

## ANNEX A: STANDARD JOINT PROGRAMME DOCUMENT

**Country:** Cambodia

**Programme Title:** Programme to Promote Disability Inclusion and Quality Services for Gender Based Violence (GBV) Victims

**UNDAF Outcomes:**

**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>Programme Duration: 22 months          Anticipated start/end dates: 01 Sep 2019–30 June 2021          Fund Management Option(s): Pass-through           Managing or Administrative Agent: UNDP Multi-Partner Trust Fund Office in New York</p>	<p><b>Total estimated budget*:</b> USD 1,311,147 (AUD 1,884,703)  <b>Out of which:</b>          1. <b>Funded Budget:</b> USD 1,311,147 (AUD 1,884,703)          2. <b>Unfunded budget:</b> 0          * Total estimated budget includes both programme costs and indirect support costs</p> <hr/> <p><b>Sources of funded budget:</b></p> <ul style="list-style-type: none"> <li>• UNDP (parallel funding): USD 121,082 (AUD 169,515)</li> <li>• UNFPA (co-funding): USD 190,601 (AUD 275,800)</li> <li>• UNW (co-funding): USD 59,405 (AUD 87,800)</li> <li>• <b>DFAT: AUD 1,351, 588 (USD 940,060)</b></li> </ul>
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UN organizations	National Coordinating Authorities
<p><b>For UNDP:</b>            Name &amp; title: Mr. Nick Beresford, Resident Representative            Signature:             Place:  Date: 5.12.19</p>	<p><b>For the Kingdom of Cambodia</b>            Name &amp; title: H.E Em Chan Makara, Secretary General, Disability Action Council            Signature:            Place:            Date:</p>
<p><b>For UNFPA:</b>            Name &amp; title: Mr. Daniel Alemu, Representative Ad interim            Signature:             Place:  Date: 5/12/2019</p>	
<p><b>For UN Women:</b>            Name &amp; title: Ms. Sarah Knibbs, Representative ai            Signature:             Place:  Date: 5/12/19</p>	

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## Executive Summary

Cambodia has a strong commitment to disability and to women's rights, evidenced by the ratification of United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and its Optional Protocol, and the signing of the Marrakesh Treaty. The legal framework on disability rights is regulated by the UNCRPD, CEDAW, the Law on the Protection and Promotion of the Rights of Persons with Disabilities (National Disability Law), the adoption of the Incheon Strategy to "Make the Right Real" for Persons with Disabilities, and National Disability Strategic Plan 2014-2018 (NDSP) and the National Social Protection Policy Framework). A new five-year National Disability Strategic Plan 2019-2023 and the National Disability Law are being finalized and amended. Equality between men and women is enshrined in the Constitution and the main legal instruments relevant to GBV are the Criminal Code, the Law on Prevention of Domestic Violence and Protection of Victims and the Law on Suppression of Human Trafficking and Sexual Exploitation. The multi-sectoral third National Action Plan to Prevent Violence Against Women 2019 – 23 is currently being finalized.

The United Nations (UN) has been supporting to promote the rights of persons with disabilities and women affected by GBV through the joint Disability Rights Initiative Cambodia (DRIC) programme, Access to justice and grievance mechanisms for persons with disabilities, youth employment and through the Ending Violence Against Women programme and the UN Joint Programme on Essential Services for Women and Girls Affected by Violence. This new Joint Programme focuses on capacity development, sustainable solutions, quality of services and improved coordination mechanisms especially at the sub-provincial level in collaboration with MoH, MoWA, Provincial DAC, DPOs, CSOs and sub-national authorities.

The outcome of the joint programme will 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 joint programme outcomes will be achieved through the delivery of five specific outputs, while the first three outputs will be implemented by UNDP and the last two outputs will be implemented by UNFPA and UN Women:

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

The strategies of the joint programme, on disability intervention component, will provide capacity development to DAC, MoSVY and selected line ministries to better understand the specific needs of persons with disabilities, to review and design appropriate system responses and policies, to prepare and defend viable national budgets proposals for service provisions, to monitor the implementation of NDSP<sub>2</sub> and to improve the coordination mechanism with target line ministries and sub provincial level to achieve the sustainable and inclusive solutions for not leaving someone behind. The GBV component, will primarily implement the project through the Ministry of Women's Affairs, Ministry of Health and other relevant institutions at national and sub-national level. It will also closely coordinate and collaborate with other ACCESS grantees including TPO, CWCC, TAF, CARE and LAC

to strengthen the capacity of Provincial Working Groups on GBV (PWG- GBV) and District Working Groups on GBV (DWG – GBV) with their respective expertise on essential services, legal, basic psycho-social counselling, referral and case management. In addition, the joint programme also will involve NGOs working with the Disability Workstream of ACCESS in five target provinces to be part of the PWG – GBV.

## 1. Situation Analysis

### ***Disability issues remain a key challenge for inclusive development and growth***

Cambodia's 2014 Demographic Health Survey revealed that 9.5% of the population experience some difficulty in performing basic functions. A further 2.1% experience significant difficulty or an inability to perform basic functions. Persons with disabilities in Cambodia face multiple challenges such as inequality and discrimination in access to education, healthcare, employment, social protection, justice, public transport as well as being particularly vulnerable to violence and other violations of their rights. Due to poor access to public services, limited budget and limited government capacity and resources to make services accessible, some of the core services are provided by NGOs with funding from development partners. Women and girls with disabilities face additional discriminations and barriers when accessing services compared to men with disabilities. They are also vulnerable to violence because of their gender and disabilities.

Not all persons with disabilities are equally disadvantaged, deaf, blind and persons with intellectual disabilities are particularly disadvantaged and by gender. It is estimated there are over 50,000 people who are deaf in Cambodia and 500,000 with hearing impairment; however only 1,800 deaf people were taught sign language. Many of them live in rural areas, making it difficult to access to specialized schools. People who are blind, who have intellectual disability and mental health disability have similar challenges with deaf people. They are considered as having severe disabilities and receive less support and assistance from family, community, and society.

In response to the obligations under the national and international legal frameworks, the RGC created institutional mechanisms to ensure that the rights of persons with disabilities are protected. They include DAC at both national and sub-national levels, the Disability Rights Administration (DRA) under the Department of Social Welfare for Persons with Disabilities of the MoSVY, Persons with Disabilities Foundation (PWDF) and the Disability Action Working Groups of line ministries. The capacity of these institutions/mechanisms has increased over time but remains limited to respond to growing needs. A more mentoring/coaching type of capacity development is needed so that they can perform their functions efficiently and effectively. The significant increased national budget for disability sector presented the ownership and commitments to improve the quality of life of persons with disabilities which is the golden opportunity for the project to assist the RGC to increase more national budget to the line ministries as well as the sub-national level.

In addition to the state institutions, Cambodia has a vibrant disability movement. Established in 1994, the Cambodian Disabled People's Organisation (CDPO) is a body made up of and for persons with disabilities. CDPO headquarter is located in Phnom Penh and has over 20,000 individual members with disabilities within a sub-national membership structure with 75 members DPOs. These members include Women with Disabilities Forums (WWDFs) in all provinces. Some local DPOs very often lack capacity or confidence to take a proactive role in development and implantation of local development plans and budgets and rely heavily on CDPO's support both financially and technically.

### ***Lack of effective linkage and coordination between the health and legal sectors hamper the responses to Gender-based violence***

Cambodia ranks low on the global gender inequality index (112 out of 188). The acceptance of violence against women from intimate partners is high with 27 percent of men and 50 percent of women believing that a husband beating his wife for a specific reason is justified,<sup>1</sup> thus reflecting the pervasive influence of dominant social norms that support male authority, tolerate GBV and hinder gender equality. Violence against women is the most prevalent human rights abuse in Cambodia, with one in five women having experienced physical and/or sexual violence from an intimate partner<sup>2</sup>. Apart from intimate partner violence, 14% of women aged 15-64 have reported experiencing physical violence by and four percent have experienced sexual violence by someone other than their intimate partner since the age of 15<sup>3</sup>. An increasing trend in the use of technology and social media to sexually harass women and girls has also been reported<sup>4</sup>.

