The Managing Contractor will need to work closely with the target ministries to identify realistic targets, take advantage of opportunities, and to build internal MEL systems, which can support sound decision-making.
- › **Fragmented approach dissipates investment:** The absence of an upfront agreement about the Program's footprint may result in dissipation of the GoA's investment through this Program and other GoA investments, such as the CPI. The Managing Contractor will support proposal screening through provision of TA support to target ministries and to NGOs, and through TA to develop proposal guidelines, aiming to maximise cohesion and opportunity for mutual reinforcement of results.
- › **RGC budget allocations for GBV and disability services do not increase:** It is possible that despite this modest investment and best efforts, there would be no increase in RGC budget allocations for inclusive services, with the result that funding service provision would continue to fall to the donor community. The Managing Contractor would be required to develop a strategy which maximises the influence of the Program on budget allocations, including through high level financial/budgetary TA. Detailed and ongoing political economy analysis will also be required to prosecute this strategy. Relationships with development partners, donors, and other actors in both sectors would need to be actively fostered, including with the MEF.
- › **Upcoming electoral process disrupts opportunities to realise progress:** General Elections to be held in 2018 present certain risks which may disrupt program implementation. DFAT will monitor the political environment, permitting early identification of risk to enable realignment of the Program, if necessary. The appointed Managing Contractor would need to have documented risk management plans in place.

## TIMEFRAME FOR ENGAGEMENT AND RESOURCE COMMITMENTS

A **budget of AUD25 million over five and a half years** is proposed. The Program will commence in the first quarter of 2018 and run through to 30 June FY2022/23.

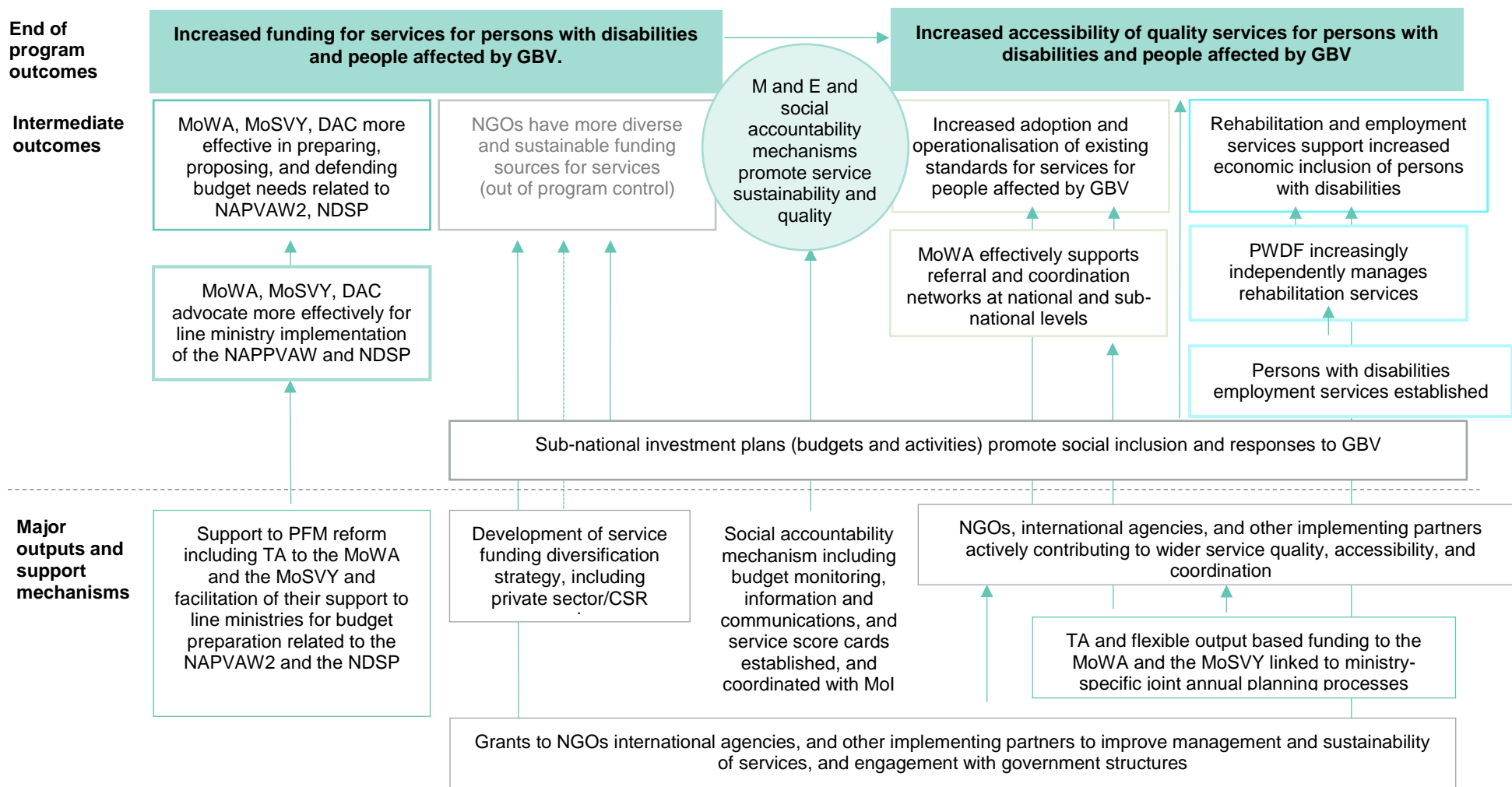
As ACCESS builds on previous DFAT investments in Cambodia and engages in the majority with existing government and non-government stakeholders, the investment is considered **low risk**.

The draft ACCESS Program Logic Model is set out overleaf.

Tables highlighting key differences of approach between the former programs (DRIC and EVAW Program) and the proposed ACCESS Program follow the Program Logic Model.

## ACCESS Program logic model

Goal: Improved sustainability of quality, inclusive services





### Key Differences between the DRIC and ACCESS

|                                             | DRIC program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACCESS                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Modality                                    | Implemented by three UN agencies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | All implementation to be managed by a Managing Contractor appointed team (grants, tenders, technical assistance)                                                                                                                                                                                                                        |
| Implementing partners                       | DRIC managing partners:<br>– UNDP, UNICEF, WHO<br>Main implementing partners:<br>– CDPO, DAC, Mol, MoSVY<br>– 15 grantees for service delivery                                                                                                                                                                                                                                                                                                                                                                                              | To be identified through a competitive grant or tender process.<br>Potential to contract technical assistance through UN Agencies to support the MoWA and implementation of existing guidelines                                                                                                                                         |
| Goal                                        | Improved quality of life for persons with disabilities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Improved sustainability of quality, inclusive services including physical rehabilitation, access to the labour market for persons with disabilities and other relevant to be selected services for persons with disabilities. By the end of ACCESS, the government should have taken over a substantial amount of funding for services. |
| Purpose                                     | Supporting RGC in improving the quality of life of persons with disabilities, and support the implementation of the NDSP and UNCRPD.                                                                                                                                                                                                                                                                                                                                                                                                        | ACCESS continues to improve the quality of life of persons with disabilities with focus on increasing government funding for the implementation of the NDSP and improving the quality of services for persons with disabilities including access to the labour market.                                                                  |
| Major outcomes / End of Program Outcomes    | Component I: Increased capacity of DAC to implement the NDSP through rights based approaches.<br>Component II: Increased capacity of CDPO to create awareness of the needs of persons with disabilities.<br>Component III: Increased access to physical rehabilitation services and increased capacity of PWDF to manage physical rehabilitation services.<br>Component IV: Increased capacity of and collaboration between sub national decision makers, civil society and communities to achieve the rights of persons with disabilities. | ACCESS continues to support services delivery and physical rehabilitation for persons with disabilities. A new aspect is the focus on the inclusive employment hub to increase the economic inclusion of persons with disabilities.                                                                                                     |
| Supporting outcomes / intermediate outcomes | Component I: Increased capacity of DAC and NDSP implemented.<br>Component II: Increased capacity of CDPO and inclusion of persons with disabilities.<br>Component III: Increased capacity of PWDF and increased access to physical rehabilitation services.<br>Component IV: increased access for persons with disabilities to community based services and increased capacity on sub-national level.                                                                                                                                       | ACCESS continues to support capacity development of DAC and PWDF and MoSVY in increasing their national budgets as well implementing the NDSP.<br>ACCESS continues to support PWDF to develop capacity to manage the physical rehabilitation centres.<br>ACCESS develops employment service for persons with disabilities.              |

### Key Differences between the EVAW Program and ACCESS's GBV approach

|                                             | DFAT EVAW program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Modality                                    | Grants and contracts administered by DFAT with support from a project office in MoWA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | All implementation to be managed by a Managing Contractor appointed team (grants, tenders, technical assistance)                                                                                                                                                                                                                                                                                                                                                |
| Implementing partners                       | 15 National and International NGOs: <ul style="list-style-type: none"> <li>– GIZ, including sub-agreements with Transcultural Psychosocial Organisation, Legal Aid Cambodia, Banteay Srei and Cambodia Women's Crisis Centre.</li> <li>– The Asia Foundation, including sub-agreements with Punleu Komar Kampuchea Organisation, People Centre for Development and Peace, Transcultural Psychosocial Organisation, and Open Institute.</li> <li>– UN Women, CARE, UNFPA, Transcultural Psychosocial Organisation</li> <li>– Agency for Technical Cooperation and Development, including sub-agreements with Legal Aid Cambodia and Social Services Cambodia.</li> <li>– Legal Aid Cambodia, Hagar</li> </ul> | To be identified through a competitive grant process.<br>Potential to contract technical assistance through UN Agencies to support the MoWA and implementation of existing guidelines                                                                                                                                                                                                                                                                           |
| Goal                                        | Sustained reduction in violence against women in Cambodia.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | While program strategies focus on contributing to a shift in the social norms that support and reinforce gender inequality and thus contribute to the level of violence, the focus, and thus program accountability is on increasing the sustainability of quality, inclusive services                                                                                                                                                                          |
| Purpose                                     | To contribute to an effective, systematic and accountable response to, and prevention of, violence against women in Cambodia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ACCESS continues to focus on the overall response to GBV, with a focus on increasing the government budget for implementation of the NAPPVAW, and through this mechanism, as well as grants to NGOs active at the district and commune level, will contribute to prevention efforts.                                                                                                                                                                            |
| Major outcomes / End of Program Outcomes    | Services: The provision of accessible, appropriate and quality services to victims of violence at the point of seeking assistance, including expanded options for referral services.<br>Prevention: Strategies developed to promote positive change in perceptions, attitudes, behaviours, beliefs, practices, and social norms.<br>Justice: A protective investigation and legal process that is responsive, effective, treats survivors of violence with dignity and holds perpetrators accountable.                                                                                                                                                                                                       | ACCESS retains the focus on services and strengthening the referral network.<br>Universal primary prevention strategies are not a focus of ACCESS, but it is expected that NGO grants will contribute to prevention efforts (such as continuation of initiatives aiming to reduce the effects of alcohol on violence). The approach recognises the important potential role of service providers and local leadership in shifting social norms around violence. |
| Supporting outcomes / intermediate outcomes | Institutional support and coordination: Government, donors, the private sector and Non-Government Organisations (NGOs) work together to improve institutional support and coordination on VAW.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ACCESS retains this focus but with more of an emphasis on political economy and public financial management.                                                                                                                                                                                                                                                                                                                                                    |
|                                             | Research and evidence: Research and evidence on VAW is used to improve planning and implementation of EVAW responses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The focus will be on implementation, building on the research base provided by the previous program. The M&E framework (M&EF) emphasises contributing to wider efforts to monitor NAPPVAW implementation, and to contribute to an evidence base regarding promising approaches.                                                                                                                                                                                 |



## COUNTRY / REGIONAL AND SECTOR ISSUES

### **Royal Government of Cambodia policy context**

#### ***Gender Based Violence (GBV)***

The NAPVAW2 is the primary RGC policy that sets out key strategies for government, national institutions, civil society, development partners and international organisations to work together to prevent and eliminate VAW and provide protection to victims of GBV.

*The Strategic Plan for Gender Equality and the Empowerment of Women 2014-2018* (Neary Rattanak IV) supports the reform process of the MoWA, providing effective gender analysis, institutional advocacy and policy advice across Government. The Neary Rattanak IV seeks to:

- › Promote the provision of, and access to, quality and affordable health services responding to women's specific health needs;
- › Ensure safety for women and girls in the family and society through awareness raising and by implementing relevant action plans, laws and regulations to prevent GBV; and
- › Improve aid effectiveness and development sustainability through institutional capacity development, ownership and partnership (MoWA, 2014, p. 15).

#### ***Disabilities***

The RGC's *National Disability Strategic Plan 2014-2018* (NDSP) seeks to:

- › Provide social protection, education, vocational training, employment, job placement and other services to persons with disabilities;
- › Empower the life of persons with disabilities in the society through participation in decision making and political; and
- › Improve access to the physical environment, public transport and facilities, knowledge, information and communication. (Disability Action Council, 2014, p. 4).

The RGC's 2009 *Law on the Protection and the Promotion of the Rights of Persons with Disabilities* provides a key legal framework for persons with disabilities in Cambodia, including in respect of employment, and vocational training.

#### ***Australia's contribution***

Australia has been an active contributor in both sectors for a number of years and currently implements two separate five-year programs ending in 2017, addressing violence against women and disabilities in Cambodia: a \$13.5 million Ending Violence Against Women (EVAW) Program, and a \$10.4 million Disabilities Rights Initiative Cambodia (DRIC) Program.

The proposed ACCESS Program aims to build on these investments and promote the sustainability of quality, inclusive services for people affected by GBV, and for persons with disabilities. As relevant, ACCESS will work within the framework of the NAPVAW2, particularly the objective to increase the provision of easily accessible, appropriate, quality services, and of a coordinated response the varied needs of all survivors of GBV, without discrimination (strategic area 2). Within this strategic area there are six outcome areas that ACCESS has the potential to contribute to, but the focus will be on outcome 9, related to strengthening the referral process and network; outcome 12, related to the health sector; and potentially through NGO partnerships, outcome 10 (counselling), and 13 (legal aid).

In the disability sector, ACCESS will support the achievement of the NDSP. ACCESS' work will directly support the NDSP's strategic objective 1 on employment of persons with disabilities,

strategic objective 2 on health services including physical and mental rehabilitation and strategic objective 10 on cooperation from international to sub-national level. ACCESS will indirectly support strategic objective 9 on gender equality due to synergies between ACCESS' GBV and disability components.

## DEVELOPMENT PROBLEM/ISSUE ANALYSIS

### *Hybrid RGC/NGO disabilities and GBV service provision likely to continue*

Given DFAT's history of support in both GBV and disabilities sectors in Cambodia, and taking into account, the emerging Cambodian economy, it is timely to shift the focus of Australia's aid from supporting service provision to building sustainability, local ownership and support for the delivery of inclusive services. While potential exists for greater integration of some activities with RGC services, particularly in the health sector, the RGC does not have a defined policy for direct service provision for persons with disabilities or people affected by violence. The RGC is currently considering how it might sub-contract non-government service providers. Cessation of donor funding to non-government service providers would have significant impact on those in need as well as a loss of progress made to date. NGOs will therefore continue to have a critical role to play in providing services.

### *Strengthening the coordination roles of the MoWA and the MoSVY is needed*

Each of the MoWA, the MoSVY, has a clear role in respect of the NAPVAW2 and the NDSP respectively, but faces capacity constraints, particularly at sub-national levels. The MoWA has a policy and monitoring (rather than implementing) role is clearly recognised across the sectors. The MoSVY's role is to implement activities under the NDSP and the Disability Action Council's (DAC) role is to coordinate activities. An investment in strengthening the policy and coordination functions in both sectors would exponentially progress the implementation of both strategies.

The MoSVY is responsible social affairs, veterans and youth rehabilitation. The MoSVY has seven technical departments. The ministry has representatives at provincial level (PoSVY) and at district level (DoSVY). A key MoSVY institution for the disability sector is the Department of the Welfare of Persons with Disabilities (DWPD). Within DWPD sits the Disability Rights Administration (DRA). The Persons with Disability Foundation (PWDF) is housed under the 'Public Enterprises' section in the MoSVY but DPWD is responsible for its organisation and functioning. The DAC, however, is not part of the organizational structure of the MoSVY. (Bailey, 2014).

The main functions of the DWPD are to implement activities to increase the welfare of persons with disabilities; develop policies to promote the welfare of persons with disabilities and monitor the implementation of the RGC Disability Law and the United Nations Convention on Rights of Persons with Disabilities (UNCRPD). The DWPD also develops action plans for vocational training, rehabilitation, job creation as well as cultural and sport activities for persons with disabilities. The DRA is the arm of the DWPD at provincial and district levels. The PWDF's role is to coordinate and manage the 11 rehabilitation centres and one prosthetics and orthotics factory, of which nine are currently run by international organisations (IOs). Currently the PWDF is facing some capacity challenges in managing the rehabilitation units effectively. Two physical rehabilitation units were transitioned to the PWDF however IOs have subsequently provided surge support. (Bailey, 2014)

The DAC's role as a semi-government organisation is to: develop the NDSP; manage, organise, implement and report on the implementation of the UNCRPD; develop national reports on situation of persons with disabilities and submit them to the RGC; and organise the national and international day for persons with disabilities and other events related to persons with disabilities. The DAC has a horizontal structure along all line ministries through Disability Action

Working Groups (DAWG). The DAWGs are responsible for budgeting for the implementation for the NDSP. Disability action councils have been established at provincial level to give the DAC outreach in the provinces. (Bailey, 2014)

***The political economy of effecting budget increases at national and subnational levels is challenging***

The MoWA currently has strong and engaged leadership, but faces challenges with cross-ministerial influence and funding. The MoSVY is in a similar position, although the disabilities sector receive heightened attention from the RGC and the international community. The MoWA and the MoSVY can only encourage line ministries to allocate their resources to activities under the NAPVAW2 and the NDSP. Meeting service delivery objectives contained in the NAPVAW2 and the NDSP has not yet been realised. Engaging the MEF in ACCESS could ensure policy buy in to this agenda. Budgetary support can incentivise government activity, but DFAT is not able to easily provide on-budget support to these Ministries, nor does this seem an appropriate strategy at this time. **There is some optimism that evidence based, realistic budgeting processes, combined with inter-ministerial relationship building and advocacy will yield positive budget outcomes** (mentioned by both the World Bank and the MoWA). The PFM reform and the D&D reform processes both offer opportunities for different approaches. However, Cambodia is also entering a time of election induced uncertainty. This combination of factors, especially in the case of D&D, will require careful identification of entry points for sub-national engagement.

***International organisations' valuable policy dialogue contributions***

In parallel with the valuable role that NGOs have played in supporting the RGC's efforts to deliver services to persons with disabilities and to people affected by GBV, UN agencies have played a valuable role in both sectors, strengthening policy and legislative framework development, as well as contributing to service delivery. Given the current contexts in both sectors, opportunities exist for future Australian support to continue to engage with UN agencies, principally on policy dialogue and leveraging UN expertise to improve service delivery quality.

***NGOs have played an important technical role but are nervous about a closer RGC alignment***

National and international NGOs through funding, technical assistance, development of service standards guidelines and protocols, and management accompaniment have been important in building the quality and coverage of services. Several opportunities to consolidate and expand on gains made to date were identified, particularly moving to implementation of policies and guidelines developed with previous support. DRIC and EVAW program efforts to bring NGO, UN, and government actors together have assisted coordination, sharing of lessons and experience, and cross-learning. These elements are widely valued and opportunities exist for them to continue. Fostering closer relationships between NGOs and the RGC will require careful handling by the program.

***RGC allocates limited budget to GBV related activities***

There is minimal state budget allocated to GBV-related activities. Consequently, services such as shelters, counselling, and legal aid, tend to be provided by CSOs, using their own independently raised funds or donor grants. While there was a suggestion during the design consultations that the government is less likely to fund services while donors and CSOs are doing so, it also does not appear that the RGC is positioned to fully support service provision in the face of donor funding reductions in the short term. A preliminary analysis of the cost of violence under taken by UN Women identified that the Ministry of Health is the only ministry with a budget allocation of any significance for GBV-related interventions (UN Women, 2013, pp. 34-35). The study does not provide further details. Without external support, a number of services will close.

The UN Women cost analysis found that a lack of coordination resulted in numerous gaps and ultimately impacted the level and quality of support available. Coordination limitations also

resulted in funding inefficiencies due to overlap or duplication between the various supporting agencies (government, donors, and civil society among international donors, the government and NGOs (UN Women, 2013, p. 33). The lack of necessary information led the researchers to conclude that it was not possible to complete a costing analysis at that time. UN Women expects to complete a costing analysis of service provision related to violence against women in 2017.

### ***Gender inequality is the underlying cause of GBV***

Globally it is now widely accepted that gender inequality is the underlying cause of GBV. This is evidenced at various levels, as summarised in in **Annex 2**.

GBV has serious short and long-term physical, psychological, and sexual and reproductive health consequences for those affected, and for any person to experience this it is a serious event. GBV has both direct and indirect economic costs. These include the cost of providing and accessing the range of health and social services needed, as well as justice sector responses such as police, investigation, legal costs, court costs and prison or rehabilitation services (direct costs), and lost earnings, poor performance or absence from work, time lost due to physical and psychological health effects, and the generational effects on children (Waters, et al., 2004). GBV also hampers other efforts to promote gender equality because it limits (particularly) women's choices, their employment and income generating opportunities, and their potential to engage in decision making and leadership roles.

In Cambodia, the dominant form of GBV is intimate partner or domestic violence. In the National Survey on Women's Health and Life Experiences in Cambodia, undertaken in 2014 using the World Health Organisation (WHO) methodology (considered the gold standard for national violence incidence and prevalence studies), approximately **one in five ever partnered women aged 15-64 reported having experienced physical and/or sexual violence by an intimate partner** at least once in their lifetime. Eight percent reported experiencing physical or sexual violence in the 12 months prior to the survey. For those experiencing violence, it was more likely to be severe (for three quarters of women) and frequent, rather than a one-off incident (MoWA, 2015, p. 46). Cambodian women also experience non-partner violence. The same survey found that 14 percent of women aged 15-64 reported having experienced physical violence by someone other than an intimate partner after the age of 15, and four percent had experienced sexual violence by a non-intimate partner (MoWA, 2015, p. 58).

### ***The need to funding sustainable GBV services and to address gender social norms***

These factors – the level of violence in Cambodia, and the recognition of the need to position any GBV related programming within a broader gender equality and inclusion framework, provide a rationale for the approach proposed in this Program. While the prevalence and incidence of GBV is sufficiently high in Cambodia to warrant attention, it is not as endemic as it is in other settings.<sup>24</sup> Therefore **this design aims to achieve an increase in sustainable services financing, and improved quality, accessibility, and inclusion that is also playing a role in shifting wider social norms around gender equality and women's right to live free from violence.**

### ***Economic and social inclusion of persons with disabilities***

Economic inclusion is a mandatory goal for the RGC as a ratifying party since 2012 of the UNCRPD. Article 27 of the UNCRPD states that *"States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities."* (UN, 2006). The RGC's Law on the

<sup>24</sup> For example, a comparable study (using the same methodology) from Timor-Leste found the proportion of women who reported physical or sexual violence in the preceding 12 months to be 46.6 percent – almost six times more than the proportion in Cambodia (The Asia Foundation, 2016).



Protection and the Promotion of the Rights of Persons with Disabilities reiterates in chapter seven the right of persons with disabilities to employment and vocational training. (RGC, 2009). An additional RGC sub-decree (RGC, 2010) sets employment quotas for persons with disabilities in government institutions to two percent and in private companies to one percent of the total workforce.

This approach is also reflected in DFAT's Development for All 2015-2020 Strategy for strengthening disability-inclusive development in Australia's aid program. It is Australia's national interest to contribute to sustainable economic growth and poverty reduction. This means for disability inclusive development to improve the quality of lives of persons with disabilities through:

- › enhancing participation and empowerment of persons with disabilities, as contributors, leaders and decision makers in community, government and the private sector;
- › reducing poverty among persons with disabilities;
- › improving equality for persons with disabilities in all areas of public life, including service provision, education and employment. (DFAT, 2015)

During the design mission to Phnom Penh a member of a focus group discussion with DPO representative made the following statement: *"Without money, I just don't count. Once I have money, people take me seriously. People don't care about my disability if I have money."* The statement reflects the urgent need of persons with disabilities for economic inclusion. Unfortunately until today stigma and economic deprivation exclude many persons with disabilities as being recognized as full members of society. The above statement also emphasises that economic empowerment and as a result social inclusion of person with disabilities will reduce disabling attitudinal barriers mentioned in the UNCRPD (UN, 2006, Preamble (e)).

### ***Challenges facing economic inclusion of persons with disabilities***

Even if **persons with disabilities** have sufficient educational qualifications, they have fewer social contacts than their non-disabled peers and are likely to have a more limited life experience. As a result they have challenges in accessing information about what careers are available or how to get into those careers. In addition to this, services to support their engagement in the work force, such as accessible transportation and training are often either not available or not accessible for persons with disabilities. Persons with disabilities themselves also may lack self-confidence as well as life skills and may not be ready for a workplace mentality. A unique set of needs faces persons with disabilities when they seek economic inclusion.

**Employers** have a range of reasons for employing or not employing persons with disabilities. Some employers directly reject candidates with disabilities; others employ them for charity reasons or due to CSR programs; and a few are aware that persons with disabilities can work well. Both kind of employers – those with positive and those with negative attitudes – have low expectations to the achievement of persons with disabilities and have little capacity to help them perform better.

Barriers arise in form of inaccessible working environments; non-existence of suitable transportation; insufficient knowledge about reasonable accommodation and low cost solutions; insufficient support services for workers with disabilities; or simply unverified prejudices.

To bridge these gaps persons with disabilities and employers need a bridge or **match-maker** to bring persons with disabilities into employment. After successful matchmaking, both side usually have a need for **continues coaching** over a certain amount of time to ensure the sustainability of the employment.

### ***The RGC faces challenges in uptake of management of rehabilitation centres***

The RGC faces capacity and financial challenges associated with the transfer of responsibility from external management to RGC management. Rehabilitation services have been prioritised because of the important role they play in enabling social and economic inclusion of persons with disabilities, and in providing emotional and social support to clients and their families. There is an existing network of 11 rehabilitation centres and two orthotic and prosthetic services that would require various levels of on-going support to ensure that management capacities within the RGC are built and maintained.

A 2016 WHO report about the sustainability of physical rehabilitation services in Cambodia included nine recommendations that are highly relevant to the proposed ACCESS Program. One of the recommendations focuses on the idea of progressive cost sharing between the RGC and international organisations where the RGC over time increases its responsibility for the majority of the funding. (Bailey, Ensuring Sustainability of Physical Rehabilitation Services in Cambodia: Analysis of Transition Process, 2016)

## EVIDENCE-BASE/LESSONS LEARNED

The design terms of reference directed the design team to explore investment in three components:

1. Capacity development, awareness raising and advocacy (including primary prevention of VAW);
2. Provision of accessible, appropriate and quality services; and
3. Skills training and establishment of income generating activities.

The design consultations, a review of available lessons and evidence, and consideration of the resources available to the proposed Program, resulted in a somewhat different direction:

- › Component 1 is linked to, and through the entry point of service accessibility;
- › Component 2 is the clear focus of the investment; and
- › Component 3 has, at least initially, a limited focus on rehabilitation and employment services for persons with disabilities.

The rationale and evidence base for this is summarised following, and in more detail in **Annex 2**.

### ***Evidence supporting an investment addressing gender based violence***

The design proposes an **integrated and targeted, rather than broad, stand-alone approach to prevention of GBV**. The design team considered a stronger focus on primary prevention, in accordance with the lead objective of the NAPVAW2. There is also a commonly presented logical argument that preventing violence before it occurs should be the priority on both human rights and economic grounds.

There is still a very limited evidence base on what works for prevention. Some of the more promising examples are extremely resource intensive, require considerable attention to formative research and messaging, and would quickly eat up this programs resources – both in time and money.

There have been some efforts under the existing DFAT EVAW Program to influence the portrayal of violence in the media, but this has proven difficult in the current commercial and political climate. As is the case in other settings, there are good results emerging from work to address alcohol as a trigger or something that exacerbates violence. Such initiatives can continue to be supported through the grants program

A key lesson from global GBV programming is **the importance of a multi-sectoral response**, and avoiding ‘silo-ing’ (Heise, 2011; Ellsberg, et al., 2015; Michau, Horn, Bank, Dutt, & Zimmerman, 2015). An evidence review completed by WHO found that programs which offer services such

as advice, counselling, safety planning and referral to other agencies – can increase the safety behaviours and reduce further harm for those affected by intimate partner violence (WHO, 2010, p. 112). Further, there is emerging that supporting women affected by violence through the referral network and connecting them to services, including legal services and information, is a promising intervention (Arango, Morton, Gennari, Kiplesund, & Ellsberg, 2014, pp. 25-26). This program includes a specific focus on the referral network and the accompaniment function that can be filled by PDoWA, DoWA, and Women's and Children's Committee members.

The design includes a **specific focus on the health sector** through support for implementation of recently finalised guidelines. This builds on the opportunity provided by existing relationships, experience, and the already commenced implementation process. UNFPA and CARE have worked closely with the health sector with support from the DFAT ERAW program, and DFAT is also a supporting partner for the World Bank led H-EQIP initiative that is achieving promising results in terms of sector financing and improvements in service quality. There is a global consensus that the health system has an important role in a multi-sectoral response to GBV (García-Moreno, et al., 2015b, p. 1567) (WHO, 2010, p. 112).

Health workers also have a leadership role, and through their mode of care can demonstrate that violence is not 'just a private matter'. Health workers can also **contribute to shifts in social norms that support rather than further victimise those who are affected by violence**. That is, they have a role in primary prevention of violence (García-Moreno, et al., 2015b, p. 1568).

The inclusion of **implementation of the forthcoming mediation guidelines** also intends to contribute to a multi-sectoral response that also brings in community leaders and institutions, the MoWA's Judicial Police Agents and Officers (JPA / JPO), and community police, and encourages advocacy on behalf of those affected by GBV. There is much debate about the appropriateness of mediation and other informal justice processes in cases of GBV. The reality, however, is that this is where Cambodian women go, if they seek help at all. A review of mediation commissioned by UN Women found that mediation is likely to be *'the most common intervention in intimate partner violence, [that it] will continue, and [therefore] must be moved toward a process that recognises the basic human right of women and girls to live without violence'* (Mauney, 2015, p. 25). Thus, the review has proposed a series of recommendations to develop minimum standards and associated training for mediators. This work is in process and is expected to be completed prior to the start-up of ACCESS.

#### ***Evidence favouring an investment in services for persons with disabilities***

The EOPO of the five-year DFAT-funded DRIC Program implemented by the UN is to ensure that persons with disabilities have increased opportunities for participation in social, economic, cultural and political life through effective implementation of the NDSP and the UNCRPD. The DRIC Program has four components, which are managed by three UN agencies:

- › supporting government implementation of the NDSP and the UNCRPD (UNDP);
- › supporting DPOs to raise the voice and protect the right of persons with disabilities (UNDP);
- › supporting rehabilitation system strengthening (WHO); and
- › inclusive governance and inclusive community development (UNICEF).

The mid-term review found that the DRIC program is relevant for Cambodia and that it is largely on track to achieve its goals. Only the component focussing on physical rehabilitation was found to be very complex and to face ongoing challenges. A mid-term review made recommendations to improve the efficiency of the DRIC Program. The report highlighted challenges in terms of coordination, communication and synergy across components, external communication and coordination, and advocacy. The report also made recommendations to improve the DRIC



Program's sustainability, finding that the program focused too much on transactional aid rather than transformational aid. (Thomas, 2016; Bazeley, 2016)

Opportunities exist for the proposed ACCESS Program to pick up on the DRIC mid-term review finding related to rehabilitation services. Functioning physical rehabilitation services are an essential and much needed step for the empowerment of persons with disabilities in Cambodia. These services enable them to interact with other people and engage in different activities, such as education, work and leisure activities.

