

Ending Violence Against Women in Cambodia 2012-2017

Program Management Office

Program Completion Report

October 2017



Photos: (top) photo courtesy of Hagar, (bottom) photo courtesy of ACTED

*This report has been prepared by the EAW Program Management Office
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Table of Contents

Abbreviations	iv
1 Executive Summary	1
1.1 EAW Program Achievements	1
1.1.1 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.....	1
1.1.2 Prevention: Strategies developed to promote positive change in perceptions, attitudes, behaviours, beliefs, practices and social norms	3
1.1.3 Justice: A protective investigation and legal process that is responsive, effective, treats survivors of violence with dignity and holds perpetrators accountable	4
1.1.4 Institutional support and coordination: Working with government, private sector and civil society to improve support and coordination of responses to victims of violence	5
1.1.5 Research and evidence: Enable research and evidence to be used for improved planning, service delivery and implementation of support services	6
1.2 EAW Program Distribution.....	6
1.3 EAW Sector in Cambodia	7
2 Background.....	9
2.1 Policy Context	9
2.2 Implementation Principles.....	10
2.3 Implementation Approach.....	10
2.4 EAW Program Model 2012–2017	11
3 Program Administration and Governance	12
3.1 Program Management Office (PMO)	12
3.1.1 March 2014–October 2015	12
3.1.2 October 2015–October 2017	12
3.2 Program Governance	12
3.2.1 Joint Steering Committee (JSC)	13
3.2.2 Secretariat.....	13
3.2.3 M&E Network.....	13
3.2.4 Implementing Partner Meetings	13
4 Monitoring and Evaluation	14
5 EAW Partnership Approach 2012–2017	14
6 Summary of Partner Progress 2012–2017	15
6.1 Deutsche Gesellschaft Fuer Internationale Zusammenarbeit (GIZ)	16

6.1.1	Access to Justice for Women II (ATJWII)	16
6.2	United Nations Entity for Gender Equity and the Empowerment of Women (UN Women).....	19
6.2.1	Strengthening a participatory, evidence based formulation of a comprehensive action plan to end violence against women and girls in Cambodia.....	19
6.2.2	Implementation of the second NAPVAW.....	19
6.2.3	Bridging the gap: Driving NAPVAW implementation from the national to the sub-national level.....	21
6.3	United Nations Population Fund (UNFPA)	22
6.3.1	Support of violence against women data in the 2014 Cambodia Demographic Health Survey – CDHS	22
6.3.2	Strengthening the health sector response to violence against women and girls..	23
6.4	The Asia Foundation (TAF)	24
6.4.1	Political Economy Analysis of Law Enforcement Responses to Ending Violence Against Women in Cambodia.....	24
6.4.2	Targeting Brief Series on Intimate Partner Violence (IPV).....	24
6.4.3	Prevention of Intimate Partner Violence Program (PIPV).....	25
6.5	CARE.....	26
6.5.1	Project title: Safe Home, Safe Communities (SHSC)	26
6.6	Hagar.....	28
6.6.1	Reintegration of survivors of extreme human rights abuses.....	28
6.7	Legal Aid of Cambodia (LAC)	29
6.7.1	Enhancing the Legal Rights of Women and Children	29
6.8	Transcultural Psychosocial Organisation (TPO)	31
6.8.1	Improving mental health for survivors of gender-based violence.....	31
6.9	Agency for Technical Cooperation and Development (ACTED)	32
6.9.1	Reducing the risk of SGBV against entertainment workers in Phnom Penh	32
6.10	Policy Brief 7: Violence against Women and Girls	33
7	Progress towards EVAW PDD end-of-program outcomes.....	34
7.1	Services	34
7.2	Prevention.....	36
7.3	Justice.....	37
7.4	Institutional Strengthening	39
7.5	Research and Evidence	40
8	Overall Performance Assessment.....	41
8.1	Effectiveness	41
8.2	Efficiency	43
8.2.1	PMO oversight.....	43
8.2.2	MOWA engagement	43

8.3	Relevance	44
8.3.1	Alignment to RGC policy	44
8.3.2	Flexible funding approach.....	44
8.3.3	CSO Capacity Development.....	44
8.3.4	Government Engagement.....	44
8.4	Gender Equality.....	44
8.4.1	Increasing women's voice in decision making and leadership	45
8.4.2	Strategies for gender equality and women's empowerment.....	45
8.5	Monitoring and Evaluation	45
8.5.1	EVAW Annual Progress Reports.....	46
8.5.2	NAPVAW monitoring.....	46
8.5.3	EVAW M&E Network.....	46
8.5.4	EVAW data collection program monitoring	46
8.6	Sustainability.....	46
8.6.1	Use of existing government systems	47
8.6.2	A capacity development approach	47
8.6.3	Program coordination and collaboration.....	47
8.7	Risk Management and Safeguards.....	48
8.8	Innovation	48
8.9	Private Sector	48
9	Handover and Exit Arrangements	49
9.1	Agency reporting requirements as per DFAT Grant Agreements.....	49
9.2	EVAW Documents and Knowledge Products.....	50
9.3	EVAW Assets	50
9.4	EVAW PMO	50
9.5	EVAW Contracts	50
9.6	Financial Matters	50
Attachment 1:	EVAW Program Governance	51
Attachment 2:	EVAW Program Summary 2012-2017	52
Attachment 3:	EVAW Performance Monitoring Framework	54
Attachment 4:	EVAW Implementation Schedule 2016-17.....	55
Attachment 5:	Summary of Success Factors and Lessons Learnt	70
Attachment 6:	Documentation and Knowledge Management Products 2012-2017	72
Attachment 7:	EVAW Asset List	75
Attachment 8:	EVAW Program Data 2012-2017	76
Attachment 9:	EVAW Program Activity Data 2012-2017	81

Abbreviations

ACTED	Agency for Technical Cooperation and Development
ATJWII	Access to Justice for Women Phase 2
BMZ	German Federal Ministry for Economic Cooperation and Development
CANS	Community Alcohol Notification System
CCAP	Cambodia Communication Assistance Project
CCWC	Commune Committee for Women and Children
CCJAP	Cambodia Community Justice Assistance Partnership
CDHS	Cambodia Demographic and Health Survey
CNP	Cambodian National Police
CPI	Community Policing Initiative
CRP	Community Resource People
CSO	Community Service Organizations
CWCC	Cambodian Women Crisis Centre
DFAT	Department of Foreign Affairs and Trade
DOSAVY	District Office of Social Affairs Veteran and Youth Rehabilitation
DOWA	District Office of Women's Affairs
DWCCC	District Women and Children Consultative Committee
DVSA	Domestic Violence and Sexual Assault
EVAW	Ending Violence Against Women
EW	Entertainment Worker
FAO	Finance and Administration Officer
GBV	Gender-Based Violence
GBV and SA	Gender-Based Violence and Sexual Assault
GIZ	Deutsche Gesellschaft Fuer Internationale Zusammenarbeit
IPV	Intimate Partner Violence
JPAAs	Judicial Police Agents
JPOs	Judicial Police Officers
JSC	Joint Steering Committee
KAP	Knowledge Attitude and Practice
LAC	Legal Aid of Cambodia
LOA	Letter of Agreement
M&E	Monitoring and Evaluation
MEO	Monitoring and Evaluation Officer

MOH	Ministry of Health
MOI	Ministry of Interior
Moln	Ministry of Information
MOP	Ministry of Planning
MOSAVY	Ministry of Social Affairs Veteran and Youth Rehabilitation
MOWA	Ministry of Women's Affairs
MSS	Minimum Service Standards
NAPVAW	National Action Plan on Violence Against Women
NCDD	National Committee for Sub-National Democratic Development
NGO	Non-Governmental Organisation
NIS	National Institute of Statistics
NR4	Neary Rattanak IV 2014-2018
OI	Open Institute
OSSC	One Stop Service Centre
PDP-C	People Centre for Development and Peace
PDD	Program Design Document
PDOSAVY	Provincial Department of Social Affairs Veteran and Youth Rehabilitation
PDOWA	Provincial Department of Women Affairs
PM	Program Manager
PMO	Program Management Office
PIPV	Prevention of Intimate Partner Violence
PKKO	Punleu Komar Kampuchea Organisation
RGC	Royal Government of Cambodia
SGBV	Sexual and gender-based violence
SSC	Social Services of Cambodia
TAF	The Asia Foundation
TOR	Terms of Reference
TPO	Transcultural Psychosocial Organisation
TWGG-GBV	Technical Working Group Gender – Gender-Based Violence
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equity and the Empowerment of Women
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
VHSG	Village Health Support Groups
WCCC	Women and Children's Consultative Committee
WHO	World Health Organization

1 Executive Summary

The Ending Violence Against Women (EVAW) program 2012–2017 supported initiatives of the Royal Government of Cambodia and the Ministry of Women's Affairs (MOWA) to change attitudes and prevent violence so that women and girls could feel safe in their homes, in the workplace and in their communities.

The EVAW program was aligned to key Australian and Cambodian government policy including the 2014 Australian aid development policy *Australian aid: promoting prosperity, reducing poverty, enhancing stability development policy* and two key MOWA initiatives that support a whole-of-government approach to EVAW:

- The second *National Action Plan on Violence Against Women 2014–18 (NAPVAW)* - the primary government policy that sets out key strategies to prevent and eliminate VAW, and
- The *Neary Rattanak IV 2014–18 (NR4)* - the five-year strategic plan for gender equality and the empowerment of women in Cambodia.

Ending violence against women is crucial to achieving gender equality and delivering good development outcomes in Cambodia. There is no one single cause of violence against women (VAW). Different forms of violence are driven by a variety of factors and therefore need to be addressed through a variety of interventions. The aim of the EVAW program was to support MOWA to develop and implement responses to, and the prevention of, VAW in Cambodia.

1.1 EVAW Program Achievements

The EVAW program goal, purpose, intermediate outcomes and end-of-program outcomes were initially designed and developed with a 25 year outlook. Policy change within the Australian Aid program in 2013 resulted in changes to the planned EVAW program implementation. This resulted in the EVAW program being reduced to a five-year outlook with implementation managed through a staged annual planning approach.

The EVAW program implementation model took into consideration the original program logic, where possible, and facilitated modifications to ensure alignment with the outcomes of the second NAPVAW and the NR4.

Even with this change in the policy and operating context, the EVAW program was able to reflect notable impact and achievements.

The EVAW program had five outcome focus areas. Outcome 1: Services, Outcome 2: Prevention and Outcome 3: Justice, were core focus areas with Outcome 4: Institutional Support and Coordination and Outcome 5: Research and Evidence supporting focus areas.

1.1.1 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

End-of-program outcome 1: A woman who experiences violence can exercise her right to access quality, comprehensive and expanded response services.

A key focus of this outcome was to enable access to services for women who had been victims of violence, including referral to appropriate support services. Implementation was consistent with the ideals of the MOWA endorsed One Stop Service Centre (OSSC) approach and, as a result, the EVAW program adopted **'the first door is the right door'** approach to strengthen referral mechanisms and improve access to a range of health, legal, employment and accommodation services.

Key achievements included:

- Establishment of the GBV sub-group of the Provincial Women's and Children Consultative Committee (PWCCC) in seven provinces and the GBV sub-group of the District Women's and Children Consultative Committee (DWCCC) in eight districts. The GBV sub-group has become the formalised sub national multi-sector group to address violence. The Provincial Department of Women's Affairs (PDOWA) chair the meetings and non-government organisations (NGOs) and other government representatives are invited to participate. The sub-groups have been formally endorsed by the Provincial and District Governors with the designated purpose to coordinate responses to GBV in their communities.
- The Referral Guidelines for Service Providers Working with Women Survivors of Gender-Based Violence developed and implemented as a guiding document and practitioner tool for government and NGO service providers to improve their service delivery and first line responses to women who have experienced violence.
- The Minimum Standards for Basic Counselling of Women Survivors of Gender-Based Violence (MSBC) developed and implemented as a practitioner tool for all service providers. The MSBC was used in conjunction with the Referral Guidelines.
- The EVAW program commenced with one partner working in two provinces to implement the Referral Guidelines and the MSBC. At conclusion of the EVAW program, this had increased to five implementing partners working in nine provinces and the capital city. All implementing partners utilised the same documentation ensuring a consistency of language, training and approaches to GBV services.

Key statistics:

- Nine documented practice guidelines and associated training manuals developed, approved, published and implemented to provide information and advice to service providers delivering services to victims of violence.
- 12,907 women and their families were provided with shelter, counselling, legal aid or peer support services.
- 265 Community Resource Persons (CRP) trained in basic psychosocial and mental health care to improve identifying, managing and referring survivors of GBV and sexual assault (SA).
- 928 community members participated in self-help groups to improve physical and psychological functioning and to provide a support network.
- 2,036 clients assisted with employment and vocational training to increase family financial stability.

Key outcomes included:

- Increased engagement by sub-national government authorities to respond to GBV. The EVAW program initially focussed on engagement at the national level, however, as the program progressed, a greater emphasis was placed on sub-national engagement. The likelihood of sustainability has been increased as existing government systems have been the mechanism used to institutionalise responses to violence in communities.
- Increased inter-ministerial cooperation and coordination to address GBV service provision. The MSBC was developed, approved and implemented by a joint committee of MOWA and Ministry of Health (MOH). The MSBC has been promulgated throughout MOWA and MOH, national and sub-national, by an official Prakas and included in the national health sector training strategy to scale up the health sector response to GBV.
- The EVAW program facilitated a methodology, through the GBV sub-groups, that is readily able to be adopted by other sub-national governments. Feedback supports that this has occurred with additional provinces (that had not participated in the EVAW program), implementing the GBV sub-group to respond to VAW in their communities.

1.1.2 Prevention: Strategies developed to promote positive change in perceptions, attitudes, behaviours, beliefs, practices and social norms

End of program outcome 2: Relevant RGC agencies, sub-national authorities and the private sector act to prevent violence against women and contribute to implementing Cambodian NAPVAW.

The EVAW program implementation approach to prevention acknowledges the mutually reinforcing interventions of *primary prevention* - the prevention of violence before it occurs, and *secondary prevention* - interventions that prevent the reoccurrence of violence, primarily through service provision. Therefore, many of the activities provided in the Services and Justice focus areas could also be identified as prevention activities.

This outcome focussed on addressing prevention of VAW through challenging knowledge, attitudes and behaviours in responding to, and understanding the impact of violence against women through the use of targeted and structured training programs, the use of media and social media to promote positive messages and the engagement of perpetrators to address their behaviour.

Key achievements included:

- Implementation of the Community Alcohol Notification System (CANS) and the adoption and enactment of the Deika on alcohol control. The Deika is a commune level by-law that sets limits on the sale, consumption and advertising of alcohol. Key success factors of this approach have included increased awareness of the link between alcohol abuse and GBV and a reported decrease of violence against intimate partners.
- The development and implementation of the CANS National Technical Document. This document is the tool to institutionalise the training and implementation of CANS at the sub-national level through the provincial government systems. This process was led by the Ministry of Interior (MOI) and the National Committee for Sub-National Democratic Development (NCDD). Training in the Technical Document was provided to members of the 25 provincial governments to equip them to roll out further CANS implementation in communes.
- The development and implementation of the Media Code of Conduct. This provided agreed industry guidelines on the representation of violence against women in the media in order to reduce the amount of negative content. The Joint Prakas between MOWA and Ministry of Information (MOIn) on the Media Code of Conduct for Reporting of Violence Against Women was facilitated by private industry partners, the Club of Cambodian Journalists.

Key statistics:

- 18,337 people participated in training and community awareness programs over the life of the EVAW Program.
- 47 female commune chiefs, deputy commune chiefs and commune committee members supported and participated in the implementation of CANS to strengthen the focus on the needs of women and children victims of violence.
- 52 radio talk shows raised awareness of GBV to promote the responsibility of local authorities in reporting and responding to VAW.
- 415 peer educators provided with training and mentoring to improve personal safety for entertainment workers.

Key outcomes included:

- Increased engagement by sub-national government authorities to respond to GBV and Intimate Partner Violence (IPV). Provision of technical support to the national leadership of the NCDD to ensure consistency with existing provincial government systems was utilised as the mechanism to

institutionalise CANS in communities as a prevention response to violence and therefore, ensure ongoing sustainability. A consequent benefit was the reported reduction in use of alcohol and the implementation of greater controls on access and sale of alcohol in participating communes.

- Increased partnerships between national government, sub-national government and private industry. The Media Code of Conduct was adopted and has provided an example of industry leadership and regulation in partnership with government authorities.
- Program implementation funding support in the Commune Investment Plan 2018. A total of 19 communes successfully advocated for CANS funding support. This is a significant achievement in reinforcing a sustainable approach to program implementation through use of existing sub-national funding and planning cycles.

1.1.3 Justice: A protective investigation and legal process that is responsive, effective, treats survivors of violence with dignity and holds perpetrators accountable

End of program outcome 3: A woman who experiences violence or the threat of violence in Cambodia has expanded opportunities to access justice.

A number of laws protecting women's rights have been enacted, however, difficulties associated with the promulgation and enforcement of those laws have contributed to a climate of impunity for offenders, a lack of a consistent justice response, and informal justice mechanisms, such as mediation, being used as a significant default response.

The program design document (PDD) anticipated that the Australian Aid funded Cambodia Community Justice Assistance Partnership (CCJAP) would be a more active partner and participant in the EVAW program to facilitate active engagement of the Cambodia National Police. The change in DFAT focus and the reduced engagement in the justice sector meant that the CCJAP program engagement as originally proposed was not realised.

Within this context, the EVAW program focussed on targeted specific capacity development activities such as mentoring, training and information awareness for justice officials. This included approaches to strengthen the existing sub-national mechanisms, to improve and increase access to legal services for victims and to increase the capacity and knowledge of justice officials.

Key achievements included:

- MOWA Judicial Police Officers (JPO) and Judicial Police Agents (JPA) provided capacity building training to support victims of violence as governed by the Law on the Prevention of Domestic Violence and the Protection of Victims, 2005. The MOWA JPO/JPA are members of the GBV sub-groups providing opportunity to implement learning and skill development and ensure passage of information between national and sub-national services and responses to VAW.
- Technical support provided to provincial and district criminal justice authorities through criminal justice network meetings, to assist in resolving criminal and civil domestic violence proceedings.
- The Mediation as a Response to Violence Against Women in Cambodia research undertaken to provide a greater understanding of the scope and nature of the informal mediation practices used to address VAW.

Key statistics:

- 2,938 recipients of legal response activities over the life of the EVAW Program.
- 1,191 victims of domestic violence and sexual assault (DV and SA) received legal advice and legal representation to proceed with matters through the formal justice system.
- 47 criminal justice network meetings held to strengthen the role of judicial stakeholders in providing justice services for victims of violence.

- 51 training programs provided for National and Provincial MOWA JPOs and District women focal points to support them in undertaking their role as governed by the Law on Domestic Violence.
- A total of 1,747 law and justice officials participated in training and capacity development programs to institutionalise a gender sensitive response to VAW

Key outcomes included:

- Increased capacity and improved responses from MOWA JPO/JPs. It has been reported by implementing partners that the JPO/JPs have improved facilitation and coordination skills and, as a result, have become central to the operations of the provincial GBV sub-groups.
- Improved mediation at the commune level. Feedback from commune members highlights instances of better mediated local conflict resolution sessions with the involvement of JPA/JPOs.
- Improved preparation of case documentation by police leading to quicker responses by the court in cases of GBV as reported by supporting NGO services.

The above three core focus areas were complemented by the two following supporting focus areas:

1.1.4 Institutional support and coordination: Working with government, private sector and civil society to improve support and coordination of responses to victims of violence

End of program outcome 4: Government agencies, civil society and the private sector work together to begin implementation of strategies to prevent and respond to VAW.

Responding to VAW requires stakeholders from many different sectors across government, civil society, communities and service providers to be actively engaged. Activities from this focus area targeted coordination and collaboration between services of government and NGOs to improve and increase an integrated response to VAW prevention and service delivery. Key achievements included;

- Development and implementation of the second NAPVAW 2014–2018, the primary government policy to address a whole-of-government approach to the prevention of VAW.
- Establishment and ongoing review of the Technical Working Group Gender, Gender-Based Violence sub-group (TWGG-GBV) to lead implementation and monitor achievements of the second NAPVAW 2014–2018.
- Support provided to MOWA to promote women's rights and activate for community change through contribution and facilitation of national public campaigns such as International Women's Day and the 16 Days of Activism against Gender-Based Violence campaign.

Key statistics:

- Seven Provincial GBV networks established with formal endorsement from the Provincial Governor to coordinate responses to GBV.
- Eight District GBV networks established with formal endorsement from the District Governor to coordinate responses to GBV.
- 14 community events to promote International Women's Day.
- 15 community events to celebrate the 16 Days of Activism against Gender-Based Violence campaign.

1.1.5 Research and evidence: Enable research and evidence to be used for improved planning, service delivery and implementation of support services

End of program outcome 5: Government agencies, civil society and communities use credible evidence to advocate, plan and budget for and implement policies, laws, standards and programs to prevent and respond to violence against women.

The EVAW program supported a range of research activities in order to better understand the Cambodia context, identify trends in violence over time and provide options for how the data could contribute to violence prevention policy. The research undertaken throughout the EVAW program increased the availability of current Cambodia-specific research and evidence to support government planning and service provider intervention approaches. Current, reliable, country-specific research provided a strong foundation of a knowledge-to-policy-to-practice approach.

Key national research published included:

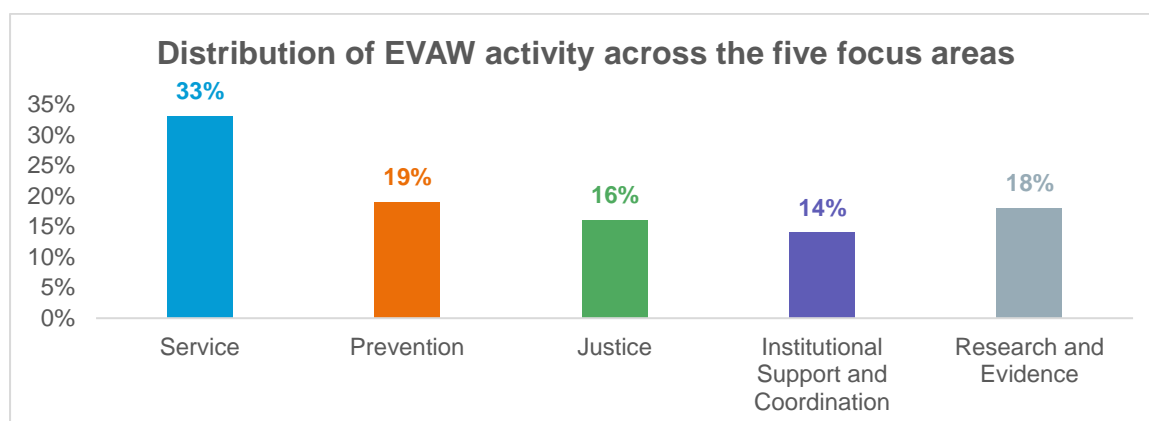
- Cambodia Gender Assessment, Policy Brief 7, Violence against Women and Girls (2014).
- Cambodia Demographic Health Survey, Domestic Violence Chapter (2014).
- National Survey on Women's Health and Life Experiences in Cambodia, also known as the National Prevalence Study (2015).

1.2 EVAW Program Distribution

The table below demonstrates the distribution of implementing partner program activity across the five focus areas of the EVAW program. A higher percentage of activity has been implemented within the Service area. This was a strategy that was endorsed by the Joint Steering Committee (JSC) and noted in the 2016–17 Implementation Plan. To assist in describing the overall program activity, agency specific activity has primarily been designated into each of the five focus areas, however, the reality is that many of the program activities contributed to more than one program area.

