



# Annual Report Year 2 (July 2019- June 2020)

**Australia-Cambodia Cooperation for Equitable Sustainable Services  
(ACCESS)**

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**Clear Horizon**

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## ACRONYMS AND ABBREVIATIONS

ACCESS	Australia-Cambodia Cooperation for Equitable Sustainable Services
ASC	ACCESS Steering Committee
BSP	Budget Strategic Plan
CCHR	Cambodian Centre for Human Rights
CCWC	Commune Council for Women and Children
CDPO	Cambodian Disabled People's Organisation
CNCW	Cambodia National Council for Women
COVID-19	Coronavirus Disease-2019
CWCC	Cambodian Women's Crisis Centre
DAC	Disability Action Council
DFAT	Department of Foreign Affairs and Trade
ECOSOC	UN Economic and Social Council
EOPO	End of Program Outcome
GBV	Gender-Based Violence
HI	Humanity & Inclusion
IO	Intermediate Outcome
LAC	Legal Aid of Cambodia
LM	Line Ministries
MBSC	Minimum Basic Standards in Counselling
MEF	Ministry of Economy and Finance
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice
MoLVT	Ministry of Labour and Vocational Training
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Women's Affairs
NAPVAW	National Action Plan for the Prevention of Violence Against Women
NCDD	National Committee for Sub-national Democratic Development
NDSP	National Disability Strategic Plan
NMCH	National Maternal and Child Health Centre
PB	Program Budget
PFM	Public Financial Management
PDoWA	Provincial Department of Women's Affairs
PFMRP	Public Financial Management Reform Program
PoSVY	Provincial Office of Social Affairs, Veterans and Youth Rehabilitation
PRC-MPS	Physical Rehabilitation Centres' Minimum Package of Services
PWD	Persons with Disabilities
PWDF	Persons with Disabilities Foundation
RGC	Royal Government of Cambodia
RMS	Rehabilitation Management System
SNA	Sub-National Administration
SPAD	Service Provider Administrative Data
TAF	The Asia Foundation
ToRs	Terms of Reference
TPO	Transcultural Psychosocial Organisation
TVET	Technical and Vocational Education and Training
UNDP	United Nations Development Program
UNFPA	United National Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women

## EXECUTIVE SUMMARY

The Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) Program is a three-year (2018-2021) initiative, supported by Australia's Department of Foreign Affairs and Trade (DFAT), that aims to improve the sustainability, quality, and inclusiveness of services in Cambodia for persons with disabilities and women affected by gender-based violence (GBV). ACCESS builds on the leadership of the Royal Government of Cambodia (RGC), and existing RGC policies and strategies on Ending Violence Against Women (EVAW) and disability inclusion. The Program advances the achievements and lessons from more than a decade of collaboration between the Government of Australia, RGC and local partners on services and reforms to benefit vulnerable Cambodians.

During the inception phase of the first year (from September 2018 to August 2019), ACCESS focused on building early partnerships with government and non-government stakeholders and on establishing all necessary governance and management information systems. In Year 2, spanning from September 2019 to the end of June 2020, ACCESS successfully launched its implementation phase. The collaborative planning initiated in Year 1 was concluded in July 2019 and all partnership agreements were signed between September and November 2019. This report reflects progress and achievements in applying robust foundations built around shared and consultative approaches and provides evidence of those relationships positively contributing to the realisation of the End of Program Outcomes. It also elaborates on the key lessons learnt and emerging risks to guide program planning and implementation for the upcoming months.

### **Highlights**

1. Provincial dissemination workshops conducted in the three target provinces led by members of the ACCESS Steering Committee (ASC) provided the strongest demonstration to date of leadership and ownership from each of the four government partners. ACCESS also solidified support from the Ministry of Interior (Mol), which paved the way for ACCESS and the Implementing Partners (IPs) to work more closely with the sub-national government. Additionally, the Program supported improved RGC budget preparation processes for its counterparts (the Ministry of Women's Affairs (MoWA), the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and the Disability Action Council (DAC)) and for the National Action Plan for the Prevention of Violence Against Women (NAPVAW) and National Disability Strategic Plan (NDSP)), which laid the groundwork for more efficient expenditure and potential increased allocations by the Ministry of Economy and Finance (MEF) in future years. The budget monitoring baseline noted the difficulty in tracking GBV- and disability-specific budgets across multiple line ministries, which will require careful monitoring and analysis to demonstrate program impacts.
2. Fourteen IPs were selected through a competitive process; each bringing expertise, experience, and interventions to support disability or GBV outcomes. A collaborative planning process with the selected IPs allowed for the adjustment and cross fertilisation of the proposed interventions to maximise synergies and reduce overlaps. To date, most IPs have initiated activities to support community and government service delivery, although delays in the co-design process and in signing a collective agreement with the UN agencies have further squeezed the time available for implementation (under the current three-year program timeframe). Initial outputs from these activities include:
  - Disability Workstream: Government-run Physical Rehabilitation Centres (PRCs) have applied Rehabilitation Management System (RMS) scoring to assess

compliance and support planning for rollout. Eight-seven youth with disabilities received job coaching, of which, 17 of whom have been employed to date with private employers. In addition, 434 persons with disabilities (50% women) were assessed to understand their financial literacy level, livelihood patterns and financial experience. Technical Accessibility Guidelines launched by MoSVY resulted in commitments from the Ministries of Land Management and Urban Planning and Construction to apply the Guidelines to future construction designs.

- GBV Workstream: The establishment and strengthening of district GBV working groups in 21 target districts are underway and are being guided by updated protocols and terms of references. MoWA intends to draw lessons from this process to rollout working groups nationwide using the national budget. Capacity building was initiated on Minimum Standards for Basic Counselling, Legal Protection Guidelines for Women and Children's Rights, National Guidelines for Managing Violence against Women in the Health System/Clinical Handbook, and Referral Guidelines for Women and Girl Survivors of GBV. MoWA is also finalising the Aide Memoire on Good Practices in Mediation and GBV services have been provided to 654 women survivors of violence with ACCESS support during the reporting period.
  - PFM: In accordance with MEF guidance, substantive improvements in MOSVY Budget Strategic Plan (BSP)/Program Budget (PB) documentation have occurred including greater attention to the scope and quality of reporting on the previous year's achievements, the identification of ongoing challenges and articulating priority activities for the forthcoming 2021 budget year (with attention directed to immediate RGC policy priorities for COVID-19 response and recovery), as well as the formulation of output and outcome performance indicators.
3. The Australian Embassy through ACCESS supported its partner Ministries in their immediate COVID-19 response. This included the provision of COVID-19 protective and educational materials for persons with disabilities, GBV service providers and vulnerable women in communities. Cambodian Sign Language interpretation was introduced in weekly press conferences by the Ministry of Health (MoH) and a series of radio and video spots shared on different social media platforms to keep persons with disabilities informed of important health and safety news. Support was also provided to ensure the availability and continuity of essential services for women affected by violence during the pandemic through online remote counselling.
  4. ACCESS is undertaking regular political economy analysis and monitoring the operating context. GBV interventions took into account the establishment of the Prime Minister's Lawyers Group to support vulnerable women and the collaboration between the National Council for Women and Children and the Bar Association of Cambodia. The Program is also adjusting its approach to an announced restructuring of disability institutions and amendments to the disability law. The Program is also increasing collaboration with the Ministry of Interior (MoI) as well as focus on sub-national authorities, hoping to leverage recent sub-national administration reforms and advice to sub-national administrations to reserve at least 5% of their budgets for social services.
  5. The new way of working in ACCESS to promote local ownership, sustainability and collaboration was time consuming, very demanding and created frustration for stakeholders at times but has resulted in a positive outcome overall: we were able to

prioritise and align all activities to government strategies and enable RGC leadership and ownership of the process. This was proven through the sub-national dissemination workshops, which were chaired by representatives from the relevant ministries who introduced the ACCESS new way of working, principles and approaches and the goal of increased national budget for disability and GBV in line with the NAPVAW and NDSP. There were early signs of commitment by RGC to use their own resources, including with partner ministries contributing Daily Subsistence Allowance (DSA) costs for staff travelling with ACCESS.

6. Through policy dialogue at various levels, we were able to engage MEF to influence the preparation of budget planning process with line ministries. The leadership of MEF has been critical in promoting political acceptance from all partners of the new way of working by ACCESS in terms of a no direct budget transfer and the opportunity of an increased financial contribution from RGC. This approach will improve the efficiency of Australia's aid program expenditure in Cambodia by helping leverage national resources for agreed development goals. MoI also committed to support the implementation of ACCESS activities at the sub-national level and assigned a focal point who actively participated in key ACCESS events and provided useful advice to the program.

### **Section 1- Operating context**

*ACCESS continues to operate* in a highly evolving and complex context influenced by several important policy developments and reform agendas. During the reporting period, with ACCESS support, the government partners have made some key achievements including:

- MoWA finalised the draft of the third National Action Plan to Prevent Violence Against Women (NAPVAW III). However, its review and approval by the Council of Ministers has been delayed due to the COVID-19 pandemic. DAC launched the second National Disability Strategic Plan (NDSP 2) in December 2019.
- With DFAT's guidance, the Ministry of Interior (MoI) confirmed its support for the implementation ACCESS at the sub-national level and assigned a focal point for the Program. As a result, the focal point actively participated in key Program activities including joining the provincial- dissemination workshops and workstream meetings.
- The priorities of the Public Financial Management Reform Program (PFMRP) continue to shape the work of ACCESS over budget processes, with ongoing high-level engagement secured from MEF.
- In March 2020, the Coronavirus (COVID-19) global pandemic affected activities, requiring the program to suitably adjust to better meet social needs across both GBV and disability sectors.

### **Section 2- Progress towards Outcomes**

This section outlines progress towards ACCESS' two End of Program Outcomes (EOPOs):

- 1) MoSVY, MoWA and DAC plan and utilise RGC resources more effectively for GBV and disability-related services, with guidance from MEF; and
- 2) RGC, civil society organisations (CSOs) and private sector sustainably improve the coverage, quality, and inclusiveness of services for persons with disabilities and women affected by GBV.

In relation to improving budget processes, key progress included the following:

- Active engagement by DAC management and senior technical staff in the strategic review and realignment of DAC budget activities as presented in MoSVY budget documentation.
- Improvements in the quality of MoSVY budget documentation, particularly with respect to the formulation of output and outcome performance indicators.
- Improved engagement between MEF, MoWA, and MoSVY, strengthening the foundation for resourcing for NAPVAW III and NDSP 2.
- Baseline data collection on resourcing for NDSP and NAPVAW by the line-ministries.
- Preparation of budgeting templates and presentation materials to support the forthcoming advocacy for resourcing for NAPVAW.
- Engagement with the sub-national administration (SNA) and preparation of joint-planning workshops on NAPVAW across eight provinces.

In relation to improving coverage, quality, and inclusiveness of services, key progress included the following:

*In the GBV sector,*

- MoWA is finalising the Aide Memoire on Good Practices in Mediation and heading towards completing the full package of GBV service guidelines, planned for completion by August 2020.
- Improved MoWA-led planning and coordination mechanisms underpinned by stronger sector relationships.
- Reviewed protocols and expectations for provincial- and district-level GBV Response Working Groups with three provincial and six district GBV Response Working Groups established under new standards.
- Strong RGC ownership of the GBV work at both national and sub-national levels.
- 1,683 people including female community members and local service providers, of which 1,152 were women, received training on referral to GBV essential services.
- GBV services were provided to 654 women survivors of violence with ACCESS support during the reporting period.

*In the Disability sector,*

- ACCESS facilitation of MoSVY-led sector planning and coordination, involving private sector actors and central ministries, and extending to the sub-national level.
- Development of key sector standards, including the Technical Standards on Physical Accessibility for Persons with Disabilities Guidelines, and National Guidelines on Inclusive Vocational Training and Employment.
- Launch of the NDSP 2 following a solid process of consultation, especially across relevant RGC agencies, which was strongly led by DAC.
- Introduction of the Rehabilitation Management System (RMS) tool in all Physical Rehabilitation Centres (PRC) managed by the Persons with Disabilities Foundation (PWDF).
- Strong buy-in from RGC counterparts in the development of a Minimum Package of Services (MPS) for PRC, as a guiding standard and an advocacy tool for resource allocation to the sector.
- 434 persons with disabilities from Kampong Cham, Siem Reap, Kampong Speu, Battambang, and Phnom Penh participated in a needs-assessment on financial literacy and practices.

ACCESS' first partnership survey confirmed the adherence to partnership principles across all partners and highlighted areas of improvement such as the need for clarification of each partner's roles and communication channels.

GESI strategy and implementation plan were introduced to all partners in February 2020 and a baseline was conducted to identify training needs. The first GESI review is ongoing.

Challenges faced during the period included:

- The multi-faceted scope of the program combining two complex sectors, with interventions at the national and sub-national levels and collaboration across RGC and non-government actors.
- A risk to overburden national and sub-national counterparts as the program continues to be implemented.
- Complex coordination in the disability sector, especially with the upcoming changes in the institutional structures.
- Complicated and dynamic budget processes, posing obstacles to substantive engagement with some RGC counterparts.
- Need to translate the genuine spirit of partnership and collaboration across all workstreams into a smooth set of processes for practical cooperation.
- COVID-19 pandemic impact on program implementation.

### ***Section 3- Overall progress towards the Annual Plan***

This section summarises the overall performance against the Year-2 Annual Work Plan (AWP) by classifying the current status of each intermediate outcome (IO) (i.e. on track, partially off track, or significantly off track), and identifying achievements and further recommendations for progress. Out of 19 objectives for Year-2, 11 are on track and 8 are partially off track.

### ***Section 4- Program Management***

This section presents data relative to Operations, Grant Management, Monitoring and Evaluation (M&E), Communication, and Risk Management. Expenditure for the annual reporting period amounted to AUD 6,725,522 including management fees, compared to a budget of AUD 6,725,722 for the same period. This constitutes a 100% expenditure utilisation during the reporting period.

Total in-country project staff currently amounts to 18 staff, with 13 locally engaged staff, two Long Term Advisors, and three in-country Short-Term Advisors. Recent staff additions provided a robust consolidation and empowering complement to the existing team structure, to further support and enable ACCESS to deliver on its targets.

Over the period, a total of AUD 5,296,771.15 was allocated to 14 implementing partners including a new grant allocated to Action on Disability and Development (ADD) International in March 2020.

Additionally, Program baseline data was collected and finalised. The Management Information System (MIS) was finalised and introduced to partners in March 2020. The six-monthly reflection workshop was conducted in February 2020.

Progress in terms of communications activities across various priority areas was positive. ACCESS is attracting enhanced levels of public visibility, and positively contributing towards Australia's support across the GBV and disability sectors in Cambodia.

ACCESS takes safeguarding seriously and has put in place policies and trainings to ensure its implementation. In October 2019, ACCESS Implementing Partners received an induction training across all key safeguarding requirements, including child protection, fraud control, and preventing sexual exploitation, abuse, and harassment.

At the time of preparation of this report, major risks identified for the program were:

- Increased fiscal pressure in light of the COVID-19 situation became a Government priority with refocused resource contributions from all RGC counterparts at the national



and sub-national levels. Additionally, the current restrictions surrounding meetings and travel have impacted the implementation of activities and present additional challenges to achieve expected results within original timeframes.

- Uncertainty in the understanding of roles and responsibilities of RGC agencies, Program team, and/or implementing partners may continue to create confusion and inefficiencies.
- Lack of commitment and/or knowledge of non-target ministries in relation to PFM reform efforts within the social sector (specifically disability and GBV), may lead to inadequate budget allocation to support NDSP and NAPVAW.
- Poor absorptive capacity and limited financial and human resources of target ministries at the national and sub-national levels may lead to disengagement from partner ministries, and hence overwhelming sub-national-level government entities.
- Short implementation timeframe creates limitations to building sustainable results, especially in the areas of PFM and intersectionality.

### ***Section 5- Learning and adaptation***

During the reporting period, significant learning was gathered, specifically around partnership and collaboration, engagement with RGC counterparts, and achieving sustainable results in a three-year timeframe. These learnings were presented to the ACCESS Steering Committee and will shape strategic decisions, hence influencing ACCESS Year-3 work plan preparations. ACCESS needs to review its approach and work plan to better take into consideration COVID-19 impact. For example, the ambition to phase out from DSA payment to RGC counterparts from January 2021 may be compromised by the announced significant budget cuts in 2021 RGC budget. ACCESS/DFAT may receive request from the Government and IPs to extend the transition period beyond January 2021.

## 1 OPERATING CONTEXT

The Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) Program is a three-year (2018-2021) initiative supported by Australia's Department of Foreign Affairs and Trade (DFAT) that aims to improve the sustainability, quality, and inclusiveness of services in Cambodia for persons with disabilities and for women affected by gender-based violence (GBV). ACCESS builds on the leadership of the Royal Government of Cambodia (RGC) and existing RGC policies and strategies on Ending Violence Against Women (EVAW) and Disability Inclusion.

ACCESS continues to operate in a highly evolving and complex context influenced by several important policy developments and reform agendas. A significant change in the operational context during the reporting period was the impact brought about by the global COVID-19 pandemic. As the impact of COVID-19 in Cambodia continues to evolve, the current situation has had an impact on the existing program activities at a time when ACCESS and its implementing partners were gaining momentum in engaging with the sub-national authorities and scaling up implementation.

**The COVID-19 pandemic represents a substantial contextual change and has impacted ACCESS' target groups.** Vulnerable households of persons with disabilities, women-headed households, and households with children are experiencing greater impact from the economic downturn. Women are more vulnerable to GBV due to increased caregiving burdens arising from school closures and stay at home orders, and the financial pressures from the economic shock experienced due to COVID-19. Persons with disabilities are generally more vulnerable to being affected by COVID-19 as they i) tend to have more health-care needs (both standard and linked to impairments); and ii) are at a higher risk due to the impact of low quality or inaccessible health-care services which is even more problematic as resources become limited.

**COVID-19 impacts are compounding the existing barriers to GBV and disability services, threatening the viability of service provision and necessitating new types and modes of service delivery.** Barriers to accessing services such as limited mobility, insufficient financial resources, lack of communication, and access to information have increased due to COVID-19. For example, there has been a decline in the number of clients accessing services in Physical Rehabilitation Centres (PRCs). To respond, providers need to develop new modes of remote service delivery or adapted protocols and equipment for the safe in-person provision of services.

**The pandemic has meant that there are fewer economic and employment opportunities. The environment for starting small businesses is expected to become more challenging.** ACCESS recognises the implications of this for its work on providing economic opportunities for persons with disabilities (IO 2.5) and will conduct a review of these activities to ensure their relevance and feasibility, considering COVID-19's economic impacts.

**COVID-19 has absorbed government attention, diverting focus and resources from GBV and disability responses.** The focus on COVID-19 has displaced health care services for GBV survivors while RGC police and justice priorities have also shifted, following instructions from RGC to prioritise the COVID-19 response. The inability to have face-to-face meetings has slowed the progress of the implementation of some ACCESS activities. The dissemination of NDSP II has been delayed, as has the approval for the Neary Rattanak, the Cambodia Gender

Assessment and NAPVAW III, which will impact the timing of the sub-national implementation of these strategies.

**COVID-19 and the corresponding downturn in tourism, construction, and garment manufacturing are reducing government revenue.** Recent economic forecasts from MEF for FY2020 and FY2021<sup>1</sup> (29 May) predicted a macroeconomic contraction of -1.9% for FY2020 and below-average annual growth rates in FY2021 (3.5%). Consequently, the line ministry budget ceilings established by the MEF circular guiding the development of the Budget Strategic Plan/ Program Budget (BSP/PB) for FY2021 are lower than those in FY2020. MOWA FY 2021 budget ceiling is significantly reduced while MOSVY budget ceiling remains unchanged.

**As a result, there is reduced RGC budget for the implementation of ACCESS priorities and there is expected to be ongoing pressure on the government allocation of the Daily Subsistence Allowance (DSA).** MEF has released instructions imposing restrictions on the use of budget allocations on nearly all government entities and has given them more discretion and control over the approval spending requests. The focus of government expenditure is likely to be social security payments, salaries, and pensions. Funding for activities not seen as directly related to economic recovery is likely to be cut.

During the reporting period, ACCESS continued to support government policy development. The third National Action Plan to Prevent Violence Against Women (NAPVAW III) and the second National Disability Strategic Plan (NDSP 2) were finalised with technical inputs from ACCESS. The NDSP 2 was launched on 3 December 2019, in the presence of HE Deputy Prime Minister, Minister of Interior. Under DFAT/ACCESS funding, UNDP has since recruited a technical advisor to support the development of an M&E framework for NDSP 2. NAPVAW III is awaiting final approval from the Council of Ministers and ACCESS recruited a team of consultants to support MoWA to develop an M&E framework for NAPVAW III. NAPVAW III and NDSP 2 will continue to guide ACCESS program priorities.

In the disability sector, MoSVY and DAC are considering merging all the disability-coordination entities under one unique umbrella. The status and form of this future coordination entity are yet to be determined. The amendment to the Law for the Promotion of the Rights of Persons with Disabilities is being drafted and is expected to be finalised by the end of 2020. Meanwhile, the identification of persons with disabilities who are poor, and the provision of cash transfers have taken place in 8 pilot provinces. Tablet-based data collection on disability started in March 2020 and is aimed at gathering data from 60,000 persons with disabilities from across the country. The responsibilities of implementing the cash transfer program for pregnant women were transferred from the Ministry of Health (MoH) to MoSVY in January 2020. Disability policy framework remains evolving with potential new priorities emerging that may influence ACCESS work.

In the GBV sector, the first National Policy on Gender Equality was finalised in January 2020 and submitted to the Council of Ministers for approval. Similarly, the RGC Five-Year Strategic Plan to Promote Gender Equality and Women's Empowerment, also known as the Neary Rattanak V, is being finalised. MoWA, the Cambodia National Council for Women (CNCW), Ministry of Economy and Finance (MEF) and the Bar Association of Cambodia agreed on the modalities for the provision of legal services to women and girl survivors of GBV. This confirms

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<sup>1</sup> MEF circular to Line Ministries for the formulation of Budget Strategic Plan 2021-2023 and Program Budget 2021 issued on 29 May.

strong RGC commitment to gender equality and response to GBV and hence relevance of ACCESS interventions.

In the Public Financial Management (PFM) sector, the Public Financial Management Reform Program (PFMRP) entails incremental progress towards a performance-informed budget (PIB), with the objective of shifting the focus of budget preparation, negotiations and approval from input-based spending categories, to greater attention on activities and non-financial results. At the sub-national level, MEF is promoting vertical and horizontal integration of budget-formulation across relevant sub-national administrations (SNAs) and deconcentrated provincial departments as well as alignment to national/sector policy priorities. The current PFMRP Consolidated Action Plan (CAP3) also includes an objective to more effectively integrate gender and poverty-reduction into MEF guidance and budget-formulation processes and documentation of Line Ministries (LMs), creating a new opportunity for ACCESS to engage with its RGC partners in influencing this work.

During the reporting period, ACCESS received support from the Ministry of Interior (MoI) to facilitate program engagement at the sub-national level. The National Committee for Sub-national Democratic Development (NCDD) initiated a functional transfer from the Centre to the provincial and district authorities in January 2020. All district technical offices for social services are being integrated into the district administrations. MoI issued guidance to incorporate social issues in the Commune Investment Plans (CIPs). Districts, municipalities, and khans were also encouraged to increase the implementation of social services and their plans should already include indicators on disability. MoI is currently reviewing the Terms of Reference (ToRs) of the Commune Council for Women and Children (CCWC). These changes constitute opportunities for ACCESS to engage at the sub-national level but also contain a risk of uncertainty while each level adjusts in their new role.

In Year-2, as ACCESS moved into the implementation phase, the program benefited from a high level of engagement between and ownership of RGC counterparts at the national level. Therefore, ACCESS requested MoWA and MoSVY to appoint additional counterparts, and technical-level focal points were confirmed by MoWA and the request is currently under consideration by MoSVY. The intent is to avert the risk that our RGC counterparts will potentially become overwhelmed by the increased activity of the programme.

Provincial dissemination workshops in three target provinces enabled the ACCESS program team and partners to engage with provincial authorities and introduce the ACCESS principles and modalities. The role of the representatives from MoWA, MoSVY, DAC, MEF, Persons with Disabilities Foundation (PWDF) and MoI was instrumental in introducing ACCESS at the sub-national level and secured a high level of support from the provincial authorities. Stronger relationships are also starting to become visible between RGC; and the NGOs and private sector partners who are further collaborating to jointly identify priorities and solutions.

## 2 2 PROGRESS TOWARDS OUTCOMES

### 2.1 Progress against EOPO 1

Expected Outcome	Adequacy of progress
<b>EOPO 1:</b> MoSVY, MoWA and DAC plan and utilise RGC resources more effectively for GBV and disability-related services, with guidance from MEF	A little off track
<b>Intermediate Outcome 1.1:</b> MoWA, MoSVY and DAC improve the quality of budget processes for formulation and implementation of NAPVAW and NDSP	A little off track
<b>Intermediate Outcome 1.2:</b> MoWA, MoSVY and DAC advocate more effectively for line ministry resourcing and implementation of NAPVAW and NDSP	On track

Key achievements include:

- **Improvements in stakeholder commitment, ownership and capacity for BSP/PB preparation on the part of DAC management and senior staff**, as well as quality and timeliness of DAC BSP/PB submission to MoSVY Technical Directorate for consolidation.
- **Improvements in the quality and timeliness of MoSVY ministry-level BSP/PB coordination and resultant documentation**, reflecting a closer alignment to MEF guidelines. MoSVY BSP 2021-2023 documentation presents greater attention to the scope and quality of reporting on the previous year's achievements, the identification of ongoing challenges and articulating priority activities for the forthcoming 2021 budget year. MoSVY BSP 2021-2023 documentation is available to reference cited improvements.
- **Completion of the Baseline Monitoring Report on the scope of approved FY2019 RGC funding of budget activities relevant to both the ACCESS-targeted sector strategies**, NAPVAW and NDSP, providing important insights to challenges associated with existing BSP/PB processes, important guidance for subsequent NAPVAW and NDSP advocacy and baselines measures for future monitoring and reporting processes.
- **Improvements in the level of engagement between MEF and MoWA/MoSVY/DAC**. MEF actively engaged in ACCESS provincial workshops and steering committee meetings, expressed their support on the program's expectations regarding cost-sharing.

Key activities over this reporting period include:

- **Substantive capacity development**, including BSP/PB-focused workshops and "hands on" technical support, toward better understanding of program-based budgeting and support to a more strategic approach to advocate for budget proposals in budget processes. This included a ministry-wide series of practical trainings targeting each of MoSVY's 12 central ministry sub-programs.
- **Support to a more balanced, orderly and inclusive internal process** for the provision of guidance across entities, even with challenges posed by a sharply compressed timeframe, following delayed issuance of MEF guidance caused by the COVID-19 pandemic.

- **Preparation and implementation of a baseline data collection** on resourcing for NDSP and NAPVAW by the line-ministries (LMs), a thorough assessment of FY2019 budget activities and funding across designated LMs.
- **Preparation of budgeting templates and presentation materials to support MoWA's forthcoming advocacy for NAPVAW resourcing.** Although the planned activities were suspended due to COVID-19 restriction measures, the practical tools and presentation materials will support forthcoming NAPVAW advocacy in provincial workshops and MoWA's presentation to MEF. They will also serve as a model for the development of comparable tools to support DAC in the forthcoming NDSP advocacy.

Despite these encouraging early achievements, there remain challenges that we will continue to address as the programme moves forward:

- In contrast to the strong interest shown by the MoSVY Finance Directorate, DAC and Department of Welfare for Persons with Disabilities (DWPD), MoWA's Finance Directorate's interest has remained very weak, while direct engagement on PFM issues in Year 2 with PWDF has also remained very limited.
- More generally, entrenched institutional constraints continue to adversely impact the effectiveness of PFM capacity development efforts and the quality of budget processes and documentation, with persistent challenges for intra-ministerial coordination for budget-related decision-making and effective implementation of RGC's program-based budgeting.

