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Programme to Promote Disability Inclusion and Quality Services for Gender Based Violence (GBV) Victims
ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2020

<p>Programme Title & Project Number</p> <ul style="list-style-type: none"> • Programme Title: Programme to Promote Disability Inclusion and Quality Services for Gender Based Violence (GBV) Victims • Programme Number <i>(if applicable)</i> • MPTF Office Project Reference Number:³ 00119878 	<p>Country, Locality(s), Priority Area(s) / Strategic Results²</p> <p><i>(if applicable)</i> Country/Region: Cambodia</p> <ul style="list-style-type: none"> • Outcome 1: By 2023, women and men in Cambodia, in particular the marginalized and vulnerable, have their basic needs addressed equitably as they benefit from and utilize expanded quality social services and social protection in a more resilient, fairer and sustainable society. • Outcome 2: By 2023, women and men in Cambodia, in particular the marginalized and vulnerable, benefit from expanded opportunities for decent work and technological innovations, and participate in a growing, more productive and competitive economy, that is also fairer and environmentally sustainable.
<p>Participating Organization(s)</p> <ul style="list-style-type: none"> • UNDP UNFPA and UN WOMEN 	<p>Implementing Partners</p> <ul style="list-style-type: none"> • UNDP: Disability Action Council, Life for the World, Cambodian People Disabled’s Organization. • UNFPA: MoWA, MoH • UN Women: MoWA
<p>Programme/Project Cost (US\$) Total approved budget as per project document⁴: USD 1,311,147</p> <ul style="list-style-type: none"> 1- MPTF /JP Contribution⁵: USD 916,527 2- PUNO parallel/co-fund: USD 371,088 <ul style="list-style-type: none"> • UNDP (parallel funding): USD 121,082 	<p>Overall Duration: 22 months Programme Duration: 22 months</p> <p>Start Date⁶: 01 September 2019 Original End Date⁷ : 30 June 2021 Current End date⁸ : 30 June 2021</p>

¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

⁴ The actual fund received is USD916,527 while the planned budget in the project document is USD940,060. This variance is due to the 1% MPTF fee (USD9,271.58) and exchange rate loss of USD 14,261.42.

⁵ The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

⁶ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

⁷ As per approval of the original project document by the relevant decision-making body/Steering Committee.

⁸ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

- UNFPA (co-fund): USD 190,601
- UNW (co-funding): USD 59,405

Programme Assessment/Review/Mid-Term Eval.

Assessment/Review - if applicable *please attach*

Yes No Date: *dd.mm.yyyy*

Mid-Term Evaluation Report – *if applicable please attach*

Yes No Date: *dd.mm.yyyy*

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ACCONYMS AND ABBREVIATIONS

ACCESS	Australia-Cambodia Cooperation for Equitable Sustainable Services
ADM	Associate Degree in Midwifery
BSM	Bachelor of Science in Midwifery
CDPO	Cambodian Disabled People's Organization
CIP	Commune Investment Plan
CSO	Civil Society Organization
DAC	Disability Action Council
DAWG	Disability Action Working Groups
DFAT	Australian Department of Foreign Affairs and Trade
DI	Disability Inclusion
DPs	Development Partners
DPO	Disabled People's Organization
DWG-GBV	District Working Groups on GBV
GBV	Gender Based Violence
IEC	Information Education and Communication
MoEYS	Ministry of Education Youth and Sport
MoEF	Ministry of Economic and Finance
MoH	Ministry of Health
MoPWT	Ministry of Public Works and Transport
MoSVY	Ministry of Social Affairs Veterans and Youth Rehabilitation
MoWA	Ministry of Women's Affairs
3rd NAPVAW	The Third National Action Plan to Prevent Violence Against Women 2019-2023
NDSP2	National Disability Strategic Plan 2019-2023
OPD	Organization of Persons with Disabilities
PDoWA	Provincial Departments of Women's Affairs
PWDs	Persons with Disabilities
PWG-GBV	Provincial Working Groups on GBV
TOR	Terms of Reference
RGC	Royal Government of Cambodia
TWGG	Technical Working Group on Gender
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDAF	United Nations Development Assistance Framework
VAW	Violence Against Women

EXECUTIVE SUMMARY

This report under the Joint UN Programme, Promote Disability Inclusion and Quality Services for Gender Based Violence (GBV), represents the annual narrative progress report of the Programme from 1 January 2020 to 31 December 2020. It fulfils the reporting requirements set out in the Standard Administrative Arrangement concluded with the donor, the Australian Department of Foreign Affairs and Trade (DFAT). In line with the memorandum of understanding signed by participating UN organizations, the report is consolidated based on information and data submitted by the participating organizations.

The programme to Promote Disability Inclusion and Quality Services for Gender Based Violence (GBV) aimed to ensure persons with disabilities benefit from access to sustainable, quality and inclusive services and women affected by GBV, have accessed to quality integrated GBV and sexual and reproductive health services, including first line support, care of injuries and urgent medical treatment and forensic examinations, legal support, psycho-social care and referral without barriers and discrimination. The programme has been implementing very closely with a wide range of stakeholders, has achieved substantial results in response to the planned outputs of the programme. The efforts supported and taken forward by the implementing agencies – UNDP, UNFPA and UNWOMEN.

The highlights of achievements made under the programme:

Policy Development:

- The zero draft of the national disability law has been drafted with wider consultations with multi-stakeholders including the government ministries, civil society organizations, disabled people's organizations, and persons with disabilities to ensure the input is well collected and compliance with the UNCRPD.
- The Inter-Ministerial Prakas on Requirements for Issuing the Driving License for persons with disabilities has been endorsed by the Royal Government of Cambodia which enable persons with disabilities to access the driving license as people without disabilities.
- The National Disability Strategic Plan 2019-2023 (NDSP2) Action Plan Matrix and Monitoring and Evaluation Frameworks have been developed by DAC with technical support from UNDP to effectively monitor the implementation of the NDSP2.
- The draft of the Inter-Ministerial Prakas on Identification of the Discount Fee on the School Fee and School Materials for Persons with Disabilities has been included into the revised disability law which will be more effective and efficiency.
- The third National Action Plan to Prevent Violence Against Women 2019-2023 (3rd NAPVAW), was approved by the Council of Ministers in October 2020. The overall strategic priority of the 3rd NAPVAW is to reduce violence against women and girls through increased prevention interventions, improved response, increased access to quality services, and multi-sectoral coordination and cooperation. The 3rd NAPVAW has four key areas have been identified as primary areas of focus: 1) Prevention; 2) Legal Protection and Multi-Sectoral Services; 3) Formulation and Implementation of Laws and Policies; and 4) Review, Monitoring and Evaluation.
- The Aide Memoire on Good Practices in Mediation as a Response Violence Against Women is finalized, consulted with CSOs and experts and expected to be endorsed by the TWGG-GBV members.

- The National Guideline Health Sector Response for GBV/VAW for Health Managers was adapted from UNFPA, WHO, and UNWomen global document. It was endorsed and disseminated by the Ministry of Health in late 2020 and will be implemented from 2021 onward.
- GBV/VAW has been officially agreed to integrate into the Associate Degree in Midwifery (ADM) curricula-a three-year direct entry midwifery programme, Bachelor of Science in Midwifery (BSM) curricula-four-year midwifery programme and Core Competency Framework for Midwifery Practice 2020.