Rehabilitation services for persons with disabilities have been prioritised because of the important role they play in enabling social and economic inclusion, and in providing emotional and social support to clients and their families. There is an existing network of 11 rehabilitation centres and three orthotic and prosthetic services that may be reached under this outcome.

Access to jobs and income are the most likely factors which will empower persons with disabilities, increasing their wellbeing and social inclusion. An inclusive employment hub that acts as a matchmaker between persons with disabilities and employers can achieve this goal. An inclusive employment hub will need to cater for two kinds of clients:

- › persons with disabilities who are looking for employment and who struggle to get a job or to maintain employment; and
- › employers that are interested in exploring the possibilities of employing persons with disabilities but who lack knowledge, skills and awareness about how to provide reasonable workplace accommodation for persons with disabilities.

An inclusive employment hub would directly support the NDSP and the RGC sub-decree on the quota for recruitment of disabled persons, building on important RGC initiatives.

### ***Cross-cutting concerns***

Both qualitative and quantitative data suggest that a variety of social norms and beliefs related to gender and family privacy contribute to physical and sexual violence (Heise, 2011, p. 12). A social norm is a rule of behaviour that people in a group conform to because they believe: (a) Most other people in the group conform to it and (b) Most other people in the group believe they ought to conform to it (Alexander-Scott, Bell, & Holden, 2016, p. 9). Social norms also play a role in acceptance of persons with disabilities and reducing stigma and discrimination. In both areas influencing social norms will be an important strategy for increasing access to services.

Working with power holders, or those who set local guidelines and expectations in communities is a critical strategy. Involvement of civil society organisations, particularly women's organisations is an important strategy. CSOs and supportive community leadership also facilitate access to services (García-Moreno, et al., 2015b). Work targeting the roles of Commune Councils and other community leaders can be supported through the grants program. The Managing Contractor will need to factor these elements of how to affect social norms into political economy analysis, and into its TA support to activity implementers' activity proposals.

A recent review of global violence initiatives highlights that while many governments have developed national plans of action to address violence against women and girls or children, few have dedicated budget lines and domestic spending to support them (Arango, Morton, Gennari, Kiplesund, & Ellsberg, 2014). This is also the case in Cambodia in relation to the NAPVAW2, and is in relation to the NDSP. Government funding promoting equitable opportunities of persons with disabilities and enforcing the implementation of the NDSP is not yet available. The NDSP mentions in chapter 7 that although some funding for the implementation and related service provision needs to be sourced from international development partners and possibly from charity and the private sector, ministries need to develop their respective budget plans. (Disability Action Council, 2014).

Therefore, ACCESS includes an emphasis on public financial management and ongoing political economy analysis. This aspect of the proposed approach also bridges the disability and GBV technical areas. This responds to the direction of the original TOR, to provide ‘*flexibility to expand to include other vulnerable persons over the program period*’. It is also consistent with recommendations to ‘*find synergies in investments across sectors, forms of violence, age groups, and vulnerabilities*’ (for example García-Moreno, et al., 2015a, p. 1687).

## STRATEGIC SETTING AND RATIONALE FOR AUSTRALIAN/DFAT ENGAGEMENT

### *The proposed investment aligns with Australia Aid Policy*

Australia’s aid policy identifies gender equality and women’s empowerment as one of six investment priorities, and specifies that more than 80 percent of all programs regardless of their objectives are required to effectively address gender issues in their implementation (DFAT, 2014b, p. 8). The 2016 *Gender Equality and Women’s Empowerment Strategy* (DFAT, 2016) reiterates the aid policy focus on three priorities:

- › Enhancing women’s voice in decision-making, leadership and peace-building;
- › Promoting women’s economic empowerment; and
- › Ending violence against women and girls.

The *Cambodia Aid Investment Plan 2014 – 2018* (AIP) specifies a twin-track approach to promoting gender equality (as does the *Gender Equality and Women’s Empowerment Strategy*). The AIP outlines the desire improving gender equality through all investments, as well as implement a specific program on ending violence against women. DFAT Cambodia staff interviewed expect this approach and focus to continue into the next aid investment plan, while noting that women’s economic empowerment is a growing priority.

Disability-inclusive development is a priority for Australia. This strategy – *Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia’s aid program* – responds to the agenda set out in DFAT’s development policy, and aims to promote improved quality of life of persons with disabilities in developing countries.

### *Why it makes sense for Australia to continue to invest in the disability and GBV sectors*

Robust economic growth averaging 7.6 percent per year in the past two decades has transformed Cambodia from one of the world’s poorest countries to a lower middle-income country. The poverty rate has dropped from 53 percent in 2004 to 20.5 percent in 2011, and then 10 percent in 2013. These figures surpassed all expectations and far exceeded the country’s Millennium Development Goals (MDGs) poverty target. Human development, particularly in the areas of health and education, remains an important development challenge.

In the context of the current strength of Cambodia’s economic growth rate (6.9 percent of GDP, April 2017) and given the decline in partner-funded budget, pro-growth and pro-poor investments appear warranted by the RGC to compensate for development partner-funded budget reductions.<sup>25</sup> Despite an ongoing efforts, Cambodia faces both overall budget constraints and challenges in mobilising expertise to where it is needed and in pushing through PFM reforms required to deliver services to people affected by GBV and to persons with disabilities. Australia’s expertise in both sectors is well regarded within the region. Continued Australian investment in addressing GBV and disability challenges in Cambodia will be highly valued.

The evidence is now strong that high poverty levels impede economic growth. Efforts to address poverty directly through investments in social inclusion therefore support economic growth. Investment in social inclusion points to positive impacts on productivity and labour

<sup>25</sup> <http://www.worldbank.org/en/country/cambodia/publication/cambodia-economic-update-april-2017>

market participation and limits the need for negative coping strategies that can reduce growth. ACCESS will directly target improving social inclusion of persons with disabilities through activities such as an employment hub, and through working with the private sector to build understanding and common approaches.

Similarly, there are economic costs associated with GBV. The cost of pain, suffering and premature mortality and the cost of health services, criminal justice and social welfare services for people affected by GBV are significant. Economic losses also occur due to victims or other members of society funding for their own services or due to lost opportunity costs. There are therefore benefits which would accrue to both individuals and to the Cambodian state of further investment in prevention of GBV.

Working together, the RGC, the GoA and NGO and international agencies have made solid progress in ensuring minimum service provision in both the disability and GBV sectors over the last decade. ACCESS is pitched to work with RGC leadership and systems to strengthen the financial sustainability of services in the disability and GBV sectors. It will also further underpin the delivery of quality services in both sectors. ACCESS provides opportunities for the GoA to accompany the RGC as it builds on achievements to date in each sector.

### ***Australia's value add***

Although Australia is the leading donor in addressing GBV, and one of the leaders in the disability sector, this assistance is relatively small. Australia's support alone cannot assist Cambodia in all its needs. Points of differentiation and value add associated with Australia's approach include:

- › our expertise in disability service provision and on social inclusion, including economic inclusion;
- › our expertise in service provision to persons affected by GBV;
- › DFAT has funded establishment of a network of partnerships and stakeholders within both sectors. Accessing this network will facilitate a smooth and quick transition to a consolidated Program;
- › our flexibility to respond to emerging needs in a manner that complements longer-term assistance;
- › our relationship-centred approach with the RGC, other donors and with the private sector;
- › our focus on specific PFM objectives, aligning with the RGC's PFM reform efforts;
- › our target-ministries'-led coordinated annual planning, and joint review points, ensuring activities contribute to strategic outcomes and avoid overlap;
- › our focus on building sustainability through both increased funds and through strengthening RGC leadership in both sectors.

### ***The investment will provide engagement opportunities for Australia in both sectors***

ACCESS will also provide Australia with opportunities for engagement with a range of stakeholders from the public sector, private sector and non-government sector, including: the MEF; the MoWA; the MoSVY; the DAC; the MoI; Cambodia National Police (CNP); the MoH; the NGO/CSO community; international organisations, including multilateral organisations, such as UN agencies; private sector representatives through CSR initiatives; and academics and researchers. This is an impressive range of interlocutors for Australia. Through grants to activity implementers, Australia will be able to position itself strategically to provide targeted technical and financial resources and work closely with key RGC agencies, such as the MEF, to build sustainable services in both sectors.

## INNOVATION AND PRIVATE SECTOR ENGAGEMENT

### *Why private sector engagement in ACCESS is required*

As the private sector in developing countries provides some 60 percent of GDP, 80 percent of capital flows and 90 percent of jobs, identifying ways to harness private sector to realise ACCESS' objectives will add value.<sup>26</sup> The private sector is defined by Australia as including global and local commercial enterprises (business) ranging from the informal sector to large multinational corporations<sup>27</sup>. As ACCESS will seek to enhance the employability and employment options for persons with disabilities, a focus on private sector engagement also acknowledges that public and private interests need to coalesce for social and economic inclusion to occur. ACCESS will seek to develop closer relationships with the private sector in Cambodia, to implement the inclusive employment hub. Mutual benefits flowing to employers and to individuals with disabilities are anticipated.

### *How Australia will support private sector engagement through this investment*

To advance the objectives above, the Program will facilitate collaboration and partnering with the private sector wherever possible in accordance with DFAT's *Strategy for Australia's Aid Investments in Private Sector Development*, (DFAT, October 2015). This will include ensuring that private sector involvement in ACCESS is complementary, builds value, provides a return on investment, is open and transparent and is investment that shares Australia's commitment to responsible business practices. These factors will inform the Program's selection of private sector organisations.<sup>28</sup> The Managing Contractor will be required to identify appropriate private sector partners and entry points during the six month inception period, with a specific focus on the inclusive employment hub. The requirement will continue throughout the Program's five year term.

### *How DFAT can assist the private sector to play a role building inclusive (and sustainable) services*

DFAT-Cambodia's can help to build inclusive and sustainable services in Cambodia by:

- › convening and influencing others - DFAT's relationship with Australian private sector representatives active in Cambodia will be particularly important;
- › offering knowledge of the sectors, including policy and political economy – DFAT political analysis will be of value to the Program;
- › identifying opportunities for the private sector to engage on activity delivery. DFAT is well placed to work with Australian and international companies to stimulate CSR activities or other activities which support the inclusive agenda in both sectors; and
- › facilitating access to finance and ideas on social inclusion, particularly employment opportunities for persons with disabilities through the proposed inclusive employment hub.

The Managing Contractor will play an important part in supporting DFAT to effect these.

<sup>26</sup> Creating Shared Value Through Partnership, Ministerial Statement on Engaging the Private Sector in Aid and Development, DFAT, August, 2015, p1.

<sup>27</sup> DFAT, (2015). *Strategy for Australia's Aid Investments in Private Sector Development*, October 2015. DFAT Publications. Available at <http://dfat.gov.au/about-us/publications/Pages/strategy-for-australias-aid-investments-in-private-sector-development.aspx>

<sup>28</sup> The Managing Contractor will refine these selection criteria.

### *Innovation*

ACCESS will capitalise in gains in technology availability and accessibility. The technology landscape is rapidly changing in Cambodia. Already mobile phone ownership and use is very high. Ninety six percent of Cambodians claim to own their own phone, 76 percent with Khmer script capability, and 48 percent have a smartphone (Phong, Srou, & Solá, 2016, p. i). Increasingly development programs and partner governments are supporting the development and use of smart phone apps for data collection and submission, and for complementary capacity development tools such as knowledge based games, accessing help desks, dissemination of information, service prompts and so on. The Managing Contractor will need to explore ways that innovation can increase the cost effectiveness of program delivery.

Additionally, ACCESS will seek innovation in its relationship with the RGC target ministries, the subject of this design. Where possible, matching funding arrangements, together with gradual uptake by the RGC of the cost of service provision will be explored. The proposed program's accompaniment approach will support these explorations, while importantly providing TA backstop throughout the term so that both the GoA and the RGC can learn through experimentation and trials of new ways of working to jointly solve service delivery problems in both sectors.



## D: INVESTMENT DESCRIPTION

### LOGIC AND EXPECTED OUTCOMES

ACCESS intends to contribute to the higher-level goals of both the Cambodian and Australian governments related to promotion of gender equality, elimination of GBV, particularly violence against women and girls, and to greater social and economic inclusion of persons with disabilities.

| ACCESS Goal: Improved sustainability of quality, inclusive services                                                            |                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| End of Program Outcome 1: Increased funding for services for persons with disabilities and people affected by GBV              |                                                                                                                            |
| Work-streams                                                                                                                   | Intermediate Outcomes                                                                                                      |
| 1.1 RGC-focused                                                                                                                | MoWA, MoSVY, and DAC more effective in preparing, proposing, and defending their budget needs related to NAPVAW2 and NDSP. |
|                                                                                                                                | MoWA, MoSVY, and DAC advocate more effectively for line ministry implementation of the NAPVAW2 and the NDSP.               |
| 1.2 NGO-focused                                                                                                                | NGOs have more diverse and sustainable funding sources for services.                                                       |
| End of Program Outcome 2: Increased accessibility of quality services for persons with disabilities and people affected by GBV |                                                                                                                            |
| 2.1 GBV                                                                                                                        | Increased adoption and operationalisation of existing standards for services for people affected by GBV.                   |
|                                                                                                                                | MoWA effectively supports referral and coordination networks at national and sub-national levels.                          |
| 2.2 Disability                                                                                                                 | Rehabilitation and employment services support increased economic inclusion of persons with disabilities.                  |
|                                                                                                                                | Persons with Disabilities Foundation (PWDF) increasingly independently manages rehabilitation services.                    |
|                                                                                                                                | Employment services for persons with disabilities established.                                                             |
| 3. Cross-cutting                                                                                                               | Sub-national investment plans promote social inclusion and responses to GBV                                                |

#### Outcome 1: Increased funding for services for persons with disabilities and people affected by gender-based violence

Two work-streams support achievement of this outcome, focusing on realising increased funding for services for persons with disabilities and people affected by GBV.

RGC-focused work-stream:

This workstream would focus on building capacity within the MoWA, the MoSVY, and the DAC to prepare, propose and defend their budget needs to support implementation of both NAPVAW2 and the NDSP. The following two intermediate outcomes are identified.

*Intermediate outcome: the MoWA, the MoSVY and the DAC more effective in preparing, proposing, and defending their budget needs related to NAPVAW2 and NDSP*

Activities required to realise this outcome would centre on strengthening both line ministries' capacities to implement the RGC PFM reform agenda. Building closer technical cooperation between the MEF and the line ministries, through targeted TA support, is anticipated, leading to improved capacity to prepare, propose and defend budget needs. Generation and analysis of reliable evidence on which to base realistically costed budget submissions would be central to this approach. Building on existing institutional arrangements, including the MEF financial controller currently co-located in both line ministries will be essential. This will provide a pathway to sustainable budget increases.

*Intermediate outcome: the MoWA, the MoSVY, and the DAC advocate more effectively for line ministry implementation of the NAPVAW2 and the NDSP*

Linked to the previous outcome, through aligning with the RGC's PFM reform and through ongoing political economy analysis, the proposed program would work with MoWA, the MoSVY, and the DAC to generate evidence and analysis that will assist other external line ministries with responsibilities under the NAPVAW2 and the NDSP to prepare, present and defend budget elements necessary to deliver on their responsibilities. This would provide a pathway for the MoWA, the MoSVY, and the DAC to increasingly assume a 'facilitative' role with respect to the line ministries, who are challenged by the imposition of NAPVAW2 and NDSP responsibilities. Building relationships and generating and analysing data are central elements to this approach.

NGO-focused workstream:

Recognising that NGOs financial sustainability is an internal matter for each NGO, this workstream would foster development of a funding diversification strategy that NGOs, particularly local NGOs, could apply. The strategy would include accessing the private sector's funding, including corporate social responsibility activities in Cambodia. Opportunities may exist for example for corporate-sponsored sports events, or the development of branding/logo campaigns evidencing a company's support to initiatives targeting persons with disabilities or people affected by GBV.

*Intermediate Outcome: NGOs have more diverse and sustainable funding sources for services.*

While funding diversification is ultimately an internal matter for each NGO, this outcome will support efforts, particularly by local NGOs that Australia has been working with for many years and that continue to play essential roles in much needed service provision. This outcome seeks to address ongoing provision of those services, while localising and diversifying funding sources for local NGO sustainability.

## **Outcome 2: Increased accessibility of quality services for persons with disabilities and people affected by GBV**

Under this outcome there will be two strands of activity focusing on the two target populations. This approach could be scaled to other services and target groups should more funding become available. As per outcome 1 an initial focus on the health sector is advisable across both strands because of technical alignment, to capitalise on gains made under the previous investments, and because of potential for encouragement through existing DFAT-funded health investments.

***Gender-based violence workstream:***

This workstream builds on the lessons and approaches implemented through the DFAT EVAW program 2013-2017. A clear message from the design consultations was that there is a sufficiently strong and comprehensive research and policy basis, and the attention going forward must be on implementation.

As a first activity for this workstream, ACCESS is likely to need to support a rapid mapping to update what is available and what has been done in each province to support geographic targeting.



Across this workstream there will be two levels of intervention:

- › *Universal measures*: These have national application, and may include development of training curriculum, coaching methodologies, and supporting resources; development of guidelines and templates; capacity development for the MoWA and potentially select PDoWA personnel; and engagement with non-government technical assistance (CSOs or via consultancy arrangement).
- › *Direct support to targeted provinces and districts*: This will involve more intensive capacity development through training, supervision, accompaniment (by the MoWA, PDoWA, or non-government technical assistance), monitoring and reflection that will focus on supporting implementation of guidelines and standards.

It is proposed to move away from a pilot province approach. Instead the focus will be on national dissemination, with targeted follow-up at a sub-national level based on identified needs and stages of development. This will of course be dependent on the capacity of the MoWA, the PDoWA, and others to support this approach. Prioritisation and phasing will be required. Prioritisation can be based on need (high incidence, less developed systems) as well as an assessment of the readiness to progress. This will include staff availability, stability, and interest, leadership commitment, and available service providers. In some locations, it may not be an efficient or effective approach to enter through government structures.

*Intermediate outcome: Increased adoption and operationalisation of existing standards for services for people affected by GBV*

This will prioritise support for the *National Guidelines for Managing Violence Against Women and Children in the Health System* (MoH, 2014), including the further guidance provided by the *Clinical Handbook on Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence* (MoH, 2016); and the *Mediation in cases of GBV* (in development by MoWA and UN Women).

These have been chosen because the health sector guidelines require integration with the health system, which has opportunities for sustainability of service provision, and a clear anchor for work on PFM. This also links to other DFAT investments in the health sector. The mediation guidelines have the potential to influence the behaviour of various actors in the largest number of cases. A large proportion of women affected by violence will face mediation, more so than may access other referral services.

The various actors involved in implementing each of these guidelines are in positions of authority in their communities and workplaces, therefore they also have important roles in shifting social norms through their interactions with both parties in violence cases, as well as in spreading a wider message that violence is not just a personal matter.

Under the preceding DFAT EVAW program, UNFPA and CARE were funded to provide technical support to the MoH and the MoWA to develop a national and subnational training strategy for implementation of the health system guidelines. Support under ACCESS will continue with a consistent approach through the following proposed activities:

- › Technical support to the MoH and the MoWA to review and cost the national and sub-national training strategy for health care providers;
- › Support to the MoWA and the MoH to implement train-the-trainer events and ongoing follow-up of national and provincial trainers so that they can deliver competency based training to provincial and district health workers in selected health facilities. This support will be primarily technical assistance, with other inputs to be agreed in a co-financing arrangement.
- › Accompaniment of the MoWA and the MoH to monitor and improve training and service quality.

The mediation guidelines are expected in 2017, and so it is currently unclear what will be required for their implementation. It is expected that ACCESS will:

- › Work with the MoWA to develop and cost a roll-out strategy, including engagement with relevant stakeholders and identification of necessary resources;
- › Support development of training modules and supporting resources, with consideration of e-learning and smart phone based complementary and ongoing supporting materials;
- › Test the implementation of the guidelines in various settings with attention to the implications for women affected by violence (as in, is implementation of the guidelines making a difference for the way they are treated, do proposed outcomes represent the interests of women affected by violence, and are women satisfied with the outcomes proposed);
- › Develop monitoring and data collection systems.

There are opportunities to link to the work of the DFAT Community Policing initiative, and efforts to strengthen the MoWA Judicial Police Agents and Officers.

Implementation of other guidelines, particularly the *Minimum Standards for Basic Counselling for Women and Girl Survivors of Gender-Based Violence* (MoWA and MoH, 2017), and the *Legal Protection Guidelines for Women and Children's Rights in Cambodia* (MoWA, 2014) can be supported through grants to NGOs and to international organisations, such as UN agencies.

*Intermediate outcome: the MoWA effectively supports referral and coordination networks at national and sub-national levels*

This will focus on the MoWA's role in building network capacity, relationships, and compliance to the *Referral Guidelines for Women and Girl Survivors of Gender-Based Violence* (MoWA, 2016).

These guidelines are based on research and consultation with key stakeholders through multiple processes, and draw on the experience of the ATJW2 program. The program has continued to intensively support application of the guidelines in two provinces - Siem Reap and Kampong Thom. This experience will guide the approach taken under ACCESS.

Under the guidelines, PDoWA have responsibility to coordinate with state and non-state service providers to ensure an effective referral system, including facilitating the flow of referrals to ensure access to the required services; addressing any bottlenecks that occur; monitoring the referral system; ensuring that service providers within the referral system report on cases; convening regular service provider meetings; and maintaining a service provider directory. ACCESS will work with the MoWA to identify ongoing support needs for PDoWA to fulfil this role.

To date several different agencies have supported referral network strengthening in nine locations. This has mainly focused on socialisation of the guidelines and training. ACCESS support will build on this and include support for budget analysis and planning, system development, as well as technical assistance to build the MoWA's supervision role.

Proposed activities (year 1):

- › Complete rapid mapping of status of referral networks;
- › Review lessons and progress from previous support (UN Women, Care, UNFPA, GIZ) to inform ongoing support strategy;
- › Document any good practice, outcome-focused examples from previous support;
- › Develop support plan with the MoWA, including analysis of likely budget allocation and actual costs. The support plan to include the MoWA and ACCESS roles, responsibilities, and co-funding arrangements;

- › Provide technical assistance and other support as per agreed strategy.

### ***Disability workstream***

*Intermediate outcome: Rehabilitation and employment services support increased economic inclusion of persons with disabilities*

The initial focus will be on social inclusion through rehabilitation, including prosthetics and other aids, and formal employment through job placement and sensitising workplaces. There will be openness to promoting entrepreneurship of, or involving, persons with disabilities, but with a focus on only supporting financially viable and sustainable enterprises. ACCESS will not support small grants and loans or well-intentioned but poorly conceived ventures based on low-level skills with no clear market links.

*Intermediate outcome: Persons with Disabilities Foundation increasingly independently manages rehabilitation services*

Rehabilitation for persons with physical disabilities is currently dependent on four international IOs - Exceed, Handicap International (HI), International Committee of the Red Cross (ICRC), and Veterans International Cambodia (VIC). They operate a total of nine physical rehabilitation centres. For some time, there has been an intention that the PWDF will assume management responsibilities for the centres, and there have been some efforts to do so previously. This has been unsuccessful due to the need to first build greater human and financial resources within PWDF as well as more independent centre management capacity.

Work towards this outcome will draw on the significant learning from the previous handover attempts. The focus will be on management readiness within the centres and in PWDF.

The initial activities will be:

- › Identify gaps within PWDF related to the handover of rehabilitation centres. This will most likely be through consultation (workshop or similar) with PWDF, Exceed, HI, ICRC, VIC, and selected DPOs
- › Develop a road-map for successful hand over of the physical rehabilitation units and the Orthopaedic Component Factory. The road map will be based on the gap analysis and include six-monthly progress markers or success indicators that will be jointly monitored
- › Implement technical assistance and capacity development support as per the road map. This may include technical workshops or training and long-or short-term technical assistance and mentoring by national and international advisors
- › Regular M&E of the road-map, resulting in an update to the gap analysis and activity plan

*Intermediate outcome: Employment services for persons with disabilities established.*

This is a new and exploratory area for program support and so multiple approaches might be tried. The first initiative will be establishment of an **inclusive employment hub**.

The inclusive employment hub will serve two types of clients:

- › Persons with disabilities, both those with a long-time impairment, and those with a recently acquired impairment; and
- › Employers in Cambodia.

This relationship is illustrated in

Figure 1.

Figure 1 Inclusive Employment Hub core services and relation with clients (supply & demand)



The inclusive employment hub provides an interface between persons with disabilities and employers. It therefore requires a **twin-track approach as mentioned in DFAT's Development for All 2015-2020 strategy** (DFAT, 2015, p. 13). This approach is implemented by many major international stakeholders in the disability sector worldwide and is seen as the sole approach to successful disability inclusion. (CBM, 2017; Handicap International, 2017; GIZ, 2017; IDDC, 2017; WHO, 2011, p. 268).

**Track one** focuses on disability mainstreaming within existing and potential workplaces for persons with disabilities. This will involve sensitising CEOs, managers, and co-workers to the abilities and needs of persons with disabilities. This is a continuing process, with new barriers being identified and addressed as they arise.

**Track two** focuses on the individual needs of a worker with a disability. The inclusive employment hub will assess which interventions are necessary to enable individuals with disabilities to obtain sustainable, dignified employment. The assessment informs development of an **individual person centred plan**, including the employment goal and the steps required to reach it, including any additional services that need to be accessed. The plan provides the basis for M&E of progress. The services potentially provided by the inclusive employment hub are summarised in the centre of

Figure 1 above. (DFAT, 2015, p. 13)

The main activities to establish the inclusive employment hub are:

- › Conduct of a *stakeholder initiation workshop* to convene a stakeholder council to provide support and guidance. This council must have a reasonable balance of men and women, persons with disabilities, and industry representation.
- › Implementation of *disability awareness activities* targeting the potential employers, particularly the private sector. This will include engagement with local and foreign business chambers, labour unions, and business associations to promote disability inclusion, provide information about accessible workplaces, and reduce stigma.
- › *Outreach to persons with disabilities and their families* to develop motivation and confidence to take the step to go into employment. Case managers from the hub can then work with interested people to bring them to a position where they have the necessary skills that enable them to get employment.

- › *Screening service providers and development of a referral system.* The hub will work with a range of service providers that will be mapped, assessed, coordinated, and monitored on an ongoing basis.

The inclusive employment hub will coordinate closely with DWPD in MoSVY as the DWPD has responsibility for facilitating employment of persons with disabilities. DWPD will ideally be involved in raising awareness of the initiative, and in monitoring its progress and service quality.

The hub will need to be housed somewhere. Potentially this could be with the Cambodian Disabled People's Organisation (CDPO) as the national umbrella disabled persons' organisation. CDPO has strong links to the sub-national DPOs and women with disability fora (WWDFs), and has experience relevant to undertaking needs assessments of persons with disabilities and potential employers, and to providing job coaching.

Other potential implementing partners are summarised in the table following.

| Stakeholder                                                                                   | Potential role                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sub-national DPOs and WWDFs                                                                   | Conducting needs assessment, advocacy and monitoring.                                                                                                                                  |
| Physical rehabilitation units orthopaedic component managed by Exceed, HI, ICRC, VIC and PWDF | Proving physiotherapy, medical rehabilitation<br>Conducting needs assessments<br>Provision of assistive devices<br>Job coaching<br>Workplace adjustments                               |
| Ministry of Economy and Finance                                                               | Facilitating funding availability                                                                                                                                                      |
| DAC                                                                                           | Policy advice<br>Coordination<br>Advocacy<br>Coaching for private sector mid- and top-level managers                                                                                   |
| Private sector service providers                                                              | Skills development<br>Needs assessment<br>Service delivery                                                                                                                             |
| Private sector including Chambers of Commerce and business associations                       | Job placements<br>Contributing funding<br>Creating awareness of the initiative<br>Acting as role models – as inclusive employers, through social accountability initiatives, and so on |

As an indicative **organisational structure**, the hub will require a general manager, and sufficient capacity for (i) case management for persons with disabilities; (ii) case management for private sector clients (iii) Service provider coordination, quality assurance, M&E and reporting; and (iv) financial and administrative management.

It is also recommended to establish a stakeholder council with representatives from MoSVY, DAC, civil society, private sector, and other development. The council will review progress, facilitate networking and information sharing, and assist with problem solving.

### ***Cross-cutting workstream***

*Intermediate outcome: Sub-national investment plans (budgets and activities) promote social inclusion and responses to GBV*

Several NGOs across both sectors are already working to engage with and influence commune investment and safety plans. This will be an area eligible for ongoing grant support. The program may support development of a more coordinated approach and supporting materials for building commune councils understanding of and commitment to inclusion if there is appetite for this.



While the focus is on services, the overall approach and grantee criteria will emphasise integration of prevention principles. This will be both primary prevention in terms of the role of service providers in shifting social norms around acceptance of and reliance on violence; and secondary prevention due to the role of services in mitigating further incidents.

Through the PFM approach, the program will work with the MoWA, the PDoWA, and MoSVY to better understand and influence provincial and district planning, budgeting, and supervision that promotes social inclusion and responses to GBV. This will require engagement with Mol and NCDD.

## **DELIVERY APPROACH – ACCOMPANIMENT & GRANTS MECHANISM**

A consolidated investment represents the best means of organising our development activities in both sectors because:

- › It enables us to put in place an overarching managerial framework, and develop and maintain policy coherence in which we can direct and adapt our partnership with Cambodia.
- › It allows us to have flexible programming, which allow us to move quickly and adapt to changing circumstances (e.g. to better leverage Cambodia's PFM reform agenda and adapt to changes in priorities).
- › It can easily tolerate a mix of longer-term programs and shorter interventions that meet particular needs or opportunities. It enables a mix of risks.
- › It allows us the opportunity to work with a range of government, non-government and multilateral agencies.
- › A consolidated approach will also permit us to test aid effectiveness approaches, seeking to identify and build on strategies which achieve improved aid effectiveness in both sectors.
- › Importantly, the investment will also allow us to consolidate agreements and activities into an efficient management structure, reducing our administrative and process burden, and maximising staff time. The consolidated investment will require ongoing engagement and a willingness on DFAT's part to take risks and learn from our mistakes. It is for this reason that we will engage a Managing Contractor that can provide strategic advice.

Other options for delivery were considered including maintaining the *status quo* through separate specific purpose investments, budget support, core contributions to multilateral donors, and a sector wide approach (SWAp). Managing separate investments in each sector would be less effective and less efficient. A SWAp option is likewise difficult as there is no single lead agency across both sectors. Although a responsive facility approach was considered - discrete investments in both sectors supported by a single Managing Contractor - value for money of the consolidation of the two existing investments is maximised where programmatic approaches take place in both sectors, and where possible, where there are opportunities for mutual reinforcement. A programmatic approach which retains flexibility in programming and supports RGC leadership is therefore considered appropriate in this context.

### ***Grants mechanism***

ACCESS will implement a competitive grants mechanism. These will be primarily for CSOs and DPOs to implement services, support the implementation of priority guidelines, and to engage with and influence national and sub-national structures.

International NGOs will be eligible to apply, in partnership with national CSOs and DPOs.

Grants will be for an initial two-year period, with a potential extension for a further two years. New grantees may also be taken on for the second stage.