The EVAW program acknowledged and fostered a systems approach to the prevention of VAW. This included responses that prevent violence before it occurs, known as primary prevention, and activities that prevent the reoccurrence of violence and limit its impact through the provision of appropriate needs-based services, known as secondary prevention. The Service, Prevention and Justice activities undertaken by implementing partners fall within both the primary and secondary prevention responses.

Table 2-1: Distribution of EVAW program activity



1.3 EVAW Sector in Cambodia

Cambodia has made significant progress in its efforts to prevent and respond to VAW but challenges remain. The incidence of domestic violence and sexual assault remains widespread and **prevalence remains high**. As noted in the second NAPVAW 2014-18, women and girls in Cambodia continue to be subject to physical, psychological, sexual and economic violence cutting across all divisions of income, culture and class in their daily public and private spheres. Violence against women is widely accepted and tolerated within Cambodian culture. Recent nationally representative research provide information to better understand the Cambodia context.

The National Survey on Women's Health and Life Experiences in Cambodia (2015), (Prevalence Study) found:

- 1 in 5 women (20%) reported having experienced physical and/or sexual violence by an intimate partner at least once in their life.
- 8% reported experiencing physical and/or sexual violence in the past 12 months.
- 90% who reported being injured by their intimate partner had been hurt severely enough to need health care.

The Cambodia Demographic and Health Survey (2014) found:

- 6% of women age 15–49 reported having experienced sexual violence at least once in their lifetime.
- Only about 2 in 5 women sought assistance to stop the violence they experienced.

The Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities (2013) study found that women with disabilities recorded prevalence rates of family violence statistically higher than non-disabled women:

- Almost 25% of surveyed women with disabilities had experienced sexual violence perpetrated by their partner in their lifetime.
- Almost 6% of women with disabilities have been victims of sexual violence by family members.

There is also reported to be a **high tolerance of violence against women**.

The National Survey on Women's Health and Life Experiences in Cambodia (2015) found:

- Almost 50% of women believe a husband/partner is justified in hitting his wife/partner.

The Women's Experience of Domestic Violence and Other Forms of Violence Secondary data analysis report of CDHS (2015) found:

- Half of the women who participated in the CDHS endorsed at least one reason that it was acceptable for a man to beat his wife.
- 27% of men believe that a husband is justified in beating his wife for any of the specific reasons (burns the food, argues with him, goes out without telling him, neglects the children, refuse to have sexual intercourse with him).

The United Nations Multi-Country Study on Men and Violence in Asia and the Pacific – Partners for Prevention Study (P4P) (2013) found that Cambodia had higher rates of sexual partner violence than physical violence. Men participating in the study reported that:

- 20% had committed rape in their lifetime; 15% were younger than 15 years and 52% were younger than 20 years at the time they first perpetrated rape.
- 8% of all men interviewed reported that they had perpetrated rape against a woman or girl who was not their partner.
- 5% of all men reported that they had participated in gang rape.

Although the national policy framework has improved significantly in recent years, **legal protection for violence against women is constrained** and characterised by poor law enforcement, a lack of clarity and understanding of the legal framework, a lack of understanding that domestic violence is a crime and a lack of clear standards and guidelines for mediation related to physical and sexual violence.

Mediation research undertaken by UN Women (2015) as part of the EVAW program activity has noted that there is concern that mediation is occurring in cases that are deemed criminal and should be referred to the formal justice system. Responses from participants has shown that there is **a preference for the mediation process over the formal court system** because it is close to home, faster, cheaper and more responsive.

Social services and legal support to survivors of VAW are not systematically provided, available and accessible for all women and girls. A woman who experiences violence may need a range of different services, however, in Cambodia **community-based services are limited** and access remains scattered and uncoordinated. Although availability of services are increasing in urban regions, most services are not available in rural areas and, therefore, are not accessible for women, particularly those at increased risk.

Gender inequality is a significant underlying cause of GBV. The 2015 Gender Inequality Index ranks Cambodia at 112 out of 159 countries reflecting high levels of inequality across the areas of economic, political, education and health services. The Cambodia Gender Assessment (2014) provides recent evidence to support improvements in these key areas:

- Access to **maternal health care has improved substantially** with the Maternal Mortality Rate at 161 deaths per 100,000, a significant decrease from 472 per 100,000 in 2005 and 206 per 100,000 in 2010. The expansion of health service centres, especially in rural areas, continued outreach and education by village health workers in rural areas has contributed greatly to this improvement.
- **Gender parity in education is improving** where parity in enrolment has been achieved at primary and secondary levels, and progress has been made in tertiary education where the proportion of female students is steadily increasing. However, beyond lower secondary, girls' access to education is limited and completion is challenging. Social norms on gender relations and understanding of the relevance of education and the longer-term benefits for girls remain a challenge to expanding education and training opportunities for girls and women.
- Despite **increases in women's labour force participation rates**, from 76% in 2008 to 80% in 2012 for the age group 15-64 years, gender inequalities in paid work remain. About 70% of employed women, compared to 59% of employed men, remain in vulnerable employment. Women's employment is highly concentrated in three sectors of agriculture, retail trade and manufacturing, which account for 89% of all women's employment. A high percentage of enterprises are owned and run by women, however they are mostly informal and contribute little to overall economic growth.

While gender norms are clearly evolving and improving, Cambodian women continue to face many challenges. MOWA has overall leadership for the promotion of gender equality and women's empowerment in Cambodia. MOWA acts as a catalyst and advocate to encourage public institutions, civil society and the private sector to integrate gender equality into their policies and programs. The EVAW program 2012-2017 activities were implemented to support MOWA to achieve this goal.

2 Background

The five-year ERAW program 2012–2017 was implemented jointly by the Royal Government of Cambodia (RGC) through the Ministry of Women's Affairs (MOWA) and the Australian Department of Foreign Affairs and Trade (DFAT). The ERAW program commenced in 2012 when a multi-agency team, made up of representation from DFAT, UN Women and GIZ, was mobilised to develop the program design. This was completed in April 2013. In May 2013, the Australian Government committed AUD24.5 million for a long-term program, with a 25-year outlook, to commence with an initial five-year implementation plan.

Policy change within the Australian Aid program in 2013 affected the ERAW program. The initial five-year plan remained, however, budget uncertainty resulted in the ERAW program being implemented through a staged annual planning approach.

It was acknowledged by DFAT that, with the size of the investment more modest than originally envisioned, the planned theory of change as proposed in the PDD was no longer realistic. As a result, an ongoing review of the scope of the original design was undertaken throughout the program implementation period. Effort was undertaken to ensure that the implementation of all program activities remained consistent with the intent and direction of the original design and program logic.

Table 2-1: Phases of the ERAW program activity 2012–2017

2012	Design Phase Design undertaken from May 2012 to April 2013.
2013	Foundation Phase <ul style="list-style-type: none"> Scoping and designing activity for grant proposals by partners undertaken between July 2013 and February 2014. Research activity prioritised.
2014	Inception Phase <ul style="list-style-type: none"> Program Management Office commenced March 2014. Inception programs commenced April 2014. Four NGO programs funded through the DFAT Community Development Fund integrated into the ERAW program.
2015	Implementation Phase <ul style="list-style-type: none"> Continued implementation of ERAW partner programs. New program activity informed by ERAW program research.
2016–17	Implementation Phase continued <ul style="list-style-type: none"> The Implementation Plan 2016–17 addressed the final 18 months of ERAW. New program activity informed by ERAW program research. Existing program activity focused on consolidation and sustainability options.

2.1 Policy Context

Australian and Cambodian government policy informed program implementation and the policy setting of the ERAW program.

MOWA is the national organisation responsible for the promotion of the status of women in Cambodia and achieves this by leading, coordinating and facilitating the inclusion of gender equality and gender mainstreaming policies and programs across government. MOWA leads the implementation and monitoring of two key policy initiatives:

- **The Neary Rattanak IV 2014–18** is the five-year strategic plan for gender equality and the empowerment of women in Cambodia. This plan contributes to the RGC reform agenda by promoting MOWA's role in providing effective gender analysis, institutional advocacy and policy advice across Government.

- ***The Second National Action Plan to Prevent Violence Against Women (NAPVAW) 2014–18*** is the primary government policy to address a whole-of-government approach to the prevention of violence against women (VAW). The second NAPVAW was adopted by the RGC in December 2014 and sets out key strategies for government, national institutions, civil society, development partners and international organisations to work together to prevent VAW and to provide protection to victims of violence.

The Australian Government recognises that women's leadership, economic empowerment and freedom from violence are central to sustainable development:

- ***The 2014 Australian aid: promoting prosperity, reducing poverty, enhancing stability*** development policy promotes gender equality and the empowerment of women and girls through approaches that enhance women's voice in decision making, leadership and peace building, through promoting women's economic empowerment, and providing support to activities that contribute to ending violence against women.

2.2 Implementation Principles

The PDD recognised that the commitment to social and institutional change required to end violence against women would not be applied universally or consistently across institutions or localities and, therefore, did not prescribe *what* activity should be undertaken. The preferred approach was to consider EVAW implementation principles that describe *how* service and prevention responses were to be undertaken. The principles as defined within the PDD were used to guide all EVAW program activities:

- Priority is given to women's perspectives and women's rights.
- Make ending violence against women everybody's business.
- Acknowledge cultural practice and values.
- Attention is given to prevention approaches.
- Work with existing RGC policy and systems.
- Utilise evidence from research.
- Recognise appropriate quality standards to the Cambodian operating environment.
- Take account of sub-national reforms and decentralisation in decision making.

In addition, the Australian Government gave priority to two further principles of:

- Gender Equality - as gender inequality undermines economic growth, human development and poverty reduction, and
- Disability Inclusiveness - as women and girls with disabilities experience much higher levels of all forms of violence.¹

2.3 Implementation Approach

The EVAW program took an *iterative* and *emergent* approach to program implementation. This meant that program implementation remained sufficiently flexible in its approach to allow unsuccessful strategies to be stopped, effective strategies to continue and be further developed (iterative) and new strategies to be put in place in response to research and evidence (emergent).

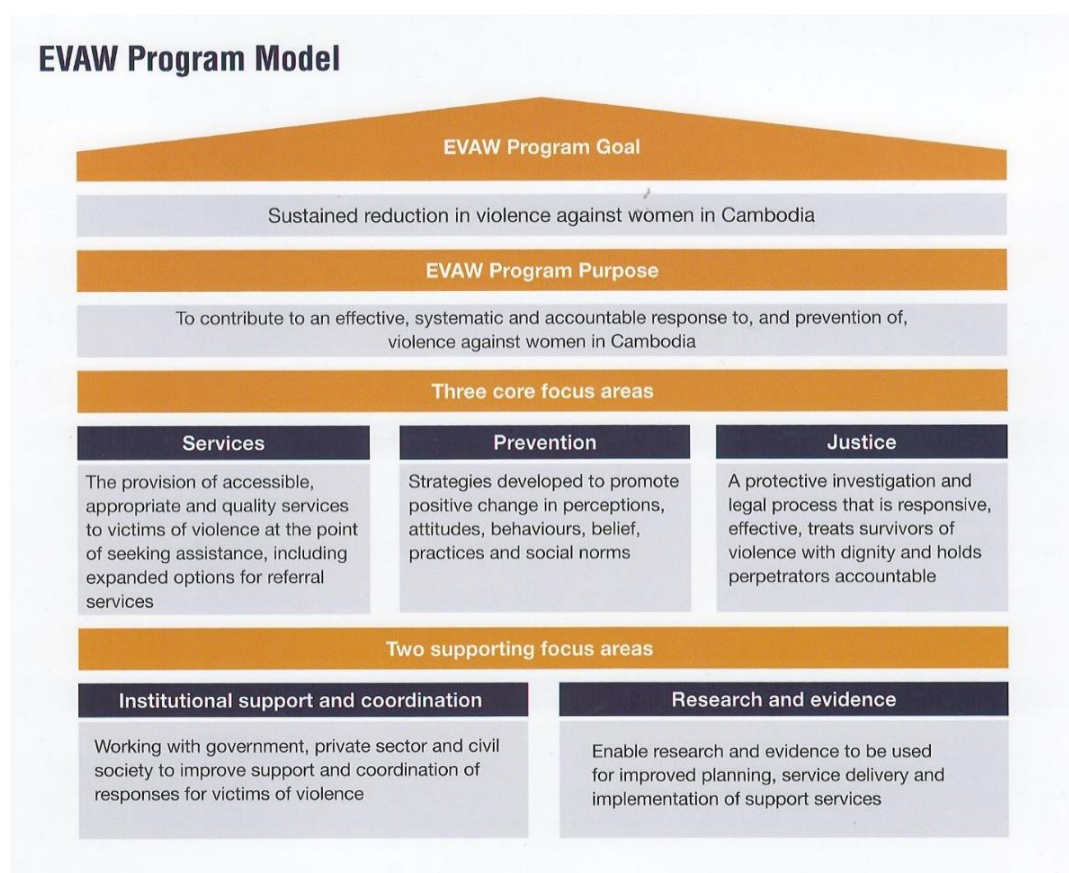
The design recognised that there is no single cause of violence against women. Different forms of violence are driven by a variety of factors and therefore need to be addressed through a variety of intervention approaches. The entirety of the multiple range of factors or interventions required was not able to be addressed. As a result, the design focused on the *response to, and prevention of, domestic violence and sexual assault within Cambodia*.

¹ Astbury J and Walji F, Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia, Australian Aid Research Working Paper 1, January 2013.

This was further reinforced through the NAPVAW development and the implementation priorities where MOWA agreed on three key areas as the highest priorities for prevention of VAW in Cambodia – *domestic violence, rape and sexual violence and violence against women with increased risk*.

2.4 EAW Program Model 2012–2017

The EAW program model, as developed in the PDD, remained for the EAW program 2012–2017. The model builds towards strengthening effective response and prevention systems and aimed to increase justice and service responses to enable increased trust in the justice system, greater availability of services and women's confidence to utilise the services and sought to contribute to changes in the way that social and community institutions understand and respond to violence against women.



3 Program Administration and Governance

3.1 Program Management Office (PMO)

The PMO was established in March 2014 within MOWA to work directly with the General Department of Social Affairs responsible for the Gender-Based Violence (GBV) portfolio. This General Department includes the Department of Legal Affairs responsible for implementation of the NAPVAW.

3.1.1 March 2014–October 2015

AECOM (formerly known as URS Australia Pty Ltd) was the responsible Managing Contractor between 31 March 2014 and 31 October 2015 to establish and support the ongoing operations of the EVAW PMO. The Program Manager (PM) was recruited and commenced in the role on 31 March 2014.

During April 2014, the EVAW team Monitoring and Evaluation (M&E)/Communications Coordinator role was reviewed by DFAT with the outcome that the position was changed from an international adviser to a national staff role. AECOM undertook a recruitment process during May and June 2014 and identified a preferred applicant, however, given the changing and unpredictable nature of the funding for the EVAW program, DFAT did not provide approval to complete the recruitment. This position remained vacant for the duration of this stage of the EVAW program.

A Finance and Administration Officer (FAO) was recruited in October 2014, to assist with translation, finance and administration.

3.1.2 October 2015–October 2017

The Deed of Standing Offer Number 65540, Services Order No. 3 for the Management of Projects for Ending Violence Against Women (Cambodia) with **Coffey International Development**, commenced on 19 October 2015 and ended on 31 October 2017.

The PM and the FAO staff members were retained from the previous contract. A Monitoring and Evaluation Officer (MEO) was recruited and commenced in the role on 16 December 2015.

Amendment No. 1 was made to the Deed, effective as at 27 October 2016, to reduce the full time Cambodia inputs of the PM. The rationale for the amendment for the final ten months of the EVAW program, was that all program activity was reducing therefore, less supervisory inputs of the PM was required. Day to day in-country program management during these times was undertaken by the MEO. The mentoring and professional development opportunities provided through the PMO enabled this approach.

3.2 Program Governance

The PMO implemented a program governance framework that comprised various decision making and information forums. This included the Joint Steering Committee (JSC), the Secretariat, the M&E Network and the Implementing Partners meetings. Through this approach the PMO could monitor the implementation and outcomes of the implementing partner programs and ensure engagement of MOWA and DFAT in program implementation. The established MOWA-led, Technical Working Group Gender- Gender-Based Violence sub-group (TWGG-GBV) was used as the inter-ministerial forum for additional communication when required. *Refer Attachment 1: EVAW Program Governance.*

3.2.1 Joint Steering Committee (JSC)

The JSC, inclusive of MOWA and DFAT representation, guided the operations of the ERAW program. The JSC meeting schedule commenced in October 2015 after an initial delay arising from the uncertainty of the funding and program planning for ERAW. The PMO assisted MOWA and DFAT to establish and implement the JSC as the governing body for ERAW program implementation through development and agreement of Terms of Reference, membership, frequency of meetings and agreements on methods of communication and liaison.

The forum greatly enhanced MOWA engagement in the ERAW program through enabling greater opportunity for MOWA approval and endorsement of the implementing partner program activity. The ERAW Implementation Plan 2016–17, progress reports and achievements were tabled through this forum ensuring that the MOWA Minister and senior staff could engage meaningfully on the ERAW program delivery options and program outcomes.

3.2.2 Secretariat

The Secretariat was established to support the functions of the JSC. This was agreed as a communication and liaison mechanism. The PMO and MOWA designated staff developed the Secretariat Terms of Reference, annual work plan, performance payment agreements and a schedule of meetings. Meetings commenced in November 2015. These were held monthly and on an ‘as needed’ basis.

The Secretariat was also the planning committee for the Implementing Partner meetings and the M&E network. This was a successful approach as the communication and engagement of MOWA staff in ERAW program activity decision making was significantly enhanced during the program period.

3.2.3 M&E Network

The PMO established the ERAW M&E network. This commenced in March 2016 with the ERAW MEO as the co-chair and facilitator of these meetings, along with DFAT Senior Program Officer. All meetings were conducted in Khmer language. This network strengthened relationships between partner agency M&E staff, increased the understanding and ownership of a whole of ERAW monitoring framework and enhanced the M&E capacity for ERAW data collection.

3.2.4 Implementing Partner Meetings

The Implementing Partner meetings commenced in June 2014. This forum was facilitated by the PM with the purpose to provide a mechanism to discuss program learning, share research outcomes and strengthen relationships between agencies. The ‘partnership approach’ was identified in the design as a key implementation strategy and is discussed in more detail at *Section 5. ERAW Partnership Approach 2012-2017*.

4 Monitoring and Evaluation

The EVAW PDD endorsed a developmental evaluation approach giving consideration to the iterative and emergent nature of the program activity. In recognition of this, the EVAW M&E approach was developed to enable a range of inter-related processes, including quantitative and qualitative indicators, performance data, gender data, case studies and photographic representations of program activity, to give a whole of program collective view. The EVAW Performance Monitoring Framework describes this approach. *Refer to Attachment 3: EVAW Performance Monitoring Framework.*

PMO M&E activity included the following key activities:

- A performance reporting regime was implemented to streamline agency reporting, including a standardised quarterly and annual performance report.
- The M&E network was established to ensure that each partner agency had appropriate monitoring and evaluation capacity to monitor their agency achievements.
- Annual progress reports that reported on all key partner activities were developed and published, in Khmer and English. This was produced for years 2015, 2016 and 2017. These reports have been available on the DFAT website, distributed through the Implementing Partner network, distributed by MOWA within their organisation and the PMO has assisted MOWA to distribute the reports to all Provincial Governors and PDOWAs.
- Field trips were undertaken by the PMO to observe partner activity.
- A program 'dashboard' report was implemented. This provided DFAT with up-to-date progress reporting of the partners and the PMO, including identifying program risks and risk mitigation strategies.
- An Implementation Schedule to guide the final phase of the EVAW program was developed. The schedule combined work activity reports of all implementing partners to create a whole-of-program monitoring report that was aligned to the NAPVAW outcomes.

The EVAW PDD identified criteria to establish an appropriate and clear baseline for program efforts that aligned with the second NAPVAW activity schedule and the EVAW end-of-program outcomes were developed in response to this assumption. Given that the M&E resources for the EVAW program were not implemented as the design anticipated, this level of analysis and planning was not able to be realised.

However, an EVAW program monitoring process that was aligned to the activity matrix of the NAPVAW was implemented. During the final Implementation Phase of the EVAW program, all implementing partners were required to identify which NAPVAW activity was being supported by their program. This approach supported MOWA in being able to track and report against achievements of the NAPVAW activities. *Refer to Attachment 4: EVAW Implementation Schedule 2016–17.*

The design and the initial implementation during the Foundation Phase, assumed that each implementing partner agency had a robust M&E response, including M&E specialist staff to develop and implement an M&E monitoring plan. This was not realised. The international NGOs did have access to specialist resources but the national NGOs had limited capacity. The EVAW M&E Network was established in response to this identified gap to provide a learning and developmental environment for the EVAW program M&E data collection.

5 EVAW Partnership Approach 2012–2017

The PDD assumed a highly collaborative 'partnership' approach with a number of diverse partners, some of which had not worked together in the past. The aim was for the partners to design and develop activities together, including funding requirements, in line with the key objectives of the EVAW design. This was acknowledged as an innovative approach, however, implementation was problematic. Contributing factors included the turnover of key individuals who had been involved from the design stage and the uncertainty of the budget availability. In March 2014, DFAT made the decision to set aside the original planned partnership approach and entered into negotiations with UN Women, GIZ and TAF separately on a bilateral basis with individual agency grant agreements. In

addition, four DFAT funded programs, with NGOs Hagar, Legal Aid Cambodia (LAC), Transcultural Psychosocial Organisation (TPO) and Agency for Technical Cooperation and Development (ACTED), initially funded via the DFAT Community Development Fund, were included in the ERAW program partnership. Along with MOWA and DFAT, these agencies constituted the membership of the original ERAW program partnership.

The partnership approach to the ERAW program continued to be developed via the Implementing Partner meetings. The ERAW PM implemented and facilitated a schedule of partner meetings, held on a quarterly basis, which commenced on 17 June 2014 and ended on 14 June 2017. The meeting purpose was to facilitate sharing of activity information and knowledge across ERAW implementing partner agencies and to provide opportunity for partners to identify options to work collaboratively and share program activities. The partner meetings developed into a highly collaborative forum where all partners discussed program learning, shared research and coordinated program activities where possible.

Three DFAT funded programs, Cambodia Communications Assistance Program (CCAP), Cambodia Community Justice Assistance Partnership (CCJAP, ended June 2016) and the Community Policing Initiative (CPI) were also included in the partner meetings.

Benefits of the partnership approach have included:

- Increased transparency about 'who is doing what',
- Reduced opportunity for duplication of activity,
- Increased liaison and cooperation among partners and
- Increased opportunity for MOWA to influence activities and actively participate in the implementation of the program.

The final partner meeting was held, with all partners, on 14 June 2017 where partners identified the following key success factors of the partnership approach. *Refer to Attachment 5: Summary of Success Factors and Lessons Learnt.*

Key success factors:

- An enabling environment for all partners to share their experiences and learn from each other.
- Increased access to other relevant ministries and sub-national authorities.
- Increased liaison and cooperation between government and NGOs for improved service delivery.

6 Summary of Partner Progress 2012–2017

The ERAW program has been operationalised through bilateral grant agreements between DFAT and international and national NGOs with a total of 25 agreements over the ERAW program lifetime. The ERAW program commenced in 2012 with three partners. The 2016–17 implementation program had fifteen national and international agencies funded to provide a range of services. Along with MOWA and DFAT, a total of seventeen partners contributed to ERAW in Cambodia. *Refer to Attachment 2: ERAW Program Summary 2012-2017.*

Provision of detailed Progress Reports to DFAT was stipulated as a requirement of the bilateral grant agreement between DFAT and the Implementing Partners. The PMO managed this process to ensure compliance with the grant agreement. All reports were submitted to DFAT as required over the duration of the grant period.

All partners were required to submit a Program Activity Completion report to DFAT. The following information in this section is a summary of those reports and highlights some key achievements over the ERAW program implementation period between 2012 and 2017.

