









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

FINAL PROGRAMME¹ NARRATIVE REPORT REPORTING PERIOD: 03 FEBRUARY 2020 – 30 NOVEMBER 2021

Programme Title & Project Number

- Programme Title: Programme to Promote
 Disability Inclusion and Quality Services for
 Gender-Based Violence (GBV) Victims
- Programme Number (if applicable):
- MPTF Office Project Reference Number:³
 00119878

Participating Organization(s)

UNDP. UNFPA and UN WOMEN

Programme/Project Cost (US\$)

Total approved budget as per project document: **USD** 1.311.147

MPTF /JP Contribution⁴: USD 916,527

PUNO parallel/co-fund: USD 371,088

Country, Locality(s), Priority Area(s) / Strategic Results²

(if applicable)

Country/Region: Cambodia

Priority area/ strategic results

- •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.

Implementing Partners

• UNDP: DAC, LFTW, CDPO

• UNFPA: MoWA, MoH

• UN Women: MoWA

Programme Duration

Overall Duration: 22 months Start Date⁵: 03 February 2020 Original End Date⁶: 30 June 2021 Actual End date⁷:: 30 November 2021

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 on the MPTF Office GATEWAY.

⁴ The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see MPTF Office GATEWAY

⁵ 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

⁶ As per approval of the original project document by the relevant decision-making body/Steering Committee.

⁷ The End Date was extended because of COVID pandemic.

 UNDP (parallel funding): USD 121,082

- UNFPA (co-fund): **USD 190,601**

- UNW (co-funding): **USD 59,405**

TOTAL: USD 916,527

Programme Assessment/Review/Mid-Term Eval.

Evaluation Completed

☐ Yes ☑ No Date: dd.mm.yyyy
Evaluation Report - Attached
☐ Yes ☑ No Date: dd.mm.yyyy

Have agency(ies) operationally closed the
Programme in its(their) system? ☑Yes □
No
Expected Financial Closure date ⁸ :
30 November 2022

Report Submitted By

Name: Mao Meas

o Title: Programme Analyst

o Participating Organization (Lead): UNDP

Email address: mao.meas@undp.org

⁸ Financial Closure requires the return of unspent balances and submission of the <u>Certified Final Financial Statement</u> and Report.

ACRONYMS 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

DAC-S Disability Action Council Secretariat
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

LFTW Light for the World

MoEYS Ministry of Education Youth and Sport MoEF Ministry of Economy 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

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

The Joint UN Programme to Promote Disability Inclusion and Quality Services for Gender-Based Violence (GBV), represents the final narrative report of the programme from 01 September 2019 to 30 November 2021. It fulfills the reporting requirements set out in the Standard Administrative Arrangement between the UN and Australian Department of Foreign Affairs and Trade (DFAT) and in line with the memorandum of understanding signed by participating UN organizations.

In close cooperation with a wide range of stakeholders, the programme has achieved substantial results in response to the planned outcomes. The achievements were as a result of the combined efforts and three implementing entities namely, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). The programme has contributed substantially to fulfilling Cambodia's commitment towards the implementation of the National Disability Strategic Plan 2019-2023 (NDSP2) and the Third National Action Plan to Prevent Violence Against Women 2019-2023 (3rd NAPVAW). The programme contributed to the achievements highlighted below.

Policy and legal framework development

Through technical support from UNDP, Disability Action Council (DAC) improved their capacity to revise the National Disability Law. It was drafted to substantially align with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and national legislation to advance the rights of persons with disabilities. The law is expected to be submitted to the Council of Minister before midyear 2022. DAC made positive impact from the NDSP2 implementation to the review and development of the legal framework related to disability. For instance, the Inter-Ministerial *Prakas* on Requirements for Issuing the Driving License for Persons with Disabilities was endorsed in 2020, the circular on the Strengthening of the Implementation of the Physical Accessibility Infrastructure for Persons with Disabilities was endorsed in 2021.

With technical and financial support from UNFPA and UN Women, the Ministry of Women Affairs (MoWA), as the secretariat of the Technical Working Group-GBV, coordinated the launch of the Third National Action Plan to Prevent Violence Against Women 2019-2023 (3rd NAPVAW) in January 2021. To monitor the implementation of the 3rd NAPVAW, UN Women has provided technical assistance to MOWA and the Technical Working Group on Gender-Gender Based Violence (TWGG-GBV) to develop the Annual Operational Plan (AOP). The AOP format has been developed, approved by MOWA and introduced to all TWGG-GBV members. By 2021, 15 AOPs have been developed by 11 line ministries, three CSOs and the Bar Association of the Kingdom of Cambodia. 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 policies and guidelines to address Gender-Based Violence/Violence Against Women (GBV/VAW). The National Guidelines on Health Sector Response for GBV/VAW for Health Managers was adapted from UNFPA, WHO, and UN Women global document. It was endorsed and disseminated by the Ministry of Health in 2021 for implementation. In the meantime, UNFPA had successfully advocated the Ministry of Health (MoH) to ensure long-term sustainability of interventions and outcomes related to GBV. As a result, MoH 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-a four-year midwifery programme and Core Competency Framework for Midwifery Practice 2020.

To support the gender and GBV evidence, UNFPA also collaborated with the Ministry of Planning-National Institute of Statistics (MoP-NIS) to support the process of the Cambodia Demographic and Health Survey (CDHS) in 2021(which includes a domestic violence module) and the Gender thematic

report of the census 2019. To ensure the quality of the DV module data collection in the CDHS, MoWA and UNFPA conducted a training on GBV and ethical principles for the enumerators prior to commencement of field work.

With the technical support from UN Women, the draft of the Guideline on the Limited Use of Mediation as Response to Violence Against Women was successfully endorsed by all TWGG-GBV members during the 24th TWGG-GBV online meeting. MOWA successfully lobbied the Ministry of Justice to co-join by adding their logo as an endorsement to the guideline. Currently MOWA has been discussing with the Ministry of Interior to also put their logo on the Mediation Guideline. MOWA, Ministry of Justice (MOJ) and Ministry of Interior (MOI) are the most important stakeholders to implement the guidelines.

UN Women contributed to the revision of the service directories of GBV Working Groups in Kampong Speu, Preah Sihanouk and Siem Reap which identified the available service providers and their contact information. UN Women also supported MoWA to develop monitoring tools to support its role in monitoring minimum service standards. A monitoring checklist was developed to ensure that relevant government service providers and NGOs were providing essential services in line with the minimum service standards and that key areas for improvements were identified so they could be addressed.

Institutional system strengthening and capacity development

The programme made considerable contribution to creating a national monitoring and evaluation system. DAC-SG developed the Term of Reference (ToR) for the monitoring, evaluation and learning task force to monitor the NDSP2 implementation and disability-related legal framework. UNDP contributed to building a digital M&E system of the Web-Application for NDSP2. 198 indicators were extracted from the NDSP2 action plan matrix to be monitored and reported regularly. A total of 43 responsible Disability Action Working Groups (DAWGs), Provincial DACs and relevant stakeholders will be trained on how to use this web application. UNDP also supported DAC to develop an Accessible Mobile App named Cambodia Disability News that was an easy and user-friendly App where DAC can share all disability-related information, news, legal frameworks, reports etc. It also responds to any requests or complaints of persons with disabilities. Importantly, this Accessible Mobile App will allow persons with disabilities to keep track of the disability information, enable them to share their concerns, achievements or requests to DAC-SG and Provincial DAC through the App application.

With UNDP's support, the DAC improved capacity to fulfill its mandates by coordinating with MoSVY to implement the Sub-Degree on Allowances and the Employment Quota for Persons with Disabilities. \$1 million will be allocated from the national budget to reach 221,873 (104,570 women) that were newly identified for the disability allowance of \$5 per month. 8,768 (4,204 women) persons with disabilities secured employment in public and private sectors. At the sub national level, the targeted provincial DAC have improved their capacity to monitor and implement the NDSP2 in an inclusive manner; for instance, the operational plans were developed in consultation with the organizations of persons with disabilities to ensure their needs were well addressed in the plans.

Following the technical guidance from the global guidelines on essential service package for GBV survivors, UNFPA supported MoWA and Provincial Departments of Women's Affairs (PDoWAs) to roll out all minimum services developed in previous phase for front line providers in four targeted provinces (Kampong Cham and Tboung Khum provinces supported by ACCESS joint programme budget and Preah Vihear and Stung Treng provinces supported by UNFPA's core fund). With ACCESS Funding Support, the members of two Provincial Working Groups on GBV (PWG-GBVs) and 4 District Working Groups on GBV (DWG-GBVs) had been equipped with the minimum standard for GBV survivors. The minimum standard covers all four topics of the Essential Service Package for GBV survivors: 1) basic counselling, 2) referral guidelines, 3) health response, and 4)

key legal aspects. As a result, in 2020, 88 cases (50 domestic violence and 38 rape cases) received services from the provincial and district working groups on GBV in the four target provinces while in 2021 149 cases (91 domestic violence and 58 cases received services from the same working groups.

In addition, UNFPA also supported MoH to roll out the national guidelines and manual for health sector response to GBV in these four provinces to ensure proper and effective response from health providers. As a result of this capacity development and service availability, 312 women victims of violence had been reported to have received health care services at health facilities in the four provinces of Kampong Cham, Tbong Khmum, Preah Vihear, and Stung Treng. Among these cases, 134 rape cases were given forensic examination and the survivors received the examination certificates.

There has been a significant improvement of MOWA leadership to take lead in coordinating TWGG-GBV members to mobilise resources and budget allocation to develop the Annual Operational Plans to implement the NAPVAW III. With technical and financial support from UN Women, MOWA has continued to provide technical support to TWGG-GBV members to develop their AOPs. By the end of this reporting period, 15 AOPs have been developed by 11 line ministries, three Civil Society Organization (CSOs) and the Bar Association of the Kingdom of Cambodia. From the initial analysis, a total of 34 selections of strategic priorities were made and the major focus on prevention (73%), followed by Legal Protection and Multi-Sectoral Services (21%), Laws and Polices and Monitoring and Evaluation (3% each).

Even though COVID-19 remains a big challenge, with technical and financial support from UN Women in close collaboration with MoWA, the PDoWA of Kampong Speu, Siem Reap and Kampong Som successfully conducted six online trainings for all GBV Working Group members in Odong, Phnom Sruoch, Siem Reap, Puok, Kralanh and Prey Nop. From July to December 2021, about 271 GBV service providers of which 122 females were trained on the Minimum Standards of Basic Counseling.