Indicative criteria for the grants are:

- › Stated contribution to specific objectives in the NAPVAW2 or NDSP and clear link to at least one ACCESS outcome;
- › Demonstrated approach of working in partnership with others, particularly government stakeholders at the national or sub-national level;
- › Clear sustainability strategy, either of achieved outcomes, through on-going financing, or both. Encouraging integration into government services or building additional funding services will be priorities;
- › Willingness and capacity to participate in coordination and learning events, being attending at least one annual partner meeting;
- › Willingness and capacity to collect appropriately disaggregated data and report ACCESS common indicators as relevant to the grantee program;
- › Specified approach to influencing power holders and wider social norms around inclusion, non-discrimination, gender equality, and protective norms against GBV. Additional technical assistance may need to be provided to strengthen this way of working;

It is expected that UN Agencies will not be eligible for grants to provide technical advice and other support to the MoWA and the MoSVY for policy and strategy related work, and for aspects of the roll-out of relevant strategies and policies. Rather if required, such arrangements will be made through a direct proposal process. Should grants be awarded to UN Agencies, contractual and funds remittance arrangements will be directly with DFAT, but as much as possible the contract and relationship management and coordination responsibilities will rest within ACCESS.

An indicative grant process is:

*Release a call for proposals, based on a terms of reference and final selection criteria discussed and confirmed with the MoSVY and the MoWA.*

A two-stage process, where applicants provide a short expression of interest can be useful to save organisations the time of preparing a detailed proposal that is unlikely to be successful. ACCESS staff can assist applicants after the first application stage to develop their activity designs.

*Evaluate proposals and select recipients.*

A grants sub-committee, consisting of members from the Program implementation team, MoWA, MoSVY, and selected DPOs will be responsible for proposal review, evaluation and approval. The ACCESS implementation team can decide if it is better to do as separate processes for GBV and disability, or as one.

This stage will include a due diligence assessment of the management capacity of potential grantees and identify support that may be needed to fulfil the grant management requirements.

*Ensure that supported programs stay on track*

As noted above, the recommended selection criteria include a willingness to participate in evaluation and learning events. These events will be important for developing a shared view of what ACCESS is trying to achieve, and to jointly monitoring if sufficient progress is being made.

*Review and potential extension of grants*

After one and a half years a light review process will commence to inform a possible extension of the first round grants. If there is sufficient budget once extensions have been negotiated, a second round of grants may be awarded.

## RESOURCES

An indicative budget allocation against the two EOPOs is set out in **Annex 9**.

The Managing Contractor would be required to furnish a small Program Management Team with skills, experience, and expertise necessary to implement the Program. Key functional requirements for specialist TA personnel are set out in **Annex 8**.

## E: Implementation Arrangements

### MANAGEMENT AND GOVERNANCE ARRANGEMENTS AND STRUCTURE

#### *Governance Committee – ACCESS Steering Committee (ASC)*

ACCESS' strategic direction will be overseen by the following governance and management arrangements.

An **ACCESS Steering Committee (ASC)**, membership of which is expected to include:

- › MEF;
- › MoWA;
- › MoSVY;
- › DAC;
- › DFAT (Development Counsellor or similar);
- › ACCESS Team Leader (Managing Contractor);
- › ACCESS management team and TA personnel, as required (advisory);
- › NGO representatives (advisory);
- › Multilateral agency representatives (advisory).

It is proposed that the ASC meets at least six monthly to provide strategic guidance and review progress. DFAT and the RGC will agree on appropriate arrangements and level of membership for the ASC.

The key roles of the ASC include:

- › strategic oversight of the ACCESS' progress and achievements, ensuring Program coherence;
- › high-level engagement and advocacy with stakeholders on GBV and disability issues;
- › Update on ACCESS progress and issues (results of activities completed/ongoing);
- › Presentation of proposed activities and priorities for next year;
- › annual plan endorsement;
- › Program risk register reviewed and updated; and
- › Chairs inception review at six month point.

Advisory participants in the ASC may be invited to provide inputs to the ASC on their areas of expertise, and on improving Program coherence including opportunities for mutual reinforcement between the GBV and disabilities areas. The Managing Contractor will provide secretariat services to the ASC.

**Workstream meetings.** The Managing Contractor will work with the target ministries and the MEF to establish appropriate workstream meetings under the lead of each of the relevant target ministries. (i.e. a GBV workstream meeting led by the MoWA and a disability workstream meeting led by the MoSVY together with the DAC). These meetings are expected to generate activity proposals and to coordinate implementation of grant-funded activities. For example, where Activities are implemented at the target ministries, the meetings would serve as an engagement entry point for the Program. Membership of such mechanisms would depend on the activity, and is expected to be drawn from the target ministries, NGOs and multilateral organisations. The Managing Contractor would provide secretariat services to these meetings,

including TA for preparation of proposals for funding through the Program's grants mechanism and providing secretariat services where necessary. The GBV and Disability Leads and PFM TA personnel are expected to participate in relevant meetings.

An **ACCESS Grants Panel (AGP)** would consider proposals for funding through the grants mechanism. Proposed membership of the AGP is:

- › DFAT First Secretary (chair);
- › MEF, MoSVY, MoWA;
- › Managing Contractor; and
- › An independent member (NGO/private sector).

Key roles of the AGP include:

- › Consideration, screening and approval of funding proposals from target ministries, NGOs, international organisations against ACCESS grants/investment criteria;
- › The AGP will not consider DFAT-internal funding matters.

The Managing Contractor will develop ToR for the AGP defining its role. Proposals are expected to be generated at two key points (Year 1 and Year 3). It is open to the AGP to meet at other times, as required. The Managing Contractor would provide secretariat services to the AGP. DFAT may consider proposals from multilateral agencies, such as UN Agencies, directly. It is proposed that such proposals would be appraised by DFAT internally against the ACCESS grants criteria. DFAT will enter into direct contractual arrangements with multilaterals for any approved proposals.

### ***Program Management***

ACCESS will fall under the responsibility of the Deputy Head of Mission (**DHOM**) at the Australian Embassy in Phnom Penh.

The **Team Leader**, supported by the in-country **Program Management Team** (the Managing Contractor) will be responsible for ensuring Program coherence and management. Regular meetings with DFAT are expected to assist Program management and DFAT-Managing Contractor communication. The Managing Contractor will be required to provide relevant staff and TA personnel to support the functions and delivery of the Program, including for corporate services. Key TA personnel functional requirements are set out in **Annex 8**.

### ***Procurement Arrangements - Use of a single Managing Contractor***

Given the decision to streamline management processes at Post, DFAT will procure the services of a single Managing Contractor, selected through a competitive DFAT-managed open tender process, to manage the Program. This will provide to DFAT the benefit of outsourced administration services that support DFAT's coherent approach to management. The Managing Contractor's responsibilities will include:

| Program Set-Up                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Draft and implement a strategic framework that outlines Program principles, including for selection of partners and activities, and EOPOs for the investment. |
| Establish the process for activity design, draft an activity proposal template and establish criteria for appraisal to ensure value for money                 |
| Draft an activity proposal template which ensures that DFAT's compliance obligations are met.                                                                 |
| Procure and manage TA personnel.                                                                                                                              |
| Set-up the ASC and AGP, including terms of reference                                                                                                          |
| Establish a feedback, review and redesign process to ensure that the facility responds to changes in context;                                                 |



|                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office set-up                                                                                                                                                                                                              |
| <b>Governance</b>                                                                                                                                                                                                          |
| Provide strategic advice and analysis to Australia and the Cambodia through the ASC                                                                                                                                        |
| Provide secretariat services to the ASC and to the AGP                                                                                                                                                                     |
| Develop annual work plans identifying interventions for endorsement by the ASC                                                                                                                                             |
| <b>Implementation</b>                                                                                                                                                                                                      |
| Recommend and design, in collaboration with DFAT, aid activities under each of the workstreams.                                                                                                                            |
| Consider risks associated with each identified activity                                                                                                                                                                    |
| Develop annual work plans                                                                                                                                                                                                  |
| Implement relevant Activities and procure and manage TA personnel                                                                                                                                                          |
| Disburse funding to relevant implementing partners and manage Activities as necessary.                                                                                                                                     |
| Monitor and report on all the Activities                                                                                                                                                                                   |
| Evaluate the impact of the Activities and of the Program                                                                                                                                                                   |
| Ensure that all Activities meet Australian Aid Program's compliance obligations, including those related to managing risk; work, health and safety; safeguards; and fraud.                                                 |
| Screen Activities prior to approval to ensure compliance obligations are met                                                                                                                                               |
| Provide program management services including financial reporting across the Program                                                                                                                                       |
| Provide secretariat services to workstream meetings and other meetings, if required                                                                                                                                        |
| Provide corporate services, including establishment of the office, management of human resources, procurement, finance, logistics/fleet management, audit and risk, information technology, and public diplomacy services. |

The Managing Contractor will procure TA personnel and a small Program Management Team with the following expertise to support Program implementation:

**Strategic leadership, analysis and stakeholder engagement** - working with the RGC, NGOs, and multilaterals, on planning, identifying potential activities, implementing and monitoring activities.

**Specialist expertise** (sourced either from the Cambodia or internationally), including:

- › GBV and gender;
- › Disability, with a particular focus on economic inclusion;
- › PFM reform and budget preparation and execution.

**Political Economy Analysis**, including integration into programming.

**Program management/corporate services** – high quality program administration (financial and progress reporting, Human Resources Management (HRM), M&E, logistics, etc.), and operational and corporate services including:

- › grant management, including capacity development of grantees, where required;
- › recruitment and contractual management of TA personnel;
- › financial management and reporting for the Program in accordance with contractual and DFAT requirements, i.e. appraising proposals, and monitoring and reporting on results and expenditure. This might include monitoring and reporting on results of DFAT direct and grants allocations to third parties, seeking to achieve coherent results reporting across the Program;
- › management tools, policies and procedures, such as grants administration manuals and management of grants processes;
- › provision of secretariat services to the AGC, AGP and work stream meetings; and

- › strategic analysis and advice – relationship building, opportunities for innovation, private sector involvement, and results.

DFAT will hold primary responsibility for supporting Program aims and objectives. Where the Managing Contractor works closely with RGC, it will keep DFAT apprised of policy developments through the regular management and oversight meetings and ‘check-in points’.

DFAT may add existing DFAT investments into the Program, subject to negotiation with the Managing Contractor.

***The Program will not use partner government systems***

DFAT does not intend to use partner government systems (PGS) for this investment. The Managing Contractor will be expected to explore with the target ministries and with the MEF out-based or results-based payment processes targeting improved quality of services. The Managing Contractor will be required to prepare a risk analysis for the Program’s consideration for these approaches.

Funds made available for target ministries’ use through the ACCESS grants mechanism will be managed directly by the Managing Contractor which will at all times bear the financial risk in respect of the funds.

The joint planning processes will provide opportunities for target ministries’ executives to influence the use of the DFAT budget made available through ACCESS. As ACCESS grants criteria are expected to include a requirement for uptake of financial responsibility for provision of services over the term of the grant (the ACCESS PFM Advisor would work with target ministries and the MEF to this end), proposals would need to include clear statements of contribution by the target ministries. For example, ACCESS grants would not cover expenditure for staff attendance at training, *per diem*, (this is considered a RGC responsibility) nor for operational or recurrent costs. ACCESS grants will also favour matched funding for Activities; this will allow target ministries to facilitate activities which would otherwise not be funded given the limited budgets of target ministries or other line ministries with responsibilities under the NAPVAW2 or the NDSP.

DFAT Cambodia may conduct an Assessment of National Systems (ANS) during the term of this investment, in which case risks associated with funds management will be updated.

In addition to consideration in activity designs of fiduciary risks associated with particular Activities and partners, DFAT may require the Managing Contractor to conduct a fiduciary risk assessment (FRA) of any RGC agency that the Program works with and for which no current FRA exists; DFAT may also require the Managing Contractor to conduct FRAs for private sector organisations or NGOs.

***Program Start-up – Inception Period***

The Managing Contractor will be required to provide DFAT with an Inception Plan describing the activities required at mobilisation and during the early stages of implementation.

An **inception period of up to six months** is envisaged (1 January to 30 June 2018). During this period, the Managing Contractor will be expected to:

- › establish governance arrangements (i.e. the ASC, AGP, workstream meetings) including ToR;
- › prepare the first annual work plan;
- › conduct baseline assessments and safeguards assessments;
- › prepare operations manuals, including establishing grants criteria and activity implementer selection criteria;
- › develop grants administration guidelines and procedures; and

- › revise and update the Program's M&EF (if necessary), including evaluability assessments of activities/approaches.

The inception period will be important to clarify the objectives and anticipated outcomes expected from the Program, and to build consensus, particularly with RGC and NGO partners.

### ***Program Operations***

**Activity programming** will be conducted through joint annual planning processes facilitated by the Managing Contractor in each of the target ministries, where possible involving representatives of the MEF.

The Managing Contractor will be responsible for development of strategies for GBV and for disability that facilitate the work of the target ministries. ACCESS is intended to be a vehicle for improved collaboration between target ministries, NGO service providers, multilaterals and the GoA. As the majority of grants are expected to be multiyear, the Managing Contractor will be expected to support the target ministries, subnational authorities, NGOs, multilaterals and the GoA about approaches that are the most effective, efficient, relevant, and provide the best value for use of Australian taxpayers' money.

The Managing Contractor will be responsible for implementation of this programming approach, including shepherding activity proposals; DFAT will manage the conflict between centrally-driven GoA policy and the need to respond flexibly to a changing economic and social environment in Cambodia.

### ***The Managing Contractor is responsible for preparation of an annual ACCESS work plan***

ACCESS Activities will be funded as grants and delivered jointly with target ministries by activity implementers, e.g. NGOs, international organisations, such as UN agencies, or the private sector. The Managing Contractor may also implement some activities directly, if proposed.

The Managing Contractor will work with potential activity implementers to facilitate preparation of activity proposals and an annual work plan via the workstream meetings.

The AGP will review activity proposals developed at the workstream meetings, make recommendations to improve/amend activity designs and approve funding allocations. DFAT will chair the AGP. Transparency on the AGP will be realised through the presence of an independent (external) paid member.

The ASC process will provide opportunities for review/endorsement of the annual plan at six monthly intervals.

### ***Implementation***

Key implementation milestones include:

- › a six month inception period;
- › Quarterly (or similar) target ministry-led workstream meetings, facilitated by the Managing Contractor;
- › Six monthly ASC meetings, facilitated by the Managing Contractor; and
- › Year 1 and Year 3 AGP meetings, (or *ad hoc* AGP meetings as required), facilitated by the Managing Contractor;
- › Annual stakeholder roundtable consultation.

## **Review**

Key review points include:

- › A DFAT-Managing Contractor inception review at the end of the six month inception period. This will permit early intervention if the Program's initial trajectory veers off course. The Managing Contractor will produce an Inception Report;
- › Two weekly DFAT-Managing Contractor meetings – review progress, risk updates;
- › Workstream meeting 'check-ins' – Managing Contractor facilitates review of progress, risk updates, political economy analysis, safeguards, gender, progress, economic diplomacy opportunities, and provides summary report to DFAT. These check-ins are anticipated at least on a six-monthly basis;
- › AGP meetings (as required, expected to be at least in Year 1 and Year 3 ) provide opportunities to review activity proposals – this body may also review results of previously approved activities and make recommendations;
- › Six monthly progress review and report – Managing Contractor provides update on progress towards objectives, to the annual work plan, updates risks, relationship reviews, and activity evaluability reviews;
- › Annual Report – Managing Contractor provides update on progress towards objectives, proposed rolling annual work plan from that point, updates risks;
- › ASC meetings and annual stakeholder discussions;
- › Independent impact evaluation of the ACCESS in Year 5; and
- › Activity proposals will include M&E Plans.

## **DFAT Reporting Requirements**

Key DFAT Reporting requirements include:

- › DFAT-internal Aid Quality Check processes - drafting and reporting from January to April;
- › Partner Performance Assessment from January to April;
- › Annual Program Performance Reporting (APPR) in August;
- › Periodic TA personnel performance review;
- › Periodic Risk reporting and updating of risk register;
- › RGC official development assistance reporting; and
- › RGC gender and disabilities reporting.

### *Some lessons learned re responsive mechanisms*

The following implementation lessons associated with responsive implementation are noted.

- › **Robust activity design:** Relevance, effectiveness, gender, risk management and budget, rigorous quality assurance system.
- › **The inception phase is important:** There is a need to ensure all management arrangements and agreements are in place.
- › **Gender and social inclusion considerations and effort required to promote gender equitable participation are important:** Successful approaches include encouraging governments to nominate women, making gender equality a standing agenda item for all governance and activity management meetings, ensuring gender equality as key performance indicators in all performance agreements, and getting feedback from women themselves around what works for them and what does not.
- › **Complex financial management skills required:** Host government / sub-contractors (activity implementers) may need assistance in grants proposal preparation.
- › **Managing expectations:** Expectation management is important and may include establishing from the outset whether an activity is likely to have a follow-on phase.
- › **Establish an overarching Theory of Change that guides a Performance Assessment Framework as a whole:** This framework works best when it feeds into DFAT reporting, and includes activity completion reports, and follow up studies to gauge impact of activities.
- › **Establishing an effective working relationship between DFAT and the Managing Contractor from the outset is crucial:** Clear lines of communication at all levels including with the HoM/DHOM, and clear procurement and contracting arrangements maximise activity effectiveness.
- › Include Relationship Reviews in Reviews of the activity:
  - for greater alignment between what Australia can offer, what the activity requires, and how work can be capitalised on;
  - to acknowledge the importance of managing expectations and being clear from the start that any particular activity (particularly a grants funded activity) may not lead to a long-term commitment or to follow-on activities; and
  - to clearly identify how any particular activity serves Australian interests.

### **MONITORING AND EVALUATION**

While having a relatively narrow focus, this Program has a level of complexity in that it involves several implementing partners, both government and non-government, and is working in two distinct sectors, GBV and services for persons with disabilities. The design also acknowledges that several activities are in process that will affect where the new Program starts and therefore what is able to be achieved. Therefore, more detailed indicators and appropriate targets will need to be set early in Program implementation. The implementation team will therefore develop a detailed M&E plan within the first six-months of implementation. This plan will be developed with attention to the newly released DFAT M&E standards (2017), particularly standards 2 and 3. The following section, along with **Annex 3**, provides a basis for development of the detailed plan.



## *Monitoring and evaluation approach - general principles*

The following principles underpin the general approach to be taken. They draw on the DFAT M&E standards, sectoral good practice, and the needs of the RGC target ministries.

Indicators and processes will firstly **link to the needs of the two main government partners** (the MoWA and the MoSVY) and contribute to over-arching monitoring requirements for the NAPVAW2 and the NDSP.

To enable aggregation and comparative analysis of different approaches, grantees (likely to predominantly be CSOs) will be required to **incorporate a small number of common indicators** into their own M&E frameworks. These indicators will link to the NAPVAW2 and NDSP as appropriate (refer **Annex 3** for further discussion).

M&E activities will be **outcome focused**, and balance the need for regular accountability and contract compliance focused information with allowing the time required to collect, analyse and use meaningful information on what is bringing about change and what is not. This is particularly important for grantees that may be small organisations with limited M&E capacity. The Program will avoid over-burdening grantees with too frequent and excessively detailed reporting requirements, at the expense of having the time to undertake more learning and adaptation focused approaches.

An emphasis will be on **information analysis and use**. This may be for various accountabilities, and also for decision making about approaches and priorities, for planning, and for catalysing replication of promising interventions.

M&E will have a **strong communications focus**. M&E information can be used for the preparation of accessible products and events to facilitate the transfer of ideas and experience within Cambodia, as well as to contribute to the global knowledge base on GBV and disability programming.

The M&E approach will have **specific attention to ethics**, particularly related to sensitive and inclusive methodologies for people affected by GBV and persons with disabilities. This will include accommodating the principles of do no harm across both technical areas. Specific to disability, the principle of 'nothing about us without us' is important when planning and evaluating disability interventions, and for research and evaluation linked to GBV, consideration will be given to relevant principles from feminist evaluation (see Batliwala and Pittman, 2010) and the WHO / PATH guidelines on researching violence against women (Ellsberg & Heise, 2005).

Data will be **disaggregated as relevant**. Sex, age group (adult-children) and disability disaggregated data will be required of grantee implementing partners as standard. Where necessary government implementing partners will be assisted to include and analyse according to relevant disaggregation. Disability related research and evaluation will draw on the methodologies and questions of the Washington Group on Disability Statistics or other relevant updated valid/reliable tools.<sup>29</sup>

## *Main components of M&E framework*

It is proposed the M&E framework has five main components:

1. Input and activity monitoring required to fulfil **accountability and contractual compliance** requirements, and to track participation in various activities and achievement of outputs.
2. A **budget monitoring contract** that may be awarded by competitive tender. This will involve budget analysis and monitoring for key institutions and for identified line items related to service provision and coordination. This will provide a baseline and track progress towards

<sup>29</sup> <http://www.washingtongroup-disability.com>

outcome 1 *Increased funding for services for persons with disabilities and people affected by GBV*. The information will be available for use by the MoWA and the MoSVY for their negotiations with other line ministries. ACCESS will need to provide clear messaging about the use of these data, including the benefits to the RGC at various levels (MEF, target ministries, other ministries, provincial governments) of improved effectiveness and value for money in the delivery of services in both sectors.

3. **Service availability, access, and quality monitoring:** This will build on existing systems and processes and support implementation of data collection and reporting processes outlined in the *Referral Guidelines for Women and Girl Survivors of Gender-Based Violence* in the case of GBV related services, and according to the needs of MoSVY and disability related services. This will track progress against outcome 2 *Increased accessibility of quality services for persons with disabilities and people affected by GBV*.

As part of the implementation approach ACCESS will support the MoWA to roll out the various minimum services standards and the program will support. Assuming it has not already been completed or in train prior to Program start up, the priority service standards and guidelines can be the basis for development of monitoring checklists and tools that can be used annually to track progress and needs for follow-up.

The usefulness of tendering a social accountability support contract will be assessed in Year 2. As per budget data, this information will be available for the MoWA and the MoSVY to support negotiations with other actors, particularly at a sub-national level, and for reporting against the NAPVAW2 and the NDSP.

4. **Annual collation and analysis of selected commune level data:** As noted above, grantees will be expected to gather data and report on a small number of common indicators (selecting only those that are relevant to their area of activity). These will be refined jointly with relevant partners, but expected to include indicators related to GBV and social inclusion activities and funding allocations in commune plans; potentially incidence data for cases of violence; and data related to attitudes and social norms (see **Annex 3** for further discussion).
5. **Ongoing political economy analysis:** Achieving significant success in this program will depend in a large part on the commitment and willingness of government actors to support sustainable and inclusive services. At the time of preparing this design, Cambodia is potentially entering a period of uncertainty associated with upcoming commune and national elections. The M&E framework will include progress markers and indicators to be used to track government ownership and commitment, but it will also be necessary to track relationships between target ministries and with the Program, particularly if senior leaders in counterpart agencies change. The Team Leader will lead this political economy analysis, with the potential for additional assistance to be drawn from the unallocated TA funding. The analysis needs to be sufficiently robust to enable rapid decision making by the ASC as to whether the approach as designed continues to be likely to achieve the desired results.

### **Key evaluation questions**

The key evaluation questions will be used to guide and consolidate of M&E data. They can be used to frame annual review and refocusing discussions for the ASC.

Proposed key evaluation questions are:

1. What indications are there that RGC target ministries (the MoWA and the MoSVY) and line agencies are increasing their commitment to increasing quality, inclusive services for persons with disabilities and people affected by GBV? How has the Program contributed to any identified changes?

2. Is the Program effectively supporting the MoWA and the MoSVY to coordinate and encourage multi- stakeholder implementation of the NAPVAW2 and NDSP? Is there sufficient political capital to support ongoing implementation of the proposed approach?
3. Is the quality of the relationship with key counterparts (particularly the MoWA, the MoSVY, the MEF, and the Mol) sufficient to achieve sustainable outcomes?
4. Has the Program adequately and appropriately consulted or otherwise engaged with persons with disabilities and those affected by GBV during program planning, implementation, and monitoring?

### ***Indicators***

It is proposed to use a combination of annual progress markers (see **Annex 3** for definition) and more conventional indicators for Program performance assessment.

Progress markers will be identified jointly with the MoWA and the MoSVY, and where appropriate CSO grantees as part of an annual planning process. Achievement of progress markers will in time (Year 3) be used to trigger varying levels of disbursement and identify different packages of activities to be supported.

Indicators will be linked to the NDSP and NAPVAW2, as appropriate. A set of indicators for the NDSP M&E framework awaits the MoSVY approval. This design proposes to reference indicators that are relevant to the NDSP. The NAPVAW2 includes a long list of indicators that are a mixed of output and outcome measures. This design focuses at the outcome level. The draft list of indicators for this Program also refers to those identified in the Cambodia Sustainable Development Goals matrix. This draft list is included in **Annex 3**.

### ***Program baseline***

It is expected that a reasonable amount of baseline data will be available for collection and analysis during the inception period. This can be collated from the CDHS (planned for implementation again in 2018), and contextualised further with data from the National Survey on Women's Health and Life Experiences in Cambodia. Rehabilitation services and many of the referral services for GBV already collect data that will be relevant to baseline needs. There may be further improvements to data collection systems and data availability for GBV services with implementation of the referral guidelines, but this will need to be assessed on Program start-up. Budget monitoring will include the requirement for establishing a 2018 budget baseline.

Depending on the final focus of grantee Activities, and there being sufficient similarity in desired outcomes, a small-scale commune level baseline may be mobilised to cover areas where there is direct grantee activity. Having a commonly developed baseline will enable greater aggregation of data and analysis of results compared to different approaches. This will be most relevant if there is sufficient activity aiming to influence the content of the commune investment or safety plans, and work aiming to influence social norms and the role modelling behaviour of community leaders.

### ***Resourcing for M&E***

A significant M&E task (budget monitoring) may be contracted to an external provider, such as a CSO, academic institution, or consultancy service.

Internally, the Program will require long-term resourcing to:

- › Provide support to grantees to develop plans and to fulfil M&E requirements, both for their own organisation (such as for planning, reporting, information dissemination,

contribution to advocacy), and those of ACCESS. Some of this will fall under the remit of a grants management team.

- › Coordinate M&E information and products in such a way as to contribute to ministerial ownership of the ACCESS and its results. Such as through contributions to technical working group and other coordination mechanisms, ensuring information is what is required for ministerial reporting and advocacy to other line agencies.
- › Facilitate information sharing between various implementing partners and stakeholders.
- › Develop or manage out-sourcing for development of high quality communications products in a range of media – audio, visual, info-graphics, social-media, presentations, articles, blog-contributions, and so on.

This resourcing will require Khmer language fluency. In addition, specialist short-term M&E inputs can be accessed via an unallocated technical assistance pool. This assistance can be drawn on as needed, but should be anticipated for finalising the M&E plan and framework, design and coordination of specific evaluations or processes, support to the MoWA and the MoSVY if needed for M&E needs related to the NAPVAW2 and the NDSP.

In addition, grantees will be required to have resources allocated M&E within their proposals, at a level that is appropriate for the budget received. ACCESS may be required to supplement M&E capacity in some cases. This can be provided with a capacity development approach.

## SUSTAINABILITY

Sustainability is central to the Australian Aid Program's objectives in Cambodia. Financial sustainability is also recognised by the international business community as a global priority.<sup>30</sup> ACCESS will build the human resource and organisational development capabilities of the target RGC ministries. The investment will align with RGC PFM reform efforts, and support the RGC's efforts to improve the quality of its deliver and coordination of services for people affected by GBV and for persons with disabilities. As this investment is catalytic, there is a range of issues which might affect sustainably including:

- › Despite best efforts budgets for service delivery may not increase, requiring ongoing donor support. This investment seeks to refocus the RGC-GoA dialogue on sustainable development of services for people affected by GBV and for persons with disabilities, including economic inclusion through employment. We believe these approaches maximise the chance of building sustainable services in Cambodia;
- › Constriction in GoA or RGC budgets, or RGC budget execution delays may reduce the sustainability of the Program's investments. The Program will need to pay attention to ensuring that adequate analysis and support to PFM elements underpins the Program;
- › National elections are scheduled for mid-2018. Political instability may reduce the sustainability of this investment. Programming flexibility will facilitate scaling up and scaling down of activities in response to any political and social unrest. Design and implementation of Activities will be underpinned by ongoing PEA, and where activities seek to build capacity of target ministries, the focus will be on systems, rather than individual personalities; this is expected to maximise sustainability.

<sup>30</sup> Creating Shared Value Through Partnership, p2.

## GENDER EQUALITY

This program has a focus on responding to violence against women as a core component. Globally it is now widely accepted that gender inequality is the underlying cause of GBV. This is evidenced at various levels:<sup>31</sup>

- › **Individuals** who do not believe that men and women are equal are more likely to accept or condone violence. **The CDHS found that** (26.5 percent of women compared to 50.4 percent of women aged 15-49 agreed with at least one of six proposed reasons a man is justified in hitting or beating his wife.
- › In **relationships**, male dominance and control is a significant predictor of violence. In Cambodia, the CDHS shows that spousal violence increases linearly with the number of controlling behaviours displayed by the husband. Among women whose husbands exhibit three or more types of controlling behaviours, at least three in four (89-91 percent) have experienced one or more forms of violence (NIS et al, 2015, section 20.12)
- › In **families**, children who have witnessed their father beating their mother are generally more likely to later perpetrate violence themselves or enter into a violent relationship
- › Levels of violence are higher in **societies** where there is impunity for perpetration of violence due to inadequacies in laws, the legal system, gender sensitive services, and attitudes that discourage women from seeking help. Honour and obedience codes also contribute to an environment conducive to GBV (European Union, 2010). The Partners for Prevention study of violence against women in Cambodia found that men who had not been formally taught the Chbab Srey or Chbab Proh (behaviour codes for women and men) and did not see the codes as relevant today were more likely to hold gender equitable attitudes, the study did not find any associations with perpetration or experiences of any form of violence against women (Fulu, Warner, & Moussavi, 2013b, pp. 50-51).

This Program will have a two-way relationship with promoting gender equality:

- › Firstly, increasing access to and quality of, services for people affected by GBV, intends to firstly reduce the risk of further violent acts (secondary prevention). Support to women to recover from the physical and emotional effects of the violence aims to enable them to participate more fully in family, community, economic, and political life.
- › Secondly, promoting access to and funding for inclusive and GBV / women focused services will serve as entry point for wider influence on gender norms and programming. Providing GBV services is an important step in sending the message that GBV is not a private matter than needs to be kept hidden, and in building recognition that (primarily) women affected by violence need to be helped and supported, and (primarily) men who use violence need to stop.

Service providers and community leaders have important roles in influencing and reinforcing social norms. ACCESS will work with implementing partners to strengthen an approach to influencing these power holders to play a role in fostering positive norms that discourage violence, support women, and encourage help-seeking.

ACCESS will encourage and support government and civil society leadership on gender sensitive PFM reform. It is expected that the focus on GBV and disability related services will contribute to wider efforts to strengthen the social accountability and gender sensitivity of budget processes.

<sup>31</sup> This draws on a range of studies including European Commission (2010), WHO (2010), Heise, (2011), Fulu, et al., (2013)



## SOCIAL INCLUSION AND INCLUSION OF PERSONS WITH DISABILITIES IN IMPLEMENTATION

### *How ACCESS will support social inclusion, along with inclusion of persons with disabilities*

The GBV and disabilities content of this investment's workstreams directly supports the GoA's social inclusion objectives, in particular inclusion of persons with disabilities.

The embedded M&E approach will generate age, disability and sex-disaggregated data vital to a comprehensive analysis of possible differential impacts of economic opportunities on people affected by GBV and on persons with disabilities. These data may contribute to the RGC's analysis of each sector. Australia recognises that gender inequality, for example, is a market failure<sup>32</sup> and is already doing work on disability through its social protection investments, and other investments in Cambodia, such as the Cambodia Agricultural Value Chain Program (CAVAC).