While the legal framework, including legislation on domestic violence and trafficking is favorable to help prevent and respond to GBV, minimum standards to improve service delivery in response to GBV, including health services remains limited. It is estimated that only 24 percent of women who experience physical or sexual intimate partner violence seek help from formal service providers. The capacity of service providers to provide survivor-centred care is limited. Mediation is a common response to violence against women, applied when victims/survivors seek help from local authorities. Mediators regularly use traditional practices of 'educating' the perpetrator and further victimising the woman by requiring her to commit to change her behaviour to end the violence. Thus, the perpetrator is not held accountable and the response is not survivor-centered. Remedies such as protection orders are rarely used, meaning women often need to seek shelter, safety and services far from home.

The healthcare system is probably the only institution that interacts with every woman at some point in her life. For many women, particularly those most vulnerable, a visit to a health facility may be her first effort to seek help and the only chance to receive support and care, as well as to escape a situation of abuse. In recognition of this critical role, health service providers can play and potentially mitigate the short and long-term health effects of GBV on women and their families. UNFPA has supported national efforts to capacitate and train health service providers as the first line of support to detect, refer and care for GBV survivors in selected provinces.

Since GBV requires a multi-sectoral response, UN Women and UNFPA have also supported multi-sectoral coordination and referrals both at national and provincial levels. With Ministry of Women's Affairs' (MOWA) leadership, there has been progress in addressing these challenges. In line with the 2<sup>nd</sup> National Action Plan to Prevent Violence against Women (NAPVAW), multi-sectoral coordination mechanisms, improved quality of essential services, health care, shelter, psycho-social support and access to justice were prioritised. Minimum service standards and guidelines have been developed and this is an entry point for the provision of continuing support to MOWA's leadership in providing quality, inclusive services for women who experience GBV. Few service providers have received training and capacity development on the minimum service standards relevant to their sectors. Building on experience from pilot areas, it is a priority to develop and roll out training packages on minimum service standards, coupled with strategies to reach marginalised groups and improve case management and data collection.

These interventions need to be strengthened and brought to scale by taking stock of lessons learnt and ensuring more systematic and sustainable capacities are put in place to address GBV as a public health concern and a human rights violation.

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<sup>1</sup> 2014 Cambodia Demographic and Health Survey Report, NIS/MOP

<sup>2</sup> 21 percent of ever partnered women aged 15-64 reported experiencing physical or sexual violence, or both, by an intimate partner in their lifetime MOWA (2015). National Survey on Women's Health and Life Experiences in Cambodia. Phnom Penh: Royal Government of Cambodia.

<sup>3</sup> National Survey on Women's Health and Life Experiences in Cambodia. Phnom Penh: Royal Government of Cambodia, 2015

<sup>4</sup> National Survey on Women's Health and Life Experiences in Cambodia. Phnom Penh: Royal Government of Cambodia, 2015

UNFPA and UN Women will primarily implement the project through the Ministry of Women's Affairs and Ministry of Health, and will also closely coordinate and collaborate with other ACCESS grantees including UN Women, TPO, CWCC, TAF, CARE and LAC to strengthen the capacity of Provincial Working Group on GBV (PWG- GBV) and District Working Group on GBV (DWG – GBV) with their respective expertise on essential services, legal, basic psycho-social counselling, referral and case management. In addition, UN Women and UNFPA also will involve NGOs working with the Disability Workstream of ACCESS in the five target provinces to be part of the PWG – GBV.

The project will therefore aim to strengthen and expand sustainable access to GBV information and services and strengthen multi-sectoral coordination mechanisms especially at the sub-provincial level in collaboration with MoH, MoWA, relevant UN agencies, CSOs and sub-national authorities.

### **3. Strategies, including lessons learned and the proposed joint programme**

UNDP, UNFPA and UN Women are committed to assist ACCESS to achieve its programme goal under the intermediate outcomes (IO) 1.1, 1.2, 2.1, 2.2, 2.3, and 2.6. The project will focus on five outputs in which the first three outputs will be delivered by UNDP focused on strengthening the capacity of DAC, selected line ministries and provincial DACs, including DPOs, to effectively mobilise the resources to support NDSP<sub>2</sub>; whereas, the fourth and fifth output will deliver by UNFPA and UN Women ensuring that women and girls 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.

#### **Output 1: Disability Action Council (DAC) effectively provides advice, coordinates and monitors the implementation of NDSP 2**

This output will respond to IO 2.3 for strengthening the role and coordination of DAC regarding the monitoring of NDSP<sub>2</sub> implementation. The project will support the implementation and monitoring of National Disability Strategic Plan (NDSP<sub>2</sub>), particularly the prioritised strategic objectives 1, 2, 3, 5, 9 and 10 (poverty reduction, rehabilitation, accessibility, vocational training and employment, women and children with disabilities, data collection and coordination) through improved coordination and monitoring of the implementation action plans of target line ministries and provincial DACs. The national disability law will be analysed and amended to align with UNCRPD and international disability frameworks.

#### **Output 2: Commune Investment Plan (CIP), budget and its development process are disability inclusive through active involvement of DPOs/CDPO and provincial DAC mechanisms**

This output will respond to IO 2.6 for inclusive CIP at the sub national level by promoting the participation of persons with disabilities at all CIP process. Commune Investment Plan (CIP) is an important mechanism to achieve the sustainable solutions and to leave no one behind. This outcome will ensure that CDPO/DPOs have capacity to provide advice and to have active role to support all the steps of CIP process, from the design until the decisions for budgeting. This outcome will interlink with outcome 1 and 3.

#### **Output 3: DAC, Disability Action Working Groups (DAWG) and Provincial DACs have capacity to develop and implement disability inclusive policies and budgets**

This output will respond to IO 1.1 and 1.2 to ensure the sustainable finance solutions for disability. The project will ensure that policies and programmes are disability inclusive, budgeted and funded; and impact monitored in

an ongoing manner where identified problems are addressed to ensure outcomes and real changes on the ground are achieved. The project will provide capacity development to the RGC at both national and sub national levels in the selected provinces with different capacity development activities, approaches and strategies, depending on the real needs once the assessment is done during the first part of the project implementation. These activities can include training, workshop, exchange visit, and award/incentive/disability championship. Please see Annex 1: completed Project logic matrix

In efforts to support women and girls affected by GBV to 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 without barriers and discrimination, the joint programme will achieve these commitments through delivering two key outputs as below.

**Output 4: Strengthened institutional capacities of health, legal, psycho-social and other essential services to prevent and respond to GBV in selected provinces:**

This output will respond to IO 2.1 for the adoption and operationalization of essential service standards for women affected by GBV by the government and service providers. UNFPA will collaborate with MoH and MoWA to further strengthen and roll-out the health sector response to GBV in four priority provinces with a particular focus on referral hospitals and some selected health centres, as first line support, including referrals. This will include the adaptation of the WHO manual on strengthening health systems to respond to GBV for health managers; training of healthcare providers and the review and strengthening of GBV reporting systems to help document and manage GBV cases.

To ensure long-term sustainability of interventions and outcomes UNFPA will conduct evidence based advocacy for increased national ownership and incremental increase in national budget allocation to GBV as well as the integration of gender and GBV into pre-service training curricula of health service providers, particularly midwives. UNFPA, in consultation with MoH will also develop a gender and GBV toolkit which will help establish GBV as both a public health and human rights issue for newly recruited civil servants in the health sector and ensure an enabling environment within the health sector to respond to GBV.

UN Women will provide technical expertise to complete pending minimum service standards and develop and roll out training packages using innovative methodologies and tools. UN Women will ensure that minimum service standards and training methodologies are aligned with international standards and norms. Master training packages and a cadre of master trainers will be developed. As implementation progresses, MoWA will be supported in its role to develop tools to monitor quality.