Lessons learnt from the assistance to support the BSP and PB processes in 2019 helped inform ACCESS' approach to supporting counterparts during the most recent BSP 2021-2023 and annual PB 2021 preparation round in 2020 (extending from the final quarter of Year 2 into the beginning of Year 3. Past experience and more developed counterpart relationships within MoSVY supported a more extensive engagement in ministry-wide BSP/PB preparation processes, despite a range of COVID-19-related constraints (i.e. reduced RGC fiscal resources and the resulting limited fiscal space for new budget proposals; uncertainties surrounding MEF plans for BSP documentation and a highly compressed timeframe for simultaneous production of both BSP and PB documentation). These constraints each contributed in various ways to a relatively conservative position being taken by MoSVY's management of the implementation of some recommended changes in the BSP/PB preparation processes and documentation. Public health restrictions also had an impact on the opportunities for conducting a number of planned PFM technical support activities (e.g. supporting NAPVAW and NDSP advocacy). Nonetheless, as described below, ACCESS support was able to contribute to some substantive progress in Year 2 against intermediate outcomes.

### **Intermediate Outcome 1.1: MoWA, MoSVY and DAC improve the quality of budget processes for formulation and implementation of NAPVAW and NDSP**

**Baseline data on the quality of 2019 budget documentation reaffirmed the relevance of ACCESS' focus on strengthening the process of MoWA and MoSVY budget formulation.** The quality of 2019-2021 BSPs was scored by ACCESS using the same basic criteria as those set out by MEF in its own BSP assessment methodology. These criteria cover strategic policy alignment, program structure, performance indicators and targets, as well as medium-term expenditure projections. Both MoWA and MoSVY BSPs for 2019-2021 exhibited important weaknesses across several areas, including the quality of non-financial performance indicators

and program structures. Another concern is the lack of robust methods used to determine medium-term expenditure projections, particularly for MoSVY, however, both ministries' BSPs fared relatively better in their alignment of strategic objectives to higher level RGC strategic policy documentation (e.g. RGC's Rectangular Strategy and National Strategic Development Plan).

**Following on from ACCESS ministry-wide BSP and PB trainings provided at the end of Year-1, ACCESS continued to support an active engagement by DAC senior management and technical staff (including Deputy Secretaries) in a strategic review and realignment of DAC budget activities and BSP/PB documentation over the budget preparation round extending into Year 2 (in 2019).** This engagement contributed to DAC management and senior technical staff being more involved in deliberations and a more effective integration of the revised DAC program budget structure (sub-programs and activities) into MoSVY BSP and PB documentation. There was positive feedback from the DAC Secretary General on the technical advice provided by the ACCESS team, which supported senior DAC officials to strengthen their practical understanding of the RGC's program-based budgeting approach, while also enhancing their preparedness to advocate for DAC proposals in the budget process.

Building on that initial round of ACCESS PFM technical inputs over the RGC annual BSP/PB preparation cycle extending from Year 1 into Year 2 (April-July 2019), ACCESS was able to support a more extensive and substantive engagement in MoSVY BSP and PB preparation processes during the most recent cycle, concentrated in Q4 of Year 2, ministry-wide as well as with targeted disability sector entities (DAC and DWPD).

**As a result of the PFM technical assistance provided by ACCESS, there have been notable improvements in the quality of MoSVY's documentation, including specific elements that received input by both DAC and DWPD.** Focusing firstly on MoSVY's BSP 2020-2022, MEF's internal assessment identified improvements in the formulation of output and outcome performance indicators. Further, both DAC and DWPD gained greater 'visibility' in MoSVY's BSP 2020-2022 documentation and in the annual PB proposal for FY2020, as submitted to MEF. More specifically, in both the BSP document (submitted to MEF in May 2019) and PB proposal (submitted in July 2019), DAC and DWPD were represented as two separate sub-programs, each with three activity clusters (program budget line-items) aligning with their respective strategic objectives. This was a marked improvement from previous years, when each entity was allocated only one activity cluster under a shared sub-program. However, this proposed change by MoSVY was ultimately only partially approved by MEF, with DWPD and DAC being reconsolidated into a single sub-program following final high-level MoSVY-MEF budget negotiations in September 2019 and with only DWPD retaining its two new additional activity clusters.

**The most recent BSP/PB preparation cycle (for BSP 2021-2023 and PB 2021) has offered preliminary evidence of further strengthening of PFM capacity and practices at both the ministry-wide level for MoSVY, as well as for ACCESS targeted disability sector entities.** Building on the experience gained in Year 1 and the ACCESS PFM team's more developed relationships with MoSVY senior management, as well as findings from an EU study of MoSVY BSP/PB processes<sup>2</sup>, the support in the most recent round of BSP/PB preparation included a ministry-wide series of practical trainings targeting each of MoSVY's 12 central ministry sub-

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<sup>2</sup> The study was conducted in Feb-Mar 2020 by an EU-supported team for 8 LMs requested by MEF, and ACCESS PFM Advisor was responsible for the intensive review of MoSVY's BSP/PB.

programs. The 2-week ACCESS PFM training activity was specifically designed to address findings from the March 2020 EU-supported study of MoSVY BSP/PB prepared at MEF's request, along with pre-training consultations with both MoSVY senior management and MEF Budget Department. Notably, MoSVY's Finance Directorate (more specifically the Finance Department and the Planning Department) and Technical Directorate were actively engaged in the initiative. ACCESS support also included separate strategic consultation sessions with MoSVY senior management responsible for leading BSP/PB preparation processes, as well as ongoing support (extending into July 2020) to the Technical Directorate and Finance Directorate during the consolidation of BSP/PB material for MoSVY's Program 1 entities (under Technical Directorate management). Specific ACCESS team contributions included working directly with the Technical Directorate management to review and offer advice on the performance indicators and targets in both BSP and PB documentation (using MEF template tables), as well as on the structure and content of narrative text for the BSP 2021-2023. Finally, as in Year 1, ACCESS engagement again included working especially close with two of the disability sector entities (DAC and DWPD), providing "hands-on" technical support during the preparation and discussion of their respective entity-level components of MoSVY BSP and PB documentation, including explanatory text and tables.

Observations during ACCESS PFM engagement in the most recent round of BSP/PB preparation, both at the MoSVY ministry-wide level and in technical support targeting DAC and DWPD, offered clear evidence of continued progress for compliance with MEF's program-based budgeting guidelines and the overall quality of BSP and PB documentation. Supporting evidence is demonstrated through the scope and quality of reporting on the previous year's achievements, more developed and effectively structured text identifying ongoing challenges impacting service delivery and the achievement of current targets and policy objectives, as well as an articulation of priority activities for the forthcoming 2021 budget year, with specific attention directed to immediate RGC policy priorities for COVID-19 response and recovery. The results of MoSVY's strengthened PFM capacity should be noted by MEF during its forthcoming BSP assessment.

Within the disability sector, there is also solid evidence of continued substantive improvements in DAC's technical capacity, commitment and effort during the process of formulating its internal BSP and PB material. Improvements can be attributed to greater initiative being taken by DAC management and senior program/technical staff to formulate priority activities, including recognition of the need to adapt to the impacts and immediate demands arising from the COVID-19 crisis.

This observation of enhanced commitment by DAC management and senior staff is evidenced, for example, by DAC management's proactive preparation of draft BSP/PB materials (text, non-financial outputs indicators and financial estimates) more closely aligned to MEF guidelines and also reflective of key messages (technical guidance) presented to all MoSVY budget stakeholders as part of the two-week ACCESS PFM training program in May/June 2020. Additional evidence of improved DAC commitment and ownership is provided by the scope and quality of DAC's BSP/PB documentation, an active period of discussion, review and revisions to draft documentation and DAC's timely delivery to the MoSVY Technical Directorate, which has primary responsibility for consolidating and reviewing submissions from individual Program 1 entities (including both DAC and DWPD). The DAC submission and subsequent engagement with MoSVY Technical Directorate and Finance Directorate demonstrates a substantive improvement in DAC's understanding of the core elements of program-based budgeting, based



on MEF's guidelines, and has supported a more strategic approach to advocate for budget proposals in budget processes.

DAC also demonstrated greater confidence, skill and independent initiative to prepare associated non-financial performance indicators, financial estimates and activity-specific costings, alignment of proposed budget requests to DAC priorities and in developing supporting explanatory text for submission to the Technical Directorate (for subsequent consolidation into MoSVY BSP and PB for submission to MEF). Similarly, in the case of DWPD, which had already demonstrated stronger PFM management and technical capacity relative to DAC in Year 1, as shown in previous BSP/PB documentation, there was also strong evidence of an enhanced depth and clarity in their strategic prioritisation and analytical approach for BSP and PB formulation. This could be observed while reviewing draft BSP/PB documentation and tables (both financial estimates and non-financial indicators) and during bilateral discussions between DWPD and MoSVY Technical Directorate bilateral meetings during BSP/PB preparation process. This is also evident with respect to DWPD's alignment of budget requests to core activities and the definition of output indicators and targets. Together, these developments contribute to promoting greater credibility for the disability sector entities with MoSVY senior management responsible for BSP and PB preparation processes and for leading budget negotiations with MEF, thereby strengthening prospects for more favourable results in terms of approved budget allocations.

There have been positive comments and feedback toward ACCESS PFM technical support made by MoSVY senior management including the Secretary of State HE Nou Nim, DG Finance HE Sao Len and Chief of Secretariat and Budget Management Officer, MoSVY Technical Directorate, Mr. Hun Pheakday and by MEF Deputy Chief of Office Mr. Ven Vutha. This has included comments made at trainings, meetings and workshops, along with some written comments possibly available from Telegram correspondence.

*"With the training by and working closely with the ACCESS PFM [public financial management] team, we gained a good understanding about the guidelines and templates required by MEF [Ministry of Economy and Finance]. The extra support from PFM team contributed to improve our communication with MEF, the quality of our budget and to complete the MEF requirements on time."* Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) Official.

It can also be added here, based on observations during ACCESS engagement in the most recent round of internal MoSVY BSP/PB processes, that DAC, despite genuine improvement in its PFM capacity and the quality of its draft materials for consolidation into the MoSVY BSP and PB, continues to face at least three significant challenges:

1. As a national council, DAC is still viewed as an entity not fully considered to be part of the MoSVY structure. This does appear to impact the nature and quality of internal budget discussions between DAC and MoSVY and influence how DAC interests might be represented in MoSVY-MEF bilateral budget negotiations.
2. As an entity having as its primary/core functions to be policy development, advocacy, monitoring and reporting (in contrast with entities such as DWPD having direct service delivery functions), DAC faces a greater challenge in defining easily understood and reliably costed performance indicators and targets.
3. The scope of DAC activities does not currently include recognition amongst high-level MoSVY and RGC/MEF decision-makers as an RGC policy priority. At present, priority

has been given to cash allowances for poor PWD, an activity in which DWPD has the lead role for implementation.

**As noted, ACCESS has continued to support improved collaboration between MEF, MoWA and MoSVY, thereby strengthening the foundation for NAPVAW III and NDSP 2 resourcing.** MEF actively engaged with ACCESS, including at the provincial dissemination workshops and as part of the governance structures of ACCESS. MEF has helped to promote the acceptance of the creative ways in which ACCESS functions. For example, to develop government ownership of the program, ACCESS encourages no budget support and the expectation of financial contributions by RGC.

**Efforts have been made to encourage substantive ACCESS PFM engagement with MoWA Finance Directorate, as well as with PWDF, although challenges persist.** This remains a concern for ACCESS, as it has implications for the sustainability of its investments in service delivery under EOPO 2.

### **Intermediate Outcome 1.2: MoWA, MoSVY and DAC advocate more effectively for line ministry resourcing and implementation of NAPVAW and NDSP**

**The Budget Monitoring Report that ACCESS delivered in 2019 provided baseline data to track changes in line with the ministry budget allocations for NAPVAW and NDSP implementation.** The report mapped program budget activities from seven Line Ministries against NAPVAW and NDSP. Key findings of the report are summarised below:

- **NAPVAW:** In 2019, MoWA's budget-allocation for GBV-related interventions was 5.5% of its total budget. Of the six other LMs reviewed, only MoSVY included a specified budget for GBV-related interventions (e.g. positive parenting, safe migration), amounting to just 0.01% of its total budget or 0.13% of MoSVY's budget exclusive of social protection benefits to retired civil servants and veterans. Other ministries who reported activities aligned to NAPVAW were the Ministry of Education, Youth and Sports (MoEYS), MoH, Ministry of Labour and Vocational Training (MoLVT), Mol, and Ministry of Justice (MoJ). Examples of activities reported by each of the aforementioned ministries respectively included violence prevention in educational curricula, forensic treatment for survivors, awareness-raising of entertainment service enterprises on violence prevention, community policing and training for justice personnel.
- **NDSP:** In 2019, MoSVY's budget for disability-related interventions was 1.3% of its total budget. In assessing this share, it is important to recognise that just two very large spending activities (sub-programs) account for nearly 90% of MoSVY's total budget, with social protection benefits to retired civil servants (SP2.1) and to retired veterans (SP2.2) accounting, respectively, for 40.1% and 48.6% of MoSVY's total spending. With these two sub-programs excluded, MoSVY's disability-related budget accounts for 11.9% of the remaining MoSVY total budget. MoWA allocated 0.3% of its budget to the protection of women with disabilities and MoEYS allocated about 0.1% of its budget to inclusive education. Other LMs that reported NDSP-related interventions were MoH, MoLVT, Mol, and MoJ. Examples of disability-related interventions for each ministry included justice personnel training (MoJ), hospital physical accessibility (MoH), disability mainstreaming

in vocational training centres and the National Employment Agency (MoLVT) and development of a guideline for disability inclusion in SNA governance (Mol).

**ACCESS shared the full Budget Monitoring Report with MEF counterparts and its key findings with MoWA and DAC.** An initial summary of the findings in relation to budget allocations to NDSP and NAPVAW was shared at the six-monthly Reflection Workshop with partners in February 2020, who mutually agreed on the importance of budget monitoring and allocation of resources to address GBV and disability issues in Cambodia.

**The ACCESS team also assisted MoWA in the preparation of NAPVAW joint-planning workshops across eight provinces planned for March 2020.** The objectives of these workshops were to bring together all relevant technical and financial stakeholders for drafting an outline of the 2021 annual implementation plan for NAPVAW and to discuss resource allocation by RGC to cover the costs of the proposed activities. Unfortunately, these workshops were postponed due to travel and meeting restrictions in the COVID-19 context. With the recent easing of COVID-19 restrictions, planning for implementation of the workshops has resumed.

**During Year-2, ACCESS took initial steps towards the prioritisation of its engagement with sub-national administrations (SNAs).** The ACCESS PFM component was introduced to SNAs, with MEF encouraging local stakeholders (deputy governors and other provincial and district stakeholders) to engage in planning their NAPVAW and NDSP priorities and to use the FY 2021 budget preparation to designate necessary funding. As part of the overall effort to give greater attention to sub-national financing, ACCESS has initiated its engagement with MEF's General Directorate for Sub-National Administration Finance (GD-SNAF) and has strengthened its collaboration with Mol (aligning with UNICEF support for integration of social services at the SNA level) to encourage greater attention and prioritisation of local budget allocation to support disability and GBV-related activities. Both MEF/GD-SNAF and Mol have committed to deepening the engagement with ACCESS and have identified focal points to work with the ACCESS PFM team.

**Initial consultations in Year 2 with MoWA senior management (General Directorate for Gender Equality and Economic Empowerment) have established a consensus and sound foundation for further ACCESS support toward the goal of strengthening the scope and substantiveness of gender-responsive budgeting (GRB).** This has important implications for improving the identification of LM budget commitments for NAPVAW III, as well as for other gender-related program activities, with the near-term objective to support MoWA in efforts to strengthen the integration or "mainstreaming" of gender into MEF's BSP/PB instructions and processes. ACCESS will continue to provide PFM technical inputs and support the necessary consultative processes amongst key stakeholders. It is important to recognise, in this context, that the MEF-led PFM RP has in its Consolidation Action Plan (CAP3) a specific objective (Objective 32) calling for MEF (GD-Budget) to take action before the end of 2020. In addition, the common interests of MEF and MoWA in this area could potentially offer an opportunity to enhance future ACCESS-MoWA engagement on PFM issues.

## 2.2 Progress against EOPO 2

Expected Outcome	Adequacy of progress
<b>EOPO:</b> RGC, CSO and private sector sustainably improve the coverage, quality and inclusiveness of services for persons with disabilities and women affected by GBV	<b>On track</b>

Overall progress against EOPO2 is on track despite minor delays in achieving full implementation capacity. Across the GBV and disability workstreams, necessary foundations have been established to drive improved service delivery, such as clear standards, roles and responsibilities, and initial training of service delivery personnel. Relationships and modus operandi have also been established to enable an RGC-led and collaborative approach to improving services in both sectors. In addition, there have been lessons-learned in both workstreams on the fact that engendering strong program ownership by RGC requires time; and operations in a few areas have been delayed due to the time required for the finalisation of the DFAT-UN funding agreements.

### *i. GBV workstream*

Expected Outcome	Adequacy of progress
<b>Intermediate Outcome 2.1:</b> Government adopts, and service providers operationalise, essential service standards for women	<b>A little off track</b>
<b>Intermediate Outcome 2.2:</b> MoWA improves multi-sectoral referral and coordination networks at national and sub-national levels	<b>On track</b>

Key achievements include:

- **ACCESS supported MoWA and GBV workstream partners to adjust their work to the COVID-19 pandemic.** This included the preparation and dissemination of relevant GBV service information, support to remote GBV services and the provision of protective equipment to service providers in eight provinces.
- **Through ACCESS' partnership with and the support of UN Women, MoWA is now leading an RGC working group to finalise the Aide Memoire on Good Practices in Mediation as a Response to Violence Against Women.** MoWA is now on track to have a full package of GBV service guidelines in place by August 2020, thereby providing a necessary foundation for service improvement.
- **GBV planning and coordination mechanisms have improved, underpinned by stronger sector relationships.** The joint ACCESS-IP-RGC planning and coordination process led by MoWA established new modes of operating, which is valued by RGC and NGO participants.
- **MoWA adopted and led an evidence-informed approach to reviewing and revising protocols and expectations for provincial- and district-level GBV Response Working Groups – which are the backbone of GBV service delivery in Cambodia.** The new standardised ToRs have been approved by three provincial governors, and six

district governors to establish or renew their GBV Response Working Groups. Further expansion of these groups is expected in the coming months.

- **RGC demonstrated strong leadership and ownership of the GBV work at the national and sub-national levels.** MoWA led the development of a joint plan including all GBV activities<sup>3</sup> funded by ACCESS and the ongoing coordination between the partners. Their involvement in the selection of ACCESS grantees also promoted their ownership of the program. MoI and MEF's involvement in ACCESS governance and coordination meetings is new for the GBV sector and has helped to address challenges with the delivery of legal services and increased MEF's awareness of the RGC resources required to implement NAPVAW III. There have been some small but significant early wins in relation to RGC resource allocation to the sector, such as the allocation of DSA for RGC partners to attend ACCESS-funded provincial consultations.

Key activities included:

- The provision of COVID-19 PPE and information on access to GBV services during the pandemic;
- The establishment of GBV response working groups; and
- The selection of implementing partners and finalisation of a collaborative work plan.

Key challenges encountered were:

- The finalisation of essential service standards was affected by delays in signing of the DFAT-UN partnership agreement.
- Training to service providers were interrupted/postponed in March-June period due to COVID-19 travel and meetings restrictions.

### **Intermediate Outcome 2.1: Government adopts, and service providers operationalise, essential service standards for women**

**MoWA is now on track to have a complete package of service guidelines in place by August 2020, for women and girls who have experienced GBV, thereby providing a necessary foundation for service improvement.** Through ACCESS' partnership with and the support from UN Women, MoWA is leading an RGC working group to finalise the Aide Memoire on Mediation as a Response to Violence Against Women. A training manual is also being drafted. UN Women is working with MoWA to develop the Essential Package of Services for women and girls who have experienced GBV, which will be a final set of service guidelines on GBV response. A 'Train-the-Trainers' manual is expected to be ready for testing in December (delayed somewhat due to the signing of the agreement with UN Women), which will prepare MoWA to promptly roll out the guidelines once finalised.

**ACCESS is assisting MoWA to turn its focus towards promoting the use of these standards to drive improved GBV service delivery.** Evidence from the baseline data collected by ACCESS reinforced the need for this. Almost all provincial GBV Working Groups reported that a few providers had been trained in or were using existing GBV service guidelines,

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<sup>3</sup> Note that ACCESS covers three of the four areas of NAPVAW. The one area not included is around prevention of GBV.

which cover basic counselling, referral, mediation, health and legal assistance (please refer to Box 1: ACCESS baseline data on roll out of GBV service standards).

**Box 1: ACCESS baseline data on the roll out of GBV service standards<sup>4</sup>**

**As part of the baseline study, ACCESS facilitated GBV WG members to score the operationalisation of GBV service standards for basic counselling, referral, mediation, health, and legal assistance in their province.** Specifically, they used a rubric to judge the extent to which:

- tools for familiarising and training providers on the standard are in place,
- providers have been socialised and trained in the use of the standard,
- adherence to the standard is being monitored; and
- client feedback on service provider performance against the standard is being gathered.

**A key finding was that, while some of the guidelines had been endorsed, all are still in the very early stages of roll-out at the provincial level:**

- Four of the five provincial GBV WGs reported low levels of training for service providers for at least four of the five existing GBV service standards. Health (Kampong Cham, Ratanakiri, Tboung Khmum) and legal assistance (Ratanakiri) were the only GBV service standards on which any GBV Working Group reported having most of their providers trained in their province.
- Three provincial GBV Working Groups (WGs) reported that there were no processes in place to monitor adherence to any of the five GBV service standards. In the other two provinces, GBV WGs reported that a process for monitoring had been developed for just one standard but was being applied in an ad hoc manner (Siem Reap for referral; Tboung Khmum for health).

**To set the stage for roll out, ACCESS assisted MoWA in compiling all the documentation (guidelines, standards, manuals, outreach materials) on GBV service standards into a single repository.** Minimum Basic Standards in Counselling and the Referral Guidelines that were printed with the support of ACCESS in Year-1 have now been provided to RGC agencies who will use them in trainings with community level service providers.<sup>5</sup>

**ACCESS IPs have begun supporting the roll-out of trainings on key service standards.**

Roll-out has begun but constraints owing to the impact of COVID-19 have delayed some of this work and while mitigation approaches (e.g. online training, and print materials) are being put in place, this trend is expected to continue in the coming months.

- **Legal guidelines:** the Legal Aid of Cambodia (LAC) provided training to Judicial Police Officials and Judicial Police Agents (JPOs/JPA), assigned by MoWA, on their roles in supporting GBV survivors' access to justice. LAC also supported MoWA in drafting a training guideline on the Legal Protection for Women and Girls' Rights in consultation with the MoWA technical team. This manual will be used by MoWA and the Provincial Department of Women's Affairs (PDoWA) to train relevant service providers. An assessment tool was developed and reviewed by MoWA in early January 2020 and shared with the Bar Association of the Kingdom of Cambodia (BAKC). The tool aims to assess the knowledge of BAKC members on the concepts of a victim-centred approach and gender-based violence.

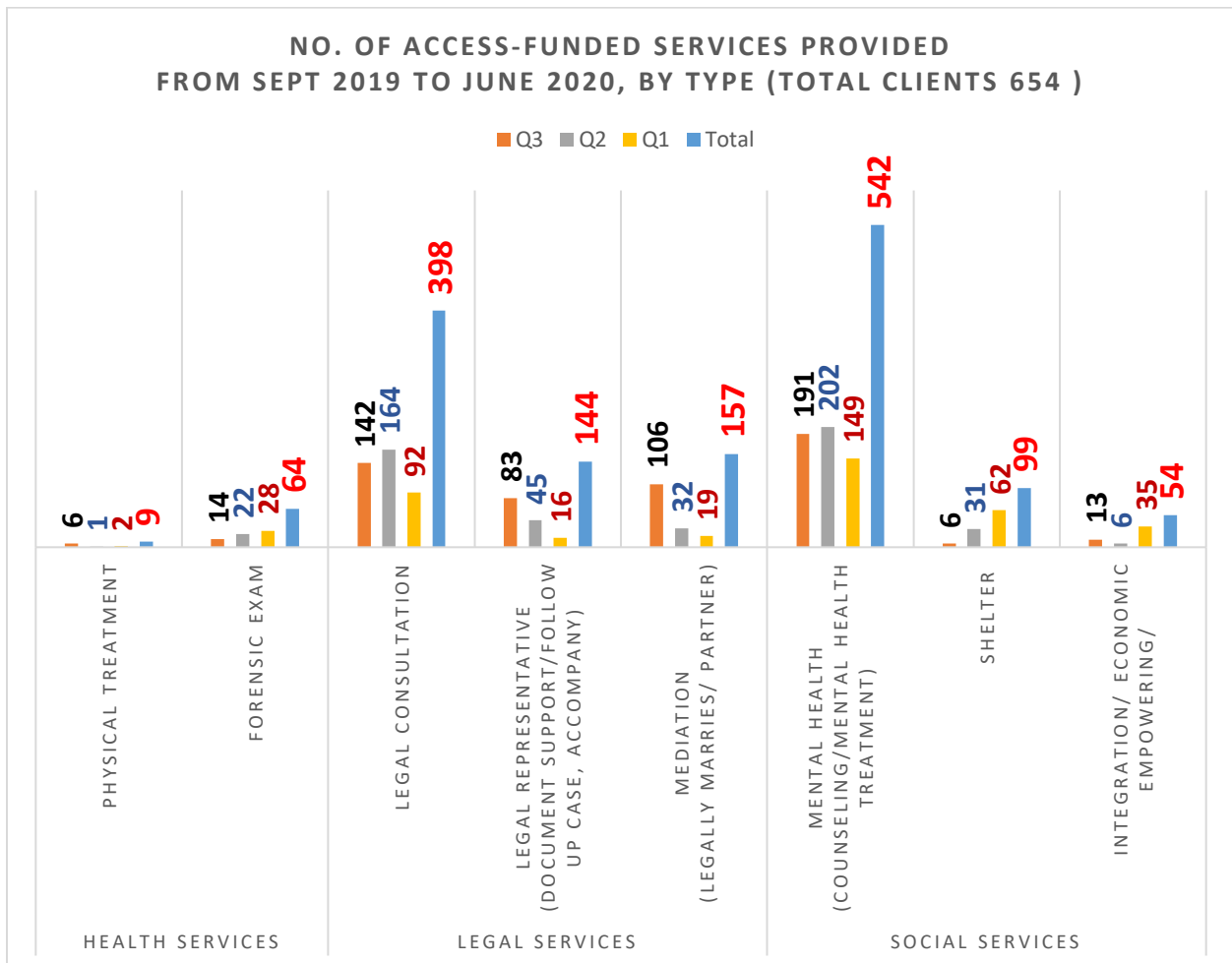
<sup>4</sup> Evidence Summary of Baseline Data against the rubric for Performance Expectation 11: The extent to which systems have been put in place to standardise delivery of targeted GBV services.

<sup>5</sup> ACCESS has printed 15,000 copies of the Minimum Basic Standards in Counselling (MBSC) of which 8814 have been distributed, 500 copies of the MSBC training manual of which 339 have been distributed, 15,000 copies of the Referral guidelines, of which 3335 have been distributed and 25 copies of the Key messages for service providers, of which 16 have been distributed.

The court monitoring tools were developed, and support letters were issued from the courts in Phnom Penh, Siem Reap and Kampong Cham. As a result, five GBV cases were monitored by CCHR in June 2020.