Institutional Capacity Development:

- DAC has progressively improved their capacity to provide advice, coordinate, and monitors the implementation of NDSP2 as well as to take lead in developing the zero draft of the national disability law. It is the first time that the government took lead to develop the national disability with technical support from UNDP. The draft national disability law has been aligned with the UNCRPD and national policy related to disability.
- In terms of capacity development at the sub national level, five PDACs have developed the prioritized action plan for 2021. Key training contents and topics on disability inclusion were also developed and included in the developed zero draft of the disability inclusion manual. Training, workshop, exchange visit with DAC and PDAs will be organized in the first quarter of 2021.
- The capacity and relationships between Disabled People’s Organizations (DPOs) and commune councils have been strengthened, as a result, 2,554 persons with disabilities including 1,185 are women with disabilities (46%) accessed the national social protection cash transfer Programme with the targeted commune councils. Through the DPO advocacy with local authorities, there was a change in mindset and perceptions of local authorities towards persons with disabilities as six commune councils have allowed the representatives of those six DPOs to regularly attend the commune council meetings every month
- UNFPA worked in collaboration with MoH and MoWA to strengthen the health sector in response to GBV/VAW and strengthen multi-sectoral coordination to prevent and respond to GBV/VAW in four provinces of Kampong Cham Tbong Khmum, Preah Vihear and Stung Treng. The implementation of the 2020 plan was on track to achieving the targets set for 2020 for ACCESS Programme. All ToRs of six working groups on GBV were endorsed by provincial governors and district governors. By the end of 2020, 85 GBV/VAW cases were provided with health care services in the four target provinces. Among these cases, 67 rape cases were given forensic examination and the survivors received the examination certificates. 39 cases received counselling offered by PDoWA staff and 12 cases were referred to other services. The services provided to the survivors were made possible mostly by the enhanced capacity and multi-sectoral coordination amongst the stakeholders.
- The newly formed four district working groups were successfully approved by their respective district governors. Their members were capacitated in two out of the four minimum essential service packages for GBV survivors, namely the basic counselling and the referral guideline. 190 (F:134) healthcare providers and managers were trained on health sector response to GBV/VAW. Moreover, As part of an effort to promote multi- sectoral coordination for GBV/VAW survivors, GBV/VAW referral networks were established in four provinces and have their capacity built on GBV/VAW case referral and management. UNFPA also provided technical support to MoWA and PDoWA focal points to improve its coordinating and monitoring roles in providing services to the survivors.
- In addition to the service enhancement for the survivors through capacity building and enhanced coordination, UNFPA advocated and supported the government in putting in place policy and guidelines for GBV/VAW. The National Guideline *Health Sector Response for GBV/VAW for*

Health Managers was adapted from UNFPA, WHO, and UNWomen global document. It was endorsed and disseminated by the Ministry of Health and will be implemented from 2021 onward. To ensure long-term sustainability of interventions and outcomes with UNFPA's advocacy efforts, MoH has officially agreed to integrate GBV/VAW into the Associate Degree in Midwifery (ADM) curricula-a three-year direct entry midwifery programme, Bachelor of Science in Midwifery (BSM) curricula-four-year midwifery programme and Core Competency Framework for Midwifery Practice 2020.

- In terms of strengthening the multi-stakeholders engagement, this provides an accountable framework for key actors such as women's affairs, the judiciary, labour, social affairs, health, as well as civil society to work together to strengthen prevention and response to violence against women, including women migrant workers, women with disabilities, indigenous women, LBT women and others that experience increased risk for violence or barriers in accessing services. Due to the COVID 19 pandemic, intervention priorities were shifted to COVID-19 response and some activities were delayed.
- In terms of capacity development, UNWomen provided technical support to the Ministry of Women's Affairs (MOWA) develop, implement and monitor the 3rd NAPVAW. MoWA also has improved its capacity to leverage the existing partnerships to reprioritize VAW prevention and response in the light of COVID-19 focusing on capacity building of service providers, information on helplines practices and strengthening coordination and adapted referrals. The MoWA has continued to take lead in mobilising resources and support from TWGG-GBV line ministries to implement.
- UN Women's supported MOWA in the establishment of GBV Networks (multi-sectoral coordination mechanisms at the Provincial and District Levels) in Preah Sihanouk, Kampong Speu, and Siem Reap. The GBV Working Groups have contributed to strengthening a systematic referral and coordination mechanism sub-national levels. The Terms of References for 9 (out of 9) have been completed. These are: Kampong Speu Provincial GBV Working Group and in two District GBV Working Groups in Oudong and Phnom Srouch; Siem Reap Provincial GBV Working Group and two District GBV Working Groups in Puok District and Kralanh District; and Sihanouk Provincial GBV Work Group and two Distric GBV Working Groups in Kampong Seila and Prey Nop.
- There were some 110 GBV Working Group members that are frontline service providers that improved their skills and knowledge in minimum service standards, basic counselling, referral, and case management.
- UN Women continues to work with relevant stakeholders including civil society to provide comprehensive analysis of gender relations, structural constraints/challenges that hinder survivors of violence against women from seeking services.

Response to Covid-19:

In terms of responding to the Covid-19, the implementing agencies have been supporting the Royal Government of Cambodia as highlighted below:

- UNDP has supported the Disability Action Council and Cambodian Disabled People's Organization to develop the situational analysis on the impact of Covid-19 on the wellbeing of Persons with Disabilities, National three years recovery plan and the advocacy tool for OPDs to advocate with the local government to ensure the needs of persons with disabilities are well taken. The development of these documents was supported by the UNPRPD Covid-19 fund.
- Five educational videos on the Prevention of COVID-19 for all type of persons with disabilities including sign language interpretation were developed, uploaded into CDPO's Facebook, and

broadcasted via governmental TV channels to remind the persons with disabilities to ensure they know how to prevent themselves from COVID-19.

- UNFPA supported the Ministry of Women's Affairs to ensure that the essential services for VAW/GBV continue to function without interruption during the pandemic. 800 dignity kits were provided to vulnerable women and girls. In addition, UNFPA joint with Asia Foundation and ACCESS produced and distributed 972 booklets, 7,000 posters, and 4,880 hand fans in the 8 ACCESS target provinces.
- UNWOMEN immediately met with the Ministry of Women's Affairs to assess activities and adapt them during the COVID 19 Pandemic. Outreach was conducted to GBV Working Groups to assess if they were functioning. Translation of the Do's and Don'ts for remote service provision was disseminated to help in preparation to adapt to the context of COVID 19. UNWOMEN supported the translation and adaptation of guidelines for women and children's safety in state quarantine; translated and distributed the guidance for women's shelters in emergency settings as well as guidance for provision of services via helplines.

I. Purpose

The United Nations Development Assistance Framework (UNDAF) 2019– 2023 outlines the partnership between the United Nations (UN) and the Royal Government of Cambodia (RGC) in support of the national development priorities as articulated in the Rectangular Strategy-Phase IV (RS-IV) and the 2030 Agenda. The programme has been contributing to:

- Outcome 1: By 2023, women and men in Cambodia, in particular the marginalized and vulnerable, have their basic needs addressed equitably as they benefit from and utilize expanded quality social services and social protection in a more resilient, fairer and sustainable society.
- Outcome 2: By 2023, women and men in Cambodia, in particular the marginalized and vulnerable, benefit from expanded opportunities for decent work and technological innovations, and participate in a growing, more productive and competitive economy, that is also fairer and environmentally sustainable.

The outcome of the Joint UN Programme “Promote Disability Inclusion and Quality Services for Gender Based Violence” between UNDP, UNFPA and UN Women will ensure persons with disabilities benefit from access to sustainable, quality and inclusive services and women affected by GBV have access to quality integrated GBV and sexual and reproductive health services, including first line support, care of injuries and urgent medical treatment and forensic examinations, legal support, psycho-social care and referral without barriers and discrimination.

This annual narrative progress report of the programme highlights the progresses made from 1 January 2020 to 31 December 2020.

II. Results

i) Narrative reporting on results:

Overall, the Programme has made significant progress in terms of policy development, capacity development and service delivery. The Programme has been actively promoting the rights of persons with disabilities and service delivery to the GBV survivors by working together with the multi-stakeholders including the government ministries, development partners, CSOs and OPDs. The first

three outputs have been implemented by UNDP and the last two outputs have been implemented by UNFPA and UN Women:

- Output 1: Disability Action Council (DAC) effectively provides advice, coordinates and monitors the implementation of NDSP2;
- Output 2: Commune Investment Plan (CIP), budget and its development process are disability inclusive through active involvement of DPOs/CDPO and provincial DAC mechanisms;
- Output 3: DAC, Disability Action Working Groups (DAWG) and Provincial DACs have capacity to develop and implement disability inclusive policies and budgets;
- Output 4: Strengthened institutional capacities of health and other essential services to prevent and respond to GBV in selected provinces; and
- Output 5: Strengthened multi-sectoral coordination to prevent and respond to GBV at national level and in selected provinces.