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

This output will respond to IO 2.2 in which to improves multi-sectoral referral and coordination networks of MoWA at national and sub-national levels. UNFPA and UN Women will collaborate with MoWA, CSO partners and other stakeholders to build capacity of two Provincial Working Groups on GBV in Kampong Cham and Tboung Khmum (UNFPA, while Stung Treng and Preah Vihear will be covered by UNFPA core funds) as well as Preah Sihanouk, Kampong Speu and Siem Reap (UN Women), and establish and capacitate ten District Working Groups on GBV in five provinces initially. Stakeholders from relevant multi-sectoral institutions, including sub-national level planners will be brought together to secure their commitment to implement NAPVAW III and incrementally utilize national budget towards addressing GBV. Support for multi-sectoral coordination is crucial in view of RGC's plans to deepen decentralization and administrative reform in which the MoWA based line-

sectoral offices at the district level will be eventually abolished in lieu of a more integrated administrative structure.

In support of enhanced coordination at the national level, UN Women will provide technical support to TWGG-GBV Secretariat in continuing to improve its coordinating and monitoring role, supporting line ministries and CSOs to develop and monitor AOPs aligned to NAPVAW and ensuring TWGG-GBV members understand the minimum services standards. UN Women will build on its experience and comparative advantage as the lead DP working on GBV and the co-chair of the TWGG-GBV. This also leverages and consolidates Australia's previous investments in UN Women's support for MOWA's technical and substantive leadership on GBV, through the DFAT EVAW Programme and the Global Joint Programme on Essential Services.

To support subnational coordination UN Women and UNFPA will support MOWA to establish standard procedures for the subnational GBV Working Groups ensuring inclusion of marginalised or vulnerable groups, expand in target areas, and provide capacity building on minimum service standards. To enhance national/subnational linkages UN Women and UNFPA will support MOWA in its coordination role to ensure information sharing mechanisms.

UN Women will provide technical support to MoWA and the TWGG-GBV to promote gender budgeting through building evidence and skills in advocacy. An incremental process starting with mutual accountability of activities will result in MOWA and line ministries having a strengthened process to advocate for resources. Tools will include checklists and linking the annual operational plans for NAPVAW implementation to the line ministries' funding cycles and ensuring that activities prioritised in the NAPVAW are also included in relevant sectoral plans and strategies. UN Women will work closely with the ACCESS PFM team to support MOWA and relevant line ministries to build relevant skills and processes, leveraging the Ministry of Economics and Finance engagement in and support for the ACCESS programme.

## **5. Results Framework**

UNDP, UNFPA and UN Women will aim to contribute to advancing the capacity of the government institutions, service providers and CSOs in effectively implementing the NDSP<sub>2</sub>, NAPVAW<sub>3</sub> and inclusive policies and budget, incorporate disability issue in the commune investment plan and expanding access to GBV services as part of the integrated essential services including sexual and reproductive health services. The joint programme will capacitate nine referral hospitals and nine selected health centres to provide healthcare services to women and girls affected by GBV as well as to establish and capacitate ten District Working Groups on GBV to provide effective coordination around GBV across different stakeholders in five provinces.

**Table 1: Results Framework**

JP Outputs (Give corresponding indicators and baselines)	Participating UN organization-specific Outputs	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*		Total
				Y1 (1 Sep 2019 to 30 Jun 2020)	Y2 (1 Jul 2020 to 30 Jun 2021)	
<b>UNDP Implementing Component</b>						
UNDAF 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.						
<b>Indicators:</b>						
2.3.1 Improved official statistics on gender & vulnerability adopted: (i) Gender – adjusted wage gap men/ women; (ii) Gender - time use/ valuation of unpaid work; & (iii) Cambodia-specific multi-dimensional poverty metric <sup>5</sup>						
<i>Baseline: Not in place</i>						
<i>Target (2023): Developed and in place</i>						
2.3.2 Economic Inclusion of poor, people living remote locations and other marginalized groups, (# participating in RGC targeted UN-supported poverty eradication/ economic inclusion programmes - including Social Protection and mine action).						
<i>Baseline: TBC</i>						
<i>Target (2021): at least 100,000 people</i>						
IO2.3: DAC more effectively advises and coordinates NDSP implementation	Output1: Disability Action Council (DAC) effectively provides advice, coordinates and monitors the implementation of NDSP 2.	UNDP	Disseminate NDSP2 with DAWGs of line ministries (20 line ministries) and target provincial DACs (5 provinces)	18,953	6,645	25,598
		UNDP	Develop an easy read version of NDSP2 both Khmer and English	5,600	0	5,600
		UNDP	Establish working group/task force of monitoring, evaluation and reporting within DAC-S	0	0	0

<sup>5</sup> Not in place/ developed/ developed and in place.



		UNDP	Establish disability working group to prepare the amendment of national disability law	0	0	0
		UNDP	Conduct consultative workshop with wider stakeholders to collect input and feedback on the proposed revised law	21,504	7,059	28,568
		UNDP	Finalise the revised law and preparation to submit to council of ministers	0	0	0
		UNDP	Develop and review the national legal frameworks related to disability eg. Driving license and education	840	1,680	2,520
		UNDP	<b>Act. Parallel-UNDP</b> Capacity of RGC is strengthened to better implement UNCRPD in the areas of access to justice and services for persons with disabilities	0 <i>(the budget for this activity will be from UNDP parallel fund)</i>	0	0

IO2.6: Sub-national authorities and CSOs promote inclusive and gender responsive Commune Investment Plans and engage in existing social accountability mechanisms	Output 2: Commune Investment Plan (CIP), budget and its development process are disability inclusive through active involvement of DPOs/CDPO and provincial DAC mechanisms.	UNDP	Provide Grant to CDPO for inclusive CIP	28,857	78,596	107,453
IO1.2: MoWA, MoSVY and DAC advocate more effectively for line ministry resourcing and implementation of NAPVAW and NDSP	Output 3: DAC, Disability Action Working Groups (DAWG) and Provincial DACs have capacity to develop and implement disability inclusive policies and budgets.	UNDP	Provide Grant to Light for the world (LFTW) for capacity development activity to DAC/DAWG & PDAC	25,000	73,000	98,000
		UNDP	Capacity Development to DAC/DAWG and PDAC for Inclusive planning and Budget	18,603	16,722	35,325
		UNDP	Personnel, TA and operating costs	81,675	101,014	182,689
		UNDP	GMS (7%)	14,072	19,930	34,002

**UNFPA and UNW implementing component**

**UNDAF 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 1.2.3.** Number of survivors of violence reached with specific services, by age group, gender and disability

*Baseline: 0 women reached with specific services*

*Target: 1000 women reached with specific services (disaggregate by age group, gender and disability)*

IO 2.1: Government adopts, and service providers operationalize, essential service standards for women	Output 4: Strengthened institutional capacities of health, legal, psycho-social and other essential services to prevent and respond to GBV in selected provinces	UNFPA	Refresher ToT Training in Health Sector Response to GBV to five provinces (Kg. Cham, Tboung Khmum, Preah Vihear, Stung Treng and Rattanak Kiry): Planned 5 trainees per province - total= 25 trainees. One training session	12,372	0	12,372
			Training to healthcare providers on health sector response to GBV in Kg. Cham (3 courses and planned 60 trainees in total). Once training session per quarter.	14,036	7,018	21,054
			Training to healthcare providers on health sector response to GBV in Tboung Khmum: Two course with 20 trainees each. Planned total trainees: 40. One training session per quarter	14,036	0	14,036

IO 2.2: MoWA improves multi-sectoral referral and coordination networks at national and sub-national levels			Training to healthcare providers on health sector response to GBV in Preah Vihear: Once course planned with 20 trainees. One training session per quarter	7,018	0	7,018
			Training to healthcare providers on health sector response to GBV in Stung Treng: One course planned with 20 trainees. One training session per quarter	7,018	0	7,018
			Supportive supervision, after training follow up, and coaching. Travel/field mission	7,235	3,618	10,853
			Printing Health System Response to GBV - Manual/Guidelines for Managers (Est. 1,000 manual printed)	7,235	0	7,235

