Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS)

Program Logic and MEL Framework

Submitted to:
Department of Foreign Affairs and Trade (DFAT) - Australia

Prepared by:
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Clear Horizon

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LIST OF ACRONYMS

ACCESS	Australia-Cambodia Cooperation for Equitable Sustainable Services
AIP	Cambodia Aid Investment Plan 2014 – 2018
CDHS	Cambodia Demographic and Health Survey
CDPO	Cambodian Disabled People's Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEO	Chief Executive Officer
CIM	Competitive Investment Mechanism
CRPD	Convention on the Rights of Persons with Disabilities
DAC	Disability Action Council
DAWG	Disability Action Working Groups
DFAT	Australian Department of Foreign Affairs and Trade
DPO	Disabled Persons' Organisation
DRA	Disability Rights Administration
DRIC	Disability Rights Initiative Cambodia
EOPO	End of Program Outcome
EVAW	Eliminating Violence Against Women
GBV	Gender Based Violence
GESI	Gender Equality and Social Inclusion
HI	Humanity and Inclusion International
HRBA	Human Rights Based Approach
LGBTQi	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex
M&E	Monitoring and Evaluation
MEF	Ministry of Economy and Finance
MEL	Monitoring, Evaluation and Learning
MOI	Ministry of Interior
MOSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MOWA	Ministry of Women's Affairs
NAPVAW	National Action Plan to Eliminate Violence Against Women
NDSP	National Disability Strategic Plan
NGO	Non-Governmental Organisation
OECD SIGI	Organisation for Economic Cooperation and Development Social Institutions and Gender Index
OECD-DAC	Organisation for Economic Cooperation and Development – Development Assistance Committee
OHCHR	Office of the High Commissioner for Human Rights
PFM	Public Financial Management
RGC	Royal Government of Cambodia
SDGs	Sustainable Development Goals
TA	Technical Assistance
TWG-G	Technical Working Group on Gender
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UPR	United Nations Universal Periodic Review

1 SUMMARY OF THIS DOCUMENT

This document:

- Updates and elaborates the ACCESS **program logic** (Section 3 and Annex 1);
- Sets the **parameters** for ACCESS MEL activities i.e. the purpose, audiences, boundaries, timeframe, responsibilities and resources for MEL within the program (Section 4.1 to 4.5);
- Defines the key **questions** and sub-questions that MEL activities will seek to answer (Section 4.6);
- Provides initial thinking on how ACCESS **performance expectations** will be defined and measured; and methods for **gathering evidence** (section 4.7, section 5, Annex 3); and
- Outlines key MEL-related **reporting** products, and processes for learning and reflection within the program (section 6).

The MEL **questions** and sub-questions define the scope of all MEL activities within the program. These are adapted from the ACCESS design document, and focus on:

- The program's ultimate impact on persons with disabilities and women affected by gender-based violence (GBV);
- The effectiveness of the program's progress against its intermediate and end of program outcomes; and
- The appropriateness of the program's implementation approach (specifically the quality of counterpart relationships, beneficiary engagement, and cross-component collaboration to address issues of intersectionality).

For questions about program effectiveness and appropriateness, indicators, progress markers, and rubrics have been proposed for defining and tracking progress against clear **performance expectations**.

Methods for gathering evidence constitute a mix of: routine monitoring and periodic evaluation; quantitative and qualitative data; and structured and open-ended approaches. Responsibilities for data gathering will be shared by ACCESS and grantee partners (this detail will be specified in the MEL Plan), while this MEL Framework aims to ensure that data gathering is framed by a consistent set of MEL methods and guidelines.

In addition to standard **reporting** products, processes are proposed at various levels for supporting **learning and reflection** within the program. Key among these will be a six-monthly reflection workshop in which participants review gathered data and agree findings and management responses.

2 INTRODUCTION

2.1 ACCESS

The Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) Program is a new bilateral aid partnership between the Government of Australia and the Royal Government of Cambodia (RGC) which aims to address the specific needs of vulnerable Cambodians. This 3-year program builds on the leadership of the RGC, and its existing policies and strategies to End Violence Against Women (EVAW) and strengthen Disability Inclusion. It builds on achievements and lessons from more than a decade of collaboration between the Government of Australia and the RGC in these sectors.

RGC Partners include the Ministry of Women Affairs (MOWA), the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY), the Disability Action Council (DAC) and the Ministry of Economy and Finance (MEF). ACCESS is implemented by CowaterSogema International Inc., a Canadian management consulting firm specialising in improving social and economic development outcomes around the world, in association with Clear Horizon, who provides monitoring, evaluation and learning expertise.

ACCESS aims to improve the sustainability of quality, inclusive services for persons with disabilities and for women affected by gender-based violence (GBV). The Program will contribute to the implementation of the National Action Plan to Prevent Violence Against Women (NAPVAW) and the National Disability Strategic Plan (NDSP). It will also support the RGC in furthering key related priorities, such as strengthening national social protection and reforming public financial management (PFM).

2.2 ACCESS Program Logic and MEL Framework

To promote stakeholder ownership and use of the monitoring, evaluation and learning (MEL) arrangements, ACCESS is taking a staged approach to development of the program logic and MEL Plan during the inception phase.

Key steps are outlined below. Each step involves extensive stakeholder participation.

1. **Refining ACCESS program logic (November-January) so that its outcomes are clear, realistic and subject to shared interpretation by ACCESS, RGC, and DFAT stakeholders.**

2. **Scoping ACCESS MEL Framework (December to January) to ensure that stakeholders have a shared understanding of:**
   - The ACCESS MEL system's purposes, audiences, and intended uses.
   - The information needs of primary MEL audiences and – based on this – the key MEL questions that will guide data collection, analysis and reporting.
   - The MEL system's boundaries, principles, roles and resources.

3. **Developing ACCESS MEL Plan (January to March), which will operationalise:**
   - Sub-questions for each key MEL question.
   - Performance expectations e.g. indicator targets, progress markers (focusing at the EOPO level).
   - Data collection and analysis methods, and tools where they have been designed.
   - Responsibilities, resourcing and timing of MEL implementation activities, including work plan.

4. **Facilitating selected partners to develop component logics and MEL plans (March to June) that align with and further elaborate the overall ACCESS Program Logic and MEL Plan.**

In line with steps 1 and 2 above, this document updates and clarifies the ACCESS program logic and outlines a draft MEL Framework for review and feedback. This is based on document review and consultations with the program team, DFAT and RGC – principally during a one-day ACCESS team and DFAT workshop, and two-day RGC stakeholder workshop in December 2018; followed by internal ACCESS team discussions.