Sustainable establishment of the networking between DPOs and local authorities

In an effort to enhance the implementation of the NDSP2, UNDP provided technical support to 5 DPOs Disabled People's Organizations (DPOs) and 1 Women with Disabilities Forum (WWDF) to build their advocacy skills to voice and position the needs of persons with disabilities in relevant national plans. As a result of the advocacy work, 60 activities were submitted. 12 communes adopted proposed activities and integrated them in their Commune Investment Plans, under which 34 activities (nearly 57%) were covered by national budget, and the rest financed by resource mobilized from development partners. For instance, commune councils have coordinated to build six publicly accessible ramps at commune council offices, health posts, and police posts and supported 15 persons with disabilities to establish small businesses for income generation in their families.

Representatives of the DPOs and disability NGOs were invited to join the provincial DACs, as the members of the council, to build a strong network and coordination between Provincial DAC's members and persons with disabilities to address the needs and challenges of the persons with disabilities through effective responses, support, coordination and advice of the Provincial DACs. As a result, Battambang Provincial DAC has coordinated and referred 96 (34 women) persons with disabilities to access health services, rehabilitation services, vocational training, livelihood services from relevant institutions and NGOs. Siem Reap Provincial DAC has built some accessible ramps along with the walking ways of the Siem Reap town for persons with disabilities.

UNFPA and MoWA introduced the AoP template of the NAPVAW III in 2021 to key members of all four PWG-GBVs to advocate for ownership of the GBV activities and to advocate for budget allocation for GBV activities. As a result, one PWG-GBV and one DWG-GBV have allocated the government budget to cover their periodic gatherings from 2022 onward.

With technical and financial support from UN Women, 9 GBV working groups established at the sub-national levels have been strengthened and coordinated through GBV working group quarterly meetings. During this reporting period, 10 GBV Working Groups meetings have been coordinated and strengthened via zoom platform in Kampong Speu, Phnom Sruoch, O'dong, Kampong Som, Prey Nop, Kampong Seila, and Siem Reap to monitor GBV service responses and discuss the challenges and how to address GBV. There has been a significant achievement for the GBV Working Groups in Puok, Kralanh and Kampong Speu which were able to organise a face to face meetings without financial and technical support from UN Women and MOWA after the government reopened the country for gatherings and meetings in December, demonstrating enhanced independence and commitment which should contribute to the sustainability of the approach and the network.

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 the following UNDAF's 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 which 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.

II. Assessment of Programme Results

- i) Narrative reporting on results:
 - a. Outcomes

DAC more effectively advises and coordinates NDSP implementation

The programme made considerable progress to improve the coordination and advisory roles of DAC. As a result, the National Disability Law is being revised and substantially aligned with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and national legislation to advance the rights of persons with disabilities. Under the leadership of DAC, the Inter-Ministerial *Prakas* on Requirements for Issuing the Driving License for Persons with Disabilities was endorsed in 2020, and the circular on the Strengthening of the Implementation of the Physical Accessibility Infrastructure for Persons with Disabilities was endorsed in 2021.

At the sub national level, DAC provided support to the Provincial DACs to develop and implement their Annual Operation Plan (AOP) following the strategic objectives and goals of the NDSP2. AOP has been designed in close consultation with government, organization of persons with disabilities and CSOs to ensure that it addresses the needs and challenges of persons with

disabilities. As a result, 28,766 persons with disabilities received the disability identification cards and access to the disability allowance. The Provincial DACs mobilized resource from both national budget and official development assistance (ODA). The programme also ensured that women with disabilities were not left behind. In this effort, the programme worked with DAC and Provincial DAC to engage them with the provincial department of women's affairs network where they could raise the needs of women with disabilities on this platform. The Ministry of Interior included persons with disabilities, as members of the Commune/Sangkat Women and Children Affairs Committee.

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

The programme was remarkably successful in contributing to enhancement of capacity of twelve commune councils to realise their rights as rights holders and to fulfill their obligation to uphold the rights of persons with disabilities and disability inclusion in commune development. The local authorities took actions to respond to the needs of persons with disabilities and used different sources of commune funds to support these works, especially during the COVID-19 outbreak. As a result, 8,577 persons with disabilities including 4,524 women with disabilities received COVID-19 vaccination, PPE materials, the emergency support packages and other social service supports. They were also proactive in facilitating with different entities to issue ID Poor cards to persons with disabilities and to support their access to national cash-transfer programme.

In terms of capacity development, with technical support from UNDP, CDPO empowered and built the confidence of five Disabled People's Organizations (DPOs) and a Women with Disabilities Forum (WWDF) through various training programmes, coaching and monitoring to ensure DPO and WWDF have the capacity to develop the advocacy plans and work with the local authorities. As a result, 34 (57%) out of 60 activities proposed were adopted in the Commune Investment Plan (CIP) that are funded by national budget. The activities were designed in line and responding to NDSP2. These 34 activities included the coordination and support of the commune councils to the persons with disabilities in accessing the cash transfer program during COVID-19, COVID-19 vaccines, and building accessible toilets and ramps for persons with disabilities and at public facilities, referring persons with disabilities to access training skills, health and rehabilitation services and so on.

MoWA, MoSVY and DAC advocate more effectively for line ministry resourcing and implementation of NAPVAW and NDSP

With UNDP's support, DAC significantly improved their capacity to develop and review the policy and legal frameworks to promote diversity and the rights of persons with disabilities, for instance, the updated draft National Disability Law was prepared using a rights-based approach in line with the UNCRPD. The draft law was informed by a comprehensive analysis of the priorities and aspiration of persons with disabilities, namely with respect to access to education, health and rehabilitation, social protection, justice, employment, women and children with disabilities and livelihood enhancement. It is expected to be submitted to the Council of Minister in the first half of 2022. Having this amended law, the RGC will have a commitment to promote the disability rights and increase resources through the national budget for national policy and programme.

Through the effective advocacy and implementation of the NDSP2, DAC made significant impact on the policy and legal framework development related to disability during the project period. Ministry of Land Management, Urban Planning and Construction issued the circular to notify all Provincial of Land Management, Urban Planning and Construction to strengthen the implementation of the physical accessibility infrastructure for persons with disabilities in August 2021. The circular also stated that all new construction plans should provide physical accessibility for persons with disabilities. Ministry of Interior issued the Prakas on Organization and Function

of the Committee In-Charge of Women and Children (CWC) in Commune/Sangkat in September 2020 that included a DPO representation to be a member of the CWCC. The Ministry of Planning applied the Washington Group Short Set of Questions on Disability in the revised ID Poor questionnaire and it is expected to be finalized in early 2022. MoSVY developed the Implementation Guideline on Vocational Training and Employment Support for Persons with Disability and will be launched in early 2022.

During the pandemic, the programme made significant contributions to disability inclusive social protection in Cambodia, for instance, 61,426 persons with disabilities access to a national cash transfer programme⁹. RGC identified 221,873 persons with disabilities including 104,570 women with disabilities for disability identification cards¹⁰. As of November 2021, 8,768 persons with disabilities including 4,204 women with disabilities accessed employment in both public and private sectors in Cambodia.

Government adopts, and service providers operationalize, essential service standards for women

As part of this IO 2.1 for the adoption and operationalization of the essential service standards by the government and service providers for women affected by GBV, UNFPA collaborated with MoH and MoWA to further strengthen and roll out the health sector response to GBV/VAW in four priority provinces (Kampong Cham, Tboung 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 funding): This National Guidelines had been adapted from UNFPA, WHO, and UNW global document to ensure that the different layers of the health system are cohesive, connected, sensitized and equipped with skills to address VAW/GBV in the health sector. The guidelines were endorsed and disseminated by the Ministry of Health in Q4 of 2020 and implemented from 2021 onward.

During the reporting period, UNFPA provided leading technical support to the MoWA in collaboration with other partners to further strengthen the national and sub-national capacity to coordinate the GBV Working Group to ensure timely and effective responses to GBV survivors. In close collaboration with MoWA and CSO partners, the two PWG-GBV in Kampong Cham and Tboung Khmum were trained on effective multi-sectoral referral and coordination while four DWG-GBV in those provinces were established and capacitated in essential services packages. The members of PWG-GBV and DWG-GBV, who are the frontline providers, had been trained on the four topics of the Essential Service Package for VAW survivors.

A significant result for UNW Cambodia in 2021 has been the development of nationally-owned guidance to ensure that mediation, which is a common response to GBV in Cambodia, is only carried out in cases where it is appropriate and is survivor-centred in its approach. The Law on Prevention of Domestic Violence and the Protection of Victims does permit mediation in cases of domestic violence that are considered "not criminal". However, research has shown that in Cambodia mediation is commonly used in the majority of cases of domestic violence. To ensure its use was limited to cases where it was legal and appropriate, UN Women provided technical and financial support to the Ministry of Women's Affairs to develop a policy that limits the use of mediation - the Guidelines on the Limited Use of Mediation as a Response to Violence against Women. UN Women worked with MoWA to gain buy-in from the Technical Working Group on Gender-Gender Based Violence which endorsed the Guidelines during the 24th

⁹ Message from the Prime Minister of the Kingdom of Cambodia on the occasion of the 23rd Cambodian Day of Persons with Disabilities and the 39th International Day of Persons with Disabilities, December 3, 2021.

¹⁰ MoSVY, Disability Management Information System, 14 December 2021.

Technical Working Group on Gender-Based Violence (TWGG-GBV) online meeting on 29 July 2021. These Guidelines are 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 is conducted in an appropriate manner that primarily protects the rights and safety of women victims/survivors. These Guidelines limit the mediation of disputes only in cases of petty crimes and civil matters in accordance with the roles and responsibilities of the relevant authorities and procedures of Law on the Prevention of Domestic Violence and Protection of Victims, outline policies and procedures applicable before, during and after mediation, as well as follow-up procedures in case a dispute is found to be illegal and inappropriate. It provides procedures to ensure that mediation is not misused as an alternative mechanism to continue the impunity of perpetrators of violence against women. To ensure the Guidelines have buy-in from key stakeholders, the technical working groups included technical focal persons from the DAC, MoI, MOJ and five NGO partners. Multiple consultations were held to review the contents and develop consensus on them. During a one-day face-to-face meeting on February 23rd, there was also a focus on ensuring these guidelines were accessible to people with disabilities and available in the languages of the participants (such as for ethnic minorities). After the draft of the Mediation, Guidelines had been reviewed, finalised and the title of the guidance had been agreed by the small working groups, the draft was sent to TWGG-GBV members to review before the meeting. During the meeting the Mediation Guideline was presented and opened for questions and final inputs. The Mediation Guideline was successfully endorsed by the participants, a significant achievement of consensus among the membership that represents CSOs as well as line ministries and a result of the participatory and consultative practice that was followed. MOWA has successfully lobbied the Ministry of Justice to co-join their logo to endorse the Mediation guidelines. Currently MOWA is discussing with the Ministry of Interior to lobby them to also put their logo on the Mediation Guideline. MOWA, MOJ and MOI are the most important stakeholders to implement the guidelines. As mediation is a common response to violence against women in the region, these Guidelines will serve as a model that can be replicated in other countries in the region.