6.1 Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ)

The GIZ program was co-funded between DFAT and the German Federal Ministry for Economic Cooperation and Development (BMZ). All GIZ data has been disaggregated to reflect the DFAT proportion of funding. The following information is in relation to the DFAT funded activity (DFAT funding ceased on 30 June 2017).

Note: The ATJWII will continue operations until 30 December 2017 as funded by BMZ. An external review of the ATJWII program is being undertaken during November 2017 and this report will be made available to DFAT.

6.1.1 Access to Justice for Women II (ATJWII)

Project Period: May 2014 – June 2017

Project Goal: Access to and quality of services for female victims of GBV, particularly physical and sexual abuse, increasingly meets needs.

Objective 1: A functioning referral system is established for women who are victims of GBV

1. Non-government organisations (NGO) fund

Between 2014 and 2016, four NGOs (TPO, LAC, Cambodia Women's Crisis Centre (CWCC) and Banteay Srei) were contracted to provide a range of services to victims of GBV including shelter accommodation, social and psychological support and legal services. The total number of services provided from January to December during the three-year program period were: 2014 – 1765 clients; 2015 – 2340 clients and 2016 – 2141 clients.

The NGO fund ended on 30 December 2016. This resulted in a significant reduction in available services, with some NGOs closing their regional offices. Support was provided by GIZ to assist the NGOs in seeking further funding applications and provided advice and technical support in completing the funding applications.

In addition to service provision, the NGOs played a significant role in the development, pilot and testing of the Referral Guidelines, the Minimum Standards for Basic Counselling (MSBC) and the data collection systems. An assessment of the performance of the NGO fund will be part of the final evaluation of the ATJW program to be undertaken during the last quarter of 2017.

2. Referral Guidelines for Service Providers Working with Women Survivors of Gender-Based Violence

The **Referral Guidelines** were developed as a guiding document and practitioner tool for government and non-government service providers to improve their service delivery and first line responses to women who have experienced violence. The Referral Guidelines were launched by the MOWA Minister in February 2017.

Training was provided in the two target provinces for key stakeholders including the Provincial (PWCCC) and District Women's and Children Consultative Committees (DWCCC), the Provincial Department of MOWA (PDOWA), local authorities, local police and service providers.

The Referral Guidelines were also utilised by United Nations Population Fund (UNFPA), CARE, LAC and UN Women to implement the same standards in a further nine provinces. This is a good example of partner collaboration and national and sub-national government coordination.

3. Minimum Standards for Basic Counselling (MSBC) of Women Survivors of Gender-Based Violence

The **MSBC** was developed in partnership between MOWA and the Ministry of Health (MOH). The MSBC is a practitioner tool for all service providers and is also used in conjunction with the Referral Guidelines. The MSBC was launched by the MOWA Minister in February 2017.

Training was provided in the two target provinces for key stakeholders including the PWCCC, DWCCC, PDOWA, local authorities, local police and service providers.

The MSBC was also being used in the MOH National Training Curriculum for Health Services Providers, facilitated by UNFPA. This is a further example of partner collaboration and inter-ministerial cooperation.

4. Multi-sector Coordinated Response Mechanism – GBV Working Group

GBV working groups were established as a sub-group of the PWCCC. This process was endorsed by the Provincial Governor by an official Decision Letter. GIZ successfully facilitated this within the two targeted provinces of Siem Reap and Kampong Thom. Training on the Referral Guidelines, Legal Guidelines and MSBC was provided to strengthen the response to GBV. **Service Mapping Directories** for service providers supporting GBV survivors in the target provinces have been developed.

This approach was replicated by UNFPA in Kampong Cham, Prey Vihear and Stung Treng provinces and UN Women in Kampong Speu and Preak Sihanouk, where the Provincial Governors also endorsed the establishment of GBV working groups in their respective program provinces.

This is a further example of partner collaboration and national and sub-national government coordination. This activity was initiated in two provinces, but through partner collaboration and facilitation with the sub-national and national government authorities, this was extended to a further five provinces.

This process also facilitated the potential for ongoing sustainability as the process was established within existing government structures and is consistent with the mechanism for distribution of the government budget.

5. Judicial Police Agents and Judicial Police Officers (JPA/JPO)

Legal Protection Guidelines were developed as a training tool for the nominated MOWA JPA and JPO to support them in responding to women who have been victims of violence, as governed by the Law on the Prevention of Domestic Violence and the Protection of Victims, 2005.

Capacity building training was provided for the national JPA/O staff and for the nominated PDOWA staff and local authorities, including police and court officers, within the two target provinces.

‘For me, JPA training has made it easier for me to do the job and to solve the problems of victims of domestic violence. The JPA can find justice for the women.’
Testimony of JPA, Siem Reap Province.

Objective 2: A system of evidence-based data collection including disaggregated data by disability status is developed

The **Guidelines for Data Collection of GBV Services Provided and Referred** was developed. This is a case management and data collection system developed for use at the sub-national level led by PDOWA. This has built on existing information transfer processes between PDOWA and national MOWA. The data collection system collates administrative data regarding service delivery. It is not a data collection system to measure incidence rates or prevalence. The data collection is collated in conjunction with the Referral Guidelines as this process includes a case documentation, assessment

and referral process (case management). The data collection system provides information on the type and number of services sought and to which service the victim may have been referred.

GIZ have continued to work with MOWA to develop an internal organisational process to continue with the data collection, management and reporting after completion of the GIZ program. This forms part of the handover process from GIZ to MOWA.

UNFPA, UN Women and CARE have all utilised the same data collection tools in their program activity. This process has been further reinforced through the GBV sub-groups. This is a further example of the good collaboration between partners that has contributed to the implementation of a consistent approach for service providers and improves the coordination between national and sub-national government services.

Objective 3: Inter-ministerial cooperation and coordination is improved

The ATJWII program provided advice for government reform to improve responses to GBV and to strengthen the organisational development of MOWA. The following activities were undertaken:

- GIZ have been the co-chair of the TWGG-GBV and have provided support in the administration of this meeting forum.
- The MOWA Young Professional Network was established with 80 members. Training was provided on Media and Communications to better equip the future MOWA managers on messaging and promotion of MOWA.
- Technical assistance was provided in the development of the new MOWA website www.mowa.gov.kh

Key achievements:

- The NGO fund provided services for 1,765 clients in 2014, 2,340 clients in 2015 and 2,141 clients in 2016.
- The Referral Guidelines and Minimum Standard for Basic Counselling was launched by the MOWA Minister and endorsed for national implementation February 2017.
- A total of 20 training sessions with 292 participants (203 female and 89 male) undertaken for MOWA JPA/JPO and local authorities to strengthen understanding of legal obligations in responding to VAW.
- The case management data collection system 'Guidelines for Data Collection of GBV Services Provided and Referred' implemented and being used by MOWA and three additional ERAW partner agencies.
- MOWA Young Professional Network established with 80 members.

Case Study, Siphon (name changed for privacy), CWCC, GIZ Program

Siphon felt very alone. Her husband became an alcoholic and would not contribute to the family life. She could not discuss her problems with her husband because he had a bad temper and was violent to her. Siphon could no longer face the situation and sought help from the village chief. The chief made two attempts to advise her husband against drinking and violence, but both attempts failed. The village chief then referred Siphon to CWCC. At her request, CWCC began assisting Siphon to file a complaint at the court for divorce.

However, her husband requested to reconcile and promised to stop using violence towards Siphon and their children.

"I withdrew the complaint and with support from CWCC, I was able to put in place procedures to keep myself and my children safe. CWCC provided education to my husband on how to reduce his stress and control his anger. As a result of CWCC intervention, my husband is no longer violent, he drinks less and he is working hard to support his family. I am happy now."

6.2 United Nations Entity for Gender Equity and the Empowerment of Women (UN Women)

During 2012–2017, DFAT funded three separate activity programs with UN Women. A summary of those activities is described below.

6.2.1 Strengthening a participatory, evidence based formulation of a comprehensive action plan to end violence against women and girls in Cambodia

Project Period: May 2012–December 2015

Project Goal: To contribute to the development of the second National Action Plan to End Violence Against Women 2014–2018 (NAPVAW) and to facilitate the National Survey on Women's Health and Life Experiences in Cambodia, a national VAW prevalence study, to inform responses to, and prevention of, violence against women.

Objective 1: The Royal Government of Cambodia's new NAPVAW is adopted

This activity sought to ensure the formulation and adoption of multi-sectoral policies and priorities to prevent and respond to violence against women and girls (VAW/G), including engagement of Community Service Organisations (CSO) and other relevant stakeholders in the policy formulation process. This resulted in the development of the second NAPVAW as the primary action plan for addressing VAW/G and strengthening the structures and operations of the TWGG-GBV.

The second NAPVAW was approved by the Prime Minister on 5 December 2014 and was officially launched by the Deputy Prime Minister and Minister of Interior on 10 February 2015.

Objective 2: Knowledge is generated to strengthen VAW/G prevention and services in Cambodia

1. **The Women's Health and Life Experiences in Cambodia**, a study on the prevalence of VAW in Cambodia was undertaken to better understand the scale and severity of VAW in the country. The study was launched on 20 November 2015, with a technical roundtable discussion convened by UN Women and World Health Organisation (WHO). The National Institute of Statistics (NIS) of the Ministry of Planning (MOP) undertook the comprehensive survey under the guidance of WHO.
2. The **Media Monitoring for Ending Violence against Women in Cambodia** report was completed. The media study was implemented by Open Institute (OI) and aimed to improve capacity to monitor and analyse the way in which VAW/G is portrayed in print media, television and on the radio. Findings from this study were shared with other EAW partners and contributed to the research and prevention programming for the TAF Prevention of Intimate Partner Violence (PIPV) program.

6.2.2 Implementation of the second NAPVAW

Project Period: May 2014–December 2015

Project Goal: To continue the progress in developing and implementing the second NAPVAW strategies and to assist the TWGG-GBV, as the body charged with ensuring the monitoring, reporting and coordination of the NAPVAW.

Objective 1: Prevention

This activity initially sought to develop two separate action plans – a secondary prevention action plan and a primary prevention strategy to address multi-sector coordination. The intent of this activity was to use the Prevention sub-group of the TWGG-GBV as the lead, however, this was not realised. The time taken to establish the Prevention sub-group was under-estimated and the capacity and knowledge constraints of the sub-group members contributed to a delay.

To increase knowledge awareness, a consultative workshop with representatives from line ministries and CSOs was held to identify priority prevention interventions. A rapid assessment of stakeholder capacity in the areas of primary and secondary prevention was undertaken. This information contributed to the agreement to develop a primary and secondary prevention strategy as one body of research.

This activity was not completed in this grant period as originally planned. This program activity continued in the February 2016–August 2017 program of work to allow time for completion.

Objective 2: Legal Protection and Multi-Sectoral Services

- 1. An assessment of multi-sectoral service provision for survivors of VAW**, mapping the current geographical reach of VAW services, the quality of the services provided and their costs was undertaken. It was planned for the results of the assessment to provide a baseline for recommending the development of guidelines for minimum service provision based on international standards, but reflective of the reality in Cambodia. This was not able to be completed in this grant period. This program activity continued in the February 2016–August 2017 program of work to allow time for completion.
- 2. The Mediation as a Response to Violence against Women in Cambodia** report was produced in May 2015. The study on the mediation of cases of domestic violence aimed at developing an understanding of informal mediation practices being used to address VAW and to make recommendations to move towards a restorative justice process in Cambodia. Findings from this study were shared with other ERAW partners and contributed to increasing knowledge and awareness of the informal dispute resolution mechanisms being utilised.

'If we receive a call, we will go and try to intervene, try to separate them and take any weapons. We then try to educate the perpetrator, if it does not stop we will remove him from the situation.' Police mediation at the commune level.

- 3. Costing the second NAPVAW.** The project activity sought to implement a costing methodology for the implementation of the second NAPVAW. Awareness training and consultation activities were undertaken to increase the understanding and knowledge of financial institutional arrangements and flow of financial resources to support ERAW program costing. This activity was also reliant upon access to data collection from the VAW prevalence study, however, the data was not available as was initially planned during this project time period. This program activity continued in the February 2016–August 2017 program of work to allow time for completion.

Objective 3: Laws and Policies: Access to Justice and Committee on the Elimination of Discrimination against Women (CEDAW)

The project organised a consultation workshop with the members of the TWGG-GBV to develop the links between the CEDAW Concluding Observations 21 (a, b & c) and the second NAPVAW as a tool to guide policy implementation.

Objective 4: Monitoring and Evaluation

The **2015 Annual Operational Plan (AOP)** and **2015 Performance Monitoring Framework (PMF)** were developed and implemented. The results-based framework allowed for joint monitoring and strengthened collaboration and coordination among stakeholders. The AOP consolidated action plans and strategic priorities from line ministries and CSOs at the national and sub-national levels, all of whom are members of the TWGG-GBV. This activity has strengthened the coordination capacity of MOWA and the TWGG-GBV in monitoring implementation of the second NAPVAW strategies.

6.2.3 Bridging the gap: Driving NAPVAW implementation from the national to the sub-national level

Project Period: February 2016–August 2017

Project Goal: To support further implementation of the second NAPVAW, with a particular focus on strengthening service provision and coordination closer to survivors at the sub-national and community level.

Objective 1: The coordination and governance structure for the implementation of the second NAPVAW at national and sub-national levels is facilitated according to the agreed arrangements amongst EVAW stakeholders

1. The **TWGG-GBV was reconfigured** as the national mechanism for coordination, reporting and monitoring of the second NAPVAW. Membership was confirmed with a total of 55 members from 15 line ministries, 30 civil society members and 10 development partners.

A process for quarterly agency presentations by TWGG-GBV members was implemented. This approach significantly increased information sharing and accountability in regard to agency awareness of responsibilities for the NAPVAW implementation.

2. Four **GBV working-groups for VAW service coordination and referrals** were established under the existing formal structure of provincial and district WCCC in two provinces of Kampong Speu and Preah Sihanouk. This activity drew on the experience of the GIZ ATJWII program. Exposure visits were undertaken to the GIZ-supported provinces of Siem Reap and Kampong Thom to learn from counterpart experience in establishing and maintaining the GBV working-groups.

This support also included training and coaching in the use of the 'Guidelines for Data Collection of GBV Services Provided and Referred' document, the MSBC and the Referral Guidelines developed under the GIZ program. This is a good example of program sharing and coordination and has led to increased options for national and sub-national integration of MOWA endorsed policy and practice guidelines.

3. The **2016–17 AOP was developed** and implementation agreed by the TWGG-GBV. Each of the TWGG-GBV members completed periodic reports on the progress of their agency regarding implementation of NAPVAW strategies and addressing GBV within their organisation.

This has been an effective tool in ensuring a focus on implementation of NAPVAW priorities and a positive advocacy tool to promote gender-responsive budgeting.

4. A **VAW Costing Exercise Report** on service provision has been written and developed to a draft stage. The research and community consultation has been completed. The costing survey has identified a minimum package of essential services based on the priorities for the next two to three years as set out in the second NAPVAW. This has included an assessment of the type and volume of services provided and the challenges faced by victims to access services such as transportation and accommodation costs, and informal fees incurred to receive the services.

The report is pending final approval from MOWA. UN Women will continue to work with MOWA to ensure this is approved through the prescribed MOWA consultation mechanism.

Objective 2: Strengthened legal framework on VAW in consultation with CSOs, in line with international standards on EVAW

This activity focused on the development of strategies and protocols to strengthen the legal frameworks on VAW. The research and community consultation has been undertaken. The documents have been written and developed to draft stage. All documents are pending final approval from MOWA. UN Women will continue to work with MOWA to ensure these documents are approved through the prescribed MOWA consultation mechanism.

1. The **Strategy for Preventing Violence against Women and Girls** has been developed to draft stage. This strategy provides a national approach to preventing violence against women and girls by identifying the risk and protective factors.
2. The **Minimum Standards of Essential Services for Women and Girl Survivors of GBV** (MSS of Essential Services) has been developed to draft stage. The MSS considers existing minimum standards of service to promote improved quality, accessibility and coordination of services in line with international standards, but reflective of the reality in Cambodia.
3. The **Minimum Standards for Mediation as a Response to VAW** has been developed to draft stage. This builds on the previous research undertaken to better understand the informal mediation practices being used to address VAW and to develop recommendations on how to improve current practice to ensure consistency with the approved legal framework of Cambodia.
4. The **Minimum Standards for Judges and Prosecutors for Responding to VAW** (the VAW Bench Book) has been developed to draft stage. The bench book is a guide on prosecuting and adjudicating cases of VAW with emphasis on legal rights, procedural rights and potential rights violations in and out of the courtroom.

Key achievements:

- The second NAPVAW officially launched by the Deputy Prime Minister and Minister of Interior on 10 February 2015.
- An Annual Operational Plan (AOP) and Performance Monitoring Framework (PMF) to measure progress of the second NAPVAW implemented.
- The TWGG-GBV was reconfigured with 55 members from 15 line ministries, 30 civil society members and 10 development partners to monitor NAPVAW implementation.
- The Women's Health and Life Experiences in Cambodia, a study on the prevalence of VAW in Cambodia, completed and launched on 20 November 2015.
- A study on the mediation of cases of domestic violence completed.

6.3 United Nations Population Fund (UNFPA)

DFAT have funded two separate activities with UNFPA during 2013 – 2017. A summary of those activities is described below.

6.3.1 Support of violence against women data in the 2014 Cambodia Demographic Health Survey – CDHS

Project Period: November 2013–December 2016

Project Goal: To ensure that reliable and quality data is collected and included in national instruments such as the CDHS and NAPVAW.

Objective 1: 2014 Cambodian Demographic and Health Survey (CDHS)

UNFPA worked in partnership with MOH and the NIS of the MOP to enable the reinstatement of the VAW module for the 2014 Cambodian Demographic and Health Survey. The CDHS is an internationally recognised survey methodology undertaken every four years to collect key health and population data. Unlike previous CDHS surveys that have included a VAW chapter, the 2010 CDHS survey did not include this data therefore breaking a cycle of useful demographic data.

The 2014 Demographic and Health Survey inclusive of **Chapter 20: Domestic Violence** was officially launched in October 2015.

Objective 2: Secondary data analysis of the 2014 CDHS

UNFPA undertook secondary data analysis of the 2014 CDHS, including a comparison of key findings of the CDHS 2014 and the 2014 National Survey on Women's Health and Life Experiences in Cambodia (WHO Prevalence Study).

The report of the secondary data analysis '**Understanding Cambodian women's experience of domestic violence and other forms of violence**' was officially launched in December 2016.

6.3.2 Strengthening the health sector response to violence against women and girls

Project Period: May 2016–August 2017

Project Goal: To strengthen the national and sub-national health system capacity to address violence against women and girls within the coordinated multi-sectoral response.

Objective 1: To strengthen capacity of health care providers in response to women survivors of VAW through providing quality health care services and referral services.

1. A **national health sector training strategy** to scale up the health sector response to GBV has been completed. This approach includes a competency-based curriculum for a core set of national and provincial trainers, and health workers, to equip them with knowledge and skills to provide health services for survivors of violence.
2. Completion of training for a **national multidisciplinary team of trainers** (TOT) who subsequently trained selected trainers in all 25 provinces. The objective of the TOT training was to develop a competent national team of trainers so that they could implement rollout of the capacity building training plan to the subnational level. Six provincial TOT courses on VAW for the health sector was provided for officials from provincial health departments, hospitals and PDOWA across the country.
3. **Training for health care providers** including medical doctors, midwives and nurses was undertaken. The project exceeded the target and supported the roll out training to health care providers in 62 rather than the initially planned 38 health facilities in nine provinces - Oddar Meanchey, Kampong Cham, Stung Treng, Preah Vihear, Kratie, Tboung Khmum, Monduliri, Ratanakiri, and Kampong Chhnang. The CDHS 2014 indicators on sexual and reproductive health showed that these provinces had higher rates of violence and therefore, were prioritised for interventions.

'Women who have been subjected to violence often identify health-care providers as the professionals they would most trust with disclosure of their abuse.' Health care worker, UNFPA program

4. **Consultation and engagement** of key stakeholders was undertaken through a range of partner coordination meetings. Representation included provincial authorities, representatives from MOH, MOWA and EAW implementing partners.
5. **Quality assurance checklists** have been implemented to monitor the quality and integrity of the training program and of health service provision at health facilities. The checklists are monitored and refined through feedback from service providers and site visits.
6. **GBV working groups** have been established in Kampong Cham, Stung Treng, and Preah Vihear. The working groups were established with official endorsement of the provincial governor, and with technical support from MOWA. The Referral Guidelines and the MSBC, developed through the GIZ ATJWII program have been used to train members of the GBV sub-groups. This has reinforced the MOWA approved practice and guidelines in responding to victims of violence. In addition, a **Directory of available services for VAW survivors**, in the three target provinces, has been developed, printed and provided to service providers.

Key achievements:

- The 2014 Demographic and Health Survey inclusive of Chapter 20: Domestic Violence completed and launched October 2015.
- Secondary data analysis 'Understanding Cambodian women's experience of domestic violence and other forms of violence' completed and launched in December 2016.
- A national health sector training strategy health sector response to GBV has been completed including training for 19 national Master trainers.
- Training has been provided to a total of 349 health care providers in 62 health facilities in nine provinces.

6.4 The Asia Foundation (TAF)

DFAT funded three separate activities with TAF during 2013–2017. A summary of those activities is described below.

6.4.1 Political Economy Analysis of Law Enforcement Responses to Ending Violence Against Women in Cambodia

Project Period: 2013

TAF were commissioned to research an issues paper **Political Economy Analysis of Law Enforcement Responses to Ending Violence Against Women in Cambodia**. This document was completed but was not released as a public document. The research was utilised to inform the implementation of the EVAW Program.

6.4.2 Targeting Brief Series on Intimate Partner Violence (IPV)

Project Period: March 2014–June 2015

Project Goal: To produce analysis for reducing IPV risk factors and strengthening IPV protective factors and to consider recommendations for the most effective interventions in mitigating IPV.

Objective 1: Promote a community of evidence based practice for EVAW

The aim of this activity was to build a community of practice around evidence-based research on reducing IPV in Cambodia. TAF formed a Reference Group to contribute to the planned research agenda.

Objective 2: Identify drivers and trends in risk and protective factors

A research study was undertaken to statistically examine risk and protective factors related to IPV, including an analysis of socio-demographic datasets. The aim was to improve targeting of interventions for primary prevention of IPV. Six targeting briefs, each containing actionable recommendations addressing IPV, with a focus on prevention, were to be produced.

Objective 3: Disseminate and facilitate uptake of findings

TAF did not complete the six targeting briefs as proposed. It was assumed that other DFAT supported research (Prevalence Study and the CDHS) would be complete for TAF to access the datasets during this activity period. As this was not possible, DFAT agreed to reduce the program activity to five targeting briefs.

The five targeting briefs were completed. Four targeting briefs were published and distributed— **IPV and Media Exposure, IPV and Alcohol Abuse, IPV and Education and IPV and Childhood Exposure to Violence**.

The fifth targeting brief, **IPV and Family Size**, was completed as a research paper only.

6.4.3 Prevention of Intimate Partner Violence Program (PIPV)

Project Period: March 2015–August 2017

Project Goal: To contribute to effective, systematic and accountable prevention of Intimate Partner Violence (IPV) against women in Cambodia.

The research undertaken in the previous TAF Targeting Brief Series found that in comparison to the areas of child protection and education, where significant investment had been made, there had been little work in addressing IPV through alcohol abuse and media exposure. Therefore, the PIPV program focused interventions to address these two most significant risk factors.

Objective 1: Target groups experience a reduction in IPV risk factors and an increase in protective factors

1. Addressing alcohol abuse at the community level through implementing the Community Alcohol Notification System (CANS)

The **CANS** is a regulatory approach utilising a commune level by-law, known as Deika, to set limits on the sale, consumption and advertising of alcohol. By the end of August 2017, there were 47 communes in the two target provinces of Kratie and Svey Reing that had implemented a Deika to control alcohol in their commune.

