END OF PROJECT EVALUATION REPORT

The Safe Service for Minority Population (SSMP) Project 2019-2021

CARE International in Cambodia
Real-Time Evaluation, September 2021

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Disclaimer
All opinions expressed in this evaluation report are that of the evaluator (Real-Time Evaluation, Ratha Lork and Justin Flurscheim) or those interviewed (where indicated) and do not necessarily reflect the views of CARE International in Cambodia.

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Acronyms and Abbreviations

ACCESS	Australia-Cambodia Cooperation for Equitable Sustainable Services
CCWC	Commune Council for Women and Children
DoWA	District Office of Women's Affairs
DPO	Disabled People Organisation
DWCCC	District Women's and Children Consultative Committee
GBV	Gender Based Violence
HC	Health Centre
IEC	Information Education and Communication
KII	Key Informant Interview
MHD	Municipal Health Department
MoH	Ministry of Health
MoSVY	Ministry of Social Affairs', Veterans and Youth Rehabilitation
MoWA	Ministry of Women's Affairs
PDoWA	Provincial Department of Women's Affairs
PHD	Provincial Health Department
PPD	Provincial Police Department
PPE	Personal Protective Equipment
PWCCC	Provincial Women's and Children Consultative Committee
SSMP	Safe Services for Minority Populations
TOR	Terms of Reference
VHSG	Village Health Support Group
WG	Working Group

Executive Summary

This is the End of Project Evaluation Report for Safe Services for Minority Populations (SSMP) Project which was implemented in Ratanak Kiri province- Banlung, Oyadav, and Andong Meas districts. The Project was funded by the Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS). It started on 30 September 2019 and will end on 30 September 2021 (following a no cost extension). The goal of the project was for Persons with disabilities and women affected by GBV benefit from access to sustainable, quality, inclusive services

In order to conduct the evaluation, data was collected through a comprehensive literature review and fieldwork. The literature review was conducted reviewing reports and documents from the SSMP Project and also other relevant external publications. Field work was conducted in August 2021. The interview questions were based on the CARE's monitoring and evaluation tools and updated to capture information needed for the Evaluation.

Findings

Relevance *The extent to which the project is suited to the priorities and policies of the target group.*	**The Project exhibits a high level of relevance and consistency with the overall needs of the beneficiaries, with regards to the issues of GBV. Notably, while the Project has suffered some delays and setbacks, CARE has for the most part been able to modify the Project's activities in order to adapt to the impact of the COVID-19 pandemic restrictions.**	Rating 5/5
Effectiveness *The extent to which the project achieves its objectives.*	**Based on the ACCESS Project indicators of PE11, PE12 and PE13, the Project was able to achieve its objectives by meeting and improving on all three indicators. In particular, GBV WGs were established, trained and operational; health service providers have standardised systems in place to deliver GBV services and those GBV support services were operating with the quality attributes of: Availability, Affordability, Accessibility, Accommodation and Acceptability. While there are government resource allocation issues that fall outside of the Project's ability to change, such as: budget allocation GBV WGs and improving access to lawyers and shelters, the Project could still improve on monitoring of the adherence to guidelines.**	Rating 5/5
Efficiency *Measures the outputs of the project in relation to the inputs. Were activities cost-effective and achieved on time?*	**The Project is currently underspending (83%) its funds and requires a no cost extension in order to complete its spending. This has been a direct result of the impact of COVID-19 restrictions on Project activities. Nevertheless, the Project budget represented value for money and efficiency in still being able to achieve the Project's objectives.**	Rating 4/5
Impact *Significant changes in the target population, positive or negative, intended or unintended, brought about by the project's interventions.*	**The Project improved the ability of sub-national service providers to collaborate with each and better respond to the needs of GBV survivors. The Project was also able to move from being Gender Sensitive to being Gender Responsive in relation to the CARE Gender Marker.**	Rating 4/5

Sustainability *Benefits of the project that are likely to continue after donor funding has been withdrawn.*	**Despite being the first phase of larger ACCESS Program, meaning that Project activities will continue beyond the life of this Project, the Project was designed with a high level of built in sustainability. These design elements have been activated with the Project and therefore the Project has a high likelihood of sustainability in to the long term.**	Rating 5/5
	Total Rating	**23/25 92%**

Key Lessons Learned

- CARE's long existing relationship with government counterparts in Ratanak Kiri, contributed to the success of the Project. Institutional trust and respect between CARE and the government offices helped to ensure the Project operated smoothly, especially in the face of the COVID-19 pandemic and the effects it had on Project activities.
- Frontline service providers demonstrated better understanding of cross-cultural issues when supporting indigenous people accessing services; in particular recognising and accepting there are challenges and differences during cross-cultural interactions, and recognising that different traditions or attitudes can be confronting. This cultural sensitivity resulted in indigenous GBV survivors being more comfortable in reporting such violence to the service providers and consequently access more support services.
- Attitude training was very beneficial for frontline service providers for them to better understand gender and cultural stereotypes, recognising that it may impact the ability of indigenous GBV survivors to access support services.
- The GBV WGs are only as strong and effective as their leaders are. Therefore, it is important to ensure that the leaders of the GBV WGs are well respected in their authority and are effective leaders in their work.
- As is often observed in Project's all-around Cambodia and not unique to Ratanak Kiri province specifically; not a lot of men were joining the community dialogues, for various reasons (too busy, working, not wanting to attend), therefore the use of mobile loudspeakers was a somewhat more effective substitute given that men would be able to hear the advocacy messages regardless of their attendance.
- The Project was very adaptive to the COVID-19 pandemic restrictions. Setting up service providers with online systems of communication, while initial challenging was eventually able to be used very easily and proved to be very valuable to the continuation of the Project. Similarly, mobile loudspeakers and radio shows, were found to be effective substitutes to ensure community awareness raising continued in the Project.
- The impact COVID-19 had on the resource allocation of government service providers, has meant that most GBV WGs have not been allocated budget. This allocation of budget resources is beyond the scope of the Project's control.
- Due to COVID-19 some service providers were not able to fully utilise and implement the standardised guidelines of service. In the second phase of the Project, CARE will need to monitor service providers to ensure that have an opportunity to fully put the guidelines and standardised operations into practice. Similarly, the monitoring of adherence to those guidelines and also the activation of client feedback mechanisms was not able to be fully realised by many frontline service providers.

- There are still gaps in support service resources that are beyond the scope of the Project's influence given that the government must decide to allocate such resources, in particular there is a shortage of the provision of lawyers, access to emergency shelter and the provision of economic support.
- The Project's employment of two indigenous interns to assist in conducting Project activities provided a valuable learning opportunity for those interns and also helped to contribute to progressively building up the capacity of the indigenous people to create a pool of well-trained indigenous implementers.

Conclusion

The SSMP Project aimed to improve the service provision for GBV survivors to ensure that they have access to sustainable, quality and inclusive services. Despite the challenging situation of the COVID-19 global pandemic, the Project was still able to achieve its outcomes and also adapt, respond and remain relevant amid restrictions that could have stalled the operations of the Project.

The Project has been able to create collaborative mechanism amongst sub-national service providers, so that they will be able to operate independently and monitor themselves to ensure they continue to provide quality GBV survivor support services.

Key Impacts of the project include:

- Greater collaboration amongst services providers at the provincial, district and commune level to solve GBV cases and address broader GBV issues. The GBV WGs provided a platform for which services providers at different sub-national administrative levels could communicate and coordinate faster, in order to provide the most relevant support services for GBV survivors. Services providers could feel more confident that they were not working alone, but rather as a team with
- Service providers provided with training on national guidelines for providing standardised support services for GBV survivors. This increased the capacity of service providers, in areas such as: knowledge of GBV issues, GBV law, working with/counselling GBV survivors, understanding of roles and responsibilities, confidence to provide direct or referral services, assessing risks, identifying emergency cases.
- Dissemination and awareness raising advocacy of GBV issues and available GBV support services at the commune/village level. GBV survivors have a better understanding of support services that are available and therefore can make better informed choice about what services to access.
- GBV survivors have access to higher quality support services from government service providers, as GBV laws and policies are being better implemented by frontline service providers.

