

AUSTRALIA-CAMBODIA COOPERATION FOR EQUITABLE SUSTAINABLE SERVICES (ACCESS)		
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CONTENTS

A. EXECUTIVE SUMMARY	11
B. ANALYSIS AND STRATEGIC CONTEXT	20
Country / Regional and Sector Issues	20
Development Problem / Issue Analysis	21
Evidence-base / Lessons Learned.....	24
Strategic Setting and Rationale for Australian / DFAT engagement	26
Innovation and Private Sector Engagement	27
C. INVESTMENT DESCRIPTION	29
Logic and Expected Outcomes	29
Delivery Approach – Competitive Investment Mechanism & TA Accompaniment	34
Resources	35
D. IMPLEMENTATION ARRANGEMENTS	36
Management and Governance Arrangements and Structure	36
Monitoring and Evaluation	39
Sustainability	41
Gender Equality.....	42
Social Inclusion and inclusion of persons with disabilities in implementation	43
Approach to Risk Management	43
Safeguards.....	44
E. ANNEXES	45
Annex 1. Problem analysis	46
Annex 2. Summary of evidence base for proposed approach	64
Annex 3. Program logic model	72
Annex 4. Detail of logic and expected outcomes	73
Annex 5. Monitoring and Evaluation.....	81
Annex 6. Stakeholder Analyses – GVB and Disabilities.....	86
Annex 7. ACCESS Communications Schedule	95
Annex 8. Key Risks.....	98
Annex 9. Implementation Plan.....	106
Annex 10. Key differences between the DRIC and EVAW programs and ACCESS.....	108
Annex 11. TA Personnel Functional Requirements	110
Annex 12. Indicative Budget Allocations	113
Annex 13. Competitive Investment Mechanism	115
Annex 14. Indicative Safeguards Approaches for ACCESS.....	117
Annex 15. List of Persons and Organisations Consulted	120
Annex 16. List of Reference Documents	123

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
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEO	Chief Executive Officer
CIM	Competitive Investment Mechanism
CNP	Cambodia National Police
CPCS	Crime Prevention and Community Safety
CPI	Community Policing Initiative
CRPD	Convention on the Rights of Persons with Disabilities
CSDGs	Cambodia Sustainable Development Goals
CSR	Corporate Social Responsibility
D&D	Deconcentration and Decentralisation reform process (RGC)
DAC	Disability Action Council
DAWG	Disability Action Working Groups
DWCCC	District Women and Children's Consultative Committee
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
DSA	Daily Subsistence Allowance
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 (German Agency for International Cooperation)
GoA	Government of Australia
H-EQIP	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
MOLVT	Ministry of Labour and Vocational Training
MOP	Ministry of Planning
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
PWCCC	Provincial Women and Children's Consultative Committee
PDOWA	Provincial Department of Women's Affairs
PFM	Public Financial Management

PFMRP	Public Financial Management Reform Programme
PoSVY	Provincial Department of Social Affairs, Veterans and Youth Rehabilitation
PWDF	Persons with Disability Foundation
RGC	Royal Government of Cambodia
SDGs	Sustainable Development Goals
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	Training of Trainers
TWG-G	Technical Working Group on Gender
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
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
UNODC	United Nations Office on Drugs and Crime
VAW	Violence Against Women
VCSP	Village and Commune Safety Policy
VIC	Veterans International Cambodia
WCCC	Women's and Children's Consultative Committee (Provincial and District levels)
WHO	World Health Organization
WWDFs	Woman with Disability Forums

GLOSSARY

Accessibility	Accessibility describes the degree to which an environment, service, or product allows access by as many people as possible, including persons with disabilities. ¹
Accompaniment	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.
Barriers	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. ²
Child Protection	Improved protection of children from violence, abuse and exploitation.
Community Based Rehabilitation (CBR)	A strategy within general community development for rehabilitation, equalisation 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, organisations, and communities, and the relevant governmental and nongovernmental health, education, vocational, social, and other services. ³
Disability	Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. ⁴
Disabled People's Organisation (DPO)	Organisations 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. ⁵
Gender based violence (GBV)	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 men, boys, and sexual minorities or those with gender-nonconforming identities. ⁶
Impairment	In the ICF loss or abnormality in body structure or physiological function (including mental functions), where abnormality means significant variation from established statistical norms. ⁷
Inclusive Services	Services for persons with disabilities and for persons affected by GBV. It is acknowledged that the majority of persons affected by GBV is women. ⁸
International Classification of Functioning, Disability and Health (ICF)	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. ⁹
Intersectionality	Ways in which the layers of gender, race, ethnicity, disability, and socio-economic status or class interact with each other to create advantage or disadvantage. It is often presented as the bridge between otherwise apparently different issues. Rather than fulfilling the intention of building a more unified and powerful voice for, and of, the marginalised, in practical terms it can mean an ineffective concentration of resources on small numbers of 'the most disadvantaged'. While this can yield important individual benefits, it may fail to progress higher level changes that can bring benefits

1 WHO, 2011, p. 301

2 WHO, 2011, p. 302

3 WHO, 2011, p. 302

4 Convention on the Rights of Persons with Disabilities, Article 1. <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#1>

5 WHO, 2011, p. 303

6 World Bank (2016) End Violence Against Women and Girls Resource Guide - Terminology. Available at <http://www.vawresourceguide.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.

7 WHO, 2011, p. 305

8 CEDAW Recommendation 35 (http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf)

9 WHO, 2011, p. 306

	to those who need them, no matter which or how many indicators of disadvantage or marginalisation they fulfil.
Intimate partner violence	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. ¹⁰
Mainstream services	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. ¹¹
People/persons affected by gender based violence	<p>While the majority of those affected by gender based violence are women, and the main form of violence experienced is intimate partner or domestic violence, this document uses the broader terminology of people/persons affected by gender based violence to recognise that other groups, such as those targeted with violent acts due to their gender identity or sexual orientation, may need to access services or could benefit from prevention activities. In practical terms, ACCESS will focus on violence against women, as per the Cambodia National Action Plan to Prevent Violence Against Women, and due to the patterns of violence in the country, but this broader terminology reflects an openness to emerging inclusive work.</p> <p>The terminology of ‘... affected by violence’ is increasingly preferred to the labels of victim or survivor, in recognition that these experiences do not define the individual, but are part of their development of a broader self-identity.¹²</p>
Physiotherapy	Provides services to individuals to develop, maintain, and maximise movement potential and functional ability throughout the lifespan. Also known as physical therapy. ¹³
Reasonable accommodation	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. ¹⁴
Rehabilitation	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. ¹⁵
Social norm	Social norms are informal understandings that govern the behaviour of members of a society. Social norms are regarded 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.
Sexual violence/sexual assault	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. ¹⁶
Target ministries	<p>Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)</p> <p>Ministry of Women's Affairs (MoWA)</p>

10 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.

11 WHO, 2011, p. 306

12 See 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, for an explanation of this, and also UN Women et al (2015) *Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines*. UN Women: New York for an example of use.

13 WHO, 2011, p. 307

14 WHO, 2011, p. 308

15 WHO, 2011, p. 308

16 World Bank (2016) End Violence Against Women and Girls Resource Guide - Terminology. Available at <http://www.vawgresourceguide.org/terminology>; Fulu, E. et al ibid.

Twin Track Approach

Work on disability and to promote gender equality often use a twin track approach. This is a combination of:

Mainstreaming:

In the disability sector this 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.

Gender mainstreaming involves ensuring that gender perspectives and attention to the goal of gender equality are central to all activities - policy development, research, advocacy, legislation, resource allocation, and planning, implementation and monitoring of programs and projects.¹⁷

Targeted activities that respond to particular needs or areas of inequality:

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.¹⁸

For gender equality, this can include activities that focus on building women's leadership, eliminating GBV, and promoting women's economic empowerment.

Violence against children

All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.¹⁹

Violence against women

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.²⁰

¹⁷ <http://www.un.org/womenwatch/osagi/gendermainstreaming.htm>

¹⁸ CBM, 2017

¹⁹ Article 19, Convention on the rights of the Child.

²⁰ World Bank (2016) End Violence Against Women and Girls Resource Guide - Terminology. Available at <http://www.vawresourceguide.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 ²¹



21 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) Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY) Disability Action Council (DAC) Ministry of Economy and Finance (MEF) Ministry of Health (MoH) Ministry of Interior (Mol) Provincial Governments District Administrations and Commune Councils, including Commune Committee for Women and Children (CCWC).
Managing Contractor:	To be appointed – open tender
Term:	5 years (mid-2018 – 30 June 2023) (three years contracted initially, with the final two years dependent on the outcome of the Mid-Term Review)
Key Dates:	
Tender	Early 2018
Mobilisation	Mid-2018
Commencement of Implementation	Quarter 3 2018
Mid Term Review	Year 3 (Financial Year 2020-21)
Cost of Activity:	
Government of Australia (GoA)	Up to AU\$25 million (approx. USD20 million)
Cambodia (RGC)	AU\$ unknown In-kind support anticipated (office space, facilitation) Increased uptake of financial responsibility for inclusive services anticipated over the program’s term.

Acknowledgement and Disclaimer

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A. EXECUTIVE SUMMARY

INTRODUCTION – A CONSOLIDATED INVESTMENT ON DISABILITIES AND GENDER BASED VIOLENCE (GBV)

Australia wishes to consolidate its approach in the disability and GBV sectors in Cambodia through a new five-year program, building on the achievements of the past Ending Violence Against Women (EVAW) and Disability Rights Initiative Cambodia (DRIC) investments²² and supporting RGC progress on social protection and public financial management (PFM) reform. This consolidation is expected to meet ongoing needs for service delivery, provide activity management efficiencies, facilitate intersectionality between the two sectors, and provide value for money.

DEVELOPMENT CHALLENGES FOR SERVICE DELIVERY FOR WOMEN AFFECTED BY GBV OR PERSONS WITH DISABILITY

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

GBV against women remains a problem in Cambodia. One in five ever-partnered Cambodian women aged 15-64 has reported experiencing physical or sexual violence, or both, by an intimate partner in their lifetime; eight percent experienced it in the past 12 months. Rates of both were higher in rural areas.²³ Many women do not seek help, attributed to both the lack of suitable services, and the need for greater sensitivity, knowledge and other service provider capacities.²⁴

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

Approximately 9.5 percent of the Cambodian population over five years of age reported some form of disability²⁵; 2.1 percent of the population reported a 'strong difficulty'.²⁶ The prevalence of impairment in children between two and nine years old is 15.6 percent, and disability prevalence is 10.1 percent, with treatment needs very high.²⁷

Disability and GBV service delivery capacity challenges

Second National Action Plan to Prevent Violence against Women (NAPVAW2) and the National Disability Strategic Plan (NDSP) service provision challenges include:

- › 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 constraints in fulfilling their policy and monitoring functions, and to prepare, propose, and defend their budget needs;
- › Both target ministries (MoWA and 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 is limited. Capacity challenges include coordination, budget processes, management, and technical supervision;
- › NGOs currently provide the bulk of frontline services, particularly in subnational rural locations; and
- › Future service delivery responsibilities and associated capacity development needs are unclear due to a functional re-assignment of sub-national government responsibilities as part of the Ministry of Interior (MOI) chaired deconcentration and decentralisation (D&D) reform.

22 Both align support under Royal Government of Cambodia (RGC) strategies: National Action Plan for Preventing Violence Against Women 2014-18 (NAPVAW2); and Cambodia's National Disability Strategic Plan 2014-18 (NDSP)

23 MoWA (2015) National survey on women's health and life experiences in Cambodia.

24 Ibid. pp. 94-95

25 The Cambodia Demographic and Health Survey (2014).

26 Cambodia National Institute of Statistics, Directorate General for Health (2015) National Demographic and Health Survey 2014.

27 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.

RGC is already implementing PFM Reform and Social Protection initiatives

Strengthening inclusive services is already part of the RGC's policy settings, with service delivery a political issue in the run up to the mid-2018 national elections. As such, it is timely for Australia to focus on supporting the RGC to strengthen the financial sustainability of inclusive services.

- › Key objectives of Phase 2 of the World Bank-facilitated Public Financial Management Reform Program (PFMRP) include building budget credibility, improving financial accountability, improving budget policy links, and improving performance accountability.²⁸
- › The National Social Protection Policy Framework 2016-2025 (SPPF) is intended to strengthen and broaden human resource development as well as stimulate national economic growth. The SPPF seeks to harmonise, concentrate and strengthen existing schemes or programs in order to increase the effectiveness, transparency and consistency of the whole social protection system.

Australia can meaningfully contribute to implementation of these RGC policies, harnessing existing relationships and experience in both sectors.

DEVELOPMENT AND END-OF-INVESTMENT OUTCOMES ENVISAGED

The **Australia-Cambodia Cooperation for Equitable Sustainable Services Program (ACCESS)** will address identified needs. Key elements of the proposed program are:

- › **ACCESS will focus on strengthening financial sustainability required for quality services in both sectors.** The program will align with the RGC's PFM reform measures, such as improving the budget system under the PFMRP.²⁹ ACCESS will support MOWA and MOSVY (target ministries) to improve their budget processes to realise increased budgets (from a growing Cambodian economy) and to more effectively deliver their mandates. ACCESS expects to work in concert with the Ministry of Economy and Finance (MEF). Gender responsive budgeting approaches will also be supported.
- › **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. A competitive investment mechanism (CIM)³⁰ and sector-specific joint-planning will provide opportunities for this. 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 women affected by GBV. Australia remains committed to ongoing support to service delivery in both disability and GBV sectors.
- › **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.
- › ACCESS will be able to **make valuable contributions to the SPPF objectives**, including strengthening vocational training programs for persons with disabilities, policy contributions to social security schemes (promotion of the welfare of persons with disabilities), and policy contributions to integration of all social security operators, including the Persons with Disabilities Foundation (PWDF).
- › Due to the consolidation of the GBV sector and disability sector, **ACCESS will be in the position to pay special attention to services supporting women with disabilities that experience GBV and other women who developed psychosocial illnesses due to violence.** A combination of the second End of Program Outcome GBV and disability workstreams will provide relevant quality services (see below).

²⁸ <http://www.mef.gov.kh/pfmrp-2nd-launch.html>

²⁹ <http://www.mef.gov.kh/pfmrp.html>

³⁰ The CIM is anticipated to include grants to NGOs via the Managing Contractor, allocations to multilateral organisations (i.e. UN Agencies), and contracts with private sector service providers. The latter may be the subject of a mini-tender process where specific service needs are identified and it is agreed that these are best sourced from the private sector (i.e. media communications etc.), or through single source procurement, subject to DFAT approval. The Managing Contractor will detail these requirements in the CIM Operations Manual.

A draft Program Logic Model for ACCESS is set out in **Annex 3**. The proposed goal and outcomes are summarised 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	
EOPO1: Improved budget processes supporting services for persons with disabilities and for women affected by GBV	
Workstreams	Intermediate Outcomes
1.1 RGC focussed	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 respectively.
1.2 NGO focussed	NGOs have more diverse and sustainable funding sources for services.
EOPO 2: Increased accessibility of quality services for persons with disabilities and for women affected by GBV	
2.1 GBV	Increased adoption and operationalisation of existing standards for services for women affected by GBV.
	MoWA effectively supports referral and coordination networks at national and subnational levels.
2.2 Disability	Rehabilitation and employment services support increased economic inclusion of persons with disabilities.
	Persons with Disability Foundation (PWDF) increasingly independently manages rehabilitation services
	Employment services established for persons with a disability.
3 Cross-cutting	Subnational investment plans promote inclusion and responses to GBV

EOPO 1: Improved budget processes supporting services for persons with disabilities and for women affected by GBV

This outcome has two workstreams focusing on increasing sustainable funding for services for persons with disabilities or affected by GBV.

1.1 RGC-focused workstream

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

IO: MOWA, MOSVY, and DAC more effective in preparing, proposing, and defending their budget needs related to the NAPVAW2 and the NDSP

This IO centres on strengthening both target line ministries' capacities to implement the RGC PFM reform measures. Building closer technical cooperation between MEF and the target ministries through technical assistance (TA) support is anticipated, including generation and analysis of reliable evidence on which to base realistically costed gender sensitive budget submissions. Building on existing institutional arrangements, including MEF financial controllers currently co-located in both target ministries will be essential. This is expected to provide a pathway to improved budget processes and sustainable budget increases.

IO: MOWA, MOSVY, and 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 MOWA, MOSVY and 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 approach will build NAPVAW2 and the NDSP technical advisory capacities of MOWA, MOSVY and DAC's when supporting those line ministries facing challenges planning and implementing their responsibilities. Building relationships, and generating and analysing data are central elements of this approach.

Engagement with MOI regarding the scope of activities conducted by the Women's and Children's Consultative Committee (WCCC) at provincial and district levels, and the Commune Committee for Women and Children (CCWC) at commune level is also envisaged. Most stakeholders (police, health care providers, women and children focal persons, social affairs and women affair staff) at sub-national level are members of WCCC or CCWC. These mechanisms are mandated to provide services to GBV survivors. In practice, the national budget for the WCCC's activities is provided through Mol. However, the major part of the budget is currently not directed at supporting GBV service delivery for women and children, but for awareness raising only.

Strengthening the position of the target ministries as sources of knowledge, information and technical support to line ministries to implement their NAPVAW2 and NDSP responsibilities is expected to generate positive relationships. This is expected to contribute to addressing bottlenecks faced by MoWA and MoSVY in encouraging line ministries to implement the action plans. Workstream meetings would provide valuable opportunities for policy dialogue, including on disability inclusion and gender equality mainstreaming, and to develop additional strategies, which could then be translated into project proposals.

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 women affected by GBV.

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

This IO will **support efforts to diversify funding**, particularly for local NGOs that Australia has been working with for many years and that continue to play essential roles in service provision in both sectors. The IO seeks to address ongoing service provision, while localising, diversifying and building sustainability funding sources for services provided by local NGOs.

EOPO 2: Increased accessibility of quality services for persons with disabilities and for women affected by GBV

Under this EOPO there will be two activity workstreams focusing on the two target groups (persons with disabilities and women affected by GBV). Activities in the workstreams under this EOPO could be scaled to include other services and target groups where funding available. **An initial focus will be on the health sector** elements of both workstreams. This reflects both workstreams' technical alignment, capitalises on gains made under the previous EAW and DRIC investments, and maximise synergies with DFAT health sector investments, such as the Cambodia Health Equity and Quality Improvement Project (H-EQIP). Technical engagement with RGC at sub-national level would take place in two ways: via (strengthened) RGC mechanisms (i.e. national MoSVY representatives are capacitated to engage with provincial and district

counterparts) and through service providers working with subnational RGC agencies. Modalities would be clarified in activity proposals, tailored to the relevant activity.

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. It is expected that grantees and capacity building providers or supporting agencies will integrate strategies that promote the role of service providers and community leaders in fostering positive social norms. Additional technical support and specific learning and development activities are anticipated for this. Some flexibility in funding will be required to support targeted primary prevention activities prioritised and jointly agreed with MoWA, such as promoting behavioural change to prevent gender-based violence against women through mass media and social media, as well as on engagement of youth.

IO: Increased adoption and operationalisation of standards for services for women 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 (MoH and 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 (MoH, 2016).

Justice: Implementation of the forthcoming guidelines on mediation (expected in 2017), legal assistance and potentially strengthening the role of MOWA Judicial Police Agents. It is not proposed to engage beyond this with the formal justice sector. The program may also explore opportunities to support strengthened medico-legal responses and related connections between health and justice elements.

Other services and coordination efforts may be supported, on the advice of MOWA and with consideration of referral needs (see following outcome). This is intended to support progress towards fulfilling the Essential Services Package for Women and Girls Subject to Violence developed by UN Women, UN Population Fund (UNFPA), United Nations Development Programme (UNDP), World Health Organisation (WHO), and United Nations Office on Drugs and Crime (UNODC), with support from the Australian and Spanish governments.³¹

IO: MOWA effectively supports referral and coordination networks at national and sub-national levels

Activities under this IO will **focus on 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). Work referencing the Access to Justice for Women Phase 2 (ATJW2) communities of practice approach, which is now institutionalised into the WCCC as a sub-group called Working Group focussed on GBV is anticipated. The aim will be **to fulfil the virtual one-stop service centre model that MOWA advocates**. Any expansion would be based on a thorough mapping of service availability and needs. The Provincial Departments of Women's Affairs (PDoWA), WCCC, and CCWC will be key stakeholders. ACCESS will explore opportunities to link to the work of the DFAT-funded Community Policing Initiative (CPI), UN Joint Program on Essential Services for Women and Girls Subjected to Violence, and MOWA Judicial Police Agents and Officers.