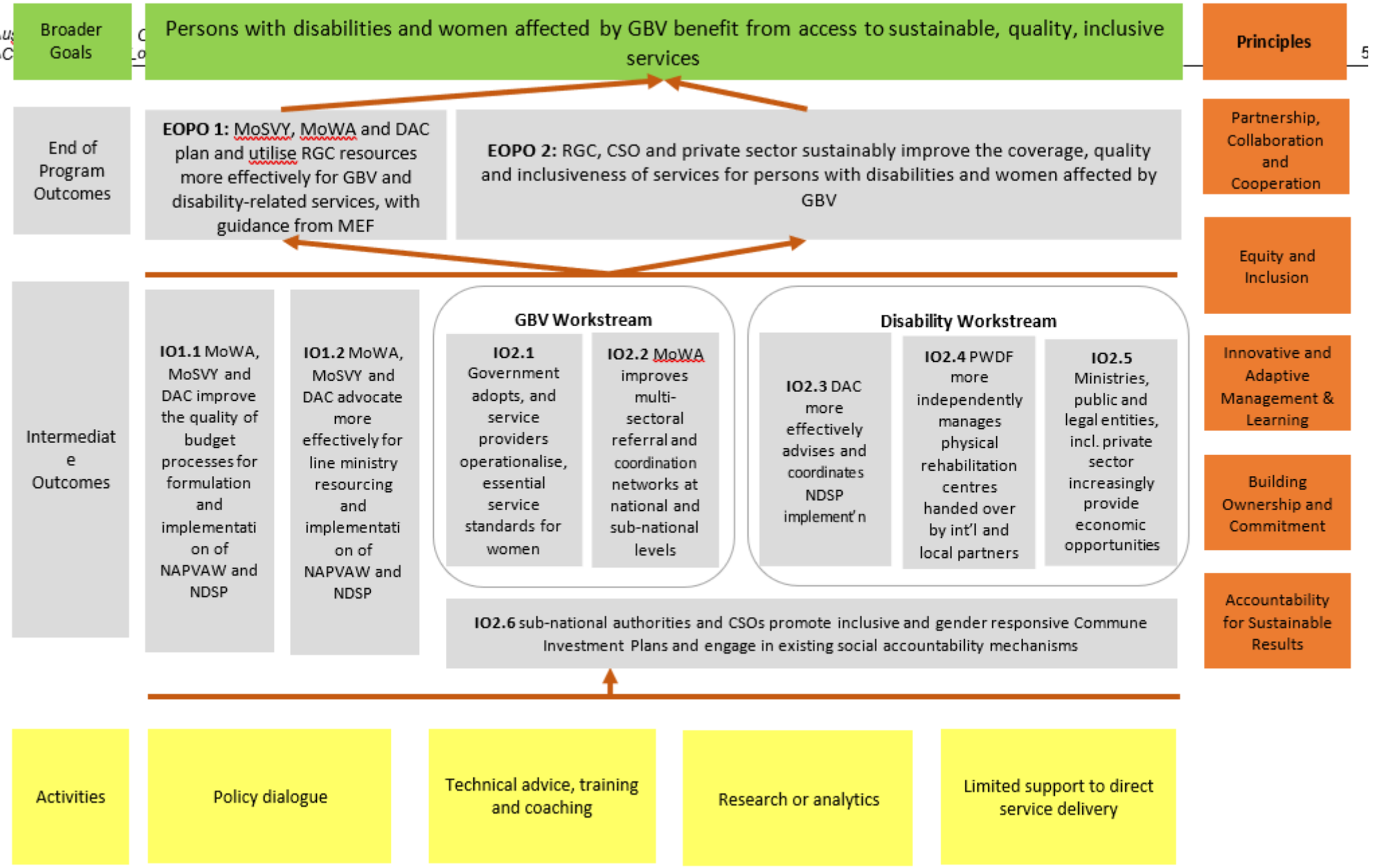
3 ACCESS PROGRAM LOGIC

3.1 Overview

Annex 1 updates and elaborates the ACCESS program logic i.e. its goal, end of program outcomes, intermediate outcomes, assumptions, activities, and principles. At each level of the program logic, key terms are defined so that it is clear what ACCESS is trying to achieve. This aims to provide a strong foundation for the program narrative and monitoring, evaluation and learning.

This is a living document that will be updated as the program and its stakeholders learn more about what is possible and desirable within the life of the program. In the first instance, it will be revisited following each ACCESS component design process.

The program logic is summarised in the diagram below, and ***Annex 2*** outlines justifications for changes to the outcome and goal statements included in the ACCESS Investment Design


Broader Goals
Persons with disabilities and women affected by GBV benefit from access to sustainable, quality, inclusive services
Principles
End of Program Outcomes
EOPO 1: MoSVY, MoWA and DAC plan and utilise RGC resources more effectively for GBV and disability-related services, with guidance from MEF
EOPO 2: RGC, CSO and private sector sustainably improve the coverage, quality and inclusiveness of services for persons with disabilities and women affected by GBV
Partnership, Collaboration and Cooperation
Equity and Inclusion
Innovative and Adaptive Management & Learning
Building Ownership and Commitment
Accountability for Sustainable Results
Intermediate Outcomes
IO1.1 MoWA, MoSVY and DAC improve the quality of budget processes for formulation and implementation of NAPVAW and NDSP
IO1.2 MoWA, MoSVY and DAC advocate more effectively for line ministry resourcing and implementation of NAPVAW and NDSP
GBV Workstream
IO2.1 Government adopts, and service providers operationalise, essential service standards for women
IO2.2 MoWA improves multi-sectoral referral and coordination networks at national and sub-national levels
Disability Workstream
IO2.3 DAC more effectively advises and coordinates NDSP implement'n
IO2.4 PWDF more independently manages physical rehabilitation centres handed over by int'l and local partners
IO2.5 Ministries, public and legal entities, incl. private sector increasingly provide economic opportunities
IO2.6 sub-national authorities and CSOs promote inclusive and gender responsive Commune Investment Plans and engage in existing social accountability mechanisms
Activities
Policy dialogue
Technical advice, training and coaching
Research or analytics
Limited support to direct service delivery

4 SCOPE OF THE MEL FRAMEWORK

4.1 Purposes

Monitoring, Evaluation and Learning (MEL) within ACCESS will be guided by two primary purposes.

4.1.1 To support continuous improvement of ACCESS

The principal focus of MEL within ACCESS will be on supporting program stakeholders to:

- clarify the program's intent;
- understand to what degree this intent is being realised and the reasons why or why not; and
- identify appropriate management responses.

This will occur at the level of the overall program, as well as within individual program components.

4.1.2 To demonstrate accountability to Governments of Australia and Cambodia

MEL within ACCESS will also be guided by the need to demonstrate accountability for public expenditure and meet the reporting needs of Australia's Department of Foreign Affairs and Trade and the Royal Government of Cambodia.

In addition to these two primary purposes, a secondary purpose of MEL within ACCESS will be to contribute to global learning on GBV and disability inclusive programming. This will be achieved as a by-product of the MEL system's focus on the two primary purposes above.

4.2 Audiences

In line with these purposes, the primary audiences of MEL within ACCESS are:

- **ACCESS team and implementing partners,** including grantees and RGC working-level counterparts. To make regular adjustments to program implementation, these 'program deliverers' will provide an understanding of baseline situations, rapid feedback on program progress and contributing factors, and insights into changes in context. Within components, ACCESS and its partners will periodically share and reflect on this information together.
- **ACCESS Steering Committee**: Members will require information on overall program performance and learning in order to review and provide strategic guidance to the program.[1]
- **ACCESS Disability and GBV Working Groups**, and associated existing sector coordination and consultation platforms, such as the DAC quarterly coordination meeting and the GBV sub-technical working group (TWGG-GBV): These consultative bodies will require periodic updates on workstream progress. They will also be forums for sharing of learning.
- **DFAT Cambodia**: ACCESS will provide regular reporting to DFAT in line with its corporate requirements e.g. Aid Quality Checks, Performance Assessment Framework and on an ad hoc basis as requested. This will assist DFAT to oversee and provide strategic guidance to the program, as well as ensure appropriate linkages and coherence with other parts of the Country Program.
- **Royal Government of Cambodia (RGC)**: ACCESS will align with RGC reporting requirements in relation to NAPVAW, NDSP, CEDAW and CRPD.

4.3 Boundaries

It is useful to clarify what elements of the program will and will not be subject to monitoring, evaluation and learning as part of the MEL Framework and Plan.[2]

[1] The Steering Committee will include representation from MOWA; MOSVY; MEF; DAC; DFAT (Deputy Head of Mission/Counsellor); and the ACCESS Team Leader. Other RGC agencies may be invited to participate as agreed between DFAT and RGC (i.e. the Ministry of Interior (MOI), the Ministry of Health (MOH); and Ministry of Labour and Vocational Training (MOLVT). (ACCESS Inception Plan)

[2] For excluded elements, other corporate or program management processes (e.g. financial management systems) within ACCESS will be used to track data as appropriate.