			Dissemination of the Health System Response to GBV - Manual/Guidelines for Managers. In Phnom Penh with an estimation of 100 participants	3,618	0	3,618
			Development of toolkits on Gender and GBV for newly recruited civil servants to the health sector (design and printing costs)	7,235	4,341	11,576
			Field mission and advocacy meetings with provinces to advocate for national budget allocation to Gender and GBV (UNFPA management and Programme Officers)	2,894	2,894	5,788
		UNW	Provide technical support to MOWA to adopt, finalise and disseminate VAW Minimum Standards of Essential Services and Best Practices Guidance for Mediation as a Response to VAW.	2,000	1,000	3,000

			Develop training packages for 'Master Trainers' for VAW Minimum Standards of Essential Services, Best Practices Guidance for Mediation as a Response to VAW	2,500	0	2,500
			Develop and roll out training on package of essential services including core skills for all service providers: basic counselling, referral and case management	15,560	7,840	23,400
			Develop practical user-friendly guidelines for implementation of existing frameworks for GBV legal practitioners (including newly appointed legal aid lawyers, MOWA JPAs/JPOs)	3,500	0	3,500

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		UNW	Support MOWA to develop and implement monitoring tools and processes for implementation of essential services standards	2,000	1,000	3,000
	Output 5: Strengthened multi-sectoral coordination to prevent and respond to GBV at national level and in selected provinces.	UNFPA	Revise and update ToRs for the Provincial Working Group on GBV and develop ToRs for the District Working Group on GBV (meetings and workshops in Phnom Penh and provinces)	2,894	0	2,894
Establish four District Working Groups on GBV, (meetings at provincial and district levels for consultative process and formulation of the district working groups)			4,341	0	4,341	
Conduct service mapping exercise study in four districts and in two provincial towns (National TA, 25 days)			8,682	0	8,682	

			<p>Training to PWG-GBV in Kampong Cham and Tboung Khmum on relevant minimum standards of Essential Services, Minimum Standards of Basic Counselling, Referral Guidelines Mechanisms, Legal counselling, and Data collection (venue for 20px 2 days training x 4 courses x in 2 provinces) - Two training sessions per quarter)</p>	12,467	4,156	16,623
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			Training to DWG-GBV on relevant minimum standards of Essential Services, Minimum Standards of Basic Counselling, Referral Guidelines and Mechanisms, Legal counselling, Data collection and Gender Norms (venue for 20p x 4 courses x 2 days x 4 districts) - two training sessions per quarter	8,699	8,700	17,399
			Quarterly Meetings of PWG-GBVs and DWG- GBVs	2,315	4,630	6,946
		UNFPA	Transportation from communes focal points in each district to join the training courses and meetings on GBV noted above (10p x \$5 x 2d x 4 districts) and DSA and transportation from PDoWA to support the training courses	2,315	4,341	6,656

			Support MoH and MoWA to develop IEC materials including radio spots to raise awareness on gender and GBV and the availability of services through community sensitization and mobilization. (Printing, dissemination and airing)	14,470	7,235	21,705
			Monitoring, supervision and field work by UNFPA Officers	3,996	5,788	9,784
			Provide technical support to TWGG-GBV Secretariat to enhance capacity to coordinate, plan, monitor and report NAPVAW implementation	4,200	6,800	11,000
		UNW	Orient and refresh TWGG-GBV members on core concepts and components of the Essential Services including relevant MSS and principles for survivor centred services.	3,000	3,000	6,000

			Support MOWA to review GBV Working Group current practice and provide practical recommendations to enhance TOR, including clear roles and responsibilities, review of membership to include DPOs, migration stakeholders and CSOs representing marginalised groups	13,550	18,070	31,620
			Support MOWA to convene key actors from different sectors to coordinate and implement a standard package of training, coaching and mentoring on minimum standards and guidelines for service providers across all ACCESS GBV priority provinces	3,000	2,000	5,000
			Support MOWA to expand GBV Working Groups to new districts in target provinces.	2,200	0	2,200

			Support MOWA to review and implement user-friendly, inclusive data collection system using technology (Apps/on-line tools)	1,500	1,500	3,000
			Develop mechanisms to link national and subnational coordination mechanisms, including regular reflection and systematic reporting to TWGG-GBV and support MOWA/PDOW A dissemination of policies, guidelines and good practices to subnational level.	4,000	2,000	6,000
			Support the TWGG-GBV to develop Annual Operational Plans for 3rd NAPVAW implementation	4,500	3,000	7,500
			Provide capacity building to MoWA on gender responsive budgeting and advocacy skills	1,000	2,000	3,000
		UNW	Programme Monitoring	19,020	15,000	34,020
		UNW	Personnel, TA and operating costs	115,597	134,357	249,954

		UNW	GMS (7%)	16,824	15,070	31,894
		UNFPA	Personnel and TA costs	113,165	61,332	174,497
		UNFPA	GMS (7%)	17,923	7,984	25,907
UNDP	Programme Cost **			201,033	284,715	485,748
	Indirect Support Cost**			14,072	19,930	34,002
	Parallel fund			169,515	0	169,515
UNFPA	Programme Cost			256,041	104,052	370,094
	Indirect Support Cost			17,923	7,984	25,907
	Co-funding			116,016	159,783	275,800
UN Women	Programme Cost			197,127	197,567	394,694
	Indirect Support Cost			12,558	15,070	27,627
	Co-funding			51,800	36,000	87,800
TOTAL	Programme Cost	AUD		654,201	586,334	1,250,536
	Indirect Support Cost	AUD		44,553	42,984	87,536
	Programme Cost	USD		453,915	415,860	869,775
	Indirect Support Cost	USD		30,935	29,949	60,884
Total MPTF 1% Management fee		AUD	13,516			
		USD	9,400			

## 6. Management and Coordination Arrangements

The programme will be implemented by UNDP using Direct Implementation Modality (DIM) and by UNFPA and UN Women using both Direct Implementation Modality (DIM) or Direct Execution (DEX) and National Implementation Modality (NIM) or National Execution (NEX) in close collaboration with key national counterparts namely MoSVY, DAC, MoH and MoWA. UNDP will be playing role as convening agency to coordinate the joint programme and sign off the fund transfer request. Where relevant, the programme will also partner with CSOs (CDPD and LFW). The project will be further implemented in line with the overall principle of increasing national ownership and gradually, together with partners, advocating for increased national budget allocation for priority areas to ensure sustainability and durability of results.

Two technical Workstream Groups on GBV and Disability are also established by the programme to provide oversight and technical advice relevant to activities under disability and GBV workstreams in line with NDSP and NAPVAW respectively. UNDP and UNFPA/UN Women will sit as active members in the workstream groups following its respective sector and will report on their progress during the quarterly workstream meeting.

The ACCESS Competitive Investment Mechanism Panel (CIMP) was established to manage ACCESS grants selection process. It is composed of representatives from MoWA, MoSVY, DAC, MEF, Australian Embassy, an independent member, and ACCESS Team. The CIMP will act as project oversight committee for the ACCESS supported UN joint program. It will formally approve the UN joint program annual workplan and will meet on an ad hoc basis to validate any strategic change in the program on a as needed basis. This might be the case for a significant fluctuation of the agreed budget for example.

ACCESS Steering Committee (ASC) provides overall strategic guidance to the ACCESS program, including interventions of its implementing partners. The ACCESS program team acts as secretariat of the ASC and as such will provide six monthly updates on program progress. UNDP, UNFPA, and UN Women will contribute to this program level progress update by submitting semi-annual progress report to the ACCESS team following the ACCESS progress report template, while and the annual progress report will adopt the UN joint programme report template.

The ASC composes of representatives from MoWA, MoSVY, DAC, MEF, Australian Embassy, a representative of persons with disabilities, and ACCESS Team. The ASC will be jointly chaired by DFAT and a representative from the government who will rotate on a six-month basis between MoWA, MoSVY, and DAC.

#### **Project Management and Coordination**

##### **Staffing: UNDP**

<b>Title</b>	<b>Full time national staff</b>	<b>Level</b>
National Management Specialist (Disability Specialist)	1	SB5
Project Assistant	1	SB3
Young Professional Officer (young person with disability)	1	SB1

The **National Management Specialist (Disability Specialist)** will be responsible for 1) project management including implementation, monitoring and reporting, 2) will analyse political, social and economic trends and will lead formulation, management and evaluation of project activities and will provide policy advice services, 3) providing technical advice to ensure the coherence of technical components of the project and strategic positioning.