Output 1: Disability Action Council (DAC) effectively provides advice, coordinates and monitors the implementation of NDSP2;

With technical support from UNDP, DAC has progressively improved their capacity to coordinate and take a lead to review and develop national policies related disability that demonstrated their leadership and ownership to ensure persons with disabilities enjoy their rights. Below some of the key policies has been reviewed and developed:

- A zero draft of the national disability law has been developed in consultation with relevant line ministries, UN agencies, development partners, OPDs and civil society organizations to ensure all voices have been collected and input into the revised law. It is expected that the revised national disability law will be adopted in mid-2021.
- The Inter-Ministerial Prakas on Driving License for Persons with Disabilities was developed and endorsed by the three ministries: the Ministry of Social Affairs Veterans and Youth Rehabilitation (MoSVY), the Ministry of Health (MoH), and the Ministry of Public Works and Transport (MoPWT) to enable persons with disabilities to access the driving license which is one of the most important part of the daily life in terms of traveling.
- The inter-ministerial Prakas of the Identification of the Discount Fee on the School Fee and School Materials for Persons with Disabilities has been drafted between MoSVY and MoEYS. The inter-ministerial Prakas has been included in the revised national law which would be a more effective policy to ensure students with disabilities have fully access to public and private education.
- DAC has finalized the monitoring and evaluation framework and action plan matrix (including objectives, indicators, and activities). These documents will be launched in early 2021. The M&E framework will support DAC to effectively monitor the progress of NDSP2 with the line ministries, CSOs, OPDs and other stakeholders to ensure the needs of persons with disabilities are well responded and addressed. The final action plan matrix has been designed in close consultation with line ministries, OPDs and CSOs. The M&E framework will support DAC to effectively monitor the progress of NDSP2 with the line ministries, provincial DACs, CSOs, OPDs and other stakeholders to ensure the needs of persons with disabilities are well responded and addressed.

An easy read of NDSP2 has been drafted in an accessible format to ensure persons with disabilities have access the NDSP2 in particularly for those who have difficulty in reading or visual impairment.

The final version of the easy read of NDSP2 will be electrically shared with relevant government institutions, development partners, and CSOs in the first quarter of 2021. This Easy read has been led by UNDP young communication officer who has a physical impairment.

Output 2: DAC more effectively advises and coordinates NDSP implementation

DAC has progressively improved their capacity to provide advice, coordinates with other line ministries and Provincial DAC, for instance, DAC has issued the nomination letter by identifying the roles and responsibilities of the five deputies secretary general and other officials to disseminate NDSP2 to 15 PDACs. Five workshops were conducted to disseminate the NDSP2 to 201 members of provincial DACs including 56 women. As a result, the provincial DACs (Kampong Cham, Tbong Khmum, Kampong Speu, Siem Reap, and Battambang Provinces) have developed a concrete action plan in-line with NDSP2 by using their national budget to implement those activities.

With technical support from UNDP, the disability inclusion (DI) manual has been developed by Light for the World to build the capacity of DAC and line ministries at both national and sub national to roll out the NDSP2 effectively. The DI manual has been developed in close collaboration with DAC, MoSVY and OPDs. The main content of the DI is to raise awareness on disability inclusion and how to include disability into the policy and programme. The list of trainers for the training of trainers (ToT) programme has been identified in consultation with DAC. The manual will be expected to be finalized and endorsed by the first quarter of 2021. Also, DAC was able to raise awareness on NDSP2 and key policies related to disability to 4 line ministries: Council of Ministers, Ministry of Interior, Ministry of Culture and Fine Art, Ministry of Information, and advocated for having a concrete action plan to reflect on their national budget in 2021.

In terms of capacity development activity, UNDP in collaboration with Light for the World have developed a training need assessment for DAC, PDACs and line ministries. The assessment identifies skills needed by DAC and PDACs necessary to implement and coordinate the implementation of the NDSP2. Those skills relate to project management including proposal writing, communication and facilitation skill, reporting writing and monitoring.

Output 3: Sub-national authorities and CSOs promote inclusive and gender responsive Commune Investment Plans and engage in existing social accountability mechanisms

In terms of capacity development, OPDs have capacity to advocate for disability inclusion and rights with local authorities was also improved. As a result, 2,554 persons with disabilities including 1,185 women with disabilities (46%) accessed the national social protection cash transfer Programme through DPO advocacy with local authorities.

UNDP provided technical support to CDPO to develop a training session on inclusive commune investment plan, disability inclusion and right based approach. Based on the manual, CDPO provided a training to OPDs and commune councils (116 participants including 26 women with disabilities). The participants gained a lot of understanding on the inclusive development, challenges/issues/ needs of persons with disability and rights of persons with disabilities especially the involvement of persons with disabilities in CIP development process. 180 persons with disabilities including 74 women with disabilities participated in the CIP consultation at the commune offices.

Covid-19 outbreak has had negative impacts especially on vulnerable populations, including persons with disabilities and their families. As a result, OPDs advocated with local authorities so that persons with disabilities get the support they need. For instance, 320 persons with disabilities including 176 women with disabilities received face masks, hand sanitizers, soaps, face shield, and alcohol bottles from the local authorities during the Covid-19 pandemic. 56 persons with disabilities including 15 women with disabilities also received some emergency kits such as 25kg of rice and ten canned fish per person during the flooding season.

In 2020, six commune councils have signed a agreement to accept the request of disability inclusion and need into the commune investment plans for 2021 and they have allowed the representatives of those six DPOs to regularly attend the monthly commune council meetings. This success was a direct result of the collaboration between UNDP, CDPO and Light for the World to develop the Disability Inclusive Manual on CIP which is a tool for OPDs and other users to advocate with local authority for disability inclusion into the Commune Investment Plan (CIP) and for allocation of fund for the disability sectors within the commune development activity. The Disability Inclusive Manual on CIP has been revised based on the common practical experiences and lessons learnt. The manual will be finalized by the first quarter of 2021.

In 2020, the programme produced and broadcasted a number of communication materials to raise awareness about the rights of people with disabilities. They include the following:

- One radio spot on the CIP programme produced and broadcasted seven times per month on the Voice of Persons with Disabilities (VOD) radio station from January to the end of March through CDPO Facebook until the end of December 2020.
- Two hundred posters of the disability inclusion in the CIP process printed and distributed to six OPDs, four Women with Disabilities Forums, commune authorities, and persons with disabilities in target provinces.
- One video clip of disability inclusion CIP that shows all CIP processes and the potential participation of persons with disabilities and a video spot that describes the knowledge and access of the persons with disabilities to the CIP programme produced. Both videos were lived with 18K views on CDPO Facebook from July to the end of December 2020.
- A round table discussion conducted at VPD radio station on the topic of “Your concern and Our solution” related to disability inclusion into commune planning. It was also streaming live on the CDPO Facebook (1,448 viewers were recorded during the period of the round table discussion).
- A video spot on how to make the CIP inclusive for all produced and posted on Facebook of CDPO in October 2020⁹:

CDPO also significantly improved their capacity by facilitating a regular meeting with provincial DAC in order to raise the voices and needs of persons with disabilities at the provincial level. As a result, the provincial DAC accepted the comments and requested CDPO and OPDs to be part of the technical working group to monitor the progress of disability service at the province.

Output 4: Strengthened institutional capacities of health and other essential services to prevent and respond to GBV in selected provinces:

⁹ <https://fb.watch/4zBr7KK-j3/>.

As part of this IO 2.1 for the adoption and operationalization of essential service standards by the government and service providers for women affected by GBV. UNFPA has collaborated with MoH and MoWA to further strengthen and roll-out the health sector response to GBV/VAW in four priority provinces (Kampong Cham, Tbong Khmum, Preah Vihear and Stung Treng) with a particular focus on referral hospitals and some selected health centres, as first line support, including referrals.

Health Sector Response for GBV/VAW for Health Managers (note: the results reported are a consolidation of UNFPA and ACCESS fundings): This National Guideline was adapted from UNFPA, WHO, and UNWomen global document to ensure that comprehensive and cohesive connection between different layers of the health system are sensitized and equipped with awareness and skills to address VAW/GBV in the health sector. This guideline was endorsed and disseminated by the Ministry of Health in the last quarter of 2020 and will be implemented from 2021 onward.

Capacity development to healthcare providers in providing health sector response to GBV/VAW was conducted in 2020. The joint programme capacitated relevant referral hospitals and forty-three selected health centres in skills to provide healthcare services to women and girls affected by GBV/VAW. At the same time, six District Working Groups on GBV/VAW were established and their members were trained on skills in effective coordination around GBV/VAW across different stakeholders in the four provinces. In total, ten training sessions were conducted among 190 healthcare providers and managers (134 females). Their knowledge increased from 61.3% during the pre-test to 91.3% in the post-test.