Project management wise it was very challenging for CARE to ensure the Project was able to survive the impact of COVID-19. Nevertheless, CARE should be able to spend the majority of the Project funds during no cost extension and CARE has been able to adapt and implement Project activities that are still relevant in the current context of Cambodia and COVID-19.

Recommendations

1. Given the success of this Project and its impact on GBV survivor support services, CARE may want to investigate the potential for expanding future Project activities to supporting services for children who are subjected to domestic violence situation. This could be actioned through the exist CCWC structures to take advantage of the existing capacity and community trust there is in that frontline service provider.
2. COVID-19 restrictions will most likely continue to affect the Project into its second phase, therefore CARE should ensure community awareness raising activities (mobile loudspeaker, radio shows) are adequately funded and emphasised in the next Project budget.

3. Anecdotal evidence from the Project suggests that GBV survivors often only attend a health centre or authorities when their injuries are severe, meaning there is potentially a lot of GBV survivors that may be missing out on support services. In the next phase CARE may want to investigate how to adapt community awareness activities to target isolate women, especially during COVID-19 restrictions.
4. Given the issue of government resource allocation prioritising COVID-19 responses, CARE during the next phase may want to consider budgeting/planning for research perhaps looking at the impact COVID-19 has had on gender dynamics, indigenous communities, structures and relationships in the context of GBV issues. This research could help CARE to lobby the government to allocate budget to the GBV WGs in the second phase of the Project.
5. CARE needs to ensure that frontline service providers fully implement systems to monitoring the adherence to guidelines and implement client feedback mechanisms. Especially since in this phase of the Project, many service providers were not implementing the systems even though they developed and endorsed.
6. The Evaluation found that it was important to ensure that the leaders of the GBV WGs are well respected in their authority and are effective leaders in their work. Therefore, CARE in the next phase should investigate the potential for setting up a selection criteria for leaders of the GBV WGs, which provincial authorities could use when choosing members of the GBV WGs.
7. The Evaluation found that some service providers were often busy or sent a representative, especially commune or village chiefs, to the training activities. This is not a new or uncommon issue that general affects Projects with government capacity building activities. During the second phase of the Project, CARE could specifically monitor highlighted service providers (from phase one) who had a previous record of being frequently absent or sending delegates to training activities. Monitoring and follow up with service providers to encourage their support could help increase training attendance.
8. In the next phase of the Project, CARE should look to developing indicators that measure changes in attitudes, biases and cultural sensitivity towards indigenous people. This may provide more in-depth understanding of the impact Project activities can have on improving cultural sensitivity and encouraging indigenous access to quality support services.

2. Introduction

Description of Project

Project name:	Safe Services for Minority Populations (SSMP)
Project period:	30 September 2019 to 30 June 2021 (21 months) (A no cost extension has been requested until 30 September 2021)
Donor:	Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS)
Target area:	Ratanak Kiri province- Banlung, Oyadav, and Andong Meas districts
Project Goal:	Persons with disabilities and women affected by GBV benefit from access to sustainable, quality, inclusive services.
Outcomes:	Outcome 1: GBV Working Group, Provincial Women's and Children Consultative Committee (PWCCC) and subgroup of the District Women's and Children Consultative Committee (DWCCC) in Ratanak Kiri are able to better coordinate, report and monitor implementation of GBV-prevention and GBV-response programs in their province, including for women from minority groups and women with disabilities. Outcome 2: Health service providers in Ratanak Kiri province provide sensitive, inclusive and (culturally) appropriate medical care, and strengthen coordination of support through referral to services for diverse women who experience violence, including women with disabilities. Outcome 3: Subnational authorities respond to the needs of women experiencing violence in a timely, sensitive, inclusive and non-discriminatory way, including GBV prevention strategies, plans and initiatives

Project Background

CARE's lengthy involvement with the provincial health department (PHD) in Ratanak Kiri indicates that the provincial and district level health services are under- resourced in terms of funding and human resources which results in limited services to communities. The health and social services providers in Ratanak Kiri have limited to no understanding or experience in providing survivor- centered gender based violene (GBV) support services, least of all to women from minority groups or women with disabilities. CARE has worked previously in maternal and child health (Partnering to Save Lives Project) and malaria control (through the Global Fund supported project – Regional Artemisinin Initiative 2 Elimination or RAI2E) working closely with the PHD, which also built relationships built with other sub national authorities.

The Safe Service for Minority Population (SSMP) Project is funded by the ACCESS program to support the Royal Government of Cambodia to fulfil its mandate as a state party to the Convention on the Rights of person with disability and the Convention on the Elimination of all forms of Discrimination Against Women. The project has been implemented for 21 months in three districts located in Ratanak Kiri province of Cambodia. Direct beneficiaries include subnational government staff (subnational service providers, Provincial and District Health Departments, 2 referral hospitals and 6 health centres, as well as provincial and district GBV duty bearers such as the Provincial and District Office of Women's Affairs, Provincial Women's and Children Consultative Committee (PWCCC) and District Women's and Children Consultative Committee (DWCCC), Ministry of Women's Affairs (MoWA), Ministry of Social Affairs', Veterans and Youth Rehabilitation (MoSVY) and Ministry of Health.

Objective of Evaluation

The purpose of the End of Project Evaluation is to provide a full assessment of the progress made by Project, following the key indicators as stated in the project logical framework. The evaluation also includes key evaluation questions related to relevance, effectiveness, efficiency, impact, gender and sustainability. The specific key objectives of the Evaluation and the key questions are:

- To what extent has the project achieved goal, objectives and key result indicators according to the logical framework?
- To what extend has the project met CARE gender equality framework? Were there any unintended consequences or unexpected results that may occur during or after the course of intervention?
- What are the key lessons learnt and key recommendations to improve future project interventions or share future government and donor funding?

See Annex 1 for the Evaluation Matrix detailing the all the evaluation questions and sources of data.

Methodology

In order to conduct the evaluation, data was collected through a comprehensive literature review and fieldwork. The literature review was conducted reviewing reports and documents from the SSMP project and also other relevant external publications (see Annex 2 for a full list of data sources).

Field work was conducted in August 2021 utilising computer assisted personal interviewing (CAPI) for key informant interviews (KII). Due to the COVID-19 restrictions on movement across provincial borders at the time the Evaluation was being conducted, the Evaluation revised its initial plan to have face to face interviews. It as decided that all KIIs would be conducted over the phone. The interview questions were based on the Project's monitoring and evaluation and baseline tools and were updated to capture information needed for the evaluation. (see Annex 5 for the evaluation tools)

The findings of this evaluation are provided through a mixture of quantitative and qualitative data collected. This mixed method approach has allowed the evaluation team to assure the validity of the research. Cross verification of the quantitative data with qualitative data between the various target groups tests the consistency of the research findings and also provided an opportunity to assess and uncover deeper meaning and understanding of the data. By looking at the results of the project's interventions from multiple perspectives, interpretations of beneficiaries' behaviours could be made in a manner that is richer and more complex. In particular, cross verification was used to measure changes in line with Project indicators and issues related to the key evaluation objectives and questions.

Qualitative data collected from interviews were analysed using a thematic analysis. The research consultant read all transcripts from the data collection and use coding to identify key themes. These themes were described in the context of the project indicators and the evaluation matrix. The identification and coding of relevant information from respondents according to these themes allowed the research consultant to methodically analyse the qualitative data.