The MEL Framework and Plan will cover:

- Impacts at the program goal level (expected and unexpected).
- Progress against expected outcomes.
- Adequacy of key program deliverables or outputs.
- 'Light touch' context monitoring, principally drawing on secondary analysis and tacit knowledge within the team.

The MEL Framework and Plan will not cover:

- Program Expenditure against budget.
- Implementation progress against activity plans.
- Assessments of the quality or efficiency of program management systems e.g. human resource, financial management, or CowaterSogema's contractual performance.

Note that while these elements are not included within the MEL Framework and Plan, they will still be carried out routinely as part of ACCESS program management and included in ACCESS progress reports.

4.4 Timeframe

The MEL Framework and Plan intend to be relevant for the full life of the program. That said, the MEL system will be reviewed periodically as needed, in consultation with the Steering Committee.

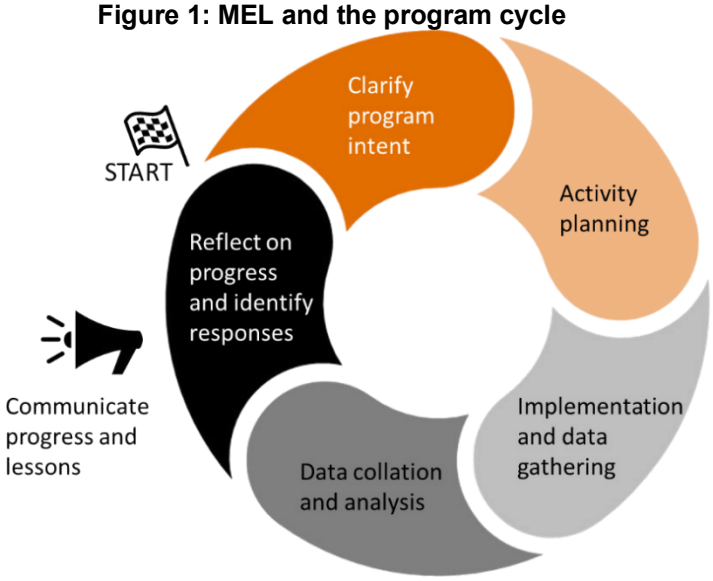
ACCESS runs from 2018-23, with a review point in 2021. The Program Logic describes outcomes expected by 2023. Given that 2021 will be a year of review, performance expectations for this point will be made clear in the MEL Plan.

4.5 MEL responsibilities and resources

4.5.1 MEL responsibilities

As depicted in Figure 1 below, MEL will be integrated into all stages of the program cycle. This ensures that it meets its dual purposes of program improvement and accountability.

Figure 1: MEL and the program cycle



Responsibilities for MEL will be distributed amongst the MEL team and program stakeholders. Table 1 below summarises these responsibilities at each stage of the program cycle.

Table 1 : MEL responsibilities across the program cycle

Stage	ACCESS MEL team	ACCESS team	RGC partners	Grantee partners	DFAT	Steering Committee
Clarify program intent (program logic)	Facilitate	Participate	Participate	Participate (component logic)	Oversee/ approve	Oversee/ approve
Activity planning	Lead MEL planning, support program / component planning	Lead program and component planning	Ensure alignment with RGC plans	Participate in component and project planning	Oversee/ approve	Oversee/ approve
Implementation and data gathering	Lead data gathering	• Program implementation • Support data gathering	Ensure coordination with RGC	• Project implementation • Conduct data gathering	Oversee	Oversee
Data collation and analysis	Lead	Support	-	Conduct	-	-
Reflect on progress and identify responses	Facilitate	Participate	Participate	Participate	Participate	Oversee/ approve
Communicate progress and lessons (incl. reporting)	MEL reporting[3]	Program reporting	Ensure RGC reporting needs met	Grantee reporting to ACCESS	Review/ approve	Review/ approve

More detail is provided in Section 6 regarding responsibilities for the 'reflect on progress and identify responses' and 'communicate progress and lessons' stages. For other stages, responsibilities will be detailed in the MEL Plan.

4.5.2 MEL resources

The estimated MEL budget will be included in the MEL Plan.

Dedicated MEL personnel include:

Long-term personnel (in-country)

- *MEL Manager – Khim Keovathanak (Long-Term Personnel)* – The MEL Manager is responsible for managing the Program's monitoring, evaluation and learning functions. This includes working closely with the Program's MEL Associate, Clear Horizon, to support the development and implementation of a MEL Framework and Plan that align with DFAT's standards for M&E systems, and ensuring continued flexibility, responsiveness and relevance of the MEL System throughout the Program. The MEL Manager reports directly to the Team Leader and receives technical support and guidance from Clear Horizon.
- *Communications and Learning Officer* – to be filled in February 2019, this position has responsibility for designing and implementing a communications and knowledge management plan, with support of the MEL manager. This includes collation of data and information,

production and dissemination of knowledge management and program communication products. Reporting to MEL manager, the post receives technical support from the MEL Manager and Clear Horizon.

[3] Note that Communications and Learning Officer will support communications across the program, not solely in relation to MEL reporting.

Short-term advisors (Clear Horizon)

- *Lead MEL Advisor - Dave Green* – The Lead MEL Advisor will: Lead program logic development and MEL system design/review; Oversee MEL system implementation and reporting; Support component design approach and tools; Design more complex qualitative methods; Represent Clear Horizon in ACCESS team planning and coordination – providing a single point of contact for ACCESS team and stakeholders; and Provide technical support to MEL Manager.
- *Operational MEL Advisor - Rini Mowson* – The Operational MEL Advisor will support the in-country MEL team with operationalisation and implementation of the MEL Plan. This will include support to MEL activity planning, and establishment and oversight of systems for routine data collection (incl. training and supervision), entry, storage, and analysis. As needed, this support may include direct implementation of discrete MEL activities e.g. instrument design, secondary analysis, preparation of guidelines for grantee partners, etc.
- *Strategic MEL advisor - Byron Pakula* – The Strategic MEL Advisor will provide limited inputs (estimated 5-15 days per year) focused on: quality assurance of key MEL products e.g. MEL Plan; design of complex quantitative methods; and, if needed, facilitation of high-level stakeholder workshops.

In addition, support to and oversight of grantee MEL activities will be provided by ACCESS support officers for each workstream, who will in turn be supported by the MEL team. As required, additional resources will be contracted for larger-scale data collection and analysis e.g. enumerators for large-scale surveys, or short-term consultants to design the management information system.

4.6 Key MEL Questions and sub-questions

The following Key MEL Questions will frame all MEL data collection, analysis, reporting and learning within the program. Based on consultation with the program team, these questions are adapted from the list of key evaluation questions in the ACCESS Investment Design.[4] They are guided by the primary purposes of MEL in ACCESS (section 4.1) and anticipate the information needs of its primary audiences (section 4.4). For each Key MEL Question, sub-questions more specifically describe the information that the MEL system will generate.

1. **To what degree are the lives of persons with disabilities and women being impacted by access to sustainable, quality, inclusive services? How has ACCESS contributed?**

This question is about the extent to which instances of **impact** are emerging among the ultimate beneficiaries of the program i.e. the clients of the services that ACCESS helps to improve. Unlike the program's goal (which anticipates positive impacts) this question is framed neutrally because it acknowledges the potential for unintended negative impacts on the lives of persons with disabilities and women affected by GBV.