A total of 19 communes had successfully advocated for CANS implementation funding support in the Commune Investment Plan for 2018. This is a significant achievement in reinforcing a sustainable approach to program intervention by using the existing sub-national government systems.

Knowledge, Attitudes and Practice (KAP) surveys were undertaken throughout the program cycle and a detailed evaluation of the CANS was undertaken by an independent consultant during May 2016. The findings support a high level of community engagement and acceptance for the CANS and a resultant decrease in the incidence of IPV and alcohol abuse. Reports from local authorities, commune and village chiefs reported that drunkenness is not as prominent as it was previously, with one district estimating a 30 per cent reduction in alcohol consumption from the previous year.

A **National Technical Document** on the process of implementing CANS in communities was developed in partnership with the National Committee for Sub-National Democratic Development (NCDD). Training was provided to national and sub-national staff in 25 provinces. This is further evidence of utilising existing government structures to institutionalise the CANS as a prevention response to reduce the risk of IPV.

TAF worked in partnership with national NGOs Punleu Komar Kampuchea Organization (PKKO) and People Centre for Development and Peace (PDP-C) to implement the CANS.

'Before the CANS, I was counselling 10 families who had problems with alcohol and domestic violence. Now, I am only counselling one family.' Deputy Village Chief, Svay Rieng Province

2. Developing guidelines and training curricula for counselling on alcohol abuse at the commune level

TPO was engaged to develop the **Alcohol Counselling Guideline** and training manual. The aim was to provide an awareness raising tool to build capacity of community members in responding to families and individuals where alcohol and IPV have been identified. The guidelines were developed in partnership with MOWA to ensure consistency with the Referral Guidelines, the Clinical Handbook and the MSBC. The Alcohol Counselling Guideline were approved by MOWA, and targeted training for MOWA, NCDD and provincial authorities was undertaken.

3. Reducing media content that condones violence against women

TAF undertook media monitoring of five television channels to monitor the portrayal of violence against women in three key areas: types of violence, channels and programs containing violence, and violence in different program genres. **Bulletins 1 and 2: Reducing violence against women on Cambodian television** present data on VAW and IPV content on television.

TAF worked with MOWA, Ministry of Information (MOIn) and the Club of Cambodia Journalists to develop a response to encourage the media to reduce the amount of programming of violence against women. A series of training workshops targeting print, TV, radio and online reporting on VAW was undertaken to professionalise reporting and to protect survivors of violence from negative media exposure and further harm.

This culminated in a joint **Prakas on the Media Code of Conduct** for reporting on violence against women in the media. The Prakas was signed and launched by MOWA and MOIn in July 2017.

MOIn utilised facebook and social media posts to generate community comment to reduce the high exposure of violence against women in the media. Popular social media personalities were recruited to speak on facebook with comments posted and IPV video clips shared.

Objective 2: Evidence is used to advocate, plan, budget for and implement policy, laws and programs to prevent IPV

Additional research was undertaken by TAF on the alcohol industry in Cambodia to enable the development of strategies and interventions to reduce the risk of alcohol-related intimate partner violence and to promote regulation and safe alcohol use as a strategy to reduce women's vulnerability to violence. A report **The Alcohol Industry in Cambodia: A Study of Taxation, Regulation, Distribution, and Consumption of Alcohol**, was completed in June 2016.

Key achievements:

- The development, endorsement and dissemination of the National Technical Document on the process of implementing CANS in collaboration with NCDD.
- 19 communes had successfully advocated for CANS implementation funding support in the Commune Investment Plan for 2018.
- Development of the Alcohol Counselling Guidelines and approval by MOWA for implementation.
- Launch of the MOWA and MOIn joint Prakas on the Media Code of Conduct.

6.5 CARE

6.5.1 Project title: Safe Home, Safe Communities (SHSC)

Project Period: January 2016–August 2017

Project Goal: Violence against women and girls is reduced through prevention interventions, improved response and increased access to quality services.

Objective 1: To strengthen health delivery systems' response to VAW in selected communes in Phnom Penh

1. CARE facilitated **MOH Clinical Handbook training and awareness raising sessions** (to support the implementation of the National Guidelines for Managing Violence against Women and Children in the Health System) for a total of 181 medical staff, including doctors, dentists, midwives and mental health practitioners of 17 health centres and four referral hospitals in the Phnom Penh Municipality. The training sought to improve the identification and treatment of injuries arising from intimate partner violence and sexual violence.

Training was provided to an additional 50 staff from Kampong Thom province, in partnership with the ATJWII program, to strengthen the health response through the GBV sub-group.

2. **A range of IEC materials**, including videos to be played in waiting rooms, posters and signboards to be displayed at health centres, were developed at the request of MOH to be used as an aid in improving community awareness about VAW and the response and referral process for survivors.

'Before I didn't know how to help victims of VAW and I was so scared and dare not help them. Now I know how to help them.' Health Care worker, Phnom Penh Municipality

Objective 2: To strengthen commune authorities' response to VAW in selected communes in Phnom Penh

1. The **Good Practice Training Manual** was developed and implemented to provide training in how to respond to VAW issues at the commune level for commune authorities from 19 communes, including members from the commune council, the CCWC and the police. A total of 646 commune authorities participated in training, coaching and mentoring activities which included victim centred training topics such as referral to other services, how to engage and communicate with a victim of violence and legal training to reinforce responsibilities as determined by the Law on the Prevention of Domestic Violence and the Protection of Victims.

The Referral Guidelines and the MSBC, developed through the GIZ ATJWII program have been integrated into the CARE training program. This provides a further example of the sharing of program experience and reinforcement of the MOWA approved practice and guidelines in responding to victims of violence.

2. A **VAW referral network** was established in each of the 19 program communes. These meetings were held in conjunction with the monthly commune council meetings to improve efficiency by not creating another series of meetings. This approach has contributed to the sustainability of this network by encouraging the committee to address these issues as part of these regular meetings. Feedback from the commune authorities suggests that the referral networks helped to improve communication and collaboration between service providers and provided community members with more opportunities to seek assistance.

'For me I feel more confident when I respond to VAW cases in my commune because before when I questioned the victims, I never paid attention to the situation of the victim and the surroundings so I sometimes wouldn't access all the information from them but after CARE taught me about how to do the question properly then I can do it better and victims like to talk with me about their problem.' Commune Councillor, Phnom Penh Municipality

Objective 3: To empower men and women to prevent and respond to VAW in their communities

1. Village Health Safety Group (VHSG) members were trained in **Community Dialogue training**. They then became trainers to deliver training to women's and men's groups to help increase community members' awareness of VAW. The key topics covered in the training included the difference between sex and gender; violence against women; positive masculinities; good relationships; and seeking support. Further discussion of training topics was undertaken in a series of monthly meetings. Feedback has indicated that this approach has reinforced the training and encouraged community members to report cases to local authorities.

2. **Women's groups and Men's groups** were established in 19 communes as a preventive measure to encourage members to speak out and be active in disseminating messages about VAW in their community. Monthly meetings, facilitated by the VHSG members, were held. The target of engaging 200 women was reached, however engagement of men was problematic primarily thought to be because of time pressures due to working restrictions or because of the fear of being blamed.

CARE have produced a number of knowledge products that are pending final approval from MOWA. The documents are at draft stage, however, MOWA requires the documents to be approved through their internal agency consultation and includes presentation through the TWGG-GBV. This is a standard process. In order to allow this process to be completed, DFAT have provided permission for CARE to accrue the costs of the approval and printing of the materials for the Safe Houses Safe Communities project. It is anticipated that this will be completed by the end of November 2017.

Key achievements:

- A total of 181 health care providers (103 female and 78 male) participated in training programs to increase knowledge and skills on how to respond to VAW.
- A total of 646 commune authorities (380 female and 266 male) provided with training, coaching and mentoring in how to respond to VAW in their community.
- VAW networks established in 19 communes with a total of 169 (66 female and 103 male) representatives.

6.6 Hagar

6.6.1 Reintegration of survivors of extreme human rights abuses

Project Period: February 2013–June 2017

Project Goal: Survivors of human rights abuses experience safe reintegration into families/communities, access appropriate education and economic opportunities and improved quality of life.

Objective 1: Reintegrated clients live in safe environments free of violence.

The Hagar case management approach coordinates and connects clients to existing services and resources to enable them to reintegrate safely to their family. Where this is not possible, alternative safety options are explored, such as an alternative community.

- Safety plans developed for 248 clients.
- 20 houses built for safe accommodation.
- 24 houses repaired to increase safety of accommodation.
- Local authorities participated in reintegration plans for 309 clients.

Objective 2: Children access appropriate formal education opportunities and reintegrated clients/families have increased economic stability

Hagar provided families with food assistance, education, employment and income generation options to strengthen the family economic capacity and to mitigate against unsafe labour migration.

- 145 clients (87 females) enrolled in school.
- Focus on working with the school principals and teachers to prevent school drop-out with 96% (139 of the 145 clients, 85 female) of clients advanced to the next grade.
- Career counselling and guidance provided to support ongoing employment for 117 clients after reintegration.

Objective 3: Improved social capital of reintegrated clients

Hagar provided personal counselling and family therapy to strengthen family relationships and to enable a safe adjustment to the new living situation for reintegrated clients.

- 309 clients connected to at least one identified community members for emergency contact.
- 290 clients reported improved relations with their family as a result of regular counselling.
- 1,545 community members attended community awareness sessions to increase understanding of domestic violence, parenting skills, child abuse and human trafficking.

‘For me, all the help I received was important. Without it, I would be homeless. Especially important were the spiritual support, encouragement and psychological counselling that I received, I understand more about society and myself now. I learned to live independently and control myself.’ Client, Phnom Penh Municipality.

Case Study, Chanty’s Story, Hagar Program

For years, Chanty suffered domestic abuse from a violent husband. He would spend the day drinking and then he would become violent and beat her. Often, she would have to run away and hide behind the house to avoid more fierce beatings. The beatings were reported to the village chief and police. They summoned her husband to sign a contract stating he wouldn’t hit her again, but this was short lived. A few months later, the violence started again. Unable to bear the beatings any longer, Chanty divorced her husband and moved away.

After the divorce, her mother-in-law sold the family home and gave some money to Chanty. This was when Chanty decided to move to her grandmother’s house. She was referred to Hagar who provided her with support to re-integrate to the community with her son. Hagar provided financial and social work support services to help her and her son live in safety at her grandmother’s home.

“I am thankful for all the support Hagar provided to help and encourage me. Financial help is one thing, but I was made to feel worthy and valued, and for that, I am so grateful. Most importantly, Hagar gave me a chance to change my life around and see hope for my future.”

6.7 Legal Aid of Cambodia (LAC)

6.7.1 Enhancing the Legal Rights of Women and Children

Project Period: March 2013–June 2017

Project Goal: To enhance the rights of survivors of domestic violence and sexual abuse (DV&SA) through strengthening the existing mechanisms at the sub-national level.

Activities support the capacity development and strengthening of the legal and justice response mechanisms to respond to DV&SA crimes. LAC also provide legal advice and support through the court system for women and children survivors of DV&SA.

Objective 1: Continue to strengthen the existing sub-national mechanism

1. LAC coordinated and facilitated **Criminal Justice Stakeholder meetings** to improve the legal response to victims of violence. These are chaired by the Provincial Prosecutor and membership includes officials from Provincial, District and Commune Departments including representatives from the court, prison, police, Provincial Department of Social Affairs, Veterans and Youth (PDOSAVY) and District Office of (DOSAVY), PDOWA and District Office of Women’s Affairs (DOWA).

The meeting provides a forum to discuss legal issues, comparing articles in the newspaper and reviews of implementation of current court cases.

- A total of 26 meetings were undertaken with members of the two target provinces of Battambang and Pailin attending.

2. LAC support sub-national forums of the **Provincial (PWCCC) and District Women's and Children's Consultative Committee (DWCCC) meetings** to provide an avenue for training, to raise issues and to provide feedback on women's and children's issues in the communities. Membership includes representatives from Provincial Department of Social Affairs, Veterans and Youth (PDOSAVY) and District Office of (DOSAVY), PDOWA and District Office of Women's Affairs (DOWA) and local NGOs including Banteay Srei, Hagar and TPO.

These meetings focus on social support and legal issues for GBV survivors and provide a forum to learn more about specific topics such as DV, divorce and referral systems for victims of violence.

- A total of 68 PWCCC monthly were held including 29 meetings in Battambang and 39 meetings in Pailin province.
- A total of 159 monthly round table discussions were conducted by the DWCCC including 89 meetings in Battambang and 70 meetings in Pailin province.

3. The **Child Advocacy Network** is a monthly meeting held with technical support from LAC and the Commune Council for Women and Children (CCWC) and agreed by the Commune Chief. The focus of the meetings is to promote awareness of issues of family violence and how to take preventive measures. Session topics include basic knowledge of GBV, DV, how to seek assistance from commune authority in cases of violence reported in their communities as well as the service available. The participants' ages range from 14 to 18 years and all participants are students from grades 8 to 12. Participation is voluntary with approval from the parent.

- A total of seven Child Advocacy Networks implemented to increase awareness of family violence and how to take preventative and safety measures supported.

Objective 2: Increase access of survivors of domestic violence and sexual abuses to assert their rights

1. **Information awareness and capacity building training** was provided to court, police and government officials in the target provinces to increase understanding of the legal protection and response for survivors of DVSA.

- 39 sessions of capacity building training including topics on gender-based violence, related articles of Criminal Procedure Code, Penal Code and on how to use the referral guideline for GBV victims for judicial police and court authorities.

2. LAC speakers regularly participated in **talk-back radio programs** to discuss legal procedures, coordination of services for victims and other protection mechanisms for women and children victims of violence.

- 52 talk-back radio sessions where LAC have participated.

3. **Legal consultation and representation** provided to survivors of DV&SA. LAC have provided services to:

- 235 clients presenting with cases of DV&SA, including 223 females and 12 male clients.
- 78 cases resolved and closed.
- 39 clients referred by police, with LAC technical support, to court for further action.

Success factors of the criminal justice networks as reported in LAC Annual Report, 2016:

- Quicker action taken by the courts in responding to cases of GBV.
- Better service coordination for GBV.
- Stronger collaboration between NGOs, community based organisations and government departments.
- Better understanding of the law and police and court obligations.
- Criminal cases prepared by judicial police are well-prepared and proceed to court on time.

'Now the victims have confidence. They know that when they have problems, there is someone to assist them. In addition, the procedures of the district police have been greatly improved, the court procedures are more efficient resulting in justice for the victims of domestic violence and abuse.'
Court official, Battambang Province, LAC program

6.8 Transcultural Psychosocial Organisation (TPO)

6.8.1 Improving mental health for survivors of gender-based violence

Project Period: March 2013–June 2017

Project Goal: To end violence against women through improving access to psychosocial services for survivors of GBV and SA.

Objective 1: To increase capacity of 80 community resource persons (CRP) in identifying, managing and referring survivors of GBV and SA

TPO used a community engagement model to ensure availability of mental health and psycho-social support for community members. Volunteer community members were provided training on mental health, basic psychology, GBV and psycho-social support.

- 80 CRPs were maintained throughout the duration of the program. Training, mentoring and regular support was provided by TPO technical staff to maintain engagement of community members.
- A total of 579 people, (437 females and 142 males) were provided with mental health and psycho-social support by the CRPs.

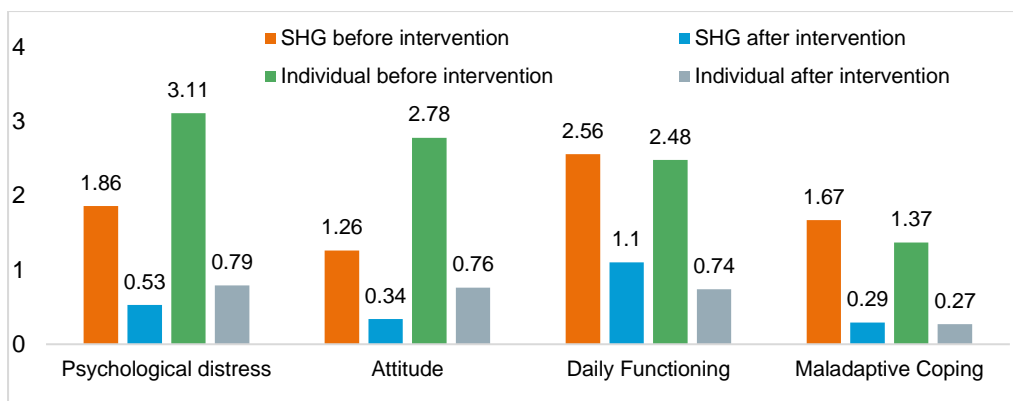
'Now, living in the commune is better than before. People are not afraid, and know how to resolve the situation when there is trouble.' CRP, TPO program

Objective 2: To increase mental health and wellbeing for 550–600 survivors of GBV and SA

TPO conducted community awareness raising events, established self-help groups (SHG) and provided individual counselling for community members. The SHGs provided a group therapy approach for survivors of GBV and alcoholic men who were perpetrators of violence who also suffered from mental health problems.

- 65 community awareness raising sessions were undertaken.
- A total of 3,853 (2,861 female and 992 male) community members participated in community awareness raising events.
- 34 SHGs were established for women.
- 7 SHGs were established for alcoholic men.
- 100 (75 female and 25 male) members of the community received individual counselling.

The following graph demonstrates that, by client self-report, the intervention provided by TPO has had a positive response in contributing to the reduction of distress in the community and strengthening of the personal coping mechanisms of individuals.



Case study: Ms. Ley Somnang (permission provided to use her name)

In 1999, Somnang and her husband had one son who died at one year old from illness. In that year, her husband began drinking alcohol and fought with her very badly almost every day, he destroyed household equipment and was physically violent towards their daughters. The physical and psychological abuse caused them to be scared. She did not feel that anyone could help her. She began to suffer physically and emotionally, she felt helpless and she tried to commit suicide. Local authorities pushed her to join the self-help group. TPO also gave her personal counselling. She began to get meaning back into her life.

She expressed her feelings of pride and joy, "I am so excited and delighted that TPO has helped me. I have happiness, can smile, laugh and see the outside world clearly and no more darkness as before. And I can say "TPO was like kerosene, and I was like a lamp with no light. A lamp can have light again because of kerosene. It means that I was in the darkness and thinking that life was almost dead, but TPO came to help me and give me another new life".

6.9 Agency for Technical Cooperation and Development (ACTED)

6.9.1 Reducing the risk of SGBV against entertainment workers in Phnom Penh

Project Period: April 2013–June 2017

Project Goal: To reducing the risk of Sexual and Gender-Based Violence (SGBV) against entertainment workers (EW) in Phnom Penh through higher reporting rates of the cases and strengthening a referral system for victims.

The ACTED program worked in partnership with Social Services of Cambodia (SSC) to provide psycho-social support and Legal Aid of Cambodia (LAC) provided legal assistance.

Objective 1: EWs have increased awareness of SGBV, their rights and the assistance available to victims

The ACTED program worked in 42 entertainment establishments in the Phnom Penh Municipality to support EWs at risk of suffering SGBV, exploitation, social stigma and abuse in their workplace and at home. ACTED utilised a peer educator model to provide outreach information sessions to EWs. The outreach sessions covered topics such as greatest fears at work and stress management, risk management at work, referral systems and employment options for EWs.

- 68 peer educators were trained through a total of 66 initial, refresher or monthly training sessions.
- Since the project commenced, a total of 8,055 EWs participated through 3,598 out-reach sessions.
- Use of media provided opportunity to increase awareness. This has included the development of a DVD showing situations that EWs are likely to encounter, such as how to handle an aggressive client, and radio script based on the life story of one of ACTED's peer educators.

- Communication and IEC materials have been produced and distributed to EWs. This has included a directory of services, information leaflets regarding referral services and information regarding the police contacts.

Objective 2: EWs who are victims of SGBV have improved access to assistance services

A referral system for EWs who may be victims of SGBV, was established with a two pronged approach. Information on how to access the services was provided to entertainment workers during the outreach sessions. Pocket size information cards were developed and distributed to ensure ease of access to information. Training and information awareness sessions were held with commune and district police on legal obligations to respond sexual and gender-based violence.

- Between 2013 and 2016 a total of 140 police from four districts were trained.

'I realise that cases of SGBV have previously occurred to my friends and I in the entertainment establishments; I just didn't know that it was SGBV. I just endured it, put up with it and blamed it on fate or bad fortune. By attending the sessions, I have compared what I learnt with what was happening to me and I know that some of my rights had been abused. Today, I know how to respond to these situations if they happen to me again.' Peer Educator, Phnom Penh Municipality.

6.10 Policy Brief 7: Violence against Women and Girls

Project Period: 2013

The third Cambodia Gender Assessment (CGA) 2014, is a series of 10 Policy Briefs, read in conjunction with the Neary Rattanak IV. This research is undertaken each five years, ensuring consistency of information with the Cambodian National Strategic Develop Plan. DFAT funded research activity to develop *Policy Brief 7: Violence against Women and Girls*.

The Neary Rattanak IV and the CGA was officially launched in December 2014 by Deputy Prime Minister (Ms) Men Somon.

7 Progress towards EVAW PDD end-of-program outcomes

As has been noted, the EVAW program was originally designed to be a long-term program with a 25 year outlook. According to the PDD, this was based on international experience that indicated a 25 year timeframe was required for government to lead and effect change in social norms and attitudes where VAW is no longer tolerated. The program goal, purpose, intermediate outcomes and end-of-program outcomes were all designed and developed with this timeframe as the context. While the 25 year outlook is no longer relevant, the EVAW program was implemented taking into consideration the original program logic, where possible. This section describes achievements of the EVAW program in meeting the intermediate outcomes and contribution to the end-of-program outcomes.

7.1 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.

End-of-program outcome 1: A woman who experiences violence can exercise her right to access quality, comprehensive and expanded response services		
Intermediate outcome 1a: Ensuring universal access to services: A woman who experiences violence in targeted provinces with no or few existing services can access lifesaving emergency and case managed services		
Activity	Partner Agency	Outcome
Competent service providers in new provinces selected, mentored and supported in phased roll out of ATJW.	GIZ UNFPA UN Women CARE	The ATJW program has supported the implementation of the GBV network as the sub-group of the WCCC in two provinces. The Referral Guidelines and Minimum Standards for Basic Counselling have provided on the job skills for first-line practitioners responding to women experiencing violence. This approach has since been replicated in other provinces under the CARE, UNFPA and UN Women programs.
Integrated case management involving CSOs and RGC agencies trialled and documented.	GIZ CARE UN Women UNFPA LAC	The GBV sub-group has become the formalised multi-sector group to address violence. These are chaired by PDOWA and CSO and other government representatives are invited to participate. This has been based on the multi-sector service response arising from the OSSC research.