Table 1: Total Sample Sizes for Evaluation

Project Target Group	Number	Female
Provincial Level		
Provincial Women's and Children Consultative Committee (PWCCC)	1	1
Provincial Department of Women's Affairs (PDoWA)	1	1
Provincial Police Department (PPD)	1	1

Provincial Health Department (PHD)	1	1
Disability People Organisation (DPO)	1	1
District Level		
District Office of Women's Affairs (DoWA)	3	2
District Women's and Children Consultative Committee (DWCCC)	3	3
Frontline Service Providers		
Commune Council for Women and Children (CCWC)	4	4
Commune Police	3	1
Referral Hospitals	2	0
Health Centre Staff	4	1
Village Health Support Group (VHSG) and village leaders	3	1
GBV Survivors	3	3
Total	**30**	**20**

Ethical Considerations

Given the sensitive nature of interviews dealing with the performance of CARE in conducting the Project and also sensitive issues such as GBV, to ensure the anonymity and confidentiality of all respondents, the following research protocols were followed:

- Not recording the names of respondents to ensure privacy and confidentiality. All respondents will be assigned a non-identifiable code.
- Informing respondents that participation is totally voluntary, that they do not have to answer specific questions if they feel uncomfortable and that they can stop the interview at any time without giving reason.
- Obtaining full and informed consent (oral) from respondents prior to commencing interviews.
- The field research team were well trained on research methodologies, protocols, and ethical best practices (with particular attention to cultural and gender sensitivity such as ensuring enumerators understand how to communicate cross-culturally and not engage in cultural or gender stereotypes).

Limitations

Responses from the evaluation may be susceptible to "social desirability bias" – a type of response bias in which respondents answer questions that they think the interviewer or CARE want to hear rather than their true opinion. The impact of this bias was mitigated by asking the same or similar questions to different categories of key informants to gather varying points of view and to permit triangulation of data.

It is acknowledged that the current COVID-19 global pandemic and in particular the COVID-19 outbreak in Phnom Penh known as the February 20 Community Event as well as the onset of the COVID-19 Delta variant, impacted the methodology of this evaluation. Face to face interviews had originally been planned to be conducted with the target beneficiaries, however, in order to mitigate the risk of COVID-19 infections, all evaluation data was collected via KIIs over phone/internet interviews.

Given the COVID-19 restriction and nature of phone interviews, it was difficult to interview a large representative sample size of respondents across all the target project beneficiaries. Phone interviews often do not allow the interviewer to build rapport or build the trust of the respondent due to the lack of visual cues such as body language and the ability to engage in small talk. For this reason, the evaluation methodology was adapted to mitigate the issue of a smaller sample size and lack of face to face contact. So as not to compromise the quality of data, KIIs were designed to be longer and more in depth (asking their opinions and reasons for

their responses) in order to allow interviewers to engage the respondents with more personal concern and active listening to build trust and capture both qualitative and quantitative data.

3. Findings

The findings of the evaluation are presented in the table below addressing the evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability and key lessons learned) and the relevant key evaluation questions for each criterion. Based on the findings of the evaluation an indicative rating is given for each of the main evaluation criterion (relevance, effectiveness, efficiency, impact and sustainability), to provide an assessment of the project's achievement. A five-point scale is uttlised to reflect the ratings:

1	Fail – does not satisfy any evaluation questions/criterion
2	Poor – satisfies some evaluation questions/criterion
3	Adequate – average level of satisfying evaluation questions/criterion
4	Good – satisfies most of the evaluation questions/criterion
5	Very good – satisfies all of the evaluation questions/criterion

Evaluation Question	**Relevance – Rating 5** *The extent to which the project is suited to the priorities and policies of the target group.* **The Project exhibits a high level of relevance and consistency with the overall needs of the beneficiaries, with regards to the issues of GBV. Notably, while the Project has suffered some delays and setbacks, CARE has for the most part been able to modify the Project's activities in order to adapt to the impact of the COVID-19 pandemic restrictions.**
Evaluation Question 1: Relevance	Is the Project relevant to the beneficiaries and does it respond to the needs?
	The Project's main target beneficiaries were subnational services providers at the provincial, district and commune/frontline level, who would coordinate and provide direct support services for GBV survivors (e.g. legal assistance, social services, referral services health services); as well as GBV survivors who would benefit from the enhanced support services. As outlined in the Project's proposal the identified needs of these beneficiaries, revolved around the context that "*while the legal framework to protect women is in place (e.g. Domestic Violence Law; National Action Plan for Prevention Violence Against Women (NAPVAW)), and as a signatory to international conventions, such as the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW),* ***GBV and sexual harassment remain a significant risk for women in Cambodia due to weaknesses in implementation of laws and policies."*** The problematic issue being two-fold, that the incidence of GBV in the community is still widespread, with its multiple causes being deeply rooted in social and cultural norms; and that "*social services and legal support to survivors of VAW are not systematically provided, available and accessible for all women and girls; remaining scattered and uncoordinated, particularly in rural and remoter areas."* The target province of Ratanak Kiri also presented a compounding of those needs, given that *"Ratanak Kiri is one of the most under-served populations, especially so for the populations of Indigenous minorities. Capacity at the implementation level is low, education levels are low*

compared to nationally, access to services is low, partially due to limited allocation of budgets, remoteness of the province and a poor standard of human resources with technical expertise."

The Evaluation found that relevant project activities were specifically aimed at addressing these identified issues, such as:

- The creation of GBV working groups (WG) (provincial and district level), to address the issues of a weak implementation of GBV laws and policies, by supporting a more coordinated and informed response by sub-national service providers.
- Providing specific training and coaching to service district providers/duty bearers on topics such as the Minimum Standards of Basic Counselling and Referral Guidelines, Sexual Harassment and Social Analysis and Action and Attitude Training to Service Providers; National Guidelines for Managing VAW in the Health System and Clinical Manual for Management of Survivors of Domestic Violence and Sexual Assault; the GBV data management system.
- Conducting community dialogues and community awareness raising activities: radio, mobile loudspeaker, information education and communication (IEC) distribution on GBV issues and available community support services.

Responses from the evaluation research (from all levels of services providers), resoundingly indicated that the Project was very relevant and responsive to the needs of beneficiaries. In particular, the Evaluation found that GBV is still a very significant issue that all the sub-national authorities are working on and aiming to address in their community and that the Project activities were aimed at enhancing their ability to provide support services to GBV survivors. An interesting issue that has arisen in the context of the COVID-19 pandemic, is that understandably many government offices and service providers are prioritising the use of their resources to respond to COVID-19. With this significant and urgent focus of the government, there still remains a need for GBV support services and potentially, more of a need given that many communities are restricting their movements and spending more time in the home. This turn of events, reiterates the relevance and the need to strengthen the coordination of the sub-national response to GBV issues, and subsequently the continued relevance of the Project.

"[The Project] Built capacity for the district office to better provide the services to GBV survivors. To have better understanding about violence and trafficking to help them provide easier services. To make the collaboration better than before for the problem solving for vulnerable people."
[Provincial Level Office]

"The Project activities were very useful to help us to solve the problems happening in the community, to help the GBV survivors on time."
[District Level Office]

"We understand clearly to help solve violence issues…[the Project] helped us to build capacity and know how to disseminate the information. Very useful as it made us know more about the gender issues. Know how to solve the problems and know how to respond to the GBV survivors."
[Frontline Service Provider]