Sub-questions

- To what extent are persons with disabilities and women affected by GBV using ACCESS-targeted services?
- What barriers to access do they face (relating to either the supply of or demand for services5)?
- Is ACCESS, through its partners, contributing to significant change (positive or negative) in their access or barriers to services? If not, why not? If so, what difference is this making in their lives?
- For each of the above, what implications are there for program progress? Are any management responses required?

[4] Whereas the 'key evaluation questions' (KEQs) described in the ACCESS Investment Design appear to be intended to guide any ACCESS independent evaluation, the key MEL questions listed in this document will guide all MEL activities conducted throughout program implementation.

[5] This will include consideration of a key program assumption: That 'persons with disabilities and women affected by GBV will use services if they are better quality, more inclusive/accessible i.e. there is unmet demand for improved service delivery'.

2. How effectively are MoSVY, MoWA and DAC mobilising and utilising RGC resources for GBV and disability-related services, with guidance from MEF? How has ACCESS contributed?

This question is about the program's **effectiveness** in relation to EOPO1. It asks about the extent to which adequate progress is being made against this outcome, and how the program is contributing to change.

Sub-questions

- How adequate is RGC resourcing for NAPVAW and NDSP implementation [EOPO1]?
- What is the quality of budget processes for formulation and implementation of NAPVAW and NDSP in MoWA, MoSVY and DAC [IO1.1]?
- To what degree are MoWA, MoSVY and DAC influencing (formally and informally) line ministry resourcing and implementation of NAPVAW and NDSP? How are line ministries responding to these influencing efforts [IO1.2]?
- To what extent are commune investment plans promoting social inclusion and responses to GBV [IO2.6]?
- For each of the above, what are the key positive/negative contributing factors[6]? What are the implications for program progress? Are any management responses required?
- Overall, is there enough political capital to support continuation of this strategy for NAPVAW and NDSP resource mobilisation?
- How effectively do MOWA and MOSVY/DAC use evidence built under Program EOPO2 to inform planning and resource mobilisation?

3. How effectively and sustainably are RGC, CSO and the private sector improving the coverage, quality and inclusiveness of services for persons with disabilities and women affected by GBV? How has ACCESS contributed?

This question is about the program's **effectiveness** in relation to EOPO2. It asks about the extent to which adequate progress is being made against this outcome, and how the program is contributing to change.

Sub-questions

- To what degree are targeted services meeting agreed standards for quality and inclusiveness? To what extent is their coverage expanding? How has ACCESS contributed? [EOPO2]
- To what degree are GBV essential service standards being adopted and operationalised [IO2.1]?
- How well are GBV multi-sectoral referral and coordination networks functioning [IO2.2]?
- How well is DAC advising and coordinating NDSP implementation? How actively are line ministries engaging [IO2.3]?
- How independently is PWDF managing handed over physical rehabilitation centres [IO2.4]?
- To what degree are targeted organisations providing economic opportunities to persons with disabilities [IO2.5]*?*
- For each of the above, what are the key positive/negative contributing factors[7]? What are the implications for program progress? Are any management responses required?

[6] This will include consideration of a key program assumption: That 'improved awareness of NAPVAW and NDSP commitments, and supporting evidence, will influence budget proposals (at national and commune levels); and quality budget proposals will be more likely to be funded.'

[7] This will include consideration of three key program assumptions: That 1. 'line ministry representatives on GBV and disability working groups and networks have the institutional mandate, authority and incentives to adopt desired changes in practice'; that 2. 'Wider social norms will not undermine the program's efforts to improve the supply of inclusive services e.g. social pressures to blame women for GBV limits service provider willingness to adopt inclusive practices and attitudes'; and that 3. 'Service provider staff have the time, resources, and

4. Is the quality of the program's relationship with key counterparts (particularly MOWA, MOSVY, DACE and MEF) adequate to achieve sustainable outcomes?

This question is about the **appropriateness** of the program's implementation approach[8]. It asks about the adequacy of the program's relationships with key counterparts, which is core to several ACCESS principles, and an expected precondition to ACCESS outcome achievement.

Sub-questions

- To what extent is ACCESS engaging the right people within key counterparts to sustainably achieve program outcomes?
- To what extent are these relationships - and relationships between ACCESS government and non-government partners - characterised by trust, mutual respect, constructive dialogue, and collaboration?
- How effectively is ACCESS gaining and maintaining traction with influential actors and champions (within and beyond key counterparts)? How willing are they to use their influence to promote ACCESS' agenda?
- What are the impacts on and implications for program implementation? Are any management responses required?

5. Has the program adequately and appropriately consulted or otherwise engaged with persons with disabilities and women affected by GBV during program planning, implementation, and monitoring?

This question is also about the **appropriateness** of the program's implementation approach, focusing on the inclusiveness of the program's processes for consulting or otherwise engaging with persons with disabilities and women affected by GBV ('beneficiary engagement')

Sub-questions

- How appropriate are the levels of beneficiary engagement across ACCESS (inform, consult, involve, collaborate, empower)[9]?
- During beneficiary engagement, to what extent is ACCESS meeting agreed ethical standards of conduct e.g. individual consent, confidentiality, safety[10], sensitivity, and offering of assistance or referrals[11]?
- As part of beneficiary engagement, is ACCESS adequately seeking out the voices of more vulnerable groups e.g. indigenous groups, LGBTQI, and elderly persons?
- What are the implications for program implementation? Are any management responses required?

6. Has the program maximised opportunities for intersectionality and technical complementarity in addressing both disability inclusion and GBV?

Again, concerned with program **appropriateness**, this question is about the extent to which ACCESS is delivering against one of the original rationales for combining, what was previously two separate programs on disability inclusion, and gender-based violence.

Sub-questions

foundational skills required to translate targeted training and coaching into improvements in attitude, behaviour and practice.'

[8] This is regarded by DFAT as an aspect of program **efficiency**

[9] See https://i2s.anu.edu.au/resources/stakeholder-participation-iap2-public-participation-spectrum/

[10] including safety of ACCESS program staff and partners

[11] See for example WHO *Ethical and Safety Recommendations for Research on Domestic Violence Against Women*.

- How adequately is ACCESS examining issues of intersectionality[12] (gender, ability status, age, ethnicity, sexual orientation, age, religious affiliation, etc.) to recognise the diversity in target beneficiaries' experiences and barriers?
- How adequatelyis ACCESS working collaboratively across workstreams to respond to the intersectionality of issues that target beneficiaries are facing?
- What are the implications for program implementation? Are any management responses required?

4.7 Performance Expectations

For MEL questions and sub-questions that require judgments about program **effectiveness** (questions 2-3) or **appropriateness** (questions 4-6), it is helpful to define the performance expectations against which these judgments will be made.

This can be done with:

- **Performance targets** for simple, verifiable and usually quantitative indicators. *e.g. 50% of physical rehabilitation service clients in targeted centres during 2019 will be women*. Wherever possible, performance indicator data will be disaggregated by sex, disability, year, avoiding double-counting;
- **Progress Markers** i.e. specific, observable and usually qualitative descriptions of an action the program hopes its intermediaries will carry out within and beyond the life of ACCESS. *e.g. MoWA independently organises and chairs technical meetings with designated line ministries to encourage and coordinate implementation of the NAPVAW;* or
- **Rubrics** i.e. tailored scales that clearly define criteria and standards for assessing different levels of performance (e.g. not achieved/partially achieved/fully achieved)[13].

In general, a judicious approach to defining performance expectations is desirable, to ensure that they are action-focused, important, measurable and simple.