MSS and integrated case management applied and rolled out across two new target provinces under ATJWII.	GIZ CARE UN Women UNFPA LAC	This occurred under the GIZ ATJW program in Kampong Thom and Siem Reap. This approach was implemented further in Stung Treng, Preh Vihear and Kampong Cham under the UNFPA program, Kampong Speu and Preak Sihanoukville under the UN Women program, Battambang and Pailin under the LAC program and 19 communes in four districts of Phnom Penh Municipality under the CARE program.
Intermediate outcome 1b: Building quality services: A woman who experiences violence in targeted provinces with some existing services can access quality case managed comprehensive and expanded services		
Cambodia specific MSS, first responder counselling, social inclusion strategy and intra- and inter- agency protocols for case management developed, trialled and agreed.	GIZ CARE UN Women UNFPA LAC	Minimum Standards of Basic Counselling and training guidelines developed and implemented. Referral Guidelines and training materials developed and implemented. Mediation MSS under development. UN Women and MOWA finalising this process. UN Women, UNFPA, CARE and LAC have implemented the Minimum Standards of Basic Counselling and the Referral Guidelines
Scholarships, Awards and institutional twinning to build VAW specific professional capacity.	Not implemented by EVAW	From 2015 the EVAW program assisted and supported the Australia Awards Scholarships (a DFAT funded program) in its increased focus to attract scholars from a range of disciplines that had a focus on reducing violence against women. Intakes 2016 and 2017 had a total of 13 (four male and nine female) applicants awarded scholarships in this field. The 2018 intake has seen 44% of women applicants as compared to 36% in the previous year. According to the Australia Awards team, 'a key factor has been the cooperation and commitment from MOWA in participating in workshops and information sessions for women in the public sector.'
Feasibility and cost studies completed for PP OSSC under RGC support.	Not implemented by EVAW	A research and feasibility assignment was undertaken by MOWA during late 2010 with the final outcome in 2012 being that the OSSC facility was not endorsed by the RGC. The intent of a OSSC approach has been adopted through the case management referral approach and is implemented through the Provincial and District GBV Working Groups (sub-groups of the Provincial and District Women's and Children's Committees), supported by the Minimum Service Standards in Basic Counselling and the Referral Guidelines developed through the ATJW program.

7.2 Prevention

Strategies developed to promote positive change in perceptions, attitudes, behaviours, belief, practices and social norms.

End of program outcome 2: Relevant RGC agencies, sub-national authorities and the private sector act to prevent violence against women and contribute to implementing Cambodian NAPVAW

Intermediate outcome 2: Transforming norms, practices and attitudes: Leaders in target communities, schools, work places and public institutions commit to effective actions that prevent violence against women and advocate to end it

Activity	Partner Agency	Outcome
Existing innovative CSO, media and private sector groups prevention programs identified and funded.	TAF	The TAF PIPV program was the major prevention program for EVAW. This program was developed and implemented in response to the prevention research and was consistent with the NAPVAW strategies. Four national NGOs were funded through the PIPV for implementation.
Australian Aid Cambodia programs mainstream prevention of VAW.	Not implemented by EVAW	CCJAP, CCAP and CPI have been included in the EVAW Implementing partners' forums to share information and network on EVAW issues. The EVAW program has provided support to the Australia Awards program through provision of resources for the student library, EVAW PM guest speaker on VAW, facilitating invitations to MOWA internal networks such as the Young Professional Group and inviting representatives as guest speakers at the implementing partner meeting.
Women and men in target provinces, workplaces and nationally act to prevent and demand an end to VAW.	TAF CARE	The TAF program has facilitated national online campaigns. CARE has implemented community men's and women's groups where participants can raise issues of concerns about safety and violence to the local authorities. EVAW has supported MOWA in the two key national campaigns to prevent VAW – International Women's Day and the 16 Days of Activism against GBV.
Evidence of effective models for preventing VAW in Cambodia.	TAF	The TAF CANS program was implemented as a trial based on the research undertaken for risk and protective factors to prevent intimate partner violence. Key success factors have included a reduction in VAW and alcohol abuse.
National VAW Prevention Strategy adopted with clear functions defined for RGC, private sector and CSOs.	UN Women	UN Women and MOWA have developed a Primary and Secondary Prevention Strategy that aims to consider activities to support implementation of the NAPVAW primary prevention strategic area. This is under development.

7.3 Justice

A protective investigation and legal process that is responsive, effective, treats survivors of violence with dignity and holds perpetrators accountable.

End of program outcome 3: A woman who experiences violence or the threat of violence in Cambodia has expanded opportunities to access justice

Intermediate outcome 3a: Ensuring effective police response: Police in target communes engage with women and respond to their safety and referral needs

Activity	Implementing Partner	Outcome
Commune, district and provincial police in targeted provinces have the legal knowledge and technical and communication skills required to investigate, manage evidence, refer victims and bring VAW cases to court.	GIZ LAC	LAC have supported and provided training to members of the criminal justice networks, including police and prosecutors, in the rights of victims of violence, particularly as it relates to the DV Law and the criminal justice codes. Commune and district police have been included in the GIZ Legal Guidelines training sessions and further training on the Referral Guidelines to ensure appropriate referral to legal services. LAC, GIZ ATJW NGOs - CWCC and Banteay Srei, all provide direct legal aid and representation to refer DV matters to court
CNP has capacity and resources to monitor the effectiveness of police response to VAW.		
VAW strategies mainstreamed in scaled-up community policing, community safety program, CNP training and CNP protocols and Prakas.		
CNP has introduced measures that promote an enabling environment for women police.		

Intermediate outcome 3b: Improving justice and accountability: Staff of the judicial system in targeted national and sub-national agencies respond better to VAW

Laws, penal code and regulations harmonised and made gender sensitive for effective judicial response to VAW.	Not implemented by EVAW	This activity was not implemented by EVAW. A Domestic Violence Law review is being led by UN Women and MOWA <i>but is not an activity under the EVAW program.</i>
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Community and commune groups in target provinces implement and monitor good practice safety plans to respond to and prevent VAW.	CARE TAF Hagar	CARE have implemented community forums where members of the community can raise issues direct with local authorities, including issues of safety and violence. Hagar have included local authorities in the safety planning for reintegration of clients to their community and family. TAF CANS program has utilised designated commune committee representatives to engage with families experiencing violence arising from alcohol abuse.
Community and commune leaders, commune police, VAW focal points and legal aid providers deliver appropriate mediation and referral services.	GIZ UN Women LAC	The GIZ ATJW program has developed and implemented the Referral Guidelines to strengthen referral services. Refer to Services section. GIZ program has provided training in mediation to the four NGOs and PDOWA working with the ATJW program. LAC have been providing mentoring and training to WCCC and to criminal justice stakeholder forums, including police and prosecutors, on mediation and referral and DV Law. UN Women have undertaken a study into mediation practices. A mediation MSS is under development.
Judiciary, police and legal aid providers in target provinces accurately communicate and apply criminal and civil law to VAW cases.	UN Women LAC GIZ	UN Women in collaboration with MOWA and MOJ, have worked with the Cambodian Bar Association and the Royal Academy of Judicial Professions to develop a bench book on prosecuting and adjudicating cases of VAW. This is under development. LAC have supported and provided training to members of provincial criminal justice networks, including police and prosecutors, about the rights of victims of violence, particularly as it relates to the DV Law and the criminal justice codes. LAC, and through the GIZ ATJW program Banteay Srei and CWCC have provided direct legal support to victims of violence ensuring appropriate application of the law to VAW cases. GIZ provided capacity development, training sessions and information awareness activities for MOWA JPA/JPOs to support victims of violence as governed by the Law on the Prevention of Domestic Violence and the Protection of Victims, 2005. GIZ developed Legal Protection Guidelines and training for MOWA JPA/JPOs to ensure awareness of obligations and roles as a judicial representative in responding to VAW.
Community representatives in target provinces monitor response of RGC judicial agencies and demand effective ERAW actions.	GIZ CARE LAC UN Women UNFPA	

7.4 Institutional Strengthening

Working with government, private sector and civil society to improve support and coordination of responses for victims of violence.

End of program outcome 4: Government agencies, civil society and the private sector work together to begin implementation of strategies to prevent and respond to VAW

Intermediate outcome 4: Relevant RGC agencies and sub-national agencies and CSOs willing and able to provide socially accountable response to a woman who has experienced violence

Activity	Implementing Partner	Outcome
Information products developed and used in knowledge-to-policy-to-practice cycle.	All	<p>All information and knowledge products are developed in partnership with MOWA. There is a clear process of consultation undertaken prior to the official endorsement of products. This process has been developed and agreed in response to the number of information products produced from the EVAW program.</p> <ul style="list-style-type: none"> • Internal MOWA consultation and discussion led by senior MOWA delegates • Tabled at the TWGG-GBV for comment by MOWA • Amendments from these two consultation processes tabled with the Minister and the MOWA Technical Coordination Desk • Final documents approved by the Minister MOWA. <p><i>Refer to Attachment 5 – List of knowledge documents</i></p>
Improved MOWA capacity to lead TWGG-GBV.	UN Women GIZ	UN Women and GIZ are both co-chairs of the TWGG-GBV with MOWA. Both agencies have provided practical support and training to improve the capacity of MOWA to lead the TWGG-GBV.
Relevant RGC agencies collaborate to design, implement and monitor inter-agency work plans and targets and report on implementation of NAPVAW.	UN Women	UN Women have continued to provide support to the Secretariat of the TWGG-GBV throughout 2012-17. A re-structure of the TWGG-GBV in 2016 created a more streamlined and consolidated reporting and feedback process where responsible agencies provided reports on their agency and NAPVAW achievements through use of standardised sectoral reporting template. An Annual Operating Plan and a Performance Management Framework has been implemented.
Strategic plans of relevant RGC and sub-national agencies identify budgets and resources needed for EVAW and agencies seek MOEF funding commitments.	Not implemented by EVAW	<p>This activity was not implemented by EVAW. Engaging with the MOEF is a feature of the future proposed ACCESS program. Although direct engagement with MOEF has not been undertaken, there are examples of improved RGC budget resourcing including;</p> <ul style="list-style-type: none"> • UN Women have made some initial progress in identifying RGC funding vs Donor funding for NAPVAW implementation but this does not identify at an agency level. • TAF CANS program has ensured all program activity is listed in the Commune Investment Plans (CIP) and there has been some success with accessing limited Provincial budget allocation. • Kampong Thom GBV Working Group has been successful in accessing the Cambodian National Council for Women (CNCW) national budget allocation for hardship arising from GBV.

7.5 Research and Evidence

Enable research and evidence to be used for improved planning, service delivery and implementation of support services.

End of program outcome 5: Government agencies, civil society and communities use credible evidence to advocate, plan, budget for and implement policies, laws, standards and programs to prevent and respond to violence against women

Intermediate outcome 5: Targeted RGC agencies, commune councils and civil society use credible evidence from research to improve key decisions for responding to and ending VAW

Activity	Implementing Partner	Outcome
RGC and sub-national NAPVAW adoption and commitment informed by prevalence study, Political Economy Analysis and economic cost-benefit analysis of VAW in Cambodia.	UN Women UNFPA TAF	<p>The TAF Political Economy Analysis was undertaken but not distributed as a public document. DFAT made the decision to use this as a working document to guide the ERAW program.</p> <p>The VAW Prevalence Study, CDHS and secondary analysis completed. MOWA use this data in their promotions and reports to UN.</p> <p>An economic cost-benefit analysis was not undertaken. UN Women have led a costing of services. This is at draft stage, pending MOWA approval.</p>
MSS, prevention strategies and VAW protocols informed through participatory action research of women's experience of violence and VAW response services.		Refer to previous sections.
RGC VAW national/sub-national investments and public adoption of action to ERAW supported by two-way flow of summarised, benchmarked data and information.	GIZ	<p>A data collection process from sub-national services to national MOWA has been trialled under the ATJW program. This is a simple Microsoft Excel spreadsheet system and is anticipated to provide some initial service provision information for MOWA and PDOWAs in the Provincial/District and Commune Planning processes.</p> <p>Collection and reliability of data is problematic. NCDD and Provincial governments have a national data collection system, the CNP also have a national data collection system. These systems are unreliable and do not join up.</p>

8 Overall Performance Assessment

8.1 Effectiveness

The robust coordination efforts between each of the implementing partners, facilitated by the PMO through the Implementing Partner meetings and agency program monitoring, has contributed to increased effectiveness in ensuring good progress against the program outcomes. Policy dialogue and partnerships have been effectively used to influence the EAW program implementation agenda and support the achievement of intended outcomes in the five key program outcome areas.

Key significant achievements include:

Services: The service response activities had a focus on access to and service referral for a woman who had experienced violence. The aim was to encourage and promote a multi-sectoral response that enabled collaboration and coordination across the service sector, government and non-government. Successful examples of where this aim was achieved include:

- The implementation of the GBV sub-groups of the WCCCs in seven provinces and eight districts.
- Partnering across service providers to share knowledge and practice. For example, TAF CANS implementation that included participation from other, national and sub-national government representatives, other DFAT funded activities (CPI program) and EAW implementing partners.
- National NGOs using the experience, knowledge and practice gained from participating in the EAW program and leading the implementation of activities in non EAW program areas. For example, LAC utilised their knowledge and skills from participating in the development and implementation of the Referral Guidelines to support Pailin provincial government to implement this practice. This was at the total cost of the Pailin government.
- A range of policy and practice guidelines developed and implemented to support service providers in delivering standard quality services to victims of violence. These include the Referral Guidelines, the MSBC and a case management data collection system, all designed to be used by all service providers, NGO and government, ensuring a consistency of language and approach.

Service delivery for women who had experienced violence included the provision of family and personal interventions, counselling support for family and individuals, personal therapy and community-based self-help groups. Data collated between January 2013 and June 2017, confirmed a total number of 12,907 receipts had received services from the EAW program partners.

'TPO was like kerosene, and I was like a lamp with no light. A lamp can have light again because of kerosene. It means that I was in the darkness and thinking that life was almost dead, but TPO came to help me and give me another new life.' Case study, TPO program.

Prevention: Prevention activities aimed to better equip individuals, leaders of communities and service providers to commit to actions that prevent violence against women. The aim was to influence and challenge knowledge, attitudes and behaviours through training and information awareness, use of social media to promote positive messages and tools to help perpetrators address their behaviour. Successful examples of where this aim was achieved include:

- Support to commune chiefs, deputy chiefs and commune committees to participate in training and leadership programs to strengthen the focus on the needs of women and children victims of violence. This included activities such as the TAF CANS implementation and the CARE Community Dialogue forums.
- Local authorities participated in radio talk back shows to raise awareness of GBV and to promote the role and responsibility of local authorities in reporting and responding to GBV in their communities.

- Community awareness and social media campaigns to address alcohol prevention, violence against women and children and negative media exposure of VAW were led by local authorities and community leaders to educate communities and to mobilise social change.

Prevention activities included structured training programs, community discussion and awareness raising forums. Data collated between January 2013 and June 2017, confirmed a total of 18,337 recipients participated in training and community awareness events undertaken through the EVAW program.

'When he came back from training, my husband had changed a lot. He told the people in the village that women have equal rights to men, and not to hit or beat them as women have the right to file a complaint with the court.' Case study, GIZ program.

Justice: Activities undertaken in this core area targeted specific capacity development activities such as mentoring, training and information awareness for justice officials. The aim was to improve and increase access to legal services for victims of violence and to increase the knowledge of justice officials when responding to victims. Successful examples of where this aim was achieved include:

- Criminal Justice network meetings held to strengthen the role of judicial stakeholders in the provision of justice services for victims of violence.
- Provision of legal advice and legal representation to proceed with GBV related matters through the formal justice system.
- Specific training programs provided for national and provincial MOWA JPO/JPA representatives to support them in undertaking their role as governed by the Law on the Prevention of Domestic Violence resulting in increased capacity and knowledge.

Training programs to better understand the Law on the Prevention of Domestic Violence including how to apply the law, obligations in responding to the law and how the court system responds to victims was provided to a range of judicial stakeholders to increase capacity and knowledge. Data collated between January 2013 and June 2017, confirmed a total of 1,747 law and justice officials took part in justice related training and capacity development programs between January 2013 and June 2017.

'Before, victims thought domestic violence was a family problem, and the police thought that it was a common issue, so no-one tried to solve it. But now we do not think like that, and are improving the law to help women and children.' Testimony of Siem Reap JPA, GIZ program.

Institutional support and coordination: Activities in this focus area aimed to increase coordination and cooperation between government and non-government to better integrate responses to VAW prevention and service delivery. Action centred primarily on support to MOWA as the primary agency responsible for leading and coordinating a multi-sectoral response to prevention of VAW. Successful actions included:

- The development and implementation of the second NAPVAW 2014-18.
- Support to the operations of the TWGG-GBV as the body responsible for monitoring the progress of the NAPVAW strategies and to increase multi-sectoral coordination and collaboration. Membership of the TWGG-GBV reflected this approach and included ten development partners, 15 Line Ministries and 30 civil society representatives.
- Establishment of seven provincial GBV working groups of the PWCCC and eight district GBV working groups of the DWCCC.

Research and Evidence: The EVAW program supported a range of research activities to better understand the Cambodia context, identify trends in violence over time and enabled the use of data for violence prevention policy development. This resulted in the availability of statically relevant, Cambodia specific, national data for the first time. The range of publically available research undertaken during the EVAW program period included:

- Cambodia Demographic Health Survey Domestic Violence Chapter (2014)
- Cambodia Gender Assessment, Policy Brief 7, Violence against Women and Girls (2014)
- Four targeting briefs developed to identify and analyse key risk and protective factors associated with IPV in Cambodia - IPV and Alcohol; IPV and Education; IPV and Media; IPV and Childhood Exposure to Violence (2015)
- National Survey on Women's Health and Life Experiences in Cambodia (2015)
- First EAW Progress Report (2015)
- Second EAW Progress Report (2016)
- Secondary Analysis on Women's Experience of Domestic Violence and Other Forms of Violence (2016)
- The Alcohol Industry in Cambodia: A Study of Taxation, Regulation, Distribution, and Consumption of Alcohol (2016)
- Third EAW Progress Report (2017)

8.2 Efficiency

The modality and governance arrangements for program implementation has been satisfactory, but it has been acknowledged that the modality of implementing such a high number of grant agreements has contributed to some inefficiency. The EAW program has been operationalised through bilateral grant agreements between DFAT and international and national NGOs with a total of 25 agreements over the EAW program lifetime. Implementation has then been monitored by the PMO, in conjunction with DFAT. Much of the program activity has been implemented and delivered in accordance with the available resources, work plans, budgets and timeframes, however delays for completion of some programs necessitated agreement extensions. Where the timeframe was amended to be more realistic, program activity was completed to a good standard.

Key significant achievements include:

8.2.1 PMO oversight

The model of PMO oversight has been acknowledged by DFAT as being of value and has noted that the PMO has been instrumental in assisting DFAT to better manage the high number of relationships and negotiate grants with partners to achieve the EAW program outcomes.

Outputs of the activities delivered by each implementing partner have been delivered on time and in a cost effective manner. The EAW governance structure and the PMO progress reporting regime included assessment of partner program efficiency and activity achievements and oversight of activity to ensure complementarity and cohesion.

The PMO was located at MOWA. This ensured ease of access to the Ministry staff, assisted with 'troubleshooting' on behalf of implementing partners and facilitated activity prioritisation and task delegation to ensure MOWA response in a timely manner.

8.2.2 MOWA engagement

The EAW program was well harmonised and closely aligned with government systems. MOWA played a leading role in the governance of the EAW program through the JSC, EAW Partner meetings and the M&E Network meetings and this contributed to the increase in MOWA's ownership and influence of EAW program activity. Facilitating this approach significantly increased participation from other MOWA Departments such as the Cabinet Coordination Desk, the Planning Department and the International Relations Department and this assisted with increasing the knowledge and awareness of EAW activity and strengthening of relations between government and NGOs.

All EAW program activity has been aligned to the government endorsed second NAPVAW. The PMO facilitated all implementing partners becoming members of the TWGG-GBV to increase engagement and awareness of the government policy and implementation systems.

8.3 Relevance

The EVAW program was well-aligned with DFAT's aid program objectives as described in "Australian aid: promoting prosperity, reducing poverty, enhancing stability". The EVAW program demonstrated a high degree of flexibility in adapting to changes that impacted upon program implementation. This is evidenced through operating with less budget than what was originally envisioned, therefore, rendering the original planned theory of change, as proposed in the PDD, no longer realistic. Effort was undertaken to ensure that program outcomes remained consistent with the intent and direction of the original design and program logic and therefore, remained aligned to the objectives of both the Australian and Cambodian Government strategic frameworks.

8.3.1 Alignment to RGC policy

The EVAW program was developed to support MOWA recognising their key role in leading and coordinating a multi-sectoral response to prevent VAW acknowledging two key MOWA policy initiatives – the second NAPVAW 2014–18 which is the primary government policy that sets out key strategies for government, national institutions, civil society, development partners and international organisations to work together to prevent and eliminate VAW and provide protection to victims of violence. The second policy is the Neary Rattanak (NR) IV 2014–18 which is the five-year strategic plan for gender equality and the empowerment of women in Cambodia.

The EVAW program has contributed to a body of significant Cambodia specific, nationally representative research and this evidence-based approach is used to inform the RGC response to EVAW. This was evidenced by the referencing of the research in national and international reports such as the MOWA Annual Reports and CEDAW reporting.

8.3.2 Flexible funding approach

The grants modality utilised by the EVAW program has resulted in a flexible program that has adapted to changing contexts. An example is the progressive development of the TAF program that commenced with research that provided recommendations on prevention approaches. This was subsequently funded and the CANS program was introduced. The evaluative evidence demonstrated the success of the CANS model and as a result, this activity was further funded enabling an expansion of the program to additional locations.

8.3.3 CSO Capacity Development

The EVAW program draws on the strengths, knowledge and skills of other implementing partners based on their established presence in Cambodia, experience in the sector, and connections with the RGC, particularly with MOWA and with civil society. The partnership approach to the EVAW program contributed to an environment where implementing partners could share experiences and learn from each other. Feedback from the EVAW NGO partners described an increase in knowledge and understanding of the sub-national systems and the government approach to policy implementation. This has contributed greatly to the increase in NGO programs being included and funded in the Commune Investment Plans, an existing annual planning and funding approach at the sub-national level.

8.3.4 Government Engagement

The EVAW governance approach and the partnership model provided opportunities for MOWA, DFAT and the implementing partners to engage more effectively at the national government level and at the sub-national level. Feedback from partners has noted that being in the same room as senior MOWA team provides direct access to better understand government policy directions.

8.4 Gender Equality

Appropriate strategies for gender equality and women's empowerment are clearly stated within the EVAW program's Implementation Plan. A gender empowerment approach is at the centre of EVAW program interventions and is reinforced through alignment with the second NAPVAW framework and activities schedule to promote women's autonomy and right to make informed decisions.

8.4.1 Increasing women's voice in decision making and leadership

Over the course of the EVAW program female commune chiefs, deputy chiefs and committee members were actively involved in the implementation of violence prevention activities in their communes and engaged in management committees to enable stronger female representation in decision-making forums to address issues of violence in their community, such as the criminal justice response to victims of violence.

Examples include:

- 47 female commune chiefs, deputy chiefs and committee members have supported and participated in the implementation of CANS
- Training to institutionalise a gender-sensitive response to the violence against women has been provided to
 - 699 female law and justice officials
 - 1486 female local authorities
 - 136 female health care providers.

8.4.2 Strategies for gender equality and women's empowerment

Increased attention by partners and program participants to gender equality has resulted in further opportunities where women can advocate and champion for the rights and needs of women in their communities. Skill development for women to participate in activities has been strengthened throughout the duration of the EVAW program resulting in increased participation.

Examples include:

- The formulation of the GBV working groups as a sub-group of the PWCCC and DWCC. These are key decision making forums for the provincial and district governments that affect funding and prioritisation of program delivery at a local commune level.
- Household income generation activities as a violence prevention mechanism, such as the chicken raising project by TPO and the provision of scholarships and job seeking assistance for client survivors through HAGAR's program have been implemented.

Engaging men, along with women, in the process and systems seeks to improve the reach and quality of services and to shift social attitudes and practices to reduce violence. A number of the EVAW programs have actively engaged men to address understanding of VAW, to better understand the impact of VAW and to address behaviour to prevent VAW. For example, CARE delivered community-based training sessions to 17 men's groups with a total of 145 men participants. CARE report that this has resulted in more men reporting their concerns to the commune authorities.

Sex disaggregation data collection has been applied in all EVAW partner program reporting. For example, a total number of 2,321 women (approximately 51 per cent) participated in targeted training programs for first-line responders to victims of violence. This data has been linked into the second NAPVAW reporting and published in the 2017 EVAW program Third Progress Report. The EVAW Progress Reports are distributed by MOWA to all provincial governors and ministries.