30 GBV/VAW monitoring and supervision visits were made by the National Reproductive Health Programme and PHDs to health facilities to follow up on GBV/VAW services offered by the health care providers to women and to monitor improvement on the case recording and referral systems at health facilities.

As a part of the capacity development and the on-going monitoring and supportive supervision visits to designated health facilities, as of the end of 2020, five referral hospitals were assessed as GBV/VAW functioning facilities in the four target provinces. As part of an effort to promote multi-sectoral coordination for GBV/VAW survivors, GBV referral networks were established in four provinces and have their capacity built on GBV/VAW case referral and management. The networks exchanged information through regular coordination meetings with UNFPA's support. VAW/GBV community meetings and referral networks were carried out in 2020 with 91 stakeholders (72 females).

As a result of this capacity development and enhanced coordination, 85 women survivors of violence have been reported receiving health care services at the health facilities in the four provinces of Kampong Cham, Tbong Khmum, Preah Vihear, and Stung Treng. Among these cases, 67 rape cases were given forensic examination and the survivors received the examination certificates. 39 cases received counselling offered by PDoWA staff and 12 cases were referred to other services.

To ensure long-term sustainability of interventions, UNFPA advocated for the integration of gender and GBV into pre-service training curricula of health service providers. Consequently, MoH agreed that GBV/VAW will be into the Associate Degree in Midwifery (ADM) curricula-a three-year direct entry midwifery programme, Bachelor of Science in Midwifery (BSM) curricula-four-year midwifery programme and Core Competency Framework for Midwifery Practice 2020. This inclusion ensures that midwives have essential knowledge and skills to provide the following services:

- Care for women who experience physical and gender-based violence. This includes socio-cultural, behavioural, and economic conditions that often accompany violence and abuse, resources in community to assist women and children, and risks of disclosure.
- Information, counselling and treatment to all women about sources of help. This can be done through referring them to community resources and authorities, assisting in locating safe settings as needed, protecting privacy and confidentiality, inquiring routinely about safety at home and at work and recognizing potential signs of abuse from physical appearance, emotional affect, related risk behaviours such as substance abuse.
- Human rights and their effects on health of individuals, including issues such as gender based/ domestic partner violence

As part of this IO 2.1 for the adoption and operationalization of essential service standards by the government and service providers for women affected by GBV UN Women supported MoWA to develop the 3rd NAPVAW (approved by the Council of Ministers in October 2020) in line with CEDAW, and the Essential Services Package for Women and Girls Subject to Violence (ESP).

With support from UN Women, MoWA has developed the Aide Memoir on Good Practice Guidelines on Mediation as Response to Violence Against Women in line with Human Rights Convention and Essential Service Package. The guideline is intended to be used as a supplement to other resources on mediation and focus on when and how to appropriately limit the use of mediation as a response to violence against women to ensure that mediation conforms to the laws of Cambodia and are conducted in an appropriate manner that primarily protects the rights and safety of women victims/survivors. The Aide Memoir has been finalized and is expected to be endorsed by TWGG-GBV relevant line-ministries during the next quarterly meeting.

UN Women has supported MoWA to develop the annual operational plan (AOP), as a tool for the TWGG-GBV (led by MoWA) to monitor the implementation of the 3rd NAPVAW. The AOP format was finalised, approved by MoWA and translated into Khmer. It is expected to be implemented at the next quarterly TWGG-GBV meeting in early 2021. As a result of the delay of the approval of the 3rd NAPVAW, there is not yet an annual report of the 3rd NAPVAW.

The draft Minimum Standards for Essential Services for Women and Girls Survivors of Gender Based Violence developed in previous years are still awaiting approval by MoWA and are expected to be reviewed and finalized in 2021.

UN Women supported MoWA to train 110 GBV frontline service providers in the GBV Working Group in UN Women target provinces resulting in improved knowledge and skills on Minimum Standards of Basic Counseling and good practices in cases management and referral. As a result of the training workshops, GBV Working Group Members that include health, police, social affairs, local authorities came together to learn about good practices in delivery of quality essential services. The two-day trainings was held in Preah Sihanouk and Kampong Speu. The training has been delayed in Siem Reap and at the district level in Kampong Speu due to COVID 19 and flooding. It will be conducted as soon as in safe. The training in Kampong Speu and Preah Sihanouk led to active discussions among participants on access to essential services. One gap identified is safe shelter - as most are run by NGOs in limited target areas. The group prioritized advocating for state budget and identified an interim solution to support survivors needing safe shelter to stay with a family/relative/local authorities house temporarily to ensure safety. There was a on a 15% increase in knowledge overall of the 110 GBV Working Group Members after the training.

Output 5: Strengthened multi-sectoral coordination to prevent and respond to GBV at national level and in selected provinces:

This output responds to IO 2.2 which focuses on improving multi-sectoral referral and coordination networks of MoWA at national and sub-national levels.

At the national level UN Women supported MoWA to carry out the 22nd Technical Working Group on Gender-GBV meeting on 28 February 2020, with 86 participants attending. The focus of the meeting was the 1) development of the Annual Operational Plan (AOP) for the 3rd NAPVAW implementation; 2) review and discussion on the M&E framework of the 3rd NAPVAW; 3) review on the Terms of Reference of the TWGG-GBV and its Secretariat; and the TWGG-GBV workplan for 2020. Moreover, the TWGG-GBV members were informed of the NAPVAW approval process and how each line ministries contributes to the NAPVAW implementation.

UNFPA and UN Women both coordinate with MoWA to implement the multi-sectoral coordination mechanisms at the subnational level in 6 provinces – Kampong Cham, Tbong Khmum (UNFPA), and Siem Reap, Kampong Speu, and Preah Sihanouk (UNWOMEN).

UNFPA, in close collaboration with MoWA and CSO partners, the two Provincial Working Groups on GBV (PWG-GBV) in Kampong Cham and Tbong Khmum were trained on effective multi-sectoral referral and coordination while four District Working Groups on GBV (DWG-GBV) in the two provinces were established and capacitated in the same topic.

In support of enhanced coordination at the sub-national level, UNFPA provided technical support to MoWA and PDoWA focal points to improve its coordinating and monitoring roles. UNFPA actively participated in formulating and standardizing the Terms of Reference (TOR) for the GBV working Groups at the sub-national level. The TORs of PWG-GBV (Kampong Cham, Tbong Khmum, Preah Vihear, and Stung Treng) and those (TORs) of the six DWGs-GBV under this fund (Stung Trang, Chamkar Leu, Prey Chhor, Ourang Ov, Cham Khsan, and Thalaboriwat) were approved by provincial and district governors in first half part of 2020. The six DWGs-GBV conducted their first gathering to familiarize themselves with the approved TORs, their roles and responsibilities in the 3rd quarter. With forming of the DWGs-GBV under the new structure of district authorities, each of the DWGs-GBV is chaired by a female deputy district governor and facilitated by the Social Well-being Office serving as secretariat. The members of the DWGs-GBV come from different district and commune offices such as Health, Labour and Vocational Training, health center, police posts and all commune female focal points. The purpose of establishing the DWGs-GBV is to move the services closer to the community and for better handling GBV/VAW cases.

As part of the service quality improvement for GBV/VAW, a series of capacity development on essential services for members of the four PWGs-GBV and the six DWGs-GBV, who are direct and indirect service providers, has been identified from the global document and adapted to the national context. The first manual is “Minimum Standards for Basic Counselling for Women and Girl survivors of GBV” and the second one is the “Referral Guideline”. The members of both PWGs-GBV and DWGs-GBV were trained on the concept of GBV/VAW and basic counselling to ensure privacy and respect for the need of women survivors. From pre and posttest, the knowledge of the participants had an increase of 20% and 12% among the members of PWG-GBV and DWG-GBV respectively. Following this, the second topic on “Referral Guideline” was offered to those members to equip them with the concept of the importance of the network and referral at different levels (commune, district,

provincial and national) for the survivors. At the end of the training, the knowledge of the participants had an increase of 18% and 22% for the members of PWGs-GBV and DWGs-GBV respectively.