Annex C provides initial thinking on where performance indicators, progress markers and rubrics could be best used to support judgments about ACCESS effectiveness and appropriateness. These will be refined and detailed further in the MEL Plan. Where possible, each indicator [I], progress marker [PM], or rubric [R] will then be translated into time-bound performance expectations (e.g. targets) during ACCESS component design processes.

[12] Intersectionality is defined by the ACCESS Design Document as "ways in which the layers of gender, race, ethnicity, disability, and socio-economic status or class interact with each other to create advantage or disadvantage. It is often presented as the bridge between otherwise apparently different issues. Rather than fulfilling the intention of building a more unified and powerful voice for, and of, the marginalised, in practical terms it can mean an ineffective concentration of resources on small numbers of 'the most disadvantaged'. While this can yield important individual benefits, it may fail to progress higher level changes that can bring benefits."

[13] For more information on rubrics, see https://www.betterevaluation.org/en/evaluation-options/rubrics

5 METHODS FOR GATHERING EVIDENCE

Various methods will be used to gather evidence against each of the MEL sub-questions in section 4.6. For sub-questions that include performance expectations, these methods will also enable judgments of program effectiveness and appropriateness.

Annex 3 lists an indicative set of data gathering methods against relevant MEL sub-questions. Each method is summarised below and will be refined and developed further in the MEL Plan, following a more thorough assessment of data availability, quality and data management capacities.

5.1 Monitoring methods

5.1.1 Service provider administrative data

Aligned as much as possible with existing data management systems, ACCESS (including grantees) will gather administrative data from service providers directly or indirectly supported by the program, relating to service quality, coverage, client satisfaction and uptake.

5.1.2 Beneficiary engagement logs

Where ACCESS (including grantees) engages directly with beneficiaries, such as during consultation or analysis, beneficiary engagement logs will be completed that summarise the purpose, scope, and target groups of these engagements. For a sample of these, semi-structured interviews will be conducted to explore levels of beneficiary participation in the program, and adherence to relevant ethical standards.

5.1.3 Key deliverable quality assessment

Each year, ACCESS will nominate a small number of key planned program deliverables for quality assessment. Quality assessment methods will be tailored to each deliverable and will incorporate measurement of immediate outcomes where possible. For example, for training deliverables, the Kirkpatrick training evaluation model will be used to assess: training quality (via observation or participant feedback); changes in participant knowledge, skills, or attitudes (pre- and post- tests integrated into training delivery); and participant use of attained knowledge, skills, or attitudes in day to day work (follow-up survey).

5.1.4 Results logs[14]

For each key ACCESS counterpart organisation, relevant ACCESS and counterpart staff will agree a small set of priority organisational performance areas for the year, around which ACCESS capacity building support to that organisation will be focused. Where there is an openness to forecasting performance improvements in more detail, ACCESS and counterparts will agree progress markers for each of these performance areas. Throughout the year, ACCESS and counterpart staff will log instances of promising or disappointing performance against these priority areas[15]. Every six months, these will be collated to inform dialogue between ACCESS and counterpart staff about the adequacy of progress in each performance area (using a simple rubric) and actions each party could take to further improve performance.

5.1.5 Partnership survey and interviews

Annually, key ACCESS counterpart staff will be asked to complete a short, online survey about the quality of their partnership with ACCESS. The survey will explore dimensions like trust, credibility, and level of collaboration - all highlighted in ACCESS' principles. Further exploration of responses will occur with a sample of respondents that voluntarily opt in to follow-up semi-structured interviews. Along with results logs (see above), ACCESS will discuss findings with each key counterpart organisation during annual dialogues.

[14] This is a simplified model of outcome mapping (see https://www.betterevaluation.org/en/plan/approach/outcome_mapping)

[15] This could be via email to a designated inbox, a closed social media page, or a group messaging app.

5.1.6 Budget monitoring

Annually, ACCESS staff will review available government budget data to gather evidence on budget process and outcomes e.g. absolute and relative changes in budget allocations, variances between proposed and approved budgets, degree of MoWA, MoSVY and DAC adherence to MEF budget process standards (e.g. BSPs). Based on tacit knowledge and key informant interviews, annual budget analysis will also explore positive and negative contributing factors and implications for the ACCESS program.

5.1.7 Political economy analysis

Simple tools for political economy analysis (PEA) will be employed regularly by ACCESS staff to assist them in thinking and working politically. These tools (e.g. stakeholder analysis) will be developed by the PEA specialist.

5.2 Evaluation methods

5.2.1 Most significant change approach[16]

'Most significant change' (MSC) is a technique for generating and analysing personal accounts of change and deciding which of these accounts is the most significant – and why. It is a powerful tool for giving voice to vulnerable groups and aligns well with feminist evaluation principles. Within ACCESS, MSC will be used to gather stories from intended beneficiaries i.e. persons with disabilities and women affected by GBV. Following ethical standards for beneficiary engagement, ACCESS staff and partners will collect stories from these groups (either audio, video or in writing) about the most significant (positive and negative[17]) change they have experienced as a result of the support provided by ACCESS (through its partners). As a tool for reflection and learning, multi-stakeholder groups at different levels within the program will read, watch or listen to the stories and discuss those that they consider most significant and why. Learning will be distilled and shared broadly as part of the program communications.

5.2.2 Significant Instances of Policy or Systems Improvements (SIPSI)[18]

SIPSI will be used to produce simple but credible case studies that document:

- Significant instances of RGC (or other ACCESS counterpart) policy, resourcing, systems, or process change;
- Why they are significant, considering ACCESS EOPOs and goal;
- ACCESS' contribution to these changes; and
- The strength of evidence supporting the case study.

Steps involved are: *Identifying* the story and preparing for data collection; *Harvesting* data from multiple sources; *Narrating* the story in the prescribed format; *Verification* of the story by a panel of experts; and *Reporting* and disseminating the story as agreed.

5.2.3 Service Access and Quality Study

In Year 1/2 and Year 3, ACCESS will conduct a mixed methods, longitudinal *Service Access and Quality Study (SAQS).* Guided by the "5 A's framework" (affordability, availability, geographic accessibility, accommodation and acceptability), the study will examine: Service coverage; Degree of adherence to national minimum standards; Staff knowledge, attitudes and beliefs; and Inclusiveness of, and access to, services. It will document the current status within sampled facilities, as well as factors contributing to observed strengths and weaknesses (including the strength of ACCESS' contribution). It will also explore implications for the program.

[16] This tool was developed by Rick Davies and Jess Dart (the founder of Clear Horizon). For more information, see https://www.betterevaluation.org/en/plan/approach/most_significant_change

[17] Participants will be explicitly requested to provide both positive and negative stories

[18] This method was developed by Clear Horizon for DFAT in Indonesia and Timor-Leste.

Methods for sampling, data collection and analysis are to be designed, and may include: secondary analysis of existing service provider administrative data; document review of service provider case management files; semi-structured interviews and observation within a sample of providers (conducted jointly with RGC counterparts in some cases to contribute to shared learning); and interviews with service users and representative groups e.g. DPOs.

5.2.4 Service Uptake and Impact Study

In Years 1/2 and 3, the SAQS will be integrated with a *Service Uptake and Impact Study* (SUIS). Whereas the SAQS will focus on service providers, the SUIS will focus on service users. It will examine levels of service uptake and barriers to uptake faced by users (relating to either the supply of or demand for services). Methods will be similar to the *SAQS* but involve more in-depth interviews with service users[19] and representative groups e.g. DPOs.