The Managing Contractor will be required to develop a *Social Inclusion Strategy* for activity implementation, which clearly describes what steps ACCESS will take to seek inclusion of women, lesbian, gay, bisexual, transgender and intersex (LGBTI) persons, persons with disabilities, ethnic minorities, and persons from poor households at all stages of the activity cycle (i.e. social inclusion as a cross-cutting issue). The *Social Inclusion Strategy* would also be incorporated into the Program's Operations Manual. The Managing Contractor would need to propose innovative ways to develop and implement the *Social Inclusion Strategy*, with a particular focus on persons with disabilities and on people affected by GBV.

The Managing Contractor's update of the Program M&EF will include identifying social inclusion targets and indicators for each workstream (i.e. persons with disabilities and people affected by GBV) to enable results to be tracked and reported on. The Managing Contractor will be required to engage appropriately skilled and qualified social inclusion expertise, with particular focus on persons with disabilities and people affected by GBV, to support this approach.

## APPROACH TO RISK MANAGEMENT

### *This investment is low risk*

As ACCESS builds on previous DFAT investments in Cambodia, engages in the majority with existing government and non-government stakeholders, and given the nature of the TA envisaged, ACCESS is considered a **low risk investment**. The investment will not use partner government systems. Key risks associated with the proposed Program include:

- › **Absorptive capacities and financial and human resources:** There is a risk that the tasks of building financial management capacities in target ministries, in addition to building service delivery capacities for persons with disabilities and for people affected by GBV, overwhelms the absorptive capacities and financial and human resources of the target ministries. The Managing Contractor will need to work closely with the target ministries to identify realistic targets, and to build internal MEL systems, which can support sound decision-making.
- › **Fragmented approach dissipates investment:** The absence of an upfront agreement about the Program's footprint may result in dissipation of the GoA's investment through this Program and other GoA investments, such as the CPI. The Managing Contractor will support proposal screening through provision of TA support to target ministries and to NGOs, and through TA to development of proposal guidelines, aiming to maximise cohesion and opportunity for mutual reinforcement of results.

<sup>32</sup> Strategy for Australia's Aid Investments in the Private Sector, p6.

- › **RGC budget allocations for GBV and disability services do not increase:** It is possible that despite this modest investment and best efforts, there is no increase in RGC budget allocations for inclusive services, with the result that funding service provision would continue to fall to the donor community. The Managing Contractor would be required to develop a strategy which maximises the influence of the Program on budget allocations, including through high level financial/budgetary TA. Detailed and ongoing political economy analysis will also be required to prosecute this strategy. Donor relationships would need to be fostered.
- › **Upcoming electoral processes disrupt opportunities to realise progress:** General Elections to be held in 2018 present certain risks which may disrupt program implementation. DFAT will monitor the political environment, permitting early identification of risk to enable realignment of the Program, if necessary. The appointed Managing Contractor would need to have documented risk management plans in place.
- › **Shifts in the RGC's policies and priorities:** Shifts in RGC policies and priorities might interfere with achievement of ACCESS' objectives. We will respond flexibly to any changes through rolling work plans and close relationships with the RGC and activity implementers. The Managing Contractor would be responsible for ensuring that ACCESS responds appropriately to any such changes.
- › **Political sensitivities associated with reform might inhibit progress:** As PFM reform seeks to reform existing systems, there is a risk that implementation could face resistance. Thorough and ongoing political economy analyses, including harnessing DFAT's political officers' analysis will enable ACCESS to develop politically smart engagement strategies and apply these to activity implementation.

A risk management matrix which describes these key risks is set out in **Annex 6**. The Managing Contractor would be required to develop a comprehensive Risk Register.

### ***How we will identify and mitigate risks***

Risk assessment and mitigation will be conducted for both the program level and the activity level.

Some Activities will involve working directly with children, as NGOs are expected to receive grants to provide services to children. Activities are not anticipated to cause displacement and resettlement of people, or detrimental impacts on the environment. As ACCESS will work with a range of stakeholders, including government, non-government and multilateral, clear guidelines will be drafted and Activities screened prior to approval to ensure that all of DFAT's safeguards requirements are met, including environment, displacement and resettlement, and child protection. Guidelines will also be drafted to ensure funds are protected from fraud and directed to their intended purposes. Governance and management mechanisms will provide opportunities for DFAT to actively participate in risk identification and management.

The Managing Contractor will be required to:

- › Identify and notify DFAT of emerging risks and propose mitigation strategies on an ongoing basis;
- › prepare and maintain a comprehensive risk register based on **Annex 6** which contemplates Program risks, start-up risks, value for money risks, and financial management and fraud risks associated with implementation. The ACCESS risk register will be included in the DFAT Cambodia Aid Program risk register;

- › provide monthly updates on the Program risk register, in light of emerging risks (Program level risk management);
- › prepare a separate dedicated risk matrix for each activity (activity level risk management);
- › develop a Program Operations manual, which describes processes for:
  - risk identification and mitigation;
  - safeguards risk assessments for use in screening all Activities at proposal stage (i.e. using safeguards checklists); and
  - development of safeguards management plans for use throughout Activity implementation.
- › apply refined selection criteria and due diligence assessment processes for selection of potential activity partners and Activities;
- › use ongoing political economy analysis throughout activity design and implementation to identify and mitigate risks associated with ACCESS' implementation.

## **SAFEGUARDS**

### ***ACCESS' anti-corruption approach***

The Managing Contractor will put in place systems and processes that guard against fraud, nepotism and corruption, including:

- › Transparent processes for selection of local service providers and activity implementers, in line with agreed investment principles.
- › Clear financial operating procedures that promote and take a 'zero tolerance' position on fraud.
- › Compliance with the DFAT financial management, fraud control and accountability requirements.
- › An annual independent financial audit of the Managing Contractor's financial and Program management systems and of ACCESS' Annual Financial Report.
- › Access to the financial management information and expenditure summaries at any time to nominated DFAT staff through the password-protected part of the web-based portal.
- › Reflection of changes in anti-corruption profiles associated with the ACCESS in the Risk Matrix.

### ***ACCESS' approach to child protection***

This design includes a focus on child protection in two specific areas:

- › Firstly through funding and strengthening service providers such as those which provide services to children who are affected by GBV or children with disabilities; and
- › Secondly, reducing children's exposure to GBV is a recognised prevention strategy.

Given that services will be provided to children and that children often accompany women affected by GBV, it is possible that Managing Contractor staff and TA personnel will come into contact with children or minors while implementing Activities. The Managing Contractor will develop a specific, clear, unambiguous child protection protocol for ACCESS, which aligns with DFAT policy and the law, which it will implement in planning, operations and management.

The Managing Contractor will also be expected to be vigilant, including monitoring conduct of all TA personnel, staff and sub-contractors, as appropriate. DFAT Cambodia will work with the DFAT Child Protection Compliance Section and the Managing Contractor to ensure adequate child protection safeguards are put in place.

DFAT recognises that many of the risks to children are the result of unintended consequences which occur during activity design or implementation. The activity investment processes to be developed by the Managing Contractor will include child-sensitive programming and risk assessment, as well as protocols for management of activities which attract risks to children. The Managing Contractor will rigorously review all Activities and mitigate risks to children in the Activities supported by ACCESS.

- › Child protection issues will be considered in all Activities to ensure that boys and girls - particularly those from disadvantaged sectors or Persons with disabilities - will not be adversely impacted by ACCESS activities;
- › The design of each activity, including grants, will consider how boys and girls will be impacted by the activity and describe how those risks will be mitigated during implementation; and
- › ACCESS will build a knowledge base on children and the unintended impacts of ACCESS on them. This will provide the ACCESS with a distinctive value add to the RGC.

ACCESS may require short-term engagement of a specialist child protection consultant to undertake child protection risk assessments and develop appropriate risk mitigation measures for ACCESS from time to time.

#### ***ACCESS' security and disaster management***

ACCESS TA personnel and staff are likely to travel to remote rural areas of Cambodia. Where activities are conducted in these locations they might attract security and work health and safety risks, particularly for women. The Managing Contractor will be required to develop a *Security and Disaster Management Plan* which describes measures to ensure the safety and security of ACCESS staff and TA personnel as they travel or participate in activities, and to ensure business continuity. The Security and Disaster Management Plan will comply with DFAT policy guidance.

#### ***ACCESS' approach to environment***

Activities funded through ACCESS are not anticipated to have direct impact on the physical environment.

The *Environment Protection and Biodiversity Conservation Act 1999* (the EPBC Act) is the GoA's central piece of environmental legislation and applies to Commonwealth government agencies, including to DFAT. DFAT's Environment Protection Policy 2014 and its associated Operational Procedures provide clear policies on DFAT's environmental management system, including: understanding the policy settings and legal requirements; conducting environmental assessment and planning; implementing; and monitoring and evaluating.

In consultation with the DFAT-Canberra's Environment and Safeguards Section, the Managing Contractor will develop and apply a set of environment assessment criteria, which can be used to assess proposed activities. Given the low level of engagement with the environment, a Strategic Environmental Assessment (SEA) is not recommended for ACCESS. On-going consultation with the DFAT-Canberra Environment and Safeguards Section is advisable throughout ACCESS' implementation.

The Managing Contractor will ensure that for service, repair or replacement of vehicles or other items e.g. printers, batteries and IT equipment, appropriate practices are followed to minimise (or repair) any damage to the environment.

### ***ACCESS' approach to displacement and resettlement***

Although it is unlikely that Activities funded through the ACCESS will directly lead to displacement and resettlement of communities, this is a risk for the ACCESS, particularly where Activities engage in agriculture or other industries, such as the inclusive employment hub. There is a chance that the Program might be responsible for facilitating employment by the RGC, employers, or activity implementers at sites where displacement and resettlement takes place.

The Managing Contractor, in consultation with DFAT-Phnom Penh and the DFAT-Canberra Resettlement Area, will establish for ACCESS:

- › a displacement and resettlement assessment tool;
- › a displacement and resettlement management protocol, which provides guidance for activities that have resettlement and displacement risks; and
- › training in displacement and resettlement issues for ACCESS staff, TA personnel and where relevant activity implementers and partners.

### ***ACCESS adopts a do-no-harm approach***

ACCESS' Activities will be conducted in a range of environments and through engagement with a range of activity implementers. Activity implementers will be required to:

- › Support 'do no harm' principles when implementing Activities;
- › Identify any conflict-exacerbating impact of Activities;
- › Be aware of inter-group relations and help people come together through work;
- › Determine activity entry points based on political economy analysis, and understand potential relationships affected by operational decisions e.g. about where to work, and with whom; and
- › Select, develop and implement Activities remaining cognisant of displacement and resettlement risks, and of any impact on children of migration and resettlement.



**ANNEX 1: PROBLEM ANALYSIS****Part A: Disability**

Cambodia's history includes war, genocide and widespread poverty in rural and urban areas. This resulted in high numbers of persons with disabilities in the country. Today, remnants of war such as land mines, traffic and work related accidents, old ages and poor nutrition contribute to the number of persons living with a disability.

The situation of persons with disabilities in Cambodia is improving over the last decade, but they still face less access to government services such as education, health, social protection, public transportation, and justice than mainstream society. Some services are still in development, i.e. inclusive education for children with disabilities and accessible public transportation. In other cases, public administration has benefited from capacity building about making services accessible for persons with disabilities, e.g. health and justice. As a result, many services are provided through NGOs rather than the local government.

The labour market is largely not accessible due to widespread stigma and prejudices. Many employers and co-workers believe that persons with disabilities are not able to work and that disability derives from Buddhist perceptions about misdoings in previous lives.

This leads to the situation that persons with disabilities are among the most disadvantaged in Cambodian society. This situation also influences their competitive strength on the labour market. Therefore, persons with disabilities very often live in poverty, excluded from mainstream social and economic life.

The NDSP has clear objectives that services must be made accessible for persons with disabilities. However, the NDSP states that although some funding for implementation of the NDSP is available from development partners, charities and from the private sector, ministries need to develop their individual budget plans to implement the NDSP. Unfortunately, the NDSP remains under-funded by the RGC (Disability Action Council, 2014). As part of Cambodia's developing social protection framework, there are plans to implement additional cash-transfers if a member of an identified poor household has a disability.

***Data***

The 2014 CDHS identifies that 9.5 percent of the population age five years and over have some form of disability (National Institute of Statistics, 2015). Further disaggregation is included in Table 1. There is a slightly higher percentage of women with a disability than men with a disability. 8.5 percent of men are reporting a disability while among women 10.5 percent are reporting a disability, and little variation between urban and rural settings. The prevalence of disability increases with age, reaching 44 percent of those aged 60 and over. There is also an association between disability and education. The prevalence of disability is much higher for persons with no education (20 percent) than those who have achieved: primary education (8 percent), secondary education (5 percent) and higher education (2 percent). This suggests that disability presents a significant barrier to educational attainment.

Table 1 Levels of reported disability in Cambodia: Cambodia National Demographic and Health Study 2014

|               | No difficulty | Any domain | Seeing | Hearing | Walking | Concentrating | Self-care | Communicating |
|---------------|---------------|------------|--------|---------|---------|---------------|-----------|---------------|
| <b>Total</b>  | 90.5          | 9.5        | 5.1    | 2.8     | 3.7     | 4.2           | 1.1       | 1.5           |
| <b>Male</b>   | 91.5          | 8.5        | 4.2    | 2.5     | 3.1     | 3.5           | 1.0       | 1.3           |
| <b>Female</b> | 89.5          | 10.5       | 5.9    | 3.1     | 4.2     | 4.9           | 1.2       | 1.7           |
| <b>Urban</b>  | 91.3          | 8.7        | 4.8    | 2.3     | 3.0     | 4.0           | 0.9       | 1.1           |
| <b>Rural</b>  | 90.3          | 9.7        | 5.1    | 2.9     | 3.8     | 4.3           | 1.1       | 1.6           |

A significant concern for persons with disabilities is **employment**. The NDSP specifies that the private sector must ensure that at least one percent of its workforce are persons with disabilities, and the public sector, two percent (Disability Action Council, 2014; RGC, 2010). However, the quotas are not yet actively monitored by any government body.

Reasonable workplace accommodation, non-discrimination, effective participation, respects for differences, equality of opportunities, equality between men and women are not yet part of the internal policies of many companies and government institutions in Cambodia (Disability Action Council, 2017).

Until today, **Physical rehabilitation** for persons with disabilities is still partly dependent on four international organisations (see map and table following). Eleven physical rehabilitation centres, a spinal cord injury centre and an orthopaedic component factory are currently active in Cambodia. The PWDF under MoSVY is expected to take over the physical rehabilitation centres and the prosthetics and orthotics factory. However, the state of human and financial resources at PWDF does currently not allow a smooth and effective take over from international organisations.

The ratification of the UNRPD binds the RGC in article 26 to:

*... take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive rehabilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services ... (UN, 2006).*

It is therefore crucial that MoSVY through the PWDF takes over the 11 physical rehabilitation centres and the P&O factory in Cambodia.

| Centre                                                            | Initiated by                    | Comment                                                                                                                |
|-------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Kien Khleang National Physical Rehabilitation Centre (Phnom Penh) | Veterans International Cambodia | The centres have been formally handed over to the MoSVY and to the PWDF in 2013. The VIC provides support until today. |
| Prey Veng Provincial Physical Rehabilitation Centre               |                                 |                                                                                                                        |
| Kratie Provincial Physical Rehabilitation Centre                  |                                 |                                                                                                                        |
| Phnom Penh Physical Rehabilitation Centre                         | Exceed                          | The centres are still managed by Exceed.                                                                               |
| Kampong Chhnang Provincial Physical Rehabilitation Center         |                                 |                                                                                                                        |

| Centre                                                 | Initiated by                   | Comment                                                                                                       |
|--------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------|
| Kampong Som Provincial Physical Rehabilitation Center  |                                |                                                                                                               |
| Kampong Cham Provincial Physical Rehabilitation Centre | Handicap International France  | The centre has been handed over to the MoSVY and to the PWDF in 2012.                                         |
| Takeo Provincial Physical Rehabilitation Centre        | Handicap International Belgium | The centre has been handed over to the MoSVY and to the PWDF in 2011. HI provided one more year of support.   |
| Siem Reap Provincial Physical Rehabilitation Centre    | Handicap International Belgium | The centre has been handed over to the MoSVY and to the PWDF in 2012. HI provided two more years of support.  |
| Kampong Speu Regional Physical Rehabilitation Centre   | ICRC                           | The centre has been handed over to the MoSVY and to the PWDF in 2011. ICRC provided one more year of support. |
| Battambang Regional Physical Rehabilitation Centre     |                                |                                                                                                               |

Figure 2 Location of physical rehabilitation centres in Cambodia



NGOs have started segregated special schools for children with hearing and visual impairment in Phnom Penh, Siem Reap, Battambang and Kampong Cham. These schools have now been integrated under the Ministry of Education. Many children with disabilities still lack access to education services. In Cambodia there is a strong correlation between a low level of education and disability.

**Stigma and prejudices** are a serious threat to disability inclusion in Cambodia. Negative attitudes can be found towards persons with disabilities from all levels of society, including village chiefs, local authorities, teachers, health care workers, employers, families, and neighbours. Discrimination happens in the form of name-calling, rudeness, denial of services, exclusion from community activities and being treated as having no value.

### ***Policy and legislation***

In 2009, the RGC published **Law on the Protection and the Promotion of the Rights of Persons with disabilities**. The law seeks to (i) protect the rights of persons with disabilities, (ii) protect the interests of persons with disabilities, (iii) reduce discrimination of persons with disabilities, and (iv) ensure access to rehabilitation services. The law legally (v) establishes the DAC. (RGC, 2009)

The RGC has ratified the UN Convention on the Rights of Persons with disabilities (**UNCRPD**) in 2012 and adopted the **Incheon Strategy** in 2013.

The government followed this up with the development of the National Disability Strategic Plan 2014-2018 (**NDSP**). The 10 objectives of the NDSP are: (Disability Action Council, 2014)

- › Strategic Objective 1: Employment
- › Strategic Objective 2: Health services including physical and mental rehabilitation
- › Strategic Objective 3: Access to justice
- › Strategic Objective 4: Freedom, security and disaster risk reduction
- › Strategic Objective 5: Education
- › Strategic Objective 6: Freedom of expression
- › Strategic Objective 7: Culture, religion, and sport
- › Strategic Objective 8: Accessible environments and transportation
- › Strategic Objective 9: Gender equality
- › Strategic Objective 10: Cooperation from international to sub-national level

Other sector relevant policies include:

- › Sub-Decree - *Quota for Recruitment of Disabled Persons*. This sub-decree sets the employment quota for persons with disabilities in public offices to two percent and in private enterprises to one percent;
- › Directive of MoH to provide free health care service for persons with disabilities; and
- › Inter-ministerial sub-decree for reasonable accommodation for employment of persons with disabilities.

### *Government institutions in the disability sector*

The MoSVY is responsible for social affairs, veterans and youth rehabilitation. The MoSVY has seven technical departments including the Department of Welfare for Persons with Disabilities (DWPD). The PWDF is administratively under the Public Enterprises section of the MoSVY but the DPWD is responsible for the PWDF's organisation and functioning. The ministry has representatives at provincial level (PoSVY) and at district level (DoSVY). The Disability Rights Administration (**DRA**) is housed in the DWPD section of the MoSVY. The **DAC** is not part of the organizational structure of the MoSVY. (Bailey, 2014)

The RGC has a good set of tools (Disability Law, NDSP and UNCRPD ratification) in place to promote and improve the living conditions of persons with disabilities in the country. However, greater capacity is needed in the MoSVY and PWDF to lobby for the implementation of these tools. For example:

- › Many services for persons with disabilities are delivered by international organisations. The government has not yet been able to provide financial support to international organisations and NGOs who provide services to persons with disabilities. This fact hampers significantly the sustainability, expansion and quality of services for persons with disabilities. Opportunities exist for the government to either develop the capacity of its own service delivery bodies (e.g. PWDF) or to trust service delivery oriented NGOs and develop closer cooperation with them.
- › RGC institutions would benefit from capacity development in managing and maintaining functioning services for persons with disabilities. Beneficiaries of the physical rehabilitation centres would benefit greatly from increased service quality at these centres.
- › Plans and strategies have been made but no concrete action is taking place to follow-up. Opportunities exist to explore creativity and improved responsiveness by the responsible RGC agencies.
- › There may also be opportunities to work more effectively with the various RGC disability institutions so that overlaps in responsibilities are minimised.

### *Disability Rights Initiative Cambodia (DRIC)*

Three UN organizations are implementing the Disability Rights Initiative Cambodia (DRIC) funded by DFAT: UNDP, UNICEF and WHO. DRIC consisted of 4 main pillars (DRIC, 2013).

- › Supporting government implementation of the NDSP and the UNCRPD (UNDP);
- › Supporting DPOs to raise the voice and protect the right of persons with disabilities (UNDP);
- › Supporting rehabilitation system strengthening (WHO); and
- › Inclusive governance and inclusive community development (UNICEF).



## Part B: Gender equality

Cambodia's most recent (2015) gender inequality index<sup>33</sup> value was 0.479. This ranks at 112 out of 159 countries (UNDP, 2016), and places Cambodia in a lower position (reflecting greater inequality) than its neighbours (see Table 2).

**Table 2** Cambodia's Gender Inequality Index (2015) and indicator data relative to selected countries and groups

|                           | GII value | GII Rank | Maternal mortality ratio | Adolescent birth rate | Female seats in parliament (percent) | Population with at least some secondary education (percent) |      | Labour force participation rate (percent) |      |
|---------------------------|-----------|----------|--------------------------|-----------------------|--------------------------------------|-------------------------------------------------------------|------|-------------------------------------------|------|
|                           |           |          |                          |                       |                                      | Female                                                      | Male | Female                                    | Male |
| Cambodia                  | 0.48      | 112      | 161                      | 51.6                  | 19.0                                 | 13.2                                                        | 26.1 | 75.5                                      | 86.7 |
| Lao PDR                   | 0.47      | 106      | 197                      | 64.1                  | 25.0                                 | 30.4                                                        | 42.8 | 77.7                                      | 77.0 |
| Myanmar                   | 0.37      | 80       | 178                      | 16.5                  | 13.0                                 | 27.1                                                        | 20.0 | 75.1                                      | 81.1 |
| Vietnam                   | 0.34      | 71       | 54                       | 38.6                  | 24.3                                 | 64.0                                                        | 76.7 | 73.8                                      | 83.2 |
| East Asia and the Pacific | 0.31      | —        | 63                       | 23.1                  | 19.6                                 | 64.1                                                        | 73.0 | 62.3                                      | 79.1 |

Maternal mortality ratio is expressed in number of deaths per 100,000 live births and adolescent birth rate is expressed in number of births per 1,000 women ages 15-19.

| Pillar      | I                                          | II                             | III                                                                      | VI                                        |
|-------------|--------------------------------------------|--------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| Partners    | DAC & MoSVY                                | CDPO                           | Grantees & MOI                                                           | PWDF                                      |
| Description | Policy development and NDSP implementation | Advocacy and awareness raising | Grants to 15 local recipients for service delivery on sub-national level | 11 rehabilitation centres & 1 P&O factory |
| Managed by  | UNDP                                       |                                | UNICEF                                                                   | WHO                                       |

Gains are observed over recent years. For example, 2015 data show general parity in education attainment for males and females, comparable levels of literacy for those in the 15-24 age group (92 percent for females and 91.1 percent for males), and now a higher proportion of girls entering secondary school than boys (83.7 percent compared to 76 percent) (The World Bank, 2017). Although still under-represented relative to men, the number of women in formal leadership positions has increased. Women comprise 20 percent of provincial/capital deputy governors; the proportion of women councillors in capital and provincial councils increased from 10 percent in 2009 to 13 percent in 2014; female seats in district and khan councils increased from 13 percent in 2009 to 14 percent in 2014; and the percentage of female commune councillors increased from 15 percent in 2007 to 18 percent in 2012. Women's participation has also increased in the civil service (MoWA, 2014, p. 11).

Earlier analysis by the Asian Development Bank (ADB) highlights the complexity of gender relations in Cambodia. While women can exercise considerable autonomy and independence, such as through ownership of assets, management of financial transactions, and in household decision making, traditional norms still limit the choices and options available to girls and women (ADB, 2012, p. 2), and also to boys and men.

Some research and individuals consulted for this design referred to the gender norms set by the *Chbap Proh* and (more often) *Chbap Srey* (behavioural codes for males and females respectively). *Chbap Srey* emphasises women's role in the home, and her responsibility to obey

<sup>33</sup> The gender inequality index shows the loss in potential human development due to reproductive health and gender inequalities in and economic participation dimensions. The index ranges between 0 and 1, with higher values indicating greater inequality.

her husband. While the codes still taught in some Cambodian schools and thus potentially instil certain values in impressionable minds, a caution is to not fall into an overly simplistic, static view of how Cambodian culture and norms shape gender relations (Sokbunthoeun, Sedara, & Virorth, 2013, p. 12; Brickell, 2011).

Men's attitudes towards women are changing. The Partners for Prevention study of violence against women in Cambodia found that men aged 18-24 years had more equitable attitudes towards women than older men. Secondary education or more and higher income, were associated with more gender equitable attitudes. While not having been formally taught Chbab Srey or Chbab Proh and not seeing the codes as relevant today were associated with more gender equitable attitudes, the study did not find any associations with perpetration or experiences of any form of violence against women (Fulu, Warner, & Moussavi, 2013b, pp. 50-51).

### ***Strategies and policies for the promotion of gender equality***

Cambodia has a range of laws and strategies that aim to institutionalise and promote gender equality. This starts with the 1993 Constitution that states that 'Every Khmer citizen shall be equal before the law, enjoying the same rights, freedom and fulfilling the same obligations regardless of race, colour, sex, language, religious belief, political tendency, birth origin, social status, wealth or other status' (Article 31). Further articles enshrine the principles of equality in employment, pay, ownership of assets, and participation in public life. The constitution also states that 'All forms of discrimination against woman shall be abolished (Article 45). Cambodia ratified the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 1992 with no reservations.

Cambodia's Rectangular Strategy for Growth, Employment, Equity and Efficiency Phase III (2013) recognises gender equity as a key component of national development. Responding to this, the Neary Rattanak IV (Strategic plan for Gender Equality and the Empowerment of Women in Cambodia 2014-2018) includes objectives focused on women's employment, education and training, access to quality and affordable health services, safety including prevention of GBV, promoting women's participation in all levels of decision making, and gender mainstreaming in aid and development programs (MoWA, 2014).

Laws and policy relevant to GBV are discussed in the following section.

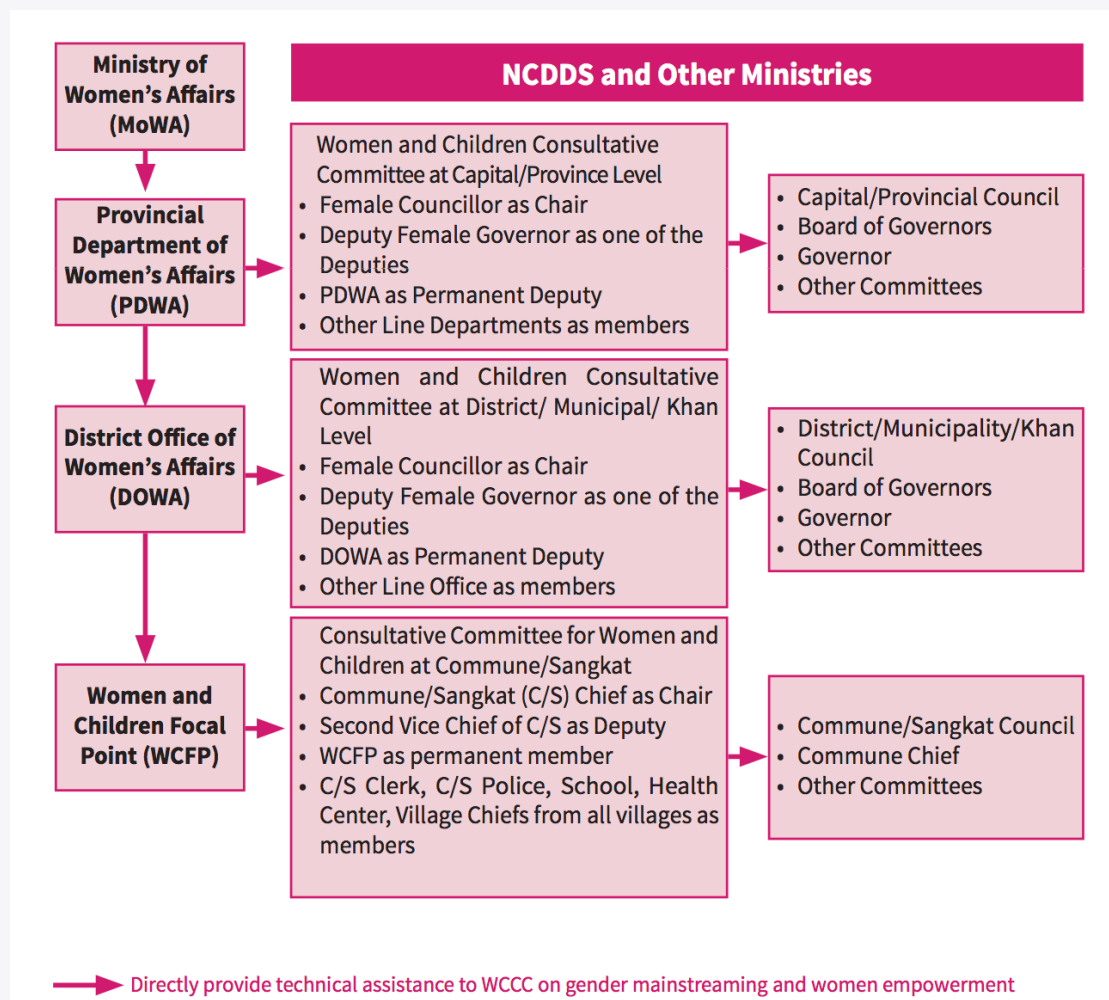
### ***Institutional responsibilities for gender equality***

The MoWA has overall leadership responsibility for promoting gender equality and coordinating efforts under the Neary Rattanak. The MoWA is represented at a sub-national level by the Provincial Department of Women's Affairs (PDoWA) and District Office of Women's Affairs (DOWA). The MoWA's role is to work with relevant sectoral agencies and other actors to support, coordinate, and provide technical input on issues concerning women, children and youth. Much of this is through the Women and Children Consultative Committees (WCCCs) that operate at each level (national, provincial, municipal, district and commune) under the jurisdiction of the province and district, and therefore the Ministry of Interior. PDoWA and DOWA are the designated permanent deputy of the WCCC at province and district level respectively, and are supported in this role by the MoWA. The MOI has responsibility for supporting capacity building and overall functions of the committee more broadly (MoWA, 2014 (1), pp. 8-9).

Commune level committees focus on issues including maternal and child health, community pre-schools, hygiene and sanitation, gender equality and child protection. These committees are chaired by the Commune / Sangkat Chief. These structures and their membership are shown in **Error! Reference source not found..**

The gender technical working group (TWG-G), established in 2004, and chaired by the MoWA, is one of 19 cross ministerial technical working groups established to harmonise donor-government activities and strengthen the ownership and leadership of the RGC. Membership comprises representatives from 31 government agencies, as well as from development partners and civil society organisations. The TWG-G has formed Gender Mainstreaming Action Groups in line ministries to support mainstreaming efforts.