The number of women and girls who are the GBV survivors have been recorded manually by each Provincial Department of Women's Affairs, who is the secretariat of the PWG-GBV. As a result, in 2020, there were 88 cases (50 domestic violence cases, and 38 rape cases) received services from PWG-GBV and DWG-GBV in the four targeted provinces. All service directory of GBV/VAW in the four provinces were updated and were printed out (500 copies for each province). Most of the survivors received basic counselling from members of those working groups and some of the victims got referred to other services based on their needs such as legal or court or health sectors.

Service mapping also was conducted in this critical time to update services available for GBV/VAW survivors in the four provinces. The service mapping includes the information from commune, district and provincial levels. All service directories of GBV/VAW in the four provinces were printed out (500 copies for each province). In addition, through MoWA, UNFPA shared the contribution with ACCESS to print further 53-I Stands on 6 principles for service providers. They were disseminated in the four provinces.

UN Women's supported MOWA in the establishment of GBV Networks (multi-sectoral coordination mechanisms at the Provincial and District Levels) in Preah Sihanouk, Kampong Speu, and Siem Reap. The GBV Working Groups have contributed to strengthening a systematic referral and coordination mechanism sub-national levels. The Terms of References for 9 (out of 9) have been completed. These are: Kampong Speu Provincial GBV Working Group and in two District GBV Working Groups in Oudong and Phnom Srouch; Siem Reap Provincial GBV Working Group and two District GBV Working Groups in Puok District and Kralanh District; and Sihanouk Provincial GBV Work Group and two Distric GBV Working Groups in Kampong Seila and Prey Nop. GBV networks at the provincial and district levels have been approved with clear roles and responsibilities of the members. The GBV network meetings serve as a coordination mechanism to strengthen multi-sectoral service responses and referral systems to women victims/survivors of violence.

During this reporting period, 6 GBV Working Group meetings were conducted in 2 target provinces (Kampong Speu and Preah Sihanouk) and 4 target districts (Kampong Seila, Prey Nop, Odong, and Phnom Sruoch) to introduce roles and responsibilities of network members. At the GBV network meetings, the GBV services mapping activity was conducted along with the review of the current GBV situation, progress and challenges in addressing GBV.

Four trainings on the Minimum Standards of Basic Counseling, Case Management and Referral were conducted in Kampong Speu province, Preah Sihanouk province at the provincial and district levels. A total of 110 GBV Working Group members were trained. The trainings aim to strengthen the capacity of the GBV Working Groups at the provincial and district levels to deliver quality coordinated services to women and girls subject to violence with high quality and in a timely manner in line with the standards of the Royal Government of Cambodia. Based on pre-test and post-test of the trainings overall, 85% of 110 trained GBV Working Group members (of which 75 are female) have improved their knowledges and skills on basic counselling, referral, and case management. This will contribute to improved service and response to survivors of GBV.

UN Women Provincial Departments of Women's Affairs (PDoWA), the key actor in the GBV Working Groups for receiving cases of GBV and referring to relevant service providers. Overall there were 184 VAW reported in 2020 based on the provincial data reported to PDoWA.

Response to Covid-19:

In supporting the COVID-19 response and with financial support from UNPRPD Covid-19 fund, UNDP developed three main documents: 1. the National Situation Analysis and Assessment of the Impact of COVID-19 Crisis on the Rights and Wellbeing of Persons with Disabilities and their Access to Services and Supports, 2. Three-Year Recovery Plan of Post COVID-19 to address the impact of the COVID-19 and 3. the advocacy tool. These documents will become important documents for DAC, MoSVY, and relevant institutions and OPDs to monitor the recovery plan implementation on COVID-19 response and develop other policies to support the persons with disabilities. A wider consultations and interviews have been organized with relevant government staff, OPD, development partners, and CSOs. Those included a virtual consultative meetings and phone interview with line ministries, OPDs, CSOs and UNCT. These documents will be finalized by quarter 1 in 2021.

Five different videos¹⁰ with a sign language on the awareness of COVID-19 for all types of persons with disabilities (including persons with physical impairment, deaf, and child with autism) were developed and uploaded into CDPO's Facebook, DAC Facebook, and UNDP Facebook. The videos were also broadcasted via the local TV channels and other social media to ensure this message has been heard and reached to persons with disabilities to prevent themselves from COVID-19. These videos got about 200,000 views in total.

UN Women has initiated a number of actions to respond to COVID 19. Initially a rapid assessment of current status of CSO GBV service providers was conducted to assess if they were functioning, outreach was also made to sub-national service providers to assess their situation, translation and distribution of Do's and Don'ts for remote service provision was dissemination in preparation to adapt and re-purpose programme activities to the context of Covid-19, with the awareness that global trends suggest increased vulnerability to GBV and challenges in accessing services may be expected during the epidemic outbreak and social isolation. UN Women supported the translation and adaptation of guidelines for women and children's safety in state quarantine; translated and distributed the guidance for women's shelters in emergency settings as well as guidance for provision of services via helplines; disseminated social media posts and radio spots on GBV in the context of COVID 19, ensured information on GBV was in Khmer language, including referral to hotlines and services available via Facebook COVID-19 information centre; and collaborated for a review of referral pathways for GBV survivors to COVID context. **In response to COVID 19**, UNFPA supported the Ministry of Women's Affairs to ensure that the essential services for VAW/GBV continue to function without interruption during the pandemic. Moreover, two round tables were organized and aired on radio of Women Media's Center (FM 103.5 MH) on basic counselling during COVID 19 and GBV services. The two roundtable discussions were edited and aired on other radio stations in order to cover all the 8 provinces of ACCESS Programme. MoWA also contributed to printing of IEC materials for GBV/VAW during COVID 19 together with TAF. 972 booklets, 7,000 posters, and 4,880 hand fans were produced for 8 ACCESS target provinces. Further, the service directory of VAW service mapping in all four provinces were updated and printed out to share with

¹⁰Video1: <https://drive.google.com/file/d/1ZG5z3HROOxIW7zVIw8gvN4nsoCwrUzvc/view?usp=sharing>
Video 2: https://drive.google.com/file/d/1uRXoTnHB6OaU8mYG-siNwQjD5BBVky_I/view?usp=sharing
Video 3: https://drive.google.com/file/d/1KeCYXaiDy_CeWtvzTAXpLk4IOulmmN_u/view?usp=sharing
Video 4: https://drive.google.com/file/d/1yUqV5FnXM3RilsFuqAtx_uITyieKGOQK/view?usp=sharing
Video 5: https://drive.google.com/file/d/1c6SQY--sVZ0nEjBmbzj_PnFW6QEFEORS/view?usp=sharing

the network as a resource support during this pandemic. UNFPA also supported MoWA to deliver Dignity kits (800 kits) to women and girls who are at risk of GBV/VAW in 8 provinces in 2020. In addition, UNFPA produced two messages on GBV/VAW and were disseminated on different media platforms. The messages reached more than 3 million people and generated good interactions among viewers. The key topics are:

- preventing violence against women (1 messages); and
- mental health related to GBV and adolescent and youth

Describe any delays in implementation, challenges, lessons learned & best practices:

Due to the COVID-19, the programme has faced a number of challenges:

- Some activities were delayed and reprogrammed such as the workshops and meeting of NDSP2 dissemination with the PDACs, NDSP2 detail matrix action plan, disability law consultations. Some delays were caused by travel restriction, some were caused by the restriction of mass gathering. For instance, due to the community transmission in November 2020, the government allowed the meeting with up to 20 participants; therefore, consultation meetings with DAC and line ministries were postponed till the new decision by the Government. To mitigate the impact of this pandemic, activities were conducted via digital online platform such as Zoom and Telegram where possible. These programmes were the most effective communication with government counterparts and DPOs. However, for larger group consultation, the Zoom meeting was not so effective with the participants more than 20 people due to the internet connection service, technology complication, challenge in facilitation, and loss of attention when the meeting took longer than two hours.
- The government partners have prioritized only key activities related to Covid-19 supports. As a result, some agreed action plans, meetings or workshops with them were postponed. However, the project team has developed the key prioritized action plan which they agreed to accomplish within 2020. Through a close monitoring of all agreed priority actions, most outputs and activities were achieved as mentioned below.
- Activity “Documentation on Gender and GBV investment case” could not be conducted due to COVID 19. UNFPA had discussed with ACCESS and DFAT to move this budget line to support the Cambodia Demographic Health Survey, to ensure the inclusion of Domestic Violence modules and through training to enumerators.
- Activity "Development of toolkits on Gender and GBV for newly recruited civil servants to the health sector” could not be conducted due to COVID 19. MoH has no plan to recruit new staff. Therefore, after discussion with ACCESS, this activity was replaced with providing ToT for PDoWA focal points in eight provinces on the importance of the health sector response to GBV/VAW survivors and organize a semester meeting of all four PDoWA in mid-2021 to reflect the progress of the end of the ACCESS programme phase 1.
- The efforts to increase the government ownership and the national budget for GBV/VAW have been made through field visits and meetings with the Provincial Governors and management of PDoWAs and PHDs. However, the government could not increase the national budget allocation for GBV/VAW in 2020 due COVID 19 as they had to focus more on prevention of and response to this pandemic.
- Several key planned activities have therefore been postponed in cooperation with MoWA on observance of guidelines on social distancing:

- Fact to face sub-national GBV network meetings in Siem Reap province have been delayed
- Five trainings on minimum service standards and basic counseling in two target districts of Kampong Speu provinces, and Siem Reap have been delayed
- Delay in fieldwork to conduct client satisfaction study. The study aimed to look at how women satisfied women survivors are with the quality of services response to VAW.
- The establishment of DWG-GBV took longer than expected due to the re-structure of the district authorities. UNFPA closely followed up with MoWA and the chair of PWG-GBV. All ToR of the DWG-GBV was approved and shared among the members of DWG-GBV. In Total, four DWGs-GBV were formed in 2020. This has been presented a high commitment from the sub-national level, particularly PDoWA focal points in each province to ensure activities are implemented in this critical time is important. With the newly formed of DWGs-GBV, it needs crucial support to its secretariat namely, chair and secretary of the networks in order to perform their function.
- There is a shortage of human resources at MoWA to provide cascade training to members of PDoWA and DWG-GBV as there are seven partners working on GBV work stream under ACCESS Programme. UNFPA coordinated with other CSO partners under ACCESS Programme to provide support in the training for the members of PWG-GBV and DWG-GBV. In 2020, TPO provided technical support on the basic counselling topic and CWCC on the referral guideline topic. Out of the 88 VAW survivors seeking services support, 39 case received basic counselling from PDoWA staff. Working in collaboration with other CSOs makes us strong and reach the planned target.
- The monitoring and supervision visits also found that there was a lack of GBV/VAW related IEC materials such as posters, registration forms, leaflets, tools, and other documents. UNFPA together with MoWA and other CSOs developed IEC materials, radio spot and online counselling guideline to support PWG-GBV and DWG-GBV to provide service during this pandemic. Number of posters, leaflets, I-stands, and radio spots on VAW were published and disseminated to the sub-national level. The members of the PWGs-GBV and DWGs-GBV could benefit from the IEC materials on GBV/VAW and help them to better support VAW cases.

Qualitative assessment:

Although few outputs were delayed due to the Covid-19 pandemic, the overall achievement of the programme for 2020 was on track. DAC and CDPO have improved their capacity to advocate with line ministries and local government to ensure persons with disabilities have equal access to public service for instance the national cash transfer during pandemic.

UNDP facilitated a space for DAC and CDPO to work together to ensure the full participation of DPOs at all stages of development, implementation, and monitoring. CDPO and DPOs are members of the national technical working group where they could provide feedback and input into the national policies and guidelines. A strong evidence of engaging persons with disabilities in the key policy related to disability is that CDPO is a member of technical working group to review the revised national disability law. This has been shown as a strong collaboration and partnership between the government and DPOs to advance the rights of persons with disabilities. In terms of improved capacity, DAC took a lead to review the national disability law while UNDP and CDPO provided

technical support to ensure the revised law is aligned with the UNCRPD and consultations are open to all relevant stakeholders – line ministries, DPs, DPOs, CSOs and private sector.

In addition to this, DAC and CDPO have strong commitments to ensure the programme met the expected outputs even the country is at the situation of pandemic. Some significant achievements were highlighted: draft amendment of the national disability law, the endorsement of the Inter-Ministerial Prakas on Driving License, the final action plan matrix and M&E framework for NDSP2, draft DI manual, draft inclusive CIP manual and the successful engagement of persons with disabilities in the social protection system such as national cash transfer programme. UNDP also facilitated a joint field visit between DAC, CDPO and UNDP to understand more about the challenges and the needs of persons with disabilities within communities so that DAC could coordinate and address key issues of persons with disabilities and DPOs with line ministries and PDACs.

The achievements of the targets set could not happen without the partnership with the Ministry of Health (MoH), Ministry of Women's Affairs (MoWA) and NGO partners. With UNFPA support, MoH leads and coordinates the health response while MoWA leads and coordinates the overall process in handling cases of GBV/VAW. Also important is the collaboration with the NGO partners on the ground to support the survivors. Without them, there would be more challenges in working on GBV/VAW.

The partnership with the Ministry of Women's Affairs (MoWA) is important to the success and sustainability of the programme. However, MoWA has experienced some challenges due to the time pressure of responding to many partners in the context of COVID 19. MoWA is not always able to adequately prioritize the activities in a timely way. However, this partnership is crucial for sustainable project results. Their commitment is strong to ending violence against women.

UN Women coordinates closely with UNFPA as the UN agency that also prioritizes ending violence against women. Through this partnership UN Women and UNFPA closely communicate to ensure coordination of effort and prevent overlap.

Overall, while COVID 19 has caused delays, the implementation of GBV Working Groups, training of their members coupled with passage of the NAPVAW and progress on the Aide Memoire on Mediation has demonstrated significant progress toward the overall priority of ending violence against women.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
UNDP Component			
Outcome 1¹¹ IO2.3: DAC more effectively advises and coordinates NDSP implementation			
Output 1.1 Disability Action Council (DAC) effectively provides advice, coordinates and monitors the implementation of NDSP 2.			
Indicator 1.1.1 The revised law on disability is submitted to and approved by Disability Action Council (DAC) Baseline (2018): Not submit and approve yet Planned Target (2021): The disability law submitted and approved by DAC.	Ongoing: The revised law on the disability was drafted and the DAC technical working has been reviewing this draft. It was planned to be wider consultation with the disability community, line ministries civil society and private sector and expected to come into force by mid-2021.	It was on track as Secretary General of DAC was committed to speeding up and planned some meetings to check on the revised law with DAC technical working group and DAC line ministries.	The last update of the revised law document in Khmer version and the first zero draft document in English version.
Indicator 1.1.2 The extent to which DAC/PDAC coordination mechanism has been strengthened Baseline (2018): Limited extend Planned Target (2021): Great extend	Ongoing: The ownership and coordination of the DAC with line ministries has improved as DAC has coordinated and developed the National Disability Strategic Plan 2 (NDSP2), NDSP2 action plan matrix and M&E framework, revised law on disability with DAC line ministries and relevant development partners and DAC conducted NDSP2 dissemination workshops to three Ministries with 300 participants without the support of UNDP. In addition, DAC and PDAC conducted the five NDSP2	It was on track in 2020.	DAC Facebook Back To Office Report (BTOR) and attendance lists

¹¹ Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

	dissemination workshops (Kg. Cham, Tbong Khmum, Battambang, Siem Reap and Kg. Speu Provinces) to 216 (64 women) PDAC members in 2020.		
Output 1.2 Commune Investment Plan (CIP), budget and its development process are disability-inclusive through active involvement of DPOs/CDPO and provincial DAC mechanisms.			
Indicator 1.2.1 Degree to which commune investment plans in target areas are aligning with NDSP and promoting relevant services Baseline (2018): N/A Planned Target (2021): 20%	Ongoing: 6 commune councils have signed the temporary agreement with DPO to accept the requests from DPO on the needs of persons with disabilities which are aligned with NDSP2 to include in the 2021 CIP plans	6 communes N/A	Signed temporary agreement (Khmer versions).
Output 1.3 DAC, Disability Action Working Groups (DAWG) and Provincial DACs have the capacity to develop and implement disability-inclusive policies and budgets.			
Indicator 1.3.1 Share (%) of designated LM budgets allocated to Programmes/sub-Programmes for delivery of disability services Baseline (2018): 5% Planned Target (2021): 10%	Ongoing: The project team has worked closely with ACCESS – PFM team to support DAC to exercise the national budget plan for the fiscal year 2021. It was submitted to the MoEF.	However, due to the Covid-19 pandemic the national budget will not increase for DAC-LM.	N/A
Indicator 1.3.2 Number of PDAC staff who have received training on coordination, planning and budgeting Baseline (2018): 0 Planned Target (2021): 175	Ongoing: due to the delay of Indicator 1.3.4 the draft of the Disability Inclusive Manual then the indicators 1.3.2 was not implemented in 2020.	Delay of Indicator 1.3.4. However, the training was planned to implement in Q-2021.	N/A
Indicator 1.3.3 Degree to which PDAC-priority action plan and budget are aligned with NDSP2 Baseline: Limited extend Planned Target: Great extend	Ongoing: Five PDAC have developed the priority action plans of 2021 which are aligned with NDSP2. Those action plan will be monitored by the DAC and UNDP project team	Due to the Covidi-19 pandemic, the action plan 2020 of PDAC was not developed; however, key action plan for 2021 was already developed by the member of those	Action Plan 2021 of those five PDAC.