Evaluation Question 2: Relevance	To what extend has the project adapted or responded to the COVID-19 pandemic outbreak in the Cambodia?
	Unfortunately, the majority of the Project's operational period has been during the outbreak of the COVID-19 pandemic (15 out of 21 months or 71% of the Project). In particular, operating through ever increasing severities of COVID-19 impacts, from the 28 November 2020 incident, the 20 February 2021 incident to the recent impact of the Delta strain in July/August 2021. Nevertheless, CARE has been able to adapt the Project's activities to the best of its abilities in a very volatile and uncertain time period. CARE through its response, has been able to salvage the Project and has been able to achieve Project objectives through the delivery of modified and adapted Project activities. CARE's initial reaction to the COVID-19 pandemic outbreak in March/April 2020 was to postpone most the activities, however as the pandemic provide more complex CARE developed its own COVID-19 Response Plan that identified organisational strategies and practical actions to prevent COVID-19 and how CARE would proceed with its operations. This Response Plan was calculated and methodical in its approach to consult with the ACCESS team and its government counterparts in order to understand how best to proceed with the Project. CARE proceeded to revise the Project budget to include the provision of personal protective equipment (PPE) at all Project meetings, trainings and events; with many activities being postponed or limited to being conducted with ten people as per the Ministry of Health's COVID-19 guidelines. Given that a large part of this Project was centred around capacity building/training and inter-agency collaboration at the sub-national level, the reduction in face to face interactions was a significant challenge to the Project. The restrictions did mean less people attending activities and less activities overall in general. This being the main reason the Project is requesting a no cost extension of three months. In addition to this, many government offices needed to prioritise their own responses to COVID-19, meaning that work on the SSMP Project activities was delayed or sidelined. However, CARE working with its government counterparts was able to adapt Project activities to work along side the COVID-19 restrictions. Examples of CARE's adaption to COVID-19 restrictions were: • CARE staff working from home; • Increasing the number of participants of activities to a maximum of 20 in each event, with a strict practice of social distancing and hygiene; • Moving many meetings and trainings to the online platform of Zoom, with CARE providing technical assistance to set up the technology and allow users to familiarise themselves with it; and • In replacement of some community dialogues on GBV, mobile loudspeakers and radio shows were used to continue community level advocacy. Despite the set-backs caused by COVID-19 to Project activities and its workplan, the Project was still able to achieve its objectives/indicators. During the Evaluation, government counterparts responded favourably and positively that CARE was able to meet the challenges of COVID-19 restrictions. In particular they reported that moving activities to phone and Zoom, helped to continue the work of the Project. However,

<table>
<tr><td></td><td>moving activities online was not without its challenges as it took some time for participants to get used to using the technology. Additionally, it was difficult for service providers to not be able to interact with GBV survivors face to face and to solve their problems over the phone.

“In this COVID-19 period really faced some challenges in implementation the activities directly with communities such as - can't have meeting at the community, however CARE created the program to have meeting online and disseminated the information via radio.”
[Provincial Level Government Officer]

“It was difficult to have a meeting with many people, however CARE solved the problems by meeting via online. Some difficulties with technical zoom as some staffs don't familiar with it. Don't have much dissemination and less meeting, however CARE provided support with budget and technology to provide technical support.”
[District Level Government Officer]</td></tr>
<tr><td>Evaluation Criteria</td><td>Effectiveness – Rating 4
The extent to which the project achieves its objectives.
Based on the ACCESS Project indicators of PE11, PE12 and PE13, the Project was able to achieve its objectives by meeting and improving on all three indicators. In particular, GBV WGs were established, trained and operational; health service providers have standardised systems in place to deliver GBV services and those GBV support services were operating with the quality attributes of: Availability, Affordability, Accessibility, Accommodation and Acceptability. While there are government resource allocation issues that fall outside of the Project’s ability to change, such as: budget allocation GBV WGs and improving access to lawyers and shelters, the Project could still improve on monitoring of the adherence to guidelines.</td></tr>
<tr><td>Evaluation Question 3: Effectiveness</td><td>To what extent has the project achieved its outcomes?</td></tr>
<tr><td></td><td>While the Project had its own internal Key Performance Indicators (KPIs), which mainly focused on output-based indicators (e.g. number of GBV survivors who received health services, or number of GBV WGs established), in order to answer this Evaluation question, as directed by CARE, the Evaluation team focused on the ACCESS Project indicators to determine whether the Project achieved its outcomes. Specifically, the Evaluation measured the Project’s achievement of its three outcomes against the following three ACCESS indicators:

<table>
<tr><th>Project Outcomes</th><th>ACCESS Indicators</th></tr>
<tr><td>Outcomes 1:
GBV Working Group, Provincial Women’s and Children Consultative Committee (PWCCC) and subgroup of the District Women’s and Children Consultative Committee (DWCCC) in Ratanak Kiri are able to better coordinate, report and monitor implementation of GBV-prevention and GBV-response programs in their province, including for women from minority groups and women with disabilities.</td><td>PE13. The extent to which GBV networks have been strengthened</td></tr>
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Outcomes 2: Health service providers in Ratanak Kiri province provide sensitive, inclusive and (culturally) appropriate medical care, and strengthen coordination of support through referral to services for diverse women who experience violence, including women with disabilities.	PE11. The extent to which systems have been put in place to standardise delivery of targeted GBV services
Outcomes 3: Subnational authorities respond to the needs of women experiencing violence in a timely, sensitive, inclusive and non-discriminatory way, including GBV prevention strategies, plans and initiatives	PE12. Degree to which sampled services are meeting agreed quality and access standards or guidelines

PE13. The extent to which GBV networks have been strengthened

The measurement of this indicator is based on the ACCESS Monitoring, Evaluation, Learning (MEL) Tools which provided a Rubric (PE13) for Reviewing GBV Networks, which aims to provide transparent judgments about how well GBV networks are functioning. The Rubric for PE13, provides six-point criteria covering various key aspects of a well-functioning GBV working group, with each criterion having three levels of progress (not functioning, partially functioning and fully functioning) which are allocated their own specific weighted score. CARE conducted their own assessments in November 2019 (baseline) and in December 2020 (midline), evaluating how the GBW WGs rated against the criteria. For this Evaluation (endline) the same rubric was applied and used during the interviews with GBV WGs.

As can be seen in the table below, the GBV WGs were strengthened during the Project in terms of the rubric in all but one criterion (#4 budget allocation). The GBV WGs increased their total average score over the course of the Project from 20% to 76%. Strong achievement was found in GBV WGs having being established with detailed terms of reference, clear roles and being orientated on their responsibilities and duties. Significant improvement was reported in the criteria of meeting regularity and the effectiveness of those meetings to help coordinate responses in particular for minority women. Government counterparts commented that while they couldn't meet face to face, online Zoom meeting were still held, which helped to reinforce the collaboration within the groups and also the use of the guidelines. The only criteria that exhibited no improvement over the court of the Project was GBV WGs receiving budget allocation. Project staff and government counterparts commented that while budgets were submitted and requested, no support was allocated to the WGs; this being a reflection of the COVID-19 pandemic response and economic recovery being the priorities set by the provincial and national government. Consequently criteria #3 (annual plans endorsed) also reflects this lack of prioritisation, as most GBV WGs had clear annual plans that had been drafted, but it has not been approved (due to COVID-19 budget restrictions).

Table 2: Indicator PE13 Results*

	Baseline	**Midline**	**Endline**
1. WG officials established with detailed roles	20%	100%	100%
2. WG members oriented on roles/duties	20%	60%	100%
3. Annual plans for WG meetings made and endorsed	20%	20%	60%
4. Budget for WG meetings received/allocated	20%	20%	20%
5. WG met as planned in last 12 months	20%	20%	87%
6. Effectiveness of WG meetings	20%	20%	87%
Total Score (Average)	**20%**	**40%**	**76%**

*See Annex 5 for additional detail for the data.

"There was good structure that was easy for management and monitoring…as we worked through our network. The GBV WG was created to respond to the needs of vulnerable people related to violence."
[Provincial Office]

"What was needed was the creation of a group with multiple skills to collaborate to solve the problems that happen in the target districts."
[District Office]

PE11. The extent to which systems have been put in place to standardise delivery of targeted GBV services

The measurement of this indicator is based on the ACCESS Monitoring, Evaluation, Learning (MEL) Tools which provided a Rubric (PE11) for Assessing Service Standardisation Support, which aims to provide transparent judgments about the extent to which support functions that are important to GBV service standardisation are in place. The Rubric for PE11, provides four-point criteria covering various key aspects of support functions, with each criterion having three levels of progress (not in place, somewhat in place and fully in place) which are allocated their own specific weighted score. CARE conducted their own assessments in November 2019 (baseline) and in December 2020 (midline), evaluating how the GBW WGs rated against the criteria. For this Evaluation (endline) the same rubric was applied and used during the interviews with province, district and frontline service providers.