The **Project Assistant** will work under the supervision of the National Management Specialist (Disability Specialist). He/she will be responsible for providing administrative, financial and operational support to the whole project.

The **Young Professional Officer (young person with disability)** will work under the supervision of the National Management Specialist (Disability Specialist) and work closely with the Project Assistant to support the overall implementation of the project. Basically, s/he will focus on communication and advocacy component, among other tasks.

While the project team is responsible for the implementation of the project's activities, Project Quality Assurance is provided by UNDP Country Office. The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.

**Staffing: UNFPA**

A core project management and implementation team will be appointed within UNFPA comprising Gender Analyst, Finance Assistant, and National Programme Associate. In addition, UNFPA Country Office will assign, as a contribution to the project, the Deputy Representative to lead the project and the SRH Programme Specialist and Gender Analyst will coordinate and manage the day-to-day implementation of the project and report progress on a periodic basis to UNFPA management.

Title	National staff (Level of Effort)	Level
Gender Analyst	30%	NOB
Finance Associate	30%	G7
SRHR and Midwifery	30%	NOB

**Staffing: UN Women**

Title	Full time national staff	Level
National Programme Officer (EVAW)	1	SB4
Programme Assistant	1	SB3

The **National Programme Officer** (Ending Violence Against Women) will be responsible for 1) project management including implementation, monitoring and reporting, 2) will analyse political, social and economic trends and will lead formulation, management and evaluation of project activities and will provide policy advice services, 3) providing technical advice to ensure the coherence of technical components of the project and strategic positioning.

The **Project Assistant** will work under the supervision of the National Programme Officer (EVAW Specialist) and will be responsible for providing administrative, financial and operational support to the whole project.

The programme team will be guided by the Country Representative a.i., who will provide overall direction including policy, advocacy and technical advice and representation. UN Women will engage external experts on specialised areas during project implementation and will leverage support from the UN Women Operations Team to ensure due diligence and corporate compliance of the programme. UN Women will also be able to draw on expertise from our regional advisors and headquarters in support of the programme, particularly in relation to implementation of essential services targeting inclusion of marginalised or vulnerable groups.

**Project Partners:**

**Disability sector:** The proposed project will partner, firstly with DAC which is a national disability body and coordination mechanism to provide advice and support to the sector, and to develop the national policies and

frameworks related to disability, for instance, the National Disability Strategic Plan, inter-ministerial prakas, and revision of the national disability law. DAC will monitor the progress of disability national policies and frameworks (mainly NDSP2) and lobby with the Ministry of Economic and Finance to increase the allocation of the national budget to disability sector to ensure the NDSP2 is well implemented and achieved.

Secondly, with CDPO which is an umbrella DPOs. CDPO and DPOs play a key role in providing input and advice to the national and sub-national administrations to ensure that Commune Investment Plan (CIP) is inclusive and that DPOs and persons with disabilities participate at all stages of CIP process. CDPO will provide technical support to DPOs and its network so that they have the capacity to lobby with the local authority to listen to the voices of persons with disabilities and address their needs in a sustainable solution. CDPO will also provide capacity building to the local authority on the inclusive CIP and important of having persons with disabilities in the process.

Lastly, with Light for the World which has a strong track record on training and capacity development of government agencies, community-based organization and CSOs. They include the facilitation of organizational change process around disability inclusion for CSOs, DPOs, Government agency at all levels. Light for the World Cambodia will be involved in capacity development and planning for Disability Action Council, Disability Action Working Group (DAWG) and Provincial DACs to ensure they have the capacity to support implement and monitor the NDSP2 with sufficient national budget.

**GBV sector:** UNFPA will implement the ACCESS/DFAT project in partnership with government institutions, primarily with the MoH and MoWA, and where necessary with the Ministry of Planning (MoP) and provincial authorities. As with the UNFPA Country Programme, UNFPA will implement the ACCESS GBV project by supporting upstream interventions focusing on policy dialogue, advocacy, capacity development, partnerships, coordination and evidence generation.

MoH will be the key implementing partner for activities under the ***Immediate Outcome 2.1: Government adopts, and service providers operationalize, essential service standards for women affected by GBV (Access to essential services)***, and focus on health sector response to GBV. MoWA will be the key implementing partner for activities under the ***Immediate Outcome 2.2: MoWA improves multi-sectoral referral and coordination networks at national and sub-national levels.***

UNFPA and UN Women will also collaborate with CWCC, LAC, TAF, CARE International, TPO, all DFAT/ACCESS grantees of Disability Workstream to ensure coordination and maximize synergies between different components and interventions of the project.

MOWA will be supported by UN Women in its role to develop tools to monitor quality. In support of enhanced coordination at the national level, UN Women will provide technical support to TWGG-GBV Secretariat in continuing to improve its coordinating and monitoring role, supporting line ministries and CSOs to develop and monitor AOPs aligned to NAPVAW and ensuring TWGG-GBV members understand the minimum services standards. UN Women will build on its experience and comparative advantage as the lead DP working on GBV and the co-chair of the TWGG-GBV. This also leverages and consolidates Australia's previous investments in UN Women's support for MOWA's technical and substantive leadership on GBV, through the DFAT EVAW Programme and the Global Joint Programme on Essential Services.

## 7. Fund Management Arrangements

The programme will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA) under which the funds will be channeled for the programme



through the AA. Each participating UN organization receiving funds through the pass-through would have to sign a standardized Memorandum of Understanding with the AA.

The Administrative Agent will:

- Establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds received from the donor(s) pursuant to the Administrative Arrangement. This Joint Programme Account will be administered by the Administrative Agent in accordance with the regulations, rules, directives and procedures applicable to it, including those relating to interest;
- Make disbursements to Participating UN Organizations from the Joint Programme Account based on instructions from the Steering Committee, in line with the budget set forth in the Joint Programme Document.

The Participating UN Organizations will:

- Assume full programmatic and financial responsibility and accountability for the funds disbursed by the AA.
- Establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.
- Each UN organization is entitled to deduct their indirect costs on contributions received according to their own regulation and rules, taking into account the size and complexity of the programme. Each UN organization will deduct 7% as overhead costs of the total allocation received for the agency.

#### Transfer of funds to joint programme partners:

The implementation modality will be taking into consideration in terms of fund transfer to partners of the joint programme to support the implementation of programme activities. Grants will be provided to CDPO and LFW as identified during the programme formulation. UNFPA will transfer a part of the ACCESS/DFAT budget to MoWA and MoH to implement selected activities in line with the proposed workplan with ACCESS, on an annual basis, along with UNFPA core funds, and other funding sources, under the existing workplan format of UNFPA. UN Women will transfer a part of the ACCESS/DFAT budget to MoWA to implement selected activities in line with the proposed workplan with ACCESS, along with funds from other sources, under an LOA with MoWA. Transfer of funds to Cambodian Government entities will only occur where agreed in advance with the ACCESS program team, and for a transition period until December 2020.

## 8. Monitoring, Evaluation, and Reporting

**Monitoring:** Throughout the implementation of the programme, UNDP, UNFPA and UN Women will monitor its progress through regular supervision and collecting data and information from the monitoring report, progress report (mid-year report) and annual report. The collected data, documented lessons learned and case studies will be shared with the ACCESS program team, workstream groups, CIMP, ACCESS ASC as well as in national, regional and global platforms where applicable.

A guiding programme principle is to use data and evidence for the purposes of learning and programme adaptation. Structured opportunities for reflection on what is working and what is not have been identified. Information on successes and challenges will be used to inform the on-going improvement of programme delivery.