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. The AOP format was introduced to TWGG-GBV members during the 23rd TWGG-GBV meeting on February 19th, 2021. There were 109 TWGG-GBV members from 17 ministries and 23 CSOs attending the meeting. In addition to the introduction of the AOP, there were discussions on the challenges in the implementation of the third NAPVAW and 4 key concerns were raised: (1) there is still a gap in national budget allocation for NAPVAW III implementation, (2) there are some challenges Inter-Ministerial and within Ministries for adequate multi-sectoral response and prevention, (3) access to justice including legal aid for women survivors is still limited, and (4) NAPVAW III monitoring and evaluation needs to be strengthened. After the meeting, MOWA continued to provide technical support to TWGG-GBV members on how to develop the AOP to implement the 3rd NAPVAW. There has been a significant improvement of MOWA leadership to take lead in coordinating TWGG-GBV members to mobilise resources and budget allocation to develop the Annual Operational Plans to implement the NAPVAW III. With technical and financial support from UN Women, MOWA has continued to provide technical support to TWGG-GBV members to develop their AOPs. By the end of this reporting period, 15 AOPs have been developed by 11 line ministries, three CSOs and the Bar Association of the Kingdom of Cambodia. From the initial analysis, a total of 34 selections of strategic priorities were made and the major focus on prevention (73%), followed by Legal Protection and Multi-Sectoral Services (21%), Laws and Polices and Monitoring and Evaluation (3% each).

MoWA improves multi-sectoral referral and coordination networks at national and subnational levels

As part of IO 2.2: through MoWA, UNFPA provided both technical and financial support to four PWGs-GBV and 8 DWGs-GBV in the four provinces. Despite of COVID-19 pandemic, UNFPA supported MoWA and PDoWAs to ensure the minimum functioning of the GBV working groups in providing services to GBV survivors physically and virtually. In 2020, all periodic meetings of PWGs-GBV and DWGs-GBV were conducted physically and in 2021 among 36 periodic meetings, 24 meetings had been conducted virtually.

In addition to informing of the available GBV services, UNFPA also worked closely with MoWA to update the service directory for GBV survivors and produced posters and other IEC materials including the digital campaign to reach out to people in the community.

Moreover, UNFPA also shared contribution to the MoP-NIS to conduct the CDHS to include the Domestic Violence module for this round of survey. The gender thematic report on gender dimension was also produced from the 2019 census data.

With technical support from UN Women, MOWA has taken lead in coordination and organising 3 TWGG-GBV meetings at the national levels in 2021 to continue to monitor and coordinate the implementation of the 3rd NAPVAW and call for the endorsement of the Guideline on the Limited Use of Mediation as a Response to Violence against Women. After the 3rd NAPVAW was launched in January 2021, the 23rd TWGG-GBV meeting was conducted to introduce the Annual Operational Plans which is a tool to monitor the implementation of the 3rd NAPVAW. MOWA continues to provide technical support to all TWGG-GBV members especially the line ministries to develop the AOPs. There has been a significant improvement of MOWA leadership in coordinating the 24th TWGG-GBV meeting on July 29th via Zoom to call for endorsement of the Guidelines on the Limited Use of Mediation as Response to Violence Against Women with the participation of 100 members of which 72 were female. The draft of the Mediation Guideline was sent to TWGG-GBV members to review before the meeting. During the meeting, the Mediation Guideline was precisely presented and opened for questions and final inputs. The Mediation Guideline was successfully endorsed by the participants by raising hands (reaction from Zoom platform) and virtually raising their hands in their zoom video. With MOWA's leadership and coordination, the 25th TWGG-GBV online meeting was organised on 23rd November 2021, to continue to coordinate between relevant line ministries and to monitor the implementation of NAPVAW III via the Annual Operating Plans. The meeting also marked the kick-off day to celebrate the 16 Days of Activism to End Violence against Women with participation of 119 TWGG-GBV members (79 female). The meeting had the honor of the participation of H.E. Dr. Ing Kantha Phavi, Minister of MoWA, H.E. Pablo Kang, Australian Ambassador and Ms. Pauline Tamesis, Resident Coordinator of UN Cambodia. In the opening remarks by H.E. Dr. Ing Kantha Phavi, there was an emphasis on the situation and actions taken as a response to GBV in Cambodia and she also highlighted the importance of GBV data and resources needed to address GBV including budget and human resources. During the meeting, there was also a presentation on the correlation between CEDAW, COBs and national action plan policies on violence, migration, and trafficking, Research Findings on the Impacts of Context of COVID-19 on Essential Services and the Big Data Research findings on COVID-19 impacts were shared. The meeting concluded with a call for commitment, action and participation from all members to celebrate the 16 days of activism to end violence against women by raising their hands in the zoom platform.

At the sub-national levels, with technical and financial support from UN Women in close collaboration with MoWA and PDoWA, 10 GBV Working Groups meetings have been coordinated and strengthened online in Kampong Speu, Phnom Sruoch, O'dong, Kampong Som, Prey Nop, Kampong Seila, and Siem Reap to monitor GBV service responses and discuss the

challenges and how to address GBV. There has been a significant achievement for the GBV Working Groups in Puok, Kralanh and Kampong Speu which were able to organise face-to-face meetings without financial and technical support from UN Women and MOWA after the government reopened the country for gatherings and meetings in December, demonstrating enhanced independence and commitment which should contribute to the sustainability of the approach and the network.

b. Outputs

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

The project was remarkably successful in fostering positive changes in the institutional system through strengthening the roles of DAC to coordinate and monitor the implementation of the NDSP2 and legal frameworks. 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, developed and adopted:

- The revised disability law is being finalized. DAC led the national core working group to revise the disability law in close consultation with line ministries and DPOs, CSOs and development partners. A national core working group included DAC Secretariat, representative of DPOs and development partners. Comments and input related to 26 articles received from stakeholders, the core technical working group conducted at least 24 times to review and address those comments. It is expected that the revised national disability law will be submitted to the Council of Minister in early 2022.
- The NDSP2 monitoring and evaluation framework and action plan matrix (including objectives, indicators, and activities) were finalized in close consultation with line ministries, development partners, DPOs and CSOs. 198 indictors of the action plan matrix were included in Web-Application NDSP2 report. The NDSP2 report web application will be served as a national monitoring and reporting system to provide update and progress of the NDSP2 as well as the overall progress of disability in Cambodia. About 43 responsible DAWGs, Provincial DACs and relevant stakeholders will be trained on how to use this web application.
- An Accessible Mobile App, named Cambodia Disability News, is an easy and user-friendly App where DAC can share all disability-related information, news, legal frameworks, reports etc. This Accessible Mobile App will allow persons with disabilities to access the disability information enable them to provide updates and share their concerns with DAC-S and Provincial DAC. The Accessible Mobile App also ensures persons with disabilities access to all relevant information.
- 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). This was a major progress for persons with disabilities as the *Prakas* lifts the legal barriers and enables persons with disabilities to access the driving license which is one of the most important part of the daily life in terms of traveling¹¹.
- 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

Page 12 of 36

 $[\]frac{11}{https://undpcambodia.exposure.co/freedom-to-move-how-the-new-driving-license-prakas-opens-opportunities-for-me-and-other-persons-with-disabilities?fbclid=IwAR1LLPKytcf3NVBn1If3qLbs8zmx6qKHMqOcMk8ZB7PF-OnSIGlhdRluSC8$

- would be a more effective policy to ensure students with disabilities have fully access to public and private education.
- Senior management of DAC-SG was formally nominated to be a focal point to support the line ministries and provincial DAC to ensure the NDSP2 and legal frameworks are well implemented and monitored. 17 Provincial DACs and 3 line ministries received substantial support from DAC-SG.
- A user-friendly version of NDSP2 has been finalized in an accessible and friendly format to ensure persons with disabilities have access to the NDSP2 particularly for those who have difficulty in reading or visual impairment, which was part of the dissemination tool¹². Through the effective dissemination of DAC-SG on the implementation of the NDSP2, DAWGs made significant contributions to development of the disability inclusion policies and budgets that were mentioned in the output 3 below.
- In November 2021. the evaluation tool was developed to assess the function of the Provincial DACs. This tool will be adopted by DAC in early 2022 to monitor the progress and function of the Provincial DACs towards *Prakas* 002 on organization and function of the Provincial DACs issued in 2014.

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

Under the output 2, the project made significant contributions to empower and build capacity of 116 (26 women) persons with disabilities from five Disabled People's Organizations (DPOs) and a Women with Disabilities Forum (WWDF) in terms of full participation in commune investment plan, advocacy plans and community-based consultation. It shows that 36% increased of their knowledge and confidence in advocating for the needs of persons with disabilities (92% at the end line in October 2021, 56% at the baseline in January 2020). Their understanding of CIP process increased from 64% to 96%, on how to identify the needs of persons with disabilities to include in CIP increased from 52% to 88%, and on how to ensure the inclusion of persons with disabilities in CIP process increased from 56% to 92%. Four DPOs (Kampong Cham, Kampong Speu, Bbong Khmum and Siem Reap provinces) were invited by the provincial DACs to be a member of Provincial DACs. This achievement created a sustainable mechanism for the full participation of DPOs at the regular quarterly meeting of the provincial DACs. It also creates a space for DPOs to share the voices and requests of persons with disabilities to the provincial DACs for their coordination, advice and supports.

In addition to that, DPOs and WWDF developed two years advocacy plans for 2021-2022 with their members and successfully implemented those plans with the local authorities. The advocacy plans include: 1) access to social protection (ID Poor, case transfer program, disability cards), 2) access to the COVID-19 vaccine and PPE, 3) access to public services (health care services, physical rehabilitation), 4) improvement of the public physical accessibility (public road, ramps, and toilets), and 5) inclusion of persons with disability in the CIP process. DPOs and WWDF attended 80 meetings with commune councils to discuss the challenges and needs of persons with disabilities and followed up with commune authorities regarding the progress of disability services in the commune investment program. As a result, 34 (57%) out of 60 activities were accepted in the Commune Investment Plan and supported from different funding sources of the government budget - development fund and mobilized local fund to cover those activities during the project period.

Commune councils are elected by people to represent them in their commune and to advocate for citizens' right. However, as they are also affiliated with pollical party, there is still a perception that they do not belong to the demand side. Through the project's effort, twelve commune

Page 13 of 36

¹² http://online.anyflip.com/hralr/ysmj/mobile/index.html http://online.anyflip.com/hralr/qmox/mobile/index.html

councils realised their responsibilities as rights holders and representative of their constituencies as a signed country on the CRPD.