5.2.5 GESI strategy review

Periodically, the GESI Adviser will conduct document review and stakeholder interviews to review implementation of the GESI strategy. This will include (but not be limited to) examination of:

- ACCESS adherence to ethical standards of conduct for beneficiary engagement;
- Whether ACCESS is adequately seeking out the voices of more vulnerable groups e.g. indigenous groups, LGBTQI, and elderly persons; and
- How well the program is maximising opportunities for intersectionality and technical complementarity in addressing both disability inclusion and GBV

[19] This will maximise use of the CDPO tool for household data collection

6 REPORTING, LEARNING AND IMPROVEMENT

ACCESS will prioritise making time and space available for structured critical reflection and learning. This section describes how evidence gathered through the methods described in Section 5 will be organised and used for program reporting, learning and improvement.

6.1 Reporting products

Where possible, the following reporting products will be accompanied by verbal presentations.

Reporting product	Produced by	Outline of content	Timing	Primary audience
Activity/ Project Progress Updates[20]	Grantees	• Progress against grantee work plan and component outcomes • Key insights against agreed learning agenda • Key program challenges, risks and responses	Quarterly	ACCESS
Program Progress reports	ACCESS	In line with DFAT M&E Standard 3: • Context update • Progress towards ACCESS EOPOs and broader goals including key achievements and activities • Update on the progress of the ACCESS annual workplan implementation including proposed changes if required • Financial update (budget vs expenditure) • Key challenges, risks and lessons • Proposed management responses and update from the previous management responses	Six-monthly	DFAT
Program Progress Updates	ACCESS	• Strategic summary of Program Progress Report	Six-monthly	Steering Committee

6.2 Processes for reflection, learning and improvement

Gathered evidence (see Section 5) will be used to inform the following processes for program reflection, learning and improvement.

6.2.1 After action reviews

After Action Reviews (AARs) aim to mainstream learning and reflection into day to day program decision making. They will be employed immediately after the program has implemented a novel or important activity, from which learning will benefit future program implementation. AARs are short meetings in which a facilitator supports participants that were involved in the activity (ACCESS staff and partners) to reflect on what happened, why it happened, and how it could be done better in the future.

6.2.2 Quarterly program-level Disability and GBV working groups meetings

The ACCESS working groups are established under the lead of each target ministry (the GBV working group is led by MOWA and disability working group is led by MOSVY together with DAC). Participants of this meeting include representatives from the target ministries, NGOs, relevant grantees, multilateral

organisations and Disabled People's Organisation. This meeting generates activity proposals, harmonises implementation of ACCESS-funded activities and provides relevant information that is required to make some adjustments to the ACCESS annual workplan. Where possible, this meeting aims to provide opportunities for the target ministries to coordinate donors (including those donors not receiving ACCESS funding).

[20] In line with the Design's guidance to minimise reporting burdens on grantees, these updates will be communicated verbally, accompanied by a PowerPoint presentation.

6.2.3 Six-monthly ACCESS Steering Committee meeting

The ACCESS Steering Committee (ASC) members include MEF; MoWA; MoSVY; DAC; and other RGC agencies as agreed in the inception stage (i.e. MOI, MOH and/or MoLVT); DFAT (Development Counsellor or similar); ACCESS Team Leader (Managing Contractor); and ACCESS management team and TA personnel, as required (advisory). The ASC meeting discusses program progress and outcomes achieved and key risks / challenges faced in the last six months. The meeting also discusses management responses to the key challenges and risks and agrees on program directions for thenext six months. If required, changes to the ACCESS annual work plan are proposed and endorsed in this meeting.

6.2.4 Six-monthly program-level reflection workshop

Reflection workshops will be participatory processes to collaboratively make sense of gathered evidence, draw on participant tacit knowledge and reach agreement on key findings (against MEL sub-questions) and management responses. These workshops will inform six-monthly program progress reports to DFAT; and annual activity planning.

Participants are expected to include the ACCESS team, DFAT, Grantee and RGC partners. ACCESS will schedule two reflection workshops a year, including:

The reflection workshop process includes the following steps:

- Planning and preparation
  - Conduct scoping discussion to agree on the workshop objectives, scope, participants etc.
  - Develop reflection workshop agenda and facilitation plan.
  - Using gathered evidence over the reporting period, draft an **evidence matrix**[21]**.**
  - Logistics preparation.

- Conducting the workshop. The workshop is structured into three main parts:
  - What happened? – objective thinking: collecting all relevant evidence related to progress of the program.
  - So what? – reflective and interpretative thinking: analysing the evidence.
  - What now? – decisional thinking: proposing management responses.

The reflection workshop is documented in a revised evidence matrix which includes: key findings about program progress, supporting evidence, and management responses. This then informs the drafting of the progress report.

6.2.5 Component-level learning processes

At the component level, ACCESS will support RGC and grantee partners of each component to pursue shared learning agendas around common information needs (e.g. barriers to service uptake). The content and process of these learning agendas will be defined collaboratively during component design processes. Learning activities are likely to include jointly commissioned analysis, peer review and cross-learning, joint field visits and facilitated reflection workshops.

[21] An evidence matrix displays gathered evidence (with sources), findings, and management responses. The matrix is structured against each MEL sub-question (and performance expectation).

ANNEX A: PROGRAM LOGIC NARRATIVE

Goal

Persons with disabilities and women affected by GBV benefit from access to sustainable, quality, and inclusive services

Persons with disabilities *"include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"* - UN Convention on the Rights of Persons with Disabilities (CRPD), ratified by the RGC in 2012.

Women affected by GBV includes women and girls affected by or at higher risk of intimate partner violence[22] and sexual violence,[23] including vulnerable or marginalised groups, such as women with disabilities[24].

ACCESS expects that by helping to improve access to sustainable, quality, inclusive services, it will contribute to:

- ***Persons with disabilities attaining the following benefits***:[25]
  - Improved health, education and economic outcomes.
  - Increased participation in and contribution to family, community and political life.
  - Experiencing less discrimination.
  - Improved feelings of self-worth, confidence, and independence.

- ***Women affected by GBV attaining the following benefits***:
  - Reduction in women's experience of intimate partner and sexual violence (secondary prevention – women have access to services, so they experience less violence because help is available)

Access to sustainable, quality inclusive services is defined under EOPO2 below.

End of Program Outcomes (EOPOs)

EOPO1. MoSVY, MoWA and DAC plan and utilise RGC resources more effectively for GBV and disability-related services, with guidance from MEF.

MoWA refers to the Ministry of Women's Affairs, including PoWAs (at provincial level) and DoWA (at district level). ***DAC*** refers to the Disability Action Council, including the cross-ministry Disability Action Working Groups (DAWG), which are responsible for budgeting for the implementation for the NDSP. ACCESS may also engage with DACs at the provincial level. ***MoSVY*** refers to the following parts of the

[22] Behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours. It can occur within heterosexual or homosexual relationships and does not require sexual relations (World Bank (2016) End Violence Against Women and Girls Resource Guide - Terminology. Available at http://www.vawgresourceguide.org/terminolgy; Fulu, E; Liou, C; Miedema, S; Warner, X. (Not dated) Repli cating the UN Multi - Country Study on Men and Violence: Preferred Terminology. Partners for Prevention: Bangkok as cited by ACCESS Investment Design)

[23] Any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part, or object (World Bank (2016) End Violence Against Women and Girls Resource Guide - Terminology. Available at http://www.vawgresourceguide.org/terminolgy; Fulu, E. et al ibid. as cited by ACCESS Investment Design)

[24] MoWA has currently prioritised addressing the needs of five vulnerable groups: women with disabilities, Muslim women, indigenous women, LGBTQi women, and older women

[25] Some of these benefits will also apply to women affected by GBV

Ministry of Social Affairs, Veterans and Youth Rehabilitation, including PoSVYs (at provincial level) and DoSVY (at district level):

- Department of the Welfare for Persons with Disabilities (DWPD).
- Disability Rights Administration (DRA).
- Provincial and District Offices of Social Affairs, Veterans and Youth Rehabilitation (POSVY and DOSVY).
- Persons with Disabilities Foundation (PWDF), a public administrative establishment with provincial branches, whose main responsibilities include coordination and management of the national orthopaedic component factory (OCF), the 11 Physical Rehabilitation Centres (PRCs), and the three repair workshops.