As can be seen in the table below, the service providers were strengthened during the Project in terms of the rubric, in all but one of the criteria (#1 guidelines developed and endorsed). The service providers increased their total average score over the course of the Project from 40% to 65%. Modest achievements and progress were exhibited in the second, third and fourth criteria, with the majority of service providers indicating they had received training on the required standards of service, including cross-cultural sensitivity in health care. The main challenge to fully train all the service providers was the COVID-19 restrictions and that some service providers were often busy or sent a representative, especially commune or village chiefs. In terms of the adherence of standards being monitored (criteria #3) and client satisfaction data being collected (criteria #4); while the service providers reported good improvement in their rubric from the baseline and midline, there are still areas to improve. In particular, some health centres reported that they had no process to monitor levels of adherence to standards, while the majority of service providers had a process but only applied it in an ad hoc manner. Some service providers indicated that this was a reflection of COVID-19 restrictions, as monitoring of frontline service providers could not be conducted face to face and had to be conducted over the phone. Nevertheless, the monitoring was found to be useful to help identify gaps in capacity and responses to GBV cases. Similarly, health centres had reported that they did not gather data on client satisfaction, while it was Police and the CCWC, reporting that they were routinely collecting information on client satisfaction. Some services providers commented that they had no information to monitor as they hadn't received any GBV cases yet.

Interestingly the score for criteria #1 (guidelines developed and endorsed) decreased from 84% to 74%. However, the majority of service providers did report that while appropriate socialisation tools (e.g. training materials and implementation guides/resources) were developed with MoWA endorsement, they however had not been fully utilised or implemented

due to COVID-19 restrictions. Therefore, the lower score (compared to the baseline and midline) appears to be a reflection of a lack of implementation or use of the guidelines, rather than the existence of them.

Table 3: Indicator PE11 Results*

	Baseline	Midline	Endline
1. Guidelines developed and endorsed	100%	100%	74%
2. Providers trained and using guidelines	20%	60%	69%
3. Monitoring adherence to guidelines in place	20%	20%	58%
4. Client feedback mechanism in place	20%	20%	57%
Total Score (Average)	**40%**	**50%**	**65%**

*See Annex 5 for additional detail for the data.

"The monitoring helps make us know where the most problems were, which can't be or are not yet solved. We can know the cause of problems and make a plan to implement the activities."
[District Office]

"We have all those tools but can't implement all the lessons because of COVID-19. We can practice a little bit but sometimes can't implement at all."
[Frontline Service Provider]

"The project helped to support the staffs by providing the training for technical skills on how to provide support and dissemination for vulnerable people and indigenous people."
[Frontline Service Provider]

PE12. Degree to which sampled services are meeting agreed quality and access standards or guidelines

The measurement of this indicator is based on the ACCESS Baseline Study on Service Access, Quality and Uptake (SAQUS) which was conducted in July 2020. The SAQUS was a broader baseline longitudinal study that measured ACCESS's Project activities in multiple provinces across Cambodia on disability and GBV issues. One of the issues that the SAQUS collected data on was related to government provided GBV support services across five target provinces (including Ratanak Kiri). For the purposes of this Evaluation, the measurement of this indicator was adapted from the SAQUS questionnaire related to GBV support services and was themed according to the '5As Framework' (Availability, Affordability, Accessibility, Accommodation, Acceptability). Each framework measures specific issues related to the quality of service standards for that theme. For this Evaluation, to measure this indicator, data was collected from district level offices, frontline service providers and GBV survivors. The findings are presented here, under the 5As Framework.

Availability: *The extent to which service providers have relevant GBV services offered to GBV survivors.*

The Evaluation found that the Project achieved an increase in the availability of services. Specifically, the total average percentage of services available increased from the Baseline of 27% to 57% at the Endline, which was an increase of 110%. There was an increase in all three types of services (legal, social and health), in particular the provision of legal consultations and care of injuries both increased to 100% availability in service providers. There are still areas which require more resources and significant improvement, such as the provision of lawyers

(8%) and access to shelter (17%). Notably a GBV survivor interviewed for the Evaluation described the availability of economic social support as difficult with a wait time of 30 minutes. This corresponds with the average wait time of 30 minutes or less reported from the Baseline. CARE Project staff confirm that the provision of economic social support is an ongoing issue, given that resources are limited for service providers. Conversely GBV survivors interviewed for the Evaluation reported that health services were easily made available with no wait time.

Table 4: Indicator PE12 Results (Availability of Services)

Legal Services	**Baseline**	**Endline**
Legal Consultation	33%	100%
Monitor the Court Process	0%	67%
Provide Lawyer	0%	8%
Mediation Services	33%	33%
Social Services		
Basic Counselling	75%	92%
Service Information	88%	92%
Access to Shelter	12%	17%
Economic Support	0%	42%
Integration	6%	25%
Health Services		
Care for Injuries	94%	100%
Forensic Exam	13%	67%
Medical Forensic Certificate	0%	67%
Identification of GBV Survivors	0%	33%

Accessibility: *How easily women affected by GBV can physically reach the provider's location.*

There was resounding improvement of accessibility, with all service providers providing designating case managers for GBV survivors, wheelchair access ramps and translators for indigenous people.

Table 5: Indicator PE12 Results (Accessibility of Services)

Designated Case Manager for GBV Survivors	**Baseline**	**Endline**
Health Centres	18.8%	100%
District Level Office (Legal and Social Services)	0%	100%
Service Provider with Wheelchair Ramp	**Baseline**	**Endline**
Health Centres	81.3%	100%
District Level Office (Legal and Social Services)	100%	100%
Service Provider with Translator	**Baseline**	**Endline**
Health Centres	93.8%	100%
District Level Office (Legal and Social Services)	100%	100%

Affordability: *Costs of services to women affected by GBV.*

Service providers all reported that they did not charge for their services, which improves on the

Baseline findings. However, one GBV survivor interviewed for the Evaluation did report that they had to pay 30,000 riels for urgent medical treatment.

Table 6: Indicator PE12 Results (Affordability of Services)

Free Services	**Baseline**	**Endline**
Health Centres	93.0%	100%
District Level Office (Legal and Social Services)	91%	100%

Accommodation: *Extent to which the provider's operation is organised in ways that allow women affected by GBV to access services with the assurance of confidentiality.*

Service providers all reported that they had private rooms (with both audio and visual privacy) that they use for clients, which improves on the Baseline findings. However, GBV survivors interviewed for the Evaluation all reported that when they accessed health, legal and counselling services they were not in a private in a room.

Table 7: Indicator PE12 Results (Accommodation of Services)

Service Providers with Private Rooms	**Baseline**	**Endline**
Legal Services	66.7%	100%
Social Services	69%	100%
Health Services	68.8%	100%

Acceptability: Extent to which women affected by GBV feel safe and that their confidentiality is respected by the service provider.

Service providers all reported the understanding of safety, respect and confidentiality protocols, which are improvements on the Baseline findings. GBV survivors interviewed for the Evaluation support this finding, reporting that services providers were very respectful and friendly towards them.