8.5 Monitoring and Evaluation

Given that the M&E resources for the EVAW program were not implemented as the design anticipated, the proposed level of analysis and planning was not able to be realised.

However, an EVAW program monitoring process that was aligned to the activity matrix of the NAPVAW was implemented with success. During the final Implementation Phase of the EVAW program, all implementing partners were required to identify which NAPVAW activity was being supported by their program. This was then reported through the NAPVAW AOP and PMF.

EVAW program outcomes and achievements are measured and reported with both qualitative and quantitative indicators to give a whole of program collective view. This includes performance data, gender data, case studies and photographic representations. This collation of performance information has been routinely analysed and used to support management decision-making, learning and reporting.

Key significant achievements include:

8.5.1 EVAW Annual Progress Reports

The PMO has developed and published three Annual Progress Reports that provide a comprehensive overview of the program outcomes. These reports were distributed to all partners and copies are maintained in the MOWA Minister office. The reports have been used by MOWA for the High Level Consultation on Aid meeting held in Canberra in 2016 and provided to UN High Commissioners Office by the Minister. DFAT have used these reports during the DFAT EVAW week held in Canberra in 2016 to facilitate communications between government and NGO services and have been tabled through regional DFAT EVAW consultation forums. Case studies and photographs have been used for the DFAT International Women's Day publication.

8.5.2 NAPVAW monitoring

The EVAW program has enabled MOWA to have access to reliable data to track implementation progress of the second NAPVAW. The Performance Management Framework (PMF) has improved MOWA's capacity to report on the second NAPVAW achievements and has helped foster NGO-RGC cooperation. This information is used by MOWA in a range of different national and international reports, such as, the Annual MOWA Congress and the National Committee of the Cambodian National Council for Women (CNCW). Progress of the NAPVAW is tabled by the Minister at these forums and noted in the annual reports that are also presented to the Prime Minister.

8.5.3 EVAW M&E Network

The partner M&E systems and capacity has been strengthened throughout the EVAW program implementation period. The PMO facilitated EVAW program M&E reporting through the M&E partner network to track progress and strengthen relationships between partner agency M&E staff thereby increasing understanding and ownership of a whole-of-EVAW program monitoring framework. Developing the Implementation Schedule with the M&E partners has enabled a comprehensive overview of EVAW program activity. The relationships and informal support provided through this forum has contributed to increased understanding and awareness of the need for and value of data collection systems to verify activity performance.

8.5.4 EVAW data collection program monitoring

Sound performance information is available on most of the EVAW activities undertaken. The PMO introduced a simplified M&E tool for data collection to fit multiple purposes. This reporting has been used for the Annual Progress Reports, the formal reporting to the JSC, reporting on progress to partners through the Implementing Partner meetings and has contributed to internal DFAT reporting requirement, such as the annual Aid Quality Checks (AQC) and the Aggregated Development Results (ADR).

8.6 Sustainability

The EVAW program has focused on sustainability in the final year of the program. MOWA and implementing partners had a strong sense of ownership of the program and a commitment to pursue sustainable outcomes where possible. This approach was endorsed by the JSC and statements to confirm this approach were included in the EVAW Implementation Plan.

However, the risks to sustainability are well understood by MOWA, implementing partners and NGO service providers. There is a heavy reliance on donor funding by NGOs and this poses a significant challenge for the service-delivery sector to respond to the future needs of the victims of violence. With the ending of the EVAW funding some NGOs reduced their services and closed offices. This concern is also reinforced by the data available from the AOP and PMF monitoring NAPVAW activity. The data showed that 78 per cent of NAPVAW activity had been funded by donor support, 21 per cent funded by government and 2 per cent funded by other sources.

Key significant achievements include:

8.6.1 Use of existing government systems

A major focus was on the institutionalisation of practice into existing government, national and sub-national, structures. Examples include:

- The inclusion of EAW activities in the sub-national Commune Investment Plans. For example, TAF have been successful with 15 communes out of 30 program communes allocating commune funds for ongoing CANS activities. TAF have also successfully worked with NCDD to develop the Technical Document that provides the authority for ongoing implementation of the CANS across all provinces.
- The referral process to provide services to women victims of violence has been endorsed by the provincial government authorities in seven provinces with referral networks now named as GBV subcommittee of the Women's and Children's Consultative Committees (WCCC), a formal subnational structure.
- Several tools, such as the MSBC, the Clinic Handbook, the Referral Guidelines and the associated training tools have been developed for application by government services. While these are government owned documents and there is goodwill to continue to use these practice guidelines, government resources for training, printing and dissemination are limited.

8.6.2 A capacity development approach

The EAW Program facilitated a capacity development approach in sustaining service outcomes. It was anticipated that some of the knowledge, skills and experience will remain in the community although reinforcement and support from service providers will be limited and ad hoc. Examples include:

- TPO trained CRPs and facilitated commune-based self-help groups to provide further mental health support to community members.
- ACTED implemented a peer educator training program to assist young women working at entertainment establishments stay safe in their workplace.
- UNFPA have implemented a Master trainer model supported by the Ministry of Health to strengthen the medical response to women victims of violence.

8.6.3 Program coordination and collaboration

There were examples of implementing partners transferring skills and knowledge from the EAW program to other services in additional provinces. Examples include:

- LAC support to the provincial government in Pailin province to implement GBV referral networks at the cost of the provincial government.
- GIZ, CARE, UN Women and UNFPFA have all utilised the same policy and practice guidelines to reinforce good practice.
- UN Women and GIZ have facilitated exposure visits by program participants to learn from counterpart experience.

Two current DFAT funded programs, Cambodia Communications Assistance Program (CCAP) and the Community Policing Initiative (CPI) were also included in the partner meetings. They were engaged in the learning and implementation of EAW activity and, as a result, have implemented parts of the EAW activity within their programs. An example includes the utilisation of partner training programs in the Cambodia National Police (CNP) training package of the CPI program.

8.7 Risk Management and Safeguards

The PMO continually tracked risk of the ERAW program, as well as changes in local contexts and environments, through monitoring visits, implementing partner reporting, secretariat staff reporting, and via media reports. The PMO ensured that all risk documentation was kept up-to-date, including the development and ongoing monitoring of a risk matrix that was reviewed, updated, and approved by DFAT. Controls and treatments for managing risk were effective as no significant problems were encountered. Examples include:

- Key risks from the ERAW risk matrix were included in the ERAW Dashboard report. This was initially produced fortnightly to be tabled in discussion with DFAT but through the duration of the program was reduced to monthly. In addition, the risk matrix was reviewed and updated for the quarterly, six-month and annual reports to DFAT.
- The ERAW Operations Handbook which guided the handling of risks related to program operations was also reviewed annually and updated as required.
- The close working relationship and regular meetings between ERAW PMO and DFAT enabled discussion and joint troubleshooting of any emerging issues.
- Safeguards were also put in place for child protection, as per Coffey's child protection policy based on the DFAT policy. Where required, the PMO would undertake an assessment of partner program activity to ensure compliance. Examples include the LAC Child Advocacy Networks where the ERAW PMO undertook an assessment to ensure the child focused activity was age appropriate and had the permission of parents and local authorities.

8.8 Innovation

The program design dictated a highly cooperative, decision-making partnership approach to program implementation. The aim was for the partners to design and develop activities together, including funding requirements, in line with the key objectives of the ERAW design and implementation strategy. This was an innovative approach, however, implementation was problematic and not able to be realised. In keeping with the intent of this approach as described in the PDD, quarterly implementing partner meetings were undertaken and facilitated by the PMO. This developed into a highly collaborative forum where partners had grown from a collective group of projects to a highly functioning group that was able to discuss program learning, share research and coordinate program activities.

8.9 Private Sector

The ERAW program did not work directly with the private sector but was engaged via partner programs.

- The PIPV program, administered by TAF, worked with five private TV stations to monitor media content and provide options for reducing the amount of negative VAW content. In addition, the Club of Cambodia Journalists assisted with the development and launch of the joint MOWA and MOIn Prakas on the Media Code of Conduct.
- The PIPV activities in Svay Rieng and Kratie also worked with local alcohol sellers in 47 communes to restrict access to and consumption of alcohol in the selected communes.
- The ACTED program worked with 42 entertainment establishments in the Phnom Penh Municipality to provide training on safe workplace and access to legal support and health care.
- The Hagar program provided employment and training opportunities for clients reintegrating into community.

9 Handover and Exit Arrangements

9.1 Agency reporting requirements as per DFAT Grant Agreements.

Agency	Activity Completion Report to be received by PMO	Financial Report to be received by DFAT
UN Women Grant Number 71456	Due 31 August 2017 RECEIVED	A provisional financial statement within three months after the date of completion, due 30 November 2017. A certified financial statement to be submitted no later than 30 June 2018.
UNFPA Exchange of Letters No. 72557	Due 31 August 2017 RECEIVED	A final statement of account within 6 months of closure of accounts, due 28 Feb 2018. PROVISIONAL STATEMENT RECEIVED
GIZ Grant Number 69992	Completion reporting to be finalised no later than 31 Dec 2017. Agreement from GIZ to provide an activity completion report by 31 August 201. RECEIVED	A final audited statement within 6 months of the termination of the agreement, due 31 December 2017.
TAF Grant Number 71027	Due 31 August 2017 RECEIVED	An acquittal statement within 60 days of activity end, due 31 October 2017.
CARE Grant Number 37891	Due 31 August 2017 RECEIVED	Acquittal statement due 30 September 2017. Permission to accrue USD 25,000 until 30 November 2017.
Hagar Grant Number 37891	Progress Completion Report due 31 July 2017 RECEIVED	Acquittal statement due 31 August 2017. RECEIVED
LAC Grant Number 37891	Progress Completion Report due 31 August 2017. RECEIVED	Acquittal statement due 31 August 2017. RECEIVED
TPO Grant Number 37891	Progress Completion Report due 31 July 2017. RECEIVED	Acquittal statement due 31 August 2017. RECEIVED
ACTED Grant Number 66160	Progress Completion Report due 31 August 2017. RECEIVED	Acquittal statement due 31 August 2017. RECEIVED

9.2 ERAW Documents and Knowledge Products

All ERAW documents and knowledge products approved by MOWA have been consolidated for handover to HE Nhean Sochetra, General Director, MOWA.

DFAT have approved CARE to accrue costs for printing and consultation of the CARE SHSC documents and knowledge products. CARE will continue to work with MOWA until November 2017 to facilitate this approval process. CARE will negotiate directly with DFAT re this issue.

Coffey will retain all ERAW PMO documents in soft copy format.

9.3 ERAW Assets

Refer to Attachment 6 ERAW Asset List. The PMO facilitated official communication between DFAT and MOWA to ensure handover of all ERAW assets as per Clause 10.5 of the Subsidiary Agreement between the Government of Australia and the Royal Government of Cambodia dated 11 August 2014.

9.4 ERAW PMO

The ERAW PMO staff end-date of employment contracts were effective as at 30 September 2017. There will be no outstanding entitlements at the end of the agreement.

9.5 ERAW Contracts

The ERAW program hired a vehicle and driver for daily program use. The car rental agreement with Landa Car Rental ended on 22 September 2017.

9.6 Financial Matters

All program accounts will be finalised and audited, prior to closure by Coffey. All financial documents will be retained by Coffey for the term of the Contract and for a period of seven years from the date of expiry or termination of the ERAW Deed of Standing Offer, Service Order No 3 for the Management of Projects for Ending Violence Against Women (Cambodia).

Attachment 1: ERAW Program Governance

MEETING	FREQUENCY	MEMBERSHIP
TWGG-GBV	Quarterly	15 Ministries, 10 development partners and 30 civil society members.
JSC	Twice yearly	H.E Dr. Ing Kantha Phavi, Ministry of Women's Affairs, Chair Ms Ruth Stewart, Deputy Head of Mission DFAT, Co-chair Ms Benita Sommerville, First Secretary, DFAT H.E Hou Samith, Secretary of State, MOWA H.E Tes Chan Saroeun, Undersecretary of State, MOWA Ms Nhean Sochetra, General Director Social Development, MOWA H.E Khieu Serey Vuthea, Adviser, MOWA Ms Sakhoeun Savady, Advisor, MOWA Ms Keth Mardy, Director of Legal Department, MOWA Mr Bak Tokyo/Dr Ros Chhay, Senior Program Manager, DFAT Ms Cheryl Clay, Program Manager, ERAW
Secretariat	Monthly and 'as required'	Ms Nhean Sochetra, General Director Social Development, MOWA Ms Sar Sinet, Deputy Director of Legal Protection Department, MOWA Mr Te Sokha, Assistant to Minister, MOWA Ms Cheryl Clay, Program Manager, ERAW Mr Kim Sopor, M&EO, ERAW PMO Ms Lim Chhengly, F&AO, ERAW PMO
Implementing Partner	Quarterly	MOWA, DFAT, UN Women, UNFPA, TAF, GIZ, Hagar, TPO, LAC, ACTED, SSC, CWCC, Banteay Srei, PDP-C, PKKO, OI
M&E Network	6 monthly	MOWA, DFAT, UN Women, UNFPA, TAF, GIZ, Hagar, TPO, LAC, ACTED

Attachment 2: EAW Program Summary 2012-2017

The PDD described a program of support to end violence against women, working within the framework of the NAPVAW and to be delivered through implementing partners that were skilled and experienced in service and prevention responses to ending violence against women.

The EAW program commenced in 2012 with three partners, MOWA, DFAT and UN Women. This increased over the duration of the program with the 2016-17 implementation program partnership a total of fifteen national and international partners delivering a range of service and prevention programs.

Year	Partner Agency	Program Description
2012	United Nations Entity for Gender Equity and the Empowerment of Women (UN Women)	May 2012–December 2015 Development of the <i>second National Action Plan to End Violence Against Women 2014-2018</i> (NAPVAW2). To undertake the national VAW Prevalence Study (known as <i>National Survey on Women's Health and Life Experiences in Cambodia</i>) to inform responses to, and prevention of, violence against women.
	Hagar	March 2013–June 2017 Provision of assistance and aftercare programs for women and children survivors who have experienced human trafficking, GBV and human rights abuse. Intervention programs focused on personal trauma reduction, employability and job retention, access to education and family and community reintegration.
	Legal Aid of Cambodia (LAC)	March 2013–June 2017 Strengthen the legal and justice response mechanisms to respond to domestic violence and sexual assault crimes. Provision of legal advice and support through the court system for women and children survivors of domestic violence and sexual abuse.
	Transcultural Psychosocial Organisation Cambodia (TPO)	March 2013–June 2017 Promotion of gender equality and improved access to psychosocial services for survivors of gender-based violence (GBV) and sexual assault (SA) through provision of individual counselling, self-help groups and community support networks.
	Agency for Technical Cooperation and Development (ACTED)	April 2013–June 2017 GBV and SA against entertainment workers in Phnom Penh reduced through peer education programs for workers and patrons to promote behavioural and attitudinal change. Provision of awareness training for commune police to increase reporting of acts of violence. ACTED worked in partnership with Social Services of Cambodia (SSC) and LAC.
	Gender Consultant	The third Cambodia Gender Assessment (CGA) 2014, a series of 10 Policy Briefs, is read in conjunction with the Neary Rattanak IV. The EAW program supported the development of <i>Policy Brief 7: Violence against Women and Girls</i> .
	United Nations Population Fund (UNFPA)	November 2013–December 2015 Research and data collection to ensure the inclusion of violence against women data as a core topic in the 2014 Cambodia Demographic Health Survey (CDHS) report. The EAW program supported the inclusion of <i>Chapter 20: Domestic Violence</i> .

	The Asia Foundation (TAF)	Issues Paper: <i>Political Economy Analysis of Law Enforcement Responses to Ending Violence Against Women in Cambodia</i> . This research was undertaken to better inform the implementation of the EAW Program.				
2015	UN Women	May 2014–December 2015 Technical support provided to MOWA to implement the NAPVAW strategies and to assist the Technical Working Group Gender- Gender-Based Violence (TWGG-GBV) as the body charged with ensuring the monitoring, reporting and coordination of the NAPVAW.				
	Deutsche Gesellschaft Fuer Internationale Zusammenarbeit (GIZ)	May 2014–June 2017 Increased access to and quality of services for victims of GBV, particularly sexual and physical violence, through the establishment of a functioning referral system and the development and implementation of a system of data collection and analysis. This activity has included capacity development and legal training to the MOWA Judicial Police Officers (JPO) as key members of the GBV referral networks. GIZ worked in partnership with LAC, TPO, Cambodia Women's Crisis Centre (CWCC) and Banteay Srei.				
	TAF	March 2014–March 2015 Research program undertaken to identify risk and protective factors to prevent intimate partner violence (IPV). This resulted in a series of four research papers - <i>Targeting Brief Series on IPV</i> .				
	TAF	March 2015–August 2017 Building on the research undertaken, the Prevention of Intimate Partner Violence Program (PIPV) developed and implemented community based interventions to reduce alcohol abuse and IPV and in partnership with government and industry representatives considered options to reduce television content that condones violence against women. TAF worked in partnership with TPO, Open Institute (OI), Punleu Komar Kampuchea Organisation (PKKO) and People Centre for Development and Peace (PDP-C).				
	UN Women	February 2016–August 2017 Continued support to MOWA and the TWGG-GBV to promote and advance the implementation of NAPVAW through engagement of national policy makers and increasing the focus on engagement of sub-national counterparts.				
	CARE	January 2016–August 2017 The Safe Homes, Safe Communities program has engaged with health care service providers, local authorities and community members to increase understanding and improve response to VAW in their community.				
	UNFPA	May 2016–August 2017 Provision of technical support to MOWA and Ministry of Health (MOH) to develop and implement a national and sub-national training strategy for the health sector response to violence against women and girls. To undertake secondary analysis of the CDHS 2014 to allow an investigation of trends in violence over time.				
Implementing Partners 2012–17		2012 3	2013 9	2014 13	2015 16	2016 17
						2017 17

Attachment 3: EVAW Performance Monitoring Framework

1. Program Design Document

Goal: Sustain reduction in violence against women in Cambodia

Purpose: To contribute to an effective, systematic, and accountable response to, and prevention of, violence against women in Cambodia

Program Outcome areas:

- Three focus areas

Service, Prevention and Justice

- Two supporting focus areas

Institutional Support and Coordination Research and Evidence

2. Program Model

Service: aiming to ensure accessible, appropriate and quality service support for victims of violence.

Implementing partners: Hagar, TPO, CARE, GIZ, UNFPA

Prevention: promoting positive change in community attitudes, behaviours and beliefs to prevent violence against women. *Implementing partners: ACTED, TAF*

Justice: supporting the law and justice sector to be responsive to survivors of violence and hold perpetrators accountable. *Implementing partners: LAC, GIZ, MOWA*

Institutional Support and Coordination: working with government private sector and civil society to improve support and coordination of responses for victims of violence. *Implementing partners: UN women, GIZ*

Research and Evidence: enable research and evidence to be used for improved planning, service delivery and implementation of support services, *Implementing partners: TAF, UNFPA, UN Women*

3. Monitoring and Evaluation Method

- A developmental evaluation approach that enables a range of inter-related processes.
- Based on the program design outcomes in conjunction with individual partner program outcomes
- Outcomes and achievements are measured and reported with both quantitative and qualitative indicators to give a whole of program collective view. The M&E methodology includes indicators such as performance data, gender data, case studies and photographic representations of program activity

4. Partner Progress Reports

A system of quarterly, six monthly and annual reports provided by each agency. This provides

- Status report of activity achievement
- Alerts to potential areas of risk
- Highlights success and achievements.

5. Implementation Schedule and Results

A collective work plan inclusive of all partner agency work plans

- Aligned to NAPVAW Strategies
- Monitored quarterly
- Provides analysis and evidence of program activities

6. Risk Assessment Matrix

A monitoring tool to identify risks to program achievement

- Monitored through the program reporting regime
- Updated quarterly and as required
- Risk mitigation implemented as required

Attachment 4: EVAW Implementation Schedule 2016-17

NOTE: The Implementation Schedule is a collation of all program activity as approved for the 2016–17 Implementation Plan. Data has been provided for the period of the EVAW program duration 2012-2017. This has been possible as data has been collated from the implementing partner program completion reports.

Outputs/Activities		Partner Status	Program Outcome	NAPVAW Strategic Area
EVAW Outcome 1 – 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.				
CARE Objective 1: To strengthen the health delivery system's response to VAW in selected communes in Phnom Penh.				
O1.1.1	Health workers are provided training and received on the job support.	CARE		3.2.4. Capacity Building
A1.1.1.1	Develop, print and distribute a training manual for the Clinical Handbook.	Draft document	Draft <i>Clinical Handbook training manual</i> developed. Pending final approval from MOWA and MOH.	
A1.1.1.2	Deliver training to health care providers on the Clinical Handbook in up to 19 communes.	Complete	A 12 month implementation training plan developed in consultation with MOH, Municipal Health Department and four Operating Districts implemented. Eight sessions delivered to four Referral Hospitals (RH) and 17 Health Centres (HC). During Jan–Dec 2016, 105 (61 female) health care providers participated.	
A1.1.1.3	Deliver follow up training to health care providers in up to 19 communes.	Complete	Follow up training sessions provided in four RH and 17 HC. During Jan–Dec 2016, 72 (43 female) health care providers participated.	
A1.1.1.4	Additional training to Kampong Thom health care providers.	Complete	Training was provided to an additional 50 staff from Kampong Thom province, in partnership with the ATJWII program, to strengthen the health response through the GBV sub-group.	
O1.1.2	The Ministry of Health is engaged with on-the-ground health care providers on responses to VAW.	CARE		3.2.1. Primary Prevention
A1.1.2.1	Establish a Clinical Handbook Working Group with Ministry of Health.	Complete	CARE working in partnership with UNFPA and MOH.	
A1.1.2.2	On-going mentoring, coaching, follow up.	Complete	Refer A1.1.1.3	

CARE Objective 2: To strengthen commune authorities' response to VAW in selected communes in Phnom Penh.				
O1.2.1	Commune authorities are provided training and on the job support on how to respond to VAW within their commune.	CARE		3.2.4. Capacity Building
A1.2.1.1	Develop, print and distribute a training package for commune authorities.	Draft document	The draft training package <i>Good Practice to Respond to VAW Training Manual for Commune Authorities</i> developed and trialled. Pending final approval from MOWA.	
A1.2.1.2	Deliver training to commune authorities in up to 19 communes.	Complete	Training on the referral guidelines, case registration forms and referral of victims of GBV undertaken. Participants included members of commune committees, police post, health workers and District Women and Children Consultative Committee (DWCCC).	
A1.2.1.3	Deliver follow-up training to commune authorities in up to 19 communes.	Complete	Follow up training completed. An additional seven training sessions for the newly elected officials arising from the commune elections held in June 2017, was undertaken.	
A1.2.1.4	Provide on-going mentoring, coaching and follow-up with commune authorities in up to 19 communes.	Complete	During Jan–Dec 2016, 22 mentoring sessions have been provided to a total of 126 (48 female) participants.	
O1.2.3	Commune authorities consult with their local communities on responses to VAW.	CARE		3.2.3. Formulate and Implement Policies and Laws
A1.2.3.1	Use relevant commune council public forums to voice up community concerns raised in the community dialogue processes.	Complete	Consulted and agreed with local authorities of four Khans, including the WCCC and CCWC to use relevant commune council public forums. Local authorities have led 23 public forums across 19 communes with 2658 (1413 female) participants.	
CARE Objective 3: To empower men and women to prevent and respond to VAW in their communities.				
O1.3.1	There is a comprehensive referral network in place between health, legal, and service systems on VAW in up to 19 communes.	CARE		3.2.3. Formulate and Implement Policies and Laws

A1.3.1.1	Establish a VAW network with existing sub-groups of commune council and CCWC that also includes health, legal, service systems and relevant NGOs.	Complete	EVAW network at commune level developed. Representatives included members of local NGOs, health service, police post and CWCC.	
A1.3.1.2	VAW Network develops a Resource and Referral Systems with clear entry points for referral pathways in each target commune	Activity complete Draft document	CARE have implemented the same referral forms and systems as those developed through the GIZ program to ensure consistency of approach. This was endorsed by MOWA. <i>Mapping Directory of services</i> within the four target Khans in draft pending final approval from MOWA.	
A1.3.1.3	Hold regular meetings of the VAW Network	Complete	Monthly VAW referral network meetings have been held in 17 communes. 144 members (61 female, 83 male) members have participated.	
O1.4.1	Women in the community participate in Women's Groups to build individual knowledge and understanding to act on VAW.	CARE		3.2.1. Primary Prevention
A1.4.1.1	Develop and implement a Women's Group with learning sessions and action planning.	Activity complete Draft document	The manual <i>A Community Dialogue Tool for EVAW</i> developed. In draft pending final approval from MOWA. 38 female Village Health Support Group (VHSG) members provided with Training-of-Trainers (TOT) to facilitate the women's groups.	
A1.4.1.2	Use relevant commune council public forums to voice up community concerns raised in the community dialogue processes.	Complete	Women's groups joined 20 public forums across 13 communes with a total of 172 female participants across all forums.	
O1.5.1	Men in the community participate in a Men's Groups to build capacity to understand VAW.	CARE		3.2.1. Primary Prevention
A1.5.1.1	Develop and implement a Men's Group with learning sessions and action planning.	Activity complete Draft document	The manual <i>A Community Dialogue Tool for EVAW</i> was adapted to include sessions challenging men's behaviours. 21 male Village Health Support Group (VHSG) members provided with Training-of-Trainers to facilitate the men's groups	
A1.5.1.2	Use relevant commune council public forums to voice up community concerns raised in the community dialogue processes.	Complete	Men's groups joined 20 public forums across 13 communes with a total of 80 male participants across all forums.	