ACCESS aims to support these agencies to ***plan and utilise RGC resources more effectively for GBV and disability-related services,*** which refers both to:

- More efficient use of *existing* resources through improvements in coordination, oversight, planning and reporting etc.; and
- Allocation and effective utilisation of *additional* RGC resources by MoSVY, MoWA, DAC, other delegated line ministries and sub-national entities (including both provincial departments and local administrations) in line with NAPVAW and NDSP priorities.

ACCESS recognises and will align with the technical ***guidance from MEF*** that MoSVY, MoWA, and DAC receive under the RGC's PFM Reform Program. The ***GBV and disability-related services*** that ACCESS will target are described under EOPO2 below.

EOPO2. RGC, CSO and private sector sustainably improve the coverage, quality and inclusiveness of services for persons with disabilities and women affected by GBV

ACCESS will strengthen the capacities, ownership, and resourcing of ***RGC, CSO and private sector*** service providers to ***sustainably*** improve services for persons with disabilities and women affected by GBV. During component design processes, ACCESS and partners will specify which providers they will support.

Services for Persons with disabilities that ACCESS will target include:

- *Physical rehabilitation services,* including physiotherapy, prosthetics, orthotics, mobility devices, counselling and other aids (provided through 11 physical rehabilitation centres); and
- *Inclusive economic services* (provided by training providers and employers from public, CSO and private sectors), including a range of skills development (e.g. vocational training, on-job training, mentoring), job placement, sensitising activities and reasonable accommodation at workplaces, and promotion of entrepreneurship[26].

Services for women affected by GBV that ACCESS will target are essential services as defined by *NAPVAW and consistent with the UN Women (2015) Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines*. Specifically, ACCESS will focus on:

- Health Care: Identification of survivors of GBV, first line support, care of injuries and urgent medical treatment, forensic exam;
- Legal Protection: Survivor-centred mediation, legal assistance, (Legal Aid, MOWA Judicial Police Agents), and accountability for Perpetrators;
- Other Social Services: (e.g.) crisis information, safe shelter, psycho-social support, material aid, and legal information; and

[26] *"There will be openness to promoting entrepreneurship of, or involving, Persons with disabilities, but with a focus on only supporting financially viable and sustainable enterprises. ACCESS will not support small grants and loans or well-intentioned but poorly conceived ventures based on low-level skills with no clear market links."* (ACCESS Investment Design, p32)

- Coordination: Coordinated approach to multi-sectoral services at the national and subnational level.

Across both workstreams, ACCESS will seek to improve coverage, quality and inclusiveness of targeted services.

Improved coverage of services means helping providers to reach more persons with disabilities and/or women affected by GBV. Support to expanding service coverage will be balanced against the need to ensure that services maintain quality and inclusiveness.

Improved quality of services (including the facilities, supplies, equipment, personnel, etc.) refers to whether services meet standards of international good practices and RGC standards established in national guidelines such as:

- PRC's Operational and Clinical guidelines; RGC Sub-Decree on Quota for Recruitment of Disabled People; the inter-ministerial Sub-Decree for Reasonable Accommodation for Employment of People with Disabilities; and the National Accessibility Guidelines.
- GBV standards and guidelines outlined at IO2.1 below.

Improved service inclusiveness refers to whether services respond to the specific needs of persons with disabilities and/or women affected by GBV. In the context of ACCESS, *service inclusiveness* will also consider the specific barriers faced by other vulnerable groups when accessing these same services, such as religious minorities, ethnic and indigenous groups, LGBTQI, and the elderly – for example, whether GBV services are responsive to the needs of women with disabilities and other vulnerable groups, or whether rehabilitation services address the particular needs of women. Active engagement of persons with disabilities, women affected by GBV and/or other vulnerable groups will be considered in the design, planning, implementation and monitoring of services. Gender equality is also a desired consideration for economic inclusive service provision for persons with disabilities, including a target of equal male and female participation.

In line with the ACCESS design document[27], in judging levels of access to quality and inclusive services, the program will consider:

- ***Affordability: Service provider charges relative to*** the ability and willingness to pay of women affected by GBV and/or persons with disabilities.
- ***Availability***: Extent to which a service provider has the requisite resources, such as competent personnel and required equipment, to meet the needs of women affected by GBV and/or persons with disabilities.
- ***Accessibility (geographic):*** How easily women affected by GBV and/or persons with disabilities can physically reach the provider's location.
- ***Accommodation:*** Extent to which the provider's operation is organised in ways that meet the constraints and preferences of women affected by GBV and/or persons with disabilities e.g. physical accessibility of facilities for persons with disabilities, ability of women affected by GBV to access services with the assurance of confidentiality.
- ***Acceptability:*** Extent to which women affected by GBV and/or persons with disabilities feel comfortable and respected by the service provider and consider the service desirable and appropriate.

[27] See also Wyszewianski, L. (2002). 'Access to Care: Remembering Old Lessons', *Health Services Research, 37*(6), 1441-1443.

Intermediate outcomes (PFM)

IO1.1 MoWA, MoSVY and DAC improve the quality of budget processes for formulation and implementation of NAPVAW and NDSP

Budget processes includes both budget preparation and budget execution, to the extent that ACCESS has opportunity to engage in both these areas. Specifically, this includes the following functions:

- Preparing budget strategic plans (BSPs).
- Preparing annual program budgets (PBs).
- Cash management and payments processes.
- Routine and year-end financial reporting.
- Internal audit.
- Monitoring and reporting on expenditure.

The ***quality*** of budget processes is defined by adherence to existing PFM regulations and procedures as defined by law and MEF guidelines, including ongoing revisions to existing regulations and guidelines. The standards against which the quality of budget processes can be assessed include:

- Compliance with national regulations governing budget preparation and implementation.
- Adherence to MEF technical guidelines and any additional MEF guidance received.
- Attention to MEF's formal assessment criteria for BSP and PB documentation.
- Assessments of the effective alignment to and consistency of BSPs to relevant sector strategies, as well as the alignment and consistency of annual budget documentation to the respective BSPs.
- Generation and analysis of reliable evidence on which to base realistically costed budget submissions.

ACCESS will align with ***MEF's support to*** ACCESS counterpart ministries (MoWA, MoSVY and DAC) to improve their budget preparation and execution at the national level (i.e. the state budget process) – including by working with both MEF staff responsible for providing technical support and guidance throughout the preparatory stages of BSP and PB formulation, as well as with MEF financial controllers based in MoWA and MoSVY.

ACCESS is particularly focused on the quality of budget preparation ***for NAPVAW and NDSP implementation*** – which is a subset of MoWA, MoSVY and DAC's overall mandates. To influence these improvements, it will at times be strategic for ACCESS to support MoWA, MoSVY and DAC with broader improvements to their overall planning and budgeting. ACCESS is unlikely to provide direct support to improve budget preparation in other line ministries. Its engagement with other line ministries will be targeted to those playing major roles in NAPVAW/NDSP implementation, and delivered through MoWA, MoSVY and DAC.

ACCESS will initially focus on budget process improvements at the national level. Entry points for sub-national engagement will be leveraged from Year 2-3 onwards.