2.2 Disability workstream

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

ACCESS will start **engagement on economic inclusion focussing on persons with disabilities**, and if increased funding exists, explore expansion economic empowerment activities for women affected by GBV, or for

³¹ UN Women et al (2015) *Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines*. UN Women: New York

other marginalised groups. **The initial focus will be on social inclusion through physical rehabilitation, including prosthetics and other aids, and on formal employment through job placement and creating awareness about inclusive workplaces, as well as strengthening the workforce readiness of persons with disabilities.** ACCESS sees promoting entrepreneurship of, or involving, persons with disabilities, as supporting financially viable and sustainable enterprises. ACCESS will not support poorly conceived ventures based on low-level skills with no clear market links. Proposals addressing intersectionalities of different groups of persons with disabilities (i.e. children, aged, women, LGBTQI) can be made via the CIM.

IO: The PWDF increasingly independently manages physical rehabilitation services

Activities under this IO will **build management readiness for sustainable quality services following the planned handover to the PWDF of physical rehabilitation services, currently operated with support from a range of international organisations.** ACCESS will prioritise rehabilitation services as they enable social and economic inclusion and provide emotional and social support to clients and their families. This outcome contemplates the existing network of 11 physical rehabilitation centres, one Spinal Cord Injury Centre, one orthopaedic component factory, and three orthotic and prosthetic repair workshops.

IO: Employment services established for persons with disabilities

ACCESS will adopt multiple approaches in this exploratory area; an early focus will be on **establishing a job placement service linking persons with disabilities with employment opportunities.** Activities are expected to include breaking down stigma and discrimination against persons with disabilities seeking employment, with a specific focus on ensuring women with disabilities are equally able to access employment services.

3. Cross-cutting workstream

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

ACCESS will invest in the work of DPOs, 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. Improving coordination and providing supporting materials to build commune councils' understanding of, and commitment to, social inclusion, are anticipated. ACCESS will work with MOWA/PDoWA, MOSVY/PoSVY 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 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 fund identified gaps in service provision and provide TA 'accompaniment'

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

- › Supporting planning processes in each of MOWA and MOSVY that prioritise the RGC's responsibility for service delivery;
- › Selection of activity sites will be centred on joint RGC-GoA agreement, taking into consideration jointly developed site selection criteria;
- › At the national level ACCESS will strengthen the budget process related capacities of MOWA, MOSVY, and DAC with the aim of securing and executing increased budgets; and
- › ACCESS will also work with subnational stakeholders to improve quality service delivery, particularly through improved understanding and coordination of services.

The program will include a **Competitive Investment Mechanism (CIM)** to fund long term activities, with two rounds over the life of the program (Year 1 and Year 3). An ACCESS CIM Panel (CIMP) would screen proposals and decide on investments. CIMP membership is expected to include: DFAT First Secretary (chair); MEF; MOWA, MOSVY, Managing Contractor; and an independent member (DPO/NGO/private sector). The CIM will fund selected activities and specialist TA centred plans jointly developed with each target ministry. The CIM is intended to be complementary to the RGC budget and will fund TA and activities (delivered by activity implementers) to fill government GBV and disability service provision gaps. We anticipate the following process will apply for the CIM.

- › Joint-planning will be conducted at workstream meetings, identifying and agreeing on needs that ACCESS can assist in meeting through funded activities.
- › ACCESS will issue a call for Expressions of Interest in response to agreed identified needs.
- › The MC (or a mini-panel delegated by the workstream meeting) will appraise the expressions of interest and present them to the plenary workstream meeting, which will identify proposals that the workstream meeting wishes to see taken forward.
- › ACCESS will invite selected proponents to submit fully-fledged proposals. ACCESS GBV and disability TA personnel will be available to assist selected proponents to refine their proposals to maximise efficiency of the CIM process.
- › Proponents are expected to include NGOs, UN Agencies, Private Sector organisations.
- › The workstream meeting will recommend to the CIMP the supported proposals.
- › The CIMP decides on proposals.
- › Activities are implemented and monitored.

RGC agencies (target ministries, subnational authorities) wishing to have activities funded via the CIM will need to reach agreement with proponents (i.e. a joint RGC/UN Agency proposal). Such proposals would need to include written agreement from RGC agencies that the RGC agency will seek to increase its budget to fund the services in subsequent years. Proposals of this kind would co-fund RGC activities for which insufficient RGC budget exists, such as workshops or mid-term reviews etc.

ACCESS will not provide direct budget support to the RGC for activities, nor will ACCESS funds be used to support daily subsistence allowance (DSA) or other payment for participation in the program or its activities. ACCESS acknowledges that the appropriate source of funding for target ministry and subnational RGC authority activities is the RGC budget. ACCESS' PFM activities will seek to support enhanced (and increased) RGC budgets for Years 2-5.

MOWA, MOSAVY and DAC will be the leading technical agencies under the ACCESS program, as they have the mandate to lead on GBV and disability policy and programming. With this mandate, they will play the leading role in coordinating with other service delivery ministries such as MOH, MOI and MOLVT. MEF will provide leadership on PFM reform and assisting to build the capacity of line ministries in budget management. MOWA, MOSVY and MEF will have a role to play in managing the CIM. All ministries (including associated line ministries) will be able to access TA support to assist with these roles.

Program Governance

A **six-monthly joint RGC-GoA Inter-Ministerial Steering Committee** is proposed as the ACCESS Steering Committee (ASC), providing strategic guidance and reviewing progress. Representation is anticipated from MOWA, MOSVY, DAC, MOI, MOH, MEF, DFAT (Development Counsellor or similar), and the ACCESS Team Leader. Other RGC agencies may be invited to participate, as agreed (i.e. Ministry of Labour and Vocational Training (MoLVT)). The Program's management team and TA personnel may be invited to attend on an advisory basis. DFAT and the RGC will agree on appropriate arrangements for the ASC.

Accessing funds through the CIM and monitoring progress

Sector specific workstream meetings at each target ministry will conduct joint planning and generate activity proposals on the back of policy dialogue. Each target ministry is expected to chair these meetings, providing representation of up to three persons. Target ministry participation is assumed to be the RGC's in kind contribution to the Program. These joint planning processes will enable stakeholders to work together to develop activities that respond to priorities (i.e. MoWA indicated a desire to expand its one-stop shop service centre approach and to support training for judicial police officers, MOSVY a desire to focus on strengthening education services and vocational training for people with disability). The workstream meetings may also provide opportunities for increased donor harmonisation behind the NAPVAW2 and the NDSP. Two funding rounds are proposed: Year 1 (for Years 1-3), and Year 3 (for years 4 and 5). Activity implementers are expected to include DPOs, NGOs, international organisations, and the private sector³². DFAT will use specific contractual arrangements for UN agencies in line with this decision-making process.

Implementation Management

A DFAT-contracted Managing Contractor will implement ACCESS. The Design Team considered other implementation modality options (SWAp, direct budget support, funding UN agencies or international organisations to deliver the Program), and found that given DFAT's past investment experience in similar programs in Cambodia, management efficiency, responsiveness and value for money are maximised through a Managing Contractor model. Functions anticipated include: procuring and managing experienced international and national TA personnel in GBV and disability, monitoring and evaluation (M&E) - this might include subcontracting DPOs to provide specific services, such as disability audits, performance and results reporting, and investment monitoring and management.

Monitoring, Evaluation and Learning

Program activities will generate data relevant to improving budget processes and increasing budgets³³ and ideally social accountability efforts. Common indicators across grantees linked to the NAPVAW2 and the NDSP are anticipated in this **embedded monitoring, evaluation and learning (MEL) approach**. Grantees' own systems will generate the data. ACCESS's MEL will also support development of practice examples as communication materials for peer learning and potential replication of promising activities. When conducting activities at community level,³⁴ grantees will collect data on the incidence of violence and referral to services as well as disaggregated data on disability service use and referrals; these data will support ACCESS' intersectionality efforts between the two sectors. ACCESS will conduct **an annual joint reflection process linked to the annual plan**. An end of Year 3 ACCESS investment stocktake will support a final smaller round of investments in Year 3 (for Years 4 and 5). An **independent mid-term review** will be conducted in Year 3. ACCESS will generate **six monthly progress and financial reports**, and activity results reports 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:** Concurrently building financial management and service delivery capacities may burden the target ministries. ACCESS will need to set realistic implementation targets, assign clear roles and responsibilities, take advantage of opportunities, build internal MEL systems, and work with relevant stakeholders (MOH, MOI and MOLVT).
- › **Fragmented approach dissipates investment:** A patchy Program footprint may dissipate ACCESS' results and component intersectionality. Proposal screening and TA support to target ministries and to NGOs are expected to minimise this risk.

³² Allocations to the private sector would be in the form of contracts, not grants.

³³ Such as data on GBV incidence and service use.

³⁴ It is recognised that this will need to be approached with extreme sensitivity. However, the experience of the TAF program under previous DFAT EVAW support shows that it is possible to collect this kind of data at a community level.

- › **RGC budget allocations for GBV and disability services do not increase:** No increase in RGC budget allocations for services could occur. ACCESS will provide PFM TA, conduct ongoing political economy analysis, introduce gender sensitive budgeting approaches, and build relationships in both sectors and with MEF to mitigate this risk.
- › **Upcoming electoral process could delay implementation:** General Elections to be held in 2018 could delay program start up, depending on changes in key RGC ministries.

TIMEFRAME FOR ENGAGEMENT AND RESOURCE COMMITMENTS

A budget of AUD25 million (USD20 million approx.) over five years is proposed with the program's term from mid 2018 to 30 June 2023. Fifty percent of the budget (AUD12.5 million/USD10 million) will be available for activity costs, and the remainder split between management costs (including corporate services staff) and specialist TA personnel (Team Leader, PFM advisor, GBV and disability leads and M&E) - AUD6.25 million (USD5 million) for each category. Tenderers will be encouraged to display innovation in costs savings in their bids. The figures below are indicative only.

Item	Annual million	Over 5 Years million
Total funds available for activities	AUD 2.5 / USD 2.0	AUD 12.5 /USD 10.0
Management Costs (includes corporate services; excludes TA)	AUD 1.25 / USD 1.0	AUD 6.25 /USD 5.0
Specialist TA Personnel Costs	AUD 1.25 / USD 1.0	AUD 6.25 / USD 5.0
Total Program Cost		AUD 25.00 / USD 20.0

This budget will deliver Specialist TA personnel to work with the RGC to:

- › strengthen budget processes and financial sustainability of quality services in GBV and disability sectors;
- › strengthen service delivery links between the RGC, NGOs multilateral agencies and the private sector at national and subnational levels;
- › strengthen economic inclusion for persons with disabilities, including women affected by GBV, by establishing stronger links between rehabilitation services and economic inclusion;
- › strengthen the function effectiveness of the target ministries themselves (MOWA and MOSVY), and their roles as sources of technical expertise, policy and coordination for other national line ministries and subnational authorities;
- › advance delivery of quality services supporting women with disabilities that experience GBV and other women who developed psychosocial illnesses due to violence; and
- › Permit Australia to continue its highly valued contributions to policy discussions with the RGC in both sectors.

A table providing additional details is set out in **Annex 12**.

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**.

Tables highlighting key differences of approach between the former programs (DRIC and EVAW Program) and the ACCESS Program are set out in **Annex 10**.

B. ANALYSIS AND STRATEGIC CONTEXT

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 respond to VAW. The NAPVAW2 establishes RGC policy guidelines for client centred, human rights based, and socially inclusive service standards (MoWA, 2015, p. 20).

The Strategic Plan for Gender Equality and the Empowerment of Women 2014-2018 (Neary Rattanak IV) is a cross-government reform policy on effective gender analysis, institutional advocacy and policy advice. Provision of, and access to, quality and affordable health services responding to women's specific health needs, ensuring safety for women and girls in the family and society, and improving aid effectiveness and development sustainability are key elements of the Neary Rattanak IV.

Disabilities

Key aspects of the NDSP include providing social protection, education, vocational training, employment, job placement and other services to persons with disabilities, strategies to deliver empowerment through participation in decision making and political participation, and improving access (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 is the key legal framework, including for employment, and vocational training.

Sustainable Development Goals

Cambodia is committed to progressing the 2030 Agenda—Sustainable Development Goals (SDGs) and is developing Cambodia-specific indicators and targets.

The 2030 Agenda recognises gender equality and the empowerment of women and girls will make crucial contribution to progress across all the goals and targets (Goal 5). It also reflects a commitment to the empowerment of people with disabilities under several goals and targets³⁵. Goal 17 in particular underlines the importance of data collection and monitoring of the SDGs with an emphasis on disaggregated data, including on disability to measure the extent to which progress also reaches people with disability and they are not left behind.

Australia's contribution

Australia 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, implemented by UNDP, UNICEF, and WHO. Australia has also been active in education, health, infrastructure and agriculture.

Australia is well positioned to build on its existing GBV and disability investments. Increasing accessible, appropriate, quality services, and of a coordinated response that meets the varied needs of all survivors of GBV, without discrimination will be a key focus (NAPVAW2 Strategic Area 2). In the disability sector Australia will focus on employment (NDSP Strategic Objective 1),

³⁵ These include Goal 4—Guaranteeing equal and accessible education by building inclusive learning environments and providing the needed assistance for people with disability; Goal 8—Promoting inclusive economic growth, full and productive employment allowing people with disability to fully access the job market; Goal 10—Emphasising the social, economic and political inclusion of people with disability; and Goal 11—Creating accessible cities and water resources, affordable, accessible and sustainable transport systems, providing universal access to safe, inclusive, accessible and green public spaces.

health services (NDSP Strategic Objective 2), national/sub-national cooperation (NDSP Strategic Objective 10), and on gender equality through synergies between ACCESS' GBV and disability components (NDSP Strategic Objective 9). Australia will support development of user-centered services.

DEVELOPMENT PROBLEM / ISSUE ANALYSIS

GBV and disability - linked but different issues

Combining gender equality and disability activities risks dilution of messages, resources, and attention in each sector. Australia will focus on the following links between the two sectors.

Sustainable resourcing of services in both sectors is needed

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). In Cambodia, there is minimal state budget allocated to GBV-related activities. A preliminary analysis of the cost of violence undertaken by UN Women identified that the Ministry of Health is the only ministry with a budget allocation of any significance for GBV-related interventions. Services such as shelters, counselling, and legal aid, tend to be provided by CSOs, using their own independently raised funds or donor grants (UN Women, 2013, pp. 33-35). Similarly, government funding for implementation of the NDSP is not yet available, and, as recognised in the NDSP, ministries need to develop their respective budget plans (Disability Action Council, 2014, p. Ch. 7).

MOWA and MOSVY can only encourage line ministries to allocate their resources to activities under the NAPVAW2 and the NDSP. Engaging MEF in ACCESS could ensure policy buy-in, and **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 MOWA).

The coordination roles of the lead ministries, MOWA and MOSVY need to be strengthened

MOWA and MOSVY have clear roles in respect of the NAPVAW2 and the NDSP respectively, but face constraints in capacity, coordination, and cross-ministerial influence at national and sub-national levels. MOWA currently has strong and engaged leadership, and its policy and monitoring (rather than implementing) role is clearly recognised across the sectors. MOSVY is in a similar position, although the disabilities sector receives greater attention from the RGC and the international community. MOSVY's role is to implement activities under the NDSP, and DAC's 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. Further, improved coordination is expected to contribute to increased funding efficiencies as gaps, overlap and duplication between the various supporting agencies (government, international donors, and NGOs) are addressed. Gender sensitive budgeting approaches will also assist in highlighting areas where coordinated approaches make sense. The PFM and D&D reform processes both offer opportunities for further strengthening of these functions.

Hybrid RGC/NGO disabilities and GBV service provision likely to continue -opportunities exist to strengthen working relationships

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 for women affected by GBV. It does not appear that the RGC is positioned to fully support service provision in the face of donor funding reductions in the short term. 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.

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 EAW 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.

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 women 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.

Sector specific issues

Gender based violence in Cambodia

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.³⁶ This provides a further rationale for strengthening access to and quality of mostly existing services, rather than advocating a substantial scale up or emergency style response.

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 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).

Women with disabilities in Cambodia experience much higher levels of emotional, physical and sexual violence than women without disabilities. They are much more likely to be insulted, made to feel bad about themselves, belittled, intimidated, and subjected to physical and sexual violence than their nondisabled peers. Women with disabilities are less likely to escape the situation because many intersecting drivers of social exclusion are influencing their lives. They have less financial autonomy and less power than their peers without disabilities (Astbury & Walji, 2013, p. 21).

³⁶ 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).

Disabilities

The 2014 Cambodia Demographic and Health Survey (CDHS) identified that 9.5 percent of the population age five years and over had some form of disability (National Institute of Statistics, 2015). A significant concern for persons with disabilities is ***economic and social inclusion***. Reasonable workplace accommodation, non-discrimination, effective participation, respect for differences, equality of opportunity, and 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).

Economic inclusion is a mandatory goal for the RGC as a ratifying party since 2012 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Article 27 of the UNCRPD states that *'States Parties recognise 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 Law on the 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.

During the design mission to Phnom Penh a member of a group discussion with DPO representatives said *'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.'* This statement reflects the urgent need of persons with disabilities for economic inclusion, to both reduce deprivation and as part of the process of combatting the attitudinal barriers and stigma that they face.

In 2016, the Cambodian Disabled People's Organisation (CDPO), Cambodia's largest Disabled People's Organisation (DPO) with headquarters in Phnom Penh, developed a concept note on an 'Inclusive Employment Initiative for Youth with Disabilities'. ACCESS has the capacity to link CDPO's eagerness with the political power of MoSVY and MoLVT to create a sustainable inclusive employment hub.

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 barriers faces persons with disabilities when they seek economic inclusion. These barriers are even greater for women with disabilities as they have less access to personal development opportunities due to attitudinal and behavioural barriers within societies.

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 kinds of employers – those with positive and those with negative attitudes – have low expectations about the achievement of persons with disabilities and have little capacity to help them perform better.

Barriers arise in the 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. A number of barriers to participation and personal development may also arise

within the households where persons with disabilities live. Some persons with disabilities experience an over-protective family caused by the fear that exposure to society will harm the family member with a disability. Women with disabilities, on the other hand, often experience disadvantages due to traditional gender roles that limit their free participation in society and their personal development.

The RGC faces challenges in uptake of management of physical rehabilitation centres

The RGC faces capacity and financial challenges associated with the transfer of responsibility from external management to RGC management. Physical 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 throughout the country 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 most of the funding (Bailey, 2016).

EVIDENCE-BASE / LESSONS LEARNED

This section summarises the key points of evidence and experience that have informed the approach proposed in the design. More detail is set out in **Annex 2**.

Evidence supporting an investment addressing gender based violence

A key lesson from global GBV programming is **the importance of a multi-sectoral response**, and avoiding ‘siloeing’ (Heise, 2011; Ellsberg, et al., 2015; Michau, Horn, Bank, Dutt, & Zimmerman, 2015). 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). This program includes a specific focus on the referral network and the accompaniment function that can be filled by PDoWA, DoWA, and WCCC 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. The health sector also links GBV and disability, particularly under psycho-social support and mental health. 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**, and through this, have a role in primary prevention of violence (García-Moreno, et al., 2015b, p. 1568).

Including **implementation of the forthcoming mediation guidelines** in ACCESS also intends to contribute to a multi-sectoral response that brings in community leaders and institutions, MOWA’s Judicial Police Agents and Officers (JPA / JPO), and community police, and encourages advocacy on behalf of those affected by GBV. 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). Work to develop minimum standards and associated training for mediators is in process and is expected to be completed prior to the start-up of ACCESS.

The design proposes an **integrated and targeted, rather than broad, stand-alone approach to prevention of GBV**. 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 program's resources – both in time and money. Initiatives showing promising results, such as work to address alcohol as a trigger or something that exacerbates violence, can continue to be supported through the ACCESS CIM.

In each of these areas ACCESS will draw on the DFAT published *Triple Jeopardy* research and recommendations on violence against women with disabilities. This 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. 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)).

Building on the experience of DRIC

DRIC aimed 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 mid-term review found DRIC to be relevant for Cambodia and largely on track to achieve its goals. Only physical rehabilitation was found to be very complex and facing ongoing challenges. The mid-term review made recommendations to improve the efficiency of the DRIC Program and highlighted challenges in terms of coordination, communication and synergy across components, external communication and coordination, and advocacy. Opportunities exist for ACCESS to pick up on the DRIC mid-term review findings related to rehabilitation services. Functioning physical rehabilitation services are an essential and much needed step for the empowerment of persons with disabilities in Cambodia, enabling them to interact with others and engage in education, work and leisure activities.

Physical 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.

Employment services for persons with disabilities

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. To bridge these gaps and overcome barriers, 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.