**Figure 3** Institutional structures for promoting gender equality and protecting women and children



Source: (MoWA, 2014 (1), p. 9)

## Part C: Gender based violence

Cambodia benefits from three major recent studies on GBV:

- › The UN multi-country study on men and violence in Asia and the Pacific, which included Cambodia as a study site. Data were collected in 2012 (Fulu, Warner, & Moussavi, 2013b).
- › The Cambodia Demographic and Health Survey 2014 (CDHS), which included supplementary modules on women's empowerment and demographic and health outcomes, and domestic violence. The empowerment module includes indicators of attitudes to wife beating, and the domestic violence module includes indicators of incidence (last 12 months) and prevalence (lifetime experience) of physical and sexual violence in general; forms of spousal or partner violence; and help seeking behaviour. The Survey is planned to be repeated in 2018 (National Institute of Statistics; Directorate General for Health; ICF International, 2015).
- › The National Survey on Women's Health and Life Experiences in Cambodia. This is the most comprehensive, purpose specific study, and used the WHO methodology developed for the Multi-country Study on Women's Health and Domestic Violence against women (2005). These data are therefore comparable with other countries using the same methodology. Data were collected in 2015 (MoWA, 2015).

These studies focus on slightly different variables and present information in slightly different ways. Together they present a very comprehensive picture of gender related attitudes and violence related behaviours. The incidence (12 months preceding) and prevalence (lifetime experience) identified through these available data are in Table 3.

**Table 3** Recent incidence and prevalence data on various forms of violence against women

| Respondent group                                       | Type of violence                           | Ever experienced | Last 12 months | Source |
|--------------------------------------------------------|--------------------------------------------|------------------|----------------|--------|
| Ever partnered women aged 15-64 <sup>34</sup> (N=3043) | Physical                                   | 15.0             | 4.7            | (a)    |
|                                                        | Sexual                                     | 10.2             | 4.1            |        |
|                                                        | Physical or sexual                         | 20.9             | 7.7            |        |
|                                                        | Emotional                                  | 32               | 14.7           |        |
|                                                        | Physical, sexual, and / or emotional       | 36.4             | 20.3           |        |
| All women surveyed, aged 15-64 (N=3,570)               | Non-partner physical violence after age 15 | 13.6             | 2.6            | (a)    |
|                                                        | Non-partner sexual violence after age 15   | 3.8              |                |        |
|                                                        | Non-partner sexual violence before age 15  | 2.1              |                |        |
| All women surveyed, (N=3,574)                          | Sexual harassment                          | 5.3              |                | (a)    |
| Women aged 15-49 (N=4,307)                             | Physical                                   | 21.1             | 8.1            | (b)    |
|                                                        | Sexual                                     | 6.1              | 3.1            |        |

Source: (a) National Survey on Women's Health and Life Experiences in Cambodia (MoWA, 2015); (b) Cambodia Demographic and Health Survey 2014 (National Institute of Statistics; Directorate General for Health; ICF International, 2015); (c) UN multi-country study on men and violence in Asia and the Pacific (Fulu, Warner, & Moussavi, 2013b).

<sup>34</sup> The National Survey on Women's Health and Life Experiences in Cambodia also includes data for the 15-49 age group, to enable comparison with the Demographic and Health Survey. The lifetime prevalence found in the Survey on Women's Health and Life Experiences (15.0 percent) is lower than that in the Demographic and Health Survey (21.1 percent). It is not clear why.

Other key findings are:

- › **National variation:** The CDHS found that the highest proportions of women reporting physical violence in the 12 months preceding the survey were in Kampong Cham (17.9 percent), Otdar Meanchey (14.1 percent) and Siem Reap (13.6 percent). The National Survey on Women's Health and Life Experiences found rural locations to have higher proportions of reported violence than urban settings.
- › **Justification of violence:** Both studies found that around half of women surveyed felt that men's violence against women was justified for at least one possible reason. The National Health and Demographic survey also asked these questions of men, and found that the proportion of men justifying violence was about half than for women (26.5 percent of women compared to 50.4 percent of women aged 15-49 agreed with at least one of six proposed reasons a man is justified in hitting or beating his wife (National Institute of Statistics et.al., 2015). This is a strong indicator of pervasive gender inequality as it shows that women have internalised the view that they may deserve to be treated in this way.
- › **Help seeking behaviour:** The National Survey on Women's Health and Life Experiences shows that just under half (48.6 percent) of women experiencing violence did not tell anyone. Otherwise they told parents (24.9 percent), siblings (21.3 percent) or neighbours (21.8 percent). If they reported the violence to any agencies, it was most likely local leaders (14.5 percent) or police (11.9 percent). (MoWA, 2015, pp. 90-91).

The low level of help seeking is attributed to:

- › The lack of services available, especially in rural areas
- › Difficult of access due to geography and cost
- › The need for sensitisation among agencies such as village authorities, police, magistrates, and health services to encourage women to approach them, and trust that their interests will be considered, rather than just the 'harmony' of the family unit
- › The current legal system making it difficult for cases to be effectively prosecuted, acting as a disincentive for women to pursue this avenue, commencing with not wanting to report to police
- › Personal feelings of isolation, fear of retaliation, shame and stigmatisation (MoWA, 2015, pp. 94-95).

### ***Policy and legislation – GBV***

Cambodia enacted the Law on the Prevention of Domestic Violence and the Protection of Victims in 2005, and the Law on the Suppression of Human Trafficking and Sexual Exploitation in 2008.

The focus on prevention and protection within the domestic violence law adds a level of ambiguity. The law states that *'Any domestic violence which is characterised as the criminal offense in the manner of felonies or severe misdemeanours shall be subjected to a criminal suit...'* (Article 19), but it does not define what might constitute 'felonies or severe misdemeanours'. The law allows for reconciliation or mediation with the agreement of both parties, for cases of emotional or economic violence and 'minor misdemeanours', or petty crimes', but again does not define these acts. Further, the narrow focus on domestic, rather than broader GBV, perhaps reflects the thinking and potential of the time, now more than a decade ago. There are subsequently calls for the revision of the law, and UN Women noted this is a priority for their work going forward.



In 2010, the RGC issued the Village/Commune Safety Policy that includes ‘no prostitution, trafficking of women and children, and domestic violence’ in its safety criteria. It tasks the commune council to take action to eliminate these occurrences ‘for security and safety for citizens especially for women and children’ (Ministry of Interior, 2010).

Cambodia’s second National Action Plan to Prevent Violence Against Women 2014-2018 (NAPVAW2) (MoWA, 2015) has the overarching goal to *reduce violence against all women and girls including those at increased risk through increased prevention interventions, improved response, increased access to quality services, and multi-sectoral coordination and cooperation*. Ministries, donors, and civil society with programs related to violence against women are expected to align with and contribute to one or more of the plan’s 20 objectives. The plan prioritises three forms of violence (domestic violence; rape and sexual violence; and violence against women at high risk) and five strategies (primary prevention; legal protection and multi-sectoral services; formulation and implementation of laws and policies; capacity building; and review, monitoring, and evaluation).

A review of plan implementation presented to the Gender Technical Working Group on Gender-Based Violence in March 2017 identified progress including in the areas of:

- › **Prevention:** foundational research for prevention activities, introduction of teacher training curriculum on VAW and development of a sexual reproductive health rights curriculum for national implementation, implementation of awareness raising activities
- › **Legal protection and multi-sectoral services:** Establishment of multi-sectoral coordinated response mechanisms in 11 provinces, including development of referral guidelines; development of minimum standards for basic counselling for women and girls affected by violence; development and early implementation of national guidelines for managing violence against women and children in the health system; some indication of increased police response and implementation of legal assistance, although in a limited form; and formulation of minimum service standards for harmonisation across various sectors.
- › **Laws and policies:** Review and seminars; main laws and policies pre-date the plan.
- › **Capacity building:** Training of judges, prosecutors and legal officials in 11 provinces, and some attention to building gender sensitivity in the courts; training on program based budgeting.
- › **Monitoring and Evaluation:** The TWGG-GBV secretariat has collected monitoring information at national level; National Survey on Women’s Health and Life Experiences in Cambodia completed in 2015, Violence Against Children Survey in 2013, and Cambodia Demographic and Health Survey in 2014.

Areas identified for attention for the remainder of the plan duration include: finalisation and implementation of a comprehensive multi-sectoral primary prevention strategy; mapping of support service providers at provincial and possibly district level as a pathway for better cooperation among service providers; support to Judicial Police Officers; and further training and support to implement the various guidelines and protocols that have been developed.

One of the biggest issues with the plan is that it has never been adequately funded, or alternatively, it was not developed within an available budget parameter. The scope of the plan is also extremely broad – particularly in an under-funded context, and it would benefit from clearer phasing or sequencing of performance objectives.

Therefore, a general recommendation is for increased budget, to assist those who have experienced violence, to line Ministries with responsibilities under the Plan, and to the MoWA to enable them to carry out their complex and far reaching coordination and capacity development role.

### *Institutional responsibilities for GBV*

The responsibility for coordination of the NAPVAW2 implementation rests with the MoWA, and this responsibility as it cascades through the various levels and committees (see Figure 3) is widely recognised.

The Ministry has strong leadership at a national level, and through the five years of the DFAT ERAW Program, a close working relationship has developed between Ministry senior personnel, DFAT, and the program implementing office. The existing program has operated a small management office within the Ministry building, supported the operation of the ERAW Secretariat, and participated in a range of coordination meetings. It is expected this arrangement will continue into the new program.

Within the TWG-G structure, a gender-based violence sub-group has been established, to formulate and strengthen coordination and implementation of the national action plans (NAPVAW and now NAPVAW2). This sub-group has designated responsibility for monitoring the NAPVAW2 implementation. The sub group is anticipated to be persuasive in stimulating coordination and cross-sharing of different approaches.

At a sub-national level, the PDoWA's role is to coordinate with state and non-state service providers to ensure an effective referral system. This includes facilitating the referral process and intervening to find solutions to any bottlenecks that occur; monitoring the referral system in accordance with the referral guidelines; and convening regular service provider network meetings on GBV (MoWA, 2016, pp. 17-18). The PDoWA and DoWA are generally under-resourced in terms of skilled staff, adequate supervision, and funding to fulfil the referral system roles.

The MoWA also has a network of Judicial Police Agents/Officers (JPA/JPOs), who are authorised under the Domestic Violence Law to act in cases of domestic violence. The role of JPAs includes representing victims, making reports and records, monitoring and following up with investigations, and following up Court procedures.

### *Triple Jeopardy*

ACCESS needs to consider a two-way relationship with gender and disability:

(1) *Ensuring accessibility of rehabilitation and employment services for both men and women with disability:* Women and men with disabilities may face different opportunities and constraints in accessing these services. ACCESS' M&EF requires that disaggregated data on men and women accessing services must be collected and analysed. Should imbalances that cannot be explained by differences in needs,<sup>35</sup> remedial action may be required. ACCESS will also encourage grantee partners to ensure women are represented in leadership roles. Currently disability related organisations appear to be male dominated in their staffing structures.<sup>36</sup>

(2) *Encouraging a specific response to violence against women with disabilities:* The NAPVAW2 identifies violence against women at increased risk as one of its three priorities, and recognises that women with disabilities experience higher levels of violence (MoWA, 2015, p. 6). The *Triple Jeopardy* research (Astbury & Walji, 2013) found that there were few significant differences between women with disabilities and women without disabilities for partner violence (emotional, physical or sexual), but there are several highly significant differences in experiences of violence perpetrated by other members of the household. Women with disabilities were more than twice as likely to report being slapped or having something thrown at them by a family member than did non-disabled women (9.6 per cent or 17/177 compared

<sup>35</sup> As noted in Annex 1, the CDHS found a slightly higher proportion of women with a disability than men. Little difference was found between the types of disability experienced by men and women, and therefore an initial assumption is that service needs will be similar.

<sup>36</sup> This was a perception during the in-country consultations, but has not been explored through detailed data collection.

with four per cent or 7/176); they were more likely than non-disabled women to be pushed, shoved, hit with a fist, or otherwise hurt; More women with disabilities also reported being physically forced to have unwanted sex by someone other than a partner (pp.22-24).

Both women with and without disability, tend not to seek help, but rates of disclosure and help seeking are even lower for women with disability. The mid-term review of the NAPVAW2 notes that women with disabilities continue 'to face a number of challenges accessing services and LBT (lesbian, bisexual, transgender) women face difficulties receiving both health and legal services', and indicates that there has been little specific attention to a specialised response (MoWA, 2017, p. 15).

*Triple Jeopardy* points to successful strategies in increasing access to sexual and reproductive health care services for women with disabilities that provide an opportunity for learning and replication through ACCESS in relation to violence, these include sensitisation of service providers; supporting women with disabilities to share their concerns with community workers; and training women with disabilities to act as liaison points and advocates for, and counsellors of, other women with disabilities (Astbury & Walji, 2013, p. 30)).

### ***Financing for GBV and social inclusion services, specifically for persons with disabilities***

A recent review of global violence initiatives highlights that while many governments have developed national plans of action to address violence against women and girls or children, few have dedicated budget lines and domestic spending to support them (Arango, Morton, Gennari, Kiplesund, & Ellsberg, 2014). This is also the case in Cambodia. Therefore, ACCESS includes an emphasis on public financial management and ongoing political economy analysis. This aspect of the proposed approach also bridges the disability and GBV technical areas. This responds to the direction of the original TOR, to provide '*flexibility to expand to include other vulnerable persons over the program period*'. It is also consistent with recommendations to '*find synergies in investments across sectors, forms of violence, age groups, and vulnerabilities*' (for example García-Moreno, et al., 2015a, p. 1687).

**Government funding** for inclusive services (i.e. promoting equitable opportunities) for persons with disabilities and enforcing the implementation of the NDSP is not yet available. The NDSP highlights in chapter 7 that while some funding for the implementation and related service provision outlined in the NDPS might be sourced from international development partners, charities and the private sector, ministries nonetheless need to prepare their own budgets to implement action plans for their responsibilities under the NDSP (Disability Action Council, 2014).

The NAPVAW2 lists other line ministries as having responsibility in the NAPVAW2, including the Ministry of Education, Youth, and Sport, Ministry of Information, the MoH, and the MOI. The MoWA's role includes encouraging resource allocations, providing technical input, and then coordinating, the various inputs from line ministries. However, the NAPVAW2 has not been adequately costed, and despite various MoUs there is limited evidence of ministerial follow through to implementation. The NAPVAW2 for example does not identify lead ministries, and sometimes several ministries are assigned the same task. The incentive for greater line ministry commitment is still to be found. There are some examples of successful influencing of provincial and commune budgets to support provision of services or social inclusion.

### ***Public Financial Reform in Cambodia***

Stage 1 of World Bank facilitated Public Financial Management Reform Program (PFMRP) ran from 2004 to 2008, and Stage 2 commenced in December 2008. The PFMRP Stage 2 aligns with the RGC's long term vision to build an international standard of public financial management system in four stages:

- › Build budget credibility – this was significantly achieved in stage 1 of the PFMRP;
- › Improve financial accountability;
- › Improve budget policy links; and
- › Improve performance accountability.<sup>37</sup>

The World Bank has recognised that key to the success of the PFMRP Stage I reforms was RGC ownership and leadership of the reform process, development of a harmonized reform program supported by both the RGC and development partners, and the full alignment of development partner financing around the reform program. Key achievements in PFMRP Stage 1 included: substantive increases in revenue collection; strengthened budget cycle management that improved the timeliness of budget preparation; improved budget execution; and more effective budget management.

To achieve its results the PFMRP Stage 2 is focussing on increasing coordination and cooperation between key RGC internal actors and institutions, including the central agencies (i.e. the MEF, the Ministry of Planning), line ministries, subnational governments. Stage 2 is also focussing on increasing engagement and transparency with taxpayers, investors, development partners and civil society.<sup>38</sup>

It is noted that sound PFM requires:

- › overall management of Public Resources;
- › transparent allocation of resources to sectors in line with governments’ social and economic policy goals. For Cambodia this includes rapid and sustainable economic growth and poverty reduction;
- › effective and efficient use of resources to support the supply and delivery of public goods and services; and
- › transparent publication of information on the mobilization and use of public resources.

The proposed ACCESS Program will align with the PFMRP Stage 2 by supporting coordination and communication for budget formulation between the planning, budget and financial management units of the target ministries, the other line ministries with responsibilities under the NAPVAW2 and the NDSP, subnational authorities, and the MEF.

ACCESS will seek to support elimination of duplication, and increased harmonisation to secure the sustainability of the RGC’s and development partners’ investments in inclusive services. The Program will support the RGC’s sound leadership and management to strengthen the motivation of RGC staff and to secure the integrity of the system, including through the proposed joint planning processes for the ACCESS grants funds.

### ***The Cambodian Social Protection Framework***

The RGC’s latest the *National Social Protection Policy Framework 2016-2025* (SPPF), approved by the Council of Ministers on 24 March, 2017, contains two pillars: social assistance and social security. The RGC’s vision for the social protection system development is to build an efficient and financially sustainable social protection system serving as a policy tool to reduce and prevent poverty, vulnerability and inequality. It is also intended to contribute to the strengthening and broadening of human resource development as well as stimulating national economic growth.<sup>39</sup>

<sup>37</sup> <http://www.mef.gov.kh/pfmrp-2nd-launch.html>

<sup>38</sup> <http://www.mef.gov.kh/pfmrp-2nd-launch.html>

<sup>39</sup> *National Social Protection Policy Framework 2016-2025* (SPPF), approved by the Council of Ministers on 24 March, 2017, unofficial translation, pxiv

The objectives of the SPPF are to harmonize, concentrate and strengthen existing schemes or programs in order to increase the effectiveness, transparency and consistency of the whole social protection system. In addition, it seeks to expand the coverage of the social safety network to all citizens, given the pace of the national economic growth.

Under the SPPF Social Assistance is divided into four components:

- > emergency response;
- > human capital development;
- > vocational training; and
- > welfare for vulnerable people.

Social Security consists of five components:

- > pensions;
- > health insurance;
- > employment injury insurance;
- > unemployment insurance; and
- > disability insurance.

The SPPF focuses on four main aspects:

- > a legal and regulatory framework;
- > an institutional framework;
- > a financial framework; and
- > human resources.

The SPPF is also intended to be sufficiently flexible so that it can be updated to respond to changing economic, social and political conditions to ensure timely and effective responses to arising challenges and the development pace of the system.

The RGC has made significant progress on social assistance and social security reform, *inter alia*:

- > Social Assistance - nutrition programs for pregnant women and children to promote maternal and infant health; and
- > Social Security - the National Fund for Veterans (NFV) and the Persons with Disability Fund.

Key challenges that remain in the social security and social assistance areas include:

- > Limited coverage;
- > Lack of integrated management;
- > Suboptimal policy coordination and monitoring;
- > The need to clarify tax policies;
- > Weak links between citizen identification and registration systems; and
- > A lack of awareness of social protection benefits and the obligations associated with participation in various social protection schemes.

SPPF strategies relevant to the proposed ACCESS Program include:

- > the preparation for the implementation of the new Social Assistance programs and the expansion of the coverage of existing programs including:
  - the increase and strengthening of vocational training programs, specifically for youth from poor and **vulnerable households**;
  - the **implementation of cash transfers for persons with disabilities**;
- > preparation for the implementation of the new social security schemes and the expansion of the coverage of the existing schemes to ensure better protection for all citizens including through the **promotion of the welfare of persons with disabilities**;



- > review of the institutional structures and development of a clear division of duties at policy level, regulatory level and operational level. This is anticipated to include:
  - establishment of a policy-level coordinator - the National Social Protection Council;
  - establishment of social security regulator;
  - integration of all social security operators, including the **PWDF**, into a single operator; and
  - a feasibility study on the establishment of a social assistance agency/ fund as a single window for the management of all funding arrangements for the Social Assistance programs.

The proposed ACCESS Program's focus on PFM reform and engagement with the MEF, with the target ministries, with line agencies with responsibilities under the NAPVAW2 and the NDSP, aligns with the SPPF's intentions. ACCESS would hope to make contributions to implementation of the RGC's social protection objectives. Given Australia's history of social protection initiatives, Australia is also well placed to make valuable contributions through exchange of ideas in the inclusive services sectors the subject of this design.

## ANNEX 2: SUMMARY OF EVIDENCE BASE FOR PROPOSED APPROACH

### *An integrated and targeted, rather than broad, stand-alone approach to prevention of GBV*

The design team considered a stronger focus on primary prevention, in accordance with the lead objective of the NAPVAW2. There is also a commonly presented logical argument that preventing violence before it occurs should be the priority on both human rights and economic grounds.

Historically primary prevention has often been conceptualised as public campaigns or community awareness activities. While such initiatives can help to break the silence about violence, or build awareness of anti-violence laws, there is little evidence to suggest that on their own they are effective at transforming gender norms or changing violence perpetration or victimisation. General awareness campaigns have been found to be ineffective in reducing violence (Arango, Morton, Gennari, Kiplesund, & Ellsberg, 2014, p. 25). There is some evidence that suggests that pairing communication strategies with cultivation of local change agents can catalyse change in gender norms (Heise, 2011, pp. 15-16). Peer education programs, often targeting groups of women or groups of men, sometimes both, are another commonly attempted strategy. These require sound formative research and a sustained approach, but too often are implemented as one-off generic workshops (Heise, 2011, p. 17). These approaches also tend to be very resource intensive, and there is little conclusive evidence that they do meet their objective of preventing violence (Arango, Morton, Gennari, Kiplesund, & Ellsberg, 2014, p. 25).

In Cambodia, the Spanish NGO *Paz y Desarrollo*, with funding from UNFPA, implemented the five year 'Good Men Program' as a national social behavioural change campaign from 2011. Program literature reports that it 'helped Cambodians to question perceptions about masculinity and challenge gender norms that have been limiting women's rights to social participation and economic development' but makes no mention of behaviour change (UNFPA, 2015). UNFPA has also implemented a more recent intervention working with adolescent boys and their care givers. Although still subject to evaluation, this may not continue as it has been very resource intensive and so far, only able to be implemented in one province. As an example of working with women at elevated risk of violence, the Agency for Technical Cooperation and Development (ACTED) has been supported by the DFAT EAW program to implement a program focusing on entertainment workers in Phnom Penh. ACTED report good results in increasing entertainment workers' knowledge of what constitutes sexual and GBV (SGBV), their rights under the law, and of assistance services available, but the risk remains the same (ACTED, 2016).

Under the existing DFAT EAW program, The Asia Foundation has attempted to include the content and scheduling of commercial television, which currently has a high content of desensitised GBV, often presented in a humorous setting. TAF's media monitoring is ongoing but securing buy-in from commercial TV producers and broadcasters has been difficult. The Ministry of Information has also not yet played a strong role, and so TAF has turned to the Cambodia Club of Journalists, whose members are influential and linked to the ministries and various broadcasters. However currently it does not seem likely that the necessary shifts on content will occur. Such programming popular, and popularity brings advertising revenue.

Clearer successes have been achieved with programs to address harmful alcohol use. There is a reasonable body of evidence to suggest that abuse of alcohol contributes to the frequency and severity of partner violence (Heise, 2011; WHO, 2010), but it should not be considered a sole or primary *cause* of violence. The UN Women / Partners for Prevention study in Cambodia found that alcohol abuse was associated with men's perpetration of IPV. Men who had an alcohol problem were 1.5 times more likely to abuse an intimate partner, but alcohol use but was the least frequently reported motivation for perpetrating rape (Fulu, Warner, & Moussavi, 2013b). The National Survey on Women's Health and Life Experiences in Cambodia (MoWA, 2015b).

found that women whose partners drank regularly (at least once or twice a week) were almost three times more likely to experience intimate partner in comparison to women whose partners did not drink alcohol regularly.

Alcohol related interventions generally fall into four categories: Brief interventions that detect and intervene with problem drinkers before problems escalate; Structural interventions that focus on laws and policies to make alcohol more expensive and less available; Community-based interventions that attempt to change the drinking environment and culture; and treatment and self-help support systems. There is evidence in support of these strategies, although mainly from high income settings.

In Cambodia, The Asia Foundation piloted the Commune Alcohol Notification System (CANS) in 19 communes and is the process of expanding to a further 17. This initiative shows promising results. Commune Councils, through local partners, are encouraged to produce local regulations and allocate resources to implement the system. TAF has worked with the NCDD, and has produced guidelines and training to assist commune councils to (Ellsberg, et al., 2015) consider CANS in their local planning processes. TAF completed a baseline and midline study that show decreases in intimate partner violence associated with alcohol consumption and increased acceptance that alcohol consumption can lead to violence, can cause diseases, and should be regulated (TAF, 2016). With funding from TAF, Transcultural Psychosocial Organization Cambodia (TPO) has developed counselling guidelines for people who abuse alcohol, and these have been tested in communes where TAF is implementing CANS. The guidelines are at the sign-off stage and will be national, but the capacity is not yet available to ensure they can be implemented in accordance with a basic do no harm principle.

#### ***A focus on services - strengthening the referral network***

A key lesson from global GBV programming is the importance of a multi-sectoral response, and avoiding 'siloing' (Heise, 2011; Ellsberg, et al., 2015; Michau, Horn, Bank, Dutt, & Zimmerman, 2015). An evidence review completed by World Health Organisation (WHO) found that programs which offer services such as advice, counselling, safety planning and referral to other agencies – can increase the safety behaviours and reduce further harm for those affected by intimate partner violence (WHO, 2010, p. 112). Further, there is emerging that supporting women affected by violence through the referral network and connecting them to services, including legal services and information, is a promising intervention (Arango, Morton, Gennari, Kiplesund, & Ellsberg, 2014, pp. 25-26).

Table: Support to referral network strengthening, by province

| Province         | Experience of physical violence (a) |                                | Major activities supporting services          |                                    |                                         |
|------------------|-------------------------------------|--------------------------------|-----------------------------------------------|------------------------------------|-----------------------------------------|
|                  | Ever experienced since age 15*      | Experienced in last 12 months* | Referral network in place (year established)) | Referral network strengthening (b) | Implementation of health guidelines (c) |
| Banteay Meanchey | 13.4                                | 12.8                           |                                               |                                    |                                         |
| Battambang       | 22.4                                |                                |                                               | LAC                                |                                         |
| Pailin           |                                     |                                |                                               | LAC                                |                                         |
| Kampong Cham     | 34                                  | 17.9                           | 2016                                          | UNFPA                              | UNFPA                                   |
| Kampong Chhnang  | 11.9                                | 4.2                            |                                               |                                    | UNFPA                                   |
| Kampong Speu     | 21.3                                | 6.9                            | 2016                                          | UN Women                           |                                         |
| Kampong Thom     | 15                                  | 6.7                            | 2016 (?)                                      | GIZ ATJW2                          |                                         |
| Kampot / Kep     | 5                                   |                                |                                               |                                    |                                         |
| Kandal           | 23.2                                | 10.7                           |                                               |                                    |                                         |
| Preah Sihanouk   | 22.9                                | 7.8                            | 2016                                          | UN Women                           |                                         |
| Koh Kong         |                                     |                                |                                               |                                    |                                         |
| Kratie           | 25.2                                | 12.2                           |                                               |                                    | UNFPA                                   |
| Otdar Meanchey   | 19.3                                | 14.1                           | 2016                                          | UN Women                           | UNFPA                                   |
| Preah Vihear     | 35.4                                | 14.1                           | 2016                                          | UNFPA                              | UNFPA                                   |
| Stung Treng      |                                     |                                | 2016                                          | UNFPA                              | UNFPA                                   |
| Pursat           | 19.0                                | 5.7                            |                                               |                                    |                                         |
| Prey Veng        | 12.1                                | 5.0                            |                                               |                                    |                                         |
| Mondulhiri       | 14.1                                | 6.8                            |                                               |                                    | UNFPA                                   |
| Ratanakiri       |                                     |                                |                                               |                                    | UNFPA                                   |
| Siem Reap        | 24.8                                | 13.6                           | 2016                                          | GIZ ATJW2                          |                                         |
| Svay Rieng       | 11.1                                | 3.7                            |                                               |                                    |                                         |
| Takeo            | 19.1                                | 8.5                            |                                               |                                    |                                         |
| Phnom Penh       | 19.2                                | 2.7                            | 2016                                          | CARE                               | CARE                                    |
| Tboung Khmum     |                                     |                                |                                               |                                    | UNFPA                                   |

\* Shaded cells are areas of highest rates

Note that other activities may be in place in various location, particularly those of local CSOs

(a) CDHS

(b) DFAT WVAW program report 2016

(c) (MoWA, 2017)

(d) <http://tpocambodia.org/tpo-about/>

## Health services

The design includes a specific focus on the health sector though support for implementation of recently finalised guidelines. This builds on the opportunity provided by existing relationships, experience, and the already commenced implementation process. UNFPA and CARE have worked closely with the health sector with support from the DFAT EAW program, and DFAT is also a supporting partner for the World Bank led H-EQIP initiative that is achieving promising results in terms of sector financing and improvements in service quality.

The health system has an important role in a multi-sectoral response to GBV. While there is not yet sufficient evidence from low-resource settings to advocate specific response models there is a global consensus that identification of people experiencing GBV, first-line supportive care, participation in coordination and referral networks, and development and implementation of protocols are important components (García-Moreno, et al., 2015b, p. 1567). Sexual assault nurse examiner programmes show promise in improving care and support for survivors, as well as contributing evidence needs for potential prosecution (WHO, 2010, p. 112).

Health workers also have a leadership role, and through their mode of care can demonstrate that violence is not 'just a private matter' and contribute to shifts in social norms that support rather than further victimise those who are affected by violence. That is, they have a role in primary prevention of violence (García-Moreno, et al., 2015b, p. 1568).

## Mediation

The inclusion of implementation of the forthcoming mediation guidelines also intends to contribute to a multi-sectoral response that also brings in community leaders and institutions, the MoWA's JPAs and JPOs, and community police, and encourage advocacy on behalf of those affected by GBV.

There is much debate about the appropriateness of mediation and other informal justice processes in cases of GBV. The Law on the Prevention of Domestic Violence and the Protection of Victims, enacted in 2005 allows for reconciliation or mediation with the agreement of both parties, for cases of emotional or economic violence and 'minor misdemeanours, or petty crimes', but does not define these acts.

Mediation in violence cases currently is carried out through the local practice of *somroh somruel*, which involves reaching an agreement between both parties, that in theory can be accepted or rejected by either party. The process is usually led by the village chief, commune chief or commune councillor (Burns & Daly, 2014, p. 72). At the commune level mediation is often conducted through a Commune Dispute Resolution Committee (CDRC), with members including the Commune Chief and Deputy Chief, Commune Committee for Women and Children (CWCC) Focal Point, respected community members or elders and sometimes the police, village representatives or others such as representatives from CSOs. This committee can be mirrored at the district level if required (Mauney, 2015, pp. 16-17). Mediation is often dominated by male leaders, and reflect the underlying social mores and biases of the community. Globally, such processes are rarely considered to uphold the rights of women (Quast, 2008; Thomas, Young, & Ellingen, 2011). Women are often recommended to change their problematic behaviour that triggered the violence. Few mediators have had adequate training that approaches mediation from a women's human rights perspective (Mauney, 2015).

The reality however is that this is where women go, if they seek help at all. A review of mediation commissioned by UN Women found that mediation is likely to be '*the most common intervention in intimate partner violence, [that it] will continue, and [therefore] must be moved toward a process that recognises the basic human right of women and girls to live without violence*' (Mauney, 2015, p. 25). Thus, the review has proposed a series of recommendations to



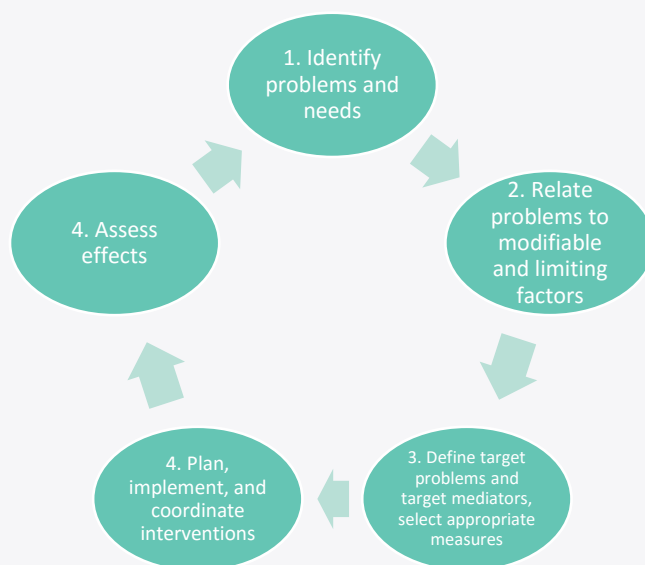
develop minimum standards and associated training for mediators. This work is in process and is expected to be completed prior to the start-up of ACCESS.