GIZ Objective 1: Access to and quality of services for female victims of gender-based violence (GBV), particularly sexual and physical Increasingly meet needs.				
O1.1.1	Support NGOs to deliver social and legal services victims of violence against women in the two targeted provinces.	GIZ	An assessment of the NGO fund performance will be part of the final evaluation of the ATJW program to be undertaken during the last quarter of 2017.	3.2.2. Legal Protection and Multi-Sectoral Services
A1.1.1.1	Review and prepare NGOs contracts.	Complete	The four NGOs engaged in the GIZ program were notified officially that funding ceased 30 December 2016.	
A1.1.1.2	Monitor and spot check the service delivery by NGOs.	Complete	Spot checks were undertaken by the GIZ program team.	
A1.1.1.3	Capacity development measures for NGOs and selected state stakeholders to improve service quality.	Complete	Training and mentoring was provided to the four NGOs on a range of topics including, alternative dispute resolution, financial management and completion of funding applications to secure future funding.	
A1.1.1.4	Capacity development measures for NGOs in Financial Management.	Complete	As per A1.1.1.3	
O1.1.2	Support the development of the three protocols and its monitoring mechanisms.	GIZ		3.2.2. Legal Protection and Multi-Sectoral Services
A1.1.2.1	Support to the implementation of <i>Referral Guidelines for Service Providers Working with Women Survivors of GBV</i> (RG).	Complete	The RG has been completed and launched by MOWA in January 2017.	
A1.1.2.2	Support to the finalisation of the <i>Minimum Standards for Basic Counselling to Survivors of Gender-Based Violence Against Women</i> (MSBC).	Complete	The MSBC has been completed launched by MOWA in January 2017.	
A1.1.2.3	Support to the development, pilot and finalisation of the training manual on MSCB.	Complete	<i>The MSCB Training Manual</i> completed and approved by MOWA. TOT training for 20 national MOWA staff completed.	
O1.1.3	Strengthen the coordination roles of PDOWA/JPs in addressing GBV.	GIZ		3.2.2. Legal Protection and Multi-Sectoral Services

A1.1.3.1	Mapping of existing services for women survivors of GBV including women with disabilities in the two target provinces and explore how services can be expanded or made accessible.	Complete	Mapping Directory in two provinces completed and launched by MOWA in January 2017.	
A1.1.3.2	Support to the Women and Children Consultative Committees (WCCC)/Provincial Gender Network (PGN) as platforms for systematic exchange of information, learning, coordination and follow up cases of GBV at sub-national level.	Complete	The PGN has become the GBV working-group. The Provincial Governors of the two target provinces – Kampong Thom and Siem Reap – have agreed to establish the GBV working groups as sub-groups of the Provincial WCCC. This has now formalised the GBV sub-group within the existing formal government structure.	
A1.1.3.3	Organise trainings and coaching to the PDOWAs/JPsAs to strengthen their capacities to address GBV.	Complete	During 2014–2016, 20 training programs were undertaken for JPAs and stakeholders. This included a total of 292 participants, 203 females and 89 males.	
O1.2.1	Improve the system for data management which also reflects to disability status of female survivors of GBV.	GIZ		3.2.5. Review Monitoring and Evaluation
A1.2.1.1	Assessment of the existing data management systems for effective case management at provincial/district/commune levels.	Complete	<i>The Guidelines for Data Collection of GBV Services Provided and Referred</i> document is the guiding documents for case management data collection building on the referral and case registration forms in the Referral Guidelines. This document has been approved by MOWA.	
A1.2.1.2	Capacity development of relevant stakeholders (NGOs, state agencies) in the collection and reporting of relevant data for case management.	Complete	As per A1.2.1.1.	
UNFPA Objective 1: Strengthened national and subnational health system capacity to address violence against women and girls within the coordinated multi-sectoral response				
O1.1.1	Health care providers are able to identify, respond through providing quality health services and refer VAW survivors.	UNFPA		3.2.2. Legal Protection and Multi-Sectoral Services
A1.1.1.1	Develop training strategy to scale-up of the health sector response to VAWG nationwide in collaboration with other UN agencies and NGO partners.	Complete	<i>VAW National Training Plan in the Health Sector</i> – a national health sector training strategy to scale up the health sector response to GBV completed.	

A1.1.1.2	Develop competency based training curriculum for health care providers in line with the National Guidelines for Managing Violence Against Women and Children in the Health System and VAW/C Clinical Handbook.	Complete	Competency-based training curriculum on VAW for women survivor of IPV or sexual assault in the health sector completed and approved.	
A1.1.1.3	Conduct TOT on training curriculum on health response to VAWG to national and regional training teams.	Complete	The National level TOT was completed in November 2016 with 19 (14 female) Master trainers successfully completing the training program. Six provincial TOT courses were provided to 145 participants (79 female) who are officials from provincial health departments, hospitals and PDOWAs across the country.	
A1.1.1.4	Cascade training to referral hospitals at provincial and district levels in target provinces.	Complete	A total of 204 health providers (102 females) from 62 health facilities received training over six different sessions. Trainees were midwives, nurses and medical doctors from the nine target provinces.	
A1.1.1.5	Conduct quality assurance and monitoring of training.	Complete	Monitoring framework for TOT finished.	
A1.1.1.6	Conduct quarterly meetings to update the progress of implementation of the national guidelines on health sector response to VAWG at provincial level.	Complete	Meetings conducted as planned with Deputy Governors, Provincial Health Directors and Provincial Department of Women's Affairs Directors.	
A1.1.1.7	Conduct quarterly meetings with key stakeholders to update the progress of implementation of the national guidelines on health sector response to VAWG at national level.	Complete	Meetings conducted as planned.	
A1.1.1.8	Strengthen coordination capacity of MOWA and their provincial and district offices through WCCCs in referral support for survivors of violence to and from health services.	Complete	Three GBV network sub-groups established in target provinces of Kampong Cham, Stung Treng and Preah Vihear. Three capacity development training courses on strengthening coordination and referral services undertaken utilising the Referral Guidelines, the Clinical Handbook and the MSBC.	
<i>TPO Objective 1: Improving access to psychosocial services for survivors of GBV and SA.</i>				
O1.1.1	Increase capacity of 80 community resources people (CRPs) in identifying, managing and referring survivors of GBV and sexual assault.	TPO		3.2.1. Primary Prevention

A1.1.1.1	Identify, select and train CRPs.	Complete	78 CRPs trained.	
O1.1.2	Increase mental health and wellbeing for approximately 450-600 survivors of GBV and sexual assault.	TPO		3.2.1. Primary Prevention
A1.1.2.1	Undertake awareness raising.	Complete	65 awareness sessions have been completed in 20 villages of three communes. A total of 3853 community members participated (2861 female and 992 male).	
A1.1.2.2	Provide counselling.	Complete	75 female survivors of GBV and 25 men who are spouse of GBV survivor have received individual counselling.	
A1.1.2.3	Facilitate self-help groups.	Complete	A total of 489 people participated in 41 SHGs comprising 35 SHGs for women who had experienced violence within the family and seven SHGs for men with alcohol problems.	
O1.1.3	Strengthen a support network for survivors of GBV and SA at the community level.	TPO		3.2.1. Primary Prevention
A1.1.3.1	Set up a functional support network for survivors of GBV and SA.	Complete	As per O1.1.1 and O1.1.2 – SHGs and CRPs.	
Hagar Objective 1: Reintegrated clients live in safe environments free of violence.				
O1.1.1	Safety plans are developed for each integrated client.	Hagar		3.2.1. Primary Prevention
A1.1.1.1	Undertake individual and family assessment.		Family assessments for reintegration conducted by the case manager with the family, village chief, local police, CCWC and DOSAVY.	
A1.1.1.2	Safety plans completed together with reintegrated client.	Complete	248 of a total of 309 client safety plans completed to support reintegration.	
A1.1.1.3	Facilitate implementation of any physical security measures required (e.g. housing improvements, transport options, sanitation and water).	Complete	All reintegration clients house assessed for safety and physical security resulting in 20 houses were built, 24 houses were repaired, nine wells built and 19 toilets built.	
A1.1.1.4	Conduct and review individual care plan and intensity of services.	Complete	All individual care plans were reviewed on a regular basis.	
O1.1.2	Local authorities and or partner organisations are engaged in monitoring the safety of integrated clients.	Hagar		3.2.1. Primary Prevention

A1.1.2.1	Engage with commune chief, local police and DOSAVY on safety plan.	Complete	All clients were provided with emergency contact numbers for the Hagar hotline, the village chief, the local police and DOSAVY.	
A1.1.2.2	Conduct regular visits and follow-up of reintegrated clients.	Complete	Regular visits with clients made. Phnom Penh clients visited by a case manager each two weeks and provincial clients once per month.	
A1.1.2.3	Respond to any crisis calls concerning reintegrated clients.	Complete	Hagar crisis team rostered over 24 hours.	
A1.1.2.4	Conduct quarterly case conference with multidisciplinary team, DOSAVY and partners.	Complete	Multidisciplinary case conferences held for each client where issues are discussed about the client's court case, service referral or personal safety.	
<i>Hagar Objective 2: Children access appropriate formal education opportunities and reintegrated clients/clients' families have increased economic stability.</i>				
O1.2.1	Clients are enrolled in school.	Hagar		3.2.1. Primary Prevention
A1.2.1.1	Enrolment to public school.	Complete	100% of eligible students enrolled in public school.	
A1.2.1.2	Prevention of school dropouts.	Complete	Hagar provided economic support, e.g. for transport, school materials, to ensure students remained in school and met examination criteria.	
O1.2.2	Conduct consultancy to improve access to catch-up education and improve retention in school post-reintegration.	Hagar		3.2.1. Primary Prevention
A1.2.2.1	Conduct consultancy to improve access to catch-up education.	Complete	Consultancy completed.	
O1.2.3	Vulnerable households of reintegrated clients receive targeted temporary food assistance.	Hagar		3.2.1. Primary Prevention
A1.2.3.1	Conduct assessment to determine if family is eligible for food assistance.	Complete	292 vulnerable households of reintegrated clients received food assistance.	
A1.2.3.2	Purchase and deliver food assistance to families.	Complete	As per A1.2.3.1.	
O1.2.4	Reintegrated clients and/or their families have access to existing employment options or livelihood interventions.	Hagar		3.2.1. Primary Prevention

A1.2.4.1	Mapping of existing livelihoods programs and employment options selected districts.	Complete	Economic Empowerment team conducted regular information gathering and mapping of existing livelihoods programs and employment options in areas where clients reintegrated to.	
A1.2.4.2	Provide clients/families information on relevant livelihoods and employment options where needed.	Complete	278 clients reported improvement in their economic situation benefitted by soft skill and hard skill training programs.	
A1.2.4.3	Assist with referrals and access of employment services or livelihoods interventions.	Complete	235 clients accessed improved employment options or livelihood intervention with 117 (67 female, 50 male) clients demonstrated stability one year after reintegration.	
A1.2.4.4	Update mapping of local employment options and livelihoods options.	Complete	As per A1.2.4.1.	
Hagar Objective 3: Improve social capital of reintegrated clients.				
O1.3.1	Reintegrated clients access social networks and or support from local partners.	Hagar		3.2.1. Primary Prevention
A1.3.1.1	Establish contact with local partners to support reintegrated clients.	Complete	Case managers connected all reintegrated clients with local authorities and support services as part of safety planning for reintegration.	
A1.3.1.2	Facilitate client access to relevant support services, social groups.	Complete	As per A1.3.1.1.	
O1.3.2	Improve relationship with family and or community.	Hagar		3.2.1. Primary Prevention
A1.3.2.1	Conduct community awareness raising meetings on gender-based violence.	Complete	Up to 1545 community members attended community awareness sessions on domestic violence, parenting skills, child abuse and human trafficking.	
A1.3.2.2	Facilitate any necessary support to helping reintegrated client build stronger relationships with family and community.	Complete	Hagar implemented a family case work model in working with families to support the client on reintegration. 290 of 309 clients reported improved relationships with family.	
A1.3.2.3	Conduct individual client and family counselling sessions to improve relationships and attachment.	Complete	Family and individual counselling therapy was made available.	
A1.3.2.4	Conduct external end of the project evaluation and exit audit.	Complete	Evaluation undertaken.	

EVAW Outcome 2 – PREVENTION: Strategy developed to promote positive change in perceptions, attitudes, behaviours, belief, practices and social norms.

TAF Objective 2.1: Target group experiences a reduction in IPV risk factors and an increase in protective factors.

O2.1.1	Improve awareness on PIPV among target stakeholders including communities, NGOs, Government authorities.	TAF		3.2.1. Primary Prevention
A2.1.1.1	Organise sub-national CANS workshops among target stakeholders.	Complete	Sub-national CANS workshops completed.	
O2.1.2	Less IPV in target communities.	TAF		3.2.1. Primary Prevention
A2.1.2.1	Develop and pilot commune-level secondary prevention counselling guidelines related to alcohol abuse and IPV.	Complete	TPO contracted to develop Alcohol Abusers Counselling Guidelines. 29 commune counsellors gained skill on alcohol abuse counselling and alcohol reduction in their communities. Five community networks have created small projects to implement alcohol abuse counselling and workshops to promote alcohol free communities.	
A2.1.2.2	Reduce alcohol abuse at commune level through CANS implementation in 19 communes and expansion to 11 new communes in 2016 and 17 in 2017.	Complete	A total of 47 commune chiefs have been supported to lead the implementation of the CANS in their communes during 2016–2017.	
A2.1.2.3	Support online media campaign for viewers to call for improved content.		Facebook social media used for national campaigns to discuss VAW in the media, ending violence against women during the 16 day campaign and One Billion Rising events.	
A2.1.2.4	Identify negative programming through media monitoring.	Complete	Media monitoring undertaken by using professional monitoring officers, TV Ratings Survey and an Audience Feedback study. Results reported in the Media Bulletins.	
A2.1.2.5	Technical support to TV broadcasters to reduce negative content and the development of positive content.	Complete	In July 2017, MOWA and MOIn signed a joint Prakas on the Media Code of Conduct for reporting on violence against women in the media. This has been developed in cooperation with the Cambodian Council of Journalists.	
O2.1.3	Improve understanding for future PIPV programming through evaluation of the impact of IPV interventions.	TAF		3.2.2. Legal Protection and Multi-Sectoral Services

A2.1.3.1	Identify impact of primary prevention interventions on IPV through base, mid, and end-line evaluations and weekly market/ratings surveys.	Complete	Baseline, mid and end line evaluations undertaken on CAN implementation to measure impact of intervention. As per A2.1.2.4.	
A2.1.3.2	Quarterly reporting on media monitoring output and weekly market/ratings surveys data on VAW on TV.	Complete	Two bulletins produced July and September 2016 for information and discussion with MOWA/ MOIn sector working group. As per A2.1.3.1	
A2.1.3.3	Preparation and dissemination of consolidated research report on community measures to regulate alcohol.	Complete	The report <i>The Alcohol Industry in Cambodia: A Study of Taxation, Regulation, Distribution and Consumption of Alcohol</i> , 2016, has been completed.	
ACTED Objective 2.1: Reduce the risk of sexual and gender-based violence (SGBV) against entertainment workers (EWs) in Phnom Penh.				
O2.1.1	Reduce the risk of SGBV through higher reporting rates of the cases and strengthening referral system for victims.	ACTED		3.2.1. Primary Prevention
A2.1.1.1	Entertainment workers have increased awareness of SGBV, their rights and the assistance available to victims.	Complete	A total of 68 peer educators were trained by ACTED and its partners from the commencement of the program. The project has reached 8,085 entertainment workers through 3,598 out-reach sessions.	
A2.1.1.2	Entertainment workers have improved access to assistance services.	Complete	A referral system to LAC for legal advice and to SSC for psycho-social support has been implemented. Training for 140 police officers from four districts of Phnom Penh Municipality undertaken to increase awareness of SGBV for entertainment workers.	
EVAW Outcome 3 – LEGAL: A protective investigation and legal process that is responsive, effective, treats survivors of violence with dignity and holds perpetrators accountable.				
LAC Objective 3.1: Enhancing the rights of survivors of domestic violence and sexual abuses through strengthening the existing mechanisms at the sub-national level.				
O3.1.1	Continue to strengthen the existing sub-national level mechanisms combatting domestic violence and sexual abuse.	LAC		3.2.2. Legal Protection and Multi-Sectoral Services
A3.1.1.1	Support quarterly meetings of Criminal Justice Actors in Pailin and Battambang provinces to discuss and solve on issues of criminal and civil proceedings.	Complete	26 sessions of the meeting of Criminal Justice Actors were conducted in Pailin by Pailin and Battambang prosecutors. There are 95 members in both provinces (28 females) who regularly attend these meetings.	

A3.1.1.2	Support Provincial Women's and Children's Consultative Committee (PWCCC) in Pailin and Battambang provinces to organise monthly consultative meetings.	Complete	PWCCC held 68 monthly meetings in the Battambang and Pailin provinces including 29 meetings in Battambang and 39 meetings in Pailin. A total of 71 participants (41 female) regularly attending.	
A3.1.1.3	Coordinate regular meetings of the target D&CCWCs.	Complete	D&CCWC conducted 159 monthly round table discussions in the Battambang and Pailin provinces with a total of 106 participants (53 females) regularly attending.	
A3.1.1.4	Provide technical support to DOWA to follow up, monitor and coordinate case referral services for survivors of GBV.	Complete	Training and follow up has been conducted in regard to the Referral Guidelines as agreed by MOWA.	
A3.1.1.5	Capacity building and support to the Children Advocacy Network (CAN).	Complete	11 Child Advocacy Networks in four communes established to increase awareness about personal and community safety. Seven (7) remained in operation at end of the EVAW program.	
O3.1.2	Increase access of survivors of domestic violence and sexual abuses to mechanisms to assert their rights.	LAC		3.2.2. Legal Protection and Multi-Sectoral Services
A3.1.2.1	Provide capacity building training on GBV and guidance to use the case referral system to all D&CCWCs in Battambang and Pailin.	Complete	39 capacity building training sessions conducted for local authorities, including police, utilising the Referral Guidelines as approved by MOWA, the Criminal Procedure Code and the Penal Code.	
A3.1.2.2	Legal services provided to women and children victims of violence.	Complete	225 cases of survivors of domestic violence and sexual abuses (213 female clients) represented both in Battambang and Pailin provinces. 73 cases were successfully closed and another 152 cases remain ongoing.	
A3.1.2.5	Organising monthly radio talk-show programs on GBV and available services in the target provinces.	Complete	36 radio talk-show programmes were organised in Battambang and Pailin provinces to discuss legal procedure, coordination of services for victims and other protection mechanism for women and children.	
A3.1.2.6	Organise community dialogue to promote understanding on basic concept of GBV and available services.	Complete	33 community awareness activities, with 3439 local participants (1820 females) invited to attend. This was arranged in Battambang and Pailin to share information about the prevention of domestic violence and sexual abuse, related articles of marriage and family, and other available social and legal services for victims.	

EVAW Outcome 4 – INSTITUTIONAL STRENGTHENING AND COORDINATION: Government, donors, the private sector and non-government organisation (NGOs) work together to improve institutional support and coordination on VAW.

GIZ Outcome 4.1: Inter-ministerial cooperation and coordination is improved.

04.1.1	Support to the TWGG-GBV and implementation of 2nd NAPVAW.	GIZ		3.2.1. Primary Prevention
A4.1.1.1	Support finalization and approval of TOR of TWGG-GBV.	Complete	GIZ working in cooperation with UN Women developed and implemented the revised TORs with the aim to increase engagement of ministry counterparts. The first meeting of TWGG-GBV with the new TOR was held on 4 July 2016. Four ministries provided reports on their activities to support implementation of the NAPVAW.	
A4.1.1.2	Support the development and coordination for developing the Implementation Plan of the 2nd NAPVAW.	Complete	As per A4.1.1.1	
04.1.2	Support MOWA in strategic communications which include GBV.	GIZ		3.2.1. Primary Prevention
A4.1.2.1	Development of and support to implementation of a strategic plan in communications of MOWA, which includes GBV and corresponding annual work plans.	Complete	The MOWA Technical Coordination Desk (TCD) has been formed and an operation work plan has been developed. The aim of the TCD is to improve strategic communications within MOWA and to partners.	
A4.1.2.2	Operationalise MOWA website and social media and capacity development for MOWA for digital and media communications.	Complete	The Office for Website was established in August 2016 under the MOWA Information Department. MOWA website operational.	
A4.1.2.3	Support to MOWA Young Professionals Network, especially for activities related to GBV.	Complete	The MOWA Young Professional Network established with 80 members. Members provided with training in communications, engaged in MOWA national campaigns such as International Women's Day and participated in collating information for UN/RGC reporting.	
04.2.1	Strengthened coordination capacity of MOWA, and other national and sub-national stakeholders to effectively coordinate the implementation, monitoring and reporting of the 2nd NAPVAW.	UN Women		3.2.4. Capacity Building
A4.2.1.1	Coordination of a framework for 2nd NAPVAW Implementation.	Complete	TOR and implementation approach for MOWA and the TWGG-GBV completed. The first TWGG-GBV meeting under the new format successfully held 4 July 2016.	