Working with service providers and community leaders as influencers of social norms

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). Social norms also play a role in acceptance of persons with disabilities and reducing stigma and discrimination. 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). Evidence suggests that norms correlate more strongly with behaviour change than do personal attitudes (Ajzen & Fishbein, 2005; Bicchieri & Mercier, 2014). Social norms are shaped by the interaction of culture and tradition, informal and formal policy and law, and the actions of influential members of communities.

Therefore, although ambitious, this design includes focus on influencing and measuring social norms that underpin violence and discrimination against persons with disabilities. The primary

strategy will be through working with service providers and power holders (those who set or influence local guidelines and expectations in communities). This includes supporting the role of civil society organisations, particularly women's organisations to influence and monitor these individuals and structures. Work targeting the roles of Commune Councils and other community leaders can be supported through the CIM. The Managing Contractor will need to factor influencing social norms into political economy analysis, and support through technical assistance to activity implementers receiving ACCESS funding.

Provision of training on sensitisation to disability issues for all service providers (Police, health, law and justice, crisis centre and services) will also contribute to changing social norms.

STRATEGIC SETTING AND RATIONALE FOR AUSTRALIAN / DFAT ENGAGEMENT

The proposed investment aligns with Australian aid policy settings

Gender equality and women's empowerment is one of six Australian aid policy investment priorities; more than 80 percent of all aid investments are required to effectively address gender issues (DFAT, 2014b, p. 8). Enhancing women's voice in decision-making, leadership and peace-building, promoting women's economic empowerment, and EAW are also priorities (the 2016 Gender Equality and Women's Empowerment Strategy (DFAT, 2016)). The *Cambodia Aid Investment Plan 2014 – 2018* (AIP) describes the twin-track approach of improving gender equality through all investments, and having a specific EAW program; women's economic empowerment is a growing priority for the Cambodian aid program.

The DFAT aid program's disability strategy – *Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia's aid program* – aims to promote improved quality of life of persons with disabilities in developing countries. This strategy describes Australia's twin track approach of mainstreaming —actively including people with disabilities as participants and beneficiaries of development efforts and targeting —designing development initiatives specifically to benefit people with disabilities. Mainstreaming seeks to ensure that broader systems, policies and services include and benefit people with disabilities. Targeting seeks to address barriers and exclusion and may include: assistive devices to support mobility; assistive technology to enhance communication; community-based rehabilitation, and life skills training programs for people with disabilities to build their capacity to participate more fully in community, education and employment.

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

Despite Cambodia's robust economic growth³⁷, human development, particularly in the areas of health and education, remains an important development challenge. Pro-growth and pro-poor investments appear warranted to compensate for development partner-funded budget reductions.³⁸ Cambodia faces overall budget constraints. Challenges also exist in mobilising expertise and in pushing through PFM reforms required to deliver services. Investments in social inclusion supports economic growth, with positive impacts on productivity and labour market participation, limiting the need for negative coping strategies that reduce growth.

Economic costs are associated with GBV. GBV prevention accrues benefits to both individuals and to the Cambodian state. The cost of pain, suffering and premature mortality, health services, criminal justice and social welfare services for women affected by GBV are significant. Victims self-funding services also incurs economic losses.

Working together, the RGC, the GoA, NGOs and international agencies have progressed minimum GBV and disability service provision. ACCESS will strengthen these services' financial sustainability and underpin ongoing service delivery.

³⁷ The poverty rate has dropped from 53 percent in 2004 to 20.5 percent in 2011, and then 10 percent in 2013.

³⁸ <http://www.worldbank.org/en/country/cambodia/publication/cambodia-economic-update-april-2017>

Australia's value-add

Accessing Australia's existing networks in both sectors will facilitate a smooth transition to a consolidated program. Australia's key points of differentiation and value add include: our expertise in disability service provision and social inclusion, including economic inclusion and gender equality; our expertise in service provision to women affected by GBV; our flexibility; our relationships- 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 experience in gender-sensitive budgeting approaches in developing contexts; our target-ministries'-led coordinated annual planning, and joint review points, ensuring activities contribute to strategic outcomes and avoid overlap; and our focus on building sustainability (increased funds and RGC leadership). 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.³⁹

The investment will provide engagement opportunities for Australia

ACCESS will provide Australia with opportunities to engage with a broad range of stakeholders in both the GBV and disabilities sectors, as well as with MEF on PFM reform.⁴⁰ This engagement will enable Australia to provide targeted technical and financial resources and work closely with key RGC agencies (i.e. MEF) and harmonise with other international organisations (i.e. the World Bank) to build sustainable services in both sectors. DFAT senior management engagement is anticipated, through attendance at the ASC, workstream meetings, and through ongoing engagement with service providers and RGC agencies.

INNOVATION AND PRIVATE SECTOR ENGAGEMENT

Why private sector engagement in ACCESS makes sense

As the private sector in developing countries provides some 60 percent of GDP, 80 percent of capital flows and 90 percent of jobs, working with the private sector will add value to ACCESS.⁴¹ Australia considers global and local commercial enterprises (business) ranging from the informal sector to large multinational corporations as the private sector⁴². ACCESS acknowledges that public and private interests need to coalesce for social and economic inclusion. Implementing the inclusive employment hub will require developing closer relationships with the private sector in Cambodia.

How Australia will support private sector engagement through this investment

The private sector will be involved in ACCESS both as active service delivery participants and as intervention targets. Working with private sector to address GBV and disabilities service provision is expected. The employment hub is an example. ACCESS will also target private sector on issues such as reasonable accommodation measures and supporting RGC quota requirements for employment of persons with disabilities. Private sector collaboration and partnering⁴³ will need to be complementary, build value, provide a return on investment, be open and transparent and share Australia's commitment to responsible business practices. These factors will inform the program's selection of partner private sector organisations.⁴⁴ 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. Examples of

39 H.E. Dr. Ing Khanta Phavi, Minister of Women's Affairs' 14 September 2017 letter to Ms Angela Corcoran, Australian Ambassador to Cambodia, reiterated the RGC's deep gratitude to the Australian Government for its strong partnership and support to end GBV against women over the last five years.

40 Stakeholders are anticipated to include: MEF; MOWA; MOSVY; DAC; MOI; Cambodia National Police (CNP); MOH; MOLVT; the NGO/CSO community; international organisations, including multilateral organisations, such as UN agencies; private sector representatives through CSR initiatives; and academics and researchers.

41 Creating Shared Value Through Partnership, Ministerial Statement on Engaging the Private Sector in Aid and Development, DFAT, August, 2015, p1.

42 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>

43 DFAT's Strategy for Australia's Aid Investments in Private Sector Development (DFAT, October 2015)

44 The Managing Contractor will refine these selection criteria.

contracted private sector services could include sign language training and media services (for development of communications tools and dissemination of mass media GBV prevention campaigns).

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

DFAT can help to build inclusive and sustainable services in Cambodia by, convening and influencing others, contributing knowledge of the sectors, including policy and political economy, identifying opportunities for the private sector to engage on activity delivery, and facilitating access to finance and ideas on social inclusion, (e.g. the employment hub).

Innovation

ACCESS will capitalise in gains in technology availability and accessibility, exploring innovative technologies for data collection and submission, and for capacity development tools.

Exploration with the target ministries of funding innovations (e.g. matched funding with gradual RGC uptake) and experimentation and trials of new ways of working to jointly solve service delivery problems (e.g. social enterprise approaches) in both sectors are anticipated.

C. 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, as outlined in the following table and program logic diagram in **Annex 3**. Further detail is included in **Annex 4**.

ACCESS Goal: Improved sustainability of quality, inclusive services	
EPO1: Improved budget processes supporting services for persons with disabilities and for women affected by GBV	
Workstreams	Intermediate Outcomes
1.1 RGC focussed	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 respectively.
1.2 NGO focussed	NGOs have more diverse and sustainable funding sources for services.
EPO 2: Increased accessibility of quality services for persons with disabilities and for women affected by GBV	
2.1 GBV	Increased adoption and operationalisation of existing standards for services for women affected by GBV.
	MoWA effectively supports referral and coordination networks at national and subnational levels.
2.2 Disability	Rehabilitation and employment services support increased economic inclusion of persons with disabilities.
	Persons with Disability Foundation (PWDF) increasingly independently manages rehabilitation services
	Employment services established for persons with a disability.
3 Cross-cutting	Subnational investment plans promote inclusion and responses to GBV

Outcome 1: Improved budget processes for services for persons with disabilities and for women affected by gender-based violence

Two work-streams support achievement of this outcome, focusing on realising improving budget process quality (and hopefully increased funding) for services for persons with disabilities or affected by GBV. ACCESS' PFM lens will facilitate exploration of areas of intersectionality for GBV and disabilities sector service provision.

RGC-focused work-stream:

This workstream focuses on building capacity within MOWA, MOSVY, and 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: MOWA, MOSVY and DAC more effective in preparing, proposing, and defending their budget needs related to NAPVAW2 and NDSP, focusing on strengthening MoWA and MoSVY's capacities to implement the RGC PFM reform agenda, including through:

- › Building closer technical cooperation between MEF and the ministries, drawing on existing institutional arrangements such as MEF financial controllers located in MOWA and MOSAVY (and other line ministries); and
- › Generation and analysis of reliable evidence on which to base realistically costed budget submissions this will provide a pathway to sustainable budget increases.

ACCESS will also explore opportunities to reference gender sensitive budgeting approaches in the PFM reform process implemented at the target ministries.

Intermediate outcome: MOWA, MOSVY, and DAC advocate more effectively for line ministry implementation of the NAPVAW2 and the NDSP. This focuses on increasing the effectiveness of the cross-ministry leadership and coordination roles played by MOWA and MOSVY, both nationally and sub-nationally, to deliver on their mandates. Building relationships and generating and analysing data are central elements to this approach. One option could be for the Managing Contractor to support the target ministries to develop a roadmap for uptake of responsibility for service provision, linked to their budget proposals. This could be based on agreements made by activity implementers at subnational or national level with RGC agencies to seek increases of funding for particular services, in exchange for ongoing service provider support (matched funding or similar). ACCESS will also support the target ministries' efforts to secure more RGC funding for the mass media and social media prevention campaigns, as suggested by the Minister of Women's Affairs.

NGO-focused workstream:

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

This workstream fosters 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. This outcome represents a small area of work under ACCESS, and ultimately the uptake of any funding diversification strategies will be a matter for each individual NGO.

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

Under this outcome there will be two strands of activity focusing on the two target populations and their intersection. The priorities are summarised in **Table 1** below.

The main mechanisms for achieving this outcome will be through funding to non-government service providers and technical support to the relevant ministries. As has occurred in DRIC and EVAW programs, there will be a strong focus on promoting links between government and non-government services, and on up-front leadership of DPOs in defining, implementing, and monitoring appropriate services. This approach could be scaled to add 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. ACCESS will focus on mainstreaming gender equality and disability inclusion to identify strategies to ensure services are both disability and gender sensitive, and that gender based violence related services are accessible to women with disabilities.

Table 1 Accessible and quality services prioritised in each workstream and their intersection

Disability	Intersection	GBV
Rehabilitation services	Promoting gender equality in service provision Ensuring service providers identify and appropriately refer clients experiencing violence or with disability caused by violence	
Employment services	Engagement with employers on non-discrimination and protection from sexual harassment in the workplace	
	Health sector response to women with disabilities affected by GBV	Health sector response to VAW and children
	Cross-over to mental health related disability (service providers provide wider services than just GBV related counselling) Service provision to women with disabilities and potentially those who use violence against persons with disabilities	Counselling and psycho-social support
	Development of skills that potentially can be used in other situations of discrimination and exclusion	Mediation
		Legal services

Gender-based violence workstream

It is expected that, reflecting the need, gender based violence related services will focus on violence against women. However, ACCESS will work with MoWA and partners to investigate adjustments that can be made to ensure accessibility to other affected populations, particularly those who experience violence on the basis of their gender identity and sexual orientation.

A sufficiently strong and comprehensive research and policy basis exists. The attention going forward needs to be on implementation with a focus on *universal measures* for national application (for example, development of training curriculum and supporting resources; capacity development initiatives focused on national agencies), and *direct support to targeted provinces and districts*.

The intermediate outcomes are as follows. Further detail on expected activities is in **Annex 4**.

Intermediate outcome: Increased adoption and operationalisation of existing standards for services for women affected by GBV for national dissemination, with targeted follow-up at a sub-national level, based on identified needs and stages of development.

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. This will also include specific consideration of services for women with disabilities also affected by gender based violence, and of current standards and skills in relation to child protection and child friendly services. The mapping will consider the current status in relation to the *Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines* (UN Women et al, 2015). The mapping can include a few focused questions on lessons learned to date and what support strategies have been more effective.

Intermediate outcome: Increased adoption and operationalisation of existing standards for services for women 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.

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 funding to NGOs and to international organisations, such as UN agencies, via the CIM. Opportunities to fund economic development opportunities for women affected by GBV will also be explored through the CIM, and potentially the employment hub.

Intermediate outcome: MOWA effectively supports referral and coordination networks at national and sub-national levels

An effective response to gender based violence requires close coordination between all agencies and services involved. Work towards this outcome will focus on 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), and build on the principle that for those affected by violence, 'the first door is always the right door', emphasised through the preceding EVAW program.

Disability workstream

This prioritises inclusion through physical rehabilitation, and formal employment for persons with disabilities.

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

The disability workstream requires a **twin-track approach**, consistent with the recommendation of DFAT's *Development for All 2015-2020* strategy (DFAT, 2015), and implemented by many major disability stakeholders worldwide. It is seen as the sole approach to successful disability inclusion (CBM, 2017; Handicap International, 2017; GIZ, 2017; IDDC, 2017; WHO, 2011, p. 268).

The initial focus will be on physical rehabilitation, including prosthetics, orthotics, mobility devices, counselling and other aids for both adults and children. Formal employment services focus initially on 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.

Work towards this outcome will include a target of equal male and female participation. This is likely to require outreach through gender and women focused organisations and networks, and work with service providers and employers to address potential additional discrimination against women with disabilities.

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

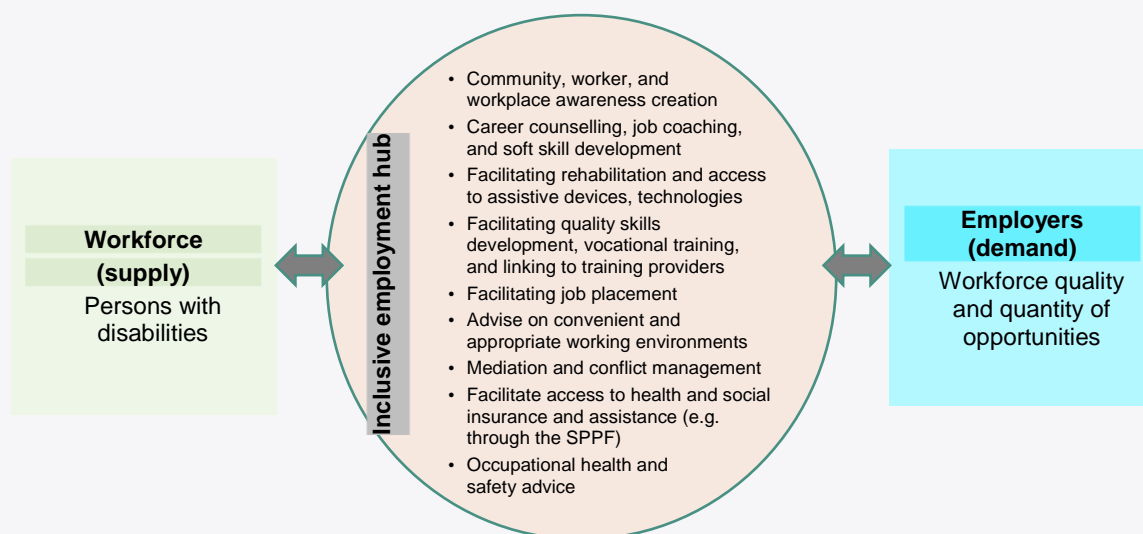
Rehabilitation for persons with physical disabilities have been dependent on four international NGOs - Exceed, Handicap International (HI), International Committee of the Red Cross (ICRC), and Veterans International Cambodia (VIC). They operated a total of nine physical rehabilitation centres. For some 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. 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, as well as over time drawing these rehabilitation centres into the broader health system.

Intermediate outcome: Employment services established for persons with disabilities.

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**. This directly aligns the NDSP and the RGC sub-decree on the quota for recruitment of disabled persons, building on important RGC initiatives. There are opportunities for DAC to link the inclusive employment hub with relevant ministries, including MoLVT.

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** below.

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



In accordance with a twin-track approach, disability mainstreaming will be within existing and potential workplaces for persons with disabilities.

The second track 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 be 'job ready' so they can obtain sustainable, dignified employment. The services potentially provided by the inclusive employment hub are summarised in the centre of **Figure 1** above. The employment hub will not be mature enough to support persons with severe disability in the life time of this program (5 years). ACCESS will adopt a phased approach to establishment of the employment hub, and the Managing Contractor will need to consider the phase in of other types of disability throughout the term into the employment hub.

The inclusive employment hub will coordinate closely with the Department of Welfare for Persons with Disabilities (DWPD) in MoSVY as 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.

One option is to house the hub with the national umbrella disabled persons' organisation, CDPO. CDPO has strong links to the sub-national DPOs and women with disability fora, and has experience relevant to undertaking needs assessments of persons with disabilities and potential employers, and to providing job coaching. Where the hub is housed will be further explored during implementation with relevant stakeholders. Other potential implementing partners are summarised in **Annex 6**.

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 ACCESS investment. 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 investment criteria will emphasise integration of prevention principles. This will include primary prevention (role modelling by service providers promoting behaviour change to prevent gender-based violence against women through mass media and social media – this could include designated social media actors disseminating materials on positive gender roles to counter some of the negative ones, and engagement with youth); and secondary prevention due to the role of services in mitigating further incidents.

Through the PFM approach, the program will work with MOWA, the PDoWA, and MoSVY, and PoSVY 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 (WCCC and CCWC) and the NCDD.

DELIVERY APPROACH – COMPETITIVE INVESTMENT MECHANISM & TA ACCOMPANIMENT

This consolidated GBV and disability investment will increase management efficiency (consolidating agreements and activities, reducing administrative burden, and maximising staff time). Consolidation will permit more coherence in our approach across both sectors; we will be able to see comparative entry points and respond more effectively through the CIM and our TA accompaniment. TA personnel with specialisms in GBV, disabilities and PFM⁴⁵ will provide on-going technical advice throughout ACCESS' implementation. These TA personnel will work closely with activity implementers to design, advise, and monitor implementation of activities approved at workstream meetings. The Managing Contractor will need to allocate TA personnel time against each activity.

The Design Team considered implementation modality options including maintaining the *status quo* (separate investments), SWAp, direct budget support, funding UN agencies or international organisations to deliver the Program. Separate investments do not accord with our efficiency and effectiveness objectives. A SWAp is unfeasible given there is no single lead agency for both sectors. Australia does not provide budget support in Cambodia. A facility approach is workable, but a programmatic approach (with some in-built flexibility) maximises results and efficiency, and permits us to explore intersectionalities previously omitted from the separate investments. DFAT's past investment experience in similar programs in Cambodia indicates that management

⁴⁵ See Annex 11 for a list of the TA functional requirements.

efficiency, responsiveness and value for money are maximised through a Managing Contractor model.

Consolidation of the successors of two previously separate programs supported by a single Managing Contractor is expected to further enhance these features. It will also provide to DFAT the benefit of outsourced administration services that support DFAT's coherent approach to management. In addition, the consolidated approach permits Australia to assist the RGC through a strong focus on PFM, building financial sustainability of services, together with mainstreaming gender equality and disability inclusion throughout the program and the services that ACCESS supports. A consolidated approach will tolerate a mix of longer-term programs, shorter interventions and associated risks; it will require a willingness to take risks, testing aid effectiveness approaches, building knowledge and learning lessons.

Competitive Investment Mechanism

The ACCESS Competitive Investment Mechanism (CIM) will target service provision, implementation of priority guidelines, and engagement with and influence on national and sub-national structures. The CIM is intended to finance activities identified through the target ministry led joint planning processes in each sector. International NGOs will be eligible to apply, in partnership with national CSOs and DPOs. UN Agencies are also eligible to apply, although contractual and funds remittance arrangements for funding awarded to UN Agencies will be directly with DFAT; contract and relationship management and coordination responsibilities between UN Agencies and DFAT will rest within ACCESS. DFAT may also engage UN Agencies through a direct proposal process in line with priorities identified through the sector joint planning processes. Funding will be for an initial three-year period, with a potential extension for a further two years. The second round of funding (for Years 4 and 5) will be open to new potential activity implementers.