- **Health guidelines:** the United Nations Population Fund (UNFPA) supported the National Maternal and Child Health Centre (NMCH) to provide a refresher training-of-trainers session on health sector responses to GBV for provincial-level teams of trainers from five provinces, including the health staff from Rattanakiri. UNFPA collaborated with the National Team of NMCH to conduct regular monitoring and supervision of health facilities to ensure that GBV survivors are receiving quality services from health practitioners.
- **Counselling guidelines:** ACCESS provided funding and technical assistance to MoWA to develop training materials and assisted the Ministry in utilising these materials to train provincial legal sector stakeholders such as prosecutors, judges and police. The feedback received was positive, with participants reporting attainment of new knowledge on how to treat GBV survivors. The Regional TOT on Basic Counselling Guidelines was provided to 24 JPOs/JPAs from eight target provinces, including 20 women.
- **Referral guidelines:** the Cambodian Women's Crisis Centre (CWCC), LAC Transcultural Psychological Organisation (TPO), UNFPA and CARE delivered training on how to refer cases of GBV to essential services in the three target provinces. 1,683 people were trained including community members and local service providers, of which 1,152 were women. The participants expressed the usefulness of the topics and their relevance to their daily work. They also showed strong commitment to applying the knowledge and skills they learned to support GBV survivors.
- **Direct Support:** ACCESS also supported various IPs in providing direct support to GBV service delivery – either to address gaps in RGC services or demonstrate effective service delivery models for uptake by RGC. Between September 2019 to June 2020, 654 GBV survivors received services from ACCESS-funded providers. This included 547 cases of domestic violence, 96 cases of sexual assault/rape and 21 cases of trafficking. Types of services (health, legal, social) varied according to client needs, with all receiving basic counselling and most receiving legal consultation (see Figure 1).
- **Digital data and case management:** The Asia Foundation (TAF) supported MoWA to develop a tool to record all cases receiving services and the draft version has been presented for comments.
- **GBV Communications:** TAF, Women Peace Makers (WPM) and LAC conducted several radio programs to inform the population and women on how to access GBV service information as well as how to prevent a COVID-19 outbreak in the community.

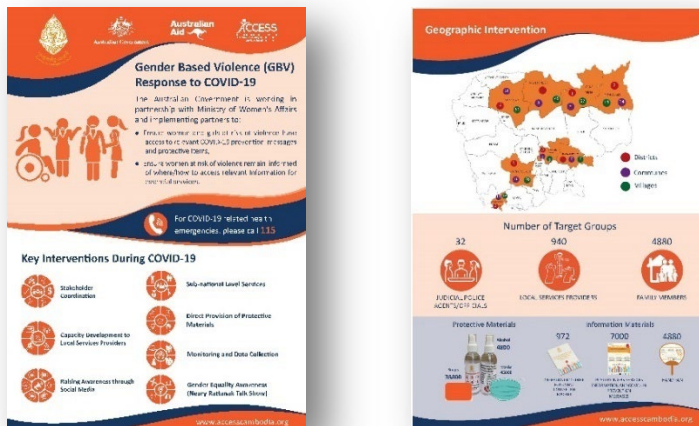
**Figure 1: ACCESS-funded GBV services provided between Sep 2019-Jun 2020, by type (total number of clients = 654)**



- COVID-19 prevention and GBV Response**, ACCESS provided COVID-19 personal protective equipment to the Ministry of Women’s Affairs and Cambodian women’s groups. These included 45,000 surgical facemasks, 4,800 bottles of hand sanitizer, 38,800 bars of soap and communications materials on GBV services. This will benefit vulnerable



## Cambodian women and gender-based violence service providers.



**Other key achievements of ACCESS' IPs during the reporting period included:** agreement with MoWA/PDoWA on the development of a tool for monitoring GBV sensitivity of court proceedings (The Asia Foundation (TAF) and Cambodian Centre for Human Rights (CCHR)); signing of an MoU with the Bar Association to provide free legal services to GBV survivors (CNCW and MoWA); MoH approval to develop a tool on GBV orientation for newly recruited civil servants (UNFPA); radio broadcast in two provinces to raise awareness about legal rights and services for GBV survivors (LAC); and ongoing support to MoWA to develop a digital data collection system for GBV case management (TAF).

### Intermediate Outcome 2.2: MoWA improves multi-sectoral referral and coordination networks at national and sub-national levels

**GBV coordination mechanisms have been established with strong leadership from MoWA (please refer to Box 2).** MoWA actively chaired key coordination meetings and agreed to cover DSA payments for government official travel during ACCESS inception and provincial dissemination workshops. MoWA also allocated budget for National Level GBV Working Group (TWGG-GBV) meetings for a total of 3,240,000 riels (USD 810). In response to concerns about information sharing in the sector, MoWA established a protocol for GBV Workstream communication through the Telegram app.

#### Box 2: A Story of Significant Change: Improving GBV sector planning and coordination to support implementation of the National Action Plan on Violence Against Women III (NAPVAW III)

*"The coordination approach that ACCESS has taken is leading the way to engage and influence relevant ministries and actors, especially MoI and NCDD. This is a good step [towards] improved sub-national level collaboration and implementation."* - ACCESS IP staff member.

In 2019, ACCESS supported MoWA to lead a joint planning process for the GBV sector at national and sub-national levels, bringing together a much broader group of RGC officials and IPs than was previously participated. ACCESS prepared background documents for MoWA officials, provided logistical support for three coordination workshops, and sought MoWA input on the workshop content and format.

The joint planning process increased understanding by RGC and NGO partners of each other's work in the sector and also improved the efficiency of GBV work by eliminating overlapping activities, leading to a

broader geographic spread of activities, and allowing limited resources to be allocated to the most critical activities. It also enhanced cooperation and coordination between the disability and GBV sectors. When interviewed, participants in the process noted that without ACCESS, it was likely that the joint planning process would not have happened at all.<sup>6</sup>

**ACCESS continued providing technical assistance to MoWA to develop a relevant policy framework.** A consultant team was selected in March 2020 that commenced work on the development of a NAPVAW III M&E framework. The consultant team provided its inception report and drafted the methodology and questionnaires for a capacity and readiness assessment. The consultant team works in close collaboration with MoWA's Legal Protection Department team. Similarly, a national legal consultant has successfully reviewed the existing Explanatory Notes on Domestic Violence Law and drafted a revised version. In June 2020, the draft of the new version of the Explanatory Notes Law on Prevention of Domestic Violence and Protection of Victims was submitted to the Minister for consultation and review.

An orientation on the Annual Operational Plans (AOP) for NAPVAW implementation was conducted for members of the TWGG-GBV during the 22nd TWGG-GBV meeting to obtain their input and recommendations to improve the process of AOP development. Based on the feedback from this process, a simplified AOP format was prepared and is awaiting review.

**ACCESS facilitated MoWA to lead the GBV Workstream Meetings in January, April and July 2020, also including MEF, MoI, MoSVY/DAC and three provincial Government partners.** MoWA and the IPs all gave updates on their activities against their work plans. Discussion on these presentations continued to strengthen coordination by confirming the roles and responsibilities of different groups and jointly solving issues that ACCESS partners were facing. Examples were the challenges around engagement of government lawyers, and delays in the finalisation of the Aide Memoire on Good Practices for Mediation.

**ACCESS funded and provided technical assistance to MoWA to conduct and act on a study on how GBV Response Working Groups can function more effectively.** The study from October to December 2019 consulted with 111 Government Officials representing MoWA and eight provinces. It considered current best practices in how these groups function, opportunities, challenges and gaps around implementation, and suggestions from PDoWA and the members of the WGs to guide sustainable expansion of these WGs. The study found that:

- GBV Response Working Groups receive strong support from the provincial government including deputy governors and provincial council committees in three provinces, who regularly provide guidance and monitor the functioning of the working groups as well as GBV cases.
- GBV Response Working Groups provide a platform for service providers to cooperate with each other and to respond to the needs of GBV survivors.
- GBV Response Working Groups promote exchanges of learning and good practices on how to improve quality of services.
- GBV Response Working Group members support GBV survivors through various channels such as telegram communication.

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<sup>6</sup> A Story of Significant Change, GBV Coordination, 2020.

The challenges identified include limited awareness of and training on GBV service standards, staff turnover, and inconsistent GBV budget arrangements, leading to inadequate resourcing for some working groups, particularly at district levels.

**The study informed the development of two foundational documents for improving the consistency and quality of GBV Response WGs.** The *Guidance Document on Procedures of Establishment and Implementation of Gender Based Violence Response Working Groups* was drafted and is currently being finalised. This will guide MoWA and the provincial PDoWAs as to how the GBV Response WGs should function. The second document is a GBV Response WG ToRs, to be adapted by each province/district as needed. The ToRs elaborate the composition of the working groups, member roles, how the working groups will be established, meeting frequencies, and capacity building methodology.

**GBV Response Working Groups at the provincial and district levels are increasingly being established using the new ToRs as a basis.** Four provincial GBV Response Working Groups have now been approved by provincial governors. The Working Group in Ratanakiri did not exist before ACCESS. At the district level, 15 working groups have now been approved of which only one was pre-existing.

**ACCESS technical support is helping MoWA to push for continued expansion of GBV Response WGs across Cambodia.** ACCESS supported MoWA to successfully lobby for the inclusion of a GBV recommendation in the CNCW annual progress report. The recommendation was for MoWA and Mol to work closely together to establish and strengthen GBV Response Working Groups across Cambodia. The CNCW will now need to report its ongoing progress against this recommendation.

## *ii. Disability workstream*

Expected Outcome	Adequacy of progress
Intermediate Outcome 2.3: DAC more effectively advises and coordinates NDSP implementation	A little off track
Intermediate Outcome 2.4: PWDF more independently manages physical rehabilitation centres handed over by international and local partners	On track
Intermediate Outcome 2.5: Ministries, public and legal entities including private sector increasingly provide economic opportunities to persons with disabilities	On track

Key achievements of the period include:

- **ACCESS supported MoSVY and DAC** with engagement of Disabled People's Organisations (DPOs) and other disability stakeholders to make available COVID-19 protective and educational materials including the integration of Cambodian Sign Language interpretation into Cambodian Government broadcasts, distribution of posters

in the community and dissemination of radio and video spots on different social media platforms to keep persons with disabilities informed of important health and safety news.

- **With ACCESS support, MoSVY gained improved capacity in leading and facilitating sector planning and coordination**, involving private sector actors and central ministries, (engaged MEF for the first time), and extending to the sub-national level. This provided a valued opportunity for relationship building, resource mobilisation, and enabling coordinated approaches to service delivery (see Box 3: A Story of Significant Change: Improving coordination and efficiency within the disability sector in support of the National Disability Strategic Plan).
- **Key sector standards were developed** included the Technical Standards on Physical Accessibility for Persons with Disabilities Guidelines, and National Guidelines on Inclusive Vocational Training and Employment. Development of the Physical Rehabilitation Centres' Minimum Package of Services (PRC-MPS) and the Employment App to support job matching are also underway with PWDF and DWPD, respectively. The development of five animation spots of the physical accessibility guidelines is underway and will serve as awareness-raising and advocacy tools.
- **High level of buy-in from RGC counterparts in the development of a Minimum Package of Services (MPS) for PRC**, as a guiding standard and an advocacy tool for resource allocation to the sector. 15 DPO representatives (five women) and four (one woman) representatives from Older People Associations (OPAs) consulted have expressed the importance of this document to support their awareness on, and access to, PRC services.

Major activities included:

- **Launch of the 2<sup>nd</sup> National Disability Strategic Plan (NDSP 2)** and finalisation of its M&E matrix, including an action plan and reporting tool as a result of close consultations, especially across relevant RGC agencies, led by DAC.
- **Introduction of the Rehabilitation Management System (RMS) tool in seven of the total 11 PRCs including all those managed by PWDF** was completed with strong commitment from other partners to use it in their respective PRCs.
- **Comprehensive consultation process for the development of the national inclusive Technical and Vocational Education and Training (TVET) and employment guidelines**, including sub-national government staff, private sector and DPOs.

Some of the challenges encountered included:

- Support to DAC coordination functions encountered difficulties, especially at the provincial levels, due to delays with finalisation of the DFAT-UNDP funding agreement, and uncertainties arising from RGC's intention to combine all disability-related government entities under one umbrella organisation.
- Restrictions imposed due to the COVID-19 context and the government budget cut limited the capacity of ACCESS implementing partner to conduct a number of activities.

**Box 3: A Story of Significant Change: Improving coordination and efficiency within the disability sector in support of the National Disability Strategic Plan**

*“ACCESS’ approach is very unique. [It]...helps to avoid overlapped planning and interventions, reduces redundant activities, and increases and optimizes the resources.” - Senior Program Manager, ACCESS Implementing Partner.*

In 2019, ACCESS supported a **joint planning process for the disability sector** at the national and sub-national level. This was the first time that a large group of RGC and other partners had coordinated their activities within the sector.

RGC and ACCESS implementing partners reported the following results of the process:

- **Defined roles and responsibilities** for each of the implementing partners.
- **Coordinated approach to service delivery** which responded to RGC priorities. Gaps and overlaps in activities and geographical coverage were identified and addressed. The coordination also enhanced coverage of disability employment services across ten provinces, allowing the interventions to impact more people.
- **Strengthened relationships between RGC and non-government actors.** The process also provided an opportunity for RGC agencies such as the MEF to formally engage with the disability sector for the first time.
- **Increased attention to improving economic opportunities** for persons with disability, involving private sector participation for the first time.

Participants reported that without ACCESS’ financial and technical support, coordination would likely have been significantly delayed or may have lacked meaningful engagement from all actors. They noted that ACCESS’ active involvement particularly helped to bring new ministries to the table, such as high-level officials from MoWA, DAC, MoSVY and MEF.<sup>7</sup>

### **Intermediate Outcome 2.3: DAC more effectively advises and coordinates NDSP implementation**

**Disability sector policies, standards and guidelines were further developed.** ACCESS supported the printing and dissemination of the Technical Standards on Physical Accessibility for Persons with Disabilities Guidelines which were developed under DAC’s leadership and now formally adopted by the Ministry of Social Development and the Ministry of Land Management, Urban Planning and Construction. ACCESS is currently supporting the development of five animation spots on physical accessibility for advocacy and awareness raising. Humanity & Inclusion (HI) supported the development of a physical accessibility training manual for participants, including a facilitation guide for trainers, an audit checklist and a factsheet to support awareness raising on the technical standards for physical accessibility. HI will further support DAC to introduce these standards by training government and non-government teams at the national level and in ten targeted provinces. A factsheet on accessible health care facilities was developed by HI and shared with DAC. UNDP organised wide consultations, in partnership with DAC, on the amendment of the disability law, and the inter-ministerial Prakas on driving license for persons with disabilities. The NDSP 2 M&E and activity matrix (four out of nine strategic objectives) was reviewed with relevant ministries, DPOs and other disability stakeholders.

<sup>7</sup> See *ACCESS Story of Significant Change, Disability Coordination, 2020* for further detail and supporting evidence

**Support to sub-national disability sector coordination commenced in three of five target provinces, but progress was slower than originally planned.** ACCESS support in this area is predominantly delivered by UNDP and aims to strengthen Provincial DAC, chaired by the Deputy Provincial Governor with representatives of key line provincial departments and district deputy governors. Initial ACCESS discussions with these actors have centred around the opportunities for ACCESS to strengthen their leadership of NDSP 2 implementation. This work is still in early stages, due to uncertain RGC roles and responsibilities arising from its recent decision to establish a new umbrella disability authority and coordination structure, delayed finalisation of the DFAT-UNDP funding agreement, and COVID-19 restrictions.

**ACCESS support to mainstreaming disability inclusive practices within RGC agencies is also underway after initial delays.** This is led by Light for the World (LFTW) under the DFAT-UNDP agreement signed in January 2020. A disability inclusive score card (DISC) was finalised and the Disability Inclusion manual and Training Needs Assessment (TNA) were drafted for RGC agencies to review their organisational practices e.g. human resources, physical office accessibility. A cascading train-the-trainer approach is planned – starting with DAC-S, Disability Action Working Groups (DAWGs) of the key line ministries and the five targeted Provincial DAC members. This model of training is currently being reviewed considering Covid-19 constraints.

**A core challenge for ACCESS under this outcome was the varying levels of engagement by DAC with the Program.** At times, DAC expected ad hoc provision of funding for specific activities, which the ACCESS modality is not well-suited to provide. This affected the program's broader relationship with DAC, which was particularly challenging during Q3 2019/20. More recently, there have been signs of improvement, including agreement for ACCESS to support DAC with its COVID-19 response activities. The roll out of ACCESS-funded UNDP activities are also expected to improve the program's engagement with DAC, due to existing UNDP-DAC relationship, as well as UNDP's capacity to provide ad hoc accountable cash grants in response to emergent DAC needs.

#### **Intermediate Outcome 2.4: PWDF more independently manages physical rehabilitation centres handed over by international and local partners**

ACCESS continued to support PWDF to strengthen its oversight and management of Physical Rehabilitation Centre service delivery.

**PWDF drafted an organisational strategy for the period 2020-24; however, the finalisation and approval by its Board has been delayed.** Indicating its growing independence, PWDF decided to develop the strategy internally without developing partner support. However, in February 2019, PWDF requested ACCESS assistance with developing the strategy's budget and monitoring framework, which will link with ACCESS PFM workstream activities that will be initiated in Year 3.

**A HI-developed Rehabilitation Management System (RMS) tool was launched during the PWDF national congress chaired by HE Vong Sauth, MoSVY Minister,** in December 2019, in the presence of all PWDF branch directors. This tool provides credible baseline data on PRC strengths and weaknesses<sup>8</sup> to inform capacity building. Four PWDF officials at the central level and 20 staff (six are women) of the five PRCs managed by the PWDF have been trained and

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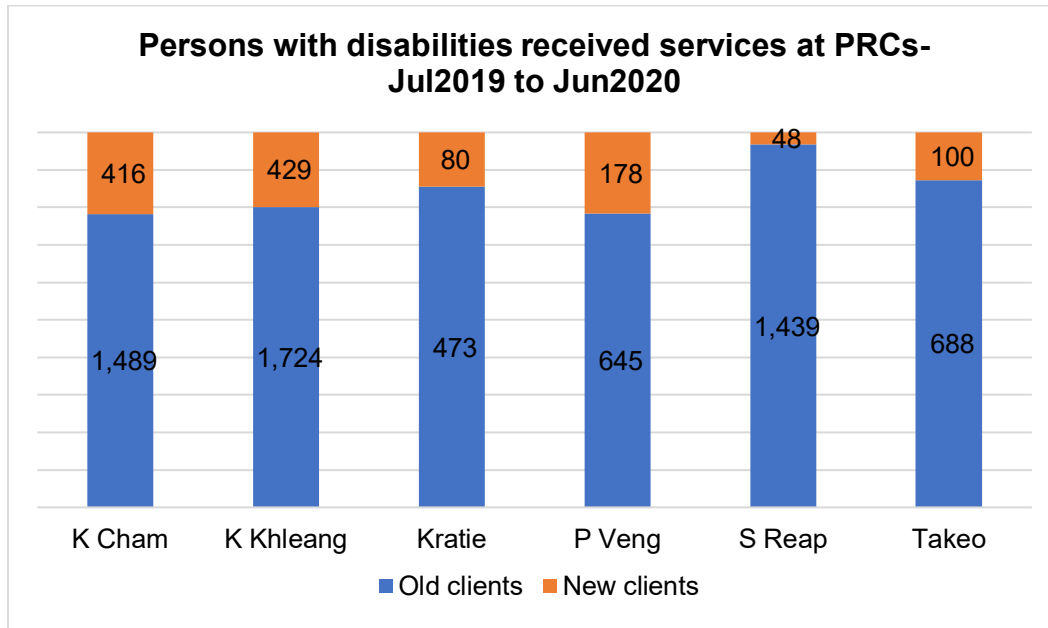
<sup>8</sup> This data will also be used to provide ACCESS baseline data as part of the Service Access, Quality and Uptake Study

coached on RMS scoring and action plan development. 769 clients (42% females) received services from Kampong Cham PRC from January to June 2020. A scoring process was implemented across six PRCs. PRC management teams recognised this as a useful tool for their planning and prioritization. Following the first round of scoring, the tool was adjusted based on lessons learned and to better accommodate the needs of RGC-managed PRCs. A key finding from the RMS baseline report confirmed that PRC compliance of RMS standards ranged from 47% to 76%. The rehabilitation cost calculation tool has been revised and shared with PWDF.

**Motivation Australia was also engaged to support PWDF in developing a PRC Minimum Package of Services (MPS).** This process adapted well to COVID-19 constraints, with online consultations underway in place of an in-country mission. The DPO network has been actively involved to date thereby providing a strong platform for ownership and collaboration. A core component of the MPS will be the RMS, which is a tool developed by HI to assess the quality of PRC management and service delivery. The RMS will be adjusted as needed, once the MPS is finalised to ensure clear alignment. The main purpose of the RMS is to support and strengthen PRC operations, and to increase awareness and information about their services to all stakeholders. Following consultations with relevant stakeholders under PWDF's lead, sections of the PRC mission statement, guiding principles and service packages were discussed and agreed upon.

**ACCESS also supported PWDF to convene quarterly PRC steering group meetings of PRC managers, and representatives from IO/NGOs, rehabilitation professional associations and the Cambodian Disabled People's Organisation (CDPO).** This is an important forum for lesson-learning between PRCs and will aid the collaborative approach being taken to develop and implement the PRC-MPS. HI also contributed to funding PWDF's Annual Congress, at which PWDF strategies and priorities were shared with members. The meeting enjoyed senior representation, including the Minister for Social Affairs, Veteran and Youth Rehabilitation.

**At the PRC level, HI assisted with outreach activities to strengthen early identification and referral pathways for persons with disabilities.** Specifically, HI supported PRC in Kampong Cham and Tboung Khmum to deliver training on rehabilitation services, early identification and referral pathways to local authorities, health centre staff, and Village Health Support Groups. The table below shows an increase in new clients registering at Kampong Cham PRC as a result of this action.

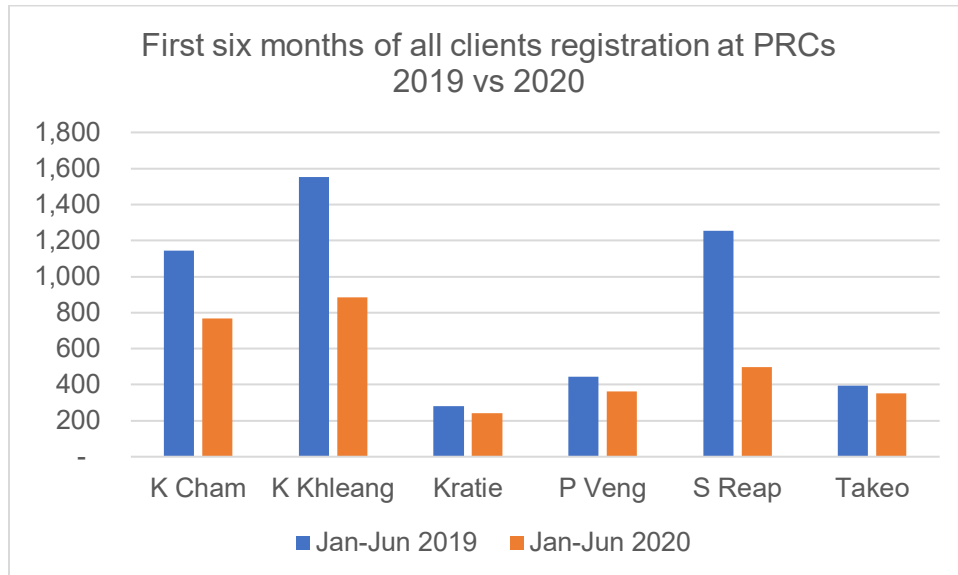
**Figure 2: Persons with disabilities received services at PRCs-Jul2019 to Jun2020**

With HI support, a remote rehabilitation methodology was developed and piloted in the Kampong Cham PRC. 187 clients were supported through this new approach to provide guidance and advice on rehabilitation including the dissemination of information in light of COVID-19.

Key challenges encountered under IO 2.4 were as follows:

- From January to June 2020, female clients only represented 30% of the 3,104 people accessing PRCs.
- The COVID-19 pandemic strongly impacted the access of persons with disabilities to PRCs for various reasons, including the closure of PRC services between late March and early May 2020, staff and services setting not being equipped to respond to the crisis, outreach activities being on hold, clients facing difficulties with the access to transport and also concerns about their own security. There has been a significant decline of 63% among all clients in accessing six PRCs from 5,067 in 2019 to 3,104 in the same period in 2020.
- The lack of technical workforce in the rehabilitation sector and more specifically lack of physiotherapists in the country remains an issue. Most workshops, meetings and community visits were postponed due to COVID-19, and some were adjusted to be conducted remotely.



**Figure 3: First six months of all client registration at PRCs 2019 vs 2020**

**Intermediate Outcome 2.5: Ministries, public and legal entities including the private sector increasingly provide economic opportunities to persons with disabilities**

In line with RGC's Quota for Recruitment of Disabled Persons (Sub-Decree 108), ACCESS IPs are undertaking diverse activities to promote economic opportunities for persons with disabilities.

**Foundational to this work was the development of *Guidelines for Inclusive Vocational Training and Employment*.** The guidelines were drafted by MoSVY's Department of the Welfare of Persons with Disabilities (DPWD). ACCESS supported MoSVY with consultations on the Guidelines through active participation in these forums. A final round of consultations has been postponed to Q3 2020/21 due to COVID-19. In general, ACCESS has enjoyed active engagement from DPWD. It is noteworthy that DPWD is also leading RGC's COVID-19 interventions relating to persons with disabilities.

Other key achievements for the reporting period were:

- 153 persons with disabilities and 32 representatives from private companies, the TVET Department under MoLVT, the National Employment Agency and business networks (Cambodian Federation of Employers and Business Associations) participated in two employment forums to share lessons learnt and reflect on the needs and challenges relating to employment of persons with disabilities (LFTW). Additional introductory sessions were conducted with 35 private companies on the economic opportunities for persons with disabilities. The draft ToRs on the National Inclusive Employment Forum were developed and shared with the Department of Welfare for Persons with Disabilities (LFTW/sub-partners).

- 111 participants (79 persons with disabilities, 54 women) attended the first DPOs Community of Practice on Disability Inclusive Employment (CoP-DIE). Progress on this activity was paused in the last quarter due to COVID-19.
- 209,600 people were reached by the nine roundtable discussions on radio programs conducted and broadcasted live through CDPO's social media.
- 153 persons with disabilities were recruited and registered to the Job Coach Program and 87 were trained to become Coaches. In addition, 17 secured job placements and one was supported to scale up their laundry business (LFTW/EPC).
- The incubator training program for Women Entrepreneurs with Disabilities was adapted based on initial feedback from participants and in response to COVID-19 constraints (Agile).
- 50 women with disabilities were registered and recruited for the upcoming incubator program (12 women from Battambang, 12 from Phnom Penh, 10 from Kampong Speu, 10 from Kampong Cham, and 6 from Siem Reap). The training will be organised in the next quarter with a mix of in-person and online approaches.
- The needs assessment on financial literacy and practices was completed in this quarter with 513 persons with disabilities (49% were women and 91% reported suffering from a severe disability) from 32 districts of the five target provinces. The final report is expected to be ready in the next quarter. Based on the primary result of this assessment, the Consumer Awareness & Financial Empowerment (CAFE) Curriculum was modified and adapted to a five-day training. Five branches of CMP (Battambang, Kampong Cham, Siem Reap, Kampong Speu, Phnom Penh) were audited in terms of accessibility in collaboration with HI. In addition, five Credit Plus Officers were recruited for promoting inclusive financial services and the CAFE coach training was launched for enrolment and will be organised in the next quarter.

**A challenge for ACCESS under this outcome was facilitating collaboration between IPs and DPWD.** There is still a tendency for activities to be siloed rather than integrated. ACCESS facilitated meetings between DWPD and the four IPs in order to promote better understanding of what each other's roles and respective interests are and for information exchange. This will continue in the months to come.