**Table 2: Joint Programme Monitoring Framework (JPMF)**

Expected Results	Indicators (with baselines &	Means of verification	Collection methods	Responsibilities	Risks
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(Outcomes & outputs)	indicative timeframe)		(with indicative time frame & frequency)		
<b>UNDP Component</b>					
UNDAF 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.					
<b>Indicators:</b>					
2.3.1 Improved official statistics on gender & vulnerability adopted: (i) Gender – adjusted wage gap men/ women; (ii) Gender - time use/ valuation of unpaid work; & (iii) Cambodia-specific multi-dimensional poverty metric <sup>6</sup>					
<i>Baseline: Not in place</i>					
<i>Target (2023): Developed and in place</i>					
2.3.2 Economic Inclusion of poor, people living remote locations and other marginalized groups, (# participating in RGC targeted UN-supported poverty eradication/ economic inclusion programmes - including Social Protection and mine action).					
<i>Baseline: TBC</i>					
<i>Target (2021): at least 100,000 people</i>					
Output1: Disability Action Council (DAC) effectively provides advice, coordinates and monitors the implementation of NDSP 2.	<p>Indicators:</p> <ul style="list-style-type: none"> <li>The revised law on disability is submitted to and approved by Disability Action Council (DAC)</li> </ul> <p>Baseline (2018): Not submit and approve yet</p> <p>Target (2021): The disability law submitted and approved by DAC</p> <ul style="list-style-type: none"> <li>The extent to which</li> </ul>	Quarterly report	Regular meeting with DAC	DAC and UNDP	<p><u>Risk:</u> The new concept of establishing the National Disability Development Authority may be affected in coordination mechanism/activity due to the new reform/structure and responsibility will be changed.</p> <p><u>Assumption:</u> develop M&amp;E framework of NDSP2 and design a clear workplan/transition workplan with DAC to monitor NDSP2 closely with a clear tracking &amp; progress report.</p>

<sup>6</sup> Not in place/ developed/ developed and in place.

	<p>DAC/PDAC coordination mechanism has been strengthened</p> <p>Baseline (2018): Limited extend</p> <p>Target: Great extend</p>				
<p>Output 2: Commune Investment Plan (CIP), budget and its development process are disability-inclusive through active involvement of DPOs/CDPO and provincial DAC mechanisms.</p>	<p>Indicator: Degree to which commune investment plans in target areas are aligning with NDSP and promoting relevant services</p> <p>Baseline (2018): N/A Target: 20%</p>	<p>Quarterly report</p> <p>Budget tracking assessment</p>	<p>Quarterly basis</p>	<p>PDAC, UNDP, and CDPO</p>	<p><u>Risk:</u> NDSP2 is not disseminated comprehensively at the local level which may lead to limited inclusion of prioritized activities related to disability needs in the CIP.</p> <p><u>Assumption:</u> An easy to read version of NDSP2 will be developed that could assist the local authority and DPOs to capture it into the CIP. Also, the project will work closely with DAC to ensure NDSP2 is well known/understood by the PDACs and DPOs.</p>
<p>Output 3: DAC, Disability Action Working Groups (DAWG) and Provincial DACs have the capacity to develop and implement disability-inclusive policies and budgets.</p>	<ul style="list-style-type: none"> <li>Indicators:</li> <li>Share (%) of designated LM budgets allocated to programs/sub-programs for delivery of disability services</li> </ul> <p>Baseline (2018): 5%</p> <p>Target: 10%</p>	<p>Quarterly report</p> <p>Budget tracking assessment</p>	<p>Regular meeting with DAC</p>	<p>DAC and UNDP and ACCESS team</p>	<p><u>Risk:</u> The percentage of LM budgets allocation to the disability sector may not be increased due to disability is not yet strongly prioritized within programs and policies.</p> <p><u>Assumption:</u> provide technical capacity building to DAC, DAWGs and its sub-provincial level on</p>

	<p>Number of PDAC staff who have received training on coordination, planning and budgeting</p> <p>Baseline (2018): 0 Target (2021): 175</p> <ul style="list-style-type: none"> <li>Degree to which PDAC-priority action plan and budget are aligned with NDSP2.</li> </ul> <p>Baseline (2018): Limited extend Target (2021): Great extend</p> <ul style="list-style-type: none"> <li>DI manual and supporting tools are finalised and endorsed by DAC</li> </ul> <p>Baseline (2018): Manual is not in place</p> <p>Target (2021): Manual finalized and endorsed</p>				<p>inclusive policies and budgets by using the NDSP2 as a roadmap or guidance framework.</p>
UNFPA and UN Women Component					
<p><b>UNDAF Outcome 1:</b> 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.</p> <p><b>Indicator 1.2.3.</b> Number of survivors of violence reached with specific services, by age group, gender and disability</p> <p><i>Baseline: 0 women reached with specific services</i> <i>Target: 1000 women reached with specific services (disaggregate by age group, gender and disability)</i></p>					
Output 4:	Indicator 1:	PHD	Annually	Department of	Due to lack of human

Strengthened institutional capacities of health, legal, psycho-social and other essential services to prevent and respond to GBV in selected provinces	Number of women and girls affected by GBV receiving health care services  Baseline (2018): 35 Target: 80	Forensic Committee Reports		Hospital Services, MoH	resource at the national and sub-national levels, there might be limited participation and collaboration from national and sub-national government institutions in the project
	Indicator 2: Number of women and girls affected by GBV receiving Forensic Examination  Baseline (2018): 33 Target: 70	PHD Forensic Committee Reports	Annually	Department of Hospital Services, MoH	Limited capacity of health workforce, could result in increasing workload and competing priorities amongst provincial managers
	Indicator 3: Number of Provincial Trainers trained and capacitated to respond health sector response to GBV.  Baseline (2018): 0 Target: 22	Report from NMCHC	Quarterly basis	MoH, NMCHC	Limited capacity of health workforce, could result in increasing workload and competing priorities amongst provincial managers
	Indicator 4: Number of health providers trained and capacitated to respond more effectively to GBV cases  Baseline (2018): 180 Target: 290	Reports from PHDs	Quarterly basis	MoH and PHDs	Limited capacity of health workforce, could result in increasing workload and competing priorities amongst provincial managers
	Indicator 5:	Reports	Quarterly	MoH and PHDs	Due to lack of human

	<p>Increased knowledge of healthcare providers on health sector response to GBV/VAW.</p> <p>Baseline: Pre-test 45% (estimate)</p> <p>Target: 75%</p>	from PHDs	basis		resource at the national and sub-national levels, there might be cases that intended healthcare providers could not attend the planned training
UN Women					
	<p>1.1a: 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.</p> <p>Baseline: Not available (Year 2019) Note: Baseline to be conducted before trainings</p> <p>Target: +50% (Year 2021) increase over the baseline</p>	<p>MoWA Annual report</p> <p>Training and Monitoring report</p>	<p>Baseline to be conducted in Q4-2019</p> <p>Endline to be conducted in Q2-2021</p>	MoWA with technical support from UN Women	Limited capacity of service providers could result in increasing workload and competing priorities amongst provincial managers
	<p>1.1b: Number of health providers trained in GBV topics</p> <p>Note: Health representatives who are member</p>	Training and Monitoring report	Annually	MoWA with technical support from UN Women	Limited capacity of service providers could result in increasing workload and competing priorities amongst provincial managers

	<p>of subnational Working Groups on GBV</p> <p>Baseline: Not available (Year 2019)</p> <p>Note: The baseline to be conducted before the trainings</p> <p>Target: 13 (Year 2021)</p> <p>Note: 1 from Kampong Speu, 1 from Odong, 1 from Phnom Srouch, 1 from Preah Sihanouk, 1 from Prey Nob, 1 from Kampong Seila, 1 from Siem Reap, 1 from Kralanh, and 1 from Purk) and plus 4 in the target of CWCC and LAC.</p>				
	<p>1.1c: Number of judicial police officers trained on GBV topics</p> <p>Note: Judicial Police officers are MoWA-JPO, MoI-Police and Gendarmeries (who are member of subnational Working Groups on GBV)</p> <p>Baseline: Not</p>	<p>Training and Monitoring report</p>	<p>Annually</p>	<p>MoWA with technical support from UN Women</p>	<p>Limited capacity of service providers could result in increasing workload and competing priorities amongst provincial managers</p>