Indicative investment criteria are:

- › Contribution to NAPVAW2 or NDSP objectives and links to at least one ACCESS outcome;
- › Demonstrated partnership approach, including strategies to stimulate national or sub-national RGC stakeholders' engagement in ACCESS-funded activities;
- › Clear sustainability strategy, (outcomes or financing, or both); encouraging integration into government services and building additional funding for services will be priorities;
- › Willingness and capacity to participate in coordination and learning events, i.e. attending annual partner meetings;
- › Willingness and capacity to collect appropriately disaggregated data and to report against ACCESS common indicators as relevant to the activity;
- › Specified approach to influencing power holders and wider social norms around inclusion, non-discrimination, gender equality, and protective norms against GBV;
- › Specified approach to engagement with DPOs including involvement in implementation;
- › Activity implementer has safeguards mechanisms in place appropriate to the activity.

A description of an indicative CIM is set out in **Annex 13**.

RESOURCES

An indicative budget allocation against the two EOPOs is set out in **Annex 12**.

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 11**.

D. IMPLEMENTATION ARRANGEMENTS

MANAGEMENT AND GOVERNANCE ARRANGEMENTS AND STRUCTURE

Governance Committee – ACCESS Steering Committee (ASC)

An **ACCESS Steering Committee** (ASC) will meet six-monthly. ASC membership is expected to include: MEF; MoWA; MoSVY; DAC; MoH, MOI, and other RGC agencies as agreed (i.e. MoLVT); DFAT (Development Counsellor or similar); ACCESS Team Leader (Managing Contractor); ACCESS management team and TA personnel, as required (advisory); and multilateral agency representatives (advisory). DFAT and the RGC will agree on appropriate arrangements and seniority for the ASC's membership. The key roles of the ASC include: strategic oversight of the ACCESS' progress and achievements; high-level engagement and advocacy with stakeholders on GBV and disability issues; receiving progress updates (results of activities completed/ongoing) and Program risk updates; annual plan endorsement; and receiving the inception review report at the six-month point. Advisory participants in the ASC may be invited to provide inputs to the ASC. The Managing Contractor will provide secretariat services to the ASC.

Workstream meetings will be established under the lead of each target ministry.⁴⁶ These meetings will generate activity proposals and harmonise implementation of ACCESS-funded activities. Workstream meetings are anticipated to be quarterly, however more frequent meetings may be required during the Inception Period and at times of annual reflection and planning. Membership is expected to be drawn from the target ministries, NGOs and multilateral organisations, and DPOs. The Managing Contractor would provide secretariat services and TA for preparation of proposals. The GBV and Disability Leads and PFM TA personnel are expected to participate in relevant meetings. Workstream meetings may also provide opportunities for the target ministries to coordinate donors (including those donors not receiving ACCESS funding).

The **ACCESS Competitive Investment Mechanism Panel** (CIMP) will consider proposals from NGOs, DPOs, UN Agencies and the private sector for ACCESS funding. CIMP membership is expected to include: DFAT First Secretary (chair); MEF; MOSVY, MOWA, Managing Contractor; and an independent member (DPO/NGO/private sector). The CIMP will screen proposals against ACCESS investment criteria.⁴⁷ The Managing Contractor will develop ToR for the CIMP and will furnish its secretariat services.

ACCESS will call for proposals in Years 1 and 3; or at other times, as required. DFAT may consider proposals from multilateral agencies, such as UN Agencies, directly outside these two rounds. DFAT will appraise these UN Agency proposals internally against the ACCESS investment criteria. Any approved multilateral proposals will be the subject of direct contractual arrangements (i.e. not via the Managing Contractor). All proposals must align with ministry plans and priorities and must propose strategies to stimulate collaboration between RGC agencies, including subnational authorities, and service providers.

Program Management

ACCESS will fall under the responsibility of the Deputy Head of Mission (**DHOM**) at the Australian Embassy in Phnom Penh. A DFAT Program Management team will oversee implementation; close DFAT operational engagement on ACCESS is expected. DFAT will procure the services of a **single Managing Contractor**, selected through a competitive DFAT-managed open tender process, to manage the program.

⁴⁶ i.e. a GBV workstream meeting led by MOWA and a disability workstream meeting led by MOSVY together with DAC.

⁴⁷ The AGP will not consider DFAT-internal funding matters.

A **Team Leader** (Managing Contractor), and an in-country **Program Management Team** (GBV, disability, PFM, and program management personnel, including M&E) will be responsible for ensuring Program delivery, coherence and management. Key TA personnel functional requirements of the Managing Contractor are set out in **Annex 11**.

MoWA and MoSVY will nominate staff to engage with ACCESS on a day-to-day basis, including active participation in workstream meetings. ACCESS will not pay DSA, salary supplements or other incentives to nominated RGC staff (as this is RGC contribution to the program).

The Managing Contractor's responsibilities will include:

Program Set-Up
1. Draft and implement a strategic framework that outlines Program principles, including for selection of partners and activities, and finalise EOPOs for the investment.
2. Establish the process for activity design, draft activity CIM proposal template and establish criteria for appraisal to ensure value for money
3. Procure and manage TA personnel. Required expertise: strategic leadership, analysis and stakeholder engagement, specialist expertise (GBV and gender, disability, with a focus on economic inclusion, and PFM reform and budget preparation and execution), political economy analysis, and program management.
4. Develop the monitoring and evaluation framework
5. Set-up the ASC and CIMP, including terms of reference
6. Establish a feedback, review and redesign process to ensure that the facility responds to changes in context;
7. Office set-up
Governance
1. Provide strategic advice and analysis to Australia and the Cambodia through the ASC
2. Provide secretariat services to the ASC and to the CIMP
3. Develop annual work plans identifying interventions for endorsement by the ASC
Implementation
1. Recommend and design, in collaboration with DFAT, aid activities under each of the workstreams.
2. Consider risks associated with each identified activity
3. Develop annual work plans
4. Implement relevant activities and procure and manage TA personnel
5. Disburse funding to relevant implementing partners and manage activities as necessary.
6. Monitor and report on all the activities
7. Evaluate the impact of the activities and of the program
8. Ensure that all activities meet Australian Aid Program's compliance obligations, including those related to managing risk; work, health and safety; safeguards; and fraud.
9. Screen activities prior to approval to ensure compliance obligations are met
10. Provide program management services including financial reporting across the program
11. Provide secretariat services to workstream meetings and other meetings, if required
12. 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.

DFAT will hold primary responsibility for Program objectives. The Managing Contractor will update DFAT on progress at regular management meetings and at six-monthly 'check-in points'. DFAT will also support and guide the Program through regular participation in workstream meetings, joint planning meetings, annual reflection workshops and through bilateral meetings

with stakeholders. A DFAT Senior Program Manager will work closely on program implementation with the Managing Contractor. DFAT will receive regular reporting, including six-monthly and annual reports, and will meet with the Managing Contractor at least every two weeks. DFAT may incorporate existing DFAT investments, subject to negotiation with the Managing Contractor.

RGC nominated staff will support and guide the Program by: providing strong communication between ACCESS and the relevant ministry/organisation; engaging in regular monitoring of ACCESS; participating in workstream meetings, joint planning meetings, annual reflection workshops; and by coordinating and participating in meetings with stakeholders.

ACCESS will not use partner government systems

ACCESS will not use partner government systems (PGS) due to risks outlined in the most recent Assessment of National Systems (ANS). The Managing Contractor will explore appropriate output-based or results-based payment processes that target improved services and provide associated risk analyses. The Managing Contractor will manage and bear financial risk in respect of all investments. RGC target ministries' executives will influence the use of ACCESS' budget via the joint planning meetings. Activity proposals will include clear target ministry contribution statements, supporting gradual RGC uptake of financial responsibility.⁴⁸ ACCESS investments will encourage matched funding; this will allow implementation (either by the target ministries or by line ministries with NAPVAW2 or the NDSP responsibilities) of activities for existing funding is insufficient.

DFAT Cambodia may conduct an ANS during the term of this investment, in which case risks associated with funds management will be updated. DFAT may require the Managing Contractor to conduct fiduciary risk assessments (FRA) of any RGC agency; DFAT may also require FRAs of private sector organisations or NGOs.

Program Operations

Managing Contractor-facilitated joint annual planning processes in each of the target ministries (including MEF representatives) will program activities. ACCESS is intended to be a vehicle for improved collaboration between target ministries, NGO and private sector service providers, multilaterals and the GoA. As the majority of activities will be multiyear, successful proposals will need to demonstrate effectiveness, efficiency, relevance, and the best value for money (VfM). The Managing Contractor will be responsible for implementation this activity programming approach, including shepherding activity proposal development; DFAT will manage any conflict between 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

Approved ACCESS investments will be in the form of grants to NGOs, allocations to multilateral organisations (e.g. UN Agencies) and contracts with the private sector. Long-term TA personnel may also implement some activities directly, as agreed. Long-term TA personnel will work with potential activity implementers to facilitate preparation of activity proposals and an annual work plan via the workstream meetings.

The CIMP will review activity proposals developed at the workstream meetings, make recommendations to improve/amend activity designs and approve funding allocations. DFAT will chair the CIMP. Transparency on the CIMP 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.

⁴⁸ ACCESS investments (including grants to NGOs) will not cover staff training attendance costs, per diem, (this is considered a RGC responsibility) nor for operational or recurrent costs.

Implementation milestones

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; Year 1 and Year 3 CIMP meetings, (or *ad hoc* CIMP meetings as required), facilitated by the Managing Contractor; and Annual stakeholder roundtable consultation.

Review

Key ACCESS review points include:

- › At the end of the six-month inception period, a DFAT-Managing Contractor inception review (centred on the Managing Contractor's report) – early intervention, if necessary;
- › Two weekly DFAT-Managing Contractor meetings – review progress, risk updates;
- › Workstream meeting (six-monthly) '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;
- › CIMP meetings (as required, expected to be at least in Year 1 and Year 3) - review activity proposals, results of previously approved activities and make recommendations;
- › Six monthly progress review and report –update of progress towards objectives, the annual work plan, risks, relationship reviews, and activity evaluability reviews;
- › Annual Report – update on progress towards objectives, proposed rolling annual work plan from that point, updates risks;
- › ASC meetings and annual stakeholder discussions – strategic oversight and engagement;
- › Independent mid term review (Year 3) – review of progress and recommendations, determine if final two years of the program will be undertaken; and
- › M&E Plans included in activity proposals – permits ongoing progress monitoring.

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.

MONITORING AND EVALUATION

ACCESS' implementation will be complex, involving a range of subnational and national stakeholders in the two sectors. Ongoing activities' results will affect ACCESS' starting points and what is able to be achieved. A detailed M&E plan (based on the section below and on **Annex 3** will be developed within the first six-months of implementation, in line with the 2017 DFAT M&E standards.

Monitoring and evaluation approach - general principles

ACCESS will apply the following principles, drawing on the DFAT M&E standards, sectoral good practice, and the needs of the RGC target ministries. Indicators and processes will **link to the needs of the two main government partners** and contribute to over-arching NAPVAW2 and the NDSP monitoring requirements. Grantees will be required to **incorporate a small number of common indicators** into their own M&E frameworks, enabling aggregation and comparative

analysis of different approaches. M&E activities will be **outcome focused**, and balance the need for regular accountability and contract compliance focused information with the time required to collect, analyse and use meaningful information; over-burdening grantees will be avoided. An emphasis will be on **information analysis and use**. Knowledge management and contributions to evidence are relevant to advocacy, and for informing policy and programs. M&E will have a **strong communications focus** and will be used for accessible products and events facilitating transfer of ideas and experience, as well as contributing to global GBV and disability programming knowledge. **Specific attention will be paid to ethics**. The ‘do no harm’ principle will be applied. The principle of ‘nothing about us without us’ and the ‘social model of disability’⁴⁹ will also be applied, including in planning and evaluations. Feminist evaluation principles⁵⁰ will be applied to GBV research and evaluation. **Disaggregated** data (sex, age group (adult-children) and disability) will be required as standard. Disability related M&E will draw on the methodologies and questions of the Washington Group on Disability Statistics or other relevant updated valid tools.⁵¹

Main components of M&E framework

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**, establishing a baseline and tracking progress towards outcome 1 *Increased funding for services for persons with disabilities or affected by GBV*. The information will be available for target ministries’ negotiations with other line ministries. Clear messaging about the use of these data will be needed, including the benefits to the RGC at various levels of improved service delivery effectiveness and VfM in both sectors.
3. **Service availability, access, and quality monitoring**: Grantee implementing partners will be required to gather qualitative data access that women affected by GBV or with disabilities have to the services they wish to use.⁵² The following criteria can be used to guide this:

Criteria	Description
Availability	Are services available that meet national minimum standards?
Accessibility	Are persons with disabilities or affected by GBV (service users) able to make appointments (if needed)? Can they travel to and from the service provider?
Accommodation	Are the needs of services users being met? Are the services relevant?
Affordability	Ability to pay for the services without financial hardship? Consider all costs including the service itself and opportunity cost for transport, a support person, etc.
Acceptability	Are service users taking up the public services offered?

4. Priority service standards and guidelines will be the basis for development of monitoring checklists and tools. These data will support the RGC to make adjustments to service delivery. They will also be used track progress against outcome 2 *Increased accessibility of quality services for persons with disabilities or affected by GBV*. The usefulness of tendering a social accountability support contract will be assessed in Year 2. **Annual collation and analysis of selected commune level data**: Grantees will be expected to gather data and report on a small number of common indicators. Anticipated common indicators include: GBV and social inclusion activities and funding allocations in commune plans; violence incidence data; and data related to attitudes and social norms (see **Annex 3**).
5. **Ongoing political economy analysis**: Commitment and willingness of government actors to support sustainable and inclusive services are central to ACCESS’ success. Progress markers and indicators tracking government ownership and commitment will be necessary,

49 ‘... disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others ...’ (UNCPRD, preamble e)

50 (see Batliwala and Pittman, 2010) and the WHO / PATH guidelines on researching violence against women (Ellsberg & Heise, 2005).

51 <http://www.washingtongroup-disability.com>

52 data collection and reporting processes outlined in the *Referral Guidelines for Women and Girl Survivors of Gender-Based Violence*.

particularly if senior leaders change. The Team Leader will lead this political economy analysis, with additional assistance to be drawn from the unallocated activity funding.

Key evaluation questions

Annex 5 contains a set of key evaluation questions for ACCESS.

Indicators

A combination of annual progress markers (see **Annex 3**) and more conventional indicators is proposed for Program performance assessment. Progress markers will be jointly identified as part of an annual planning process. Progress markers' achievement will trigger disbursement. Indicators will be linked to the NDSP and the NAPVAW2,⁵³ focussing at the outcome level. Indicative indicators (**Annex 3**) refer to the Cambodia Sustainable Development Goals (CSDG) matrix.

Program baseline

Establishing a baseline will enable aggregation of data and analysis of different approaches in areas such as influencing commune investment or safety plans' content, influencing social norms and the role modelling behaviour of community leaders. Existing information⁵⁴ will be complemented with specific baseline data collection activities, including establishing a 2018 budget baseline. A small-scale commune level baseline may be required to cover areas where there is direct grantee activity.

Resourcing for M&E

A significant M&E task (budget monitoring) may be contracted to an external provider. Internally, the program will require long-term resourcing to:

- › Provide support to grantees to develop plans and to fulfil M&E requirements;
- › Advise on M&E frameworks of NDSP and NAPVAW2's successor strategy plans;
- › Provide M&E that contributes to ministerial ownership of the ACCESS and its results;
- › Facilitate information sharing between various implementing partners and stakeholders;
- › Develop or manage out-sourcing for high quality communications products.

Specialist short-term M&E inputs are anticipated (e.g. finalising the M&E plan and framework during inception, designing specific activity-related evaluations or processes, supporting ad hoc requests from MOWA and MOSVY). Grantees' proposals will need to describe included M&E resourcing; ACCESS will adopt a capacity development approach to these requests.

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.⁵⁵ 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 women affected by GBV and for persons with disabilities. As this investment is catalytic, there is a range of issues which might affect sustainably including:

⁵³ A set of indicators for the NDSP M&E framework awaits MOSVY approval.

⁵⁴ i.e. for GBV, 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. 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.

⁵⁵ Creating Shared Value Through Partnership, p2.

- › 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 women affected by GBV and for persons with disabilities, including economic inclusion through employment and the dimension of gender equity in DPOs. 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. Programming flexibility will facilitate scaling up and scaling down of activities in response to any political and social unrest or political changes as a result of the election (changes either in policies or personnel). 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.

GENDER EQUALITY

GBV is a core component of ACCESS. Globally it is now widely accepted that gender inequality is the underlying cause of GBV at various levels.⁵⁶

- › **Individuals** believing that men and women are not equal are more likely to accept or condone violence⁵⁷;
- › In **relationships**, male dominance and control is a significant predictor of violence⁵⁸;
- › In **families**, children witnessing violence, or who are affected by adult violence against children, are more likely to perpetrate violence or enter into violent relationships; and
- › 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.⁵⁹

ACCESS will promote gender equality in two key ways:

- › increasing access to quality services for women affected by GBV aims to reduce the risk of further violent acts (secondary prevention). Support to women to recover (physically and emotionally) enables them to participate more fully in family, community, economic, and political life; and
- › promoting access to and funding for services (including for women with disabilities) will serve as entry points for wider influence on gender norms and programming. State financial support to GBV service provision sends the message that GBV is not a private matter, and builds 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 influence and reinforce social norms. ACCESS will support effective strategies to influence those individuals to foster positive norms that

⁵⁶ This draws on a range of studies including European Commission (2010), WHO (2010), Heise, (2011), Fulu, et al., (2013)

⁵⁷ The CDHS found that 26.5 percent of women compared to 50.4 percent of men aged 15-49 agreed with at least one of six proposed reasons a man is justified in hitting or beating his wife.

⁵⁸ 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)

⁵⁹ 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 (Fulu, Warner, & Moussavi, 2013, pp. 50-51).

discourage violence, support women, and encourage help-seeking. ACCESS will also encourage government and civil society leadership on gender sensitive PFM reform. ACCESS' focus on GBV and disability related services will contribute to strengthening the social accountability and gender sensitivity of budget processes. DFAT and the Managing Contractor will participate in existing donor coordination meetings on gender equality, GBV, disability and social inclusion.

SOCIAL INCLUSION AND INCLUSION OF PERSONS WITH DISABILITIES IN IMPLEMENTATION

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

ACCESS' GBV and disabilities content directly supports the GoA's social inclusion objectives. The M&E approach will generate age, disability and sex-disaggregated data which will be available for analysis (including by the RGC) of possible differential impacts of economic opportunities (from the employment hub and other activities) on women affected by GBV and on persons with disabilities, including women. ACCESS will develop a *Social Inclusion Strategy* for activity implementation and incorporation into the program operations manual. Update of the program M&E framework will include identifying social inclusion targets and indicators for each workstream. The implementation team will need to include appropriately skilled and qualified social inclusion expertise, focusing on persons with disabilities or affected by GBV.

APPROACH TO RISK MANAGEMENT

This investment is low risk

ACCESS is **low risk**; it builds on previous investments, does not use partner government systems, engages mostly with existing stakeholders, and applies TA. Key risks include:

- › Simultaneously strengthening financial management and service delivery capacities may **overwhelm absorptive capacities and financial and human resources of the target ministries**.
- › **Dispersed activity locations may result in dissipation** of results, particularly intersectionality opportunities, or opportunities for mutual reinforcement with other investments.
- › Despite this investment and best efforts, **there may no increase in RGC budget allocations for inclusive services**; funding service provision would again fall to the donor community.
- › **General Elections to be held in 2018 may slow program implementation**.
- › **Shifts in RGC policies** and priorities may require shifts in program focus.
- › As PFM reform seeks to change existing systems, **some resistance could occur**.

How we will identify and mitigate risks

ACCESS will conduct risk assessment and mitigation at program and activity levels. ACCESS (through the Managing Contractor) will:

- › identify and notify emerging risks and propose mitigation strategies on an ongoing basis;
- › prepare and maintain a comprehensive risk register based on **Annex 8** 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 risk register updates, in light of emerging risks (program level);
- › prepare a separate dedicated risk matrix for each activity (activity level);

- › develop a program operations manual, describing risk identification and mitigation processes, safeguards risk assessment processes to screen activities at proposal stage (i.e. using safeguards checklists) and, safeguards management plans;
- › apply refined selection criteria and due diligence assessment processes for selection of potential activity partners and activities (i.e. existence of a gender equality strategy, appropriate safeguards measures in place); and
- › use ongoing political economy analysis throughout activity design and implementation to identify and mitigate risks associated with ACCESS' implementation.

SAFEGUARDS

Indicative safeguards approaches

Some activities will involve working directly with children, as NGOs are expected to receive funding to provide services to children. The program will therefore require a rigorous child protection review and risk mitigation approach. Activities causing displacement and resettlement of people, or detrimental impacts on the environment are not anticipated. Clear guidelines and activity screening will take place prior to activity approval to ensure that all of DFAT's safeguards requirements are met. Anti-corruption and fraud guidelines will apply. DFAT will actively participate in risk management through the governance and management mechanisms.