**Box 4: Preliminary findings of persons with disabilities financial literacy and practices survey**

Chamroeun Microfinance, Good Return and seven DPOs conducted a survey of over 500 persons with disabilities (51% women) in five provinces. The survey aimed to gain a greater understanding of the level of access of persons with disabilities to financial products and gauge their levels of financial literacy.

Preliminary findings were that:

- 55% were currently working either as employees or in their own business.
- 70% did not know what financial services they were using.
- Only 6% had taken out loans of more than \$10,000, and 17% had taken loans between \$1000 and \$12,500.
- 35% had applied for a loan and been denied. 38% of these reported they were not eligible because they have a disability.
- 46% were interested in borrowing money in the future, most commonly (49%) for business ventures.
- 65% reported having difficulty reading and writing (33% reported some difficulty, 21% a lot of difficulty, 11% illiterate).
- Respondents reported various barriers to accessing education and training, including transport, physical accessibility, and fear of bullying.
- Levels of financial stress were high, with 45% responding that they were very stressed.

**Progress related to COVID-19 response:**

- ACCESS supported DAC and DWDP with a total of 52,500 surgical facemasks, 3,440 bottles of hand sanitiser and 6,000 bottles of alcohol sanitising spray to be provided to persons with disabilities, self-help groups (SHG), DPOs. The handover ceremony was presided over by HE Ambassador and MoSVY's Minister. Following this, 1,084 persons with disabilities and 381 staff (with and without disabilities) received 25,000 surgical facemasks, 1,940 bottles of hand sanitiser and 3,000 bottles of alcohol sanitising spray through DAC. In addition, 125 Self-Help Groups (SHGs), DPOs and organisations working for persons with disabilities from nine provinces received 27,500 surgical facemasks, 1,500 bottles of hand sanitiser and 3,000 bottles of alcohol sanitising spray through DWPD and the Provincial Offices of Social Affairs, Veterans and Youth Rehabilitation (PoSVYs).
- ACCESS also supported DWPD and DAC to produce and disseminate three video spots, one radio spot and 9,000 posters on COVID-19 prevention measures. The radio spot was broadcasted via six local channels covering 22 out of 25 provinces. The three video spots were posted through DWPD's Facebook page with 180K to 410K views. These three videos are also available through two national TV channels (TVK and Fresh new TV, <http://www.freshnewsasia.tv/>). Moreover, ACCESS helped bring government, civil society and TV broadcasters together to have the Cambodian Sign Language integrated into the weekly RGC press conferences that have kept people who are deaf or hard of hearing informed on important health and safety information.
- UNDP supported DAC to produce five video spots on COVID-19 prevention measures targeting persons with physical, hearing, and learning difficulties. In addition to the dissemination through the DAC Facebook post, these spots are also available through the Facebook pages of the Prime Minister of Cambodia with 20.3K views.
- HI developed educational messages on COVID-19 including social distancing, handwashing and wearing masks for PRC clients. The messages have been shared on Facebook, and DPOs also integrated them into the training for local authorities and Village Health Support Groups (VHSG). All PRC staff (directly) and 70 DPOs (remotely) have been trained on COVID-19 preventive measures. 500 hygienic kits were made available at Kampong Cham PRCs for staff and clients and their families.
- Agile Development Group conducted a rapid assessment among 19 Women Entrepreneurs with Disabilities (WED) in four target provinces to understand the impact of COVID-19 on this group and the required training methodologies to be adjusted. As key findings, 100% thought they should adapt their business in the wake of the pandemic but only 17% had taken steps to do so. 90% were concerned they would not have the necessary ICT skills to join online trainings, yet 100% of respondents were interested in attending training to improve their ICT skills and knowledge. Regarding this, the new pre-incubator modules were created including the use of digital tools such as Gmail, Zoom and Skype as well as other tools to support their business. The trainings were organised with mix methodologies including online meetings and phone calls.
- LFTW supported DWPD to develop IEC for education and awareness raising about COVID-19 such as key messages in braille. In addition, LFTW has been supporting DWPD to conduct the need assessment on the impact of COVID-19 on persons with disabilities.

**iii. Cross-cutting**

Expected Outcome	Adequacy of progress
<b>Intermediate Outcome 2.6:</b> Sub-national authorities and CSOs promote inclusive and gender responsive Commune Investment Plans and engage in existing social accountability mechanisms	A little off track

**Intermediate Outcome 2.6: Sub-national authorities and CSOs promote inclusive and gender responsive Commune Investment Plans and engage in existing social accountability mechanisms**

**Activities to strengthen CIP inclusiveness are still at an early stage.** ACCESS is working with CARE and HI on participatory baseline analysis of the inclusiveness of CIPs, using an agreed rubric. UNDP contracted CDPO to support improvements in CIP inclusiveness, but the initiation of these activities was slowed down due to the delayed signing of the DFAT-UNDP funding agreement.

**On social accountability, initial analysis and consultations have been conducted in the disability workstream to inform program development.** HI conducted a large study of barriers to participation of persons with disabilities in existing social accountability mechanisms. 523 persons with disabilities (288 women), were surveyed, including 14 service providers and members of commune councils in two districts of Kampong Cham and Tboung Khmum. The study identified a range of barriers to participation in social accountability mechanisms by persons with disabilities. These included access to MoSVY/PWDF allowances, difficulty getting help from partners or friends, and difficulty getting involved in their community. HI also conducted initial assessments of DPOs and key sub-national administrations, followed by tailored action plans for capacity development. Lastly, HI visited eight target communes to introduce a plan to strengthen disability inclusion and GBV sensitisation in existing social accountability mechanisms. According to the baseline assessment conducted by HI in eight communes in May 2020, it was identified that the livelihood needs of persons with disabilities are partially taken into account in the CIP budget allocation.

**CDPO progressed its work on CIPs with support of Information from UNDP:**

- Meeting and coaching to six DPOs on how to identify challenges from their members and subsequently include those challenges in the CIP discussion.
- 13 meetings with Commune Councils and District DACs in three of the five target provinces focusing on disability inclusion in CIP processes and the importance of engaging DPOs in ID-Poor program.
- Provision of three training sessions on inclusive CIPs to 45 (eight were woman) Commune Councils and members of the Commune Committee for Women and Children (CCWC).
- Development and distribution of 200 Posters on inclusive CIP processes to DPOs

The support to CIP process is currently compromised by COVID-19-related travel and meeting restrictions.

## 2.3 Coordination and collaboration

'Partnership, collaboration and cooperation' are core principles for ACCESS and received considerable investment of time and resources during the reporting period. This was in recognition of the importance of establishing trusting relationships and collaborative ways of working in this initial planning period. Key steps in this period were:

- Approval of 14 IPs jointly with the RGC representatives following a transparent and competitive selection process.
- Intensive process of RGC-led and collaborative workstream planning through which ACCESS, RGC and IP priorities were shared and discussed, and initial proposals/plans were adapted to maximize synergies and reduce overlaps (for example, please refer to *Box 3: A Story of Significant Change: Improving disability sector coordination and efficiency, in support of the National Disability Strategic Plan*).
- This laid the platform for a more collaborative and cooperative approach to activity implementation, including three priority provinces.
- Two meetings of the ACCESS Steering Committee, which have enjoyed active and senior representation from RGC members. The presence of MEF in particular has promoted the acceptance of ACCESS' ways of working among RGC partners (no budget support; expectation of cost-sharing).
- Two CIMP meetings were organised during the period. The first was held in July 2019 and confirmed final recommendations to the ASC on the selection of IPs, and the second took place in May 2020 to approve the proposal of an additional partner, ADD International. It was also decided to extend CIMP's ToRs to include the provision of technical advice to strategic, cross-cutting, and/or sensitive research and other studies.
- Provincial dissemination workshops were conducted in three priority provinces. These enjoyed active engagement from both national and sub-national RGC counterparts, and engagement with the Ministry of Interior.
- Final revisions to the ACCESS MEL system in close collaboration and consultation with RGC counterparts and IPs.

As evidence of its commitment, ACCESS commissioned a third-party service provider to conduct anonymous surveys/interviews of both RGC counterparts and ACCESS IPs about the strength of working relationships across the program. Key findings were:

- All respondents confirmed the importance of their partnership with ACCESS and that both parties were contributing resources to strengthen it.
- There was broadly positive feedback on the quality of collaboration within the GBV workstream but mixed views about the quality of collaboration within the disability workstream mostly referring to unclear role of respective partners, given that such collaboration efforts within the disability sector did not exist before.
- IPs were positive about the fairness, trust, and respect evident in their relationships with ACCESS within each workstream.
- Across both workstreams, most RGC respondents felt that the collaboration between the workstreams was working well, whereas most IP respondents felt it was insufficient.
- As areas for improvement, RGC and IP respondents across both workstreams highlighted that this partnership is very demanding, and that a more effective

communication between key parties should be in place, as well as clarity of roles and responsibilities.

Recommendations of the review were to:

- Establish a communication platform to update all relevant parties on information on upcoming events.  
*Action taken: A shared calendar of events and a help desk function have been incorporated in the MIS).*
- Reiterate roles and responsibilities with each individual IP and RGC counterpart, and in particular, clarify the roles and responsibilities of ACCESS staff.  
*Action planned: ACCESS program team will develop an ACCESS partnership guideline, summarising respective roles and responsibilities.*
- Continue the process of sharing constructive and honest feedback between all parties.  
*Action planned: Partnership survey will be conducted and shared annually.*

## 2.4 Policy dialogue<sup>9</sup>

**ACCESS continued to use its governance and planning processes to facilitate policy dialogue among RGC agencies, and between RGC agencies and IPs.** As noted in Section 2.3 (Coordination and Collaboration) above, ACCESS invested considerable time and resources in convening forums for its partners to discuss key policy issues affecting the program. Commitment to the process paid off in the form of a strong understanding and ownership of ACCESS' agenda by RGC. For example, there are early signs of RGC's commitment to allocate their resources for NAPVAW and NDSP implementation, while partner ministries contributed towards the DSA costs for their representatives to travel to provinces with representatives from the ACCESS team. National counterparts also conveyed their buy-in to the approaches and principles of the ACCESS program.

**Through the support of ACCESS, the second National Disability Strategic Plan (NDSP 2) was finalised and launched on the International Day of Persons with Disabilities (IDPD).**

The document was informed by a review of NDSP 1 and a monitoring framework will be developed in the coming months to track progress against the Plan.<sup>10</sup> The NDSP 2 launch was the culmination of an intensive process led by DAC with technical inputs from ACCESS. DAC engaged actively with the relevant staff in various ministries, improving the alignment of the strategy with broader RGC policy agendas such as social protection. The document was developed in Khmer, which positively reflects the extent of RGC's ownership of the process. Consultation beyond RGC was targeted at a core group of experts and CDPO. DAC received feedback as a result of these targeted consultations, which was subsequently incorporated into the document. For example, a specific suggestion by ACCESS highlighting the requirement for the capacity building of service providers on addressing the needs of GBV survivors, was incorporated under Goal 7. UNDP support to revisions in the disability law will commence in

<sup>9</sup> This section describes higher level policy dialogue that cuts across various ACCESS intermediate outcomes. More specific examples of policy dialogue are described in Sections 2.1 (Progress against EOPO 1) and 2.2 (Progress against EOPO2) above.

<sup>10</sup> ACCESS' offer to assist with costing the strategy have not yet been taken up by DAC.

April 2020 – later than planned due to UN funding agreement delays – and will align with NDSP 2.

**Similarly, the third National Action Plan on Violence Against Women (NAPVAW III) was finalised and is awaiting official approval from the Council of Ministers.** Extensive consultation processes across ten provinces were held, including with women with disabilities to ensure that their intersectional (gender and disability) issues were highlighted. The legal committee of the Council of Ministers commended the comprehensiveness, feasibility, and clarity of the document. ACCESS recruited a team of consultants to support MoWA to develop an M&E Framework for the strategy.

**More broadly, ACCESS took opportunities to promote the integration of GBV and disability inclusion concerns in various government policy reforms.** For example:

- DFAT, the ACCESS team and implementing partners provided technical inputs to MoWA's National Strategic Plan, Neary Rattanak V, which has now been finalised, as well as Cambodia Gender Assessment Chapter on Violence Against Women, and the National Policy on Gender Equality.
- ACCESS advocated successfully for the integration of the Washington Group questions on disability in the tools of the Ministry of Planning for the identification of poor households in Cambodia.
- As part of an initiative by DFAT, ACCESS joined and contributed to an initial discussion in March 2020 with development partners, including GIZ, USAID, and UNDP, on strengthening links between disability inclusion and social protection work, particularly in the context of COVID-19 response.

## 2.5 Gender Equality and Social Inclusion (GESI)

**ACCESS' GESI Strategy and its Implementation Plan were approved by DFAT in July 2019 and December 2019, respectively.** Both documents were introduced to IPs during the six-monthly reflection workshop in January 2020, along with a GESI checklist which will help to identify needs and required resources for capacity building on GESI. A comprehensive update of progress against the implementation plan is provided as Annex 4.

**Most ACCESS partners have policies in place to promote gender equality and disability inclusion.** ACCESS aims to assist them in applying these policies in a more systematic way. During the reporting period, some partners (e.g. CARE, HI, UN Women, UNFPA) took practical actions such as, training their staff on gender, encouraging women and persons with disabilities to apply for job vacancies, disaggregating data by gender and disability, and improving the physical accessibility of their offices. One particularly positive development was CDPO's recruitment of a female Executive Director for the first time in its history.

**Various initiatives were taken to promote intersectionality across the workstreams, which is a core priority for ACCESS.** For example:

- An additional grant of AUD 350,000 was approved by ASC in March 2020 for ADD International to support disability-inclusive services in the GBV sector.

- Workstream planning and reflection meetings included sessions for exchange of information and practices between workstreams. In addition, MoWA joined the first Disability workstream meeting and MoSVY joined the GBV workstream meeting.
- Following ACCESS' advice, NDSP 2 incorporated action points on reducing GBV risk in disability sector/services/institutions.
- DPOs joined the 16 days of Activism against GBV campaign and key messages on GBV and disability were raised.
- Revised ToRs for GBV Working Groups include the requirement of including representatives of persons with disabilities as members.

**ACCESS allocated approximately \$23,000 in the Y2 budget for IP capacity building on GESI and to conduct a first review of the implementation of the GESI strategy.** Planned GESI training was postponed due to COVID-19 as well as due to a decision taken earlier to tailor the training to the specific needs of IPs, as identified through the GESI checklist. The GESI review took place in June-July 2020 through a desk review and remote discussions. The report is expected to be finalised by August 2020. The GESI checklist will inform ACCESS on existing GESI resources at the IP level.

## 2.6 Innovation and private sector engagement

Table 1 provides a summary of the ways in which ACCESS is demonstrating innovative programming, partnerships, and processes.

**Table 1: Innovation in ACCESS**

Type of Innovation	Innovative features of ACCESS
<b>Innovative programming</b>	<ul style="list-style-type: none"> <li>• Strong emphasis on RGC financing, that is atypical in development partner programming in the GBV and disability sectors.</li> <li>• Facilitation of joint programming by RGC and NGOs in three provinces to demonstrate comprehensive delivery of priority GBV and disability interventions.</li> <li>• The program promotes an intersectional lens across both the GBV and disability sectors, such as considering actions to ensure that women with disabilities can access GBV services or participate in business activities.</li> </ul>
<b>Innovative partnerships and collaboration</b>	<ul style="list-style-type: none"> <li>• The collaborative design process is a new way of working to maximise synergies and promote cross-learning within and across workstreams.</li> <li>• ACCESS brought together a comprehensive set of expertise through a variety of partners including RGC, NGOs, UN agencies and private-sector partners.</li> </ul>
<b>Innovative processes</b>	<ul style="list-style-type: none"> <li>• CIM process is an example of joint RGC-development partner decision making on IO/NGO grant allocation.</li> <li>• Innovation was a criterion for the selection of IPs.</li> <li>• IP interventions include innovative approaches such as a business incubator for women entrepreneurs with disabilities, and recruitment of incubator participants through social media.</li> <li>• Extensive use of ICT to maximize impact. These initiatives included a digital database for GBV case management, application for PwD employment/skill training, support to disability digital application, use of Kobo box /CAPI</li> </ul>



Type of Innovation	Innovative features of ACCESS
	(common application programming interface) for needs assessments and baseline, greater use of remote meeting solutions post-COVID-19.

**ACCESS is also engaging purposefully with the private sector under EOPO2, particularly in the disability workstream.** Two of the implementing partners of the program, namely Agile Development Group and Chamroeun Microfinance Plc., are private sector organisations. Under the ACCESS program the former is providing business incubation services to women entrepreneurs with disabilities, while the latter is working on the financial empowerment of persons with disabilities. Moreover, other implementing partners are directly engaging with private sector stakeholders, such as CDPO and Light for the World. Their interventions include activities aimed at supporting private sector employers to include persons with disabilities in their workforce. Initial discussions took place with several business associations and/or companies, whereby for example, CDPO conducted a first workshop to sensitise employers on the inclusive employment legal framework and the benefit of hiring persons with disabilities. In the GBV workstream, The Asia Foundation is supporting the implementation of a MoWA agreement with the Cambodia Bar Association, so that its members can provide appropriate legal services to women affected by GBV.

## 2.7 Climate Change

ACCESS does not directly address climate change issues. ACCESS has been encouraging the Implementing Partners to further consider the nexus between climate change and vulnerability. It is hoped this can at minimum lead to dialogue with relevant stakeholders about the impacts of climate change on persons with disabilities, such as around any specific needs for adapting to the impacts of increased flooding and drought.

## 2.8 Key challenges and risks

This section provides a high-level summary of challenges and risks facing the program, building on those already raised above.

**An overriding challenge for the program is its multi-faceted scope.** The program covers two complex sectors and works at the national and sub-national levels, with RGC and non-government actors. It is also underpinned by a focus on RGC ownership, advocacy for greater resource allocation in the two sectors and inclusive PFM practices. National decentralisation and social protection reforms, both of which carry substantial implications for the program, add to this complexity. The recent DFAT review of ACCESS provided an opportunity to step back and appreciate the implications of this for ACCESS' timeframe and the level of ambition.

**A related challenge for ACCESS is to ensure that its focus on strong RGC ownership and engagement does not overburden national and sub-national counterparts as the program continues to be implemented.** RGC counterparts have competing priorities and ACCESS continues to provide extensive technical support to assist them in fulfilling their core functions. ACCESS continued to focus on the need for strong coordination across numerous RGC and non-governmental implementing partners at both the national and sub-national levels. In the past ACCESS counterparts from MoWA have primarily been senior officials. However, ACCESS

is now working to establish relationships with technical-level staff to facilitate day to day engagement.

**ACCESS engagement in the disability sector carries added challenges.** Coordination in the sector has always been made complicated by the presence of three agencies with coordinating roles, and ACCESS has experienced inconsistent levels of engagement with DAC for some time (see section 3.2) and coordination in the disability sector is expected to remain complex given the expected changes in the coordination structures.

**In the PFM workstream, the complicated and dynamic budget processes pose obstacles to substantive engagement with RGC counterparts.** The decision-making process around the budget often remains opaque and is shaped by drivers that ACCESS has limited ability to influence. The failure to retain the new DAC budget structure that ACCESS had supported is reflective of the ongoing challenges and the need for advocacy. The ACCESS team will continue to adopt a politically sophisticated approach, leveraging opportunities where they arise to promote the ACCESS Outcomes. For example, the comprehensive range of PFM reforms of the government, requiring line ministries to allocate budgets to address gender inequalities, provide opportunities for enhanced ACCESS engagement with MoWA (see section 2.1). The PFM workstream will also consider shifting towards a greater focus at the sub-national level.

**The ACCESS program established a genuine spirit of partnership and collaboration across all workstreams. However, efforts are still required to translate this into a smooth set of processes for practical cooperation.** The ACCESS Partnership Survey and Interviews showed that greater effort is needed to improve communication and clarify roles and responsibilities across both workstreams. This will be a focus of ACCESS in the coming months, along with further efforts to improve coordination across the workstreams (see section 2.3 coordination and collaboration).

**Lastly, but perhaps more importantly, the COVID-19 pandemic presents a major threat to program participants.** It is expected to heighten risks for women experiencing GBV and persons with disabilities, within a fiscally constrained environment for the RGC budget in 2021-24, which could impose constraints on program implementation, particularly given the growing importance in Year-2 on facilitating strong sub-national relationships between RGC counterparts and IPs. ACCESS will work closely with RGC to demonstrate the heightened importance of GBV and disability services during the pandemic and has already supported some RGC-nominated COVID-19 response activities. This latter initiative indicates that there is an opportunity in this time of crisis to deepen awareness and engagement of RGC and partners around the vulnerability of target groups and the need to increase resilience to shocks.

### 3 PROGRESS AGAINST THE ANNUAL WORK PLAN

Item	Y2 Priorities/Performance expectations	Current Status	Comments
<p><b>IO 1.1 – MoWA, MoSVY and DAC more effective in preparing, proposing, and defending their budget needs related to NAPVAW and NDSP.</b></p>	<p>Quality of MoWA, MoSVY and DAC budget proposals</p>	<p>Partially off track</p>	<p>The work on PB FY2020 showed encouraging results but varied from partner to partner depending on their level of engagement and range of factors influencing budget processes and decision-making. The budget process for PB FY 2021 was initiated later than usual due to the COVID-19 pandemic and preparation of BSP and PB were compressed into a single formulation process. The ACCESS PFM team has engaged with MoSVY teams to support the Ministry-level budget formulation process and provide hands-on support to DAC and DWPD.</p>
<p><b>IO 1.2 – MoWA, MoSVY and DAC advocate more effectively for line Ministry implementation of NAPVAW and NDSP, respectively.</b></p>	<p>Selected line ministries take concrete actions to better align with and implement NAPVAW and NDSP</p>	<p>On track</p>	<p>Baseline Monitoring Report provides valuable assessment and analysis of scope of RGC funding in 2019, as well as PFM situation and challenges. Some line ministries (e.g. MoLVT and MoI) express interest in receiving guidance and technical support to integrate disability-related activities in their respective work. NAPVAW sub-national planning workshops were scheduled in March 2020 for six provinces but postponed due to COVID-19.</p>

Item	Y2 Priorities/Performance expectations	Current Status	Comments
<b>IO 2.1 – Government adopts, and service providers operationalise, essential service standards for women affected by GBV.</b>	<ul style="list-style-type: none"> <li>• Finalisation of key guidelines and standards, such as the mediation guidelines and essential package of services</li> <li>• Capacity building and coaching support to existing service providers in the areas of access to justice, health, and social services</li> </ul>	Partially off track	<ul style="list-style-type: none"> <li>• The Aide Memoire on mediation practices was drafted and will be finalised through online consultations. Essential package of services is being reviewed by MoWA.</li> <li>• Training on MBSC took place in some communities. ToTs on the national guidelines for management of GBV in the health sector were conducted. Some trainings are delayed due to COVID-19.</li> </ul>
<b>IO 2.2 – MoWA improves multi-sectoral referral and coordination networks at national and sub-national levels.</b>	<ul style="list-style-type: none"> <li>• Finalisation of NAPVAW III, ensuring the action plan is an effective M&amp;E framework</li> <li>• Clarifying ToRs of sub-national GBV response Working Groups (GBV WGs)</li> <li>• Expanding GBV WGs at district levels, in provinces where ACCESS implementing partners are present</li> </ul>	On track	<ul style="list-style-type: none"> <li>• NAPVAW was finalised and reviewed by the UN Economic and Social Council (ECOSOC). Waiting for final approval from Council of Minister. Consultant team selected to support MoWA to develop the NAPVAW M&amp;E framework.</li> <li>• Following the assessment of current practices, MoWA developed a standard process to establish and implement a GBV response working group at sub-national level.</li> <li>• 15 out of 21GBV WGs were established at the provincial and district levels. Delays are expected to complete this action due to COVID-19.</li> </ul>

Item	Y2 Priorities/Performance expectations	Current Status	Comments
<b>IO 2.3 – DAC more effectively advises and coordinates NDSP 2 implementation.</b>	<ul style="list-style-type: none"> <li>• Finalise and disseminate NDSP 2</li> <li>• Initiate the process to amend the “Law on the Protection and the Promotion of the Rights of Persons with Disabilities”</li> <li>• Build and/or clarify coordination mechanisms at national and sub-national levels</li> </ul>	<ul style="list-style-type: none"> <li>• Partially off track</li> <li>• On track</li> <li>• Partially off track</li> </ul>	<ul style="list-style-type: none"> <li>• NDSP 2 was launched in December 2019. Sub-national dissemination was delayed due to delay in UNDP agreement which is yet to be finalised.</li> <li>• UNDP has selected a consultant to work on the Disability Law amendment. Technical group has established, and first meeting was conducted to provide inputs to the inception report of this consultancy.</li> <li>• Delayed due to ongoing UNDP agreement negotiations. Some provincial DAC meetings were organised in March 2020.</li> </ul>
<b>IO 2.4 – PWDF more independently manages PRCs handed over by International Organisations/NGOs.</b>	<ul style="list-style-type: none"> <li>• Develop a roadmap for the transfer of physical rehabilitation services to the RGC and a Minimum Package of Services for Physical Rehabilitation Centres (PRC-MPS)</li> <li>• Build the capacity of PWDF in key areas of rehabilitation management</li> <li>• Demonstrate an effective model for identification, referral, and intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Partially off track</li> <li>• On track</li> <li>• On track</li> </ul>	<ul style="list-style-type: none"> <li>• Decided not to pursue the development of a transition road map, but instead to support the finalisation of the national rehabilitation strategy. A consultancy to develop a minimum package of services was initiated in February 2020 and the outline was presented to stakeholders in June 2020.</li> <li>• Capacity building on Rehabilitation Management System (RMS) is moving as planned.</li> <li>• Links with health services in Kampong Cham and Thbong Khmum provinces shows positive results in increased intake of PRC services.</li> </ul>

Item	Y2 Priorities/Performance expectations	Current Status	Comments
<p><b>IO 2.5 – Ministries, public and legal entities, including private sector, increasingly provide economic opportunities to persons with disabilities.</b></p>	<ul style="list-style-type: none"> <li>• Support the Department of Welfare for Persons with Disabilities (DWPWD) in developing guidance and tools</li> <li>• Strengthen inclusive employment coordination mechanisms at national and sub-national levels</li> <li>• Accompany employers and Vocational Training Centres (VTCs) to become more inclusive</li> <li>• Support persons with disabilities with employability and/or entrepreneurial skills</li> </ul>	<ul style="list-style-type: none"> <li>• On track</li> <li>• Partially off track</li> <li>• On track</li> <li>• On track</li> </ul>	<ul style="list-style-type: none"> <li>• National guidelines on inclusive TVET and employment is close to finalisation.</li> <li>• Experiencing delays in establishing sub-national employment coordination platform.</li> <li>• IPs are developing tools, such as disability inclusion score cards for employers, VTCs and MFIs.</li> <li>• Needs assessment in financial services is completed. Curriculum for incubators is being revised/adjusted</li> </ul>
<p><b>IO 2.6 – SNAs and CSOs promote inclusive and gender responsive commune investment plans and engage in existing social accountability mechanisms.</b></p>	<ul style="list-style-type: none"> <li>• Engage with the Ministry of Interior (Moi) to seek support in promoting inclusive services within sub-national level planning and accountability mechanisms</li> <li>• Support local DPOs to engage in developing Commune Investment Plans (CIP)</li> </ul>	<ul style="list-style-type: none"> <li>• On track</li> <li>• Partially off track</li> </ul>	<ul style="list-style-type: none"> <li>• Support letter of MOI was issued in December 2019 and focal point was nominated. Moi expressed strong support during the latest ASC meeting.</li> <li>• Activity delayed due to COVID-19. Capacity assessment of DPOs and key sub-national administrations was conducted, and action plan was developed.</li> </ul>

## 4 PROGRAM MANAGEMENT

### 4.1 Operations

#### 4.1.1 Finance

Expenditure for the annual reporting period amounts to AUD 6,725,522, including management fees. This constitutes a 100% expenditure utilisation as compared to the budget, during the reporting period.