Table 8: Indicator PE12 Results (Acceptability of Services)

Acceptability of Services		
Service providers have a procedure to assess the safety of GBV survivors and their children	**Baseline**	**Endline**
Health Centres	62.5%	100%
District Level Office (Legal and Social Services)	33%	100%
Service providers should not ask her what she did to cause the cause the violence	**Baseline**	**Endline**
Health Centres	66.7%	100%
District Level Office (Legal and Social Services)	33%	100%
You can share information about a GBV survivor without her express permission	**Baseline**	**Endline**
Health Centres	87.5%	100%
District Level Office (Legal and Social Services)	100%	100%

Evaluation Criteria	**Efficiency – Rating 4** *Measures the outputs of the project in relation to the inputs. Were activities cost-effective and achieved on time?* **The Project is currently underspending (83%) its funds and requires a no cost extension in order to complete its spending. This has been a direct result of the impact of COVID-19 restrictions on Project activities. Nevertheless, the Project budget represented value for money and efficiency in still being able to achieve the Project's objectives.**
Evaluation Question 4: Efficiency	How have the project interventions been efficient, including value for money and outcomes of interventions in the coverage areas?
	The final financial report for the project was not available at the time of writing this Evaluation report, due the Project requesting a no cost extension so that it will conclude on 30 September 2021. The financial statement for 30 June 2021 was used as a reference point for the Evaluation. CARE Project staff estimate the Project's current burn rate to be 83%. This underspending is a direct consequence of the COVID-19 pandemic restrictions that has seen the Project's activities been reduced, postponed and rescheduled. Personnel costs were spent accordingly with a 99% burn rate, however activity costs only had a burn rate of 68%. Overall the Project focused the majority of its spending on human resources with personnel costs accounting for 58%, compared to 27% for Project activity costs (training on guidelines and standards, coaching, IEC materials, community awareness raising) with the remaining going towards 20% administrative costs. The Project's design emphasized value for money focusing on personnel staff costs, which is understandable given staff were the driving force of Project activities (conducting training, monitoring and coaching, awareness raising etc.). Project staff had a substantial workload in terms of being trainers and monitors. In terms of Project activities, the single largest budget line was Community Strengthening and Engagement and Communication materials, representing 10% of the total Project spending or 37% of the non-personnel spending. This covered the more visible part of the Project amongst community, including activities such as the community dialogues, community awareness and printing of IEC materials. The remaining part and majority of the non-personnel Project spending were the various budget lines allocated for supporting the various levels of service providers of the Project (training and coordinating the GBV WGs, and the provincial, district and frontline service providers). This component was the largest contributor to achieving the overall goal of the project and brought about the most impact for the project, in terms of significant change for service providers.
Evaluation Criteria	**Impact – Rating 4** *Significant changes in the target population, positive or negative, intended or unintended, brought about by the project's interventions.* **The Project improved the ability of sub-national service providers to collaborate with each and better respond to the needs of GBV survivors. The Project was also able to move from being Gender Sensitive to being Gender Responsive in relation to the CARE Gender Marker.**

Evaluation Question 5: Impact	What were the key impacts of the project?
	• Greater collaboration amongst services providers at the provincial, district and commune level to solve GBV cases and address broader GBV issues. The GBV WGs provided a platform for which services providers at different sub-national administrative levels could communicate and coordinate faster, in order to provide the most relevant support services for GBV survivors. Services providers could feel more confident that they were not working alone, but rather as a team with • Service providers provided with training on national guidelines for providing standardised support services for GBV survivors. This increased the capacity of service providers, in areas such as: knowledge of GBV issues, GBV law, working with/counselling GBV survivors, understanding of roles and responsibilities, confidence to provide direct or referral services, assessing risks, identifying emergency cases. • Dissemination and awareness raising advocacy of GBV issues and available GBV support services at the commune/village level. GBV survivors have a better understanding of support services that are available and therefore can make better informed choice about what services to access. • GBV survivors have access to higher quality support services from government service providers, as GBV laws and policies are being better implemented by frontline service providers.
Evaluation Question 6: Impact	Were there any unintended consequences or unexpected results that may occur during or after the course of intervention?
	Due to COVID-19, the Project revised its community awareness activities to include the use of mobile loudspeakers and community radio shows to raise awareness on GBV issues and available support services. Given the unprecedented restrictions Cambodia experienced, these were innovative solutions to difficult times. The unintended consequences or results of these changes to the Project were that communities were still able to be engaged by the Project; especially during a period where community members were restricted to their homes and potentially more vulnerable and at risk of domestic violence or GBV. Therefore, the use of mobile loudspeakers and radio shows, was a very positive unintended consequence of a difficult situation. Additionally, due to COVID-19, many of the Projects meetings and trainings were moved to online Zoom platforms. This unexpectedly provided government service providers with the opportunity to experience using online meeting technology. Which is seen as a very useful and practical skill now, as working remotely and from home is a very common occurrence. No respondents reported any specific negative effects or harm as a result of the Project's activities. One GBV survivor commented that a health services provider was not friendly and

	used the strong/rude words. There were no other unintended results of the project.
Evaluation Question 7: Impact	Gender Marker: To what extent has the project met CARE gender equality framework criteria toward Gender Transformative.
	The Project initially was reported as having a Grade 2 Gender Sensitive Rating, given that the Project worked with existing gender roles and relations (as opposed to challenging them), when it was first vetted in November 2019. This Evaluation now rates the Project as being Grade 3 Gender Responsive, only just falling short of being Gender Transformative because it fails to achieve a higher level of Gender Participation. The four Gender Marker topics are further discussed below. <u>Analysis</u> The Project intervention is informed by gender analysis as mentioned in the 2019 Gender Marker: *"The Triple Jeopardy Report (AusAID, 2013) found that almost 25% of surveyed women with disabilities have experienced sexual violence perpetrated by their partner in their lifetime. There is no single cause of GBV in Cambodia, but there is a rooted in social and cultural attitudes and norms that privilege men over women and boys over girls (MoWA, 2014). In Ratanak Kiri, CARE's target area, youth experience traditional harmful practices (most commonly the practice of early marriage), with women experiencing physical, emotional, sexual and economic violence (Mauney, R, CARE 2015)".* The Project is informed by in-depth specific gender analysis studies relevant to the Project. Therefore, the Project can be rated as challenging existing gender roles. <u>Activities</u> Project activities are adapted to meet the distinct needs of women, men, boys and girls supported by specific gender activities advancing gender equality through all three dimensions of CARE's Gender Equality Framework: agency, structure, and relations. Specifically, the Project activities **builds agency** through the community awareness campaigns (community dialogue, radio shows, mobile loudspeakers) which provide women in the community with knowledge on GBV and GBV support services available in the community. Women are then more confident and able to make better informed decisions when faced with GBV issues in their daily lives. The Project activities also aimed to change **power relations** between men and women, boys and girls, in particular the community dialogues were design to challenge community perceptions of GBV and gender. Finally, the Project activities aimed to transform structures, especially improving the standardisation and implementation of support services for GBV responses in provincial, district and frontline service providers. <u>Participation in Project Processes</u> The Project ensures meaningful participation of women, men, boys and girls in two out of the three following processes: transparent information sharing; decision-making; responsive feedback mechanism. **Transparency information sharing:** The Project through community dialogues and advocacy shares and discusses with the community the main intervention of the Project, being the provision of GBV support services. **Decision-making:** In addition to the community advocacy on GBV support services, the Project developed a mapping/referral directory for survivors of GBV in referral directory. From these directories, the beneficiaries will be able to identify the services they need and make decision on where they should go to receive

	those services. **Responsive feedback mechanisms:** The Project tasked frontline services providers with collecting information on GBV survivor/client satisfaction, however not all of these providers have been collecting such information therefore there was a lack of a consistent feedback mechanism. For this this category is rated 'No' to Column B in the Gender Marker for Analysis). <u>Monitoring and Evaluation Systems</u> The Project's training of provincial, district and frontline services providers implemented monitoring systems to collect information on GBV survivor/clients and their satisfaction levels. Additionally, ACCESS has and will continue to collect SAQUS data. Analysis of this data is used to monitor: changes in gender roles and relations, sex and age disaggregated data, unintended consequences, and the changing protection risks and needs.
Evaluation Criteria	**Sustainability – Rating 5** *Benefits of the project that are likely to continue after donor funding has been withdrawn.* **Despite being the first phase of the larger ACCESS Program, meaning that Project activities will continue beyond the life of this Project, the Project was designed with a high level of built-in sustainability. These design elements have been activated with the Project and therefore the Project has a high likelihood of sustainability in to the long term.**
Evaluation Question 8: Sustainability	What is the level of sustainability in the project interventions and smooth hand over to key related stakeholders? What project interventions will continue beyond the life of the project?
	Notably this Project is actually in its first phase and will continue being funded by ACCESS for another phase from October 2021 for another two years; expanding into two more districts and into health service providers in Kampong Speu. This set up creates a unique situation where the Project does not necessary end and activities do not need to be specifically sustainable at the end of the Project (at least for this first phase). Notwithstanding this, the Evaluation still provides an analysis of the Project in terms the level of sustainability built into the Project's design for the eventual conclusion of the Project in two years. The level of sustainability of the Project is actually very high. The design of the Project provides for a built-in objectives that aim towards sustaining the impacts and benefits of the Project beyond the life of the Project. In particular, the Project was designed to create structures, protocols and networks that would be established by the Project and designed to operate independently of the Project, namely the GBV WGs and the implementation/training on standardised service standards for GBV survivor support services. The Project design provided for the official creation (terms of reference) of GBV WGS and endorsement of their workplans, ensuring its members understood their roles and responsibilities and that they met regular and actually work effectively. The Project also designed the GBV WGs to be self-sustainable by incorporating a budget allocation activity. Unfortunately, given the onset of COVID-19 priorities with the government service providers, there is limited ability of the government to allocate budget to continue the GBV WGs. Nevertheless, the second phase of this Project will ideally continue to push the government to allocate budget to allow the GBV WGs to continue their collaborative work.