A4.2.1.2	Capacity building support to sub-national actors on coordination, monitoring, reporting and referrals.	In progress	Four districts in two provinces of Kampong Speu & Sihanoukville selected to implement the Referral Guidelines and the GBV Network as implemented in the GIZ target provinces. Activity has included exposure visits to Siem Reap and Kampong Thom to learn from the experiences of the local authorities.	
A4.2.1.3	Capacity building support to MOWA and TWGG-GBV members on consolidated quarterly sectoral reporting and coordination, and monitoring NAPVAW implementation.	Complete	The quarterly reporting format completed and implemented. NAPVAW Annual Operational Plan (AOP) and Performance Monitoring Framework (PMF) implemented.	
A4.2.1.4	Independent evaluation of NAPVAW implementation 2017.	Not undertaken	This activity was not undertaken by UN Women as planned. MOWA independently negotiated a mid-term review of the NAPVAW. UN Women supported MOWA in this activity.	
O4.2.2	Knowledge creation on VAW in Cambodia on costing.	UN Women		3.2.1. Primary Prevention
A4.2.2.1	Using in-house regional and global experts in producing knowledge products on VAW costing.	Draft document	<i>Cost of Essential Services for Women and Girl Survivors of Intimate Partner and Sexual Violence in Cambodia.</i> Document in Draft. Pending final approval from MOWA.	
O4.3.1	Capacity of MOWA and other stakeholders including CSO representatives are strengthened to review and/or develop policy on EVAW.	UN Women		3.2.3. Formulate and Implement Policies and Laws
A4.3.1.1	Support MOWA to organise consultation workshops with sub-national stakeholders to review the proposed prevention strategies.	Draft document	A report <i>Preventing Violence Against Women and Girls in Cambodia: A strategy to implement prevention priorities in the NAPVAW</i> is in draft pending final approval from MOWA.	
A4.3.1.2	Support MOWA to formalise VAW Minimum Service Standards (MSS) and Mediation Guidelines.	Draft documents	<i>Minimum Standard of Essential Services for Women and Girl Survivors of GBV in Cambodia</i> and <i>Guidelines for Mediation in Violence Against Women Cases</i> completed and in draft pending final approval from MOWA	
A4.3.1.3	National consultation on proposed Mediation Guidelines for piloting and inclusion within the MSS.	Draft document	As per A4.3.1.2.	
A4.3.1.4	Judicial Bench Book: Carry out consultations with different stakeholders to develop a judicial bench book to be used by legal professionals.	Draft document	<i>The Minimum Standards for Judges and Prosecutors for Responding to VAW</i> is draft pending final approval.	

EVAW Outcome 5 – RESEARCH and EVIDENCE: Research and evidence on VAW is used to improve planning and implementation of EVAW responses.

TAF Objective 5.1: Government agencies, civil society, the private sector and communities use evidence to advocate, plan, budget for, and implement policy, laws, and program to prevent IPV.

O5.1.1	Improve understanding for future PIPV programming through targeted research on risk and protective factors of IPV.	TAF		3.2.5. Review Monitoring and Evaluation
A5.1.1.1	Support targeting research on risk and protective factors of IPV by incorporating new prevalence datasets into the existing targeting analysis.	Complete	The initial research resulted in the publishing of a series of <i>Four Targeting Briefs</i> . Further research was undertaken to ensure consistency with data from the prevalence data sets of the CDHS and the WHO research.	
O5.1.2	Improved understanding for future PIPV programming with increased evidence base through additional research on primary prevention and responses to IPV.	TAF		3.2.5. Review Monitoring and Evaluation
A5.1.2.1	Conduct additional research on primary prevention and response such as trends in the alcohol industry and regional primary and secondary prevention interventions on alcohol abuse and IPV.	Complete	As per A2.1.3.3	
A5.1.2.2	Convene Sector Specialist Subgroup meetings to review TV content and regulatory benchmarks.	Complete	A working group between MOWA and MOIn was facilitated. This group was disbanded due to conflict with protocols and purpose of the group.	
<i>UNFPA Objective 5.2: CDHS to include violence against women data as recognition and awareness of VAW as a public health issue in Cambodia.</i>				
O5.2.1	Ensure the inclusion of VAW as a core topic of regular, nationally representative, internationally comparable and reliable data collection and analysis in Cambodia.	UNFPA		3.2.5. Review Monitoring and Evaluation
A5.2.1.1	Undertake a secondary analysis of the VAW data sets.	Complete	The report of the secondary data analysis <i>Understanding Cambodian women's experience of domestic violence and other forms of violence</i> was officially launched in December 2016.	

Attachment 5: Summary of Success Factors and Lessons Learnt

At the final Implementing Partners meeting held 14 June 2017, all participants were asked to provide feedback on the success and lessons learnt from their participation in the EVAW program. This section provides a summary of the key factors identified.

Success Factors	Lessons Learnt
Governance	
<ul style="list-style-type: none"> ✓ The JSC and Secretariat forums provide opportunity to partner together. ✓ Secretariat and PMO working together has been helpful with planning and communication. ✓ Establishment of the TWGG-GBV, a sub-group of the TWGG focused on GBV provides inter-ministerial coordination and has assisted with more action being taken. ✓ A network of regular meetings in place to assist with learning and communication (Partners meeting, M&E meeting and JSC meeting). 	<ul style="list-style-type: none"> ✓ Active MOWA engagement is critical and this is a good model to make sure that more ministries are engaged in addressing GBV.
Partnership	
<ul style="list-style-type: none"> ✓ The program partners have been able to collaborate with MOWA to work on EVAW (planning, implementing, M&E, learning etc.) and has helped to solve problems together. ✓ Networking cooperation, collaboration and synergy between NGOs, service providers and government has been increased. ✓ Being in the same room as senior MOWA team provides direct access to better understand government policy directions. ✓ Linkages have been created with organisations working directly with government and those working with beneficiaries resulting in better networking. We now know who's who and how to work together. ✓ Sharing knowledge and technical expertise between all partners. 	<ul style="list-style-type: none"> ✓ The importance of bringing together partners via a single focal point (the program) has greatly helped with facilitating communication with partners <ul style="list-style-type: none"> - Resolves problems, - Identifies opportunities quickly, - Support each other, - Provides strategic direction. ✓ Could do more to promote what we all do among our agencies, among other partners, utilising media including radio and Facebook, perhaps some opportunities have been missed.

Success Factors	Lessons Learnt
Government engagement	
<ul style="list-style-type: none"> ✓ Annual Operational Plans of ERAW partners responds to NAPVAW II. ✓ Alignment of ERAW activities to NAPVAW II has contributed to successful activity in work plan of the NAPVAWII. ✓ Networks and human resource development established to respond to ERAW at both national and sub-national level. ✓ Raised awareness of government stakeholders to ERAW issues and approaches (national and subnational level) in line with the NAPVAWII. ✓ Increased number of NGO activities integrated into Commune Investment Plans. 	<ul style="list-style-type: none"> ✓ Decision making and sharing of program implementation with some partners needs to be improved and this includes greater involvement and engagement of MOWA in all processes. ✓ There are limited resources available and capacity building of relevant ministries needs to be prioritised to make activity sustainable and increase government ownership. ✓ Impact of political changes on program implementation and availability of government staff underestimated.
Capacity development for service delivery	
<ul style="list-style-type: none"> ✓ Referral system for victims of GBV including the referral guidelines has been applied and used. ✓ Improved options for survivors to access and receive appropriate services. ✓ The focus on capacity building for government and NGOs at national and subnational level has helped with responding to GBV. ✓ Institutionalisation of the community of practice approach has resulted in the GBV networks being recognized in the government mechanism of the WCCC. 	<ul style="list-style-type: none"> ✓ Human resources and capacity at national and sub-national is limited. ✓ Engaging all women to participate in community events not just women who have been victims of violence increases community awareness and support. ✓ Giving time for guidelines to be practiced during implementation allows them to be developed to better meet the needs of victims and service providers.
Policy and research development	
<ul style="list-style-type: none"> ✓ Policies, Minimum Service Standard, Referral guidelines and other materials have been developed and implemented. ✓ Availability of evidence based research leading to development of policies, strategies and other instruments. ✓ Examples of a pilot program (based on research) becoming a national approach, e.g. NCDD developed Technical Guidance document on CANS to be used nationwide. 	<ul style="list-style-type: none"> ✓ The time taken to develop and implement guidelines and materials has been underestimated and takes longer than initially planned. ✓ The need for better M&E alignment to the NAPVAWII to better measure activity and progress.
Program delivery	
<ul style="list-style-type: none"> ✓ Donor funding is maximised by programs working together and being complimentary. ✓ Awareness of program implementation has allowed programs to respond to what others are doing, to be complementary and to promote the work of others. ✓ Working together provides opportunity to assist others to implement their programs. 	<ul style="list-style-type: none"> ✓ Implementation times have been underestimated. ✓ Intervention was more successful when all family members included. ✓ Increased focus on intervention for perpetrators of violence, not just victims.

Attachment 6: Documentation and Knowledge Management Products 2012-2017

Implementing Partner	Key Materials
2013	
TAF	Political Economy Analysis Research of Law Enforcement Responses to Violence Against Women
2014	
UN Women	Media Monitoring Report
Gender Consultant	Cambodia Gender Assessment: Chapter 7 Violence Against Women
2015	
UN Women	Second National Action Plan for Violence Against Women 2014–2018
UN Women	Report: Mediation: a response to violence against women in Cambodia
UN Women	National Survey on Women's Health and Life Experiences in Cambodia (VAW Prevalence Study)
UN Women	Report: Media Monitoring for Ending Violence against Women in Cambodia
ACTED	Peer Educators Manual
ACTED	Standard Operation Procedures and Referral Pathway
TAF	Targeting brief 1: Intimate Partner Violence and Alcohol Abuse in Cambodia
TAF	Targeting brief 2: Intimate Partner Violence and Media Exposure in Cambodia
TAF	Targeting brief 3: Intimate Partner Violence and Childhood Exposure to Violence in Cambodia
TAF	Targeting brief 4: Intimate Partner Violence and Education Attainment in Cambodia
UNFPA	Cambodia Demographic Health Survey 2014
2016	
GIZ	Guidelines for Legal Protection of Women's and Children's Rights in Cambodia-Reprint
GIZ	Report: Judicial Police Agent (JPA) in Siem Reap and Kampong Thom Provinces; A systems oriented assessment
UNFPA	Secondary Analysis on Women's Experience of Domestic Violence and Other Forms of Violence
UNFPA	VAW National Training Plan in the Health Sector
UNFPA	Service Mapping Directory for service providers supporting GBV survivors In Kampong Cham, Preah Vihear, Stung Treng Provinces
TAF	Evaluation of Commune Alcohol Notification System (CANS); Final Report

TAF	Bulletin No. 1: Reducing Violence Against Women on Cambodian Television
TAF	Bulletin No. 2: Reducing Violence Against Women on Cambodian Television
CARE	Training Manual based on the MOH Clinical Handbook to support implementation of the National Guidelines for Managing Violence Against Women and Children in the Health System
UN Women	2016 Annual Operation Plan and Performance Monitoring Framework to support implementation of the second NAPVAW 2014–18
2017	
GIZ	Referral Guidelines for Women and Girl Survivors of Gender-Based Violence
GIZ	Training Manual: Referral Guidelines for Women and Girl Survivors of Gender-Based Violence
GIZ	Minimum Standards for Basic Counselling for Women and Girl Survivors of Gender-Based Violence
GIZ	Training Manual: Minimum Standards for Basic Counselling for Women and Girl Survivors of Gender-Based Violence
GIZ	Service Mapping Directory for service providers supporting GBV survivors in Kampong Thom and Siem Reap Provinces
GIZ	Guidelines for Data Collection of GBV Services Provided and Referred (case management data)
TAF	Technical Document on Commune Alcohol Notification Systems (CANS)
TAF	MOWA and MoIn Joint Prakas on the Media Code of Conduct
TAF	Video on the Community Alcohol Notification System
TAF	Alcohol Counselling Guidelines
CARE	Training Manual: A Guide to Good Practice in Responding to Violence against Women at the Commune/Sangkat Level
CARE	Training Manual: Community Dialogues on Violence Against Women
CARE	Training Manual: Community Dialogues on Violence Against Women for VHSG group members leading the women's and men's groups
CARE	Service Mapping Directory for service providers in Phnom Penh
CARE	Instruction Video: Understanding Intimate Partner Violence
NOTE: all CARE documents pending MOWA approval. Agreement between CARE and DFAT to extend this activity to 20 November 2017.	
UNFPA	Competency based training curriculum on VAW for women survivor of IPV or sexual assault in the health sector
UN Women	2017 Annual Operation Plan and Performance Monitoring Framework to support implementation of the second NAPVAW 2014–18
UN Women	DRAFT: Minimum Standard of Essential Services for Women and Girl Survivors of GBV in Cambodia
UN Women	DRAFT: Guidelines for Mediation in Violence Against Women Cases
UN Women	DRAFT: Minimum Standards for Judges and Prosecutors for Responding to VAW (Judicial Bench Book)
UN Women	DRAFT: Preventing Violence Against Women and Girls in Cambodia: A strategy to implement prevention priorities in the NAPVAW 2014–18
UN Women	DRAFT: Cost of Essential Services for Women and Girl Survivors of Intimate Partner and Sexual Violence in Cambodia

EVAW Program Management Office (PMO)
AECOM (URS) 31 March 2014 – 31 October 2015
Quarterly Reports: July–September 2014; October–December 2014; January–March 2015; April–June 2015
Performance Progress Report April 2014-September 2015
Quarterly Progress Reports for implementing partners
Program Management and Monitoring Report
Monthly Management Dashboard Report
EVAW Risk Register
First Progress Report September 2015
EVAW Small Grant Application
EVAW Sub-Contractor Agreement
Coffey International Development 19 October 2015 –31 October 2017
Six Month Progress Report November 2015–April 2016
Year 1 Annual Progress Report and Year 2 Annual Plan November 2015–October 2016
EVAW Small Grant Application
EVAW Operations Manual December 2015; update September 2016; update April 2017
EVAW Implementation Plan 2016–17; update 1 March 2016; update 2 July 2016
EVAW Implementation Schedule 2016-17
Monthly Management Dashboard Report
Program Management and Monitoring Report
EVAW Risk Register
Joint Steering Committee Terms of Reference
Secretariat Terms of Reference
Secretariat Activity Plan 2016–17
Secretariat Output- Based Payment Claim Form
Secretariat Focal Point Agreement 2016–17
Second Progress Report, September 2016
Third Progress Report, July 2017
EVAW Program Completion Report

Attachment 7: EVAW Asset List

Asset Description	Quantity	Age (Years)	Condition
IT AND ELECTRONIC			
Printer Canon	1	3	Good
Printer HP	1	2	Good
Laptop HP	4	3	Good
WIFI Router Linksys	5	3	Good
Monitor HP	3	2	Good
Camera Canon	1	2	Good
Cellphone Samsung	1	1	Good
OFFICE FURNITURE			
Desk Standard	3	3	Good
Chair Swivel	5	3	Good
Cabinet Open Shelf	1	3	Good
Cabinet Standard	2	3	Good
Visitor Chair	4	3	Good
Round Table	1	2	Good
VARIOUS OFFICE EQUIPMENT			
Water Dispenser Standard	1	3	Good
Fridge	1	3	Good
Air Conditioner LG 2.5 HP	1	3	Good
Safe	1	2	Good
Shredder Machine	1	3	Good

Attachment 8: EVAW Program Data 2012-2017

Program	Indicators	Total 2013	Total 2014	Total 2015	Total 2016	Total 2017 (Jan-June)	Gender Disaggregation (where known)
ACTED (Phnom Penh capital)							
	Counselling session conducted	3336	2057	2643	373	208	
	Entertainment Workers received counselling	1500	1596	2251	1055	413	
	Leaflets, Booklets distributed	1500	1367	1981	847	214	
	Referral session conducted	126	895	212	0	0	
	Reported cases of SGBV referred	213	324	116	0	4	
	Police officers trained	55	47	78	0	0	
	Supported services working together	4	5	13	8	6	
	Radio broadcast regarding SGBV aired by the Women's Media Center radio station on SGBV	2	9	0	0	0	
	Peer educators engaged	17	15	15	7	7	
	Police trained	55	47	78	0	0	37 female attended
	Local authorities trained	58	47	35	0	0	
Hagar (All provinces, except Mondolkiri)							
	Clients received counselling, case management, and economic advice	672	554	404	470	166	
	Family members received assistance	312	394	266	592	287	
	Individuals trained on DV	140	148	201	366	72	

	Clients received counselling	124	60	28	130	88	
	Clients shown decrease in trauma symptoms	92	42	27	85	126	
	Client improved resiliency scores	85	41	24	80	113	
	Clients reintegrated into their family or communities	168	39	24	41	4	
	Clients assisted to obtain a job	43	14	18	52	10	
CARE (Phnom Penh capital and Kampong Thom)							
	Police trained	n/a	n/a	n/a	27	0	10 female attended
	Local authority trained	n/a	n/a	n/a	218	359	326 female attended
	Health care providers trained	n/a	n/a	n/a	181	0	105 female attended
	Survivors of VAW identified and/or treated in the health system in accordance with the Clinical Handbook.	n/a	n/a	n/a	50	0	
	VAW networks established	n/a	n/a	n/a	34	4	19 Men groups 19 Women groups
	VHSG members trained	n/a	n/a	n/a	59	41	65 female attended
GIZ (Kampong Thom and Siem Reap)							
	Clients received counselling, case management and economic advice	300	402	422	490	n/a	
	Clients received legal advice	86	122	215	234	n/a	
	Clients received legal representation	50	75	94	100	n/a	
	Clients received shelter-based support	31	41	31	24	n/a	
	Clients received individual psychosocial counselling	42	54	62	54	n/a	

	Clients received reintegration support	32	40	31	18	n/a	
	Clients received group counselling	24	28	58	34	n/a	
	Clients referred to medical service	20	26	31	20	n/a	
	Clients have been referred to vocational training	15	16	11	5	n/a	
	Total Law and justice officials trained (includes MOWA JPA)	0	182	71	109	112	411 female attended
	Police trained	0	18	18	72	21	45 female attended
	Local Authorities trained (includes WCCC)	0	14	26	229	70	286 female attended
	VAW committees established	0	28	28	28	28	
	Health care providers trained	0	0	25	24	15	31 female attended
	Self-help groups established	0	14	20	11	0	
	CRPs trained	0	62	39	30	0	
	Sub-groups on GBV established under WCCC	0	0	2	4	0	
Legal Aid of Cambodia (Battambang and Pailin)							
	Members attended training on GBV related laws	348	156	459	430	0	
	Clients received counselling	0	35	40	46	28	116 female attended
	CCWC members attended criminal justice meeting	155	145	155	263	160	
	WCCC member attended criminal justice meetings	180	99	95	190	95	
	Cases of DV&SA received legal services and proceeded through the court system	58	47	38	54	38	223 female clients

	Cases of DV&SA resolved and closed	24	25	13	9	7	
	Radio talk-show program broadcasted	13	11	9	11	8	
	Cases of DV&SA referred by police to court	15	8	10	0	6	
	Total Law and justice official trained	180	99	95	95	95	179 female attended
	Police trained	95	45	30	128	0	10 female attended
	Local authorities trained	348	156	0	302	0	372 female attended
	Child Advocacy Network established	2	7	7	7	7	
	WCCC members trained	155	145	155	160	160	510 female attended
The Asia Foundation (Svay Rieng and Kratie)							
	Communes implementing CANS	n/a	n/a	19	11	17	
	Approved DEIKA on CANS	n/a	n/a	19	11	17	
	Quarterly reports on media monitoring and ratings surveys on VAW on TV produced	n/a	n/a	0	2	1	
	Police trained	n/a	n/a	21	60	17	7 female attended
Transcultural Psychosocial Organization (Battambang)							
	Community member participated in awareness sessions	844	1031	465	99	406	2861 female attended
	GBV survivors received counselling	92	215	93	121	58	
	Members joined SHG	71	135	81	207	45	
	CRPs trained	35	43	19	20	17	
	Clients received individual counselling	77	29	26	30	11	

	Female survivors of GBV received individual counselling	16	23	19	23	9	
	GBV self-help groups established	7	13	12	20	4	
	Men received specialist alcohol counselling	19	6	2	5	2	
	Local authorities trained	20	20	20	11	8	
UNFPA (Kampong Cham, Stung Treng and Preah Vihear)							
	Sub-group on GBV/VAW network established under WCCC	n/a	0	0	3	0	
	Health care providers trained on the Clinical Handbook	n/a	n/a	n/a	20	368	196 female attended
	Police trained	n/a	n/a	n/a	13	18	3 female attended
	Local authority trained	n/a	n/a	n/a	0	103	43 female attended
UN Women (Sihanoukville and Kampong Speu)							
	Total Law and justice official trained on GBV	n/a	n/a	n/a	10	20	
	Police trained on GBV	n/a	n/a	n/a	26	9	
	Local authorities trained on GBV	n/a	n/a	n/a	43	44	
	GBV sub-group established under WCCC	n/a	n/a	n/a	1	5	
	Health care providers trained on GBV	n/a	n/a	n/a	5	2	
	WCCCs meeting/trained on GBV	n/a	n/a	n/a	0	31	

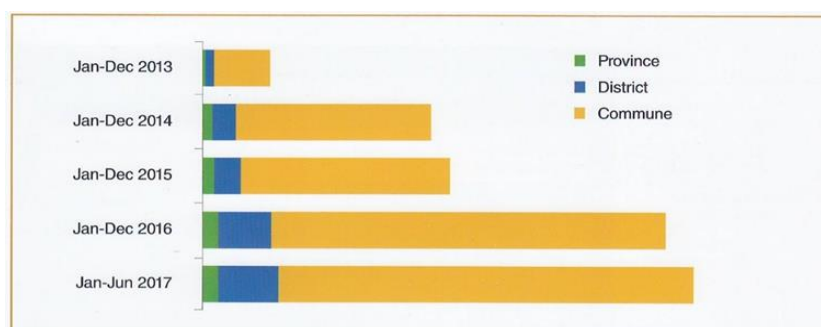
Attachment 9: EAW Program Activity Data 2012-2017

The Ending Violence Against Women (EAW) program 2012–2017 progressed from activities that had an initial national focus to an increased focus on delivery of services at a sub-national level. The tables and diagrams below demonstrate the growth of the sub-national activity over the EAW program.

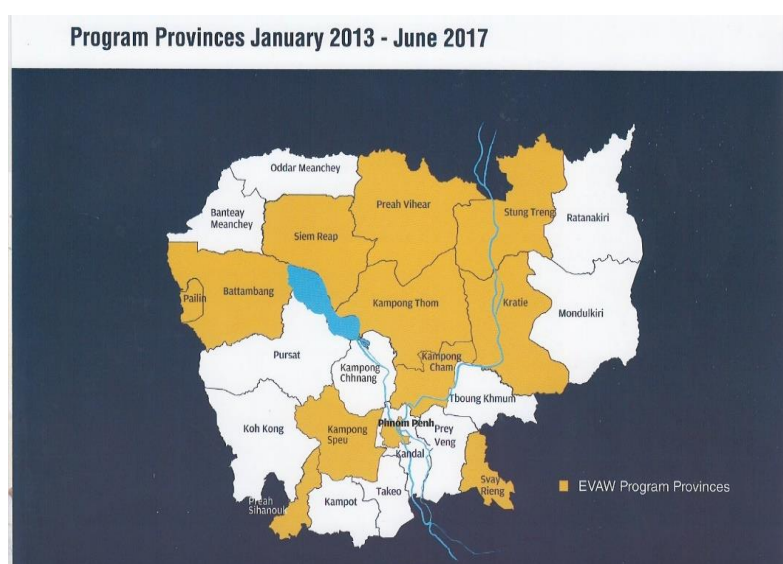
Distribution of EAW program activity 2012-2017

Year	Province	
2012	National program activity only	
2013	Battambang, Pailin, Phnom Penh	
2014	Battambang, Pailin, Phnom Penh, Siem Reap, Kampong Thom	
2015	Battambang, Pailin, Phnom Penh, Siem Reap, Kampong Thom, Svey Rieng, Kratie	
2016 and 2017	Battambang, Pailin, Phnom Penh, Siem Reap, Kampong Thom, Svey Rieng, Kratie, Kampong Speu, Preah Sihanouk, Oddar Meanchey, Kampong Cham, Stung Treng, Preah Vihear, Kratie, Tboung Khmum, Mondulkiri, Ratanakiri, Kampong Chhnang	
Total number of Provinces 18	Total number of Districts 66	Total number of Communes 538

Sub-national distribution of EAW program activity 2013–2017



Map of EAW program activity 2013–2017



Note: Hagar worked with individual clients via a case management model, not a geographical model. During the EAW program, services were provided on a national basis.