Initially, the approved budget for Year-2 was AUD 5,374,412. During the reporting period, an additional budget allocation of AUD 1,351,588 was further approved for three UN agencies, managed through a joint program, and coordinated by UNDP. Funds were disbursed to UNDP directly by DFAT, thereby resulting in the overall Year-2 budget for ACCESS to AUD 6,726,000.

All planned grant tranches were disbursed to IPs during the reporting period as planned, including the additional ADD International grant in the final quarter.

Additionally, DFAT approved further COVID-19 interventions in April 2020, across the disability and GBV sectors, redistributing expenditure across these sectors, that further contributed towards ACCESS achieving its Year-2 budget target of in full.

On 13 March 2020, the General Department of Taxation, residing under the Ministry of Economy and Finance officially approved tax exemption for ACCESS on various goods and services.

Annex 1 provides a summary of the program budget and expenditure report for the annual reporting period.

#### 4.1.2 Personnel

Previously approved and anticipated recruitment of a Deputy Team Leader (DTL) for the program was finalised in October 2019, with commencement in mid-November 2019. Reporting directly to the Team Leader (TL), the DTL is responsible for all operational, grant management and communications aspects, with close liaison and financial and contractual milestone reporting responsibilities to DFAT.

A second Program Coordinator position for the Disability Workstream (working under the direction of the Disability Lead) was recruited in January 2020.

Recruitment for the role of Communications and Media Specialist was completed in mid-March 2020 and again in June 2020 after the position became vacant again.

An Admin and Logistics Officer and an Office Receptionist were both appointed in August 2019. Two full-time, locally engaged drivers were also recruited in March 2020.

As ACCESS moves towards full implementation phase, recruitment for additional technical-level expertise across the MEL sector will be pursued.

A centrally dedicated Safeguarding Compliance Officer will be recruited, who will act as a focal point for child protection, fraud control and prevention of sexual exploitation, abuse, and harassment responsibilities.

As ACCESS gains further momentum on implementation and reliance on information technology and as its support requirements increase, the recruitment of a dedicated in-house Information Technology (IT) local staff will also be pursued.

Total in-country project staff currently amounts to 18 staff, with 13 locally engaged staff, 2 Long Term Advisors, and 3 in-country Short-Term Advisors.

In line with recommendations from the Rapid Review assessment that was carried out in March 2020, the SMT developed and submitted a revised ACCESS team structure to DFAT. The recalibrated team structure will better support the performance expectations in Year 3, while also being suitably scalable and ready for the 2-year option period to 2023. The revised structure is incorporated within the Year 3 Annual Work Plan that was submitted for DFAT's review and approval on 16 July 2020.

## 4.2 Competitive Investment Mechanism (CIM)

Y2 Objectives	Current Status
Due diligence	Completed
Approval of final proposals	Completed
Partnership agreements & negotiation	Completed
Induction of Implementing Partners	Completed

Thirteen Implementing Partners (IPs) were selected in the last quarter of Year-1 and were all immediately engaged in a collaborative planning process. This planning process was completed in August 2019, with the finalisation of all proposals. All agreements were signed between the September and November 2019 period. Cowater International signed ten separate partnership agreements with various NGOs and private sector partners. Three (3) separate UN Agencies developed a joint program, led by UNDP, and signed their agreement directly with DFAT.

Due diligence took place between June and July 2019 and confirmed adequate standard of IP capacity to implement the proposed interventions and to manage their allocated grants. Improvement plans were developed for some partners to ensure full compliance prior to agreement signature.

An induction day was organised for all implementing partners in October 2019 with 51 persons in attendance. The content covered the ACCESS program logic, Monitoring, Evaluation and Learning, Safeguarding policies, Communication and Operations.

In March 2020, ACCESS Steering Committee approved an additional grant of AUD 350,000 to ADD international to support disability inclusion in GBV response, with the entire amount subsequently disbursed in May as planned.

Figure 4 provides detailed fund disbursement by type of recipient partner. International NGOs and local NGOs are the biggest recipients.



**Figure 4: Funding by Partner Type**

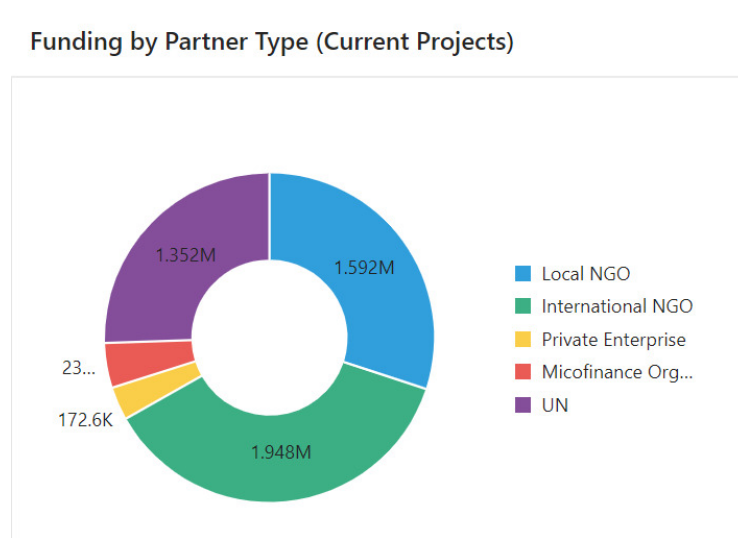
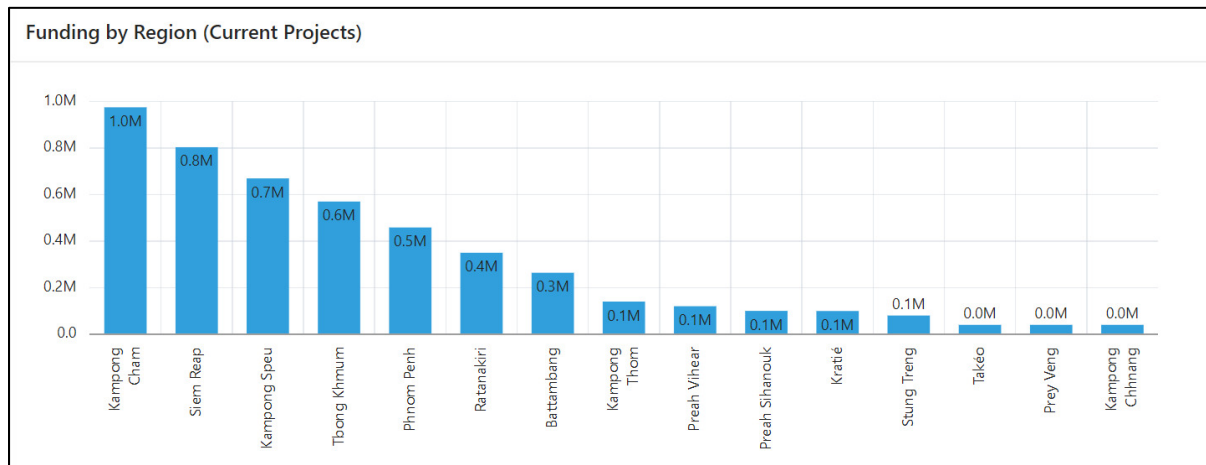


Figure 5 provides a breakdown of funding to provinces. The three priority provinces have the biggest shares of fund.

**Figure 5 : Funding breakdown by province**



Final budget allocations approved by ASC are summarised in table 2 below.

**Table 2: Approved CIM grant allocations**

#	Applicant	Partners	ACCESS Workstream	Budget allocation (AUD)
1	UN Women	MoWA and CSO (TBC)	GBV- Coordination	426,588
2	UNFPA	MoH and MoWA	GBV- coordination and Health services	400,000
3	The Asia Foundation	Bar association Cambodia, CCHR and Women Peace Maker	GBV- Access to Justice	382,738 (includes additional COVID-19 direct activities, DFAT approved for AUD 179,502)
4	CARE	GADC, CDPO	GBV- Coordination and Health services; CIP	350,000
5	TPO	LAC; Louvain Cooperation	GBV- Counselling	300,904.24
6	CWCC	ADD, Govt. at sub-national level	GBV- Coordination and access to services	420,445.14
7	LAC	In partnership with MoWA and MoJ.	GBV- Coordination and ACCESS to Justice	364,432.43
8	UNDP	DAC, CDPO, LFTW	Disability- National and sub-national Coordination; CIP	525,000
9	Light for the World	MoSVY, Essential Personnel Cambodia	Disability- Employment	313,266
10	Humanity and inclusion	Bathey DPO/Self Help Groups, PWDF, DAC	Disability- Rehabilitation, employment and CIP	551,750
11	CDPO	Banteay Srey and DPOs, MoSVY and DAC	Disability- Employment	505,861
12	Agile Development Group	PPCIL, EEPD, CDPO, She Investment	Disability- Entrepreneurship	172,645
13	Chamroeun Microfinance	Good Return, HI, Agile Development group	Disability- Access to microfinance	233,174
14	ADD International	DPOs and self-help groups	Disability inclusion in GBV	349,967

Total **5,296,771**

### 4.3 Monitoring and Evaluation

Key developments relating to M&E during the reporting period were:

- Further consultations on the ACCESS M&E system were conducted with RGC counterparts and IPs to familiarise them with, and promote the use of the M&E system for program improvement.** Revisions to the MEL Plan (e.g. inclusion of additional output-level indicators) were made based on the feedback received, thereby resulting in the development of a total of 18 performance expectations (qualitative and quantitative indicators).

- **Detailed technical notes, guidelines and tools for all ACCESS performance expectations were developed.** These are important in ensuring a consistent, valid, and reliable approach towards data collection and analysis, including by ACCESS IPs. It was challenging to get the IPs acquainted with the use and adoption of these documents and further work is needed to ensure the reporting is clearly aligned with these tools.
- **Workstream plans for the first phase were developed in collaboration with RGC counterparts and IPs.** These highlight a clear line of sight between each IP's programs, and ACCESS' overall outcomes and indicators, ensuring synergies, complementation and reducing overlaps.
- **Review and feedback on IPs' M&E arrangements** were conducted to promote alignment with the ACCESS MEL Plan. This work focused on assuring the quality of IP data that will be used by ACCESS in higher level reporting.
- **Design and operationalisation of the Management Information System (AMELIA – ACCESS Monitoring, Evaluation and Learning Information Application) was completed,** allowing a web-based and smartphone-based viewing of the program dashboard, progress on program outcomes, grant management, knowledge management products, partner profiles, planned research, and a calendar of activities. AMELIA is now fully operational. IPs were introduced to the system in March 2020 and are currently using it to periodically submit online reports. A review of AMELIA was held, with participation of all partners and the feedback gathered will inform future MIS revisions.
- **Baseline data collection was completed** for the Service Provider Administrative Data (SPAD), Budget Monitoring Report, and rubrics relating to service delivery systems. SPAD data will be reported with data from the Service Access, Quality and Uptake Study (SAQUS), for which the design was finalised, albeit with delays in light of COVID-19. ACCESS is currently providing a stronger supervisory role in SAQUS data collection to ensure the quality of the data. Baseline data collection also provided opportunities for counterparts and partners to become familiar with different measurements and methods of administration, i.e. rubrics, and to draw attention to the need to improve systems for data recording and record keeping.
- **Target-setting for the program performance expectations was completed,** through consultations with counterparts and relevant partners. Setting program targets was delayed initially due to the lack of available data and baseline information.
- **An initial round of progress data collection was completed** for the Partnership Survey and Interviews (RGC and IP feedback on ACCESS working relationships), Stories of Significant Change (support to capacity development of MoSVY in developing BSP, planning and coordination improvements in GBV and disability sectors), and IP-reported data through their quarterly reporting using AMELIA.
- **Six-monthly reflection workshops were conducted** to review progress, and lessons-learned and to plan responses. The most recent workshop involved a wide range of partners from both national and provincial levels. It was focused on sharing and jointly interpreting ACCESS and IP baseline data. More regular reflective exercises were also held within the ACCESS team in the form of after-action reviews (e.g. reviewing the component planning process) and quarterly political economy context updates.
- **The DFAT Rapid Review was undertaken,** which included a week of consultations and field visits to program activities in Siem Reap. The Review's results were largely positive

and recommended extending the program for another two years, strengthening program partnerships and improving program's impacts.

## 4.4 Communications

ACCESS communication plan for Year-2 was approved in September 2019, prescribing communication protocols and priorities during the reporting period. Progress in terms of various communications activities across various priority areas was positive, as evident in the Communications Activity Matrix under Annex 5.

ACCESS is attracting enhanced levels of public visibility, and positively contributing towards Australia's support across the GBV and disability sectors in Cambodia (please refer to Annex 7 for more details).

ACCESS has successfully showcased its proactive COVID-19-interventions during the April-June 2020 period, which have been shared via various Facebook posts by the Australian Embassy (please refer to Annex 6 for more details).

ACCESS is working closely with its Implementing Partners, positively contributing towards public diplomacy, and further complementing Australia's foreign aid policy initiatives.

### **ACCESS Website**

- Seven articles on the meetings and knowledge-sharing events that were arranged with partners were published on the ACCESS website under the latest news sections, with corresponding visuals showcasing hosted activities.
- Two stories from the field were published; one showcased a woman with disability in a leadership role and the other highlighted a judicial police officer's commitment to end violence against women and girls.

### **Social Media**

ACCESS provided regular draft communication materials, for hosting on the Australian Embassy Facebook page and/or Head of Mission Twitter account. These materials included information on ACCESS' selected grantees, provincial dissemination workshops, 16 days of Activism against GBV campaign, International Day of Persons with Disabilities, and International Women's Day, among others as detailed in Annex 6.

ACCESS communication officer and team conducted regular media monitoring to track significant media releases and identify relevant disability and GBV posts and articles. This monitoring could be more systematic providing adequate time can be assigned to this task with the newly proposed and approved communication team structure.

### **Radio Campaign**

- Cambodian Disabled People's Organisation (CDPO) and its radio station, Voice of People with Disabilities (VPD) continued broadcasting relevant information related to social issues for persons with disabilities. Content is available in sign language through the VPD

Facebook page. (i.e. on March 13, 2020 – VPD live talk show on the topic of “Improving Gender Equality” received 666 views, 60 shares, 17 likes, and 7 comments).

- LAC continued to work with two provincial radio stations in Kampong Speu and Siem Reap provinces, to broadcast information and key messages for GBV survivors. Radio talk show is broadcasted once a month in each province.
- Radio spot on COVID-19 prevention measures for persons with disabilities was prepared in March 2020 and will be broadcasted on 5 radio stations (Women Media Centre, VAYO FM, Voice of Blind Radio Battambang, Radio Cambodia-China Friendship, and the National Radio Station) throughout the country in April 2020.

### Advocacy and Promotional Visuals

- 1) Launch of the accessibility guidelines in September 2019. (Please refer to Annex 7 for further details).
- 2) 16 Days of Activism Campaign: ACCESS participated in the 16 days campaign, supporting MoWA and PDoWAs during an organised event at the national level and in three ACCESS priority provinces. More than 2,000 people participated in the events.
- 3) International Women’s Day.
  - ACCESS supported MoWA and PDoWA in four provinces (Kampong Cham, Kampong Speu, Siem Reap and Ratanakiri) to conduct events to celebrate International Women’s Day. The national event was chaired by HE Prime Minister and attended by HE Ambassador Pablo Kang and attended by over 3,000 participants. Around 2,000 participants, including women with disabilities and women from ethnic communities, participated in sub-national events and received key messages on women’s empowerment (in 4 provinces and supported directly by MoWA).
  - Another event was organised in partnership with Light for The World and Agile Development Group at the Australian Embassy, where five young women with and without disabilities presented their stories of courage to inspire their communities.
- 4) During the month of May, ACCESS collaborated with MoSVY, DPOs and IPs to develop disability-inclusive prevention materials in response to COVID-19 (see Annex 5) and in June, ACCESS collaborated with MoWA and TPO to launch training on Psychological First Aid for MoWA officials (see Annex 6).



Picture 1: Group activity at the Psychological First Aid training for MoWA officials. (Photo by ACCESS/Pivoine)



Picture 2: H.E Pablo Kang, the Australian Ambassador to Cambodia spoke at the Handover Ceremony at MoSVY (Photo by ACCESS/YouY)

### Communications Induction Session for Implementing Partners

In October 2019, ACCESS organised an induction session for implementing partners, to familiarise them with ACCESS' program logic and narrative and provide them with further guidance on communications and protocols relevant to program implementation. A total of 51 people from the 13 IPs attended the meeting.

## 4.5 Safeguarding

ACCESS takes safeguarding seriously and has put in place policies and training to ensure their implementation. For example, in October 2019, ACCESS Implementing Partners received an induction training across all key safeguarding requirements, including Child Protection, Fraud Control and preventing sexual exploitation, abuse and harassment. Implementing Partners are suitably trained and comply with the safeguarding requirements of ACCESS. Senior Grants Officer is currently a dedicated central focal point for Child Protection, Fraud Control and prevention of sexual exploitation, abuse, and harassment.

### 4.5.1 Child Protection

ACCESS' child protection policy aims to protect all children, regardless of gender, from exploitation and abuse of any kind during the delivery of program activities.

The policy provides a framework for preventing and managing the risk of child exploitation and abuse. It defines roles and responsibilities and communicates the process for reporting and investigating any concerns or allegations of child exploitation or abuse. All ACCESS staff are cognisant of their responsibilities while undertaking program-related duties, and all staff are annually required to complete a refresher training session. Any suspicion or allegations of child abuse or exploitation by ACCESS staff and/or the IPs will be reported to ACCESS' Child Protection Officer, followed by notifying DFAT's Child Protection Compliance section. No cases of child protection contraventions were identified during the reporting period.

#### **4.5.2 Fraud Control**

ACCESS adheres to five (5) basic steps of fraud control, that was further presented to all IPs during their induction session in October 2019. Implementing Partners were asked to:

- conduct a fraud risk assessment,
- develop a fraud control strategy,
- implement test and review controls,
- report fraud to ACCESS; and
- correct and investigate.

During the induction session key messages on the prohibition of fraudulent activities were highlighted, the IPs were communicated their responsibilities for preventing and detecting fraud during program implementation. All IPs are required to report any suspected or real incidents of fraud within two (2) business days to ACCESS' Fraud Compliance Officer. ACCESS is required to report to DFAT within 5 business days of receiving notice of any suspected or proven incidents of fraud. DFAT's fraud factsheets, fraud control toolkit and fraud referral forms were presented and handed out to all IPs. No cases of fraud contraventions were identified during the reporting period.

#### **4.5.3 Prevention of Sexual Exploitation, Abuse and Harassment, (PSEAH).**

ACCESS operational manual outlines our PSEAH policy in detail. It has been updated to comply with DFAT's recent compliance requirements, effective from 1 October 2019 for both Implementing Partners and contractors. ACCESS implementing partners received training on mandatory guidelines and safeguarding tools during an initial induction training in October 2019. IP's are expected to apply this policy according to the level of PSEAH risk associated with the activity and their organisation. IP's are also equipped and responsible for ensuring the application of the policy is maintained to all associated downstream partners. Reporting of any occurrence is mandatory and required within 2 working days of becoming aware of incident. Further reporting of any alleged non-compliance of the minimum standards or principles is required within 5 working days. No cases of PSEAH contraventions were identified during the reporting period.

#### **4.5.4 Work Health and Safety (During COVID-19 Pandemic)**

To ensure and uphold the appropriate levels of Work Health and Safety measures for all in-country staff during the COVID-19 pandemic, ACCESS developed suitable work-from-home protocols, that were conveyed to all staff and were adopted effective Monday, 23 March, 2020. This policy applies to Locally Engaged Staff (LES), Long Term Advisors (LTAs) and Short-Term Advisors (STAs) currently working from Phnom Penh.

With a decline in the number of positive COVID-19 cases during the April-June 2020 period ACCESS transitioned from its work-from-home policy (which was effective between mid-March and mid-May 2020) to a Return-to-Office (RtO) policy as of 18 May 2020. The current policy allows for reinstating a controlled number of staff to work from the ACCESS office, using a fixed weekly recurring roster.

Key principles of work-from-home procedures prescribed:

- Flexible team and work arrangements, providing details on the location of workplace, work equipment and communications media, as well as interim guidelines on Finance and Administration
- ACCESS staff remain committed to their work despite current limitations. We strive to achieve positive outcomes and innovate by using remote technology and continue to contribute towards program outcomes
- All ACCESS in-country staff can be contacted and accounted for during daily work hours

ACCESS' latest RtO policy, is further presented under Annex 8.

## 4.6 Risk Management

During the reporting period, key risks and corresponding mitigation measures were updated on a quarterly basis. New risks emerging have been added, while risks which are no longer valid or relevant have been deescalated. On 6 March 2020, the Steering Committee Meeting was held in which major risks were presented to the ACCESS Steering Committee. Since then, the unprecedented impact of the COVID-19 outbreak in Cambodia presented itself as a major risk that needed immediate attention. The pandemic posed a high level of uncertainty for the program and particularly for vulnerable program participants, and a significant need arose for continuous monitoring of the situation and appropriate adjustment of the work under the program.

**Key risks for the upcoming period are summarised in table 3 below:**

**Table 3: Key Risks and Mitigation Strategies**

Risk	Summary of Mitigation
<ul style="list-style-type: none"> <li>• The COVID-19 situation required priority attention and resources from all RGC counterparts at national and sub-national levels. In addition, the current restrictions on meetings and travel are impacting the implementation of activities and present the risk of additional challenges to achieve the expected results in the given timeframe</li> </ul>	<ul style="list-style-type: none"> <li>• Consider possible means and alternative approaches to ensure business continuity, including remote work and online meetings/consultations</li> <li>• Continue to assess the situation and readjust our approach, work plan and budget as needed and continue demonstrating high levels of flexibility and adaptive management capacity</li> <li>• Build the capacity of our RGC counterparts at the national and sub-national levels as well as service providers and DPOs in the adoption of online technology and virtual meetings</li> <li>• On-going reflection to ensure progress towards meeting expected outcomes and remain proactive in problem-solving</li> <li>• As a priority maintain staff safety with a revised back to office policy implemented in May 2020. Including a daily situational analysis, office log of all individuals entering the office for contact tracing in the event of an infection and that appropriate revised security and safety measures are implemented accordingly</li> </ul>



Risk	Summary of Mitigation
<ul style="list-style-type: none"> <li>Uncertainty in the understanding of roles and responsibilities of RGC agencies, Program team and/or implementing partners may create confusion and inefficiencies</li> </ul>	<ul style="list-style-type: none"> <li>Continue organising meetings and joint planning initiatives to encourage dialogue and coordination between RGC agencies, program team and/or implementing partners</li> <li>Develop a partnership guiding document that clearly defines roles and responsibilities of all partners as well as coordination and support mechanisms</li> <li>Continue having regular dialogue and periodically collect feedback on the quality of the partnership</li> </ul>
<ul style="list-style-type: none"> <li>COVID-19 creates further pressure on an already very limited fiscal space. Line Ministries' budget ceilings for FY 2021 are significantly reduced with restriction on ACCES relevant activity costs such as meetings, workshops, and domestic travel. This may lead to inadequate budget allocation to support NDSP and NAPVAW</li> </ul>	<ul style="list-style-type: none"> <li>Continue to engage with MEF in supporting the PFMRP reform agenda</li> <li>Maintain ongoing political economy analysis and work closely with RGC agencies and DFAT to determine entry points and strategies to engage with key actors and to promote the importance of target sectors</li> <li>Advise LMs to align their budget documentation to priorities identified by MEF such as social protection, economic recovery, and poverty reduction</li> </ul>
<ul style="list-style-type: none"> <li>Poor absorptive capacity and limited financial and human resources of target ministries at the national and sub-national levels are further exacerbated by the COVID-19 context. This may lead to disengagement from partner ministries and the overwhelming of sub-national level government entities</li> </ul>	<ul style="list-style-type: none"> <li>Appoint additional focal points at the national and sub-national levels to engage in program implementation alongside all implementing partners (already approved by MoWA)</li> <li>Anticipate and develop a clear collaborative plan with RGC entities to ensure that they have visibility on upcoming events/activities and a clear understanding of the required level of involvement</li> <li>Identify realistic targets and prioritise human resource investment in strategic areas. Discuss and reach consensus on priority actions during the workstream meetings</li> <li>Establish strong sub-national coordination mechanisms to limit overlap and competing demands from IPs</li> </ul>

## 5 LEARNING AND ADAPTATION

### 5.1 Lessons Learned

#### **Partnership and collaboration**

We learned that strongly nurtured relationships across partners are critical to the success of the Program. Bringing diverse stakeholders together and working harmoniously towards shared goals is recognised as a key strength of ACCESS. Significant time was spent in Year-1 to ensure RGC ownership of the Program and to engage relevant parties in collaborative planning. While this exercise proved to be demanding and challenging, it was nevertheless viewed positively by most partners, ultimately resulting in a positive outcome overall – as was evident in the provincial dissemination workshops. While in general ACCESS delivery modalities have been effective for supporting pre-agreed RGC priorities, there have been some challenges in collaborating on new or emerging ministry priorities, which has resulted in some missed opportunities. Clearer mechanisms for identifying and approving support for unforeseen opportunities, such as a template for short concept note submission and agreement on support modalities prior to implementation, will help in future. Collaboration across the two workstreams, while improving, still remains limited. There is now a strong base of evidence of willingness and commitment to work together. Continued work will be needed to fill gaps in partners' understanding of respective roles of RGC counterparts, ACCESS program team and implementing partners. Some challenges were encountered in receiving timely reports from our UN partners due to their specific contractual arrangements.

#### **Engagement with RGC counterparts**

ACCESS working principles require a high level of involvement of RGC counterparts and their appointed focal points in order to lead and coordinate the interventions of all IPs. There is strong ownership of the program at both the national and sub-national levels. Nevertheless, there remains a risk of overburdening RGC counterparts at both levels as the program moves towards implementation. The coordination across numerous RGC and non-governmental implementing partners at both the national and sub-national levels needs to be carefully managed to limit potential duplication and competing priorities.

#### **Achieving sustainable results**

Adequate time allocation is essential in securing a long-lasting impact of any program intervention. ACCESS is currently on track to achieve its intermediate outcomes. Securing a commitment for public resources from the line-ministries and sub-national administration becomes increasingly challenging when working under a short timeframe and through a highly complex institutional context (for example decentralisation reforms). Regardless of these challenges, the ACCESS team will endeavour to achieve the EOPOs in the most efficient manner and as much as possible. ACCESS needs to review its approach and work plan to better take into consideration COVID-19 impact. For example, the ambition to phase out from DSA payment to RGC counterparts from January 2021 may be compromised by the announced significant budget cuts in 2021 RGC budget. ACCESS/DFAT may receive request from government and IPs to extend transition period beyond January 2021.

## Learning in relation to COVID-19

In the constantly changing environment resulting from COVID-19, ACCESS has learnt the importance of regularly gathering evidence about the effects of the pandemic and ensuring analysis of this feeds into our program delivery. ACCESS actively communicated with RGC counterparts and IPs to analyse the implications of COVID-19 and support them to adjust to the new context. Defining a coordinated response can at times be challenging. ACCESS will hold a reflection workshop at the end of August to collect individual learning and draw recommendations for improved coordination of the COVID 19 response.

To adapt to the new 'COVID normal', ACCESS has moved to a hybrid model of implementation, using a mixture of online and face-to face implementation following MoH's recommended COVID-19 preventative measures. We have been flexible, working to progress activities where possible and delay others that can't be completed online until it is possible to meet face-to-face.

However online delivery of activities has created some challenges for partners who are less familiar and comfortable with these technologies. ACCESS is also conscious of the possibility that online activities can compound the barriers already experienced by partners in participating in ACCESS activities and has been conscious of this in the approaches taken.