Indicative approaches for ACCESS to address safeguards are set out in **Annex 14**. During the inception period the appointed Managing Contractor will need to confirm with DFAT its approach to meeting DFAT's safeguards requirements for this investment.

E. ANNEXES

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 government.

The labour market is largely not accessible due to widespread stigma and prejudices. Other barriers include education, technical training and economic opportunities. Many employers and co-workers believe that persons with disabilities are not able to work. Buddhist perceptions are that disability derives from 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) and there are no clear action plans by line ministries. 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 2. 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. There is 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 2 Levels of reported disability in Cambodia: Cambodia National Demographic and Health Study 2014

	No difficulty	Any domain	Seeing	Hearing	Walking	Concentrating	Self-care	Communicating
Total	90.5	9.5	5.1	2.8	3.7	4.2	1.1	1.5
Male	91.5	8.5	4.2	2.5	3.1	3.5	1.0	1.3
Female	89.5	10.5	5.9	3.1	4.2	4.9	1.2	1.7
Urban	91.3	8.7	4.8	2.3	3.0	4.0	0.9	1.1
Rural	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). Services available at these centres are somewhat limited; no speech therapy and occupational therapy services are provided. 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 UNCRPD binds the RGC in article 26 to:

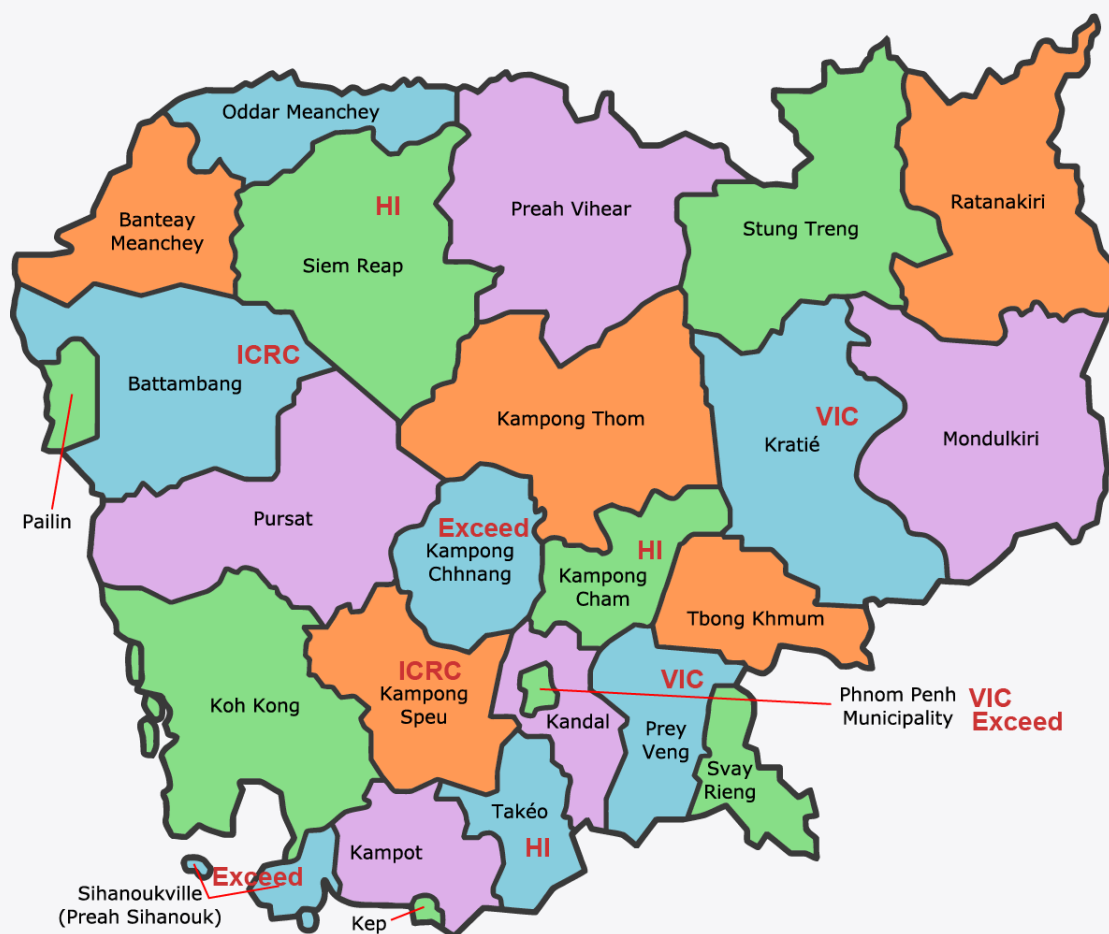
... take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organise, 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 MOSVY and to the PWDF in 2013. VIC continues to provide support.
Prey Veng Provincial Physical Rehabilitation Centre	Veterans International Cambodia	The centres have been formally handed over to MOSVY and to the PWDF in 2013. VIC continues to provide support.

Kratie Provincial Physical Rehabilitation Centre	Veterans International Cambodia	The centres have been formally handed over to MOSVY and to the PWDF in 2013. VIC continues to provide support.
Phnom Penh Physical Rehabilitation Centre	Exceed	The centre is still managed by Exceed.
Kampong Chhnang Provincial Physical Rehabilitation Center	Exceed	The centre is still managed by Exceed.
Kampong Som Provincial Physical Rehabilitation Center	Exceed	The centre is still managed by Exceed.
Kampong Cham Provincial Physical Rehabilitation Centre	Handicap International France	The centre was handed over to MOSVY and to the PWDF in 2012.
Takeo Provincial Physical Rehabilitation Centre	Handicap International Belgium	The centre was handed over to 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 was handed over to MOSVY and to the PWDF in 2012. HI provided two more years of support.
Kampong Speu Regional Physical Rehabilitation Centre	ICRC	The centre was handed over to MOSVY and to the PWDF in 2011. ICRC continues to provide support.
Battambang Regional Physical Rehabilitation Centre	ICRC	The centre was handed over to MOSVY and to the PWDF in 2011. ICRC continues to provide support.

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 the **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 also legally establishes DAC. (RGC, 2009). The RGC ratified the **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:

- › 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.

The proposed focus for ACCESS is consistent with DFAT's disability strategy (DFAT, 2015), and emphasis on contributing to sustainable economic growth and poverty reduction 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; and
- › improving equality for persons with disabilities in all areas of public life, including service provision, education and employment (DFAT, 2015).

Government institutions in the disability sector

MOSVY is responsible for social affairs, veterans and youth rehabilitation and is comprised of seven technical departments. The ministry has a sub-national structure at provincial level (PoSVY) and at district level (DoSVY).

A key MoSVY institution for the disability sector is DWPD. Within DWPD sits the Disability Rights Administration (DRA). The DRA is the arm of the DWPD at provincial and district levels. 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 UNCRPD. The DWPD also develops action plans for vocational training, rehabilitation, job creation as well as cultural and sport activities for persons with disabilities.

DPWD is responsible for the organisation and functioning of the Persons with Disability Foundation (PWDF) (even though the PWDF is housed under the 'Public Enterprises' section in MoSVY) (Bailey, 2014). 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. Currently the PWDF is facing some capacity challenges in managing the rehabilitation units effectively. Two physical rehabilitation units were transitioned to the PWDF however international organisations have subsequently provided surge support (Bailey, 2014)

DAC is a semi-government organisation (not a part of MOSVY) whose role 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. 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. In terms of a vertical structure, disability action councils have been established at provincial level to give DAC outreach in the provinces (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 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 significantly hampers 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.

- › There is a lack of reliable data and weak links between (practices) of evidence-based policy formulation and service delivery.

Disability Rights Initiative Cambodia (DRIC)

DRIC seeks to create opportunities for the participation of persons with disabilities in the politico-economic as well as socio-cultural life. DRIC's approach is to build capacity of the government to implement the NDSP in alignment with the CRPD. DRIC has strengthened DPOs to advocate for the rights of persons with disabilities. DRIC also strengthened the key ministries to acquire leadership of the sector and simultaneously provide support to the physical rehabilitation centers undergoing transition. DRIC also sought to include persons with disabilities in D&D process and to make provincial governance accessible, participatory and inclusive. DRIC also sought to mainstream disability into development in Cambodia.

DRIC has four pillars, which are managed by three UN agencies as follows:

Pillar	I	II	III	VI
Partners	DAC & MoSVY	CDPO, DPOs	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

DRIC's implementing partners include, MOSVY, MOI, MOH, DAC, PWDF, NCDD, DPOs and CDPO. DFAT provided the equivalent of USD8 million (approx.) funding for DRIC.

Key results for DRIC include:

- › supporting DAC's implementation of functional review recommendations;
- › supporting CDPO's work with Ministry of Planning (MoP) to issue a disability inclusive ID poor card;
- › MOH's participation in a provincial rehabilitation demonstration project in Battambang Province which provided training on disability and basic rehabilitation services to government staff from the health centers and hospitals, and to NGO staff;
- › supporting MOH's review of the NDSP;
- › ensuring persons with disabilities, including women with disabilities, participated in CC/WCCC/CCWC meetings or training;
- › supporting Disability Action Working Groups to coordinate implementation of the NDSP; and
- › Supporting creation of a conducive environment for stakeholders to review their programmes and policies, leading to addressing disability within the policies and programmes of the key ministries of the RGC.

Part B: Gender equality

Globally it is now widely accepted that gender inequality is the underlying cause of GBV. Cambodia's most recent (2015) gender inequality index⁶⁰ 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 3).

Table 3 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.

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 her husband. While the codes still taught in some Cambodian schools, 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

⁶⁰ 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.

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). This also supports caution in assuming that individual attitudes to violence are an accurate predictor of behaviour. The ACCESS design therefore places greater emphasis on social norms; norms are considered to be more closely aligned with actual behaviour.

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.

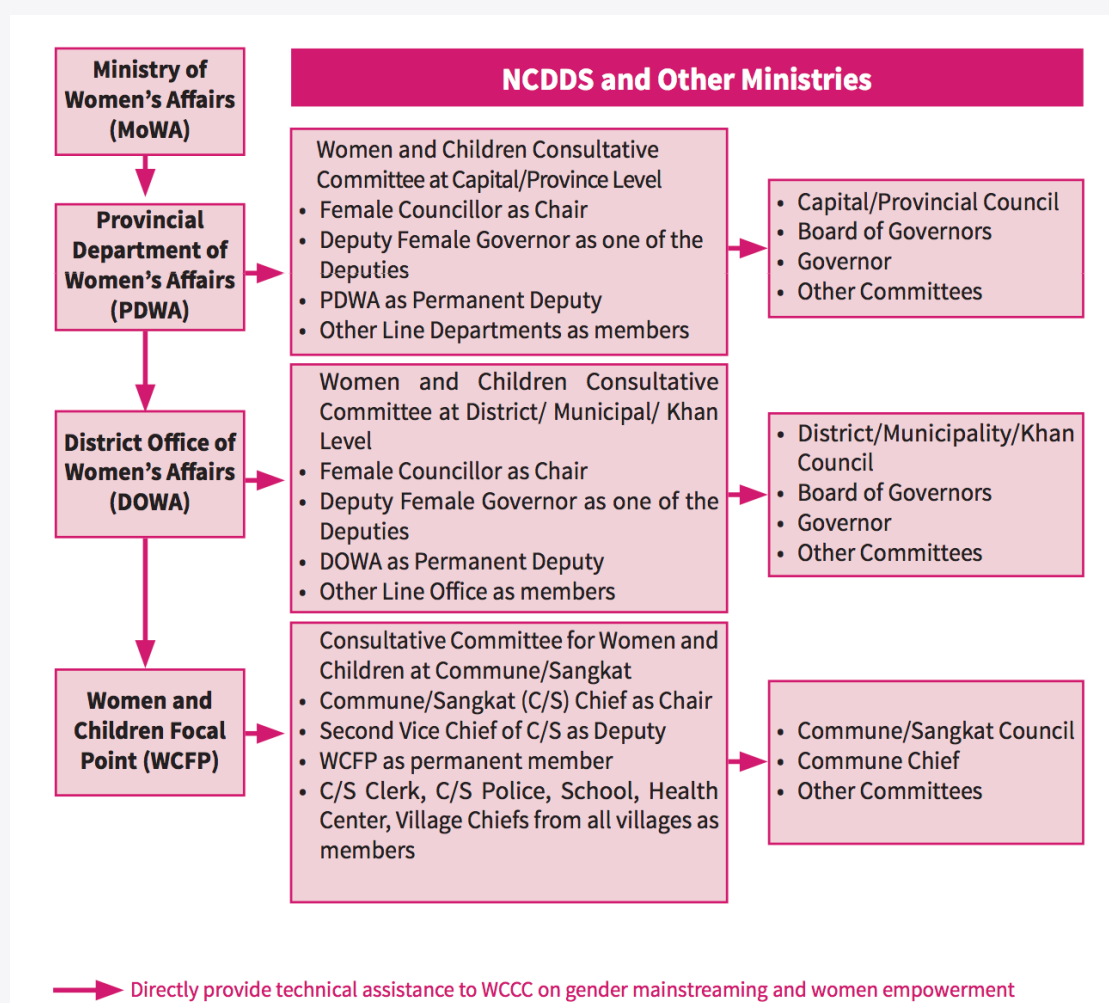
Institutional responsibilities for gender equality

MoWA has overall leadership responsibility for promoting gender equality and coordinating efforts under the Neary Rattanak. MoWA is represented at a sub-national level by the PDoWA and DOWA. 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 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 MoWA. 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 Figure 3.

The Technical Working Group on Gender (TWG-G), established in 2004, and chaired by 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, p. 9)

Part C: Gender based violence

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.

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 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). This is considered the gold standard for national violence incidence and prevalence studies, and these data are 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 4**.

Table 4 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 ⁶¹ (N=3043)	Physical	15.0	4.7	(a)
	Sexual	10.2	4.1	(a)
	Physical or sexual	20.9	7.7	(a)
	Emotional	32	14.7	(a)
	Physical, sexual, and / or emotional	36.4	20.3	(a)
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		(a)
	Non-partner sexual violence before age 15	2.1		(a)
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	(b)

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).

⁶¹ 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 that of 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 and information 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); and
- › Other research, including the UNICEF implemented Cambodia Violence Against Children Survey 2013 also provide valuable contributions to understanding violence in Cambodia, including for children affected by GBV, particularly children with disabilities.⁶²

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

⁶² Findings from Cambodia's Violence Against Children Survey 2013 Government Commitment to End Violence against Children

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 act 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 Technical Working Group on Gender Sub-Technical Working Group on GBV 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 is that the plan 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 MOWA to enable them to carry out their complex and far reaching coordination and capacity development role. This will require attention to the quality of budget processes.

Institutional responsibilities for GBV

The responsibility for coordination of the NAPVAW2 implementation rests with 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, the GBV 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, the guidelines summarising GBV service providers and referral reports (data collection system); and convening regular service provider network meetings on GBV. PDoWA and DoWA are generally under-resourced in terms of skilled staff, adequate supervision, and funding to fulfil the referral system roles.

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,⁶³ 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.⁶⁴

(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

⁶³ As noted in Annex I, 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.

⁶⁴ This was a perception during the in-country consultations, but has not been explored through detailed data collection.

(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 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).

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 seven 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). This is an example of an area in which ACCESS could provide TA support.

The NAPVAW2 lists other line ministries as having responsibility in the NAPVAW2, including the Ministry of Education, Youth, and Sport, Ministry of Information, MOH, and MOI. 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 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.⁶⁵

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 harmonised 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. 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.⁶⁶

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 mobilisation and use of public resources.

ACCESS 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 MEF. ACCESS will need to harmonise with other donors working on PFM reform.

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 investment funds.

The Cambodian Social Protection Framework

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.⁶⁷

The objectives of the SPPF are to harmonise, concentrate and strengthen existing schemes or programs 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:

⁶⁵ <http://www.mef.gov.kh/pfmrp-2nd-launch.html>

⁶⁶ <http://www.mef.gov.kh/pfmrp-2nd-launch.html>

⁶⁷ *National Social Protection Policy Framework 2016-2025 (SPPF)*, approved by the Council of Ministers on 24 March, 2017, unofficial translation, pxiv

- › 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.

ACCESS' focus on PFM reform, engaging with MEF, the target ministries, and line agencies with responsibilities under the NAPVAW2 and the NDSP, aligns with the SPPF's intentions. ACCESS will contribute to implementation of the RGC's social protection objectives, such as the Disability Fund and efforts to introduce a Disability Allowance. 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.

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 gender based violence (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 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 5: 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			
Monduliri	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 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 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. This program is also working with MOH to develop efficient ways for RGC to deliver on its policy of free health care for all persons with disability.

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, 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. 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*

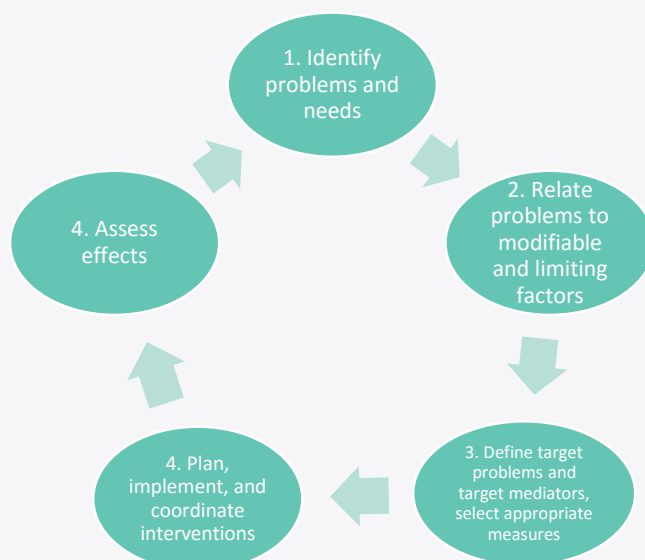
violence' (Mauney, 2015, p. 25). Thus, the review has proposed a series of recommendations to develop minimum standards and associated training for mediators. This work is in process and is expected to be completed prior to the start of ACCESS.

It is recognised that approach will not meet international standards (such as those discussed in (Quast, 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 to 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



Physical rehabilitation is a crucial service for persons with disabilities in Cambodia. Many people of all ages acquire new impairments due to the many explosive remnants of wars in the country. Case studies by Handicap International in Cambodia have shown that physical rehabilitation is a crucial step to enable landmine survivors to participate in communal life, earn income and increase their level of social inclusion. (Handicap International, 2017) Other causes for disability besides landmine accidents are diseases and road accidents. (Handicap International, 2017) Children with disabilities are especially in need of physical rehabilitation to trigger early intervention. For more detailed information on the current situation on the state of physical rehabilitation, its potential and its challenges please refer to **Annex 1**.

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.’

ACCESS’ focus on physical rehabilitation will support the PWDF to successfully assume management of the existing physical rehabilitation centres that have received NGO support and management.⁶⁸ A report prepared by WHO in Cambodia identified the challenges affecting a smooth transition as including a lack of financial and human resources at PWDF. Without the support of INGOs, the existing rehabilitation centres would not be able to effectively deliver their services. (Bailey, Ensuring Sustainability of Physical Rehabilitation Services in Cambodia: Analysis of Transition Process, 2016, pp. 1-13). A phased approach to transition could include:

- > A baseline capacity gap analysis of the rehabilitation centres and of the PWDF;
- > Development of a road map, budgets and indicators for successful transition. The road map would need to be developed with participation from PWDF, NGOs currently supporting the RPCs, DPOs, and MoSVY; and
- > Implementation of the road map, including M&E.

ACCESS’s initial approach will be to build on the work of DFAT’s previous investment through DRIC at the physical rehabilitation centres. Throughout its term and subject to the availability of financial and physical resources and in line with the WHO guidance⁶⁹, ACCESS will consider the feasibility of supporting multidisciplinary health system approaches to rehabilitation beyond the initial focus on physical rehabilitation.

Inclusive Employment Hub

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.