	<p>available (Year 2019)</p> <p>Note: The baseline to be conducted before the trainings</p> <p>Target: 26 (Year 2021)</p> <p>Note: 2 from Kampong Speu, 2 from Odong, 2 from Phnom Srouch, 2 from Preah Sihanouk, 2 from Prey Nob, 2 from Kampong Seila, 2 from Siem Reap, 2 from Kralanh, and 2 from Purk) and plus 8 in the target of CWCC and LAC.</p>				
	<p>1.2: Percentage of women affected by GBV accessing services who indicate that they received satisfactory services.</p> <p>Baseline: Not available (Year 2019)</p> <p>Note: Client Satisfaction Survey in target locations to be conducted in the 1st quarter of project implementation</p>	<p>Client Satisfaction Survey in target locations</p>	<p>Beginning and End of Project</p>	<p>UNW and MOWA</p>	<p>Women clients of services may have low expectations due to lack of experience of quality services</p>



	<p>Target: 30% (Year 2021)</p> <p>Note: 30% increase over the baseline</p>				
	<p>1.3: Number of VAW complaints reported to the MOWA-Judicial Police Officers/ Agents (disaggregated by form of violence)</p> <p>Baseline: 632 (Year 2018)</p> <p>1.3a. Physical = 232 1.3b. Emotional = 268 1.3c. Sexual = 33 1.3d. Economic = 99</p> <p>Note: Report of PDoWA VAW Admin Data</p> <p>Target: 760 (Year 2021)</p> <p>1.3a. Physical = 279 1.3b. Emotional = 322 1.3c. Sexual = 40 1.3d. Economic = 119</p> <p>Note: 20% increased over the baseline</p>	<p>PDoWA Annual Reports</p>	<p>Annually</p>	<p>PDoWA, MOWA, UN Women</p>	<p>Social norms encouraging shame and silence around GBV may still be a barrier to reporting</p>
UNFPA					
<p>Output 5: Strengthened multi-sectoral</p>	<p>Indicator 1: Number of Provincial and</p>	<p>PDoWAs report</p>	<p>Quarterly</p>	<p>MoWA, PDoWAs</p>	<p>Due to limited human resources, there might be a lack</p>

<p>coordination to prevent and respond to GBV at national level and in selected provinces.</p>	<p>District Working Group on GBV members in Kampong Cham and Tboung Khmum receiving proper training in Gender/GBV, primary counselling and referral pathway mechanisms.</p> <p>Baseline: 0</p> <p>Target: 90 (30 PWG-GBV members + 60 DWG-GBV members)</p>				<p>of technical support or trainers from MoWA and NGOs to build capacity to PWG-GBV and DWG-GBV</p>
	<p>Indicator 2: Increased knowledge of members of PWG-GBVs and DWG-GBVs after training.</p> <p>Baseline: Pre-test (PWG-GBV): 40% (estimate) Pre-test (DWG-GBV): 30% (estimate)</p> <p>Target: Post-test (PWG-GBV): 70% Post-test (PWG-GBV): 65%</p>	<p>PDoWAs report</p>	<p>Quarterly</p>	<p>MoWA, PDoWAs</p>	<p>Due to limited human resources, there might be a lack of technical support or trainers from MoWA and NGOs to build capacity to PWG-GBV and DWG-GBV</p>
	<p>Indicator 3: Number women and girls affected by GBV receiving basic counselling.</p> <p>Baseline (2018):</p>	<p>PDoWAs report</p>	<p>Annually</p>	<p>MoWA, PDoWAs</p>	<p>There may be less women affected GBV in that areas or under-reported</p>

	18 Target: 40				
	Indicator 4: Number of women and girls affected by GBV referred by PDoWA to other services.  Baseline (2018): 8  Target: 20	PDoWAs report	Annually	MoWA, PDoWAs	There may be less women affected GBV in that areas or under-reported for services supported by PDoWAs
	Indicator 5: Number of PWG-GBVs and DWG-GBVs functioning.  Baseline: 0  Target: 6 (2PWG-GBVs + 4 DWG-GBVs)	PDoWAs report	Annually	MoWA, PDoWAs	District administrative reform will enhance the DWG-GBV functioning but it will take time thus affects this commitment
<b>UN Women</b>					
	2.1a: Number of TWGG-GBV member institutions using AOP for planning and reporting against 3rd NAPVAW implementation  Baseline: Not available (year 2019)  Note: AOP not started due to 3rd NAPVAW formulation process  Target: 6 (2 new GBV networks established by	AOP Minutes of TWGG-GBV Meetings	Annually	TWGG-GBV Secretariat UNW	MOWA may encounter limitations in eliciting Line Ministry participation as AOP is a voluntary tool.

	<p>UN Women in Pouk and Kralanh district and 2 by CWCC in Siem Reap, 2 by LAC in Kg Speu; and 7 GBV networks strengthened</p> <p>Note: 7 existing are strengthened:</p> <p>3 at provincial level in Kg Speu, Preah Sihanouk and Siem Reap;</p> <p>4 at district level of Odong, Phnom Sruoch, Prey Nob, Kg Seila</p> <p>Target: 13 (2021) are strengthened</p>				
	<p>2.2b: 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)</p> <p>Baseline: Not available (year 2019)</p> <p>Target: 260 (Year 2021) are strengthened</p>	PDOWA Reports	Annually	PDOWA and MOWA	Due to limited human resources, there might be a lack of technical support or trainers from MoWA and NGOs to build capacity to PWG-GBV and DWG-GBV
	<p>2.3: Percentage of subnational working group members on</p>	PDOWA Reports Pre and Post	Baseline and Endline	MOWA and UNW	Due to limited human resources, there might be a lack of technical support

	<p>GBV reporting an increased understanding on coordination, referral, case management &amp; documenting VAW Administrative data.</p> <p>Baseline: Not available (2019)</p> <p>Note: The baseline to be conducted for understanding the capacity needs and training package to be developed based on this finding.</p> <p>Target: 50% (Year 2021)</p> <p>Note: 50% increase over the baseline</p>	Training Reports			or trainers from MoWA and NGOs to build capacity to PWG-GBV and DWG-GBV
	<p>Percentage of budget allocated for 3rd NAPVAW implementation (disaggregated by strategy and national/donor budget)</p> <p>Baseline: Not available (2019)</p> <p>Target: 35% (year 2021) increase over the base line</p>	AOP	Annually	TWGG-GBV Secretariat	Due to gender social norms and limited understanding of GBV among participating institutions as well as limited national budget it may be challenging to increase allocation of national budget
	<p>Number of Line Ministries allocated national budget for 3rd NAPVAW</p>	AOP	Annually	TWGG-GBV Secretariat	Due to gender social norms and limited understanding of GBV among participating

	<p>implementation (disaggregated by year)</p> <p>Baseline: Not available (2019)</p> <p>Target: 10 (year 2021) LM</p>				<p>institutions as well as limited national budget it may be challenging to increase allocation of national budget</p>
	<p>Number of MOWA officials trained on gender responsive budgeting and advocacy</p> <p>Baseline: Not available (2019)</p> <p>Target: 15 (year 2021)</p>	<p>Training Reports and project reports</p>	<p>Annually</p>	<p>MOWA and UNW</p>	<p>Relevant officials face multiple calls on their time and may be less inclined to engage with this area where they may feel less confidence</p>
<p>Knowledge Management</p>	<p>Indicator 1: Number of report of analysis on gender and disability.</p> <p>Baseline: 0</p> <p>Target: 1</p>	<p>MoP Report</p>	<p>Annually</p>	<p>MoP</p>	<p>There might be conflicting and competing priorities within the MoP for the secondary data analysis of 2019 National Census</p>
	<p>Indicator 2: Number of documentation on Gender and GBV investment case.</p> <p>Baseline: 0</p> <p>Target: 1</p>	<p>UNFPA report</p>	<p>Annually</p>	<p>UNPFA</p>	<p>The selection of international expert might take more time than expected</p>

**Annual/Regular reviews:** Through disability and GBV workstream and ASC, the program's performance and progress will be reviewed by the working group and the report will be submitted to ASC semi-annually. Corrective actions will be taken following the recommendations from the working groups and ASC as informed by programme lesson learned and evidence. An annual workplan and updated annual budget forecast will be submitted to the ACCESS program team each year.