ACCESS has also learnt that partners may need additional support to adjust to remote service delivery. GBV IPs have been able to deliver phone-based services where appropriate and applicable. However there has been less success with PRCs in pivoting to different service models. Data from the PRCs shows a decrease in access to physical rehabilitation services amongst persons with disabilities over the period late March- early May, mostly due to fear of COVID-19 transmission. As a response, HI is piloting remote service provision and communication activities to raise awareness about transmission prevention measures while accessing rehabilitation services. Lessons from these activities will be shared with PWDF and inspire other PRCs.

## 5.2 Management Responses

Progress against management responses that ACCESS committed to in the July 2019 annual report is summarized below in Table 4.

**Table 4: Implementation status of management responses from the ACCESS July 2019 Annual Report**

Management response (July 2019 report)	Implementation status
ACCESS MEL team continue to support the overall team to conduct ongoing context analysis	Achieved. Quarterly context updates have been conducted
Consider changes to the governance structures to better reflect ACCESS PFM work	ASC considered this suggestion and decided to keep membership of governance mechanisms as they are but to invite relevant stakeholders as needed. MoI joined the latest ASC meeting in March 2020. Additionally, DFAT sent letter to MoWA and MoSVY Ministers requesting to appoint focal points from their Finance General Directorate. MoWA has formally appointed three PFM counterparts for ACCESS
Invest more in engaging with RGC at a sub-national level and build relationships	A strong relationship was established with sub-national authorities through the Provincial dissemination

Management response (July 2019 report)	Implementation status
with lower level counterparts in central Ministries	workshops and other field visits. ACCESS also established sub-national coordination mechanisms
Continue to invest in communicating with the grantees and our government counterparts on ACCESS' approach and priorities. Look at new approaches to communications, including by using RGC online communication channels, such as their Facebook pages	ACCESS principles and modalities are continuously reinforced, especially during workstream meetings. ACCESS developed a Year-2 communication plan that identifies clear key messages for each targeted audience
Work from the offices of the government ministry counterparts regularly	Disability and GBV leads, and program coordinators are regularly visiting counterpart offices. However, they have not yet set up a dedicated working space in these Ministries
Continue to invest in strong program planning, including lots of lead time for activities	ACCESS stakeholders continue to adopt flexible planning to accommodate RGC consultation and validation timeframes
Recruit more staff to manage the workload and ensure the Program remains on track	A Deputy Team Leader, second Program Coordinator, Administration and Logistics Officer and two Drivers joined ACCESS team
As part of the component learning agendas, share lessons learned around attracting partner financing and encouraging RGC to allocate funds for DSA	This was included in agenda of Provincial dissemination workshops and of the six-monthly reflection workshop
Continue to invest in building M&E capacity amongst partners, including systems development and the ability to use and manage those systems	MEL manager and MIS adviser provides regular coaching to IPs at time of reporting and MIS data entry. An MIS induction was organised in January 2020

Additional management responses flagged throughout this progress report, which will be taken forward in the next reporting period are to:

- Adapt to the **COVID-19 response** in close collaboration with DFAT, RGC and IPs with a longer view to building resilience of vulnerable populations and the systems that serve them.
- Continue to adapt to ongoing **RGC decentralization and social protection reforms**.
- Extend ACCESS **PFM engagement at sub-national level** (to the maximum extent possible with COVID-19 restrictions), and with MoWA in relation to the **MEF PFMRP CAP3 objective** to integrate gender & poverty reduction into BSP/PB processes.
- Consult with DFAT to improve consistency of ACCESS **engagement with DAC** by collaborating on RGC COVID-19 response and leveraging UNDP's working relationship.
- Improve **communication and further clarify roles/responsibilities** within both workstreams, by developing a partnership guiding document that clearly defines roles and responsibilities of all partners as well as coordination and support mechanisms.
- Improve **collaboration between IPs and DPWD** under IO 2.5.
- Formalise working **relationships with technical staff in RGC** counterpart agencies to facilitate day-to-day engagement and to build their capacity. Formal requests have been sent to MoWA and MoSVY to appoint additional technical officers to work with ACCESS.

- Work with IPs to ensure **realistic expectations of RGC engagement** to mitigate the risk that requests for engagement may overwhelm capacity at national and sub-national levels. ACCESS will closely coordinate this engagement in its three focus provinces.
- Work with DFAT to implement recommendations of the recent ACCESS **Rapid Review**.

Annex 1: Program Budget and Expenditure Report

## Annex 2: Milestones Matrix

Year 1: 17 September 2018 – 30 June 2019

No.	Milestone description	Verifiable indicator	Due date	Actual submission date	Explanation/Status
1	Inception plan	Inception plan provide to DFAT	16 October 2018	15 October 2018	Completed
2	Program operations manual	Program operations manual provided to DFAT	16 November 2018	16 November 2019	Completed
3	M&E framework	M&E plan provided to DFAT	16 January 2019	16 January 2019	Completed
4	CIM manual	CIM manual provided to DFAT	16 January 2019	31 January 2019	Extension by two weeks approved by DFAT Completed
5	Annual work plan (for year 1)	Annual work plan provided to DFAT	31 December 2018	21 December 2019	Approved
6	Inception report, including baseline report	Inception report provided to DFAT	Within 5 business days of the end of the inception period (15 March 2019)	31 March 2019	Completed
7	CIM round for years 1-3 completed	Grants awarded to all recipients	31 May 2019	Selection of implementing partners and tentative budget allocation validated by DFAT on 25 May First instalments planned for September 2019	It was agreed to postpone grant award process to give sufficient time to priorities identification with government counterparts
8	Handover plan	Handover plan and annual updates provided to DFAT	17 September 2019 Updated annually and six months prior to contract end date	N/A	Submitted to DFAT
9	Annual work plan (for Year 2)	Annual work plan provided to DFAT	31 May 2019	1 June 2019	Submitted on 31 May Ottawa time Approved

Year 2: 1 July 2019 – 30 June 2020

No.	Milestone description	Verifiable indicator	Due date	Actual submission date	Explanation/Status
10	Annual report for year 1 including M&E	Annual report provided to DFAT	15 July 2019	15 July 2019	Approved
11	Six monthly report, including M&E	Six monthly report provided to DFAT	Within 5 business days of the six-monthly reporting period (January 2020)	30 April 2020	9-month report submitted following the approval of an extension.
12	Annual work plan (for year 3)	Annual work plan provided to DFAT	31 May 2020	16 July 2020	Delays due to the need to reprogram interventions in regard to context change and to align to DFAT Partnerships for Recovery Strategy. New deadline discussed and approved by DFAT post.

Year 3: 1 July 2020 – 30 June 2021

No.	Milestone description	Verifiable indicator	Due date	Actual submission date	Explanation/Status
13	Annual report for year 2	Annual report provided to DFAT	15 July 2020	7 August 2020	New deadline discussed and approved by DFAT post.
14	Six monthly report, including M&E	Six monthly report provided to DFAT	Within 5 business days of the six-monthly reporting period (January 2021)		

Year 4: 1 July 2021 – 16 September 2021

No.	Milestone description	Verifiable indicator	Due date	Actual submission date	Explanation/Status
15	Completion report	Completion report delivered to DFAT	Within 5 business days of the six-monthly reporting period (16 September 2021)		



## Annex 3: Updated Risk Matrix (April 2020)

Risk Category	Objectives	Risk No	Risk (what will prevent you achieving the objective/s?)	- Existing Controls (what is currently in place?)	Consequence	Likelihood	Risk Rating	Is risk rating acceptable ? Y/N (if no, propose treatment)	Proposed Treatments - (If no further treatment required or available, please explain why)	Person Responsible for Implementing Treatment/s	Consequence	Likelihood	Risk Rating
Results	All	1	The COVID-19 situation requires the full attention and resources from all RGC counterparts at the national and sub-national level and creates pressure on fiscal space. In addition, the current restrictions on meetings and travel are impacting the capacity to implement program activities. This will result in additional challenges to achieve expected results in the given timeframe	<ul style="list-style-type: none"> <li>- ACCESS has considered possible means and alternative approaches to ensure business continuity, including remote work and online meetings/consultations.</li> <li>- IPs have been invited to reprogram and reprioritise their work</li> <li>- ACCESS is reallocating some anticipated saving to support relevant COVID-19 interventions in the disability and GBV sectors</li> <li>- Work from home policy in place between March to May with progressive back to office policy being currently implemented.</li> <li>- Security Plan has been updated to include measures for the prevention of COVID-19</li> </ul>	Major	Almost certain	Very High	No	<ul style="list-style-type: none"> <li>- Continue to assess the situation and readjust ACCESS' approach, workplan and budget accordingly</li> <li>- Continue investing in creative ways of working through online means</li> <li>- Build the capacity of our RGC counterparts in the use of online technology and virtual meetings</li> <li>- Continue to demonstrate high flexibility and adaptive management capacity</li> <li>- As a priority maintain staff safety with a revised Return to Office policy implemented in May 2020. Including a daily situational analysis, office log of all individuals entering the office for contact tracing in the event of an infection and appropriate revised security and safety measures being implemented accordingly</li> </ul>	Program team/DFAT	Moderate	Almost certain	High
Results	Improved accessibility and quality of services; Improved budget processes	2	Poor absorptive capacity and limited financial and human resources of target ministries at national and sub-national levels may lead to disengagement from partner ministries and overwhelming sub-national level government entities COVID-19 situation requires full attention of RGC counterparts, with even less time and resource availability for ACCESS' core work	<ul style="list-style-type: none"> <li>- Partner Ministries participated in joint component-planning process</li> <li>- Proposals assessed as too ambitious and posing a risk to overwhelm RGC counterparts have been revised and the scope of the interventions have been reduced</li> <li>- Additional technical focal points have been identified by MoWA and requested to MoSVY (waiting for confirmation)</li> <li>- Coordination mechanisms have been established at the sub-national level</li> <li>- Priorities are discussed during workstream meetings</li> </ul>	Moderate	Likely	High	No	<ul style="list-style-type: none"> <li>- The ACCESS field team will work closely with target ministries and the relevant sub-national entities to identify realistic targets and to build internal MEL systems which can support timely and sound decision-making</li> <li>- Both NGOs / CSOs and the government will be supported through ACCESS to realise more collaborative and effective working relationships and greater coordination across sectors, to address sector-wide capacity in a comprehensive way</li> <li>- Partners may organise joint assessments and learning events. Some technical training may also be organised jointly</li> </ul>	Program Team	Moderate	Possible	Medium

<b>Risk Category</b>	<b>Objective/s</b>	<b>Risk No</b>	<b>Risk (what will prevent you achieving the objective/s?)</b>	<b>- Existing Controls (what is currently in place?)</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Risk Rating</b>	<b>Is risk rating acceptable ? Y/N (if no, propose treatment)</b>	<b>Proposed Treatments - (If no further treatment required or available, please explain why)</b>	<b>Person Responsible for Implementing Treatment/s</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Risk Rating</b>
Results/Partnership	Improved sustainability of quality, inclusive services; Improved budget processes	3	Unclear division of roles among RGC agencies, Program team and/or implementing partners could impact the quality of interventions. Partnership survey identified a need to further clarify the respective roles of ACCESS partners	<ul style="list-style-type: none"> <li>- Clear communication channels and clarification of respective roles have been established with Counterpart Ministries during the Inception phase</li> <li>- The joint planning process helped clarify the respective roles of RGC and ACCESS implementing partners in the implementation of the agreed NAPVAW and NDSP priorities</li> <li>- Partnership agreements include clear roles and responsibilities of parties to the agreement, against which performance can be monitored</li> </ul>	<b>Moderate</b>	<b>Possible</b>	<b>Medium</b>	No	<ul style="list-style-type: none"> <li>- Maintain open communications around progress and expectations</li> <li>- Organise meetings and joint planning to encourage dialogue and coordination between RGC agencies, Program Team and/or implementing partners</li> <li>- Develop a partnership guideline identifying clear roles and communication channels amongst ACCESS partners</li> </ul>	<b>Program team, IPs and DFAT</b>	<b>Minor</b>	<b>Unlikely</b>	<b>Low</b>
Results	Improved budget processes supporting services for persons with disabilities and for women affected by GBV	4	Lack of commitment and/or knowledge of non-target ministries in relation to PFM reform efforts within the social sector (specifically Disability and GBV), may lead to inadequate budget allocation to support NDSP and NAPVAW. COVID-19 situation further reduces fiscal space and creates a shift in RGC priorities	<ul style="list-style-type: none"> <li>- Engagement with MEF confirmed the strong interest and buy-in from this Ministry in supporting the ACCESS PFM approach</li> <li>- The Program's ongoing political economy analysis will help to determine key pressure points, strategic entry points and strategies to engage with actors who may block progress</li> </ul>	<b>Moderate</b>	<b>Likely</b>	<b>High</b>	No	<ul style="list-style-type: none"> <li>- Continue to engage MEF at high levels (e.g., through participation in the ASC)</li> <li>- ACCESS PFM team will pay careful attention to ensure that proposed interventions are fully aligned with PFMRP and BSRS priorities and timeframe</li> <li>- Work closely with RGC agencies and DFAT to determine entry points and strategies to engage with key actors and to promote the importance of target sectors</li> <li>- Carefully monitor budget constraints of Partner Ministries and their capacity to engage RGC budget to support activity costs relevant to ACCESS, including DSA. Adjust activity plans accordingly and consider if an extension of the transition period to phase out from DSA support is needed</li> </ul>	<b>Program team/DFAT</b>	<b>Moderate</b>	<b>Possible</b>	<b>Medium</b>
Results	Increased accessibility of quality services for persons with disabilities and for women	5	Certain elements of the Program design are ambitious and may not be realized within the 3-year time frame.	<ul style="list-style-type: none"> <li>- The Program Logic review during the Inception Phase resulted in the modification of some intermediate outcomes</li> </ul>	<b>Moderate</b>	<b>Likely</b>	<b>High</b>	No	<ul style="list-style-type: none"> <li>- Ensure regular communication, outline challenges and openly discuss expectations with DFAT</li> <li>- Good-quality MEL, appropriate policy linkages, and promising partnerships with potential for early wins will ensure progress towards meeting expected outcomes</li> </ul>	<b>Program team and DFAT</b>	<b>Minor</b>	<b>Likely</b>	<b>Medium</b>

Risk Category	Objective/s	Risk No	Risk (what will prevent you achieving the objective/s?)	- Existing Controls (what is currently in place?)	Consequence	Likelihood	Risk Rating	Is risk rating acceptable ? Y/N (if no, propose treatment)	Proposed Treatments - (If no further treatment required or available, please explain why)	Person Responsible for Implementing Treatment/s	Consequence	Likelihood	Risk Rating
	affected by GBV		COVID-19 situation creates some further constraints with a number of activities being rescheduled, postponed, or cancelled	<ul style="list-style-type: none"> <li>- Proposals assessed as too ambitious and posing a risk to overwhelm RGC counterparts have been revised and the scope of the interventions reduced</li> <li>- Joint component planning has helped clarify priority interventions, eliminate overlap between implementing partners and refine scope, as needed</li> </ul>					<ul style="list-style-type: none"> <li>- ACCESS management team to ensure, wherever possible, the scope of the program is contained (geographic, number of partners, and range of activities)</li> <li>- ACCESS activities have been reprogrammed/reprioritised in the COVID-19 context. Alternative approaches have been adopted to ensure business continuity</li> </ul>				
Results / Reputation	Improved sustainability of quality, inclusive services	6	<p>DFAT's objective for RGC contribution to DSA and no fund transfers to target ministries may result in government officials' lack of participation and commitment to Program interventions</p> <p>RGC commitment may be reduced due to COVID-19 crisis and corresponding shrinking fiscal space</p>	<ul style="list-style-type: none"> <li>- During the Inception Phase, consensus was reached between Counterpart Ministries and the Program on standard operating procedures, roles and responsibilities which will mitigate future expectations regarding fund transfers</li> <li>- ACCESS Steering Committee members agreed in August 2019 to consider payment of DSA during a transition period until end of 2020, for activities presenting a high risk of inability to achieve ACCESS outcomes, in cases where RGC is still not able to provide DSA</li> </ul>	Moderate	Likely	High	No	<ul style="list-style-type: none"> <li>- Identify appropriate mechanisms for how ACCESS can contribute to RGC priorities and continue to monitor and adapt its management of Program approaches to the changing context</li> <li>- The ACCESS team will closely monitor this risk and the interactions between partners and government officials and will document issues to discuss with DFAT</li> <li>- ACCESS PFM team and implementing partners will work closely with DAC, MEF, MoWA and provincial authorities to ensure allocation of sufficient budget from RGC for DSA for 2021 and subsequent years</li> <li>- Implementing partners will consider organizing training and workshops close to trainees' locations, embed additional content in existing RGC training and organise joint training, where possible</li> <li>- ACCESS will support, as much as possible, the integration of NAPVAW and NDSP priority activities in PB FY2021 at the national and sub-national levels</li> <li>- Carefully monitor the capacity of Partners at the national and sub-national levels to commit their own budget for DSA and consider an extension of the transition period to phase out from DSA support is needed</li> </ul>	Program team and DFAT	Moderate	Possible	Medium

Risk Category	Objective/s	Risk No	Risk (what will prevent you achieving the objective/s?)	- Existing Controls (what is currently in place?)	Consequence	Likelihood	Risk Rating	Is risk rating acceptable ? Y/N (if no, propose treatment)	Proposed Treatments - (If no further treatment required or available, please explain why)	Person Responsible for Implementing Treatments/ s	Consequence	Likelihood	Risk Rating
Results/Reputation	Improved sustainability of quality, inclusive services for persons with disabilities	7	The recent RGC decision to review the overall disability coordination structure, and to expand the role of DAC brings a new set of priorities for DAC that may lead to potential delays in Program implementation and reputational risks	<ul style="list-style-type: none"> <li>- ACCESS Disability Lead facilitated a discussion among key disability stakeholders to provide joint inputs and/or voice concerns about the new structure and communicate with MoSVY/DAC</li> <li>- UNDP grant agreement was finalised and constitutes a good entry point to advocate/influence DAC 's strategic decisions on future coordination mechanism</li> </ul>	<b>Moderate</b>	<b>Possible</b>	<b>Medium</b>	No	<ul style="list-style-type: none"> <li>- Closely monitor the implementation of the new structure</li> <li>- Continue to promote high-level engagement of DFAT and UNDP with DAC leadership to ensure alignment with international frameworks (UNCRPD/ASEAN Master Plan/Incheon Strategy)</li> </ul>	<b>Program team and IPs</b>	<b>Minor</b>	<b>Possible</b>	<b>Medium</b>
Results	Improved sustainability of quality, inclusive services for persons with disabilities	8	Implementation and quality of activities could be compromised due to limited capacities of local DPOs who may also be overwhelmed with new activities from ACCESS partners	<ul style="list-style-type: none"> <li>- DPOs participated in joint planning process and raised their concerns and shared their suggestions</li> <li>- DPOs receive capacity building support from IPs when engaged in their interventions</li> <li>- Joint planning process in target priority provinces</li> </ul>	<b>Minor</b>	<b>Possible</b>	<b>Medium</b>	No	<ul style="list-style-type: none"> <li>- ACCESS will consider additional funding support for capacity building of DPOs where needed</li> </ul>	<b>Program team and IPs</b>	<b>Minor</b>	<b>Unlikely</b>	<b>Low</b>
Reputation	Improved sustainability of quality, inclusive services	9	<p>There is a reputational risk to ACCESS and DFAT to work with micro-finance institutions (MFI) due to negative public perceptions of MFI practices</p> <p>Risk of indebtedness may further increase due to COVID-19 economic impact on the most vulnerable groups</p>	<ul style="list-style-type: none"> <li>- Selected MFI provided a clear risk mitigation plan prior to the grant agreement being signed with ACCESS</li> <li>- Situation analysis and need assessment in regard to PWDs access to financial services was conducted and looked at existing PWDS vulnerability to MFI unethical practices when exist</li> <li>- CIM will review and validate the findings from the assessment and will approved proposed loan product</li> <li>- MFI's intervention includes financial literacy component and strong client protection principles</li> </ul>	<b>Major</b>	<b>Possible</b>	<b>High</b>	No	<ul style="list-style-type: none"> <li>- Continue monitoring the situation strictly</li> <li>- CIMP will review assessment report and proposed financial product for persons with disabilities</li> <li>- Communicate very carefully on ACCESS support to financial literacy and access to financial products for persons with disabilities to avoid any misinterpretation</li> </ul>	<b>Program team and DFAT</b>	<b>Major</b>	<b>Unlikely</b>	<b>Medium</b>

Risk Category	Objective/s	Risk No	Risk (what will prevent you achieving the objective/s?)	- Existing Controls (what is currently in place?)	Consequence	Likelihood	Risk Rating	Is risk rating acceptable ? Y/N (if no, propose treatment)	Proposed Treatments - (If no further treatment required or available, please explain why)	Person Responsible for Implementing Treatments/s	Consequence	Likelihood	Risk Rating
Results	Improved sustainability of quality, inclusive services for women affected by GBV	10	It may be a challenge for ACCESS to fully achieve planned outcomes due to the short timeframe and/or delays in finalising some guidelines and establishing GBV working groups This risk is increased with COVID-19 situation and interruption of some activities	<ul style="list-style-type: none"> <li>- Proposals assessed as too ambitious and posing a risk to overwhelm RGC counterparts have been revised and the scope of the interventions reduced</li> <li>- Joint component planning has helped clarify priority interventions, eliminate overlaps between implementing partners and refine scope, as needed</li> <li>- MoWA identified common approach to establish sub-national working groups</li> <li>- Final consultations on key guidelines (Aide Memoir on mediation, GBV working groups ToRs) will be done remotely</li> </ul>	Moderate	Possible	Medium	No	<ul style="list-style-type: none"> <li>- ACCESS GBV Lead and Partners will continue to work closely with MoWA and PDoWA to establish advance planning and review/adjust existing plans</li> <li>- ACCESS GBV Lead will intensify support and closely monitor implementation</li> <li>- ACCESS GBV Lead will have regular meeting with MoWA to provide update on the progress of ACCESS and discuss the monthly implementation plan. This meeting will contribute to push for any pending work</li> </ul>	Program team and IPs	Moderate	Unlikely	Medium
Results / Reputation	Australian identity / public diplomacy	11	External Communications that do not consider the unique interests, needs, and relationships of and between different audiences (stakeholders), as well as the political context in Cambodia, raise the risk of serious miscommunication regarding ACCESS and its objectives; as well as the risk of negative public coverage (e.g. Program is used to convey political messages)	<ul style="list-style-type: none"> <li>- Close and frequent consultation with DFAT on public communications matters and the overall strategic direction, as well as a sound Program Communications Strategy, approved by DFAT</li> <li>- Induction of our IPs on communication principles and branding</li> </ul>	Moderate	Possible	Medium	No	<ul style="list-style-type: none"> <li>- The Team will continue to consult closely and frequently with DFAT regarding communications and media engagement.</li> <li>- The ACCESS Team will monitor the communication of implementing partners</li> <li>- Additional TA resource to support the communication team is proposed within the revised team structure</li> </ul>	Program team	Moderate	Unlikely	Medium

<b>Risk Category</b>	<b>Objective/s</b>	<b>Risk No</b>	<b>Risk (what will prevent you achieving the objective/s?)</b>	<b>- Existing Controls (what is currently in place?)</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Risk Rating</b>	<b>Is risk rating acceptable ? Y/N (if no, propose treatment)</b>	<b>Proposed Treatments - (If no further treatment required or available, please explain why)</b>	<b>Person Responsible for Implementing Treatment/s</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Risk Rating</b>
Reputation	Improved sustainability of quality, inclusive services	12	Potential budget cuts by Australian Government causes uncertainty around the availability of sufficient resources to achieve results  COVID-19 situation increases level of uncertainty globally	- Existing open and frequent communication between DFAT and ACCESS - DFAT and Managing Contractor will work very closely on identifying solutions in the event of budget cuts	<b>Moderate</b>	<b>Likely</b>	<b>High</b>	No	- Annual workplans and budgets will take this into consideration, planning for identified and actual needs, while continually exploring ways to strengthen value for money and leverage resources and investments across sectors - ACCESS Team will provide relevant information as needed and develop various scenarios in lieu of potential budget variation	<b>Program team</b>	<b>Minor</b>	<b>Likely</b>	<b>Medium</b>
Reputation	Australian identity / public diplomacy	13	Australia's contribution and 'brand' are not appropriately reflected given the large number of partners involved	- DFAT branding guidelines are applied to all external communications to ensure visibility of DFAT - ACCESS branding guidelines, communication documents and website provide clear and broad visibility of Australia's contribution - The Communications Plan stipulates the use of DFAT and Program branding - ACCESS Team provided induction to implementing partners on ACCESS branding guidelines - Each Partnership agreement includes an appropriate reflection of the Australian contribution and brand	<b>Minor</b>	<b>Unlikely</b>	<b>Low</b>	Yes	- ACCESS' contributions to the RGC and to Cambodia's development will continuously be highlighted and leveraged to strengthen relationships between the two governments	<b>Program team</b>	<b>Minor</b>	<b>Unlikely</b>	<b>Low</b>
Results	Increased accessibility of quality services for persons with disabilities and for women affected by GBV	14	Women participating in the Program as beneficiaries face a heightened risk of gender-based violence, in particular, intimate partner violence	- Principles of 'Do no harm' are integrated into research and intervention design to ensure that women participating in the Program do not face an increased risk of violence - The Program's GESI strategy informs intervention design to minimise harm and ensure that power	<b>Major</b>	<b>Possible</b>	<b>High</b>	No	- Protocols and training will be developed on how to handle suspected or known cases of abuse - Monitoring missions will include feedback sessions and interviews with women to obtain their feedback on unexpected effects	<b>Program team</b>	<b>Moderate</b>	<b>Unlikely</b>	<b>Medium</b>

Risk Category	Objective/s	Risk No	Risk (what will prevent you achieving the objective/s?)	- Existing Controls (what is currently in place?)	Consequence	Likelihood	Risk Rating	Is risk rating acceptable ? Y/N (if no, propose treatment)	Proposed Treatments - (If no further treatment required or available, please explain why)	Person Responsible for Implementing Treatments	Consequence	Likelihood	Risk Rating
			COVID-19 situation may translate in an increase of GBV resulting from confinement, work and travel restrictions, and medium-term economic impact	<ul style="list-style-type: none"> <li>dynamics between men and women are understood and handled sensitively</li> <li>- GESI check list has been circulated</li> <li>- Additional measures to cope with the potential risks associated with COVID-19 are being considered</li> </ul>					- Prevalence of GBV cases during COVID-19 crisis will be closely monitored, and activities will be reprogrammed as needed				
Reputation	Increased accessibility of quality services for persons with disabilities and for women affected by GBV	15	Incidences of abuse may rise, perpetrated by some partner organisations that work with vulnerable populations who may be at increased risk of sexual exploitation and violence	<ul style="list-style-type: none"> <li>- DFAT Gender Equality and Women's Empowerment are embedded in Program design and delivery</li> <li>- The Managing Contractor has policies and procedures to address the risk of sexual harassment, abuse and sexual exploitation that all Program staff and partners are obliged to adhere to</li> <li>- Training on the policy and associated procedures has been provided to staff and partners, where relevant</li> <li>- The Cowater Code of Conduct is instilled in partnership agreements and obligates partners to comply with the Program's, and DFAT's, sexual abuse and harassment policies</li> <li>- Review of practices on child protection is integrated in the due diligence of selected applicants</li> </ul>	Major	Unlikely	Medium	No	<ul style="list-style-type: none"> <li>- Reported instances or allegations of abuse and/or sexual misconduct are handled swiftly and escalated to Managing Contractor HQ</li> <li>- Cowater operates a zero-tolerance approach to abuse, sexual misconduct and exploitation, particularly in relation to children. Suspicion of such misconduct will be turned over to the relevant law enforcement authorities, where appropriate</li> <li>- Implementing partners will receive regular training on the code of conduct, child protection and sexual harassment policies in order to raise awareness to prevent instances of abuse.</li> </ul>	Program team	Major	Rare	Medium
Results / Reputation	Improved sustainability of quality, inclusive services	16	<p>Partners underperform and do not deliver agreed results, delaying progress in achieving Program objectives</p> <p>COVID-19 situation impacts the capacity of IPs to deliver as planned</p>	<ul style="list-style-type: none"> <li>- Potential partners identified based on their willingness and suitability to engage</li> <li>- CIM selection criteria has been developed and established with the purpose of engaging partners with a strong record and previous experience that demonstrates capacity to deliver results within the timeframe</li> </ul>	Moderate	Possible	Medium	Yes	- Where partners are underperforming and therefore not achieving results in a timely fashion, the ACCESS team will maintain an open dialogue with the partner to understand what is causing the underperformance and if/how it can be rectified through additional support. Where partners are consistently underperforming, the team will agree on whether the partnership needs to be terminated in consultation with DFAT	Program team and DFAT	Moderate	Unlikely	Medium