The Inclusive Employment Hub serves two types of clients:

1. **Persons with disabilities** including those who have a long-term 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 usually 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 these 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

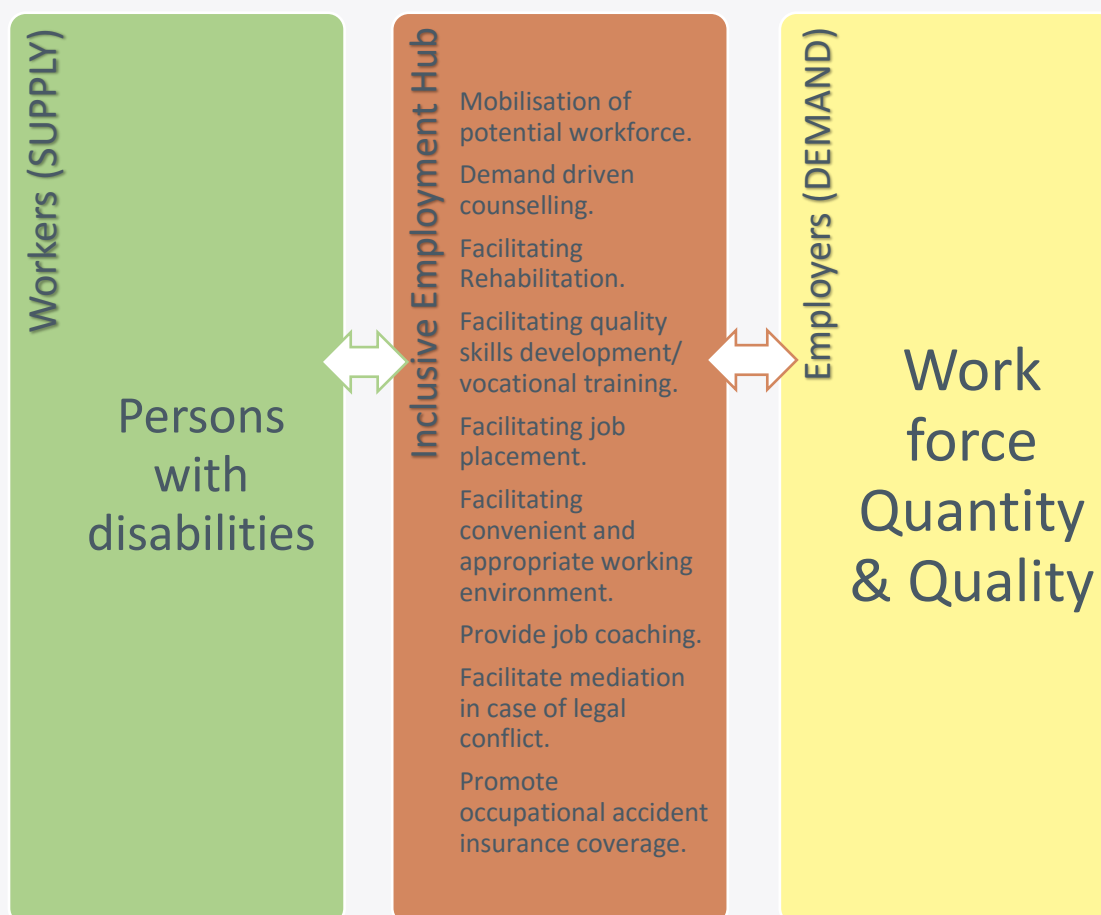
⁶⁸ See Annex I.

⁶⁹ Rehabilitation in Health Systems, WHO, 2017. http://www.who.int/disabilities/rehabilitation_health_systems/en/

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.

Figure 5 Inclusive Employment Hub core services and relation with clients (supply & demand)



Working with service providers and community leaders as influencers of social norms

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 which build a critical mass of community members, leaders, and institutions that promote inclusion, gender equality and non-violence. 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

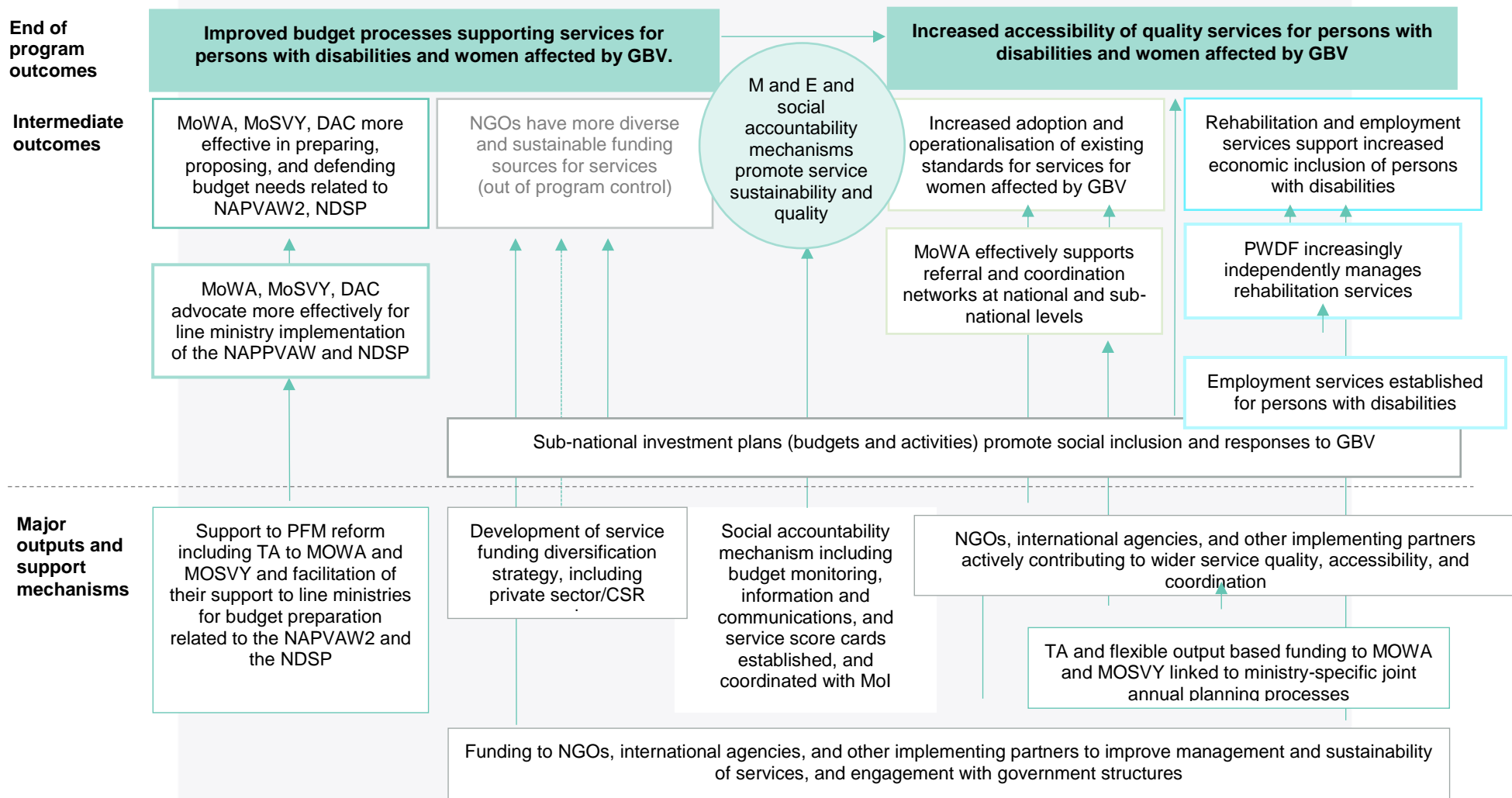
A recent review of global violence initiatives highlights that while many governments have developed national plans of action to address violence against women and girls or children, few have dedicated budget lines and domestic spending to support them. This is further complicated by the range of ministries 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. PROGRAM LOGIC MODEL

Goal: Improved sustainability of quality, inclusive services



ANNEX 4. DETAIL OF LOGIC AND EXPECTED OUTCOMES

This annex complements *Part C: Investment Description* of the IDD, providing additional detail about the proposed approach and expected activities.

Outcome 1: Improved budget processes for services for persons with disabilities and women affected by gender-based violence

RGC-focused work-stream:

Intermediate outcome: MOWA, MOSVY and DAC more effective in preparing, proposing, and defending their budget needs related to NAPVAW2 and NDSP

Activities will focus on strengthening MoWA and MoSVY's capacities to implement the RGC PFM reform agenda. Building closer technical cooperation between MEF and the 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 is central to this approach. Building on existing institutional arrangements, including MEF financial controller currently co-located in both ministries will be essential. This will provide a pathway to sustainable budget increases. An appropriate workplan and strategy would be developed as part of implementation, and following stocktake of capacity requirements in both target ministries.

Intermediate outcome: MOWA, MOSVY, and 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 ACCESS with work with MoWA, MOSVY, and DAC (and subnational agencies) to strengthen advocacy directed at other external line ministries with responsibilities under the NAPVAW2 and the NDSP. This would provide a pathway for MOWA, MOSVY, and 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. One option could be for the Managing Contractor to support the target ministries to develop a roadmap for uptake of responsibility for service provision, linked to target ministries' budget proposals. With service providers aligning their efforts (through target ministry-sponsored planning), greater weight will be afforded to target ministry budget proposals. ACCESS will also be able to facilitate dialogue with MEF, to the extent possible.

Where feasible, in addition to strengthening capacities of MOSVY and DAC at national level, ACCESS will consider supporting activities that strengthen the Disability Rights Administration (DRA).

NGO-focused workstream:

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

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 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 women affected by GBV. This outcome seeks to address ongoing provision of much needed services by local NGOs that Australia has been working with for many years, while localising and diversifying funding sources to promote sustainability.

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

Under this outcome there will be two strands of activity focusing on the two target populations and their intersection, women with disabilities affected by GBV. This approach could be scaled to add other services and target groups should more funding become available.

Gender-based violence workstream:

Across this workstream there will be two levels of intervention, building on the pilot province approach implemented in the EVAW program:

- › *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 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 MOWA, PDoWA, or non-government technical assistance), and monitoring and reflection focused on implementation of guidelines and standards.

The combination of these strategies will be dependent on the capacity of MOWA, 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. For example, where civil society organisations are playing the leadership role, it may be more effective to support them to strengthen coordination and referral networks, with the provision that they must also bring in relevant government actors. Different strategies for sub-national support can be refined based on the initial mapping and rapid analysis of progress and lessons to date.

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. This will also include specific consideration of services for women with disabilities also affected by gender based violence, and of current standards and skills in relation to child protection and child friendly services. The mapping will consider the current status in relation to the *Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines* (UN Women et al, 2015). The mapping can include a few focused questions on lessons learned to date and what support strategies have been more effective.

Intermediate outcome: Increased adoption and operationalisation of existing standards for services for women 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).

Under the preceding DFAT EVAW program, UNFPA and CARE were funded to provide technical support to MOH and 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 MOH and MOWA to review and cost the national and sub-national training strategy for health care providers;

- › Support to MOWA and 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 MOWA and 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 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 MOWA Judicial Police Agents and Officers. There are also opportunities for mutual reinforcement between the disability and GBV workstreams; attention could be paid, for example, to strengthening services for persons with disabilities who are vulnerable to GBV, such as deaf women. Particular consideration of the gender dimensions to disability might also be pursued.

Intermediate outcome: MOWA effectively supports referral and coordination networks at national and sub-national levels

This will focus on 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). Scaling up the data collection system and analysis in accordance with guidelines summarising GBV service providers and referral reports could also be pursued.

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 has responsibility to coordinate with state and non-state service providers. This role includes ensuring 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 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 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 MOWA, including analysis of likely budget allocation and actual costs. The support plan to include MOWA and ACCESS roles, responsibilities, and co-funding arrangements;
- › Provide technical assistance and other support as per agreed strategy.

The principle that ‘the first door is always the right door’ encompasses services being client – usually woman – focused. In a setting such as Cambodia resources are limited and it is difficult to secure commitment to an issue that often has low visibility. A focus on coordination and referral is therefore more appropriate than the costlier purpose-specific one-stop shop model where all services (or as many as possible) are provided in one location. The approach of virtual versus actual one-stop shops can be reviewed with MoWA, depending on resourcing and institutional commitments,

Disability workstream

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

The initial focus will be on social inclusion through physical rehabilitation, including prosthetics, orthotics, mobility devices, counselling and other aids; and formal employment through job placement and sensitising inclusive workplaces.

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

Building on DRIC’s work to date, the initial activities might include:

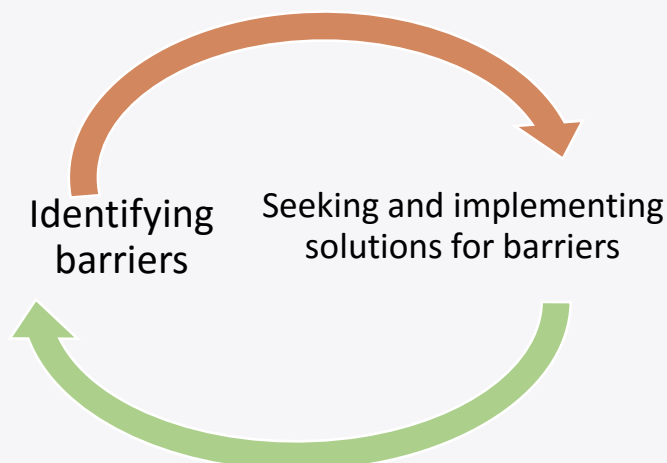
- › Identifying gaps within PWDF related to the handover of rehabilitation centres. This will most likely be through consultation (workshop or similar) with PWDF, WHO, Exceed, HI, ICRC, VIC, and selected DPOs.
- › Identifying accessibility issues facing women, children, or other groups with other layers of potential disadvantage, and identifying potential remedial actions if required.
- › Developing 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.
- › Implementing 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 established for persons with disabilities.

This is a new and exploratory area for program support and so multiple approaches might be tried. The first initiative, the inclusive employment hub, will provide an interface between persons with disabilities and employers. The twin-track approach is depicted in Figure 6 and Figure 7. The assessment performed as part of Track 2 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. Groups or individuals with additional barriers to inclusion or facing further discrimination will need individual plans that address these barriers.

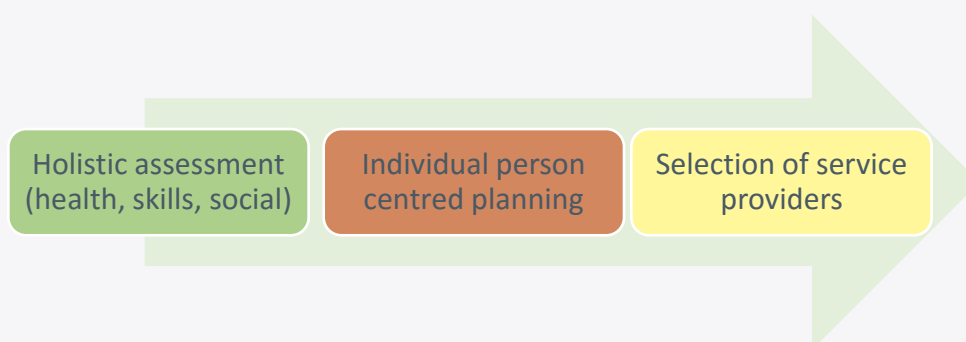
Track 1 involves sensitising CEOs, managers, and co-workers to the abilities and needs of persons with disabilities. This is a continuing process, with new barriers being identified and addressed (i.e. through incentives to engage) as they arise

Figure 6 Track 1 – Mainstreaming disability to overcome barriers



The assessment performed as part of track 2 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. Groups or individuals with additional barriers to inclusion or facing further discrimination will need individual plans that address these barriers.

Figure 7 Track 2 – Inclusive Employment Hub – Individual intervention



The Inclusive Employment Hub therefore is an interface for persons with disabilities and employers. Specific gender equality considerations will need to be made during implementation, recognising the low representation of women in DPOs. Implementation of the employment hub will need to include development and application of strategies to address the covert and overt discrimination and gender stereotyping that Cambodian women face in the workforce.

A draft set of services offered by the Inclusive Employment Hub includes:

- › Mobilisation of potential workforce
 - Sensitisation 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 ‘recognised’ 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 sensitisation 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

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. There are opportunities for DAC to link the inclusive employment hub with relevant ministries through the Disability Action Working Groups which already exist in each ministry at national level. MoLVT would also be expected to support the employment hub’s activities through existing mechanisms, to develop in-house capacity on disability issues, and to create awareness about the need for training and employment of persons with disabilities.

The Inclusive Employment Hub needs to be localised 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 Woman with Disability Forums (WWDFs).

In addition to close coordination with DWPD in MoSVY, and possible location within CDPO, other potential implementing partners are summarised in the following table.

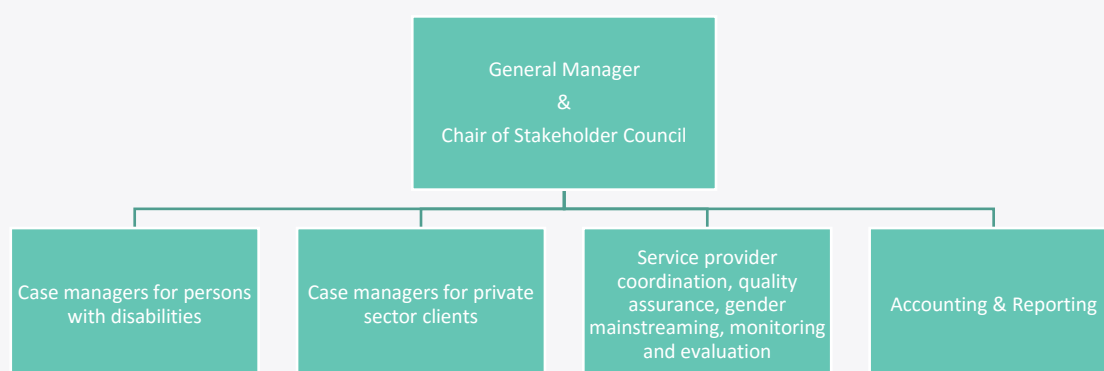
Table 6 Potential partners and stakeholders of the inclusive employment hub

Stakeholder	Potential role
RGC	MOSVY (through the DWPD) is a suitable political partner as it is the DWPD's role to facilitate employment of persons with disabilities.
Ministry of Labour and Vocational Training (MoLVT)	Supporting inclusive employment hub activities with existing mechanism Developing in-house capacity on disability issues Creating awareness on the need for training and employment for persons with disabilities. Make existing vocational training facilities inclusive of persons with disabilities and other excluded groups.
Ministry of Economy and Finance	Facilitating funding availability
DAC	Policy advice Coordination and linking with relevant ministries. Advocacy Coaching for private sector mid- and top-level managers
National Institute of Statistics	Include WG questions in next census due in 2018/19 to gather accurate data on persons with disabilities.
CDPO	Coordinator role Needs assessments of persons with disabilities and private sector Job coaching Coaching for private sector mid- and top-level managers
Sub-national DPOs and WWDFs	Conducting needs assessment, advocacy and monitoring. Awareness creation in civil society, public administration and private businesses. Facilitate coaching for persons with disabilities and employers. Advice on workplace adjustments leading to reasonable accommodation.
Physical rehabilitation units' orthopaedic component managed by Exceed, HI, ICRC, VIC and PWDF	Providing physiotherapy, medical rehabilitation Conducting needs assessments Provision of assistive devices Job coaching Advice on workplace adjustments leading to reasonable accommodation.
Private sector service providers	Skills development Needs assessment Service delivery
Private sector including Chambers of Commerce and business associations	Job placements Contributing funding Creating awareness of the initiative Acting as role models – as inclusive employers, through social accountability initiatives, and so on

Indicative organisational structure for the Inclusive Employment Hub

A **general manager** as well as a **chair of the stakeholder council** manage the Inclusive Employment Hub. The Inclusive Employment Hub employs the general manager while the chair 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 MOSVY, the DWPD, DAC, civil society, private sector and development partners and should be held on a regular basis every six to eight weeks to discuss progress, challenges, and for general information sharing. The general manager will implement decisions taken during stakeholder meetings. Four units are responsible for the direct implementation: (i) Case managers for persons with disabilities; (ii) Case managers for private sector clients; (iii) Service provider coordination, quality assurance, M&E; and (iv) Accounting & Reporting.

Figure 8 Organisational Structure for the Inclusive Employment Hub



Establishment of the hub

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. Screening will need to include gender equality considerations, including levels of representation of women in DPOs.

Procurement arrangements for the service provider would be dependent upon the legal personality of the service provider. Where a decision is made that this service is best provided by the private sector, a tender process would be required, leading to contracted services.

Cross-cutting workstream

Intermediate outcome: Sub-national investment plans (budgets and activities) promote social inclusion and responses to GBV. Detail provided in main document.

ANNEX 5. 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 CDHS 2014, and then when available, the CDHS 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.

ATJW 2 supported development of a data collection system on the GBV services provided and referred to analyse successes, roadblocks or bottlenecks in the referral system. The guidelines are intended for use by the key stakeholders within Working Group focused on GBV under WCCC at the sub-national level. The implementation of the guidelines would respond to the NAPVAW strategic 2: *Legal Protection and Multi-Sectoral Services* and strategic 5: *M&E*.

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 a potential area for development by ACCESS. The ACCESS M&E staff will need to identify where both priorities are at and build from there.