It is recognised that approach will not meet international standards (such as those discussed in (Quast S. , 2008). But these are currently unattainable in the context of an under developed formal legal system. They are often unattainable even with a functioning legal sentence. What is important is that the approach is right for Cambodia as it is now, and for what women are most likely to do when affected by violence.

### **Rehabilitation**

According the WHO World Disability Report rehabilitation is a tool to reduce the impact of disabling health conditions. Rehabilitation usually occurs over a specific amount of time and includes single or multiple interventions delivered by an individual or a team. The report recommends lower income countries to introduce and expand rehabilitation services. The rehabilitation process consists of five steps as shown in **Figure 4** below.

**Figure 4**      **Rehabilitation process – five steps**



A mid-term evaluation of community based physical rehabilitation interventions for children with disabilities in West Java, Indonesia showed that even short exposure to physical rehabilitation services enabled children to improve their mobility tremendously. The report found that “... the physiotherapy intervention offered by the project is currently probably the activity valued most by the parents. In every CBR unit visited, parents reported that the physiotherapy intervention has made significant changes to the lives of their children. Children who could only lie down previously, learned to sit. Children, who were able to sit, learned to walk.” A final evaluation of an inclusive education project with a physical rehabilitation component in NTT, Indonesia has found that “ ... even short-term access to physical rehabilitation can mean a significant improvement of the live quality for children with disabilities.”

## Description of an Inclusive Employment Hub

### *Role and client relations*

One of the real concerns of persons with disabilities is employment. For them getting employment and maintaining livelihood is very challenging. Employers are often not ready to employ persons with disabilities. They believe that persons with disabilities are not able to do the work and are reluctant to do the necessary workplace adaptations.

Based on the outline above, the Inclusive Employment Hub serves two types of clients:

1. **Persons with disabilities** including those who have a long time impairment and those who have a newly acquired impairment, as well as
2. **Employers** in Cambodia.

Even if **persons with disabilities** have sufficient educational qualifications, they unusually have fewer social contacts than their non-disabled peers and are likely to have a more limited life experience. As a result they won't really know much about what careers are available for them or how to get into them. In addition to this services to support their employment like accessible transportation required traveling to employment or training are not accessible or not available. And finally, they themselves may lack self-confidence as well as life skills and may not be ready for a workplace mentality.

**Employers** have a range of reasons for employing or not employing persons with disabilities. Some employers directly reject candidates with disabilities; others employ them for charity reasons or due to CSR programs; and a few are aware that persons with disabilities can work well. Both kind of employers – those with positive and those with negative attitudes – have low expectations to the achievement of persons with disabilities and have very little clues on how they can enable them to perform better.

Barriers arise in form of inaccessible working environments; non-existence of suitable transportation; insufficient knowledge about reasonable accommodation and low cost solutions; insufficient support services for workers with disabilities; or simply unverified prejudices.

To bridge these gaps persons with disabilities and employers need a bridge or **match-maker** to bring persons with disabilities into employment. After successful matchmaking, both side usually have a need for **continues coaching** over a certain amount of time to ensure the sustainability of the employment.

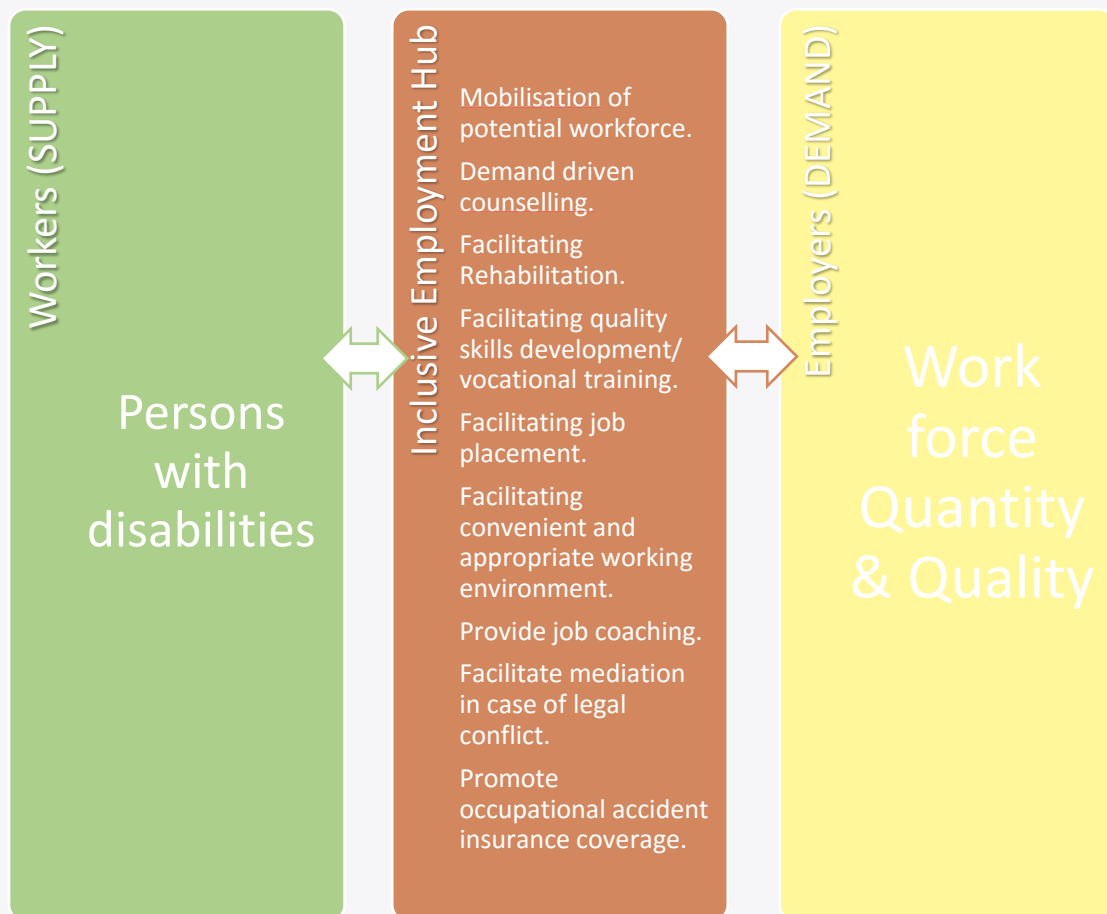


ILLUSTRATION: INCLUSIVE EMPLOYMENT HUB CORE SERVICES AND RELATION WITH CLIENTS (SUPPLY & DEMAND)

The Inclusive Employment Hub must implement a **twin-track approach** to reduce these barriers.

**Track one** focuses on disability mainstreaming at companies and the workplace of persons with disabilities. CEOs, managers, and co-workers must be made aware and sensitized of the abilities and needs of persons with disabilities. This is a continuing process where current barriers are addressed and new barriers identified.

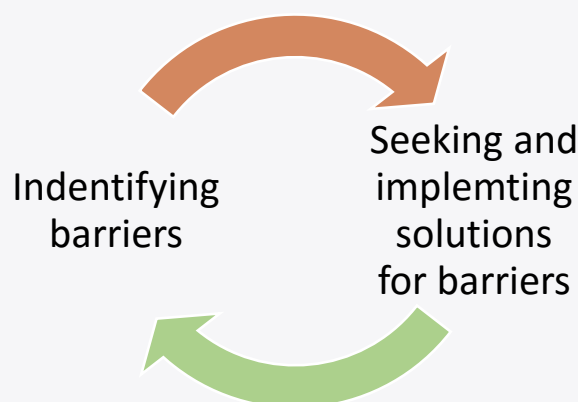


ILLUSTRATION: TRACK 1 – MAINSTREAMING DISABILITY TO OVERCOME BARRIERS

**Track two** focuses on the individual needs of a worker with a disability. The Inclusive Employment Hub assesses which interventions are necessary to enable individuals with disabilities to get into sustainable employment. The results of the assessment cumulate in the formulation of an **individual person centred plan**. This plan formulates a (i) goal as well as (ii) strategic interventions to reach this goal. It is also suitable as an M&E tool to verify the rehabilitation progress. Service providers are selected based on the individual person centred plan.

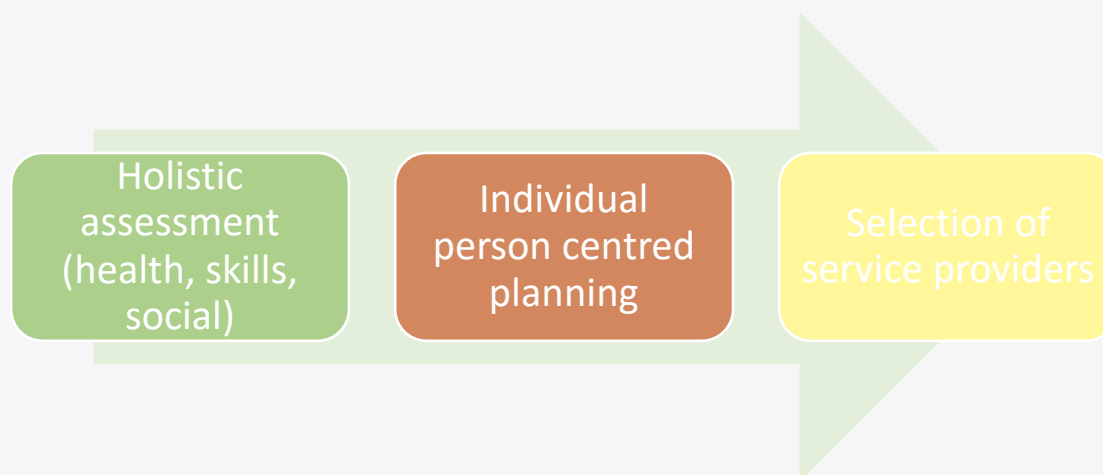


ILLUSTRATION: TRACK 2 – INCLUSIVE EMPLOYMENT HUB – INDIVIDUAL INTERVENTION

The Inclusive Employment Hub therefore is an interface for persons with disabilities and employers. A draft set of services offered by the Inclusive Employment Hub include:

- › **Mobilization of potential workforce**
  - Sensitization community (especially persons with disabilities and their families)
- › **Providing job and career counselling**
  - Demand driven counselling
  - Define job profiles appropriate and suitable for persons with disabilities
- › **Facilitating Rehabilitation**
  - Medical rehabilitative intervention
  - Physical rehabilitation services
  - Psychosocial support
  - Assistive devices
- › **Facilitating quality skills development / vocational training**
  - Collaboration with "recognized" training institutes
  - Providing soft skills training complementing TVET
- › **Facilitating job placement**
  - Job fares
  - Arranging employment with companies
- › **Facilitating convenient and appropriate working environment**
  - Advising inspectors on occupational safety aspects
  - Advising companies on accessibility
  - Information and sensitization of employees and management of companies
- › **Provide job coaching**
  - Mediation and conflict management
- › **Facilitate mediation in case of legal conflict**

- Facilitate legal assistance to companies
- Facilitate legal assistance to employees
- › **Facilitate access to social insurance and social assistance of the SPPF (RGC, 2016)**
- › **Social insurance**
  - Pension
  - Health Insurance
  - Work Injury
  - Unemployment
  - Disability
- › **Social assistance**
  - Emergency response
  - Human capital development
  - Vocational training
  - Social welfare for the vulnerable

#### *Potential partners*

|             |                                                                                                                                                                                                                                  |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RGC</b>  | The MoSVY (through the DWPD) is a suitable political partner as it is the DWPD's role to facilitate employment of persons with disabilities.                                                                                     |
| <b>CDPO</b> | The Inclusive Employment Hub needs to be localized somewhere. CDPO as the national umbrella DPO since 1994 has long time experience in providing advocacy and awareness and has strong links to the sub-national DPOs and WWDFs. |

#### *Potential partners for service provision*

|                                                                                                    |                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CDPO</b>                                                                                        | <ul style="list-style-type: none"> <li>- Coordinator role</li> <li>- Needs assessments of persons with disabilities and private sector</li> <li>- Job coaching</li> <li>- Coaching for private sector mid- and top-level managers</li> </ul>          |
| <b>MoSVY &amp; DWPD</b>                                                                            | <ul style="list-style-type: none"> <li>- Coordinator role for RCG</li> <li>- Awareness</li> <li>- Monitoring</li> </ul>                                                                                                                               |
| <b>Sub-national DPOs and WWDFs</b>                                                                 | <ul style="list-style-type: none"> <li>- Needs assessment</li> <li>- Advocacy</li> <li>- Monitoring</li> </ul>                                                                                                                                        |
| <b>Physical rehabilitation units and P&amp;O factory managed by Exceed, HI, ICRC, VIC and PWDF</b> | <ul style="list-style-type: none"> <li>- Physiotherapy</li> <li>- Occupational therapy</li> <li>- Medical rehabilitation</li> <li>- Needs assessment</li> <li>- Assistive devices</li> <li>- Job coaching</li> <li>- Workplace adjustments</li> </ul> |
| <b>MEF</b>                                                                                         | <ul style="list-style-type: none"> <li>- Financial support</li> </ul>                                                                                                                                                                                 |
| <b>DAC</b>                                                                                         | <ul style="list-style-type: none"> <li>- Policy advice</li> <li>- Advocacy</li> <li>- Coaching for private sector mid- and top-level managers</li> </ul>                                                                                              |



|                                                                                                                     |                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Private sector service providers                                                                                    | <ul style="list-style-type: none"> <li>- Skills development</li> <li>- Needs assessment</li> <li>- Service delivery</li> </ul>      |
| Private sector including AmCham, AusCham, EuroCham, German business group (ADW), French chamber of commerce (CCIFC) | <ul style="list-style-type: none"> <li>- Job placements</li> <li>- Funding</li> <li>- Awareness creation and role models</li> </ul> |

### *Indicative organisational structure for the Inclusive Employment Hub*

A **general manager** as well as a **chairman of the stakeholder council** manages the Inclusive Employment Hub. The Inclusive Employment Hub employs the general manager while the chairman of the stakeholder council is a volunteer selected in the stakeholder council meetings on a rotating basis. Together they supervise the top-level management, are backstopping points for staff, and participate in the stakeholder council.

The stakeholder council consists of volunteer representatives of the MoSVY, the DWPD, the DAC, civil society, private sector and development partners and should be held on a regular basis every six to eight weeks. The purpose is to discuss the progress the Inclusive Employment Hub has made, challenges that have arisen, as well as general information sharing. The general manager should implement decision taken during a stakeholder meeting.

Four units are responsible for the direct implementation:

1. Case managers for persons with disabilities
2. Case managers for private sector clients
3. Service provider coordination, quality assurance, M&E, and
4. Accounting & Reporting

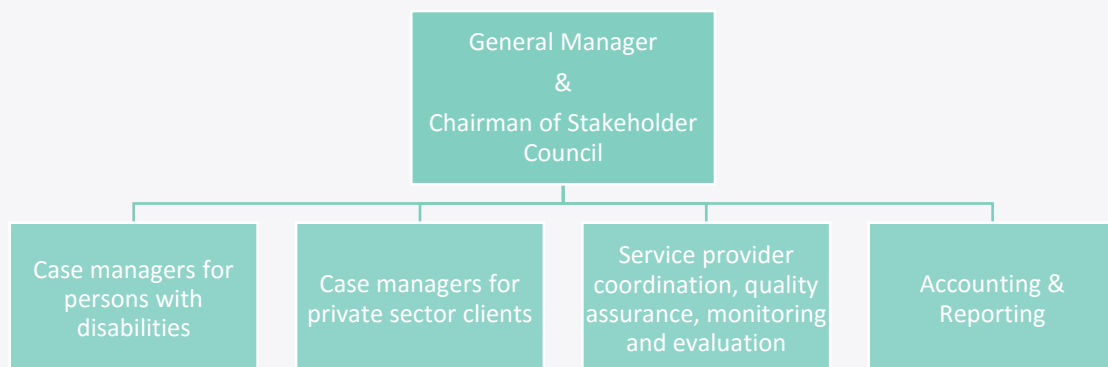


ILLUSTRATION: ORGANIZATIONAL STRUCTURE FOR THE INCLUSIVE EMPLOYMENT HUB

### ***Working with community leadership***

Both qualitative and quantitative data suggest that a variety of social norms and beliefs related to gender and family privacy contribute to physical and sexual violence (Heise, 2011, p. 12). A social norm is a rule of behaviour that people in a group conform to because they believe: (a) Most other people in the group conform to it and (b) Most other people in the group believe they ought to conform to it (Alexander-Scott, Bell, & Holden, 2016, p. 9).

At the community level, programming needs to encourage norms that support those affected by violence, and build a critical mass of community members, leaders, and institutions that promote gender equality and non-violence (Michau, Horn, Bank, Dutt, & Zimmerman, 2015, p. 1677). Social norms theorists agree that programs to change behaviour are generally more effective when they target injunctive norms (those that ban or discourage certain behaviours) rather than descriptive norms (those which set an expectation that encourages others to follow) (Darnton, 2008; Heise, 2011; Heise, 2013). Therefore, working with power holders, or those who set local guidelines and expectations in communities is a critical strategy. Involvement of civil society organisations, particularly women's organisations is an important strategy. CSOs and supportive community leadership also facilitate access to services (García-Moreno, et al., 2015b).

### ***Emphasis on public financial management and political economy***

A recent review of global violence initiatives highlights that while many governments have developed national plans of action to address violence against women and girls or children, few have dedicated budget lines and domestic spending to support them. This is further complicated by the range of ministries typically involved (García-Moreno, et al., 2015a, p. 1688). This is certainly the case in Cambodia, and without attention to funding mechanisms, the various initiatives will continue to suffer from uncertainty, thus negatively affecting sustainability, and forcing any programming to remain at a low level. The experience of DFAT's eliminating violence against women program *Nabilan* in Timor Leste also supports this approach. The original design included a strong emphasis on the Ministry of Social Solidarity ownership and expansion of services, but did not have sufficient attention on the PFM aspects and political economy.

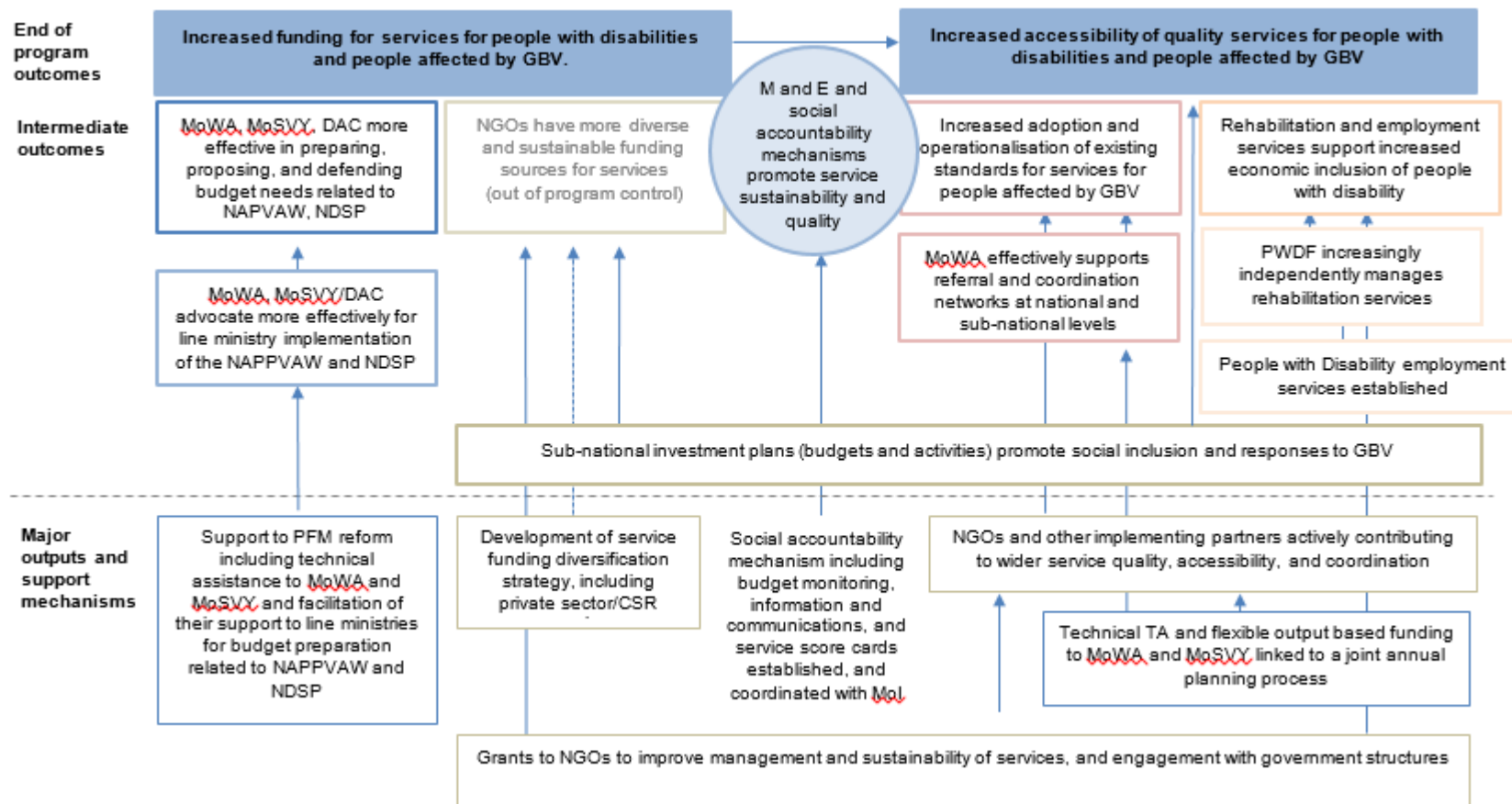
This aspect of the proposed approach also bridges the disability and GBV technical areas, and as per the direction of the original TOR, to provide '*flexibility to expand to include other vulnerable persons over the program period*'. It is also consistent with recommendations to '*find synergies in investments across sectors, forms of violence, age groups, and vulnerabilities*' (for example García-Moreno, et al., 2015a, p. 1687).

The ATJW2 has included capacity development activities related to preparing budget proposals, and some changes in government budgets have been observed. There is also considerable experience already in Cambodia, particularly amongst CSOs, in influencing the commune investment plans and commune safety plans to include response to violence, as well as to social inclusion more broadly. For example, TAF reports that some Commune Councils support the CANS initiative through their investment and safety plans; Care noted that Commune budgets are increasing and they are using this to manage local services, village health support police posts and women's and children's consultative committees; Plan International reported work with Save the Children that has placed community social workers, with stipends paid by the Commune Council. They have found the Commune Councils willing to make inclusions in the budget, if they have clear guidance of what to do. Identifying change agents who, through their leadership, can promote budget and other resource allocations has been an important strategy. As one interviewee in the design consultations noted '*there is good will there; I haven't met anyone who doesn't want to be involved*'. The goodwill however is currently only infrequently followed by sufficient funding allocations.

## ANNEX 3: MONITORING AND EVALUATION FRAMEWORK

### Program logic model

**Goal: Improved sustainability of quality, inclusive services**



## ***Monitoring and Evaluation***

This annex provides supplementary information to the approach outlined in the M&E narrative set out in *Section E – Implementation Arrangements* of this Investment Design Document (IDD).

### ***Indicators and data***

At a strategic level, ACCESS will draw on data from the Cambodia Demographic and Survey 2014, and then when available, 2018. While this will not be useful for measuring progress at the higher level, it will be useful for refining Program strategy, identifying areas of greater need, and, in the case of violence against women, updating information on attitudes and health seeking behaviour.

ACCESS will as much as possible, support identification of enduring indicators and development of sustainable government systems. The NAPVAW2 identifies that a system for collection of data to monitor implementation in cooperation with line ministries and NGOs is needed. As noted elsewhere the NDSP lacks a set of indicators and this is slated as an area for development by ACCESS. The ACCESS M&E staff will need to identify where both priorities are at and build from there.

This design proposes that ACCESS uses a combination of progress markers and data collected against a small set of indicators to assess performance and assist plan ongoing activities and resourcing.

Progress Markers are a core part of an outcome mapping<sup>40</sup> approach to design and implementation. This design does not propose implementing a full outcome mapping approach, but elements are very relevant to the work with implementing partners. Progress markers are a set of statements describing a gradual progression of behavioural changes in ACCESS's main implementing partners.

ACCESS will develop progress markers jointly with the MoWA and the MoSVY as part of an annual planning process, but this approach could potentially be used with other partners. Over time progress markers can be developed and used to trigger changes in the level and type of resourcing provided by the Program. Typically progress markers are not time bound or contain targets, but can be used to jointly measure progress, intended or unintended, towards agreed outcomes.

The following table sets out draft indicators and indicative progress markers for the high level (end of program and intermediate) outcomes.

### ***Monitoring changes in social norms***

Consistent with a range of international literature, this design theorises that influencing social norms will be an important strategy for encouraging help seeking behaviour and use of various services, in reducing stigma and discrimination against persons with disabilities, those affected by violence and other marginalised groups, and albeit in a small way, contributing to the elimination of GBV.

Therefore, measuring changes in social norms will be an important part of the M&E approach, and is likely to require implementation of a specific survey in areas where there is direct intervention by implementing partners. Development of this survey can draw on available tools and experience (see Alexander-Scott, Bell, & Holden, 2016).

<sup>40</sup> More information can be found at [http://www.betterevaluation.org/en/plan/approach/outcome\\_mapping](http://www.betterevaluation.org/en/plan/approach/outcome_mapping) and <https://www.outcomemapping.ca>

### Indicative ACCESS Indicators

| Outcome                                                                                                       | Indicator (I) / Progress marker (PM) focus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Process / baseline                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Increased funding for services for persons with disabilities and people affected by GBV.                      | (I) Budget allocations against specific line items by relevant line ministries / by private sector                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Budget monitoring contract                                                                                                                                                                                                                                                                     |
| MoWA, MoSVY / DAC more effective in preparing, proposing, and defending budget needs related to NAPVAW2, NDSP | (I) Number / examples of budget proposals used in timely budget discussions by MoWA and MoSVY, relevant to NAPVAW and NDSP responsibilities                                                                                                                                                                                                                                                                                                                                                                                                                        | Information collected by PFM adviser<br>No specific baseline required. Qualitative explanation of examples to demonstrate how different to previous budget process                                                                                                                             |
|                                                                                                               | (I) Budget allocation to identified line items related to implementation of the NAPVAW and NDSP in MoWA, MoSVY / DAC annual budgets                                                                                                                                                                                                                                                                                                                                                                                                                                | Information included in tendered budget monitoring contract                                                                                                                                                                                                                                    |
| MoWA, MoSVY, and DAC advocate more effectively for line ministry implementation of the NAPVAW and NDSP        | <p>(PM) MoWA, MoSVY, DAC lead inter-ministerial dialogue on NAPVAW2/NDSP responsibilities using sound evidence and costed proposals prepared reflecting on analysis of actual costs</p> <p>(PM) MoWA, MoSVY /DAC lead technical meetings to encourage and coordinate implementation of the NAPVAW2 and NDSP</p> <p>(PM) Coordination meetings and other mechanisms identify clear and actionable priorities for other line ministries</p> <p>(PM) Reflection of NAPVAW2 / NDSP objectives in target line ministries / work-plans and other strategic documents</p> | Progress marker agreed and assessed mutually by MoWA, MoSVY, DAC with ACCESS Team Leader, if necessary with support from the M&E resources. Supporting data may include records of meetings, analysis of proposals, and review of line ministry strategic documentation, and budget monitoring |
| CSOs have more diverse and sustainable funding sources for services (out of program control)                  | <p>(I) Number of CSOs acting on recommendations of funding diversification strategy</p> <p>(I) Amount of additional budget received from new sources</p> <p>(I) Number / examples of new funding sources to services for persons with disabilities and those affected by GBV</p>                                                                                                                                                                                                                                                                                   | To be included in grantee reports where relevant.<br>Additional monitoring of potential funding landscape part of regular political economy analysis.                                                                                                                                          |
| Increased accessibility of quality services for persons with disabilities and people affected by GBV          | <p>(I) Number of male/female persons with disabilities accessing rehabilitation services each year (links to Cambodia SDG indicator Proportion of persons with disabilities receiving physical rehabilitation services)</p> <p>(I) Proportion of male/female persons with disabilities reporting satisfaction with services</p>                                                                                                                                                                                                                                    | <p>To draw on existing systems as much as possible. Development of the M&amp;E plan will include scoping available data systems, quality and completeness.</p> <p>Client satisfaction assessment to be incorporated into grantee service monitoring processes as appropriate</p>               |



| Outcome                                                                                                  | Indicator (I) / Progress marker (PM) focus                                                                                                                                                                                                                                                                                                                  | Process / baseline                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                          | Number of females/males affected by violence accessing services supported by ACCESS each year<br>(Potential to link to DFAT Performance Assessment Framework Indicator Additional number of women survivors of violence receiving services such as counselling each year)                                                                                   |                                                                                                                                                                                                                                                                              |
| Increased adoption and operationalisation of existing standards for services for people affected by GBV  | (I) Number of provinces/districts effectively implementing each focus guideline, with some assessment of level of implementation (e/g/ full / partial / basic / none)<br>(Potential to link to DFAT Performance Assessment Framework indicator: percentage of health facilities, hospitals and health centres, assessed by quality of care assessment tool) | Baseline to be developed if necessary with MoWA. This will be a rapid mapping of available services and support provided to date for implementation of the guidelines.<br>Checklists based on requirements of guidelines to be developed and implemented on an annual basis. |
| MoWA effectively supports referral and coordination networks at national and sub-national levels         | (I) Examples of improved practice of referral and coordination networks at national and sub-national levels<br>Referral network completeness, disaggregated by province, type of services                                                                                                                                                                   | Information to be provided in grantee reports where relevant.<br>Outcome or significant change story tool may be used.                                                                                                                                                       |
|                                                                                                          | (PM) MoWA providing additional budget and other resources to support training of PDoWA and DOWA to support referral or coordination networks                                                                                                                                                                                                                | Progress marker agreed and assessed mutually by MoWA with ACCESS Team Leader, if necessary with support from the M&E resources.<br>Supporting data may be provided by budget monitoring activity.                                                                            |
| Rehabilitation and employment services support increased economic inclusion of persons with disabilities | (I) Number of male/female persons with disabilities placed in dignified employment by employment services established by ACCESS<br>(I) Number of male/female persons with disabilities accessing ACCESS and RGC supported rehabilitation services                                                                                                           | Common indicator to be reported on by grantees.<br>Outcome or significant change story tool may be used for supporting qualitative information.<br>Baseline (for rehab): Physical Rehabilitation Centre data.                                                                |
| PWDF increasingly independently manages rehabilitation services                                          | (I) Number of rehabilitation services handed over to PWDF (fully, partially, not yet)<br>Amount of \$ invested by Gov?<br>Number/proportion of civil servants/Gov contractual staff?<br>Common standard working procedure adopted by each canter?                                                                                                           | Common indicator to be reported on by grantees.<br>Outcome or significant change story tool may be used for supporting qualitative information.                                                                                                                              |

| Outcome                                                                           | Indicator (I) / Progress marker (PM) focus                                                                                                                                                                                                                                                                                                                                                | Process / baseline                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Persons with disabilities employment services established                         | <p>(I) Examples of employment services established</p> <p>(I) Number of employers demonstrating willingness to offer inclusive employment connected to the ACCESS supported employment service/s</p> <p>Number of persons with disabilities being employed through ACCESS supported employment services?</p>                                                                              | <p>Information to be provided in inclusive employment hub implanting partner reports. Supporting information from inclusive employment hub council or management meetings.</p> <p>Outcome or significant change story tool may be used for supporting qualitative information.</p> |
|                                                                                   | (PM) Inclusive employment hub has established the necessary relationships with potential employers to support                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                    |
| Sub-national budgets and activities promote social inclusion and responses to GBV | <p>(I) Number of sub-national investment plans with:</p> <ul style="list-style-type: none"> <li>- Increased number of activities to promote social inclusion / responses to GBV / access to services for persons with disabilities</li> <li>- Increased budget for activities to promote social inclusion / responses to GBV/ access to services for persons with disabilities</li> </ul> | Common indicator to be reported on by grantees.                                                                                                                                                                                                                                    |
|                                                                                   | (I) Social norms measurement indicators to be agreed.                                                                                                                                                                                                                                                                                                                                     | Survey implemented twice during Program period (see note following).                                                                                                                                                                                                               |