Risk Category	Objective/s	Risk No	Risk (what will prevent you achieving the objective/s?)	- Existing Controls (what is currently in place?)	Consequence	Likelihood	Risk Rating	Is risk rating acceptable ? Y/N (if no, propose treatment)	Proposed Treatments - (If no further treatment required or available, please explain why)	Person Responsible for Implementing Treatment/s	Consequence	Likelihood	Risk Rating
				- The proposed due diligence process is rigorous and was conducted on all potential partners. Risks and gaps requiring further action have been identified and a corresponding action plan developed Partnership agreements includes information on performance monitoring									
Fraud / Fiduciary	Improved sustainability of quality, inclusive services	17	Funds are misappropriated or deliberately mismanaged. Purchases and other financial transactions are not conducted in an appropriate manner consistent with the Commonwealth Procurement Rules and international standards for financial management	- DFAT's fraud control framework and policy statement underpin the implementation of all DFAT-funded program - In addition to DFAT's fraud control framework, Cowater has a fraud control plan and associated policies and procedures for financial management, fraud mitigation and reporting which it applies to all its projects - All staff are trained on fraud and anti-corruption during inception, including how to identify fraud and the appropriate reporting channels - Where fraud is detected, Cowater meets all DFAT's minimum requirements around reporting and proactively investigates claims as soon as they are raised - Fraud control systems of implementing partners was assessed during the due diligence process, and fraud prevention training included in induction	Moderate	Unlikely	Medium	No	- Where alleged or actual fraud involves Government Officials, Cowater will refer the case to DFAT at the earliest possible instance and work openly with DFAT to minimise potential damage to partnerships - Ensure ongoing training or refreshers to partners and team - Maintain strong internal control and visits/participatory audits with the partners on an ongoing basis, as well as careful quarterly reviews of financial reports and acquittals in the MIS to identify issues early on	Program team/ DFAT	Moderate	Unlikely	Medium



Limited	Minor	Moderate	Major	Severe	Investment risks
<b>Limited impact on investment objectives and beneficiaries, including from operating environment, disaster, reputational, fraud/ fiduciary, partner, resourcing and/or other risks factors. Results in consequences that can be dealt with by routine operations.</b>	Minor delays in achieving investment objectives, resulting in minor impact on service delivery and/or beneficiaries.	Delay in providing services or achieving key objectives, resulting in moderate impacts on service delivery and/or beneficiaries.	Delay or failure to provide services or achieve key objectives, resulting in major impact on service delivery and/or beneficiaries.	Critical failure to provide services or achieve investment objectives, resulting in severe impact on service delivery and/or beneficiaries.	<b>Results</b>
<b>Limited impact</b>	Political, governance, social and/or security factors threaten investment effectiveness but can be dealt with internally.	Political, governance, social and/or security factors creates moderate disruption to one or more investment activities.	Political, governance, social and/or security factors creates major disruption to the investment.	Political, governance, social and/or security instability severely undermines the investment.	<b>Operating environment</b>
<b>Limited impact</b>	Minor disaster impacts to investment objectives and outcomes.	Moderate disaster impacts to investment objectives and outcomes. Moderate damage to property.	Significant disaster impacts to key investment objectives or outcomes. Major damage to critical property or multiple properties.	Severe disaster impacts to overall investment objectives or outcomes. Extensive damage or loss of property/or multiple properties.	<b>Disaster risk</b>
<b>Limited impact</b>	Isolated theft of property or petty cash by an individual(s). Investment suffers minor adverse financial impact when DFAT funds are not used for intended purposes, not properly accounted for and/or do not achieve value for money.	Fraud threatens the effectiveness of key investment objectives and/or services. Investment suffers moderate adverse financial impact when DFAT funds are not used for intended purposes, not properly accounted for and/or do not achieve value for money.	Systemic fraud perpetrated over a period. Diversion of funds to terrorist organisations. Investment suffers major adverse financial impact when DFAT funds are not used for intended purposes, not properly accounted for and/or do not achieve value for money, affecting achievement of key investment objectives.	Systemic institutional fraud involving multiple organisations over an extended period of time. Diversion of funds to terrorist organisations. Investment suffers severe adverse financial impact when DFAT funds are not used for intended purposes, not properly accounted for and/or do not achieve value for money, undermining overall investment viability.	<b>Fraud/ fiduciary</b>
<b>Limited impact</b>	Minor impact to DFAT's reputation from dissatisfaction of partners, beneficiaries, or other key stakeholders. Minor political and/or community sensitivity.	Moderate impact to DFAT's reputation from dissatisfaction of partners, beneficiaries, or other key stakeholders. Moderate political and/or community sensitivity.	Significant impact to DFAT's reputation from dissatisfaction of partners, beneficiaries, or other key stakeholders. Major political and/or community sensitivity resulting in significant adverse publicity or criticism.	Critical investment failure resulting in severe political and/or community sensitivity resulting in extensive adverse publicity or criticism of DFAT.	<b>Reputation</b>
<b>Limited impact</b>	Institutional and/or partner capacities is generally adequate; however, some weakness may reduce effectiveness of aspects of the investment.	Institutional and/ or partner capacity is constrained, resulting in moderate impact on investment effectiveness.	Institutional and/or partner capacity is very weak, resulting in major impact on investment effectiveness.	Critical institutional and/or partner capacity failure undermines the effectiveness of entire investment.	<b>Partner</b>
<b>Limited impact</b>	DFAT resources occasionally constrained. Minor breach of investment accountability, legislative/ contractual or security obligations.	DFAT resources moderately constrained. Moderate breach of investment accountability, legislative/ contractual or security obligations.	DFAT resources significantly constrained. Multiple breaches of investment accountability, legislative/ contractual or security obligations.	DFAT resources critically constrained. Systemic breach of investment accountability, legislative/ contractual or security obligations.	<b>Other</b>
<b>Minimal impact on the environment. Impacts are largely undetectable. No or negligible increase to people's vulnerability to climate change impacts, and negligible GHG emissions</b>	Minor impact on the environment. Impacts are temporary and confined to a small area of low environmental sensitivity. Minimal and short-term increase to people's vulnerability to climate change impacts, and/or minimal GHG emissions.	Moderate impact on the environment. Impacts may be long lasting, extend beyond the local area and include sensitive environmental communities. Moderate and short-term increase to people's vulnerability to climate change impacts, and/or moderate GHG emissions.	Significant impact on the environment. Impacts are irreversible, diverse, over a sensitive geographic area. Significant and long-term increase to people's vulnerability to climate change impacts, and/or significant GHG emissions.	Significant impact on the environment. Impacts are irreversible, diverse, with strong cumulative impacts over a large and/or sensitive geographic area. Severe and permanent increase to people's vulnerability to climate change impacts, and very high GHG emissions.	<b>Environmental Protection</b>
<b>No harm/injury to a child. Minimal social impact, vulnerable and/ or disadvantaged groups. Impacts not a concern to affected communities or other stakeholders.</b>	Minor injury to a child, requiring first aid. Short-term nuisance or minor social impact on local population, including vulnerable and/or disadvantaged groups. No attention from NGOs, media or stakeholders beyond the affected population.	Serious harm/injury to a child. Moderate social impact which effects the majority of the local population including vulnerable and/or disadvantaged groups. Concern raised by NGOs, media or stakeholders may cause delay to project/ investment.	Life-threatening harm/injury to a child. Significant social impact which extends beyond local population, including vulnerable and/or disadvantaged groups. Concern raised by NGOs, media or stakeholders may prevent the project/ investment from continuing.	Fatality of a child. Life-threatening injury/harm of more than one child. Significant social impact which extends beyond local population, including vulnerable and/or disadvantaged groups. Increases conflict and/or social fragility. Concern raised by NGOs, media or stakeholders prevents the project/ investment from continuing.	<b>Children, vulnerable and disadvantaged groups</b>
<b>No displacement and/ or resettlement. Limited impact on potentially affected households.</b>	>5 households/ businesses displaced.	>5<20 households/ businesses displaced.	>20<100 households/ businesses displaced.	>100 households/ businesses displaced.	<b>Displacement and resettlement</b>
<b>Indigenous group living in project area of influence. No adverse impact.</b>	Short-term nuisance to indigenous population. No damage to/or loss of access to indigenous land, assets, resources, and/or cultural heritage.	Moderate impact on indigenous population. Damage to/or temporary loss of access to indigenous land, assets, resources, and/or cultural heritage.	Significant impact on indigenous population. Damage to/or protracted loss of access to indigenous land, assets, resources, and/or cultural heritage.	Significant, long-lasting impact that effects the indigenous population. Permanent loss of/or access to indigenous land, assets, resources, and/or cultural heritage.	<b>Indigenous Peoples</b>
<b>Limited worker and/ or community health and safety impacts. Injury requiring first aid.</b>	Short-term worker and/ or community health and safety impacts. Minor injury requiring medical care.	Moderate worker and/ or community health and safety impacts. Serious injury or multiple minor injuries.	Significant worker and/ or community health and safety impacts. Life threatening injury/ multiple serious injuries.	Significant worker and/ or community health and safety impacts. Death or multiple life-threatening injuries.	<b>Health and Safety</b>

Likelihood	Probability	Limited worker and/ or community health and safety impacts. Injury requiring first aid.	Short-term worker and/ or community health and safety impacts. Minor injury requiring medical care.	Moderate worker and/ or community health and safety impacts. Serious injury or multiple minor injuries.	Significant worker and/ or community health and safety impacts. Life threatening injury/ multiple serious injuries.	Significant worker and/ or community health and safety impacts. Death or multiple life-threatening injuries.
<b>Almost Certain</b>	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at DFAT, similar organisations or investments.	<b>Medium</b>	<b>Medium</b>	<b>High</b>	<b>Very High</b>	<b>Very High</b>
<b>Likely</b>	There is a strong possibility the event will occur as there is a history of frequent occurrence at DFAT, similar organisations or investments.	<b>Medium</b>	<b>Medium</b>	<b>High</b>	<b>High</b>	<b>Very High</b>
<b>Possible</b>	The event might occur at some time as there is a history of casual occurrence at DFAT, similar organisations or investments.	<b>Low</b>	<b>Medium</b>	<b>Medium</b>	<b>High</b>	<b>High</b>
<b>Unlikely</b>	Not expected, but there's a slight possibility it may occur at some time.	<b>Low</b>	<b>Low</b>	<b>Medium</b>	<b>Medium</b>	<b>High</b>
<b>Rare</b>	May occur only in exceptional circumstances. Is possible but has never occurred to date.	<b>Low</b>	<b>Low</b>	<b>Low</b>	<b>Medium</b>	<b>Medium</b>

## Annex 4: GESI Implementation Plan

### Opportunities for GESI Implementation IN ACCESS by Category

#### 2.1 Organisational Level

The ACCESS Program Team consists of individuals, in particular the Program Leads, with a strong background and knowledge of gender and/or disability. There is an opportunity to leverage and build on the expertise of these members to ensure that: gender equality and disability inclusion is embedded in the work culture and across Program operations; and ACCESS Team members have a strong understanding of gender and disability issues and are empowered to proactively integrate GESI in their work

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
1. Create cross learning opportunities within the Team around gender, disability, and social inclusion	H	<ul style="list-style-type: none"> <li>a. Incorporate GESI in 6- month reflection events</li> <li>b. Each workstream team participates in the other teams' events</li> <li>c. Include GESI in disability and GBV program (and communications) content</li> </ul>	X	X	X	<p>Done</p> <p>Done</p> <p>On going</p>
2. Provide training to all staff on gender, disability, and social inclusion in the workplace	H	<ul style="list-style-type: none"> <li>a. Create a training package on GESI</li> <li>b. Conduct an initial training for staff and a follow-up refresher</li> </ul>		X	X	<p>Delayed. Decision to map existing resources within partnership rather than create any new curriculum. Mapping on-going</p> <p>No training provided to staff yet (staff retreat postponed due to COVID-19)</p>
3. Ensure that gender equality and social inclusion considerations are integrated into the ACCESS Operations Manual and thereby reflected in all relevant practices (recruitment & human resource policies, Removal of Barriers and Reasonable	H	<ul style="list-style-type: none"> <li>a. Operation policies include guidance on inclusive workplace and gender sensitivity</li> <li>b. Define reasonable accommodation in policies and practice (adaptation practices)</li> </ul>	X			<p>Done</p> <p>Office accessibility conducted but recommendations partly applied</p>

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
Adjustments, Safeguards to ensure safety and well-being of employees)		<ul style="list-style-type: none"> <li>c. Staff performance appraisal provides honest and fair feedback to all employees regardless of any bias</li> <li>d. Ensure the ACCESS office is accessible and/or report any issues to the building owner</li> </ul>				

### Partnership Level

Given the rich and diverse expertise in gender, disability, and social inclusion available within the ACCESS Team and across ACCESS Partners, there is an opportunity for cross-learning between the ACCESS Team and ACCESS Partners to:

champion and support the embedding of gender equality and disability inclusion into Program Partners' working culture, environment, and practices; and

enhance the Program's understanding of the evolving needs and issues faced by women affected by GBV, persons with disabilities and other vulnerable groups in relation to service provision, skills development and employment.

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
4. Provide awareness-raising/training on gender equality and inclusion to all partners including grantees and government partners, including regular sensitisation on current thinking, and emerging and best practices around gender and social inclusion	H	<ul style="list-style-type: none"> <li>a. Provide training and technical support to government and implementing partners on understanding and practical application of GESI principles</li> <li>b. Develop and implement a checklist for partners (government and implementing partners) to provide a tool for identifying and monitoring GESI implementation</li> </ul>		X	X	<p>As above training on GESI is delayed</p> <p>Check list has been finalised and shared</p>
5. Gender equality and inclusion is integrated into partner selection criteria for the CIM	H	<ul style="list-style-type: none"> <li>a. Request understanding of GESI in implementing partner application process</li> <li>b. Include GESI in the selection criteria of the CIM</li> </ul>	X			<p>Done</p> <p>Done</p>
6. Develop strong relationships with NGOs working to end GBV and DPOs to enhance the program's understanding of the barriers	H	<ul style="list-style-type: none"> <li>a. Facilitate meeting at the Provincial Level in three ACCESS target</li> </ul>		X		Provincial dissemination workshop conducted in three priority provinces

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
faced by women affected by GBV, persons with disabilities and other vulnerable groups in relation to accessing services, skills development and employment. This learning can take place through Working Group meetings and through specific MEL activities		provinces and introduce DPOs and GBV implementing partners b. DPOs invited to participate in GBV Working Groups at provincial and district levels c. Engagement through the coordination mechanisms		X	X	Done. DPOs are officially included in the membership of provincial and district GBV working group as per MoWA guiding note

### Partnership and Beneficiary Level

The Government has committed to fulfil their reporting obligations on the UN Treaty Body and others in the areas of gender and disability, and to implement the recommendations from these bodies. There is an opportunity for ACCESS to support the Government in this work.

There is an opportunity to encourage implementing partners in supporting the capacity (knowledge, skills, confidence) of beneficiaries, to hold service providers accountable, demand their rights, and advocate for their needs. This work will be directed by the Do-No-Harm principle and a person-centred approach.

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
7. Support the RGC to implement the concluding Observations and Recommendations from CEDAW. <sup>11</sup> This will entail identifying impediments to implementation and suggesting remedial efforts for these obstacles	M	a. Provide technical support to the RGC to implement the concluding observations directly and indirectly through technical support to implementing partners b. Ensure the concluding observations are addressed in strategic priorities where relevant	X	X	X	Pending. CEDAW recommendations received in November 2019
8. Support DAC in preparing and submitting Cambodia's report to the CRPD if there is a demand	M	a. Provide technical support to the RGC to implement the concluding observations directly and indirectly through technical support to implementing partners		X	X	DAC did not ask for support

<sup>11</sup> There are none thus far from CRPD as Cambodia has not submitted or presented their report

<b>GESI Recommended Action</b>	<b>Priority level</b>	<b>How</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Status (April 2020)</b>
9. Implementing partners will be encouraged and supported to meet with women- and girl- survivors of violence	H	b. Implementing partners will be provided trainings on how to engage to ensure the empowerment of women and women with disability to promote leadership when facilitating workshops, trainings, and meetings c. Encourage partners to provide leadership training, including facilitation skills to women with disabilities and those affected by GBV		X	X	Pending

### **Program Activity Level**

#### **Disability with a Gender Lens**

Given the deep intersections between the disability and GBV workstreams; the mix of expertise on the ACCESS Team as well as potential implementing partners; and the forum that ACCESS provides to bring different ministries together in support of high-level planning and policy-making within the two sectors, there is an opportunity to facilitate greater integration of disability, gender and social inclusion across all three workstreams as well as the intersectionality between the GBV and disability workstreams.

There is a need to continue to engage with stakeholders working on GBV issues to reinforce that inclusion is central to their work. Similarly, this engagement must also take place with stakeholders working on disability issues to reinforce gender mainstreaming in their work.

<b>GESI Recommended Action</b>	<b>Priority level</b>	<b>How</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Status (April 2020)</b>
10. Explore specific rehabilitation needs for women with disabilities and promote gender equality in physical rehabilitation services. This means sensitising teams on the vulnerability of women with disabilities to violence and using rehabilitation centres as a possible entry point for referral to other services (e.g. psycho-social support for victims)	H	<ul style="list-style-type: none"> <li>a. Engage implementing partners in this process through the CIM</li> <li>b. Engage government partners through technical support</li> <li>c. Consider conducting a study on specific needs of women with disabilities in regard to physical rehabilitation services</li> <li>d. Include gender perspective in the Minimum Package of Services for PRCs</li> </ul>	X	X	X	Development of minimum package of services includes gender perspectives
11. Support to rehabilitation and economic-inclusion services should also consider the diversity of disabilities and associated needs, as well as the specific needs of women and marginalised groups such as ethnic and indigenous communities, religious minorities, elderly and LGBTQI	H	<ul style="list-style-type: none"> <li>a. Engage partners through the CIM to focus on the needs of women with disabilities and other marginalised groups</li> <li>b. Work with CDPO to engage more Women with Disability Federations in employment and GBV</li> <li>c. Disaggregate data by gender, type of disability and ethnicity.</li> <li>d. Include gender as a criteria for the selection of beneficiaries for incubators, loans, and financial literacy</li> </ul>	X	X	X	<p>CDPO and ADD will support women with disability foundations</p> <p>Business incubators and financial literacy will target women</p> <p>Data are disaggregated by gender</p>
12. Ensure the promotion of non-discrimination, protection from workplace sexual harassment and sensitisation around inclusive workplaces within the program's employment focus area	M	<ul style="list-style-type: none"> <li>a. Engage partners through the CIM with expertise on sexual harassment ensuring the programs are inclusive</li> <li>b. Training on gender and GBV to PRC staff in Kampong Cham and possibly other PRCs</li> </ul>		X	X	HI included a training on GBV for PRC staff in Kampong Cham in its program (to be implemented in Y3)

### More Inclusive GBV Services

There is an opportunity to further facilitate the intersection of the GBV work with the disability workstream by drawing on the expertise within the team and partners in both these areas, as well as MoWA's interest in focusing on five vulnerable groups of women, including women with disabilities. A key mechanism by which many of the recommendations that follow can be implemented is the CIM and the activities it will support and relationships with implementing partners that it will give way to.

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
13. MoWA has currently prioritised addressing the needs of five vulnerable groups: women with disabilities, Muslim women, indigenous women, LGBTQI women, and older women. Ensure that these and other women who are at increased risk of violence or have challenges in accessing services are supported, for example, in activities supported through the CIM	H	<ul style="list-style-type: none"> <li>a. Engage with partners through the CIM and MoWA to ensure inclusion of the vulnerable groups in service deliver and policy development</li> <li>b. Provide technical support to government and implementing partners on identifying socially excluded groups and promoting inclusion</li> <li>c. Support access to GBV services for women of ethnic communities in the North East (CARE)</li> </ul>		X	X	<p>Disability inclusion is a criteria on CIM process</p> <p>Training has not taken place yet New grants to ADD will focus on disability inclusion on GBV sector</p> <p>CARE work focuses on women from ethnic groups</p>
14. Consider and address the specific vulnerability of women with disabilities to GBV. Continue supporting existing initiatives and collaboration between GBV services providers and DPOs	H	<ul style="list-style-type: none"> <li>a. Support implementing partners through the CIM encouraging priorities of gender equality and social inclusion</li> <li>b. Partner with MoWA in its work with marginalised priority groups</li> <li>c. Involve DPOs in GBV working groups</li> <li>d. Involve DPOs in 16 days campaign and other public campaigns</li> <li>e. Train GBV stakeholders in disability inclusion</li> <li>f. Raise awareness of women with disability on GBV (CDPO/Bantey Srey will do this)</li> </ul>		X	X	<p>DPOs are involved in GBV response working groups</p> <p>ADD will support building capacity of DPOs on GBV in Year-3</p> <p>DPOs involved in GBV campaigns</p> <p>Training did not take place this year</p>



GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
15. Explore mental health issues and potential impacts for persons with a disability resulting from GBV and work with partners to develop relevant strategies and responses	M	a. Support through the CIM However, this will require research to understand and design programs			X	N/A
16. Support efforts to transform social norms among service providers in the area of gender and disability and tackle related stigma	M	a. Require implementing partners to address social norm change in training and capacity building with relevant authorities		X	X	Discussed during GBV workstream meeting in January 2020 with recommendation to enforce content on social norm change during training and ensure that supportive attitude is included as recruitment criteria for training
17. Implement GBV and disability components in the same geographic location in acknowledgement of intersectionality and to enhance outcomes	H	a. Select priority provinces that overlap for CIM with disability and GBV b. Encourage collaboration between the partners including joint training on GBV and disability inclusion c. Participation of DPOs on GBV Working Groups		X	X	Comprehensive set of intervention in three ACCESS priority provinces

### Public Financial Management

Given ACCESS' focus on strengthening PFM in order to increase resource allocation across the RGC, there is an opportunity to further integrate gender, disability and social inclusion through a whole-of-government approach

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
18. Work to integrate gender equality and inclusion criteria into guidance documents MEF is developing for line ministries	M	a. MEF will develop “concept note” intended to provide options and recommendations for integrating gender (and poverty) into the MEF guidelines for BSP and PB preparation		X	X	This action is in CAP III work plan. ACCESS plans to support consultation with MoWA GBV stakeholders in Q4 (likely postponed due to COVID-19)
19. Support integration of GESI activities at the sub-national level, including through annual planning processes of the strategies of PFMRP	H	a. Primary method is through advocacy b. Support inclusion of GBV and disability relevant activities in CIP c. Support budget integration at SNA level		X	X	Planning workshops on NAPVAW delayed due to COVID-19  IPs' work on CIPs initiated but potentially impacted due to COVID-19

### Ensuring Participation of Vulnerable Groups

Given that in the long-term, as ACCESS aims to reach not only persons with disabilities and women affected by GBV but the most vulnerable and marginalised groups, there is an opportunity to ensure early participation of vulnerable and diverse groups in ACCESS planning and programming.

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
20. Ensure the diversity of disabilities is considered with involvement of representatives of persons with visual and hearing impairments, intellectual disabilities, and networks of women with disabilities in the planning, implementation, and monitoring of the program	H	a. Initial consultation workshops in project design and implementation to move attention beyond the current scope of persons with only physical impairment	X	X	X	Consultation with DPOs during inception phase involved persons with different types of disabilities
21. Partner with organisations and networks of women and girls with disabilities, including those who may be experiencing	H	a. Linkage with MoWA through the TWGG-GBV and MoWA management b. Implementing partners	X	X	X	Consultation with women with disabilities on NAPVAW III draft

<b>GESI Recommended Action</b>	<b>Priority level</b>	<b>How</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Status (April 2020)</b>
multiple and intersecting forms of discrimination						
22. Invite women and girls with disabilities representing various types of impairments and backgrounds, including young, older, indigenous women, women with disabilities, as speakers and participants to meaningfully engage in national, regional, and international consultations, meetings, panels and activities, informed first and foremost by the do no harm principle and person-centred approach	H	a. Ensure participation is included in implementing partners proposals		X	X	

### Ensuring Participation of Men and Boys

There is an opportunity to work with men and boys which is crucial to achieving Program outcomes and longer-term transformational change.

<b>GESI Recommended Action</b>	<b>Priority level</b>	<b>How</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Status (April 2020)</b>
23. Ensure men are engaged in the program's work on ending GBV, as well as in its disability work. Male advocates are important in achieving the goals of preventing GBV and providing support to PwDs, and in bringing about change when it comes to discrimination and violence	M	a. Encourage implementing partners to include strategy to engage men and boys in behaviour change, prevention, and response against GBV and disability inclusion		X	X	Limited

<b>GESI Recommended Action</b>	<b>Priority level</b>	<b>How</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Status (April 2020)</b>
24. Where applicable, ACCESS will support partners to engage with young men and adolescents. They are a critical demographic to involve when seeking to achieve long-term attitudinal and behavioural change particularly in shifting harmful attitudes around disability, gender, and masculinity	M	a. This is a long-term strategy and not the highest priority of ACCESS. However, when complimentary efforts are possible, they should be linked through activities such as 16 days of Activism campaign and other training or awareness-raising efforts		X	X	Limited

### **Partnering with Private Sector Actors**

There is an opportunity to engage the private sector, which will be critical to affecting long-term change. It can often be the catalyst for the type of societal attitudinal and behavioural change required to support improved outcomes for persons with disabilities and women affected by GBV.

<b>GESI Recommended Action</b>	<b>Priority level</b>	<b>How</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Status (April 2020)</b>
25. Increase engagement with the private sector to leverage its resources and knowledge, including in the field of innovation and technology. For example, ACCESS can work with organisations engaging in human-centred design to devise innovative solutions for persons with disabilities and women- and girl-survivors of violence	M	a. Through implementing partners through the CIM		X	X	2 private companies supported through CIM
26. Link to private sector actors to the employment mandate of ACCESS in order to improve opportunities for employment for persons with disabilities	H	a. Through implementing partners through the CIM		X	X	As above

### Partnering with Other Programs

It will be crucial to not only learn from, but also leverage opportunities outside ACCESS, for example in other DFAT funded programs

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
27. Collaborate with other DFAT programs to ensure a cohesive approach to achieving GESI across programs	M	a. Utilising linkages through DFAT with relevant programs on agriculture, poverty reduction, health, or other related focus areas		X	X	Links with IDPoor program to ensure PWDs are included in IDPoor tools  Links with Australian Awards to support intake of persons with disabilities.  Some links with H-EQIP
28. Consult with other donors, multilateral and bilateral, and with local and international organisations working in Cambodia (they do not have to be specifically focused on GBV or disability), for example, through a coordination forum to identify synergies in ensuring GESI	M	a. When opportunities present, link with existing efforts (USAID, EU, Sweden, etc.) that have similar priorities to ensure collaboration and alignment		X	X	ACCESS is part of the informal disability DP meeting.  Discussion initiated by DFAT in March 2020 on links between disability and social protection.