	in 2021.	five PDACs.	
<p>Indicator 1.3.4 DI manual and supporting tools are finalised and endorsed by DAC Baseline (2018): Manual is not in place Planned Target (2021): Manual finalized and endorsed</p>	Ongoing: DI manual and supporting tools were drafted and they will be finalized and endorsed by DAC in Q1-2021.	Due to the Covid-19 pandemic, the project team of LFTW (sub-grantee INGO) could not directly meet all relevant people and stakeholders (in particular, DAC, DAC-LM, and PDAC) to consultant and get inputs to write the DI manual and tools. However, all inputs were collected from five Provincial DACs in late November 2020 and LFTW has been writing the first draft of the DI manual and tools.	Draft DI manual
<p>UNFPA and UN Women Components Outcome 1 By 2023, women and men in Cambodia, in particular the marginalized and vulnerable, have their basic needs addressed equitably as they benefit from and utilize expanded quality social services and social protection in a more resilient, fairer and sustainable society. Indicator: Number of survivors of violence reached with specific services, by age group, gender and disability Baseline: 0 women reached with specific services Planned Target: 1000 women reached with specific services (disaggregate by age group, gender and disability)</p>			
<p>Output 1.4 Strengthened institutional capacities of health, legal, psycho-social and other essential services to prevent and respond to GBV in selected provinces.</p>			
<p>UNFPA: Indicator 1.4.1 Number of women and girls affected by GBV receiving health care services. Baseline (2018): 35 Planned Target: 80</p>	85 GBV cases received the health care services	Achieved	
<p>Indicator 1.4.2 Number of women and girls affected by GBV receiving Forensic Examination. Baseline (2018): 33 Planned Target: 70</p>	67 rape cases received forensic examination certificates	On track	

<p>Indicator 1.4.3 Number of Provincial Trainers trained and capacitated to respond health sector response to GBV. Baseline (2018): 0 Planned Target: 22</p>	25 provincial trainers trained	Achieved	
<p>Indicator 1.4.4 Number of health providers trained and capacitated to respond more effectively to GBV cases. Baseline (2018): 180 Planned Target: 290</p>	165 (116 females) new health providers trained	Achieved	
<p>Indicator 1.4.5 Increased knowledge of healthcare providers on health sector response to GBV/VAW. Baseline (2018): Pre-test 45% (estimate) Planned Target: 75%</p>	Pre-test: 61% Post-test: 90%	Achieved	
<p>UN Women Indicator 1.4.1a Percentage of trained GBV service providers in target locations (Health, Police, Justice, Social Services) with increased knowledge to deliver inclusive, quality and accessible essential services to women affected by GBV. Baseline: Not available (Year 2019) Note: Baseline to be conducted before trainings Planned Target: +50% (Year 2021) increase over the baseline</p>			
<p>Indicator 1.4.1b Number of health providers trained in GBV topics. Baseline (2019): Not available Planned Target (2021): 13</p> <p>Indicator 1.4.1c Number of judicial police officers trained on GBV topics. Baseline (2019): Not available</p>	85% of 110 GBV network members of which 75 are female have improved their knowledges and skills on minimum standard services, basic counselling, referral, and case management.		Pre-test and post-test

Planned Target (2021): 26			
Indicator 1.4.1.2 Percentage of women affected by GBV accessing services who indicate that they received satisfactory services. Baseline (2019): Not available Planned Target (2021): 30%	Due to Covid-19 community outbreak, the fieldwork to conduct client satisfaction study was delayed and a new methodology was developed to do a retrospective assessment at the end (due to further COVID outbreak and travel restrictions)		
Indicator 1.4.1.3 Number of VAW complaints reported to the MOWA-Judicial Police Officers/ Agents (disaggregated by form of violence). Baseline (2018): 632 Planned Target (2021): 760	181 VAW cases have been reported to Provincial Department of Women's Affairs of three target provinces including Kampong Speu, Kampong Sam and Siem Reap.		PDOWA reports
Output 1.5 Strengthened multi-sectoral coordination to prevent and respond to GBV at national level and in selected provinces.			
UNFPA Indicator 1.5.1 Number of Provincial and District Working Group on GBV members in Kampong Cham and Tboung Khmum receiving proper training in Gender/GBV, primary counselling and referral pathway mechanisms. Baseline: 0 Planned Target: 90	<ul style="list-style-type: none"> • 64 (49 Female) Member of PWG-GBV • 165 (53 Female) DWG-GBV 	Achieved	NMCHC-MoH
Indicator 1.5.2 Increased knowledge of members of PWG-GBVs and DWG-GBVs after training. Baseline: Pre-test (PWG-GBV): 40% (estimate) Pre-test (DWG-GBV): 30% (estimate)	Training on Basic Counselling: PWG-GBV: Pre-test: 60% Post-test: 80% DWG-GBV: Pre-test: 62% Post-test: 74%	On track	

<p>Planned Target: Post-test (PWG-GBV): 70% Post-test (PWG-GBV): 65%</p>	<p>Training on Referral Guideline: PWG-GBV: Pre-test: 56% Post-test: 74% DWG-GBV: Pre-test: 51% Post-test: 76%</p>		
<p>Indicator 1.5.3 Number of women and girls affected by GBV receiving basic counselling. Baseline (2018): 18 Planned Target: 40</p>	<p>39 cases received basic counseling by PDoWA staff</p>	<p>On track</p>	<p>PDoWA</p>
<p>Indicator 1.5.4 Number of women and girls affected by GBV referred by PDoWA to other services. Baseline (2018): 8 Planned Target: 20</p>	<p>12 cases were referred by PDoWA staff to other sectors</p>	<p>On track</p>	<p>PDoWAs (Kampong Cham and Tboung Khmum)</p>
<p>Indicator 1.5.5 Number of PWG-GBVs and DWG-GBVs functioning. Baseline: 0 Planned Target: 6 (2PWG-GBVs + 4 DWG-GBVs)</p>	<p>Two PWG-GBV satisfied over 60% through the assessment on its functioning (P11, P13), where all four DWG-GBV got lower than 50%.</p>	<p>On track</p>	<p>Assessment tool (P11 and P13)</p>
<p>Knowledge Management Indicator 1: Number of report of analysis on gender and disability. Baseline: 0 Target: 1</p>	<p>The Term of Reference has been prepared and waiting to the formal launch of the Census 2019 then the recruitment process start in early 2021.</p>	<p>Through discussion with MoP/NIS, MoWA and ACCESS team and UNFPA, it was decided that the analysis on “Gender and Women Dimensions” from the 2019 Census will be conducted.</p>	
<p>Indicator 2: Number of documentation on Gender and GBV investment case. Baseline: 0</p>	<p>0</p>	<p>The activity contributes to this indicator has been cancelled due to the impact of COVID 19 and the prioritization of the programme that will allocate</p>	