The project developed inclusive CIP manual and materials with accessible and friendly format. 45 (10 women) leaders of twelve commune councils were trained on the inclusive CIP manual. An exchange visits for nine commune councils to visit three communes (Bathay, Mepring, and Sampong Chey) was organized, to learn the actual practices on how these commune councils actively collaborated, coordinated and engaged with DPOs and persons with disabilities in the communes and CIP process. The Inclusive CIP Reflection Workshop was organized, 66 persons (including 26 persons with disabilities), women with disabilities commune councils, CSOs and relevant line ministries and institutions attended. The workshop provided opportunities for DPOs and WWDF and commune councils to share their good practices and challenges on inclusive CIP at the commune councils. The representative of the Ministry of Interior (MoI) who was in charge of the commune budget plan, shared and informed the CIP process at the commune level. The participants also discussed the challenges of and solutions to the CIP budget allocation to support disability activities.

Through the active participation and gained knowledge on the disability inclusion, the local authorities took actions to respond to the needs of persons with disabilities using different sources of commune funds to support persons with disabilities, particularly during the COVID-19 pandemic at the commune levels. As a result,1,832 persons with disabilities including 952 women with disabilities received first dose COVID- 19 vaccination, and 1,745 persons with disabilities including 785 women with disabilities received the second dose. It is important to note that even though vaccination is provided free of charge by the Government, persons with disabilities faced some challenges in accessing it and in some cases, they do not get the relevant information.

The councils also facilitated with different entities to issue IDPoor card to 1,508 persons with disabilities including 737 women with disabilities. This card allows them to access to national cash-transfer programme and other social assistance programme during the pandemic and beyond. What is more, 4,995 persons with disabilities including 2,787 women with disabilities received PPE materials (hand sanitizers, face masks and alcohol), the emergency supported packages (including instant noodles, rice and canned fish), and other social service supports (health and rehabilitation services, education water supplies and so on).

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 2020¹³.
- Two hundred posters of the disability inclusion in the CIP process printed and distributed to six DPOs, four Women with Disabilities Forums, commune authorities, and persons with disabilities in target provinces.
- One video clip of inclusive CIP. The video demonstrated all CIP processes and the potential participation of persons with disabilities. A video spot highlighted the knowledge and participation of persons with disabilities in the CIP programme¹⁴. 18K views on CDPO Facebook from July to the end of December 2020.
- Two round table discussions conducted at VPD radio station on the topic of "Your concern and Our solution" related to disability inclusion into commune planning¹⁵. It was

¹³ Cambodian Disabled People's Organization (August 28, 2020). Inclusion of Challenges and Needs of Persons with Disabilities in Commune Investment Plan. Facebook. https://fb.watch/bo62XDj9rs/

¹⁴ Cambodian Disabled People's Organization (October 08, 2020). Video on the Importance of Disability Inclusion in Commune Investment Plan. Facebook. https://fb.watch/bo6nOfuARe/

¹⁵ Cambodian Disabled People's Organization (April 06, 2021). Inclusion of Challenges and Needs of Persons with Disabilities in Commune Investment Programme. Facebook. https://fb.watch/bo68vUZIDi/

- also streaming live on the CDPO Facebook (1,448 viewers were recorded during the period of the round table discussion).
- The driving license video was developed to disseminate the Inter-Ministerial Prakas on the Requirements of Issuing the Driving License to Persons with Disabilities. It was posted in UNDP Facebook page and DAC Facebook page with 97,000 views in total¹⁶.

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

In terms of capacity development of the five provincial DACs (Battambang, Siem Reap, Kampong Cham, Kampong Speu and Tbong Khmum provinces), they are able to develop the annual operational workplan (AOP) to implement the NDSP2 at the sub national level. With technical support from UNDP, DAC-SG provided two training on Budget Strategic Plan and Program Budget Training, and Action Plan Development for 422 (137 women) PDAC members in order to guide them to develop action plan and budget plan as well as the monitoring tool. As a result, 28,766 persons with disabilities were identified to access the disability allowances from this effective implementation of PDACs action plan,

Kampong Cham Provincial DAC organized the disability forum with involved 49 (28 women) persons with disabilities to raise their concerns and needs. This forum created a space for persons with disabilities to raise their voices — not only the demand side but also the supply side. Following to the collected issues, Kampong Cham Provincial DAC provided effective support to 803 persons with disabilities in accessing the disability allowance schemes, 247 persons with disabilities received the PPE materials and emergency food items, and 93 persons with disabilities employed at 24 garment factories. While Kampong Cham provincial DAC is a champion in providing support to persons with disabilities, the project also produced a video success story to showcase how the province promotes disability rights at the sub national level.

With technical support from UNDP, the disability inclusion (DI) manual was finalized ¹⁷. The DI manual was developed and finalized in close collaboration with DAC, MoSVY and DPOs. The main content of the DI is to raise awareness on disability inclusion and how to include disability into the policies and programmes. 27 (8 women) participants from DAC-SG, 5 Provincial DACs, CDPO and UNDP received ToT training. 78% of participants reported that they were either very confident or reasonably confident in delivering the DI training in the future. However, the participants had a commitment to transfer what they learnt with their colleagues and community. E-learning module of DI manual was developed in the Web-based application including the accessible videos for the trainers when delivering the training.

In November 2021, the Guiding document on the Organization and Functioning of the Provincial DACs was developed¹⁸. This guideline is a road map to guide the Provincial DACs to effectively perform their roles and responsibilities which were mentioned in the Prakas 002¹⁹ issued in 2014 on the organization and function of the Provincial DACs.

https://undp.sharepoint.com/teams/KHM/progres/projectcenter/00096280/Shared%20Documents/17 Project Assessment_Report/DI%20trainer's%20Manual_V14Low.pdf

https://undp.sharepoint.com/teams/KHM/progres/projectcenter/00096280/Shared%20Documents/17_Project_Assessment_Report/DI%20Trainer's%20Manual%20Khmer_V4Low.pdf

https://undp.sharepoint.com/teams/KHM/progres/projectcenter/00096280/Shared%20Documents/15 Procurement/2021%20Procurement%20PPDI/IC DC Ya Navuth Deve. guiding%20doc. PDAC/Guiding%20document%20on%20PDAC_Khmer%20version.pdf

¹⁶ https://web.facebook.com/UNDPCambodia/videos/645235090056106

¹⁹ MoSVY Minister and Chairperson of DAC. The Prakas on the Organization and Functioning of the Provincial DAC at Provinces and Towns (Khmer version). Issued No.002:2014.

DAC also conducted a capacity need assessment on Disability Inclusive Social Protection (DISP) with the government line ministries and Provincial DAC²⁰. The purpose of this capacity needs assessment is to identify knowledge and gaps in knowledge on disability-inclusive social protection and provide recommendations to address identified knowledge gaps. Social protection is a critical tool to improve the lives of people, including the poorest and most marginalized, and as a means to mitigate the effects of crises and shocks. Disability-inclusive social protection is a relatively new concept in Cambodia. The capacity needs assessment has identified gaps in knowledge on social protection within both the DAC-SG and PDACs in the five target provinces. The self-assessment questionnaire revealed that 26 per cent of respondents rated their knowledge and understanding of disability-inclusive social protection as poor or an area of weakness that needed improvement. In addition, 34.8 per cent of respondents rated their knowledge and understanding of the SPPF, the IDPoor program, and the COVID-19 cash transfer programs as poor or an area of weakness that needed improvement. Other gaps identified include training on disability-related issues have been provided at all levels but with the absence of follow-up training, limited sharing of knowledge after training, and limited opportunities to implement what is learned, the potential for retaining knowledge is impacted; PDAC members change regularly; and lack of practical guidance to effectively implement roles and responsibilities.

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

Capacity development for 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 among different stakeholders in the four provinces. In total, ten training sessions had been conducted among 190 healthcare providers and managers (134 females). Their knowledge increased from 61.3% in the pre-test to 91.3% in the post-test.

In 2021, UNFPA continued to provide technical and financial support to the Ministry of Health to further enhance the capacity of the health system to provide services to women and girls who experienced violence, particularly during the context of COVID-19 pandemic. Sixty-nine GBV/VAW monitoring, and supervision visits had been 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, by the end of the project, eight referral hospitals had been 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 had been 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 were carried out in 2020 with 91 stakeholders (72 females). In 2021, MoH and PHD provided hands-on coaching and supportive

https://undp.sharepoint.com/teams/KHM/progres/projectcenter/00096280/Shared%20Documents/15 Procurement/202 1%20Procurement%20PPDI/IC DC Sheree Capacity Need assessment social protection/Capacity%20needs%20ass essment-final_Eng_12%2001%202022.pdf

https://undp.sharepoint.com/teams/KHM/progres/projectcenter/00096280/Shared%20Documents/15_Procurement/202_1%20Procurement%20PPDI/IC_DC_Sheree_Capacity_Need_assessment_social_protection/Capacity%20needs%20assessment-final_Khmer_12%2001%202022.pdf

²⁰

supervisions in order to build confidence in providing health sector response to GBV/VAW services to victims. Accumulatively, 40 sessions of Health Sector Response to VAWG in the communities were conducted in UNFPA 8 priority provinces with 309 participants (252 females).

As a result of this capacity development and service availability, 312 (139 in 2021) women victims of violence had been reported to have received health care services at health facilities in the four provinces of Kampong Cham, Tbong Khmum, Preah Vihear, and Stung Treng. Among these cases, 134 rape cases were given forensic examination and the survivors received the examination certificates.