## ANNEX 4: STAKEHOLDER ANALYSES – GVB AND DISABILITIES

| Stakeholder                                                              | Relevant to GBV or disability | Description and potential to assist ACCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Royal Government of Cambodia</b>                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Ministry of Women's Affairs                                              | GBV                           | <p>The responsibility for coordination of NAPVAW2 implementation rests with the MoWA. The Ministry has strong leadership at a national level. Australia enjoys a sound working relationship with the MoWA. The existing ERAW Program has operated a small management office within the MoWA building, supported the operation of the ERAW Secretariat, and participated in a range of coordination meetings. It is expected this co-location arrangement would continue under ACCESS.</p> <p>A GBV sub-group is established under the TWG-G structure. Its role is to formulate and strengthen coordination and implementation of the NAPVAW2 and to monitor the NAPVAW2's implementation. ACCESS anticipates engaging with this sub group to stimulate coordination and cross-sharing of different approaches.</p> <p>PDoWAs (at provincial level) and DoWA (at district level) coordinate with state and non-state service providers to ensure an effective referral system at subnational level. PDoWAs role includes facilitating the referral process and resolving bottlenecks that occur; monitoring the referral system in accordance with the referral guidelines; and convening regular service provider network meetings on GBV (MoWA, 2016, pp. 17-18).</p> <p>The MoWA also has a network of Judicial Police Agents/Officers (JPA/JPOs) that are authorised to act in cases of domestic violence. The role of JPAs includes to represent the victim, make reports and records, monitor and follow up with investigations, and follow up Court procedures.</p> |
| Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)    | Disability                    | <p>The MoSVY has seven technical departments including the DPWD. The PWDF is housed under Public Enterprises section of the MoSVY but the DPWD is responsible for its organisation and functioning. The ministry has line ministries at provincial level (PoSVY) and district level (DoPSVY). The Disability Rights Administration (DRA) is housed within the DPWD. The DAC is not part of the organizational structure of the MoSVY.</p> <p>The MoSVY is the key government agency catering for persons with disabilities. The MoSVY's DPWD is therefore the main stakeholder for the disability sector of the program.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| MoSVY:<br>Department of the Welfare of Persons with disabilities (DWPDP) | Disability                    | <p><b>DPWD consists of 6 units:</b></p> <ul style="list-style-type: none"> <li>– Data Management and Communication;</li> <li>– Rehabilitation Affairs;</li> <li>– Vocational Training, Employment and Job Placement for Persons with Disabilities;</li> <li>– Disability Coordination, Sign Language and Braille;</li> <li>– Women Affairs, Girls with Disabilities, and Art and Sport for Persons with Disabilities; and,</li> <li>– The Disability Rights Administration (DRA)</li> </ul> <p><b>The department is responsible for:</b></p> <ul style="list-style-type: none"> <li>– Managing, leading and organising activities for the welfare of persons with disabilities</li> <li>– Drafting policies, laws and legal frameworks related to the welfare of persons with disabilities</li> <li>– Promoting, implementing, and monitoring the implementation of the Disability Law and UNCRPD</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| Stakeholder                                                                                                                      | Relevant to GBV or disability | Description and potential to assist ACCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                  |                               | <ul style="list-style-type: none"> <li>– Developing action plans for vocational training for persons with disabilities; rehabilitation of persons with disabilities; job creation and employment for persons with disabilities</li> <li>– Producing and providing prostheses, orthoses and walking aids for persons with disabilities</li> <li>– Cultural, art and sport activities for persons with disabilities</li> <li>– Development of Braille and sign language services</li> </ul> <p>for CBR activities</p> <ul style="list-style-type: none"> <li>– Organise commemoration of International Day of Persons with disabilities and other disability events annually</li> <li>– Organisation of the PWDF</li> <li>– Prepare accumulative report on monthly, quarterly, six-monthly, nine-monthly and annual activities and achievements to the Ministry</li> <li>– Implement other duties as directed by the Ministry</li> </ul>                                                                                                                                                                                                                                      |
| <p>MoSVY:</p> <p>Department of the Welfare of Persons with disabilities (DWPD)</p> <p>Disability Rights Administration (DRA)</p> | Disability                    | <p>The DRA is the arm of DWPD on provincial and district level.</p> <p>Role and responsibilities of the DRA are:</p> <ul style="list-style-type: none"> <li>– Disseminate NDSP, the Disability Law, and UNCRDP</li> <li>– Monitor and promote the implementation of the Disability Law</li> <li>– Conduct inspections to the ministries, institutions, and entities to ensure compliance with the Disability Law</li> <li>– Provide legal consultations to persons with disabilities, ministries, institutions, public establishments, private sectors, as well as relevant organisations</li> <li>– Provide coordination, reconciliation and other conflict resolution services which happen within the framework of the Disability Law</li> <li>– Take action on interim fines according to Article 54 of the Disability Law against any ministries, institutions, public establishments, or private sectors which fail to fulfil their obligations as set out in the Disability Law</li> <li>– File court complaints against offenders of the rules of the Disability Law</li> <li>– Develop monthly, quarterly, six monthly and annual reports to the MoSVY.</li> </ul> |
| <p>MoSVY:</p> <p>Persons with Disability Foundation (PWDF)</p>                                                                   | Disability                    | <p>PWDF's role is to coordinate and manage the 11 rehabilitation centres and 1 P&amp;O factory run by IOs. Currently, PWDF does not have sufficient human resources to ensure a sustainable takeover of the 11 physical rehabilitation unit managed by IOs. Role:</p> <ul style="list-style-type: none"> <li>– Strengthen physical rehabilitation services to remove or reduce the disabling effects of impairments and increase access for persons with disabilities to quality sustainable services.</li> <li>– Improve communication, cooperation and collaboration to build effective partnerships and to develop and strengthen new and existing relationships.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| Stakeholder                                                | Relevant to GBV or disability | Description and potential to assist ACCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                            |                               | <ul style="list-style-type: none"> <li>– Demonstrate financial sustainability and promote financial transparency and accountability to enable the PWDF to fulfil its vision and mandate.</li> <li>– Organisational strengthening and capacity building to enable the PWDF to develop a skilled workforce with the capacity to implement and deliver its strategic goals and priorities.</li> <li>– Ensure that information management systems and activities are proactively linked to the strategic objectives and support the PWDF's business requirement</li> <li>– Promote and improve the independence, social integration and economic participation of persons with disabilities.</li> </ul>                                                                                                                                                              |
| Ministry of Interior                                       | Both                          | The MOI has responsibility for the operation of the Commune Councils, and subsequently the Women's and Children's Consultative Committees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Disability Action Council (DAC)<br>(quasi-government body) | Disability                    | <p>The role and responsibilities of the DAC is to:</p> <ul style="list-style-type: none"> <li>– Organise international day for persons with disabilities and other events related to persons with disabilities</li> <li>– Develop NDSP</li> <li>– Manage, organise, implement and report on the implementation of the UNCRPD</li> <li>– Develop national report on situation of persons with disabilities and submit to the RGC</li> <li>– Fulfil other obligations assigned by the RGC.</li> </ul> <p>The DAC has a horizontal structure along all line ministries through the Disability Action Working Groups (DAWG). The DAWGs are responsible for budgeting for the implementation for the NDSP. Disability action councils have been established at provincial level too to give the DAC outreach in the provinces. (Disability Action Council, 2014).</p> |
| <b>DFAT programs</b>                                       |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Cambodia Community Policing Initiative                     | GBV                           | <p>The CPI is the final phase of 19 years of Australian assistance to the formal justice sector, and will end in mid-2019. It has implemented a survey of Communes across Cambodia to solicit community perspective on significant issues and their causes. Violence against women was the second most commonly raised issue across the country; in some areas it was the stated priority.</p> <p>The CPI will be an important partner for implementation of community level activities, particularly related to the forthcoming mediation guidelines, as well as the role of the community police more broadly in the referral networks and district and commune level.</p>                                                                                                                                                                                     |
| Cambodia Communications Assistance Project                 | Both                          | CCAP focuses on Ministry of Information and addresses governance through radio at the sub-national level by providing a bridge between citizens and their local government officials. It includes a specific EVAW radio program. This program finishes in October 2018.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>UN Agencies</b>                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| UN Women                                                   | GBV                           | UN Women leads on institutional support to the MoWA, aiming to strengthen national and sub-national capacity to first develop and now implement the NAPVAW2. This has included technical support to produce the various guidelines and minimum service standards. Funding from the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |



| Stakeholder                               | Relevant to GBV or disability    | Description and potential to assist ACCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           |                                  | <p>DFAT EAW program has supported the ministerial engagement, sub-national work, and work on developing and now implementing the various guidelines.</p> <p>UN Women is also developing a costing analysis of services for GBV, and irrespective of ongoing DFAT funding support intends to continue with gender responsive budgeting initiatives, along with other broader initiatives around women's leadership and participation in the Cambodian civil services, and women's economic empowerment. UN Women identifies review of the domestic violence prevention law and developing feminist jurisprudence as ongoing priorities, building on the work that has already been completed in the formal justice sector. This has included developing bench books for judges to support more consistent handling of GBV cases.</p> <p>UN Women will be a key implementing partner in terms of coordination of support to the MoWA, and implementation and monitoring of the NAPVAW2. UN Women may provide technical assistance or other services under tender or grant arrangements.</p> |
| United Nations Population Fund (UNFPA)    | GBV                              | <p>UNFPA implements activities related to both the research and evidence and services component of the current DFAT EAW program. This has included supporting the Ministry of Health and the MoWA to develop a national and subnational training strategy for implantation of the National Guidelines for Managing Violence against Women and Children and the associated clinical handbook to scale up the health sector response to VAWG nationwide. UNFPA also support PDoWA in Kampong Cham, Preah Vihear and Stung Treng to implement the referral guidelines.</p> <p>UNFPA may provide technical assistance or other services under tender or grant arrangements, particularly in relation to implementation of the health sector guidelines.</p>                                                                                                                                                                                                                                                                                                                                   |
| United Nations Development Program (UNDP) | Disability, but potentially both | <p>UNDP implemented pillar I and II of the DRIC program. UNDP's main implementation partners for pillar I are the DAC and the MoSVY. The goal was to ensure disability relevant policy development as well as the implementation of the NDSP. In DRIC's pillar II, UNDP worked with CDPO to deliver disability related advocacy and raise awareness about the needs of persons with disabilities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| United Nations Children's Fund (UNICEF)   | Disability, but potentially both | <p>UNICEF implemented pillar III of the DRIC program. This pillar manages grant to support service delivery for persons with disabilities. UNICEF's main partner is Mol and the 15 NGO grantees.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| World Health Organization (WHO)           | Potentially both                 | <p>WHO implemented pillar III of DRIC in cooperation with PWDF. The scope of work included service standards of the 11 physical rehabilitation centres and the P&amp;O factory.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| UN Agencies (general)                     | Both                             | <p>UNICEF, UNDP, WFP, UNFPA have a harmonised approach to cash transfers (HACT) which enable on-budget support to counterpart government agencies. This includes a fiduciary assessment, encompassing ministerial financial controls and regulatory arrangements. The assessment must be less than five years old and demonstrate sufficiently robust systems and the absence of fraud. An assessment has recently been completed for the MoWA, and no financial issues were identified.</p> <p>With an adequately passed assessment, the UN Agency can enter into an implementing partner agreement, under which an annual work plan with agreed contribution to outputs and a monitoring schedule is developed. The ministry receiving the transfers is required to provide quarterly financial and narrative reports.</p> <p>At the time of the design it is unlikely that ACCESS will move to direct budget support. However, this is a potential mechanism for consideration should the situation change.</p>                                                                        |

| Stakeholder                                | Relevant to GBV or disability | Description and potential to assist ACCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>International NGOs and other donors</b> |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| USAID                                      | Disability                    | USAID's current and future programming does not focus specifically on disability inclusion. USAID addresses the issue as a crosscutting theme over all its sectors. (Ros & Sreng, 2017)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| GIZ                                        | Disability                    | <p>GIZ (funded by MBZ) supports CDPO with an embedded health professional: Mr. Fried Lammerinck. He supports CDPO on its health programming and has over 25 years of experience in health program development and project management especially in the areas of disability, HIV and AIDS, mental health, elderly care and home-based-care. (Lammerink, Heng, Peng, &amp; de Mey, 2017)</p> <p>The <b>GIZ MUSKOKA</b> program (2016-2018) aims to improve universal maternal and child health care. One component focuses on the inclusion of persons with disabilities by introducing tools and competencies to adapt health services to disability-related needs. Previously developed tools for early detection of disabilities in children are revised in order to provide the Ministry of Health with a validated package of instruments that is ready to be officially adopted. (GIZ, 2016) (Lammerink, Heng, Peng, &amp; de Mey, 2017)</p> |
|                                            | GBV                           | <p>The ATJW2 has been co-financed by the DFAT EAW program and the German Government. It is implemented in two provinces, Kampong Thom and Siem Reap, and has four CSO sub-partners: TPO, LAC, Banteay Srei and Cambodia Women's Crisis Centre. ATJW2 works directly with PDoWA, DOWA, the District Women and Children Consultative Committees, commune chiefs, and village chiefs, with the goal to <i>increase access to and quality of services for female victims of GBV, particularly sexual and physical violence</i>. It has focused on strengthening the referral system, data collection, and inter-ministerial cooperation and coordination, but there has been no expansion beyond the two pilot provinces.</p> <p>This program will come to an end prior to the commencement of ACCESS. However, it is hoped that there will be some handover materials and resources available to support replication in other areas.</p>            |
| The Asia Foundation                        | GBV                           | <p>TAF's <i>Preventing Intimate Partner Violence Stage 2</i> (PIPV 2) initiative is funded through the DFAT EAW program, and TAF has been a core partner since the initial design phase. TAF has four sub-partners: Punleu Komar Kampuchea Organisation, People Centre for Development and Peace, TPO and Open Institute. Through secondary analysis of best available datasets<sup>41</sup> to identify significant risk factors for intimate partner violence, TAF developed four targeting briefs to inform programming. These were alcohol abuse, exposure to violence in childhood, media exposure, and educational attainment. TAF focused on two of these - reducing alcohol abuse and media interventions.</p> <p>TAF is a potential grantee, depending on their interest and focus of their proposal. There are relevant existing activities in relation to their work with continuation and expansion of CANS.</p>                     |
| CARE                                       | Both                          | CARE has implemented the Safe Homes, Safe Communities project with support from the DFAT EAW program. Working in in selected communes in Phnom Penh, it aims to: strengthen a health delivery systems response to VAW, and ensure that health care providers are able to identify, respond to and refer VAW survivors; strengthen commune authorities' response to VAW through increasing knowledge and skills to effectively respond to VAW; empower men and women to prevent and respond to VAW in their communities through increasing women's knowledge about their rights and to be able to seek supportive services when required, and increasing men's understanding of VAW and positive masculinities.                                                                                                                                                                                                                                   |

<sup>41</sup> These datasets preceded the completion of the CDHS 2014's Domestic Violence Module and the Violence Against Women Prevalence Study using the WHO methodology.

| Stakeholder                                                              | Relevant to GBV or disability | Description and potential to assist ACCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                          |                               | CARE is a potential grantee, depending on their interest and focus of their proposal. There are relevant existing activities in relation to their work with Commune Councils.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Plan International                                                       | Both                          | <p>Plan has a focus on child protection, and works with the National Child Protection Commission and Cambodian National Committee for Children, as well as with sub-national women's and children's consultative committees, and Commune Councils. There has been support to community groups such as parent groups, and men and women to discuss domestic violence.</p> <p>Plan's work has included some analysis of commune budgets.</p> <p>Plan has developed guidelines integration of persons with disabilities into technical and vocational education and training, and are working on broader social inclusion, such as of adolescents and marginalised groups.</p> <p>Plan is a potential grantee, depending on their interest and focus of their proposal. There are relevant existing activities in relation to their work with Commune Councils.</p> |
| Exceed Worldwide                                                         | Disability                    | <p>Exceed has a history of 27 years in Cambodia and manages 3 physical rehabilitation centres in Phnom Penh, Kampong Chhnang and Sihanoukville in Cambodia. The services of the rehabilitation centres are free of charge for clients. Every year the 3 physical rehabilitation centres serve between 5,000 and 7,000 clients. Exceed also manages a P&amp;O school that trains future prosthetic orthotists.</p> <p>Exceed is a stakeholder for ACCESS's work with PWDF and the handover of the rehabilitation centres and the P&amp;O factory.</p>                                                                                                                                                                                                                                                                                                             |
| Handicap International (HI)                                              | Disability                    | <p>Handicap International is active in Cambodia in the areas of maternal and child health, road safety, inclusive employment and physical rehabilitation. HI has been active since 2003 in Cambodia supporting the establishment of the physiotherapy profession at Technical School for Medical Care, University of Health Science, and also supporting three physical rehabilitation units in Cambodia. Two of the units in Siem Reap and Takeo province managed by HI Belgium have been handed-over to the PWDF. Another centre in Kampong Chham is still 100 percent under HI France's management.</p> <p>HI is a stakeholder for ACCESS's work with PWDF and the handover of the rehabilitation centres and the P&amp;O factory.</p>                                                                                                                        |
| International Committee of the Red Cross (ICRC)                          | Disability                    | <p>The ICRC started operations in Phnom Penh after the fall of the Khmer Rouge in 1979. One of the ICRC major operations in the country since 1991 is the provision of rehabilitation services for persons with disabilities living in rural areas through physical rehabilitation centres and a P&amp;O factory.</p> <p>ICRC is a stakeholder for ACCESS's work with PWDF and the handover of the rehabilitation centres and the P&amp;O factory.</p>                                                                                                                                                                                                                                                                                                                                                                                                           |
| Veterans International Cambodia (VIC)                                    | Disability                    | <p>VIC is active in Cambodia since 1992 and manages 3 physical rehabilitation centres in Cambodia. VIC charges clients who have the financial resources to pay. Those who are unable to pay receive the services for free.</p> <p>VIC is a stakeholder for ACCESS's work with PWDF and the handover of the rehabilitation centres and the P&amp;O factory.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Cambodian CSOs / DPOs / NGOs and non-government service providers</b> |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Transcultural Psychosocial Organization Cambodia                         | Both                          | <p>TPO receives direct funding from the DFAT EAW program, as well as via GIZ and TAF. TPO aims <i>to contribute to the promotion of gender equality and improving access to psychosocial service for survivors of gender-based violence and sexual assault</i> (TPO, 2015). TPO was involved in developing the MoWA (2016) Minimum Standards for Basic Counselling for Women and Girl Survivors of Gender Based Violence, and has trained and</p>                                                                                                                                                                                                                                                                                                                                                                                                                |

| Stakeholder                                     | Relevant to GBV or disability | Description and potential to assist ACCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 |                               | supported community resource people, judicial police officers, PDoWA, Commune Councils, and staff from other CSOs in various aspects of implementation of the guidelines.<br>TPO is a potential grantee, particularly for support to the implementation of the counselling and health sector guidelines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Legal Aid Cambodia                              | Both                          | LAC works with officials from district, commune and provincial government to uphold the rights of those affected by GBV or violence against children. The program operates within 4 target districts in Battambang and Pailin provinces.<br>LAC is a potential grantee, particularly for support to the implementation of the forthcoming mediation guidelines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Cambodian Disabled People's Organisation (CDPO) | Disability                    | CDPO was established in 1994 as a movement of Cambodian persons with disabilities. CDPO is a membership based, non-governmental organization, representing persons with disabilities in Cambodia and working towards becoming "The voice of persons with disabilities in Cambodia". CDPO has differentiated itself from other Cambodian disability organizations by building a national network of 68 member DPOs / Woman with Disability Forums (WWDFs). CDPO does not provide goods or rehabilitation services but rather represents DPOs/WWDFs nationally and advocates for their rights and interests as well as helping to build their rights awareness and capacity towards achieving a life with dignity for persons with disabilities.<br>CDPO's vision is that persons with disabilities are able to fully and equally participate in society and live with dignity.<br>CDPO's mission is to:<br><ul style="list-style-type: none"> <li>&gt; Represent the voice of persons with diverse disabilities, including women and children and persons of ethnic minorities with disabilities.</li> <li>&gt; Develop networks that work towards promoting and protecting the rights of persons with disabilities so that they are empowered to bring about their full participation and equality in society to live with dignity.</li> <li>&gt; Monitor and encourage the government and relevant stakeholders to implement the Law on the Protection and Promotion of the Rights of Persons with Disabilities, and relevant sub-decrees, <i>prakas</i>, government policies relevant to the rights of persons with disabilities and CRPD in order that the rights of persons with disabilities are realized.</li> </ul> CDPO has developed a concept for an Inclusive Employment Hub and forwarded this to UNDP under the DRIC program. CDPO has not received funding for the concept note. CDPO is an ideal key stakeholder for implementing the Inclusive Employment Hub. |
| Others                                          | Both                          | There is a number of other international and national non-government organisations and service providers that are potential grantees, depending on their interest and focus of their proposal. These include those who attended the various consultations held during development of the design (refer Annex 10).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Private sector                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Stakeholder             | Relevant to GBV or disability    | Description and potential to assist ACCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Agile Development Group | Disability                       | <p>Agile has developed social business models and financial planning and undertaken assessment and evaluations across a number of sectors. The organisation is active in (i) universal design, accessibility &amp; built environment (ii) inclusive transport, and (iii) inclusive agriculture. Agile's long-term aim is to become a sustainable social enterprise innovation hub for universal design, accessibility and development for persons with disabilities. Agile has a desire to establish a workshop that is best practice and provides employment for a blended workforce, and already have a number of clients that would use our service once underway.</p> <p>Agile is a potential service provider for the inclusive employment hub. Agile can work with private sector clients on how to develop accessible workplaces through reasonable accommodation and support persons with disabilities to get a better understanding about the demands and expectations in a cooperate business environment.</p> |
| Impact Hub              | Disability, but potentially both | <p>The company focuses on innovative business development and start-up incubation. Impact Hub can support the Inclusive Employment Hub with technical assistance by making Impact Hub's business network available for persons with disabilities with entrepreneurial business ideas and sourcing funding for selected start-ups coming from the employment hub.</p> <p>Impact Hub is a potential service provider for the inclusive employment hub by supporting person with disabilities developing and shaping ideas for provide businesses.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## ANNEX 5: ACCESS COMMUNICATIONS SCHEDULE

| Regular Meetings                        | Attendees                                                                                                                                                                                                                                                                                                                                                                                    | Frequency                 | Purpose                                                                                                                                                                                                                                                                                                                                                                                                                              | Reports Required and Generated                                                                                                                                                                                                                                                                                  | Timing                                                                                              |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| ACCESS Steering Committee (ASC)         | <p><i>Members:</i></p> <ul style="list-style-type: none"> <li>– MEF</li> <li>– MoWA</li> <li>– MoSVY</li> <li>– Development Counsellor</li> <li>– Managing Contractor</li> </ul> <p><i>Advisory:</i></p> <ul style="list-style-type: none"> <li>– ACCESS management team and TA personnel (as required);</li> <li>– NGO representatives;</li> <li>– Multilateral representatives.</li> </ul> | Six monthly               | <ul style="list-style-type: none"> <li>– Ensures Program coherence.</li> <li>– Opportunities for formal RGC input into the Program.</li> <li>– Update on ACCESS progress and issues (results of activities completed/ongoing).</li> <li>– Presentation of proposed activities and priorities for next year.</li> <li>– Program risk register reviewed and updated.</li> <li>– Inception review meeting at six month point</li> </ul> | <p><i>Reports required:</i></p> <ul style="list-style-type: none"> <li>– Annual Report (one month prior to meeting)</li> <li>– Summary of proposed activities and priorities for next year.</li> </ul> <p><i>Reports generated:</i></p> <ul style="list-style-type: none"> <li>– ASC Meeting Minutes</li> </ul> | <p>Inaugural meeting within one month of start-up.</p> <p>Annual meetings thereafter.</p>           |
| Workstream (EVAW/Disabilities) Meetings | <p><i>Members:</i></p> <ul style="list-style-type: none"> <li>– RGC Ministry representative (chair) i.e. (MoWA/MoSVY),</li> <li>– NGO representatives</li> <li>– ACCESS TA personnel</li> </ul>                                                                                                                                                                                              | Quarterly, or as required | <ul style="list-style-type: none"> <li>– Each target ministry (MoWA or MoSVY) leads discussion of policy and technical issues related to their respective mandates.</li> <li>– Opportunity for discussion and coordination of draft proposals of the individual ministries and of NGOs;</li> <li>– Recommendations concerning proposals made to the ACCESS Grants Panel (AGP).</li> </ul>                                            | <p><i>Reports required:</i></p> <ul style="list-style-type: none"> <li>– Discussion papers</li> <li>– Draft proposals for future activities</li> </ul> <p><i>Reports generated:</i></p> <ul style="list-style-type: none"> <li>– Workstream Meeting Minutes</li> <li>– (MC to prepare)</li> </ul>               | <p>Inaugural meeting in March 2018/within one month of start-up. Quarterly meetings thereafter.</p> |
| ACCESS Grants Panel (AGP)               | <p><i>Members:</i></p> <ul style="list-style-type: none"> <li>– DFAT DHOM (chair)</li> <li>– MEF</li> <li>– MC</li> <li>– Independent member (NGO/private sector)</li> </ul> <p><i>Invitees:</i></p> <ul style="list-style-type: none"> <li>– Proponents for funding (to present proposals/answer questions)</li> <li>– MC provides Secretariat Support</li> </ul>                           | Annually, or as required. | <ul style="list-style-type: none"> <li>– Consideration and approval of funding proposals from target ministries, NGOs, multilaterals</li> <li>– Proposals screened against ACCESS grants/investment criteria.</li> <li>– The AGP will not consider DFAT-internal funding matters. The Managing Contractor will develop ToR for the AGP defining its role.</li> </ul>                                                                 | <p><i>Reports required:</i></p> <ul style="list-style-type: none"> <li>– Draft proposals</li> </ul> <p><i>Reports generated:</i></p> <ul style="list-style-type: none"> <li>– AGP Meeting Minutes (MC to prepare)</li> <li>– Feedback letters on successful/unsuccessful proposals</li> </ul>                   | <p>Inaugural meeting within two months of start-up (March 2018). Annually, thereafter.</p>          |
| DFAT-MC Progress Meeting                | DFAT Development Cooperation, PNH;                                                                                                                                                                                                                                                                                                                                                           | Every two weeks           | <ul style="list-style-type: none"> <li>– Review of issues from both technical and operational perspectives</li> </ul>                                                                                                                                                                                                                                                                                                                | <p><i>Reports required:</i></p>                                                                                                                                                                                                                                                                                 | From Jan/Feb 2018.                                                                                  |



| Regular Meetings                                          | Attendees                                                                                                                                                      | Frequency | Purpose                                                                                                                                                                                         | Reports Required and Generated                                                                                                                                                                           | Timing                                                   |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                                           | ACCESS Team Leader (MC);<br>ACCESS Workstream leads (MC);<br>TA personnel (as required)<br>Program Operations Officer;<br>Activity implementers (as required). |           | – TA personnel update DFAT on progress.                                                                                                                                                         | – MC prepares summary of progress on action points from previous meeting<br>– List of upcoming activity proposals<br>– Risks etc.<br><i>Reports generated:</i><br>– MC prepares summary of action points |                                                          |
| Extraordinary Meetings                                    | Attendees                                                                                                                                                      | Frequency |                                                                                                                                                                                                 |                                                                                                                                                                                                          |                                                          |
| High Level Roundtable Consultations, chaired by HOM/DHOM. | DHOM;<br>DFAT Directors;<br>Activity implementers;<br>RGC agencies;<br>Academics;<br>CSOs/NGOs.<br>MC.                                                         | Annual    | – Update stakeholders on ACCESS' progress and plans for upcoming year and receive feedback.<br>– To feed into ACCESS annual planning - held pre (GoA) budget.<br>– Provides media opportunities | <i>Reports required:</i><br>– MC prepares summary of progress for distribution to external stakeholders.<br><i>Reports generated:</i><br>– MC prepares summary of Roundtable discussions.                | Coincides with annual ACCESS Steering Committee meeting. |