Target: 1		this budget for contributing to the conduct of CDHS 2020.	
UN Women			
Indicator 1.5.1a Number of TWGG-GBV member institutions using AOP for planning and reporting against 3rd NAPVAW implementation. Baseline (2019): Not available Planned Target (2021): 13	Due to Covid-19, there was only one TWGG-GBV meeting in 2020. The meeting was held to review the AOP. After the meeting the AOP was adapted and approved for implementation as soon as the NAPVAW was approved		
Indicator 1.5.2b Number of members of subnational Working Groups on GBV trained on essential services for women affected by GBV (disaggregate by training on counselling, mediation, referral and health response). Baseline (2019): Not available Planned Target (2021): 260	2 new GBV networks were established in two target districts of Siem Reap Provinces. A total of 110 members were trained on counseling, and referral. Some trainings were delayed due to COVID 19 and flooding		TORs of GBV network working groups
Indicator 1.5.3c Percentage of subnational working group members on GBV reporting an increased understanding on coordination, referral, case management & documenting VAW Administrative data. Baseline (2019): Not available Planned Target (2021): 50%	85 % of trained participants have shown an improvement in their understanding of multi-sectoral response to GBV reporting through training on Minimum Standards of Basic Counseling, good practices in case management coordination and referrals.		Pre-test and post-test

<p>Indicator 1.5.4d Percentage of budget allocated for 3rd NAPVAW implementation (disaggregated by strategy and national/donor budget) Baseline (2019): Not available Planned Target (2021): 35%</p>	<p>There is no progress as the NAPVAW not released in 2020. We should anticipate significant challenges given that national budget is being reallocated for COVID19 response.</p>		
<p>Indicator 1.5.5e Number of Line Ministries allocated national budget for 3rd NAPVAW implementation (disaggregated by year). Baseline (2019): Not available Planned Target (2021): 10</p>	<p>Due to Covid-19, there was a delay in developing the AOP to monitor the third NAPVAW. And we should anticipate significant challenges given that national budget is being reallocated for COVID19 response.</p>		
<p>Indicator 1.5.6d Number of MOWA officials trained on gender responsive budgeting and advocacy. Baseline (2019): Not available Planned Target (2021): 15</p>	<p>Due to Covid-19, there was a delay in conducting the training, but this activity will be completed in 2021.</p>		

iii) A Specific Story (Optional)

Trust building through knowledge and mutual understanding:

The director of PO shared that before the implementation of the CIP project, his colleagues and he had difficulty and faced a lot of challenges to communicate and build a relationship with the commune council members. His DPO has submitted many requests to the chief of communes to ask for his team to attend the commune council meeting. The DPO has also invited a commune council member to attend the DPO monthly meeting, but the requests were rejected.

The DPO director emphasized that the commune council members might not understand the rights, needs, and challenges of persons with disabilities within the community. Therefore, in collaboration with Cambodian Disabled People's Organization (CDPO), the CDPO and DPO was approved by commune councils to provide training on Right Based Approach to the commune council members.

Through the partnership building, lobby, and after the right-based approach training including the disability law and legal frameworks was provided by the CDPO and DPO to the commune councils and their colleagues, the request for attending the monthly meeting of commune councils were accepted. The director of DPO expressed that his DPO staffs had a very good relationship with the commune councils after the commune councils had received the training. DPO's colleague has regularly been participating in the monthly meeting of commune councils to talk about the challenges and needs of persons with disabilities within the communities. As the results, six commune councils have agreed to include the needs of the persons with disabilities into the commune investment plan 2021.

Identify the root cause of the challenges was key for effective solutions. Herewith, the project team has seriously taken action to analyse the source of challenges and to try to understand the reasons that commune council did not accept the request of DPO for the meeting. In fact, what the team found out was that the commune councils were not aware of rights, challenges and needs of persons with disabilities. As such, they could not apprehend the reasons DPO was interested to join the meeting.

With this reality, the team proposed a simple solution to close the communication gap between council and DPO. Awareness raising through training, dialogue, communication and trust building and follow up meeting and monitoring were the important approaches that the project team had applied as described in this story. However, building a relationship may need a long period of time to effectively form and keep. In this case, the DPO director has been working with commune councils for many years before the project was started. It means that some relationship was already built, but it was still not smooth in terms of close collaboration between the DPOs and commune councils. Therefore, the project has addressed some gaps by building their knowledge through training and coaching, strengthening their relationships and collaboration within the disability inclusion in communities.

GBV Human Interest Story:

Sophany, a 42-year-old mother of two from Tboung Khmum province in central Cambodia, has suffered from domestic violence and abuse from her husband for more than a decade until she escaped and filed for divorce, is feeling the weight of the pandemic. Her husband brutally beat her, and he broke her leg in 2019. During COVID19, she lost her income due to the garment factory closing down. She cannot sell any food at her stall in front of the factory. She found it more difficult to raise her two children, which resulted in her husband taking one of their children. With many years of suffering, Sophany needs both mental and living support after the separation.

With help from her younger brother, she would be able to set up a small stall in front of her house to sell

pork to earn for leaving. A Focal person for the commune committee for women and children under the Ministry of Women Affairs came to visit her often to give mental support. She now can control her emotions and wants to be a village volunteer to help other women who suffer like her and are afraid to fight for freedom, particularly in preventing and responding to violence when it occurs. UNFPA supports local initiatives that provide shelter, legal, psychosocial and medical support to survivors of violence at the community level.

UNFPA Cambodia, together with the Ministry of Planning, the MoWA, and the MoH implementing partners, CSOs, and other stakeholders to help localize the SDGs to the Cambodian context to achieve Zero preventable maternal deaths, Zero unmet needs for family planning, and Zero gender-based violence and harmful practices against women and girls by 2030 agenda.

III. Other Assessments or Evaluations (if applicable)

UNDP conducted a baseline assessment on the inclusive CIP process with six communes by using the CIP assessment tool (with six questions) together with DPOs and CDPO staff. The key findings from this assessment identified that there was not much indicators with data of inclusion of disability in the socio-economic situation section of the CIP. Five communes expressed lack of disability analysis in the current situation and challenges section of CIP. In that section, the information and analysis were not enough, and it provided a few issues only; some important issues were not mentioned. Additionally, one commune reported that there was very little or no analysis for this commune. All communes reported that one or two activities were added in the plan, but there was not enough budget allocation. Also, there was between 0% and 1.9% of budget allocated from the national budget to disability specific activity. All communes informed that the budget allocated was not enough to respond to the identified needs within the disability sector. It was very few discussions on disability issues and less participation from women with disabilities as they didn't create a free enabling environment for them to access this consultation.

UNFPA also took part in the internal assessment of the functioning of the PWG-GBV and DWG-GBV and the roll out of Essential Service Package for GBV together with ACCESS. The results from the baseline showed that the functioning of the PWG-GBV in Tboung Khmum and Kampong Cham was 40% while 10% for DWG-GBV. This indicated that the PWG-GBV has basic functioning but needs to strengthen in some areas, particularly to revise the ToR with a clear plan and budget (government). For the operationalized minimum standard developed by RGC, it was noticed the health sector is more advanced in terms of recognition and roll out to health facilities. The other standards on legal and referral are less known among the participants. By the end of 2020, a second round of this internal assessment was conducted. The findings showed that there is a significant increase in functioning among two PWG-GBV who obtain over 60% while the all four DWG-GBV obtain lower than 50%. through the functioning assessment

In the meantime, UNFPA conducted its internal assessment on the availability and accessibility of VAW services during the pandemic, it found out that the GBV/VAW services were functioning as usual though some modes of service delivery have been changed to digital means.

IV. Programmatic Revisions (if applicable)

Indicate any major adjustments in strategies, targets or key outcomes and outputs that took place.

- Due to Covid-19, UNDP in collaboration with DAC and CDPO produced 5 video spots to raise awareness on the Covid-19 for persons with disabilities. This has been reflected in the revised budget plan with an agreement with ACCESS and DFAT.

- Activity “Documentation on Gender and GBV investment case” could not be conducted due to the impact of COVID 19. UNFPA had discussed with ACCESS and DFAT to move this budget line to support the Cambodia Demographic Health Survey, to ensure the inclusion of Domestic Violence modules and through training to enumerators.
- Activity "Development of toolkits on Gender and GBV for newly recruited civil servants to the health sector” could not be conducted due to the impact of COVID 19. MoH has no plan to recruit new staff. Therefore, after discussion with ACCESS, this activity was replaced with providing ToT for PDoWA focal points in eight provinces on the importance of the health sector response to GBV/VAW survivors and organize a semester meeting of all four PDoWA in mid-2021 to reflect the progress of the end of the ACCESS Programme phase 1.

V. Resources (Optional)

- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.