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 to integrate GBV/VAW into the Associate Degree in Midwifery (ADM) curriculaa three-year direct entry midwifery programme, Bachelor of Science in Midwifery (BSM) curricula-a four-year midwifery programme and Core Competency Framework for Midwifery Practice 2020. The gender in health sector, which covers an understanding of basic terms, international-national guidelines, gender integration into health sector and understanding how gender and other factors impact health across priority populations, has been included in Year 1 under the topic of Sexual and Reproductive Health and Rights: women health care. The gender has also been included into year 3 under the topic of Advanced midwifery. This is composed of advocacy and empowerment strategies for women. In addition, the basic level of the GBV contents are built into in Year 2 under the topic of midwifery care for complications during pregnancy. The comprehensive study of GBV has been introduced in year 3 under the topic of Advanced Sexual and Reproductive Health issues. Also, the gender and GBV have been integrated into the Associate Degree of Nursing (ADN). In summary, the ADM curricula were completed in December 2021, which ensured integration of gender and GBV. 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 and 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 etc.
- Human rights and their effects on health of individuals, including issues such as gender based/ domestic partner violence

There has been a significant progress in capacity building of service providers from July to December 2021. Even though COVID-19 remains a big challenge, with technical and financial support from UN Women in close collaboration with MoWA, the PDoWA of Kampong Spue, Siem Reap and Kampong Som have successfully conducted six online trainings for all GBV working group members in Odong, Phnom Sruoch, Siem Reap, Puok, Kralanh and Prey Nop. From July to December, 271 GBV service providers of which 122 are female have been trained on the Minimum Standards of Basic Counseling. Though there were some challenges with internet and technology usage, the trainings were a huge success. The participants showed interest and commitment to stay connected (some participants were disconnected due to an internet problem, but they rejoined when possible) and engaged with the facilitators. Several meetings were held with MOWAs, PDOWA and UN Women to discuss the training methodologies and the training was conducted as a series for 9 hours in total. Due to the challenges in internet connection and time constraints, all discussions were conducted as a plenary session and the facilitators did a great job to engage the participants in the discussion. By the end of the quarter, all GBV Working Group members have now received training on the Minimum Standards of

Basic Counseling. Accessing to adequate IT equipment and good quality internet remained constraints for the GBV service providers participating in the online training. Having seen this challenge, UN Women have requested approval from DFAT/ACCESS to buy ITC materials for MOWA and GBV Working Group secretariats at the provincial and district levels to improve coordination for online working/training/meeting platforms. With the approval from DFAT/ACCESS, UN Women has bought 10 laptops, LCD projectors and wall screen 10 units, network and video conference 3 units, tablet 2 units, and microphone/speaker 9 units for MOWA and the GBV working group secretariats at the sub-national levels.

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

To ensure the service information is available for women and survivors of GBV, during this reporting period, 5 online meetings were conducted with MOWA, UN Women, representative from PDOWA, and FHI360 to review the service mapping directories developed by GBV Working Groups in Kampong Speu, Preah Sihanouk and Siem Reap. Service directories helped to identify the available service providers and their contact information. UN Women also supported MoWA to develop monitoring tools to support MoWA's role in monitoring minimum service standards. A monitoring checklist was developed to ensure that relevant government service providers and NGOs are providing essential services in line with the minimum service standards and that key areas for improvements are identified so they can be addressed. Even though COVID-19 has continued to hit harder in Cambodia, the service providers continue to provide services to VAW survivors via phone helplines and online platforms. To ensure the information of the service provision is available during COVID-19, UN Women supported MOWA to buy masks and hand sanitisers and distribute to GBV Working Group Members in Kampong Speu, Siem Reap and Preah Sihanouk province. On the bottles of hand sanitisers, there was a message with MOWA and PDOWA phone helplines of each province with VAW service response contact numbers during COVID-19. Based on the Endline conducted at the end of the ACCESS phase I, in the FGDs with women that had received support about 1 year prior they reported that the police and local authorities were willing to try to help them and talked to them warmly and respectfully. The women, however, did not feel they were an advocate for them, but acted more as a mediator for the family. However, they did not feel disrespected by the authorities. Just over half (50%) were satisfied with the way they were treated and the other 50% were neutral (no negative response). Also, about half the FGDs participants reported they were able to make their own decisions.

From January to December 2021, with technical and financial support from UN Women in close collaboration with MoWA and PDoWA, 10 GBV Working Groups meetings have been coordinated and strengthened online in Kampong Speu, Phnom Sruoch, O'dong, Kampong Som, Prey Nop, Kampong Seil, and Siem Reap. The meetings were conducted to monitor GBV service responses and discuss the challenges and how to address GBV. The common challenges raised were the repeated cases of domestic violence in which the women requested not to press the charge for their husband in minor cases (defined by service providers as those that did not experience severe injuries) due to economic dependency. There was a reminder on survivor confidentiality and victim blaming and to follow cases through the justice processes from arrest to prosecution. There has been a significant achievement for the GBV Working Groups in Puok, Kralanh and Kampong Speu which were able to organise face-to-face meetings without financial and technical support from UN Women and MOWA after the government reopened the country for gatherings and meetings in December, demonstrating enhanced independence and commitment which should contribute to the sustainability of the approach and the network.

During the reporting period, UNFPA provided leading technical support to the MoWA in collaboration with other partners to further strengthen the national and sub-national capacity to coordinate the GBV Working Group to ensure timely and effective responses to GBV survivors. In close collaboration with MoWA and CSO partners, the two Provincial Working Groups on

GBV (PWG-GBV) in Kampong Cham and Tboung Khmum were trained on effective multisectoral referral and coordination while four District Working Groups on GBV (DWG-GBV) in those provinces were established and capacitated in the same essential services packages. The members of PWG-GBV and DWG-GBV, who are the frontline providers, had been trained on the four topics of the Essential Service Package for VAW survivors.

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, Tboung 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 Q3 of 2020. 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. In 2021, all the gatherings of these working groups were conducted both virtually and physically due to the outbreak of the COVID 19 (February 20, 2021, community outbreak).

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-GB 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 post-test, 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. In 2021, UNFPA supported MoWA to deliver the third topic on "Health sector response to GBV" and why victims of rape cases are required to refer immediately for health treatment.

The number of women and girls who are the GBV survivors is recorded manually by each Provincial Department of Women's Affairs, serving as secretariat of the PWG-GBV. In 2020, 88 cases (50 domestic violence cases, and 38 rape cases) received services from PWG-GBV and DWG-GBV in the four target provinces. 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 and 39 cases received counselling offered by PDoWA staff and 12 cases were referred to other services. In 2021, the reported cases have increased to 149 (91 domestic violence and 58 rape cases in four target provinces), which might have resulted from increased knowledge/awareness of people on gender and GBV and on the GBV network in their areas.

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.

UNFPA and other donors such as Co-Water, Recoftc Cambodia, UNIDO and private sectors shared contribution to conduct Digital Capacity Development Program and Online Public Speaking Skills for MoWA and all Provincial Department of Women's Affairs new staff. 92 participants (59 females) jointed the launch event on 11 June 2021.

UNFPA and MoWA produced five spots on GBV services from provider perspective and one on the client in receiving services. These productions were posted on MoWA Facebook page and UN agencies pages, to celebrate 2021 IWD as well as to show the linkage between gender and GBV. In total, there were 267,7K views and 3,333 Likes during three weeks. In addition, some necessary materials such as hat, food containers, and bottle were produced for GBV front line providers utilize during this COVID 19 circumstances.

Contribution to the GBV digital campaign: The UNFPA took the lead in coordinating the 16 Days GBV Social Media Campaign (Starting from Nov 25 - Dec 31, 2021) with implementing partners, UN agencies, International and local Civil Society NGOs, and Social Enterprises. In close collaboration with the Ministry of Women Affairs, UNWOMEN and UNRC jointly launched the #16Days Campaign of Activism against Women and Girls under the global and UNFPA themes with the following hashtags: #16days, #bodyright, #OrangeTheWorld, #EndViolence, #EndGBVNow, and #GenerationEquality. Five short quote videos, three Vlogger videos from social media Influencers, five Government Officials/CSO short videos, and artworks with GBV key messages had been produced and posted on social media platforms across UN Agencies' and MoWA's pages. Through the UNFPA, MoWA and PDoWA Facebook pages, the GBV Social Media Campaign reached more than two million people with over 90,000 post engagements, comments, and shares during the campaign period.

Research/study:

Through the ACCESS program's fund, UNFPA also shared contribution to the MoP-NIS to conduct the Cambodian Demographic Health Survey (CDHS). UNFPA's main contribution focused on the training of enumerators. To enable the main training to take place successfully, NIS, MoH and UNFPA prepared a plan, identified suitable training venues with reliable internet connection, and particularly procured appropriate protective and pedagogical equipment in place prior to the training. The protective equipment included masks, hand sanitizer, disinfectant and cleaning supplies (e.g. paper towels, napkins, wipes, soaps etc.), touchless thermometer, projector and other necessary supplies. The enumerator training was done remotely as well as in class sessions, to the extent practicable. The CDHS report expected to be available in Q4 of 2022.

Moreover, UNFPA supported MoWA and NIS to conduct the in-depth analysis on Gender and Women's dimension from the 2019 census data. The final report on gender and women's dimension was submitted to MoWA and NIS after the final consultative meeting with line ministries and CSOs and academic institution in Q4 2021. MoWA will work on the summary report to be published and disseminated in 2022.

Qualitative assessment:

Due to the COVID-19 pandemic, the programme was extended until 30 November 2021. In overall, the programme was a successful endeavour. At its final stage, the programme has consolidated important gains made during the implementation period in terms of promoting the rights of persons with disabilities through a multi-pronged approach that engages government at the national and sub-national levels, the disability movement and GBV service. Throughout programme lifespan, the programme consistently engaged with government and non-government actors and the disability movement to create a more enabling environment for persons with disabilities and GBV survivors to access their rights and to increase their participation in society.

Barriers to participation at the policy and institutional level, as well as barriers in access to services and in terms of social norms have been addressed throughout implementation. Crosscutting through the components related to the outcomes were the core areas of: (1) Strategic and policy assistance, (2) Advocacy and awareness raising, (3) Capacity development of partners, and (4) Systems strengthening.

In terms of strategic, policy assistance and system strengthening, DAC took a lead to review the national disability law while UNDP and CDPO provided technical support to ensure the revised law was aligned with the UNCRPD and consulted with all relevant stakeholders – line ministries, DPs, DPos, CSOs and private sectors. DAC-S successfully advocated with line ministries for disability-related policies/legal documents, for example, the Inter-Ministerial Prakas on the Requirements for Issuing the Driving License for Persons with Disabilities was endorsed in December 2020²¹. DAC-S significantly proved the responsible commitment, ownership and collaboration to lead the program in a successful and sustainable way. With technical support from UNDP, DAC-S developed the ToR for the M&E unit and M&E tools for monitoring the progress of the NDSP2 implementation and other legal frameworks.

UNDP created a space for DAC-S and CDPO to work together to ensure the full participation of DPOs and persons with disabilities at all stages of development, implementation, and monitoring of the disability-related legal documents. For instance, DAC-S involved CDPO as a member of the national core working group together with the representatives of UNDP, OHCHR, DFAT and ACCESS to actively review the comments and feedbacks of all stakeholders on the revised disability law and other legal frameworks. This has been shown as strong collaboration and partnership between the government and DPOs to advance the rights of persons with disabilities and ensure that no one is left behind.

With technical support from UNDP, CDPO significantly increased their capacity to provide effective and sufficient support to their networks, for instance, five disabled People's Organizations (DPOs) and one Women with Disabilities Forum (WWDF) are able to advocate with the local authorities to ensure the needs and requests of persons with disabilities would be included in the Commune Investment Plan (CIP). The commune councils used different sources - development funds and local funds to support activities related to disability during the project period. The commune councils also engaged DPO representatives to attend the commune council meetings to make sure their voices were heard and addressed.