**Reporting:** Semi-annual narrative and financial reports will be submitted to the ACCESS team. In addition, a consolidated Annual Progress Report consisting of the consolidated narrative and financial reports of the three

participating UN organisations, will be provided to ACCESS team. The annual report will provide an analytical review of progress and achievements over the reporting period, including progress against baselines, which will allow for an assessment to be made about the adequacy of progress. The reports will also detail changes in the implementation approach for following year, based on lessons learned.

The Convening Agency will consolidate narrative reports provided by the Participating United Nations Organizations. As per the MoU:

- Annual narrative progress report and the final narrative report, to be provided no later than six months (30 June) after the end of the calendar year.

The MPTF Office will:

- Prepare consolidated narrative and financial progress reports, based on the narrative consolidated report prepared by the Convening Agency and the financial statements/ reports submitted by each of the Participating UN Organizations in accordance with the timetable established in the MoU;
- Provide those consolidated reports to each donor that has contributed to the Joint Programme Account, as well as the Steering Committee, in accordance with the timetable established in the Administrative Arrangement.
- Provide the donors, Steering Committee and Participating Organizations with:
  - Certified annual financial statement ("Source and Use of Funds" as defined by UNDG guidelines) to be provided no later than six months (30 June) after the end of the calendar year;
  - Certified final financial statement ("Source and Use of Funds") to be provided no later than seven months (31 July) of the year following the financial closing of the Joint Programme.

**Budget Preparation** - The Convening Agency will prepare an aggregated/consolidated budget, showing the budget components of each participating UN organization.

**Accounting** - Each UN organization will account for the income received to fund its programme components in accordance with its financial regulations and rules.

#### **Admin Fees and Indirect Costs**

- Administrative Agent: The AA (UNDP) shall be entitled to allocate one percent (1%) of the amount contributed by the donor, for its costs of performing the AA's functions.
- Participating UN Organizations: Each UN organization participating in the joint programme will recover indirect costs in accordance with its financial regulations and rules and as documented in the Memorandum of Understanding signed with the AA.

**Interest on funds** - Interest will be administered in accordance with the financial regulations and rules of each UN organization and as documented in the Standard Administrative Arrangement signed with the donor.

**Evaluation:** The ACCESS programme will conduct a Mid-Term Evaluation at the end of phase I of ACCESS programme to assess the overall programme performance against the key relevant evaluation criteria in order to provide strategy direction for ACCESS phase II. The MTR will be performed across implementing partners including UNDP, UNFPA and UN Women.

## **9. Legal Context or Basis of Relationship**

This Joint Programme document shall be the instrument referred to as the Project Document in Article 1 of the Standard Basic Assistance Agreement between the Government of Cambodia and UNDP, including UNFPA and UN Women, signed on 19th December 1994. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

The Implementing Partners agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Joint Programme are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by Participating UN organizations do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all subcontracts or sub-agreements entered into under this programme document.







**10. Work plans and budgets**

**Work Plan for:** Cambodia Cooperation for Equitable Sustainable Services (ACCESS) Programme **Period:** 01 September 2019 -- 30 June 2021

<p><b>UNDAF 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.</b></p> <p><b>Indicators:</b></p> <p>2.3.1 Improved official statistics on gender &amp; vulnerability adopted: (i) Gender – adjusted wage gap men/ women; (ii) Gender - time use/ valuation of unpaid work; &amp; (iii) Cambodia-specific multi-dimensional poverty metric<sup>7</sup></p> <p><i>Baseline: Not in place</i> <i>Target (2023): Developed and in place</i></p> <p>2.3.2 Economic inclusion of poor, people living remote locations and other marginalized groups, (# participating in RGC targeted UN-supported poverty eradication/ economic inclusion programmes - including Social Protection and mine action).</p> <p><i>Baseline: TBC</i> <i>Target (2021): at least 100,000 people</i></p> <p><b>UNDAF 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.</b></p> <p><b>Indicator 1.2.3. Number of survivors of violence reached with specific services, by age group, gender and disability</b></p> <p><i>Baseline: 0 women reached with health services</i> <i>Target: 1000 women reached with health services</i></p>							
UN organization-	UN organiza	Activities	2019	2020	2021	Implementing Partner	PLANNED BUDGET

<sup>7</sup>Not in place/ developed/ developed and in place.

specific Annual targets	tion		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q1	Q2	Source of Funds	Budget Description	Amount	
Output: Disability Action Council (DAC) effectively provides advice, coordinates and monitors the implementation of NDSP 2.	UNDP	Disseminate NDSP2 with DAWGs of line ministries (20-line ministries) and target provincial DACs (5 provinces)	X	X	X								DFAT	Training/meeting Printing/publication Travel	25,598	
		Develop an easy read version of NDSP2 both Khmer and English	X	X										DFAT	Printing/publication	5,600
		Establish working group/task force of monitoring, evaluation and reporting within DAC-S	X	X										N/A	N/A	0
		Establish disability working group to prepare the amendment of national disability law	X	X										N/A	N/A	0
		Conduct consultative workshop with wider stakeholders to collect input and feedback on the proposed revised law	X	X	X									DFAT	Training/meeting/ Workshop Travel	28,568
		Finalize the revised law and preparation to submit to council of ministers						X						N/A	N/A	0
		Develop and review the national legal frameworks related to disability eg. Driving license and education		X		X	X	X	X	X	X			DFAT	Training/meeting/ Workshop Travel	2,520

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	GMS (7%)	X	X	X	X	X	X	X	X	X	UNDP	DFAT	34,002
<b>TOTAL UNDP Planned Budget</b>													
<b>UNDP Parallel Funding</b>													
Output 4: Strengthened institutional capacities of health, legal, psycho-social and other essential services to prevent and respond to GBV in selected provinces	UNFPA												12,372
Refresher ToT Training in Health Sector Response to GBV to five provinces (Kg. Cham, Tboung Khmum, Preah Vihear, Stung Treng and Rattanak Kiri): Planned 5 trainees per province - total= 25 trainees. One training session		X									UNFPA	DFAT	12,372
Training to healthcare providers on health sector response to GBV in Kg. Cham (3 courses and planned 60 trainees in total). Once training session per quarter.						X	X	X			UNFPA	DFAT	21,054
Training to healthcare providers on health sector response to GBV in Tboung Khmum: Two course with 20 trainees each. Planned total trainees: 40. One training session per quarter						X	X	X					14,036
Training to healthcare providers on health sector response to GBV in Preah Vihear: Once course planned with 20 trainees. One training session per quarter									X		UNFPA	DFAT	7,018
Training to healthcare providers on health sector response to GBV in Stung Treng: One course planned with 20 trainees. One training session per quarter											UNFPA	DFAT	7,018

UNFPA	Supportive supervision, after training follow up, and coaching. Travel/field mission	X	X	X	X	X	X	X	X	X	X	DFAT	Technical advice, training and coaching	10,853
	Printing Health System Response to GBV - Manual/Guidelines for Managers (Est. 1,000 manual printed)											DFAT		7,235
	Dissemination of the Health System Response to GBV - Manual/Guidelines for Managers. In Phnom Penh with an estimation of 100 participants				X							DFAT	Technical advice, training and coaching	3,618
	Development of toolkits on Gender and GBV for newly recruited civil servants to the health sector (design and printing costs)		X	X	X	X	X	X	X			DFAT	Technical advice, training and coaching	11,576
	Field mission and advocacy meetings with provinces to advocate for national budget allocation to Gender and GBV (UNFPA management and Programme Officers)		X	X	X	X	X	X	X			DFAT	Policy dialogue	5,788
	Provide technical support to MOWA to adopt, finalise and disseminate VAW Minimum Standards of Essential Services and Best Practices Guidance for Mediation as a Response to VAW.	X	X	X								UNW	Technical advice, training and coaching	3,000