	An additional design element that adds to the sustainability of the Project is its significant focus on capacity building of the service providers in adhering to a standardised level of support services. The Project was design to not only develop guidelines but to also have the government's official endorsement of those internal structures and create mechanisms to monitor the adherence to those structures. All these are very healthy design elements to ensure a solid grasp of sustainable and integrated structures and systems.
Lessons Learned	**Lessons Learned** *What worked well? What did not work?*
Evaluation Question 9	What are the key lessons learnt to improve future project intervention?
	• CARE's long existing relationship with government counterparts in Ratanak Kiri, contributed to the success of the Project. Institutional trust and respect between CARE and the government offices helped to ensure the Project operated smoothly, especially in the face of the COVID-19 pandemic and the effects it had on Project activities. • Frontline service providers demonstrated better understanding of cross-cultural issues when supporting indigenous people accessing services; in particular recognising and accepting there are challenges and differences during cross-cultural interactions, and recognising that different traditions or attitudes can be confronting. This cultural sensitivity resulted in indigenous GBV survivors being more comfortable in reporting such violence to the service providers and consequently access more support services. • Attitude training was very beneficial for frontline service providers for them to better understand gender and cultural stereotypes, recognising that it may impact the ability of indigenous GBV survivors to access support services. • The GBV WGs are only as strong and effective as their leaders are. Therefore, it is important to ensure that the leaders of the GBV WGs are well respected in their authority and are effective leaders in their work. • As is often observed in Project's all-around Cambodia and not unique to Ratanak Kiri province specifically; not a lot of men were joining the community dialogues, for various reasons (too busy, working, not wanting to attend), therefore the use of mobile loudspeakers was a somewhat more effective substitute given that men would be able to hear the advocacy messages regardless of their attendance. • The Project was very adaptive to the COVID-19 pandemic restrictions. Setting up service providers with online systems of communication, while initial challenging was eventually able to be used very easily and proved to be very valuable to the continuation of the Project. Similarly, mobile loudspeakers and radio shows, were found to be effective substitutes to ensure community awareness raising continued in the Project. • The impact COVID-19 had on the resource allocation of government service providers, has meant that most GBV WGs have not been allocated budget. This allocation of budget resources is beyond the scope of the Project's control. • Due to COVID-19 some service providers were not able to fully utilise and implement the standardised guidelines of service. In the second phase of the Project, CARE will need to monitor service providers to ensure that have an opportunity to fully put the guidelines

	and standardised operations into practice. Similarly, the monitoring of adherence to those guidelines and also the activation of client feedback mechanisms was not able to be fully realised by many frontline service providers. • There are still gaps in support service resources that are beyond the scope of the Project's influence given that the government must decide to allocate such resources, in particular there is a shortage of the provision of lawyers, access to emergency shelter and the provision of economic support. • The Project's employment of two indigenous interns to assist in conducting Project activities provided a valuable learning opportunity for those interns and also helped to contribute to progressively building up the capacity of the indigenous people to create a pool of well-trained indigenous implementers.

4. Conclusion and Recommendations

The SSMP Project aimed to improve the service provision for GBV survivors to ensure that they have access to sustainable, quality and inclusive services. Despite the challenging situation of the COVID-19 global pandemic, the Project was still able to achieve its outcomes and also adapt, respond and remain relevant amid restrictions that could have stalled the operations of the Project.

The Project has been able to create collaborative structures amongst sub-national service providers, so that they will be able to operate independently and monitor themselves to ensure they continue to provide quality GBV survivor support services.

Key Impacts of the project include:

- Greater collaboration amongst services providers at the provincial, district and commune level to solve GBV cases and address broader GBV issues. The GBV WGs provided a platform for which services providers at different sub-national administrative levels could communicate and coordinate faster, in order to provide the most relevant support services for GBV survivors. Services providers could feel more confident that they were not working alone, but rather as a team with each other.
- Service providers provided with training on national guidelines for providing standardised support services for GBV survivors. This increased the capacity of service providers, in areas such as: knowledge of GBV issues, GBV law, working with/counselling GBV survivors, understanding of roles and responsibilities, confidence to provide direct or referral services, assessing risks, identifying emergency cases.
- Dissemination and awareness raising advocacy of GBV issues and available GBV support services at the commune/village level. GBV survivors have a better understanding of support services that are available and therefore can make better informed choice about what services to access.
- GBV survivors have access to higher quality support services from government service providers, as GBV laws and policies are being better implemented by frontline service providers.

Project management wise it was very challenging for CARE to ensure the Project was able to survive the impact of COVID-19. Nevertheless, CARE should be able to spend the majority of the Project funds during no cost extension and CARE has been able to adapt and implement Project activities that are still relevant in the current context of Cambodia and COVID-19.

<u>Recommendations</u>

1. Given the success of this Project and its impact on GBV survivor support services, CARE may want to investigate the potential for expanding future Project activities to supporting services for children who are subjected to domestic violence situation. This could be actioned through the exist CCWC structures to take advantage of the existing capacity and community trust there is in that frontline service provider.
2. COVID-19 restrictions will most likely continue to affect the Project into its second phase, therefore CARE should ensure community awareness raising activities (mobile loudspeaker, radio shows) are adequately funded and emphasised in the next Project budget.
3. Anecdotal evidence from the Project suggests that GBV survivors often only attend a health centre or authorities when their injuries are severe, meaning there is potentially a lot of GBV survivors that may be missing out on support services. In the next phase CARE may want to investigate how to adapt community awareness activities to target isolate women, especially during COVID-19 restrictions.

4. Given the issue of government resource allocation prioritising COVID-19 responses, CARE during the next phase may want to consider budgeting/planning for research perhaps looking at the impact COVID-19 has had on gender dynamics, indigenous communities, structures and relationships in the context of GBV issues. This research could help CARE to lobby the government to allocate budget to the GBV WGs in the second phase of the Project.
5. CARE needs to ensure that frontline service providers fully implement systems to monitoring the adherence to guidelines and implement client feedback mechanisms. Especially since in this phase of the Project, many service providers were not implementing the systems even though they developed and endorsed.
6. The Evaluation found that it was important to ensure that the leaders of the GBV WGs are well respected in their authority and are effective leaders in their work. Therefore, CARE in the next phase should investigate the potential for setting up a selection criteria for leaders of the GBV WGs, which provincial authorities could use when choosing members of the GBV WGs.
7. The Evaluation found that some service providers were often busy or sent a representative, especially commune or village chiefs, to the training activities. This is not a new or uncommon issue that general affects Projects with government capacity building activities. During the second phase of the Project, CARE could specifically monitor highlighted service providers (from phase one) who had a previous record of being frequently absent or sending delegates to training activities. Monitoring and follow up with service providers to encourage their support could help increase training attendance.
8. In the next phase of the Project, CARE should look to developing indicators that measure changes in attitudes, biases and cultural sensitivity towards indigenous people. This may provide more in-depth understanding of the impact Project activities can have on improving cultural sensitivity and encouraging indigenous access to quality support services.