The COVID-19 pandemic impacts remain a challenge in the project implementation. All activities have been shifted to online platforms and the application of online modality to implement the activities required sufficient consultation and strong collaboration with government counterparts with strong technical assistances and IT equipment supported from UN Women. To ensure the project activities were implemented and achieved, UN Women continues to coordinate and consult with MOWA and PDOWA on multiple meetings online to organise online trainings and meetings among GBV working group members. UN Women has provided technical support in creating a zoom link for the trainings and meetings and with UN Women other sources of funding, UN Women in collaboration with MOWA has provided a training on how to use zoom for GBV working group members so they can better access and utilise the platform.

There have been challenges in coordination to develop Annual Operational Plan (AOP) to implement the 3rd NAPVAW within each line ministry of TWGG-GBV. TWGG-GBV focal persons have limited authority to mobilise the internal ministry line department to collect inputs for AOP and there is a limited capacity among leading coordinator of TWGG-GBV to support

Page 21 of 36

²¹ UNDP Cambodia (February 11, 2022). Persons With Disabilities Can Now Apply for a Driving License. Facebook. https://web.facebook.com/UNDPCambodia/videos/645235090056106, <a href="https://undpcambodia.exposure.co/freedom-to-move-how-the-new-driving-license-prakas-opens-opportunities-for-me-and-other-persons-with-disabilities?fbclid=IwAR0VGrrOt1Y_EB4Ik9_EKhrn1Jm6I_gNj2Ry_NDRZxsMwq7YZHPaij_tcoU

members to develop AOP. Having seen these challenges, UN Women has constantly provided technical support and followed up with MOWA to assist the TWGG-GBV members to develop the AOPs. The constant technical support and follow-up helped identify the challenges and support needed that the TWGG-GBV members faced in developing the AOPs. Fifteen AOPs have been developed and key initial analysis has been conducted. There are gaps found in the AOPs including significant numbers of TWGG-GBV members who have not completed AOPs, and this has resulted in a lack of documentation of many of the activities that have occurred and represents significant work toward the NAPVAW implementation, the lack of AOPs from many organisations and line ministries that focus on the marginalised and at-risk groups access to services is not documented adequately, and some of the activities and actions are not NAPVAW priorities but the planned activities of the line ministries.

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 roundtables 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 services in all four provinces has been updated and printed out. It was shared with the network as a resource support during this pandemic. In addition, UNFPA produced two messages on GBV/VAW and were disseminated on different media platforms. The messages reached more than 5 million people and generated good interactions among viewers in 2020 and 2021. The key topics are:

- preventing violence against women (1 message);
- mental health related to GBV and adolescent and youth; and
- encourage service seeking for GBV

Gender-Based Violence is likely to increase during the COVID-19 outbreak, where the movements are restricted, working places are closed or reduced working hours, less income, fear of infection and other factors. The basic needs for women at high risk of GBV were the primary focus and were recommended to the government and policymakers to identify alternative ways to support them through essential social services, particularly during the period of physical distancing and natural disasters, like flooding. Considerable support for the psychosocial and physical wellbeing of women and girls was provided with information about hygiene, reproductive health, GBV related issues, and services through the inclusion of health and protection information along with 1,300 dignity kits (500 kits in 2020) that had been distributed to the women and girls at high risk of gender-based violence in four UNFPA targeted provinces.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWPs** - provide details of 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.

	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification	
UNDP Component Outcome 1 ²² IO2.3: DAC more effectively advises and coordinates NDSP implementation				
Output 1.1 Disability Action Council	(DAC) effectively provides advice, coordinates	s 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 submitted and approved yet Planned Target (2021): The disability law submitted and approved by DAC.	Disability law not yet submitted. However, the revised disability law is being finalized and will be submitted to DAC senior management in early 2022.	Mostly achieved: To ensure the revised law is well consulted with all relevant stakeholders, the Disability Action Council allowed the technical working group to work closely with the comments and feedback received from line ministries, CSOs and DPOs. All comments were addressed and consolidated in the final draft.	The draft revised disability law – Khmer version is available	
Indicator 1.1.2 The extent to which DAC/PDAC coordination mechanism has been strengthened Baseline (2018): Limited extent Planned Target (2021): Great extent	2 larger consultations with DAWGs and DPOs and CSOs were conducted. 24 meetings were organized and led by DAC-SG Technical Working Group to review the comments from development partners and DPOs from June to November 2021. DAC-SG coordinated with five Provincial DACs to develop the annual operational work plan for sub national level. Reflection Workshop on the Progress of Provincial DAC on 19 August 2021 was organized and led by DAC-SG.	Achieved	 Quarterly Progress Report DAC social media Facebook, telegram Meeting and Training reports Back To Office Report (BTOR) and attendance lists 	

²² 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.

DPOs/CDPO and provincial DAC med			nvolvement of
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% Output 1.3 DAC, Disability Action Winclusive policies and budgets.	At least, 5 activities of DPOs and 1 WWDF were accepted by the commune council. In total, 60 activities submitted to 12 commune councils were included in the CIP plan in 2021 and 2022. The activities were aligned with NDSP2. 34 (57%) out of 60 activities were implemented from different funding sources of commune councils. Working Groups (DAWG) and Provincial DACs in the commune councils.	Achieved have the capacity to develop and imp	 Quarterly progress report CDPO Project Report Commune council baseline and end line survey
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%	 There were no specific budget allocations for disability-related activities evident in annual Programme Budgets with other designated LMs. However, there was the fact that such disability interventions/activities were mainstreamed into some line ministries. MoSVY allocated about USD 3,332,700 for disability-related interventions in 2019 and increased to USD 3,581,800 (about 7.47% increased) in 2021. MoWA allocated about USD 41,600 for the protection of women with disabilities in 2019 and increased to USD 57,675 (about 35.64% increased) in 2021. MoEYS allocated about USD 587,425 for disability inclusion in 2019 and increased to USD 768,675 (about 30.85% increased) in 2021. 	Mostly achieved: Due to the COVID-19 pandemic in 2020 and 2021, the national budget for all sectors including disability were reduced, the RGC advised to focus on the COVID-19 priorities.	 MoSVY annual budget report MoWA annual budget report MoEYS annual budget report Two circulars of MEF were issued consecutively to rationalize and improve the expenditure efficiency of the 2020 Budget Law as the RGC measures to focus on the key priorities in response to

Indicator 1.3.2 Number of PDAC staff who have received training on coordination, planning and budgeting	- As of 30 September 2021, 61,426 persons with disabilities received national cash transfer during the Covid- 19 pandemic. 558 (169) members of five Provincial DACs received 7 training courses (on Program Strategy Budget and Budget Plan and Action Plan Development, Monitoring and	Achieved	COVID-19 pandemic. The budget revisions involved widespread reductions in spending across almost all of the line ministries/agencies and their capital/provincial departments, as well as sub- national administrations for various categories of spending. - Quarterly progress reports - Annual progress report
Baseline (2018): 0	Evaluation).		- Training report
Planned Target (2021): 175 Indicator 1.3.3 Degree to which PDAC-priority action plan and budget are aligned with NDSP2 Baseline: Limited extent Planned Target: Great extent	All five Provincial DACs developed their 2021 action plan and drafted 2022 action plan. These two action plans were aligned with NDSP2.	Achieved	 Quarterly Progress Reports Action plan for 2021 and 2022 of five Provincial DACs (Khmer versions).
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	Both DI Manual (Khmer and English versions) were finalized and printed as a first edition by DAC-SG. DAC-SG conducted the ToT training on the DI manual to 27 DAC-SG, Provincial DAC and CDPO staff in September 2021. DAC-SG will endorse the DI manual in early 2022.	Achieved	 Quarterly Progress Reports Annual progress report Both DI Manual (Khmer and English versions)²³

_

²³ https://drive.google.com/drive/folders/1dLDs-S9Ow3Zb3HrM0Z2Ljudl6CpI-C7G?usp=sharing

	- ToT training
	report

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 (disaggregated by age group, gender and disability)

Output 1.4 Strengthened institutional capacities of health, legal, psycho-social and other essential services to prevent and respond to GBV in selected provinces.

312 (139 in 2021) women victims of	Achieved	NMCH report
violence have been reported and supported in		
2020 and 2021 at health facilities in the four		
provinces		
134 rape cases (67 cases in 2020) received	Achieved	MoH report
forensic examination in the four provinces		
•		
25 provincial trainers trained	Achieved	NMCH report
165 (116 females) new health providers	Achieved (accumulated with	NMCH report
trained	baseline)	
Pre-test: 61%	Achieved	NMCH report
Post-test: 90%		
	violence have been reported and supported in 2020 and 2021 at health facilities in the four provinces 134 rape cases (67 cases in 2020) received forensic examination in the four provinces 25 provincial trainers trained 165 (116 females) new health providers trained Pre-test: 61%	violence have been reported and supported in 2020 and 2021 at health facilities in the four provinces 134 rape cases (67 cases in 2020) received forensic examination in the four provinces 25 provincial trainers trained Achieved Achieved Achieved (accumulated with baseline) Pre-test: 61% Achieved

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

Planned Target: +50% (Year 2021) in	ncrease over the baseline		
Indicator 1.4.1b Number of health providers trained in GBV topics.	84% of 271 trained GBV service providers of	Achieved.	Endline and Client Satisfaction
Baseline (2019): Not available Planned Target (2021): 13	which 122 females in three target provinces including Kampong Speu, Preah Sihanouk Ville and Siem Reap reporting an increased understanding on service coordination,	It was challenging to disaggregate the participants by their position as JPO/JPA or health care providers as the training was	Assessment
Indicator 1.4.1c Number of judicial police officers trained on GBV topics. Baseline (2019): Not available Planned Target (2021): 26	referral, case management	conducted online. Hence the programme team could only disaggregate by male or female service providers.	
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%	71% of women interviewed indicated that they had received appropriate services including referrals. Survivors were asked about their experiences in accessing services and how that had changed over the last three years. One group had received services in the last few months (up to a year), one group three years ago, and another was mixed. The group that received services in the past year had better experiences showing the training was effective. "The local authorities treat us with respect. They try to help us" a women survivor in FGD said.	Achieved	Endline and Client Satisfaction Assessment
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	440 new GBV cases have been reported to GBV working groups of the three target provinces	Achieved (accumulated with baseline)	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	 64 (49 Female members) PWG-GBV 165 (53 Female members) DWG-GBV 	Achieved	MoWA report
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) Planned Target: Post-test (PWG-GBV): 70% Post-test (PWG-GBV): 65%	a.Training on Basic Counselling: PWG-GBV: Pre-test: 60% Post-test: 80% DWG-GBV: Pre-test: 62% Post-test: 74% b.Training on Referral Guideline: PWG-GBV: Pre-test: 56% Post-test: 74% DWG-GBV: Pre-test: 51% Pre-test: 51% Pre-test: 76% c.Training on Health sector response to GBV PWG-GBV Pre-test: 49% Pre-test: 49% Pre-test: 56% Post-test: 56% Pre-test: 56% Pre-test: 56% Pre-test: 48% Pre-test: 48% Post-test: 78% DWG-GBV	Achieved	MoWA report