ACCESS will use 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 mapping⁷⁰ 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 MOWA and 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 table below 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 through behaviour change is an important strategy to encourage help seeking behaviour and service use, to reduce stigma and discrimination against persons with disabilities and women affected by 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).

⁷⁰ More information can be found at 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
Improved budget processes supporting services for persons with disabilities and for women affected by GBV.	(I) Timeliness, quality and quantity of 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 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 NAPVAW2 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>	<p>To be included in grantee reports where relevant.</p> <p>Additional monitoring of potential funding landscape part of regular political economy analysis.</p>

Increased accessibility of quality services for persons with disabilities and for women 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>(I) Number of females/males affected by violence accessing services supported by ACCESS each year</p> <p>(Potential to link to DFAT Performance Assessment Framework Indicator Additional number of women survivors of violence receiving services such as counselling each year)</p> <p>(I) Barriers encountered by persons with disabilities in accessing services.</p>	<p>To draw on existing systems as much as possible. Development of the M&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>
Increased adoption and operationalisation of existing standards for services for women affected by GBV	<p>(I) Number of provinces/districts effectively implementing each focus guideline, with some assessment of level of implementation (e/g/ full / partial / basic / none)</p> <p>(Potential to link to DFAT Performance Assessment Framework indicator: percentage of health facilities, hospitals and health centres, assessed by quality of care assessment tool)</p>	<p>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.</p> <p>Checklists based on requirements of guidelines to be developed and implemented on an annual basis.</p>
MoWA effectively supports referral and coordination networks at national and sub-national levels	<p>(I) Examples of improved practice of referral and coordination networks at national and sub-national levels</p> <p>Referral network completeness, disaggregated by province, type of services</p>	<p>Information to be provided in grantee reports where relevant.</p> <p>Outcome or significant change story tool may be used.</p>
	<p>(PM) MoWA providing additional budget and other resources to support training of PDoWA and DOWA to support referral or coordination networks</p>	<p>Progress marker agreed and assessed mutually by MoWA with ACCESS Team Leader, if necessary with support from the M&E resources.</p> <p>Supporting data may be provided by budget monitoring activity.</p>

Rehabilitation and employment services support increased economic inclusion of persons with disabilities	<p>(I) Number of male/female persons with disabilities placed in dignified employment by employment services established by ACCESS</p> <p>(I) Number of male/female persons with disabilities accessing ACCESS and RGC supported rehabilitation services</p> <p>(I) Barriers encountered by persons with disabilities in accessing services.</p>	<p>Common indicator to be reported on by grantees.</p> <p>Outcome or significant change story tool may be used for supporting qualitative information.</p> <p>Baseline (for rehab): Physical Rehabilitation Centre data.</p>
PWDF increasingly independently manages rehabilitation services	<p>(I) Number of rehabilitation services handed over to PWDF (fully, partially, not yet)</p> <p>Increase in Physical Rehabilitation Centres' budgets over time.</p> <p>Number/proportion of civil servants/Government contractual staff</p> <p>Common standard working procedure adopted by each centre</p> <p>(I) Barriers encountered by persons with disabilities in accessing services.</p>	<p>Common indicator to be reported on by grantees.</p> <p>Outcome or significant change story tool may be used for supporting qualitative information.</p>
Employment services established persons with disabilities	<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 (with attention to equality in numbers of men and women with disabilities accessing the services and placed in employment.</p> <p>(I) Barriers encountered by persons with disabilities in accessing services.</p> <p>(PM) Inclusive employment hub has established the necessary relationships with potential employers to support</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>
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"> - Increased number of activities to promote social inclusion / responses to GBV / access to services for persons with disabilities - Increased budget for activities to promote social inclusion / responses to GBV/ access to services for persons with disabilities <p>(I) Social norms measurement indicators to be agreed depending on the focus of investments.</p>	<p>Common indicator to be reported on by grantees.</p> <p>Survey implemented twice during program period.</p>

Proposed key evaluation questions

Proposed key evaluation questions are:

1. What indications are there that RGC target ministries (MOWA and MOSVY) and line agencies are increasing their commitment to increasing quality, inclusive services for persons with disabilities or affected by GBV? How has the program contributed to any identified changes?
2. Is the program effectively supporting MOWA and MOSVY/DAC 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 MOWA, MOSVY, MEF, and MOI) 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?
5. To what degree has the program contributed to changing social norms about disability inclusion and GBV?
6. Has the program maximised opportunities for programmatic efficiencies and technical complementarity in addressing both disability inclusion and GBV?

ANNEX 6. STAKEHOLDER ANALYSES – GVB AND DISABILITIES

Stakeholder	Relevant to GBV or disability	Description and potential to assist ACCESS
Royal Government of Cambodia		
Ministry of Women's Affairs	GBV	<p>The responsibility for coordination of NAPVAW2 implementation rests with MOWA. The Ministry has strong leadership at a national level.</p> <p>Australia enjoys a sound working relationship with MOWA. The existing ERAW program has operated a small management office within 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. 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.</p> <p>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>MoSVY has seven technical departments. The ministry has line ministries at provincial level (PoSVY) and district level (DoSVY). MoSVY is the key government agency catering for persons with disabilities, with the Department of the Welfare for Persons with Disabilities the main stakeholder for the disability sector.</p>
MoSVY: Department of the Welfare for Persons with Disabilities (DWPD)	Disability	<p>DWPD consists of 6 units:</p> <ul style="list-style-type: none"> — Data Management and Communication; — Rehabilitation Affairs; — Vocational Training, Employment and Job Placement for Persons with Disabilities; — Disability Coordination, Sign Language and Braille; — Women Affairs, Girls with Disabilities, and Art and Sport for Persons with Disabilities; and — The Disability Rights Administration (DRA). <p>DWPD is responsible for:</p> <ul style="list-style-type: none"> — Managing, leading and organising activities for the welfare of persons with disabilities;

Stakeholder	Relevant to GBV or disability	Description and potential to assist ACCESS
		<ul style="list-style-type: none"> – Drafting policies, laws and legal frameworks related to the welfare of persons with disabilities and rehabilitation; DAC Secretariat and other RGC bodies can provide input, but are not authorised to lead on policy and legislative development; – Promoting, implementing, and monitoring the implementation of the Disability Law and UNCRPD; – Developing action plans for vocational training for persons with disabilities; rehabilitation of persons with disabilities; job creation and employment for persons with disabilities; – Producing and providing prostheses, orthoses and walking aids for persons with disabilities; – Cultural, art and sport activities for persons with disabilities; and – Development of Braille and sign language services. <p>For CBR activities:</p> <ul style="list-style-type: none"> – Organise commemoration of International Day of Persons with disabilities and other disability events annually; – Organisation of the PWDF; – Prepare accumulative report on monthly, quarterly, six-monthly, nine-monthly and annual activities and achievements to the Ministry; – Implement other duties as directed by the Ministry.
MoSVY: Department of the Welfare of Persons with disabilities (DWPD) Disability Rights Administration (DRA)	Disability	<p>DRA is the arm of DWPD at the provincial and district level.</p> <p>Role and responsibilities of the DRA are:</p> <ul style="list-style-type: none"> – Disseminate NDSP, the Disability Law, and UNCRDP – Monitor and promote the implementation of the Disability Law – Conduct inspections to the ministries, institutions, and entities to ensure compliance with the Disability Law – Provide legal consultations to persons with disabilities, ministries, institutions, public establishments, private sectors, as well as relevant organisations – Provide coordination, reconciliation and other conflict resolution services which happen within the framework of the Disability Law – Act 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 – File court complaints against offenders of the rules of the Disability Law – Develop monthly, quarterly, six monthly and annual reports to MOSVY.

Stakeholder	Relevant to GBV or disability	Description and potential to assist ACCESS
MoSVY: Persons with Disability Foundation (PWDF)	Disability	<p>PWDF's role is to coordinate and manage the 11 rehabilitation centres and 1 P&O factory run by international organisations. Currently, PWDF does not have sufficient human resources to ensure a sustainable takeover of the 11 physical rehabilitation unit managed by international organisations. Role:</p> <ul style="list-style-type: none"> — Strengthen physical rehabilitation services to remove or reduce the disabling effects of impairments and increase access for persons with disabilities to quality sustainable services. — Improve communication, cooperation and collaboration to build effective partnerships and to develop and strengthen new and existing relationships. — Demonstrate financial sustainability and promote financial transparency and accountability to enable the PWDF to fulfil its vision and mandate. — 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. — Ensure that information management systems and activities are proactively linked to the strategic objectives and support the PWDF's business requirement. — Promote and improve the independence, social integration and economic participation of persons with disabilities.
Disability Action Council (DAC) (quasi-government body)	Disability	<p>The role and responsibilities of DAC is to:</p> <ul style="list-style-type: none"> — Organise international day for persons with disabilities and other events related to persons with disabilities — Develop the NDSP — Manage, organise, implement and report on the implementation of the UNCRPD — Develop national report on situation of persons with disabilities and submit to the RGC — Fulfil other obligations assigned by the RGC. <p>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 also been established at provincial level to give DAC outreach in the provinces. (Disability Action Council, 2014).</p>
Ministry of Interior	Both	MOI has responsibility for the operation of the Commune Councils, and subsequently the Women's and Children's Consultative Committees.
Ministry of Labour and Vocational Training (MoLVT)	Disability	<p>The potential role of MoLVT would include:</p> <ul style="list-style-type: none"> — Supporting inclusive employment hub activities with existing mechanism; — Developing in-house capacity on disability issues; and — Creating awareness on the need for training and employment for persons with disabilities. —

Stakeholder	Relevant to GBV or disability	Description and potential to assist ACCESS
DFAT programs		
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 EAW radio program. This program finishes in October 2018.
UN Agencies		
UN Women	GBV	<p>UN Women leads on institutional support to 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 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. UN Women will be a key implementing partner in terms of coordination of support to 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	UNFPA implements activities related to both the research and evidence and services component of the current DFAT EAW program. This has included supporting MOH and MoWA to develop a national and subnational training strategy for implementation of the National Guidelines for Managing Violence against Women and Children and the associated clinical handbook. UNFPA has also supported the National Institute of Statistics to conduct national surveys which provide data on GBV, including the upcoming 2019 population and housing census and the 2020 CDHS to inform policies and plans. Scale up of the health sector response to VAWG nationwide is being planned with support from UNFPA. UNFPA also supports PDoWA in Kampong Cham, Preah Vihear and Stung Treng to implement the referral guidelines with a view to supporting MoWA to further scale it up nationwide in the future.

Stakeholder	Relevant to GBV or disability	Description and potential to assist ACCESS
		UNFPA may also be able to provide technical assistance or other services under tender or grant arrangements, particularly in relation to implementation of the health sector guidelines.
United Nations Development Program (UNDP)	Disability, but potentially both	UNDP implemented pillar I and II of the DRIC program. UNDP's main implementation partners for pillar I are DAC and 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.
United Nations Children's Fund (UNICEF)	Disability, but potentially both	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. UNICEF also implements a Child Protection Program (prevention and response), which could provide opportunities for collaboration.
World Health Organization (WHO)	Potentially both	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&O factory.
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 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>
International NGOs and other donors		
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 sectors it engages on.
GIZ	Disability	<p>GIZ (funded by BMZ) supports CDPO with an embedded health professional. To support the implementation of the German's Ministry of Economic Development and Cooperation 'Action Plan for the Inclusion of Persons with Disabilities', GIZ Cambodia employs an international advisor to assist GIZ programmes and partner structures in mainstreaming inclusion of persons with disabilities.</p> <p>The GIZ MUSKOKA project (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 to provide MOH with a validated package of instruments that is ready to be officially</p>

Stakeholder	Relevant to GBV or disability	Description and potential to assist ACCESS
		<p>adopted. Also, reproductive health trainings for persons with disabilities have been developed and will be conducted with DPOs through a partnership with CDPO.</p> <p>The GIZ Social Health Protection Project (2016-2018) supports the RGC to provide poor and vulnerable Cambodians with equitable access to good quality, affordable health services. At the national level, GIZ works closely with the CDPO to bring a stronger focus on health into the organisation's monitoring and advocacy activities. At a provincial level, GIZ works directly with DPOs and Older Persons Associations (OPAs) to build organisational capacity, to strengthen their ability to advocate for their members' needs and interests, and to become sustainable organisations with diversified sources of financing.</p>
GIZ	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 Province and District Women and Children Consultative Committees, local authority including commune chiefs, and village chiefs, with the goal to increase access to and quality of services for female victims of GBV, particularly sexual and physical violence. It has focused on providing quality of services, 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> <p>ATJW II has already included staff of MoWA national level and some from International Organisations and local NGOs in capacity development training on the new strategies and instruments (Referral system, Minimum Standards of Counselling, data collection system). Scaling-up is now already in process in selected districts of 12 Provinces as several international Organisations (UNFPA, UNWomen, CARE Intern) and local NGOs replicate the approach and use instruments in these provinces.</p>
The Asia Foundation	GBV	<p>TAF's Preventing Intimate Partner Violence Stage 2 (PIPV 2) initiative was funded through the DFAT EAW program. TAF had four sub-partners: Punleu Komar Kampuchea Organisation, People Centre for Development and Peace, TPO and Open Institute. Through secondary analysis of best available datasets⁷¹ 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	<p>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</p>

⁷¹ 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
		<p>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.</p> <p>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.</p>
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&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&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 previously managed by HI have been handed-over to the PWDF. Another centre in Kampong Chham is still 100 percent under HI's management.</p> <p>HI is a stakeholder for ACCESS's work with PWDF and the handover of the rehabilitation centres and the P&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&O factory.</p> <p>ICRC is a stakeholder for ACCESS's work with PWDF and the handover of the rehabilitation centres and the P&O factory.</p>

Stakeholder	Relevant to GBV or disability	Description and potential to assist ACCESS
Veterans International Cambodia (VIC)	Disability	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. VIC is a stakeholder for ACCESS's work with PWDF and the handover of the rehabilitation centres and the P&O factory.
<i>Cambodian CSOs / DPOs / NGOs and non-government service providers</i>		
Transcultural Psychosocial Organisation Cambodia	Both	TPO receives direct funding from the DFAT EAW program, as well as via GIZ and TAF. TPO aims to <i>contribute to the promotion of gender equality and improving access to psychosocial service for survivors of gender-based violence and sexual assault</i> . TPO was involved in developing MOWA (2016) Minimum Standards for Basic Counselling for Women and Girl Survivors of Gender Based Violence, and has trained and supported community resource people, judicial police officers, PDoWA, Commune Councils, and staff from other CSOs in various aspects of implementation of the guidelines. 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. LAC is a potential grantee, particularly for support to the implementation of the forthcoming mediation guidelines.
Hagar International	GBV	Restoring wholeness is at the heart of Hagar's approach. Hagar works holistically on issues of protection, recovery, education, economic empowerment and reintegration. Hagar's approach is to assume that each area overlaps and complements other areas. Hagar's focus is the restoration of each individual in its care. Hagar Cambodia serves women and children who have survived the most extreme cases of human rights abuse – sexual exploitation and violent rape, trafficking for labour and forced work, domestic violence and acid attacks. Hagar's work includes recovery shelters, legal support, education and employment programmes, health care, trauma counselling and transitional and reintegration support. Hagar may seek funding through ACCESS for service provision.
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 organisation, 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 organisations 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. CDPO's vision is that persons with disabilities are able to fully and equally participate in society and live with dignity.

Stakeholder	Relevant to GBV or disability	Description and potential to assist ACCESS
		<p>CDPO's mission is to:</p> <ul style="list-style-type: none"> – Represent the voice of persons with diverse disabilities, including women and children and persons of ethnic minorities with disabilities. – 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. – 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, prakas, government policies relevant to the rights of persons with disabilities and CRPD in order that the rights of persons with disabilities are realised. <p>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.</p>
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 15).
Private sector		
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 & built environment (ii) inclusive transport, and (iii) inclusive agriculture.</p> <p>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 their 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 cooperative 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 7. 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"> – MEF – MoWA – MoSVY – DAC – MoI – MoH – RGC agencies as agreed (MoLVT); – DFAT DHOM – Managing Contractor <p><i>Advisory:</i></p> <ul style="list-style-type: none"> – UN Agencies; <p>ACCESS management team and TA personnel (as required).</p>	Six monthly	<ul style="list-style-type: none"> – Ensures program coherence. – Opportunities for formal RGC input into the program. – Update on ACCESS progress and issues (results of activities completed/ongoing). – Presentation of proposed activities and priorities for next year. – Program risk register reviewed and updated. – Inception review meeting at six-month point 	<p><i>Reports required:</i></p> <ul style="list-style-type: none"> – Annual Report (one month prior to meeting) – Summary of proposed activities and priorities for next year. <p><i>Reports generated:</i></p> <p>ASC Meeting Minutes</p>	<p>Inaugural meeting within three months of start-up, then in March 2019.</p> <p>Meetings held in July and January thereafter.</p>
Workstream (EVAW/Disabilities) Meetings	<p><i>Members:</i></p> <ul style="list-style-type: none"> – RGC Ministry representatives (chair) i.e. (MoWA/MoSVY) – NGO representatives – ACCESS TA personnel – DFAT First Secretary/SPM 	Quarterly, or as required	<ul style="list-style-type: none"> – Each target ministry (MoWA or MoSVY) leads discussion of policy and technical issues related to their respective mandates. – Opportunity for discussion and coordination of draft proposals of the individual ministries and of NGOs; – Recommendations concerning proposals made to the ACCESS Competitive Investment Mechanism Panel (CIMP). 	<p><i>Reports required:</i></p> <ul style="list-style-type: none"> – Discussion papers – Draft proposals for future activities <p><i>Reports generated:</i></p> <ul style="list-style-type: none"> – Workstream Meeting Minutes (MC to prepare) 	<p>Inaugural meeting within one month of start-up. Quarterly meetings thereafter.</p>

Regular Meetings	Attendees	Frequency	Purpose	Reports Required and Generated	Timing
ACCESS Competitive Investment Mechanism Panel (CIMP)	<p><i>Members:</i></p> <ul style="list-style-type: none"> – DFAT DHOM (chair) – MEF – MC – Independent member (NGO/private sector) <p><i>Invitees:</i></p> <ul style="list-style-type: none"> – Proponents for funding (to present proposals/answer questions) <p>MC provides Secretariat Support</p>	Annually, or as required.	<ul style="list-style-type: none"> – Consideration and approval of funding proposals from target ministries, NGOs, multilaterals – Proposals screened against ACCESS investment criteria. – The CIMP will not consider DFAT-internal funding matters. The Managing Contractor will develop ToR for the CIMP defining its role. 	<p><i>Reports required:</i></p> <ul style="list-style-type: none"> – Draft proposals <p><i>Reports generated:</i></p> <ul style="list-style-type: none"> – CIMP Meeting Minutes (MC to prepare) – Feedback letters on successful/unsuccessful proposals 	Inaugural meeting within five months of start-up. Annually, thereafter (as required).
DFAT-MC Progress Meeting	<ul style="list-style-type: none"> – DFAT; – ACCESS Team Leader (MC); – ACCESS Workstream leads (MC); – TA personnel (as required) – Program Operations Officer; – Activity implementers (as required). 	Every two weeks	<ul style="list-style-type: none"> – Review of issues from both technical and operational perspectives – TA personnel update DFAT on progress. 	<p><i>Reports required:</i></p> <ul style="list-style-type: none"> – MC prepares summary of progress on action points from previous meeting – List of upcoming activity proposals – Risks etc. <p><i>Reports generated:</i></p> <p>MC prepares summary of action points</p>	From: Program start

Extraordinary Meetings	Attendees	Frequency	Purpose	Reports Required and Generated	Timing
High Level Roundtable Consultations, chaired by HOM/DHOM.	<ul style="list-style-type: none"> – DFAT; – Activity implementers; – RGC agencies; – Academics; – CSOs/NGOs. – MC. 	Annual	<ul style="list-style-type: none"> – Update stakeholders on ACCESS' progress and plans for upcoming year and receive feedback. – To feed into ACCESS annual planning - held pre (GoA) budget. – Provides media opportunities 	<p><i>Reports required:</i></p> <ul style="list-style-type: none"> – MC prepares summary of progress for distribution to external stakeholders. <p><i>Reports generated:</i></p> <ul style="list-style-type: none"> – MC prepares summary of Roundtable discussions. 	Inaugural meeting in October 2018, held annually in April thereafter.