Annex 1: Evaluation Matrix

The evaluation matrix based on the key evaluation questions as per the terms of reference.

Evaluation Questions	Type of data	Sources of Data	Collection Methods
Relevance *The extent to which the project is suited to the priorities and policies of the target group, recipient and donor.*			
1. Is the project relevant to the beneficiaries and does it respond to their needs? 2. To what extend has the project adapted or responded to the Covid-19 pandemic outbreak in the Cambodia?	Qualitative information from interviews Project Proposal Project Activities Reports	-CARE -Government service providers -National and sub-national government officers -GBV survivors	KII Desk Review
Effectiveness *The extent to which the project achieves its objectives*			
3. To what extent has the project achieved its outcomes?	Qualitative information from Interviews Project Proposal, including logframe/ MEL plan Project Activity Reports	-CARE -Government service providers -National and sub-national government officers -GBV survivors	KII Desk Review
Efficiency *Measures the outputs of the project in relation to the inputs. Were activities cost-effective and achieved on time?*			
4. How have the project interventions been efficient, including value for money and outcomes of interventions in the coverage areas?	Qualitative information from Interviews Project Proposal Project Activity Reports Project Financial Reports	CARE	KIIs Desk Review
Impact *Significant changes in the target population, positive or negative, intended or unintended, brought about by the project's interventions.*			
5. Were there any unintended consequences or unexpected results that may occur during or after the course of intervention?	Qualitative information from Interviews	-Government service providers	KII Desk Review

6. Gender Marker: To what extend has the project met CARE gender equality framework criteria toward Gender Transformative	Project Activity Reports	-National and sub-national government officers -GBV survivors	
Sustainability *Benefits of the project that are likely to continue after donor funding has been withdrawn.*			
7. What is the level of sustainability in the project interventions? 8. What project interventions will continue beyond the life of the project?	Qualitative information from Interviews Project Activity Reports	-CARE -Government service providers -National and sub-national government officers -GBV survivors	KII Desk Review
Key Lessons Learned and Recommendations			
9. What are the key lessons learnt and key recommendations to improve future project interventions or share future government and donor funding?	Qualitative information from Interviews Project Activity Reports	-CARE -Government service providers -National and sub-national government officers -GBV survivors	KIIs Desk Review

Annex 2: Data Sources

SSMP Project Documents

- SSMP Project Proposal
- SSMP Monitoring Evaluation and Learning Framework
- SSMP Quarterly Partner Progress Reports
- SSMP Training Tracker and Training Documents
- SSMP CARE Gender Marker Vetting Form (2019)
- SSMP Financial Report (June 2021)
- Guidance Document On Procedures for Establishment and Implementation of Multi-sectoral Coordination Mechanism to Respond to Gender-Based Violence namely "Gender Based Violence Response Working Group" At Provincials and Districts (2019)
- Baseline Study on Service Access, Quality and Uptake (SAQUS) Study Report and Tools (2019)
- ACCESS Monitoring, Evaluation, Learning (MEL) Tools: Rubrics for Indicators PE11 and PE13

Other Relevant Publications

- National Action Plan to Prevent Violence Against Women 2019-2023

Annex 3: Case Studies

Case Study 1: CCWC

Summary
Sopheak is a member of the CCWC and was appointed to become a member by the district governor. She was been in that position for 9 years. She is married and have three children aged 6 years to 15 years and she lives with her family. She received training and support from MoWA, PDoWA and CARE under the SSMP Project.

In her own words.
I was the only woman working in the commune office and I had a good relationship with the citizens in the community, so the district governor decided to appoint me to the CCWC. I enjoy my work on the CCWC because I have a good relationship with women and women come to me when they need help. So, I can use the knowledge and experiences I have to help the people solve their problems.

The work I do at with the CCWC is to review and record data – the Department of Social and Women Affairs asked us to record the families who have violence, disability, orphans and poverty. I help prepare the plan for dissemination, review the plan, attend the meetings with CCWC monthly and report the progress of work in each month to show what have been done. CCWC report on the meeting to see what problems are happening each village for solving problems especially poverty and pregnant women, and children age under 5.

During COVID-19 it meant we couldn't meet with the vulnerable people face to face, they can't receive the information clearly and it was difficult to visit them. To face the challenge of COVID-19 we delayed to meet with them and tried to ask them come to meet and discuss, solving those issues but we needed to be socially distanced and respect to the Ministry of Health protocols. If they can't come, need to ask the village chiefs to meet and solve those issues.

From the knowledge I gained from the Project and the Project activities it has made our work much easier, the knowledge helps us to disseminate effectively to the vulnerable people. We now have a good coordination system that works with commune, police office and NGO support with funds for dissemination and materials for the vulnerable. I am more confident in providing services to the vulnerable who got violence because I received the training on how to help the vulnerable people. So far, there have been more cases that already solved and get praise from the citizens. There were more involvements and most encouragement from commune chiefs and CCWC that made me feel more confidents to provide the services.

Case Study 2: Referral Hospital

Summary
Norin works at a referral hospital. He was been in that position for 8 years. He is married and has five children from 15 years to 27 years and he lives with his family. He always wanted to help people in poverty and the indigenous people in Ratanak Kiri.

In his own words.
In my work I conduct health counseling, provide treatment to the patients and do monthly reporting to the provincial health department. The COVID-19 impacted our daily service and our monthly meeting. We followed the Ministry of Health protocols, preparing the waiting space for patients to have social distancing to ensure safety, and our meetings were also online.

Knowledge from the Project activities helped me have more confidence to provide services to survivors of GBV, However, at the referral hospital, we mainly identify the GBV survivors, record their name and send it to the GBV committee for further review.

Case Study 3: Health Centre

Summary

Mealea works at a health centre. She was been in that position for 4 years. She is married and has one son and she lives with her family and nephews. She trained as a nurse, as she always wanted to help sick people and those in need from a young age.

In her own words.

At the health centre I provide counseling to the patients, vaccinations, provide contraception service, general health check and give the medicines to patients, and recorded the patients name into the record books.

The impact of COVID-19 made it difficult in providing the service to the patients and as we couldn't check them regularly because there were more infections. The patients were concerned about COVID-19 and didn't come to get the service. The health staffs didn't have protection suits and sometimes were afraid to take care of the patients. However, we practiced good hygiene during our work using gloves, regularly washing hands, wearing masks, using alcohol.

Our work at the health has been very busy at the health centre since the Project activities as there are more works in health center for every day and now including the added new works its sometimes difficult to complete the work. However, we have gained more knowledge and its helps us to disseminate information about domestic violence fully to the people and they can get the information and know where they can seek the support when they have any problems. I now have more confidence in providing services to survivors of GBV as the health center is the place to provide service related to health and health counseling. So, we are strong in providing that service and counseling to the survivors

Annex 4: Data Collection Tools

Please see separate file.

Annex 5: Indicator Data (Additional details)

Table 9: Indicator PE13 Results

	Baseline	Midterm	Endline
1. WG officials established with detailed roles	1/5	5/5	5/5
2. WG members oriented on roles/duties	1/5	3/5	5/5
3. Annual plans for WG meetings made and endorsed	1/5	1/5	3/5
4. Budget for WG meetings received/allocated	1/5	1/5	1/3
5. WG met as planned in last 12 months	1/5	1/5	4.33/5
6. Effectiveness of WG meetings	1/5	1/5	4.33/5
Total Score	**5/30**	**12/30**	**22.66/30**

Table 10: Indicator PE11 Results

	Baseline	Midline	Endline
1. Guidelines developed and endorsed	25/25	25/25	3.7/5
2. Providers trained and using guidelines	5/25	15/25	3.45/5
3. Monitoring adherence to guidelines in place	5/25	5/25	2.9/5
4. Client feedback mechanism in place	5/25	5/25	2.85/5
Total Score	**40/100**	**50/100**	**12.9/20**