**Advocacy/Policy Engagement**

<b>GESI Recommended Action</b>	<b>Priority level</b>	<b>How</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Status (April 2020)</b>
29. Where appropriate, ACCESS implementing partners will promote positive messaging on GBV and disability for the general public. ACCESS will support DPOs and representatives from women's organisations in their government policy engagement and advocacy work	M	<ul style="list-style-type: none"> <li>a. Through technical support to MoWA, MoSVY and DAC from Disability and GBV Leads</li> <li>b. Through priority setting with implementing partners</li> <li>c. Support to Coordination mechanisms in sectors</li> </ul>		X	X	Communication using DFAT channels on the International Day of People with Disabilities, International Women's Day and 16 Days of Activism Against GBV

**Monitoring, Evaluation, Learning and Research**

An opportunity lies in the development of common indicators defined by the program, allowing the program to influence what Partners will measure and how they will measure. The dearth of existing data on disability and GBV, in addition to that on age, ethnic status or other markers of vulnerability remains a challenge. Investment may be needed to develop stronger systems.

<b>GESI Recommended Action</b>	<b>Priority level</b>	<b>How</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Status (April 2020)</b>
30. Explore with government partners whether there is a need for integrated M&E systems	H	a. Technical support to the MoWA, MoSVY, DAC	X	X		Support M&E framework development for NAPVAW
31. Ensure collection and use of more and better-quality sex-disaggregated data and statistics to promote and track progress, including potentially other markers of vulnerability	H	a. Provide technical support to implementing partners including government		X	X	All ACCESS data are disaggregated
32. Use the Washington Group questions	H	a. Identify opportunities for including of the Washington Group of question in data collection	X	X	X	In the Service Accessibility, Quality and Uptake Survey
33. Ensure all monitoring indicators are reviewed for sex-disaggregated data collection purposes (at a minimum) and that they contribute to a gendered analysis of access to benefits by persons	H	<ul style="list-style-type: none"> <li>a. In the initial M&amp;E design</li> <li>b. Monitor periodic reports</li> </ul>	X	X	X	Done MIS presents disaggregated data

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
with disabilities and vulnerable populations						
34. Gender equality and social inclusion should be discussed/analysed in learning events, and reflection workshops	H	a. Review agendas for integration of GESI in events b. Provide guidance through training on how to include GESI	.	X	X	GESI included in learning workshop and ACCESS quarterly meetings
35. Work to track, analyse, measure and report on progress towards gender equality and social inclusion commitments	H	a. Develop an M&E tracking and reporting system b. Collect on a periodic basis and analyse c. Provide feedback to partners		X	X	GESI included in MEL framework and plan
36. Link to program reporting periods and risk assessment procedures and identify and develop specific actions to address or mitigate risks to achieving gender equality and social inclusion	H	a. In the initial M&E design b. Monitor periodic reports		X	X	GESI section in IPs' annual report format
37. Where relevant, research pieces undertaken, commissioned, or developed by the program should adopt an intersectional lens	H	a. Provide input to the design of any research funded by ACCESS through the CIM or technical leads		X	X	ACCESS reviewed several ToRs (Chamroeun need assessment, SAQUS, HI cost calculation) to ensure GESI integration

### Communications

ACCESS' communications present an opportunity to model best practice on positive, accessible communications materials and approaches, as well as leveraging communications to promote the change in social norms.

GESI Recommended Action	Priority level	How	Year 1	Year 2	Year 3	Status (April 2020)
38. Ensure that disability considerations are factored into the design of ACCESS communications products, and that in all communications and awareness-raising activities, positive messages around inclusion are being conveyed and reinforced	H	a. Review all communication products to ensure accessibility (i.e. all publications feature tools, for example in terms of colour and font choices) to cater to persons with disabilities b. Ensure all materials are accessible via language		X	X	Communications material are reviewed by ACCESS disability team. But not all IPs material is reviewed

<b>GESI Recommended Action</b>	<b>Priority level</b>	<b>How</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Status (April 2020)</b>
						Accessible communication guidelines finalized
39. ACCESS should ensure that all meetings (for planning, consultations, implementation, and monitoring) are accessible and communication is provided in an appropriate way to all participants, with varying types and levels of disability. This will require allocating additional budgets to programming, conferences, and communications products to ensure reach	H	<ul style="list-style-type: none"> <li>a. Have a standard checklist and process for ensuing accessibility for all meetings</li> <li>b. Ensure that budgets for implementing partners reflect the cost</li> </ul>		X	X	Check list developed
40. The program should communicate to all ACCESS partners the expectation that they will address gender equality and social inclusion, as set out in this policy	H	<ul style="list-style-type: none"> <li>a. Include the GESI priority in all project documents shared with partners</li> </ul>	X	X	X	GESI systematically included in all project documents



## Annex 5: Year-2 Communications Activities and their Status

### 1. Announcement of selected ACCESS implementing partners (IPs)

Activity	Status
<ul style="list-style-type: none"> <li>Update the ACCESS partnership website with the logos of the 13 selected IPs.</li> </ul>	Completed.
<ul style="list-style-type: none"> <li>Hosting an event at ACCESS office in the presence of Australian Embassy Deputy Head of Mission to congratulate grantees and the launch of their projects.</li> </ul>	Completed.
<ul style="list-style-type: none"> <li>Develop a factsheet for each IP, providing a project overview.</li> </ul>	Work in progress – 85% completed - with COVID-19 relevant interventions incorporated.

### 2. Induction session for ACCESS IPs on communications

Activity	Status
<ul style="list-style-type: none"> <li>Organize induction sessions aimed at building a strong understanding of the ACCESS Program narrative and inform IPs of communication objectives, principles and approaches according to the ACCESS Communications and Public Affairs Strategy.</li> </ul>	Completed.

### 3. Provincial level stakeholder engagement workshops

Activity	Status
<ul style="list-style-type: none"> <li>Organize induction sessions aimed at building a strong understanding of the ACCESS Program narrative and inform IPs of communication objectives, principles and approaches according to the ACCESS Communications and Public Affairs Strategy.</li> </ul>	Completed.

### 4. Media campaigns during 16 days of activism against GBV (from 25 November to 10 December 2019)

Activity	Status
<ul style="list-style-type: none"> <li>Support MoWA campaign including participation in major event.</li> <li>Promote key messages through website and social media which align with the MoWA campaign and 16 days annual theme.</li> <li>Collect two testimonies/interviews from GBV service providers in ACCESS priority provinces.</li> </ul>	Completed. One story on female judicial police officer is posted on the website.

### 5. Official Launch of NDSP 2 and International Day for Disabled Persons (3 December 2019)

Activity	Status
<ul style="list-style-type: none"> <li>The International Day for Disabled Persons to be presided over by HE Prime Minister and to be used as an opportunity for the public launch of the NDSP 2.</li> <li>Dissemination of key messages on the rights of persons with disability.</li> </ul>	Completed.

Activity	Status
<ul style="list-style-type: none"> <li>Develop communications materials on achievements of NDSP 1.</li> <li>Raise awareness on the rights of persons with disability and the objectives and initiatives of the NDSP 2.</li> </ul>	

## 6. Official Launch of the NAPVAW III at national and sub-national levels

Activity	Status
<ul style="list-style-type: none"> <li>Dissemination of key messages on the prevention of GBV and access to services for survivors.</li> <li>Raising awareness on NAPVAW III.</li> </ul>	Postponed due to COVID-19. However, USBs and carry-bags have been designed and printed. The new date will be confirmed by MoWA, and NAPVAW III has not yet been approved by the council minister.

## 7. Media campaigns on International Women's Day (8 March)

Activity	Status
<ul style="list-style-type: none"> <li>International Women's Day provides an opportunity to promote gender equality and women's empowerment every year.</li> <li>Promote IPs or individuals working in disability access, and also promote GBV undertaken through the program, using communications tools such as case studies, factsheets and spotlight articles.</li> </ul>	Completed. In collaboration with LFTW and Agile Development Group, a small event was organised at the Australian Embassy.

## 8. Regular communications on program achievements

Activity	Status
<ul style="list-style-type: none"> <li>Update regularly on key events and successes of the ACCESS Program.</li> <li>Publish success stories collected by IPs.</li> </ul>	Work in progress.

## 9. Production of testimony videos on GBV services

Activity	Status
<ul style="list-style-type: none"> <li>Disseminate information on key services available for women affected by violence.</li> </ul>	MoWA has requested this activity to be postponed because of the unavailability of resources at the moment.

## 10. Radio campaigns

Activity	Status
<ul style="list-style-type: none"> <li>Disseminate information through radio programs on GBV services and case management.</li> <li>Raise awareness through the radio program by Voice of Persons with Disability on rights of persons with disabilities and on ACCESS interventions.</li> </ul>	GBV: Neari Ratanak Talk show (Gender Equality Awareness) with MoWA. The plan is to produce this talk show through short videos, and it will be broadcasted via MoWA's Facebook's page and website. Concept note and material were drafted between and the process is ongoing.

Activity	Status
	<p>- LAC has broadcasted a radio campaign at two stations; one in Siem Reap-Nokor Phnom radio station and the other at the Kampong Speu-Kirirom radio station (ongoing).</p> <p>-TAF- A radio talk show on the topic “Effective Responses Against Gender-Based Violence” with honourable speakers for this program including, H.E Chou Buneng, Secretary of State at Mol and Mrs. Seng Reasey, Executive Director of Silaka Cambodia. The radio talk shows are available on the <a href="#">CCHR website</a>, <a href="#">Sithi portal</a> and on <a href="#">CCHR’s Facebook page</a> (197 likes, 94 shares, 5,700 views, and 190,42 views)</p> <p>Disability: ACCESS team produced:</p> <p>- Radio spot o COVID-19 prevention for persons with disabilities which was broadcasted on Veayo radio station and Fresh News Voice of the Blind. This broadcast was completed in July.</p>

## 11. Longitudinal case studies /stories

Activity	Status
<ul style="list-style-type: none"> <li>Collect stories through ACCESS implementing partners by leveraging the story developed under change methods of ACCESS MEL</li> <li>At least 6 stories on GBV and 6 stories on disability</li> </ul>	<p>Work in progress. Three stories of significant changes related to GBV, Disability and MEL workstream are in the process of development and verification.</p>

## 12. Year-2 achievements documentary videos

Activity	Status
<p>Create a documentary video featuring ACCESS’s approach, partnership model, key results, impact, and learning.</p>	<p>ACCESS supported UNDP to produce five short videos to raise awareness on how to protect from and prevent the spread of COVID-19, specifically among persons with disabilities. The videos were posted on the Facebook pages of UNDP, DAC, the Ministry of Education Youth and Sport, MoSVY, and Samdech Hun Sen. In total there are approximately 300,00 individual views recorded.</p>

<b>Activity</b>	<b>Status</b>
COVID-19-Protective Materials Events:  Handover Ceremony of COVID-19 Personal Protective Materials at the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)	On May 19, 2020, the Australian Ambassador to Cambodia, HE. Pablo Kang, distributed COVID-19 protective materials to MoSVY, DAC and DPOs.

## Annex 6: Social Media Posts

## Narrative input and context provided towards the Australian Embassy Facebook Page

Date Posted	Caption	Picture/Poster	# of like, comment and share
September 19, 2019	FB1: Support for persons with disabilities	A picture of a man pushing a lady's wheelchair into a tuk-tuk	117 likes and 27 shares
September 25, 2019	FB 2: Launch of Physical Accessibility Guidelines	A group picture of young women and men holding the key-message poster frame.	67 likes, 1 comment, 10 shares
November 27, 2019	FB3: Support to Cambodians seeking to end violence against women and girls	A portrait of GBV service provider	56 likes and 4 shares
December 03, 2019	FB4: International Day of Persons with Disabilities	Several pictures of the event.	73 likes and 12 shares
December 03, 2019	FB5: Celebrating the Leadership of Women with Disabilities	A portrait of the protagonist.	99 likes, 7 comments, 95 shares
December 19, 2019	FB6: ACCESS program launched in three target provinces	Two pictures of the event.	74 likes and 11 shares
January 17, 2020	FB7: Ambassador visits ACCESS activities in Siem Reap	Several pictures of the event.	126 likes, 3 comments, 17 shares
January 23, 2020	FB8: Australia supports efforts to combat gender-based violence	A group picture of the provincial working group on GBV in Tbong Khmum.	Shared from UNFPA Facebook Page, 61 likes and 6 shares
March 05, 2020	FB9: Australia supports efforts to prevent gender-based violence	Several pictures of the event.	70 likes, 1 comment, 7 shares
March 10, 2020	FB10: Australian Embassy Celebrates International Women's Day	Several pictures of the event at the Australian Embassy.	243 likes, 4 comments, 39 shares
March 12, 2020	FB11: Roundtable discussion on legal and psychological support for survivors of gender-based violence in Siem Reap Province	A group picture of ACCESS Lead and partners.	102 likes, 1 comment and 7 shares.
April 02, 2020	FB12: Australia is supporting disability inclusive COVID-19 prevention measures	A poster – COVID-19 can affect everyone including persons with hearing impairment. (Khmer and English version)	70 likes and 20 shares
May 04, 2020	FB13: Australia is funding the Transcultural Psychological Organisation (TPO) to provide counselling services for vulnerable women and girls in Cambodia	A poster-how to eliminate stress, and activity pictures of event	138 likes and 20 shares
May 13, 2020	FB14: Supporting Cambodians with disabilities to protect themselves from COVID-19	A leaflet -Disability & COVID-19	121 likes and 24 shares

<b>Date Posted</b>	<b>Caption</b>	<b>Picture/Poster</b>	<b># of like, comment and share</b>
May 20, 2020	FB15: Providing personal protective equipment to Cambodians with disabilities	Some pictures of activities in the event	196 likes and 22 shares
June 08, 2020	FB 16: Using sign language to stay informed	Some pictures of the events	111 likes and 23 shares
June 09, 2020	FB 17: Helping women stay safe during the COVID-19 pandemic	Pictures of H.E Pablo Kang visit CWCC's shelter	188 likes, 9 comments, and 18 shares
July 06, 2020	FB:18 Psychological First Aid for the Ministry of Women's Affairs officials	Pictures of activities in the event	95 likes and 10 shares

## Annex 7: Promotional Visuals

Item	Outreach
For 16 days campaign: <ul style="list-style-type: none"> <li>• 10 banners</li> <li>• 1 banner for photoshoot</li> </ul>	The banners were displayed at the events in Phnom Penh and at three of ACCESS' targeted provinces.
For the launch of physical accessibility guidelines: <ul style="list-style-type: none"> <li>• 1 banner</li> <li>• 1 bookmark</li> <li>• 1 factsheet</li> <li>• 7 posters</li> </ul>	Participants at the launch event took pictures with the banner and posters, and shared pictures on their organisational Facebook pages and individual accounts.
Preparation for NAPVAW III launch <ul style="list-style-type: none"> <li>• Tailored USB and carry-bags</li> </ul>	These promotional items are to be distributed at the launch event. Given that gatherings of more than five people have been restricted by the RGC due to COVID-19, the launch date has not been scheduled as yet. In addition, <b>NAPVAW III</b> has not been approved from the Council of Ministers yet.
IP Factsheet-COVID-19 <ul style="list-style-type: none"> <li>• Transcultural Psychological Organisation (TPO)</li> <li>• Light For The World (LFTW)</li> <li>• Human &amp; Inclusion (HI)</li> <li>• Cambodian Women's Crisis Centre (CWCC)</li> <li>• Cambodian Disable People's Organisation (CDPO)</li> <li>• Legal Aid of Cambodia (LAC)</li> <li>• The Asia Foundation (TAF)</li> <li>• United Nations Development Program (UNDP)</li> <li>• CARE International in Cambodia</li> <li>• Agile Development Group (Agile)</li> <li>• UN Women</li> </ul>	These factsheets were posted on ACCESS's website and classified by sectors (Disabilities and GBV). <a href="#">View the factsheets.</a>
COVID-19 materials: <ul style="list-style-type: none"> <li>• 1 poster</li> <li>• 4 advocacy posters</li> <li>• 1 radio spot</li> <li>• 3 video spots</li> <li>• 5 video spots</li> </ul>	<ol style="list-style-type: none"> <li>i. A poster depicting general prevention messages on COVID-19 was developed. 4,000 copies of the poster were printed (3,450 for DWPD to distribute through the PoSVY and commune councils across 25 provinces, 500 copies for CDPO and 50 Copies for ACCESS and IPs). Digital copies have been shared through social media pages of PWDF and other partners.</li> <li>ii. A series of four advocacy posters on disability inclusion in the COVID-19 response will be shared through social media and mostly directed towards decision makers/service providers.</li> <li>iii. 1 radio spot on the prevention of the spread of COVID-19 with specific precautions for persons with disabilities was secured.</li> <li>iv. Three video spots were acquired, two of which were on the prevention of COVID-19 with specific precautions for persons with disabilities. These two videos were posted on the Facebook pages of stakeholders including PWDF, CDPO and individual persons of disabilities. The third video on COVID-19 prevention messages was developed in sign language, targeted at a specific audience, i.e. persons with hearing impairment.</li> <li>v. ACCESS supported UNDP to produce five short videos to raise awareness on how to protect from and prevent the spread of COVID-19, specifically among persons with disabilities.</li> </ol>

The visual materials were designed based on key outcomes of meetings and knowledge sharing events conducted with IPs.

## Annex 8: Return-to-Office Policy

### Return to Office Policy

#### Introduction

As of 18<sup>th</sup> May 2020 – Cambodia reported 122 confirmed cases and zero casualties, with 100% case recovery rate. The last case was reported five weeks ago on 12<sup>th</sup> April.

Since the work-from-home policy commenced on March 23, 2020, ACCESS staff and associated family members have not reported any cases and there have been no reports of feeling unwell.

While the number of cases in Cambodia has remained low, a number of concerns were raised about the lack of widespread testing. Testing had been restricted to travellers or those with contact to known COVID-19 cases. "Regular flu" cases were not being tested.

Public testing for COVID-19 is reportedly extremely low. Consequently, some commentators are concerned about the potential of a second wave of the outbreak, should the current measures such as school closures and other public services be prematurely re-opened.

The Ministry of Education, Youth and Sport at this stage, will keep schools closed until early November 2020. This seemingly risk-averse approach maintained by the Royal Government of Cambodia (RGC) seems interesting when compared to the official statistics on COVID-19 in Cambodia and also when compared to other surrounding nations that are lifting their restrictions and for instance, are allowing students back to school, as well as allowing various categories of the work-force to return to work.

In the meantime, staff from ACCESS' RGC counterparts including the Ministry of Economy and Finance (MEF), the Ministry of Social Affairs, Veterans and Youth (MoSVY) and the Ministry of Women's Affairs (MoWA) are progressively returning to their offices and conducting face-to-face meetings while observing protective measures.

#### Strategic context and plans forward

The following Return to Office (**RtO**) policy seeks to take a pragmatic and a sufficiently cautious approach to ensure that the health and safety of the ACCESS staff is maintained under the existing COVID-19 context in Cambodia, while also taking due consideration for staff that still have school children participating in online learning from home, (at this stage until November this year).

ACCESS is conscious of its obligations and the importance of its continued support and relationship with its Implementing Partners (IPs) and its RGC counterparts.

Even though ACCESS is a complex program with a multitude of touch-points, it currently has no more than 17 in-country staff, that can be present at the office at any one time, and this includes two short-term advisors that mostly work from separate locations as well as two dedicated drivers.

Current evidence gathered from our IPs including Humanity Inclusion (HI), The Asia Foundation (TAF) and the Cambodian Disabled People's Organisation (CDPO), demonstrates the lifting of their current restrictions with RtO policies being implemented that use a more measured and phased approach. CARE, on the other hand, is still choosing to have their staff work from home/remotely, and until further guidance from the Government is made available. They are, however, allowed some staff to work in the field on activities that are deemed essential.



Separately, there are additional pressures and demands that are beginning to emanate from the RGC counterparts for ACCESS to re-commence and participate in face-to-face meetings and larger group sessions and workshops, ranging between 20 to 30 persons.

There are also requests for ACCESS staff to accompany and support its RGC counterparts on field visits and other monitoring trips across provinces.

In determining whether or not the exposure of the ACCESS staff at the requested meeting events (i.e. across Phnom Penh and field trips across the provinces) is permissible, each case will be evaluated on a case by case assessment and based on its specifics and merits. A primary consideration will be whether the activity is determined to be of an essential nature and if an alternative option to meet virtually has been considered before an approval can be provided. This evaluation and determination will be made by the ACCESS Team Leader (TL) and the Deputy Team Leader (DTL), for each case.

*The revised RtO policy seeks to take a holistic and an informed approach, taking into consideration all relevant environmental and contextual factors, while remaining positively optimistic of the seemingly low COVID-19 exposure risks, but nevertheless, sufficiently cautious, to ensure that the health and safety of ACCESS staff is maintained at all times.*

### **Return to Office policy, effective from (Monday, 25 May) and effective until further notice**

It is probable that the COVID-19 pandemic will continue to persist around the world for some time to come and consequently there is a possibility of further infections within Cambodia. RGC continues to uphold current school closures until early November this year, while at the same time ACCESS' partners and counterparts are already determined to return to work in a phased and measured way.

From the outset, it should be noted that our primary goal is to protect ACCESS in-country project staff and ensure that their health and well-being remains a priority. In principle, this means that under this revised policy, should any staff member be uncomfortable or challenged in physically working from the office premises, they will not be required to do so. Discussions on alternative work locations and arrangements will be made with those individuals, especially for staff that have school-age children who are required to study from home until November.

### **RtO – Practical Details**

No more than 10 staff (including two drivers) will be allowed in the office at any single time. A new work from office roster will be collected and developed, that will determine the weekly office staff attendance and numbers.

The TL and DTL will request a weekly work-roster preference from each ACCESS staff member, in order to collate a finalise. All requests will be reviewed, and the weekly roster will be determined by Friday, 22 May 2020. The new policy will commence on Monday, 25 May 2020.

The final work roster will allow for strict social distancing measures to be maintained in the office at all times and all staff working from the office are required to adhere by these rules (see below for further details).

In determining the final weekly roster, both the requirement of the overall essential operational presence and other program staff attendance will be considered.

### Staff Presence in the Office

ACCESS will continue to use a flexible work from home policy, and where suitably justified, certain staff will be encouraged to work from home.

To minimise any unnecessary risk during this transitional period, ACCESS will implement the following:

- Staff members who plan to work in the office, are encouraged to change their timings for commuting to and from work to less-crowded times to limit their exposure. For example, someone traveling by public transportation (Tuk Tuk/city bus) may consider working from home until mid-morning to avoid the morning rush-hours, before commuting to the office. *Generally, staff should minimise their use of public transport.*
- Staff members will be expected to work a full 8 hours in a day. If their situation at home does not allow them to work for 8 hours, they are requested to discuss with their immediate supervisor.

### Social Distancing Policy

- If a staff member is feeling unwell, they are to ensure that they stay home until they have no apparent symptoms.
- Staff members must wear a face mask in common areas within the offices at all times. The exception is when they are at their workstation or are eating.
- Staff members must frequently wash their hands or use hand sanitizers when arriving at the office and during the work hours. Hand sanitisers are available at the reception, conference room/s, as well as throughout the office, including individual desktops.
- Staff members are encouraged to greet their colleagues/visitors/friends in the Khmer Way, with “Chum Reap Sour”, however **PLEASE DO NOT SHAKE HANDS!**
- Staff members are to keep at least 1.5 meters distance with their colleagues and visitors when interacting with them throughout the office.
- **All deliveries** for official business, i.e. paperwork, invitations, letters etc. will be held at the entrance with the receptionist for review and potential distribution.

### Workstations

- Staff members must be seated at their designated workstation and sufficiently apart from their colleagues. Where possible, please practise up to 1.5mtr between each other. Current office desktop arrangements and its distancing spaces will be maintained, as they are currently appropriate. If any staff member has concerns with their current/existing desktop arrangement, please see the Head of Operations and Finance to discuss further.
- Kindly practice social distancing in all common areas throughout the office.
- Staff members are expected to keep their workstations clean and tidy and clear them before leaving the desk for the day. This will enable the cleaning staff to clean and disinfect workspaces properly every day.
- Wherever possible, continue to use Zoom for meetings with the partners and RGC, instead of face-to-face meetings. Do not meet in personal offices. Any meetings must be either via virtual means such as Zoom calls or in conference rooms.
- The conference room is to remain open until further notice and not to be closed off and portioned for a smaller meeting. Only where necessary, the conference room should be

used for face-to-face meetings and no more than six staff members will be allowed to meet in the conference room at the same time.

### **Beverages and Eating**

- All staff will be responsible for cleaning their own eating utensils after use.
- Food and coffee delivery people are not allowed inside the office premises.
- Lunch boxes must be stored in the fridge.
- No more than four persons are allowed to be in the open kitchen space at any one time, with two on the inside and two on the outside of the main kitchen area.

### **Lunch Shifts**

- **Social Distancing lunch capacity** – No more than four people in total are permitted at any one time, which includes two people on the inside of the kitchen and two on the outside of the main kitchen area using the allocated long dining table, are allowed at any one time.
- To accommodate everyone in the building during a lunchbreak, we will rotate twice during the lunch hour and take turns. Two daily lunch sessions of 20 minutes each will be developed to allow all staff members to have a space to sit and eat while adhering to social distancing rules.
- Staff who wish to return home for lunch may do so as long as it abides by the 8 work-day rule.
- Anyone choosing to have a shorter lunchbreak may deduct the time from their workday and apply that amount of time to leaving earlier at the end of the day.

### **ACCESS Conference Room – Meeting Protocols**

Commencing on May 25, 2020, face-to-face meetings with internal staff will be authorised at ACCESS premises. With reference to the abovementioned guidance, the total number of persons meeting in the conference room at any one time will be limited to six individuals.

External visitors will be permitted to meet in person with staff at ACCESS premises, however they are restricted to DFAT, IPs or relevant RGC government counterparts. Irrespective of this, no more than six persons will be allowed to meet in the conference room at any given time. If a meeting with external visitors is organised, the following must be strictly adhered to:

- Strictly limit the number of participants up to the maximum capacity of six. The set up around the conference table must have at least two meters between each seat. Please do not remove/add chairs from the current set-up.
- All meeting participants must wash or clean their hands with hand gel sanitisers upon entry into the ACCESS office. Hand gel sanitisers have been made available throughout the office.
- In meetings with external guests, everyone must wear a mask during the meeting. The meeting organiser should inform participants or visitors that wearing a mask during the meeting is necessary.
- No snacks, beverages or food will be provided in meeting rooms until further notice.
- The office cleaner will sterilize meeting tables and chairs in the morning and at the end of each day.
- Conference room hard surfaces will be cleaned after each use by our cleaner, which will be engaged by us on a fill-time basis. Our cleaner is an additional presence in the office on any given day, amounting to a maximum allowable size of 11 persons.

- Our cleaner will also follow and practise our standard policy measures while present at the office.

### **ACCESS Staff – Meeting protocols with our RGC counterparts**

- Where possible, all staff are encouraged to continue to meet with RGC using virtual means such as Zoom, etc.
- Staff members who are requested to participate in person in meetings organised by the Government, are required to submit a case to DTL for approval.
- Each case submitted for approval will be evaluated on whether the meeting is determined to be '**essential**' in its nature, and *additional scrutiny* will be applied if the requests for in-person-meetings are expected to be larger than 10 people in total.
- In those instances where participation in meetings with more than 10 people in total are requested and approved, it is requested *that only essential ACCESS staff attend the meeting*, with other necessary participants from ACCESS would join via virtual means.

### **ACCESS Staff – Requests for Provincial Travel**

- **Provincial travel for ACCESS staff will be evaluated and approved on a case-by-case basis.** Approvals will be granted for provincial staff travel, only for those cases that satisfy the '**essential-travel criteria**', as determined by the TL and DTL in each particular case.
- For any approved provincial travel, standard hygiene, safety and social distancing measures are to be maintained at all times.
- Where possible, requests for any future provincial meetings are to be requested 5 days ahead of the trip.

18 May 2020

Deputy Team Leader