ANNEX 8. KEY RISKS

Risk: Event, Source and Impact (what can happen (event), how can that happen (source) and what will the impact be if it happens?)	Existing Controls (what’s currently in place?)	Risk rating with existing controls in place			Proposed Treatments (If no further treatment required or available, please explain why)
		Consequence (refer to matrix)	Likelihood (refer to matrix)	Risk Rating (refer to matrix)	
Key Risks					
<p>Event: The tasks of building financial management capacities in target ministries, in addition to building service delivery capacities for persons with disabilities and for women affected by GBV, may overwhelm the absorptive capacities and financial and human resources of the target ministries.</p> <p>Source: RGC</p> <p>Impact: 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 MEF.</p>	Minor	Possible	Moderate	<ul style="list-style-type: none">▪ 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.▪ ACCESS to continue to fund targeted service provision by NGOs, and would seek to realise more workable relationships between NGOs and government.

Risk: Event, Source and Impact (what can happen (event), how can that happen (source) and what will the impact be if it happens?)	Existing Controls (what's currently in place?)	Risk rating with existing controls in place			Proposed Treatments (If no further treatment required or available, please explain why)
		Consequence (refer to matrix)	Likelihood (refer to matrix)	Risk Rating (refer to matrix)	
<p>Event: Fragmentation: Disparate range of activities funded might lack coherence – results could be diffuse.</p> <p>Source: DFAT, ACCESS.</p> <p>Impact: 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>DFAT-internal portfolio management processes.</p> <p>Design process included broad consultation with RGC, CSOs, multilaterals and private sector.</p>	Minor	Possible	Moderate	<ul style="list-style-type: none"> Open market procurement of Managing Contractor tasked to maximise programmatic coherence will complement DFAT analysis. Managing Contractor to provide strategic advice to DFAT on entry points and activities to minimise diffusion.
<p>Event: PFM efforts in target ministries might be undermined by decisions outside the target ministries' control (i.e. by MEF).</p> <p>Source: RGC, ACCESS</p> <p>Impact: RGC budget allocations for GBV and disability services do not increase. Non-realisation of one of</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"> 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, and through a focus on gender responsive budgeting. Detailed and ongoing political economy analysis will also be required to prosecute this strategy, with particular attention to gender

Risk: Event, Source and Impact (what can happen (event), how can that happen (source) and what will the impact be if it happens?)	Existing Controls (what's currently in place?)	Risk rating with existing controls in place			Proposed Treatments (If no further treatment required or available, please explain why)
		Consequence (refer to matrix)	Likelihood (refer to matrix)	Risk Rating (refer to matrix)	
<p>ACCESS' key objectives - to support improved RGC budget processes leading to increased sustainability of funding for GBV and disability services.</p> <p>Strategies employed by ACCESS to influence RGC budget increases would need to be re-thought.</p> <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>responsive budgeting, and to exploring innovative ways for service providers (activity implementers) to reach agreements with RGC agencies at national and subnational level for ongoing support to service provision. This could include technical accompaniment at those levels for specific objectives, centred on matched funding or other mutually agreed benefits.</p> <ul style="list-style-type: none"> Donor relationships would need to be fostered.
<p>Event: Changes in RGC policies and priorities.</p> <p>Source: RGC.</p> <p>Impact: 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"> Activity programming (design) will be based on close consultation with the RGC, multilaterals and CSO stakeholders. Ongoing engagement with RGC agencies throughout activity cycle will alert the program to changes in policy and priorities. The Managing Contractor will develop a strategy to respond flexibly to any policy and priority changes.

Risk: Event, Source and Impact (what can happen (event), how can that happen (source) and what will the impact be if it happens?)	Existing Controls (what's currently in place?)	Risk rating with existing controls in place			Proposed Treatments (If no further treatment required or available, please explain why)
		Consequence (refer to matrix)	Likelihood (refer to matrix)	Risk Rating (refer to matrix)	
<p>Event: Political sensitivities associated with PFM reform might inhibit progress.</p> <p>Source: RGC.</p> <p>Impact: PFM reform not implemented at subnational levels and quality and quantity of services do not increase.</p> <p>Loss of reputation for Australia.</p>	Design process included broad consultation with RGC, CSOs, multilaterals and private sector.	Minor	Possible	Moderate	<ul style="list-style-type: none"> ▪ Ongoing political economy analysis will be required to implement activities in a politically smart manner. ▪ Managing Contractor to provide strategic advice to DFAT on entry points and activities, based on PEA.
<p>Event: activities selected do not support sustainable inclusive economic development. E.g. employers do not sign up to employ persons with disabilities/or job ready applicants are rare.</p> <p>Source: ACCESS.</p> <p>Impact: ACCESS' objectives for inclusive economic development not met.</p>	DFAT-internal portfolio management processes.	Minor	Possible	Moderate	<ul style="list-style-type: none"> ▪ Employment hub for persons with disabilities a key activity. ▪ Funding criteria include requirement for activity implementers to demonstrate how proposed activities promote economic inclusion for persons with disabilities. ▪ M&EF captures information on gender and disabilities.

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

Consequence	Description
Negligible	<ul style="list-style-type: none"> Result in consequences that can be dealt with by routine operations
Minor	<ul style="list-style-type: none"> Minor delays in providing services or achieving objectives Threaten the efficiency of effectiveness of some aspect of the program / activity / business unit but can be dealt with internally

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

Consequence	Description
	<ul style="list-style-type: none"> • 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 • Program / project / business unit suffers severe adverse financial impact • Severe breaches of public sector accountability requirements, legislative / contractual obligations or information security • Extensive damage to property resulting in loss of property or major damage to multiple properties • One death or multiple life-threatening injuries

ANNEX 9. 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 (see below) – 6 months July – December 2018 – M&E Framework in place and baseline established, Program operations established, inception review conducted and inception report prepared
	ASC meetings (September 2018, March 2019)
	Stakeholder roundtable consultations (October 2018, April 2019)
	CIMP – funds awarded/contracts signed for Years 1-3 (by March 2019)
	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 (January 2019)
Year 2	Annual Report (July 2019)
	ASC meetings (July 2019, January 2020)
	Stakeholder roundtable consultation (April 2020)
	CIMP 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 (January 2020)
Year 3	Annual Report (July 2020)
	ASC meetings (July 2020, January 2021)
	Stakeholder roundtable consultation (April 2021)
	Investments stocktake conducted
	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 (January 2021)
	Independent Mid Term Review (to be conducted by DFAT)
	Annual Report (July 2021) (Final Annual Report/Completion Report if Years 4 and 5 not approved, due June 2021)
Year 4	CIMP – funds awarded/contracts signed for Year 4 and Year 5 (if years 4 and 5 approved)
	ASC meetings (July 2021, January 2022)
	Stakeholder roundtable consultation (April 2022)
	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 (January 2022)
Year 5	Annual Report (July 2022)
	ASC meetings (July 2022, January 2023)

	Stakeholder roundtable consultation (April 2023)
	CIMP 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 (January 2023)
	Final Annual Report/Completion Report (June 2023)

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 (July to December 2018). During this period, the Milestone activities for the Inception Period are set out below.

Inception Period	Inception Plan.
	Clarify the objectives and anticipated outcomes expected from the program, and to build consensus, particularly with RGC and NGO partners.
	Revise and update the program's M&EF (if necessary), including evaluability assessments of activities/approaches, baseline assessments, safeguards assessments, and prepare a M&E work plan.
	Establish governance arrangements (i.e. the ASC, CIMP, workstream meetings), including ToR.
	Prepare the first annual work plan.
	Conduct an initial political economy analysis.
	Develop a social inclusion strategy.
	Prepare a risk register, based on the draft risk matrix.
	Prepare a program operations manual, including child protection protocols, safeguards protocols, security and disaster risk management plan.
	Develop CIM administration guidelines and procedures, including investment criteria and activity implementer selection criteria.
	Establish an office in Phnom Penh (either co-located in target ministries or independently).
	Inception Report (first six monthly progress report)

ANNEX 10. KEY DIFFERENCES BETWEEN THE DRIC AND EVAW PROGRAMS AND ACCESS

Key Differences between DRIC and ACCESS's disabilities approach

	DRIC program	ACCESS
Modality	Implemented by three UN agencies	All implementation to be managed by a Managing Contractor appointed team (grants, allocations, tenders, technical assistance)
Implementing partners	DRIC managing partners: – UNDP, UNICEF, WHO Main implementing partners: – CDPO, DAC, MoI, MoSVY, MoH, MoLVT – 15 grantees for service delivery	To be identified through a competitive grant or tender process. Potential to contract technical assistance through UN Agencies to support work in this area
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. Services related to rehabilitation and access to the labour market will also benefit women affected by GBV and other marginalised groups.
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 and will build synergy effects with GBV sector 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. Component II: Increased capacity of CDPO to create awareness of the needs of persons with disabilities. Component III: Increased access to physical rehabilitation services and increased capacity of PWDF to manage physical rehabilitation services. 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 service delivery and physical rehabilitation for persons with disabilities. A new aspect is the focus on the inclusive employment hub to increase economic inclusion of persons with disabilities., working
Supporting outcomes / intermediate outcomes	Component I: Increased capacity of DAC and NDSP implemented. Component II: Increased capacity of CDPO and inclusion of persons with disabilities. Component III: Increased capacity of PWDF and increased access to physical rehabilitation services. 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. ACCESS continues to support PWDF to develop capacity to manage the physical rehabilitation centres. ACCESS works with MoLVT to develop 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, allocations, tenders, technical assistance)
Implementing partners	<p>15 National and International NGOs:</p> <ul style="list-style-type: none"> – GIZ, including sub-agreements with Transcultural Psychosocial Organisation, Legal Aid Cambodia, Banteay Srei and Cambodia Women's Crisis Centre. – The Asia Foundation, including sub-agreements with Punleu Komar Kampuchea Organisation, People Centre for Development and Peace, Transcultural Psychosocial Organisation, and Open Institute. – UN Women, CARE, UNFPA, Transcultural Psychosocial Organisation – Agency for Technical Cooperation and Development, including sub-agreements with Legal Aid Cambodia and Social Services Cambodia. – Legal Aid Cambodia, Hagar 	<p>To be identified through a competitive grant process.</p> <p>Potential to contract technical assistance through UN Agencies to support MOWA and implementation of existing guidelines</p>
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 funding to NGOs active at the district and commune level, will contribute to prevention efforts.
Major outcomes / End of Program Outcomes	<p>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.</p> <p>Prevention: Strategies developed to promote positive change in perceptions, attitudes, behaviours, beliefs, practices, and social norms.</p> <p>Justice: A protective investigation and legal process that is responsive, effective, treats survivors of violence with dignity and holds perpetrators accountable.</p>	<p>ACCESS retains the focus on services and strengthening the referral network.</p> <p>Universal primary prevention strategies are not a focus of ACCESS, but it is expected that NGO investments will contribute to prevention efforts (such as continuation of initiatives aiming to reduce the effects of alcohol on violence).</p> <p>The approach recognises the important potential role of service providers and local leadership in shifting social norms around violence.</p>
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.

ANNEX 11. TA PERSONNEL FUNCTIONAL REQUIREMENTS

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. A strong ability to think and work politically to identify and respond rapidly to challenges and opportunities to engage in reform.

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 allocations (i.e. to UN Agencies) and services contracts with third parties (i.e. with private sector organisations), seeking to achieve coherent results reporting across the program;
- › management tools, policies and procedures, such as CIM administration manuals and management of the CIM's processes;
- › provision of secretariat services to the ASC, CIMP and work stream meetings; and
- › strategic analysis and advice – relationship building, opportunities for innovation, private sector involvement, and results.

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, 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 competitive investment mechanism;
- › Supporting the PFM TA to strengthen budget processes at MoWA; and
- › Progress reporting to the ASC.

Disabilities Lead function

- › TA to MOSVY and to DAC and to line ministries (where appropriate) on the implementation of the NDSP, including working with other line ministries and supporting MOSVY's and 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 competitive investment mechanism;
- › Supporting the PFM TA to strengthen budget processes at MOSVY and 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-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 CIMP.

ANNEX 12. INDICATIVE BUDGET ALLOCATIONS

Financial Resources

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

Up to a maximum of \$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 and M&E 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.⁷²

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. It is anticipated that during Year 1 approximately \$600,000 CIM funding spread across both GBV and disabilities sectors would be allocated to co-financing RGC activities for which there is insufficient RGC budget. This represents slightly less than one quarter (24%) of the Year 1 CIM budget; the remaining 76% is expected to be allocated to third party service providers filling service delivery gaps.

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 is included in the ACCESS investment criteria. This may also free up funds for activity implementation in latter years. ACCESS' PMF advisor will support both target ministries to realise increased budgets for services, working closely with MEF.

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 work plans developed on the back of proposals received through the ACCESS CIM. Multiyear investments 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). The budget would need to contemplate costs for reasonable accommodation (in accordance with DFAT guidance note on provision of reasonable accommodation.) as a means of maximising participation of persons with disabilities.

⁷² 25 percent is proposed as the maximum payable under a commercial arrangement with a Managing Contractor.

Table 7 Indicative ACCESS budget allocations by outcome

Item		Annual AUD million	Over 5 Years AUD million
<i>EOPO 1: Improved budget processes supporting services for persons with disabilities or affected by GBV (50 percent of funding for activities)</i>		\$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
<i>EOPO 2: Increased accessibility of quality services for persons with disabilities or affected by GBV (50 percent of funding for activities)</i>		\$1.250	\$6.25
2.1GBV	Increased adoption and operationalisation of existing standards for services for women 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
Total 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 13. COMPETITIVE INVESTMENT MECHANISM

An indicative Competitive Investment Mechanism (CIM) is:

Call for Expressions of Interest

Release a call for proposals, based on a terms of reference and final selection criteria discussed and confirmed with MOSVY and 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 CIM sub-committee, consisting of members from the program implementation team, MoWA, MoSVY, MEF 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 investment requirements.

This stage will also include a recommendation to the CIMP about the type of investment modality required – i.e. direct allocation to a multilateral organisation, grant to NGO, or contract to a private sector organisation. Where services are identified which are best provided by the private sector (i.e. sign language training, or media communications), a mini-tender process would be required. Under certain circumstances, DFAT may be permitted to authorise single source procurement.

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. Workshops on the CIM for potential proponent organisations will also be considered.

Review and potential extension of the terms of investments

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

Feedback and grievances

The CIM would include an accessible feedback and grievance mechanism, to be developed by the Managing Contractor in consultation with Cambodian DPOs, and the DFAT Disability Section in Canberra.

The CIM is complementary to the RGC budget and will fund TA, service provision and co-financing

The CIM is intended to be complementary to the RGC budget and will fund TA and activities (delivered by activity implementers) to fill in government GBV and disability service provision gaps. RGC agencies (target ministries, subnational authorities) wishing to have activities funded via the CIM will need to reach agreement with proponents (i.e. a joint RGC/UN Agency proposal). Such proposals would need to include written agreement from RGC agencies that the RGC agency will seek to increase its budget to fund the services in subsequent years. Proposals of this kind would co-fund RGC activities for which insufficient RGC budget exists, such as workshops or mid-term reviews etc.

ACCESS will not provide direct budget support to the RGC for activities, nor will ACCESS funds be used to support daily subsistence allowance (DSA) or other payment for participation in the Program or its activities. ACCESS acknowledges that the appropriate source of funding for target ministry and subnational RGC

authority activities is the RGC budget. ACCESS' PFM activities will seek to support enhanced (and hopefully increased) RGC budgets for Years 2-5.

Indicative Investment Criteria

ACCESS will agree investment criteria with the target ministries. Indicative criteria are:

- › Contribution to NAPVAW2 or NDSP objectives and links to at least one ACCESS outcome;
- › Demonstrated partnership approach, including strategies to stimulate national or sub-national RGC stakeholders' engagement in ACCESS-funded activities;
- › Clear sustainability strategy, (outcomes or financing, or both); encouraging integration into government services and building additional funding for services will be priorities;
- › Willingness and capacity to participate in coordination and learning events, i.e. attending annual partner meetings;
- › Willingness and capacity to collect appropriately disaggregated data and to report against ACCESS common indicators as relevant to the activity;
- › Specified approach to influencing power holders and wider social norms around inclusion, non-discrimination, gender equality, and protective norms against GBV;
- › Specified approach to engagement with DPOs including involvement in implementation;
- › Activity implementer has safeguards mechanisms in place appropriate to the activity.

ANNEX 14. INDICATIVE SAFEGUARDS APPROACHES FOR ACCESS

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

In both workstreams services being developed will intersect with child protection considerations:

- › Children affected by gender-based violence will need to access health, social, justice services, either due to experiencing the violence themselves or through the ramifications of family violence. In many cases the referring or supporting individual or agency will be the same as for adult focused services (for example sub-national women's and children's officers or committees).
- › Children with disabilities will need to access rehabilitation services supported through ACCESS, as well as other services.

In each case the services will be the same as those accessed by adults. It is unrealistic that in a resource poor setting comprehensive specialist child services will be able to be set up and adequately supported in the longer term. Therefore, as per the *Essential Services Package for Women and Girls Subject to Violence*, specific strategies need to be integrated within broader service provision. The existing guidelines for the referral network and counselling provide some direction related to child protection, but also some self-identified limitations. It is not currently known what provisions there are in relation to disability services. More comprehensive information on the status of child-related expertise can also be part of the rapid mapping of GBV service provision, and detailed as part of the development of the social inclusion strategy.

It is possible that Managing Contractor staff and TA personnel will come into contact with children 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 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 15. LIST OF PERSONS AND ORGANISATIONS CONSULTED

Australian Department of Foreign Affairs and Trade	Royal Government of Cambodia
<p>Cambodia Post</p> <p>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)</p> <p>By telephone</p> <p>Ms Annemarie Reerink, Senior Specialist Gender Equality; Ms Tammy Malone, Executive Officer, Timor-Leste Section; Ms Katie Magee, Assistant Director, Disability Section</p> <p>Australian aid projects</p> <p><i>DFAT Eliminating Violence Against Women program:</i> Ms Cheryl Clay, EAW Program Manager; Mr Sopor Kim, M&E Program Officer</p> <p>Community Policing Initiative: Mr John Rennie, Team Leader</p> <p>Cambodia Communications Assistance Project: Viveahhneata Rath, Team Leader</p> <p><i>Cambodia Australia Innovation in Agriculture:</i> Mr Pieter Ypam, Market Development Manager/Acting Team Leader</p>	<p>Ministry of Women's Affairs</p> <p>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</p> <p>Ministry of Social Affairs, Veterans and Youth Rehabilitation</p> <p>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</p> <p><i>Disability Action Council:</i> HE Em Chan Makara, Secretary General;</p> <p>Department of Welfare for Persons with Disability: Mr Chap Malyno, Director</p> <p>Disability Rights Administration: Mr Sem Sokpanha, Director</p> <p>Persons with Disability Foundation (PWDF): Mr Chour Rattanak (Director) Choun Leng, Chief of Finance and Accounting Office</p> <p>Ministry of Economy and Finance</p> <p>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)</p> <p>Ministry of Interior</p> <p>HE Ngan Chamroeun, Under Secretariat of State, NCDD Secretariat Council for the Development of Cambodia</p> <p>Mr IM Sour, Deputy Secretary General; Mr Ok Thida, Aid Coordination Officer; Ms Mok Puthy, Director, NGO Aid Coordination Engagement</p> <p>Ministry of Health</p> <p>Dr Kol Hero (Director, Department of Preventive Medicine)</p>
Cambodian NGOs - EVAW	Cambodian NGOs - disability
<p>Transcultural Psychosocial Organisation (TPO): Dr Southea Chhim, Executive Director; Ms Taing Sopheap, Research, monitoring, and evaluation coordinator; Phan Chanveasna, Counsellor Battambang province; Mauk Savy, Counsellor Battambang province</p> <p>Legal Aid Cambodia (LAC): Mr Run Saray, Executive Director, Mr Phonn Thearin, Project Manager; Ms Trica</p>	<p>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</p>

Wake, Sustainability Adviser; Mr Kao Dyna, Women's Justice Program Manager

Group discussion: NGOs involved in EAW

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

ACTED: Ms Ginny Haythornthwaite, Country Director

Banteay Srei: Ms Khem Sreymon

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

LAC: Mr. Run Saray, Executive Director

TPO: Dr Sotheara 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 Organisation (PKKO): Mr. Snguon Malayvuth, Executive Director

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

Group discussion with DPOs

CDPO: Ho Theary, Program Assistant of Disabled People's Organisation (DPO) Development program; Chan Veasna, Program Assistant of Disabled People's Organisation (CDPO) Development program; Kiv Bonat, Program Assistant of Disabled People's Organisation (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 – EAW stakeholders re M&E

UN Women: Kim Sokleang, Phon Vutha

TAF: Seyla

EAW 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

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

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, DFAT Partnering to Save Lives Program

Ms Robin Mauney, EAW specialist/consultant

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 Sopha Phorn Program Manager

Exceed Worldwide: Ms Sisary Kheng, Country Director

Handicap International: Ms Sophie Coelho, Operations Coordinator; International Committee of the Red Cross

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 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, CDPO/ GIZ 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 16. LIST OF REFERENCE DOCUMENTS

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