## ANNEX 6: KEY RISKS

| Risk:<br>Event, Source and Impact<br>(what can happen (event), how can that happen (source) and what will the impact be if it happens?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Existing Controls<br>(what’s currently in place?)                                                                                                                              | Risk rating with existing controls in place |                                 |                                  | Proposed Treatments<br>(If no further treatment required or available, please explain why)                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                | Consequence<br>(refer to matrix)            | Likelihood<br>(refer to matrix) | Risk Rating<br>(refer to matrix) |                                                                                                                                                                                                                                                                                                                                                                                                       |
| Key Risks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                |                                             |                                 |                                  |                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>Event:</b> The tasks of building financial management capacities in target ministries, in addition to building service delivery capacities for persons with disabilities and for people affected by GBV, may overwhelm the absorptive capacities and financial and human resources of the target ministries.</p> <p><b>Source:</b> RGC</p> <p><b>Impact:</b> Intended objectives of ACCESS would not be realised.</p> <p>Some service delivery improvements would not be made. External service providers would continue to be required (i.e. NGOs).</p> <p>Target ministries might suffer reputational damage.</p> | <p>DFAT-internal portfolio management processes.</p> <p>Design process included broad consultation with RGC, CSOs, multilaterals and private sector. A target was the MEF.</p> | Minor                                       | Possible                        | Moderate                         | <ul style="list-style-type: none"><li>▪ The Managing Contractor will need to work closely with the target ministries to identify realistic targets, and to build internal MEL systems, which can support sound decision-making.</li><li>▪ ACCESS to continue to fund targeted service provision by NGOs, and would seek to realise more workable relationships between NGOs and government.</li></ul> |
| <p><b>Event:</b> Fragmentation: Disparate range of activities funded might lack coherence – results could be diffuse.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DFAT-internal portfolio                                                                                                                                                        | Minor                                       | Possible                        | Moderate                         | <ul style="list-style-type: none"><li>▪ Open market procurement of Managing Contractor tasked to maximise programmatic coherence will complement DFAT analysis.</li></ul>                                                                                                                                                                                                                             |

| Risk:<br>Event, Source and Impact<br>(what can happen (event), how can that happen (source) and what will the impact be if it happens?)                                                                                                                                                                                                                                                                               | Existing Controls<br>(what's currently in place?)                                                                                | Risk rating with existing controls in place |                                 |                                  | Proposed Treatments<br>(If no further treatment required or available, please explain why)                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                  | Consequence<br>(refer to matrix)            | Likelihood<br>(refer to matrix) | Risk Rating<br>(refer to matrix) |                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Source:</b> DFAT, ACCESS.</p> <p><b>Impact:</b> Progress against key ACCESS service delivery indicators would not be realised.</p> <p>Loss of reputation for Australia.</p> <p>Activity results will be poor.</p> <p>Reduced opportunities for cohesion to be leveraged for both development and economic diplomacy objectives.</p> <p>Missed opportunities for harmonisation with other DFAT aid programs.</p> | <p>management processes.</p> <p>Design process included broad consultation with RGC, CSOs, multilaterals and private sector.</p> |                                             |                                 |                                  | <ul style="list-style-type: none"> <li>Managing Contractor to provide strategic advice to DFAT on entry points and Activities to minimise diffusion.</li> </ul>                                                                                                                                                                                                                                               |
| <p><b>Event:</b> RGC budget allocations for EAW and disability services do not increase</p> <p><b>Source:</b> RGC, ACCESS</p> <p><b>Impact:</b> Non-realisation of one of ACCESS' key objectives - to support realisation of increased RGC budget for EAW and disability services.</p> <p>Strategies employed by ACCESS to influence RGC budget increases would need to be re-thought.</p>                            | <p>DFAT political analysis.</p> <p>Existing relationships with RGC, NGO, and multilateral stakeholders.</p>                      | Minor                                       | Possible                        | Moderate                         | <ul style="list-style-type: none"> <li>The Managing Contractor would be required to develop a strategy which maximises the influence of the Program on budget allocations, including through high level financial/budgetary TA.</li> <li>Detailed and ongoing political economy analysis will also be required to prosecute this strategy.</li> <li>Donor relationships would need to be fostered.</li> </ul> |

| Risk:<br>Event, Source and Impact<br>(what can happen (event), how can that happen (source) and what will the impact be if it happens?)                                                                                                                                | Existing Controls<br>(what's currently in place?)                                            | Risk rating with existing controls in place |                                 |                                  | Proposed Treatments<br>(If no further treatment required or available, please explain why)                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                        |                                                                                              | Consequence<br>(refer to matrix)            | Likelihood<br>(refer to matrix) | Risk Rating<br>(refer to matrix) |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>Some recalibration of ACCESS Activities in favour of service delivery may be necessary.</p> <p>No increase in RGC budget allocations for inclusive services, would mean that that funding service provision gaps would continue to fall to the donor community.</p> |                                                                                              |                                             |                                 |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Event:</b> Changes in RGC policies and priorities.</p> <p><b>Source:</b> RGC.</p> <p><b>Impact:</b> Poor outcomes and / or stagnation. Some activities may need to be abandoned.</p>                                                                             | On-going DFAT development dialogue during and after design process.                          | Minor                                       | Almost Certain                  | Moderate                         | <ul style="list-style-type: none"> <li>▪ Activity programming (design) will be based on close consultation with the RGC, multilaterals and CSO stakeholders.</li> <li>▪ Ongoing engagement with RGC agencies throughout activity cycle will alert the Program to changes in policy and priorities.</li> <li>▪ The Managing Contractor will develop a strategy to respond flexibly to any policy and priority changes.</li> </ul> |
| <p><b>Event:</b> Political sensitivities associated with PFM reform might inhibit progress.</p> <p><b>Source:</b> RGC.</p> <p><b>Impact:</b> PFM reform not implemented at subnational levels and quality and quantity of services do not increase.</p>                | Design process included broad consultation with RGC, CSOs, multilaterals and private sector. | Minor                                       | Possible                        | Moderate                         | <ul style="list-style-type: none"> <li>▪ Ongoing political economy analysis will be required to implement Activities in a politically smart manner.</li> <li>▪ Managing Contractor to provide strategic advice to DFAT on entry points and activities, based on PEA.</li> </ul>                                                                                                                                                  |

| Risk:<br>Event, Source and Impact<br>(what can happen (event), how can that happen (source) and what will the impact be if it happens?)                                                                                                                                                                                                               | Existing Controls<br>(what's currently in place?) | Risk rating with existing controls in place |                                 |                                  | Proposed Treatments<br>(If no further treatment required or available, please explain why)                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|---------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                       |                                                   | Consequence<br>(refer to matrix)            | Likelihood<br>(refer to matrix) | Risk Rating<br>(refer to matrix) |                                                                                                                                                                                                                                                                                                                                                                  |
| Loss of reputation for Australia.                                                                                                                                                                                                                                                                                                                     |                                                   |                                             |                                 |                                  |                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Event:</b> Activities selected do not support sustainable inclusive economic development, particularly for persons with disabilities (i.e. persons with disabilities' economic inclusion treated as a peripheral issue).</p> <p><b>Source:</b> ACCESS.</p> <p><b>Impact:</b> ACCESS' objectives for inclusive economic development not met.</p> | DFAT-internal portfolio management processes.     | Minor                                       | Possible                        | Moderate                         | <ul style="list-style-type: none"> <li>▪ Employment hub for persons with disabilities a key activity.</li> <li>▪ Funding criteria include requirement for activity implementers to demonstrate how proposed Activities promote economic inclusion for persons with disabilities.</li> <li>▪ M&amp;EF captures information on gender and disabilities.</li> </ul> |

## DFAT Aid Investments Risk Matrix Descriptors

| Likelihood     | Consequences |          |          |           |           |
|----------------|--------------|----------|----------|-----------|-----------|
|                | Negligible   | Minor    | Moderate | Major     | Severe    |
| Almost Certain | Moderate     | Moderate | High     | Very High | Very High |
| Likely         | Moderate     | Moderate | High     | High      | Very High |
| Possible       | Low          | Moderate | High     | High      | High      |
| Unlikely       | Low          | Low      | Moderate | Moderate  | High      |
| Rare           | Low          | Low      | Moderate | Moderate  | High      |



| Likelihood            | Description                                                                                                                                                                                                                                                                                        |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Almost Certain</b> | <i>Expected to occur in most circumstances</i> <ul style="list-style-type: none"> <li>Has occurred on an annual basis in DFAT or in similar agencies / organisations in the past</li> <li>Circumstances are in train that will cause it to happen</li> </ul>                                       |
| <b>Likely</b>         | <i>Will probably occur in most circumstances</i> <ul style="list-style-type: none"> <li>Has occurred in the last few years in DFAT or has occurred recently in similar agencies / organisations</li> <li>Circumstances have occurred that will cause it to happen in the next few years</li> </ul> |
| <b>Possible</b>       | <i>Might occur at some time</i> <ul style="list-style-type: none"> <li>Has occurred at least once in the history DFAT or in similar agencies / organisations</li> </ul>                                                                                                                            |
| <b>Unlikely</b>       | <i>Not expected to occur</i> <ul style="list-style-type: none"> <li>Has never occurred in DFAT but has occurred infrequently in similar agencies / organisations</li> </ul>                                                                                                                        |
| <b>Rare</b>           | <i>May occur only in exceptional circumstances</i> <ul style="list-style-type: none"> <li>Has not occurred to date in DFAT or any other similar agency / organisation</li> </ul>                                                                                                                   |

| Consequence       | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Negligible</b> | <ul style="list-style-type: none"> <li>Result in consequences that can be dealt with by routine operations</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Minor</b>      | <ul style="list-style-type: none"> <li>Minor delays in providing services or achieving objectives</li> <li>Threaten the efficiency of effectiveness of some aspect of the program / activity / business unit but can be dealt with internally</li> <li>Have minor political / community sensitivity</li> <li>Minor dissatisfaction of clients / beneficiaries, partners or other key stakeholders</li> <li>Program / project / business unit suffers minor adverse financial impact</li> <li>Minor breach of public sector accountability requirements</li> <li>Minor damage to property or one minor injury</li> </ul> |

| Consequence     | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Moderate</b> | <ul style="list-style-type: none"> <li>• Moderate delays in providing services or achieving key objectives</li> <li>• Program / activity / business unit subject to unplanned review or changed ways of operation</li> <li>• Have moderate political / community sensitivity resulting in limited adverse publicity or criticism</li> <li>• Limited dissatisfaction of clients / beneficiaries, partners or other key stakeholders, moderately damaging DFAT's reputation</li> <li>• Program / project / business unit suffers moderate adverse financial impact</li> <li>• Moderate breach of public sector accountability requirements or information security</li> <li>• Moderate damage to property</li> <li>• One serious injury or multiple minor injuries</li> </ul>                                                                                                                                                                                        |
| <b>Major</b>    | <ul style="list-style-type: none"> <li>• Major delays in providing services or achieving key objectives</li> <li>• Threaten the survival or continued effective function of the program / activity / business unit</li> <li>• Have major political / community sensitivity resulting in significant adverse publicity or criticism</li> <li>• Significant dissatisfaction of clients / beneficiaries, partners or other key stakeholders, significantly damaging DFAT's reputation and relationships</li> <li>• Program / project / business unit suffers major adverse financial impact</li> <li>• Major breaches of public sector accountability requirements, legislative / contractual obligations or information security</li> <li>• Major damage to property or moderate damage to multiple properties</li> <li>• One life-threatening injury or multiple serious injuries</li> </ul>                                                                        |
| <b>Severe</b>   | <ul style="list-style-type: none"> <li>• Critical business failure resulting in non-achievement of key objectives</li> <li>• Program / activity / business unit subject to unplanned external review / inquiry</li> <li>• Have severe political / community sensitivity resulting in extensive adverse publicity or criticism</li> <li>• Extensive dissatisfaction of clients / beneficiaries, partners or other key stakeholders, severely damaging DFAT's reputation and loss of stakeholder and / or Government confidence in or support of DFAT</li> <li>• Program / project / business unit suffers severe adverse financial impact</li> <li>• Severe breaches of public sector accountability requirements, legislative / contractual obligations or information security</li> <li>• Extensive damage to property resulting in loss of property or major damage to multiple properties</li> <li>• One death or multiple life-threatening injuries</li> </ul> |

## ANNEX 7: IMPLEMENTATION PLAN

The Managing Contractor will be required to develop a comprehensive implementation plan. Milestone activities for each of the five years are set out below:

|        |                                                                                                                                                                     |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Year 1 | Inception period – 6 months January – 30 June 2018 – baseline established, Program operations established, inception review conducted and inception report prepared |
|        | Inaugural ASC meeting                                                                                                                                               |
|        | Inaugural stakeholder roundtable consultation                                                                                                                       |
|        | RGC-GoA development dialogue                                                                                                                                        |
|        | AGP – grants awarded for Years 1-3                                                                                                                                  |
|        | Workstream meetings held at each target ministry –annual planning facilitated                                                                                       |
|        | Activity implementation commenced                                                                                                                                   |
|        | Activity monitoring conducted                                                                                                                                       |
|        | Six monthly progress and financial report provided to DFAT and to the RGC                                                                                           |
|        | Annual Report                                                                                                                                                       |
| Year 2 | Annual ASC meeting                                                                                                                                                  |
|        | Inaugural stakeholder roundtable consultation                                                                                                                       |
|        | RGC-GoA development dialogue                                                                                                                                        |
|        | AGP meeting (if necessary)                                                                                                                                          |
|        | Workstream meetings held at each target ministry –annual planning facilitated                                                                                       |
|        | Activity implementation ongoing                                                                                                                                     |
|        | Activity monitoring conducted                                                                                                                                       |
|        | Six monthly progress and financial report provided to DFAT and to the RGC                                                                                           |
| Year 3 | Annual ASC meeting                                                                                                                                                  |
|        | Inaugural stakeholder roundtable consultation                                                                                                                       |
|        | RGC-GoA development dialogue                                                                                                                                        |
|        | Grants stocktake conducted                                                                                                                                          |
|        | <b>AGP – grants awarded for Year 4 and Year 5</b>                                                                                                                   |
|        | Workstream meetings held at each target ministry –annual planning facilitated                                                                                       |
|        | Activity implementation ongoing                                                                                                                                     |
|        | Activity monitoring conducted                                                                                                                                       |
|        | Six monthly progress and financial report provided to DFAT and to the RGC                                                                                           |
|        | Annual Report                                                                                                                                                       |
| Year 4 | Annual ASC meeting                                                                                                                                                  |
|        | Inaugural stakeholder roundtable consultation                                                                                                                       |
|        | RGC-GoA development dialogue                                                                                                                                        |
|        | AGP meeting (if necessary)                                                                                                                                          |
|        | Workstream meetings held at each target ministry –annual planning facilitated                                                                                       |
|        | Activity implementation ongoing                                                                                                                                     |
|        | Activity monitoring conducted                                                                                                                                       |
|        | Six monthly progress and financial report provided to DFAT and to the RGC                                                                                           |

|        |                                                                               |
|--------|-------------------------------------------------------------------------------|
|        | Annual Report                                                                 |
| Year 5 | Annual ASC meeting                                                            |
|        | Inaugural stakeholder roundtable consultation                                 |
|        | RGC-GoA development dialogue                                                  |
|        | AGP meeting (if necessary)                                                    |
|        | Workstream meetings held at each target ministry –annual planning facilitated |
|        | Activity implementation ongoing                                               |
|        | Activity monitoring conducted                                                 |
|        | Six monthly progress and financial report provided to DFAT and to the RGC     |
|        | Independent Impact Evaluation                                                 |
|        | <b>Final Annual Report/Completion Report</b>                                  |

## ANNEX 8: TA PERSONNEL FUNCTIONAL REQUIREMENTS

Tenderers will be invited to propose job descriptions/ToRs that meet the following functional requirements. The successful Managing Contractor will need to supply TA personnel with qualifications, skills and experience to deliver the following functions. Job descriptions/ToRs will be agreed/finalised with DFAT.

### Team Leader function

- › setting and maintaining ACCESS' strategic direction in line with DFAT and RGC priorities and the EOPOs;
- › provide advice on competing needs for support;
- › overall management of the Program, ensuring efficient and effective use of GoA resources;
- › Ensure that ASC is kept well informed to take decisions in the best interests of the Program;
- › Develop and maintain relationships with stakeholders, including the target ministries, the MEF, DFAT, NGOs and the private sector;
- › Lead the ACCESS team to guide overall quality and effective delivery of the Program, including regular review and reflection of progress of the Program towards stated goal, resourcing and operational and quality issues;
- › Oversee delivery and implementation of administration, management and fiduciary systems / processes for effective and quality delivery of the program; and
- › Manage all program-level risks, through both DFAT and managing contactor systems and take appropriate measures to minimise fiduciary risk and other risks and avoid fraud.

### GBV Lead function

- › TA to MoWA and to line ministries (where appropriate) on the implementation of the NAPVAW2, including working with other line ministries and supporting MoWA's monitoring role;
- › TA and support to NGOs and multilaterals on service delivery and access to justice;
- › TA to subnational authorities to support inclusion of relevant activities in investment plans (provincial, district and commune);
- › TA support to development and monitoring of activities funded through the ACCESS grants mechanism;
- › Supporting the PFM TA to strengthen budget processes at MoWA; and
- › Progress reporting to the ASC.

### Disabilities Lead function

- › TA to the MoSVY and to the DAC and to line ministries (where appropriate) on the implementation of the NDSP, including working with other line ministries and supporting the MoSVY's and the DAC's mandates;
- › TA and support to NGOs and multilaterals on service delivery;
- › Provide targeted support to transition of management of rehabilitation centres to RGC responsibility;
- › TA and support to the Inclusive Employment Hub implementation;
- › TA to subnational authorities to support inclusion of relevant activities in investment plans (provincial, district and commune);

- › TA support to development and monitoring of activities funded through the ACCESS grants mechanism;
- › Supporting the PFM TA to strengthen budget processes at the MoSVY and the DAC; and
- › Progress reporting to the ASC.

#### **PFM function**

- › Improving target ministries' capacity in all areas of PFM (Budget Allocation, Budget Execution and Financial Reporting);
- › Providing strategic and technical advice on how target ministries can improve their budgeting and financial management processes, internal controls, systems and practices to deliver their mandates including the following.
- › recommending ways to improve budget preparation before the budget cycle begins in line with the RGC's PFM reform program;
- › assisting in the design and facilitation of budget preparation workshops;
- › assisting in quality assuring final budget proposal documents;
- › advising target ministries on strategic financial planning, resource allocation, how to improve budget execution, financial management;
- › analysing procedures and processes and recommending ways to improve financial management;
- › identifying capacity requirements and formulating capacity-building design to improve financial management systems at target ministries;
- › Supporting target ministries' engagement with MEF systemic financial management and budget constraints to service delivery;
- › Assisting in quality assuring reports/outputs/recommendations of audit reports; and
- › Progress reporting to the ASC.

#### **M&E function**

- › Establish and maintain the ACCESS M&EF, including facilitating establishment of the ACCESS baseline, and where necessary, contribute to establishment of activity-level baselines;
- › TA support to target ministries' reporting of progress and results of ACCESS grants-funded activities;
- › TA support to target ministries' and line ministries' reporting of progress in implementing their respective responsibilities under the NAPVAW2 and the NDSP;
- › Effect input and activity monitoring required to fulfil accountability and contractual compliance requirements, and to track participation in various activities and achievement of outputs;
- › Facilitate and provide TA support on data analysis;
- › Ensure M&E and data collection processes accord with ethical standards, including principles of do no harm across both technical areas, and for persons with disabilities the principle of 'nothing about us without us';
- › Budget analysis and monitoring for key institutions and for identified line items related to service provision and coordination;
- › Monitor service availability, access and quality;
- › Annual collation and analysis of selected commune level data;



- › Contribution to ongoing political economy analysis; and
- › Contribute to preparation of progress reports to DFAT (such as the six monthly narrative and financial reports), *ad hoc* reports to the RGC and to target ministries as required, and progress reports for the ASC and the AGP.

## ANNEX 9: INDICATIVE BUDGET ALLOCATIONS

### *Financial Resources*

The DFAT budget proposed for ACCESS is **\$25 million over five years**.

Approximately \$6.25 million (25 percent) of the \$25 million are expected to be allocated to management and operational costs. This would include corporate services staff, but exclude specialist TA personnel (Team Leader, disabilities lead, GBV lead, PFM advisor). Depending on the composition of the implementation team proposed by tenderers, the specialist TA personnel costs are anticipated to be in the vicinity of \$1.25 million per year, or \$6.25 million over the Program's term.<sup>42</sup>

Around \$12.5 million would be available to fund Activities over the five year term. Of the \$12.5 million, a 50:50 split is proposed between the value of funds expended in each of the disability and GBV sectors (equal weight between the two EOPOs). DFAT and the RGC may alter the ratio and to scale up the value of activities where opportunities arise.

In addition to anticipated RGC in kind contributions (office space, facilitation etc.), it is expected that over the term of the Program and in direct response to ACCESS activities, the RGC will increasingly uptake financial responsibility for agreed services. This requirement will be included in the ACCESS grants criteria. This may also free up funds for activity implementation.

The table overleaf provides indicative allocations against the two EOPOs. Tenderers would be required to propose detailed allocations and staffing arrangements in their proposals. Final allocations would be agreed during implementation, and based on annual workplans developed on the back of proposals received through the ACCESS grants mechanism. Multiyear grants are anticipated to be awarded in Year 1 (for Years 1-3) and in Year 3 (for Years 4 & 5).

### *Costing methodology and cost assumptions*

Tenderers will need to propose a costing methodology and fully describe cost assumptions associated with their proposed costing methodology as part of the response to tender for ACCESS. Key cost assumptions will be detailed in the Pricing Schedule for ACCESS (provided separately).

<sup>42</sup> 25 percent is proposed as the maximum payable under a commercial arrangement with a Managing Contractor.

### Indicative ACCESS Budget Allocations

| Item                                                                                                                                                       |                                                                                                                            | Annual<br>AUD million | Over 5 Years<br>AUD million |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| EOPO 1: <i>Increased funding for services for persons with disabilities and people affected by GBV</i> (50 percent of funding for activities)              |                                                                                                                            | \$1.250               | \$6.25                      |
| 1.1 RGC-focused                                                                                                                                            | MoWA, MoSVY, and DAC more effective in preparing, proposing, and defending their budget needs related to NAPVAW2 and NDSP. | TBD                   | TBD                         |
|                                                                                                                                                            | MoWA, MoSVY, and DAC advocate more effectively for line ministry implementation of the NAPVAW2 and the NDSP.               | TBD                   | TBD                         |
| 1.2 NGO-focused                                                                                                                                            | NGOs have more diverse and sustainable funding sources for services.                                                       | TBD                   | TBD                         |
| EOPO 2: <i>Increased accessibility of quality services for persons with disabilities and people affected by GBV</i> (50 percent of funding for activities) |                                                                                                                            | \$1.250               | \$6.25                      |
| 2.1GBV                                                                                                                                                     | Increased adoption and operationalisation of existing standards for services for people affected by GBV.                   | TBD                   | TBD                         |
|                                                                                                                                                            | MoWA effectively supports referral and coordination networks at national and sub-national levels.                          | TBD                   | TBD                         |
| 2.2 Disability                                                                                                                                             | Rehabilitation and employment services support increased economic inclusion of PWD.                                        | TBD                   | TBD                         |
|                                                                                                                                                            | Persons with Disabilities Foundation (PWDF) increasingly independently manages rehabilitation services.                    | TBD                   | TBD                         |
|                                                                                                                                                            | PWD employment services established.                                                                                       | TBD                   | TBD                         |
| 3. Cross-cutting                                                                                                                                           | Sub-national investment plans promote social inclusion and responses to GBV                                                | TBD                   | TBD                         |
| Annual funds available for Activities                                                                                                                      |                                                                                                                            | \$2.5                 | \$12.5                      |
| Management Costs (includes corporate services staff, but excludes TA personnel costs)                                                                      |                                                                                                                            | \$1.25                | \$6.25                      |
| Specialist TA Personnel Costs                                                                                                                              |                                                                                                                            | \$1.25                | \$6.25                      |
| Total Program Cost                                                                                                                                         |                                                                                                                            |                       | \$25.00                     |

## ANNEX 10: LIST OF PERSONS AND ORGANISATIONS CONSULTED

### Australian Department of Foreign Affairs and Trade

#### Cambodia Post

HE Angela Corcoran, Ambassador; Ms Ruth Stewart, Deputy Head of Mission; Ms Benita Sommerville, First Secretary; Dr Chhay Ros, Senior Program Manager; Mr Tokyo Bak, Senior Program Manager; Mr Arjun Bisen, Second Secretary; Mr Tim Vistarini, Director Investment Design Section (visiting from Canberra)

#### By telephone

Ms Annemarie Reerink, Senior Specialist Gender Equality; Ms Tammy Malone, Executive Officer, Timor-Leste Section; Ms Katie Magee, Assistant Director, Disability Section

#### Australian aid projects

*DFAT Eliminating Violence Against Women program:* Ms Cheryl Clay, ERAW Program Manager; Mr Sopor Kim, M&E Program Officer

*Community Policing Initiative:* Mr John Rennie, Team Leader

*Cambodia Communications Assistance Project:* Viveahhneata Rath, Team Leader

*Cambodia Australia Innovation in Agriculture:* Mr Pieter Ypam, Market Development Manager/Acting Team Leader

### Royal Government of Cambodia

#### Ministry of Women's Affairs

HE Dr Ing Kantha Phavi, Minister; HE Nhean Sochetra, General Director (EVAW Secretariat Head); HE Hou Samith, Secretary of State; HE Khieu Serey Vuthea, MOWA Adviser; Mr The Chhun Hak, Chair MOWA Coordination Desk

#### Ministry of Social Affairs, Veterans and Youth Rehabilitation

HE Sem Sokha, Secretary of State; Mr Chap Malyno, Director of Welfare for Persons with Disabilities Department; Mr Sem Sokpanha, Director of Disability Rights Administration

*Disability Action Council:* HE Em Chan Makara, Secretary General;

Department of Welfare for Persons with Disability: Mr Chap Malyno, Director

Disability Rights Administration: Mr Sem Sokpanha, Director

Persons with Disability Foundation (PWDF): Mr Chour Rattanak (Director) Choun Leng, Chief of Finance and Accounting Office

#### Ministry of Economy and Finance

Mr Ream Utdom, Chief of Bilateral Cooperation Division; Mr Tauch Chan Kresna, Deputy Director General; Ms Youk Bopha, Deputy Chief, Office of Bilateral Coordination I (MEF); Mr Veng Youim, Chief of Multi-lateral Cooperation I (OMC1)

#### Ministry of Interior

HE Ngan Chamroeun, Under Secretariat of State, NCDD Secretariat

#### Council for the Development of Cambodia

Mr IM Sour, Deputy Secretary General; Mr Ok Thida, Aid Coordination Officer; Ms Mok Puthy, Director, NGO Aid Coordination Engagement

#### Ministry of Health

Dr Kol Hero (Director, Department of Preventive Medicine)

## Cambodian NGOs - EVAW

Transcultural Psychosocial Organization: (TPO): Dr Southea Chhim, Executive Director; Ms Taing Sopheap, Research, monitoring, and evaluation coordinator; Phan Chanveasna, Counsellor Battambang province; Mauk Savy, Counsellor Battambang province

Legal Aid Cambodia (LAC): Mr Run Saray, Executive Director, Mr Phonn Thearin, Project Manager; Ms Trica Wake, Sustainability Adviser; Mr Kao Dyna, Women's Justice Program Manager

### Group discussion: NGOs involved in EVAW

Cambodia Women's Crisis Centre: Ms Pok Panhavichetr, Executive Director

ACTED: Ms Ginny Haythornthwaite, Country Director

Banteay Srei: Ms Khem Sreymon

HAGAR: Ms Elcira Vojer, Clinical Director; Mr Phat Sam Ann, Project Manager for Case Management

LAC: Mr. Run Saray, Executive Director

TPO: Dr Sothea Chhim, Executive Director

This Life Cambodia (TLC): Mr Billy Gorter, Executive Director; Mr Se Chhon, Deputy Director

Gender and Development for Cambodia (GAD-C): Ms Prom Leackhena, Capacity Development Program Officer; Ms Elles Blanken, Gender Specialist

People Centre for Development and Peace (PDP): Mr Yong Kim Eng, President

Ponleu Komar Kampuchea Organization (PKKO): Mr. Snguon Malayvuth, Executive Director

International Bridge of Justice (IBJ): Mr Ouk Vandeth, Country Director

## Cambodian NGOs - disability

Cambodian Disabled People's Organisation (CDPO): Ngin Saorath, Executive Director; Ty Rojanet, Program Manager; Wayne Slattery, Stakeholder Engagement Officer; Fried Lammerink, Development Advisor Disability & Health Touch Vuth, Program Coordinator; Mak Monika, Advocacy Officer; Sreun Thona, HR & Admin Officer

### Group discussion with DPOs

CDPO: Ho Theary, Program Assistant of Disabled People's Organization (DPO) Development program; Chan Veasna, Program Assistant of Disabled People's Organization (CDPO) Development program; Kiv Bonat, Program Assistant of Disabled People's Organization (DPO) Development program

DPO Kompong Speu: Ou Sombo, Executive Director

DPO Takeo: Chheir Thouk, Executive Director

Women and Children with Disabilities Forum Takeo: Vorn Vivatana, Executive Director

DPO Svay Reing: Much Malis, Executive Director

DPO Kandal: Surn Pey, Executive Director

National Centre of Disabled Persons (NCDP) HE Yi Veasna (Adviser to Government and Executive Director of NCDP)

### Group discussion with NGOs working in the disability sector

All Ears Cambodia (AEC)

Cambodia Development Mission for Disability (CDMD)

Capacity Building for Disability Cooperation (CABDICO)

Caritas Cambodia: Dr Bhoomikumar Jegannathan, Program Director

Epic Arts

Fred Hollows Foundation: Sith Sam Ath, Country Manager

Hand of Hope Community (HHC)

Krousar Thmey (KT)

Koma Pikar Foundation (KPF)

Phnom Penh Centre for Independent (PPCIL)

Association of the Blind Cambodia (ABC)

Parents Association of Children with Intellectual Disability (PACHID)

Deaf Development Programme (Maryknoll): Charles Dittmeier, Project Director

Light for the World

### Group discussion – EVAW stakeholders re M&E

UN Women: Kim Sokleang, Phon Vutha

TAF: Seyla

EVAW Program Office: Chery Clay, Sopor Kim

## UN Agencies

Ms Claire Van der Vaeren, UN Resident Coordinator

Ms Kristina Seris, UN Joint Programme Coordinator, DRIC

UNDP: Nick Beresford, Country Director; Velibor Popovic, Program Specialist – governance; Ms Lenka Tavodova, UNV – Communications; Mao Meas

WHO: Dr Liu Yunguo, Country Representative; Dr Chou Vivath, National Professional Officer on Disability and Rehabilitation

UNICEF: Natascha Paddison, Deputy Representative; Anne Lubell – Community Development Specialist; Thinavuth Ek, Local Governance for Child Rights Officer; Ream Rin, Community Development Officer

UNFPA: Ms Catherine Breen Kamkong, Deputy Representative

UN Women: Ms Janet Wong, Country Director; Ms Sarah Knibbs, Deputy Country Director; Mr Vutha Phon, National Programme Officer, Kim Sokleang

## Other sector specialists

Ms Anne Rouve-Khiev, Coordination and Learning Unit Director, Partnering for Live

Ms Robin Mauney, EAW specialist/consultant

## Private sector / social enterprises

ANZ Royal Bank: Dr Leonie Lethbridge, CEO

ACLEDA Bank PLC: Mr Ros Sereysophea, AVP and Manager of Recruitment and Selection Unit

Impact HUB: Alberto Cremonesi, CEO; Laura Smitheman, Programs & Innovation Director

## Private sector / social enterprises via Skype:

Agile Development Group: Ian Jones, Executive Director; Melissa McReery, Project Manager

### Group discussion: NGOs / social enterprises involved in economic empowerment

SHE: Celia Boyd, Managing Director, James Wilson, Business Development Manager, SHE Investments

Good Returns: Diana Tjoeng, Cambodia and Lao Operations Coordinator

WaterSHED: Saranh van Boekhout, Women's Empowerment Program Manager

Helen Keller International: Cheng Chinneth, Gender Coordinator; Ly Sok Hong, Program Manager; Keith Porter, Country Director

Hagar: Soung Nisay, Employer Relations Officer; Jessica Clayton, Case Management Supervisor; Siobhan Gosrani, Donor Relations Coordinator

## International NGOs

CARE: Ms Tanya Barnfield, Program Director; Mr Srun Rachana, Senior Program Manager - GBV; Ms Eart Paysal, Senior Program Manager – Dignified Work

Plan International: Mr Andrew Hill, Country Director Program; Mr TY Sovannary, Country Child Protection Specialist

The Asia Foundation: Mr Silas Everett, Country Representative; Ms Loretta Hoban, Program Manager; Seila Sar, Research Officer

### Group discussion – physical rehabilitation services

Disability Development Services Program (DDSP)

Cambodian Physical Therapy Association: Mr Song Sit, President

Veterans International Cambodia: Mr Rithy Keo, Executive Director; Mr Sophall Phorn Program Manager

Exceed Worldwide: Ms Sisary Kheng, Country Director

Handicap International: Ms Sophie Coelho, Operations Coordinator;

International Committee of the Red Cross

## International donors / development partners

GIZ: Dr Dagmar Baer, Program Manager, ATJW2; Mr Klaus Baesel, GIZ Muskoka; Mr. Piet de Mey, Regional Advisor on Inclusive Development; Dr Vanny Peng, Deputy Project Manager, Social Health Protection Project, Chantey Heng, Vulnerable Groups Advisor, Social Health Protection Project; Fried Lammerink, Development Advisor, Social Health Protection Project

Asian Development Bank: Mia Hyun, Social Sector Development Specialist

World Bank: Sokbunthoeun So, Public Sector Specialist

USAID: Sopheap Sreng, Project Design & Gender Specialist; Sereistya Ros, Education Project Management Specialist; Sochea Sam, Project Management Specialist

European Union: Mr Noeun Bou, Programme Officer



## ANNEX 11: LIST OF REFERENCE DOCUMENTS

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