	Due 4004: 440/		
	• Pre-test: 44%		
Indicator 1.5.3 Number of women	• Post-test: 77%	Achieved	DD aWA a (Varances
and girls affected by GBV receiving	80 GBV cases (39 cases in 2020) received basic counseling by PDoWA staff	Achieved	PDoWAs (Kampong Cham and Tboung
basic counselling.	basic counseling by FDow A stair		Khmum)
Baseline (2018): 18			Killiulli)
Planned Target: 40			
Indicator 1.5.4 Number of women	61 GBV cases (12 cases in 2020) were	Achieved	PDoWAs (Kampong
and girls affected by GBV referred	referred by PDoWA staff to other sectors	7 cme ved	Cham and Thoung
by PDoWA to other services.	referred by 1 Down staff to other sectors		Khmum)
Baseline (2018): 8			Killium)
Planned Target: 20			
	Two DWC CDV optiofied array 000/ shares 1	Ashiavad	Aggggmant to al (D11
Indicator 1.5.5 Number of PWG-	Two PWG-GBV satisfied over 90% through	Achieved	Assessment tool (P11
GBVs and DWG-GBVs functioning. Baseline: 0	the assessment on its functioning (P11, P13), where all four DWG-GBV got over 50%.		and P13). We need to further strengthen the
Planned Target: 6 (2PWG-GBVs +	where all four DWG-GBV got over 30%.		capacity of all
4 DWG-GBVs)			members of DWG-
4 D W G-GB V 8)			GBV.
Knowledge Management	The report on "Gender and Women	Through discussion with	MoP-NIS
Indicator 1: Number of reports of	Dimensions" has been finalized after the	MoP/NIS, MoWA and ACCESS	
analysis on gender and disability.	final consultation with stakeholders MoWA	team and UNFPA, it was decided	
	will work on the short version of the report	that the analysis on "Gender and	
Baseline: 0	and plan for dissemination in 2022.	Women Dimensions" from the	
	•	2019 Census will be conducted.	
Target: 1			
Indicator 2: Number of	The training of the enumerators of the 2021	The activity that contributes to	MoP-NIS
documentations on Gender and GBV	CDHS was supported by MoWA and	this indicator has been cancelled	
investment case.	UNFPA through the ACCESS program fund	due to the impact of COVID 19	
	jointly with other funds.	and the prioritization of the	
Baseline: 0		programme that will allocate this	
		budget for contributing to the	
Target: 1		conduct of CDHS 2020.	
UN Women	15.400.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Leni:	1
Indicator 1.5.1a Number of TWGG-	15 AOPs have been developed by 11 line	This is achieved	AOPs submissions
GBV member institutions using	ministries members, the Bar Association of		from TWGG-GBV
AOP for planning and reporting	Cambodia and 3 CSOs.		members
against 3rd NAPVAW			
implementation.			
Baseline (2019): Not available			
Planned Target (2021): 13			

Indicator 1.5.2b Number of	271 of which 122 females have received	This is achieved all GBV	
members of subnational Working	training on the Minimum Standards and	members have received the	
Groups on GBV trained on essential	Basic Counseling	training.	
services for women affected by GBV	Basic Counseling	training.	
(disaggregate by training on			
counselling, mediation, referral and			
health response).			
Baseline (2019): Not available			
Planned Target (2021): 260			
Indicator 1.5.3c Percentage of	96% (271 GBV service providers of which	This is achieved	Endline and client
subnational working group members	122 females have been trained on the	This is achieved	satisfaction assessment
on GBV reporting an increased	Minimum Standards of Basic Counselling.		satisfaction assessment
understanding on coordination,	Case management and referral was also one		
referral, case management &			
	of the topics for the training and the training provided a better understanding on how to		
documenting VAW Administrative data.	use the case registration forms developed by		
Blannad Tayast (2021): 50%	MOWA and this helps GBV service		
Planned Target (2021): 50%	providers to better document the cases)	2rd NJA DVJA VVJ 1 1 1 1 1	A OD and main air m
Indicator 1.5.4d Percentage of	\$3,617,380.40 has been allocated for AOPs	3 rd NAPVAW launching has been	AOP submission
budget allocated for 3rd NAPVAW	to implement the 3rd NAPVAW from the 15	delayed till January 2021, hence	
implementation (disaggregated by	AOPs developed in 2021.	the AOPs were just only in 2021	
strategy and national/donor budget)		so we did not have the data to	
Baseline (2019): Not available		compare if there was increasing	
Planned Target (2021): 35%		in budget allocation from the	
T 11 4 4 7 7 N 1 CY		previous year.	4 O.D. 1
Indicator 1.5.5e Number of Line	11 line ministries have developed the annual	This is achieved.	AOPs submission
Ministries allocated national budget	operational plans by allocation the budget to		
for 3rd NAPVAW implementation	implement the 3 rd NAPVAW		
(disaggregated by year).			
Baseline (2019): Not available			
Planned Target (2021): 10	22 (15.5 1) S NOW!	T. 1 C. 2022 LOD	
Indicator 1.5.6d Number of MOWA	23 representatives (15 female) from MOWA,	To better prepare for 2022 AOPs,	
officials trained on gender-	Ministry of Interior, Ministry of Justice,	with financial and technical	
responsive budgeting and advocacy.	Ministry of Social Affairs, Ministry of	support from UN Women and	
Baseline (2019): Not available	Health, and Ministry of Labor and	ACCESS, MOWA organized a	
Planned Target (2021): 15	Vocational Trainings.	half-day workshop on gender-	
		responsive budgeting for GBV	
		essential services on November	
		29th for key line ministries that	
		work on GBV services response.	

iii) Evaluation, Best Practices and Lessons Learned

There was no programme evaluation due to limited budget allocation and the short duration of the programme. Also, DFAT will conduct the programme evaluation for the whole ACCESS programme in 2022. The participating agencies – UNDP, UNFPA and UN Women will be involved in this evaluation process.

The outbreak of COVID 19, February 20, 2021, has paused all planned activities; including delayed outreach activities, reduced gatherings of persons with disabilities and participants for the meetings, training or workshops, and limited in-person follow-up. The project was adjusted by conducting more online platforms, limited number of participants in physical discussions (less than 20 people), using phone calls, group Telegrams, and redirecting unspent travel and activity costs to COVID-19 packages, ICT equipment and skills in operating the system among the government partners, especially at sub-national levels (PDACs, PWG-GBV and 4 DWGs-GBV) to ensure that their services, including the online trainings, meetings and monitoring during the COVID 19 situation, are functioning, developed relevant guidelines and capacity assessment such as guiding documents for the function of Provincial DACs and capacity assessment need on the disability-inclusive social protection for DAC-SG and Provincial DAC.

The monitoring and evaluation system for NDSP2 is crucial. UNDP introduced the digital M&E system to the Disability Action Council by developing the Web-Application for NDSP2 report. Not only the digital system, but UNDP also provided technical support to establish the M&E taskforce within DAC Secretariat. The M&E training was provided to the DAC staff to ensure they have sufficient capacity to roll out the system once the web application is finalized and functioned in 2022. A combination of capacity building, M&E system strengthening, and the ownership of the DAC Secretariat will lead to a sustainable mechanism for disability in Cambodia.

The Reflection Workshop on the Progress of 5 Provincial DACs was organized virtually with 112 participants including 29 women to share their lessons learnt, challenges, achievements, and ways forward to ensure the provincial DACs are well functioned and effective coordination at the sub national level. DAC also took notes of the recommendations to integrate it in the three-year work plan 2022-2024, as the guiding plans to achieve the NDSP2. The workshop has identified some potential strategies and ways forward to address these challenges as follows:

- Continue strengthening the function of provincial DACs keep reviewing roles and responsibilities of members
- Capacity development plan by having a thematic training on the budget plan for provincial DACs and DPOs.
- Develop the activity and budget plan for provincial DACs
- Strengthen the monitoring and evaluation mechanism
- Develop service mapping for provincial DAC in order to strengthen the referral service system for persons with disabilities such as legal aid service
- Develop a guiding document on the function, roles and responsibility of provincial DACs to fulfill their work effectively.
- Promote knowledge management sharing within the provincial DACs in terms of good practices, lessons learnt and other platforms at both national and international levels.
- Promote the implementation and monitoring of NDSP2, laws and legal frameworks related to disability benefits.
- Promote the implementation of Accessibility Guideline
- Create project or programme related to livelihood improvement for persons with disabilities

• Ensure the participation of DPOs and persons with disabilities in national and sub national working groups, task force and consultation process.

Exposure visit of commune authorities was an effective approach to provide opportunities for other commune council leaders to explore and learn what worked well and what didn't work well in terms of disability inclusion in the CIP. The full participation of persons with disabilities or their representatives at all steps of CIP process and how to allocate the commune's fund or mobilize the fund from other sources to respond to their needs. Three commune councils designed the action plan in 2022 with specific addressing the needs of persons with disabilities including access to health and rehabilitation services, building the accessible ramps at the commune council office, referring persons with disabilities to vocational training skills, etc.

Disability inclusion training was a successful approach to raise awareness of disability rights and inclusive development because it built the knowledge of the local authorities on disability inclusion to include in commune investment planning. For example, after the project team provided this training to commune authorities, the commune council leaders in target areas engaged the persons with disabilities, DPO, and WWDF staff to consult and raise the issues and needs to include in the CIP process. All twelve commune councils invited DPO or WWDF representatives to regularly attend the monthly commune council meeting where they were able to share their voices, challenges, and request interventions from the commune councils.

Through the effective advocacy of DPOs, all five Provincial Disability Action Councils (PDACs) revised their membership structure, persons with disabilities, DPOs, or NGOs working in disability-related activity were invited to be the members. The PDACs conducted quarterly meetings with its members to discuss the challenges and the needs of persons with disabilities. DPO representatives actively shared their concerns on the impact of COVID-19 on persons with disabilities such as persons with disabilities who were isolated at home; they couldn't earn income and had no food in their families. As the chair of the PDACs were Deputy Governors of the Province, they had strong powers to make the decision to immediately respond to the needs of the persons with disabilities. DPO in Batheay district of Kampong Cham Province was very satisfied with the Kampong Cham Provincial DAC while their requests were accepted and addressed, for instance, 563 persons with disabilities including 258 women with disabilities received the PPE materials and emergency assistance packages during the Covid-19 pandemic.

A key lesson learned has been the success of shifting to largely remote provision of training for frontline GBV providers and other healthcare providers since COVID. UNFPA supported MoWA, PWG-GBV and DWG-GBV to adopt the online and hybrid platforms, for the training for frontline providers and this has worked extremely well, far better than could have been conceived at the outset. Another important lesson has been the necessity of agile programming, and the ability of the country programme to quickly adapt in the face of the significant obstacles presented by the COVID pandemic, manageable in part as a result of the strong relationships developed and maintained between the UNFPA Country Office and Government partners and the donor.

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 guidelines to support PWG-GBV and DWG-GBV to provide service during this pandemic. A 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.

Promoting helplines and social media as means to ensure GBV service responses are accessible and available during COVID-19 pandemic. Online awareness raising on GBV through Facebook Page of MoWA and PDoWA

and UNFPA is the best option with less cost but could reach more people. During the 16-day campaign, from November 1 to December 25, videos and artworks were posted on MoWA and PDoWA's facebook pages and could reach 55,998 people and obtained over 51,926 post engagements, comments, and shares.

The good cooperation with NGO partners has resulted in more efficiency in programme implementation, particularly capacity building. UNFPA conducted capacity building on key minimum standard topics for the members of PWG-GBV. With good cooperation with TPO and CWCC, they sent their trainers to help facilitate the training courses with their own costs. This has helped reduce UNFPA's expenses for the training course

iv) A Specific Story (Optional)

Effective Responses to the Needs of Persons with Disabilities through the well-functioning of the Kampong Cham Provincial Disability Action Council (DAC)

DAC has issued the Prakas (No.002) on the organization and function of the Provincial DAC at provinces and towns in 2014. The Prakas aimed to define the organization and function of the Disability Action Council as a mechanism for coordinating and consulting on disability issues at the capital and provincial levels. According to article 3, the duties and roles of Provincial DAC were clearly mentioned. By 2020, the Provincial DACs remained facing a challenge to perform their roles and duties based on the Prakas, including limitation of organizing effective meetings with the members, the development of the annual work plan and budget plan, monitoring and evaluation of their activities, and how to report in a result-based approach. The Kampong Cham Provincial DAC was established in 2015 which is chaired by the Deputy Governor of the Kampong Cham Province. Kampong Provincial DAC also faced challenges to operating its coordination mechanism to provide consultation, advice and support the persons with disabilities in the Kampong Cham Province, especially organizing the quarterly meeting with the members of the Provincial DAC. In 2020, Mr. Sokhorn SOY, Director of Bateay Disabled People's Organization (DPO) said that he faced challenges to bringing the voices and requests of persons with disabilities to the Kampong Cham Provincial DAC while some persons with disabilities faced their economic constraints due to COVID-19 pandemic. He did not have a chance to meet with the chairperson or attend the Provincial DAC in 2020 to explain the situation of the persons with disabilities during the COVID-19 crisis and what they requested for support while there was limited support from the local and international NGOs during the COVID-19 crisis.

In January 2021, UNDP and DAC-SG realized that the National Disability Strategic Plan 2019-2023 (NSP2) was not well disseminated and the Provincial DAC including Kampong Cham Provincial DAC didn't know this strategy is exist! UNDP organized an informal meeting between the chairperson of Kampong Cham Provincial DAC, UNDP, DAC-SG and ACCESS team to introduce a demonstration project on improvement of the Provincial DAC's roles with Kampong Provincial DAC. His Excellency Kosal HAN, a chairperson of the Kampong Cham Provincial DAC, agreed and committed to this initiative. With the technical support from UNDP, Kampong Cham Provincial DAC finalized the key action plan for the demonstration project in 2021, which strongly focused on regular meetings with the members, NGOs and development partners on a quarterly basis. The demonstration project contributed to building the national capacity and services delivery strengthening in terms of providing effective support to persons with disabilities and communities. *H.E Kosal HAN said that "All of us, Kampong Cham Provincial DAC, must strive to accomplish our works to be the best and be the first."*

Although Cambodia had a COVID-19 community transmission on 20 February 2021, Kampong Cham Provincial DAC has significantly accomplished the action plan and contributed to responding to the needs of persons with disabilities in Kampong Cham province as follows.

- Revised the member list of the Kampong Cham Provincial DAC and included the Director of Batheay DPO to be a deputy chairperson of the Kampong Cham Provincial DAC. He attended five quarterly meetings to raise voices on behalf of persons with disabilities, to the chairperson and all members. The group Telegram for the Kampong Cham Provincial DAC was also created as a quick communication platform, so that group members can communicate effectively and share information in a timely manner.
- The action plan of the Kampong Cham Provincial DAC was finalized. The chairperson of Provincial DAC conducted home visits to persons with disabilities during the locked down. 563 persons with disabilities including 258 women with disabilities received the PPE materials and emergency assistance packages.
- The chairperson of Kampong Cham Provincial DAC organized four small group forum meetings (face-to-face) with 49 persons with disabilities including 28 women with disabilities in September 2021 to listen and hear the challenges, needs, and requests of persons with disabilities in Cheung Prey and Batheay Districts. Responsively, Kg. Cham PDAC addressed the challenges of the persons with disabilities. One person with disability received 25 ducks for income generating activity. Another person with disability received a washing machine to clean the motorbike from ACCESS's livelihood project. While there were too many requests, Kampong Cham Provincial DAC discussed with its members at the quarterly meeting to find a structural way to address the needs. Mr. Sokhorn SOY said, "I am very satisfied with the coordination mechanism of Kampong Cham Provincial DAC at this moment because the needs and requests of persons with disabilities was effectively addressed and coordinated by this mechanism".

With technical support from UNDP, the demonstration project significantly contributed to the sustainable function and coordination mechanism of the Kampong Cham Provincial DAC. Kampong Cham Provincial DAC could conduct two online meetings with the members to review the progress of the action plan 2021. They also aimed to conduct two physical meetings in order to reflect on the achievements in 2021 and finalize the 2022 action plan using the national budget and resources. It was worth mentioning that they took action very quickly to provide urgent support to persons with disabilities during the lockdown.

In conclusion, the function of the Kampong Cham Provincial DAC could not be improved and sustained without the strong commitment and high responsibility of the chairperson and all members of the Kampong Cham Provincial DAC.

Success story of Covid-19 pandemic adaptation:

COVID 19: UN Women acted rapidly at the beginning of the COVID 19 pandemic identifying and adapting global guidance for hotlines and helplines, quarantine centers. These efforts were quite important in ensuring that essential services must continue. However limited experience with humanitarian emergencies likely resulted in missed opportunities. For example, ending violence against women was not prioritized in the government's COVID response plan. This resulted in delayed response of some authorities as they prioritized COVID response. Ensuring that GBV is prioritized would help to prevent these delays.

Adaptation: The COVID 19 pandemic has made the focus of many conversations – how do we adapt, what is the new normal. Clearly moving trainings online ensured that they occurred. However, the trainers and others have found that it is much more difficult to engage in keeping the group interested, ensuring adequate technology (internet), and attendance. While some meetings can continue online, the majority should revert to in-person when possible. This means that a safe and appropriate environment must be developed and that has adequate space, and appropriate PPE.

GBV Working Groups: GBV Working Groups are critical mechanisms for coordinating quality essential services. While the baseline and endline showed that the knowledge of good practices had improved, it is apparent that there are still gaps in implementation. UN Women provides technical support to MoWA, who in turn supports the groups. MoWA has some strong leadership, but the staff is stretched. An effort has been made to train young professionals to support training, however, this likely impacts the quality of training. UN Women has provided a skilled trainer to support the training. This has been an effective way to ensure that training was conducted at a high level.

A key finding in the satisfaction assessment of services is that women feel respected and treated fairly by the service providers generally – this was truer for the women that had sought help most recently. A key part of the training is basic communication skills and ensuring a non-blaming attitude.

Service providers also showed an increase in knowledge about key elements of a survivor-centered approach. However, a key gap was still referral. Some of the service providers make referrals but others don't. A challenge was the lack of available referral sources. The Service Directories are critical to ensuring knowledge of services.

Follow up: A key area that was appreciated by the women seeking help in the last year is the process that has been established for follow-up from the Commune Committee for Women and Children Focal Point. All of the women that sought services in the last year reported that the Focal Point followed up with their family to check on their safety and needs. This was seen as respectful and supportive. There is an opportunity to build on this practice with further capacitation of the Focal Points ensuring they have an established and implemented case management process and are collecting data. These are the real front line service providers and require support and training.

CASE STUDY – Stories of Change:

Bopha (name changed) is a 46-year-old woman with 3 children (2 boys and a girl). She reports that her husband had perpetrated violence against her regularly. She went to the local authorities, multiple times for help. Each time they supported her to make an agreement. At least once her husband ripped up the agreement after the mediation meeting. He continued to beat her. The local authorities referred Bopha to the Provincial Department of Women's Affairs. There she learned about legal options. The Provincial Women's Affairs referred her to a legal aid organization that helped her file for divorce. She was able to get a divorce with their support. Her husband had left the family and she was able to stay in the home with the children. She has started to work in a factory to support her children. She lives near her parents so they can help. She says she is happy now because she is safe, and her children do not cry any more.

A GBV Working Group member reported that he had learned a lot from the training he had received. He said that he had always thought about domestic violence or rape as caused by the woman – maybe something she did to upset her husband. He reported that in the training he was reminded that violence is against the law – no matter what. He also said that he realized that his attitude of blaming women could make them feel afraid to talk to him. But really, he wanted to help. He said after the training, he is now more open and does not judge women's behavior. He tries to help make sure that women that come to him are safe. He has even provided shelter in his home.

Effective networking to support the GBV

Chan (given name) is a 14-year-old student living in one of the four target provinces. She stayed with her mother and a stepfather. She was raped by her stepfather when he accompanied her to school. She had been raped three times before her grandmother noticed her condition and sought support from women's focal point in the commune. She was supported by the DWG-GBV network, which also helped her file a complaint with the police against her stepfather. He was arrested and sent to the district inspector, the provincial

commissariat. Then, the women focal point who is a member of the DWG-GBV accompanied the girl to meet the officials of the provincial Department of Women's Affairs, which referred her for medical examination at a hospital. Finally, the PDoWA focal point requested a lawyer to defend the victim at the court. The court found justice for the victim. The suspect was sentenced to 10 years in prison and was ordered to give 10 million riels in compensation to the victim. This showed a good collaboration between the DWG-GBV focal points and the members of PWG-GBV.