IO1.2 MoWA, MoSVY and DAC advocate more effectively for line ministry resourcing and implementation of NAPVAW and NDSP

Through existing RGC coordination mechanisms (Technical Working Group on Gender and Disability Action Working Groups), ACCESS will assist MoWA, MoSVY and DAC to ***advocate more effectively for designated line ministries*** to include NAPVAW and NDSP commitments in their plans and budgets. Underlying the ACCESS approach for achieving improved advocacy and engagement with respect to line ministries' resourcing and implementation will be a closer integration of the processes used for formulating the two core sector strategies (i.e. NAPVAW and NDSP) with PFM processes, including the development of ministerial Budget Strategic Plans and close attention to the medium-term fiscal constraints ("envelopes") as established by MEF. This approach will facilitate a closer partnership with and engagement by MEF in both formulation and implementation of the NAPVAW and NDSP,

thereby encouraging a clearer commitment across the full scope of line ministries designated as responsible entities in each of the two sector strategies.

This will require political economy analysis and may involve supporting MoWA, MoSVY and DAC to:

- Develop and maintain constructive relationships with MEF counterparts to support their substantive engagement in NAPVAW and NDSP formulation processes.
- Build relationships with key line ministries and use their informal networks to build buy-in to NAPVAW and NDSP implementation across RGC.
- Define activities and costs required to deliver on the NAPVAW and NDSP, respectively, so that line ministries are clear on what their commitments involve.
- Generate evidence to support the specification of programmatic activities and associated budget proposals within the ministries' respective BSP and PB documentation.
- Ensure the specific budget proposals are effectively prioritised with clear recognition of realistic fiscal constraints.
- Undertake sensitisation workshops with key focal point personnel from line ministries on their responsibilities under NAPVAW and NDSP.

Intermediate outcomes (service delivery)

Gender-Based Violence workstream

Across the GBV workstream, ACCESS will adopt "*a focus on universal measures for national application (for example, development of training curriculum and supporting resources; capacity development initiatives focused on national agencies), and direct support to targeted provinces and districts*" (ACCESS Investment Design).

IO2.1 Government adopts, and service providers operationalise, essential service standards for women affected by GBV

The ***essential service standards*** that ACCESS will focus on are:

- National Guidelines for Managing Violence Against Women and Children in the Health System (MoH, 2014) including the further guidance provided by the Clinical Handbook on Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence (MoH, 2016).
- Minimum Standards for Basic Counselling for Women and Girl Survivors of Gender Based Violence (MOWA, 2016).
- Legal Protection Guidelines for Women and Children's Rights in Cambodia (MoWA, 2014).
- Good Practice Guidelines for Mediation as a Response to Violence against Women (in development by MoWA and UN Women).
- Referral guidelines for women and girl survivors of gender-based violence (MOWA, 2016).

Government ***adoption*** of these standards means formal endorsement and approval by the ministries responsible for their implementation.

Operationalisation of these standards will likely involve MoWA conducting or commissioning (with ACCESS support):

- Training and coaching for front line service providers on each of the standards and relevant laws, including a focus on a victim/survivor-centred approach applying human rights principles;
- Development of tools, including training materials and implementation guides/resources for operationalising the standards; and
- Monitoring of adherence to the standards, and facilitation of cross-learning between service providers on how to meet the standards.

IO2.2 MoWA improves multi-sectoral referral and coordination networks at national and sub-national levels

Multi-sectoral referral and coordination networks refers to the Sub Technical Working Group on Gender (TWGG-GBV) and sub-national GBV working groups that currently operate in a limited number of districts. ACCESS will support MoWA to: take stock of lessons learned from initial roll out of sub-national GBV working groups; and expand the geographical reach of GBV Working Groups at the district and commune levels (i.e. into new target areas).

ACCESS and MoWA will seek to ***improve*** these networks so that they are:

- Framed by clear terms of reference and are meeting regularly.
- Well informed about gender-based violence and social inclusion issues, including NAPVAW commitments.
- Accessing data and reporting on NAPVAW implementation, so that issues and gaps can be identified and addressed.
- Taking constructive and practical actions to address systemic problems relating to services for women affected by GBV.
- Promoting compliance with the Referral Guidelines for Women and Girl Survivors of Gender-Based Violence (MoWA, 2016).
- Sub-national GBV working groups are providing input to the national level TWGG-GBV on implementation successes and challenges.

Disability workstream

IO2.3 DAC more effectively advises and coordinates NDSP implementation

DAC advice and coordination of NDSP implementation will occur through existing mechanisms, including the national-level Disability Action Working Groups (DAWG) located in line Ministries and Municipal/Provincial Disability Action Councils within RGC; and the Disability Network, which includes civil society representation.

It is expected that with DAC advice and coordination, these bodies will operate ***more effectively*** in the following ways:

- Clear terms of reference for the DAWG and Provincial/Municipal DAC.
- Finalisation of NDSP, including M&E arrangements, costings, and dissemination.
- Improved understanding of disability inclusion and more effective approaches to multi-stakeholder coordination.
- Facilitation of the leadership of Disabled People's Organisations (DPO) in defining and monitoring service delivery.

IO2.4 PWDF more independently manages physical rehabilitation centres handed over by international and local partners (IO/NGOs)

ACCESS will work with IO/NGOs who have and/or are still supporting the management of Physical Rehabilitation Centres (PRC) and PWDF to help PWDF ***more independently manage*** the 11 PRCs over time. This will involve:

- Definition of clear roles and responsibilities in specific MoUs.
- Definition of an appropriate cost recovery system.
- PWDF allocation of adequate budget and personnel.
- Smooth and staged handover of functions in line with clear, agreed, and resourced transition roadmap with medium- and long-term objectives.
- Clear guidelines and protocols relating to PRC management, financing, clinical services etc.
- Linkages with rehabilitation units in hospitals and the broader health system, e.g. through the Provincial Technical Working Group for Health (Pro-TWGH).

- Actively engaging DPO and rehabilitation professional associations in planning, implementation and monitoring/evaluation.

Note: Whereas this outcome is concerned with the extent to which PWDF is managing these centres independently, EOPO2 is focused on whether the access to and quality of services offered by these centres is improving.

IO2.5 Ministries, public and legal entities, including private sector, increasingly provide economic opportunities to person with disabilities

The ***RGC Quota for Recruitment of Disabled Persons*** (Sub-Decree 108) sets the employment quota for persons with disabilities in public offices at two percent and in private enterprises at one percent. ACCESS will support targeted organisations to ***enhance implementation*** of the quota system and expand broader economic opportunities for persons with disabilities. Potential focus areas include:

- Ensuring some garment factories are trained and registered to fulfil the obligations as stated in sub-decree 108, Inter-ministerial Circular on Reasonable Accommodation on Employment of Persons with Disabilities, and other legal documents.
- Sensitising inclusive workplaces.
- Promoting entrepreneurship[28].
- Improving persons with disabilities' access to existing vocational training and employment opportunities in their communities through: improving coordination and referral between service providers; increasing knowledge and skills of service providers to work with persons with disabilities; and increasing awareness and advocacy of service users regarding the availability of economic inclusive services.
- Facilitating networking between the private sector, the Physical Rehabilitation Centres, the Vocational Training Centre, DPO, other employment institutions, and the National Employment Agency.
- Better enforcement of the quota system by DWPD and DRA.
- Innovative initiatives from the private sector promoting employment of persons with disabilities.

Note: this outcome is about Government and private sector (e.g. Ministry of Labour and Vocational Training (MoLVT), training providers, and employers) ***increasingly providing*** economic opportunities for persons with disabilities. In other words, this outcome is concerned with the existence and scale of economic opportunities that are offered. Whether these opportunities translate into improved access and quality is the focus of EOPO2.

Cross-cutting

IO2.6 Sub-national authorities and CSOs promote inclusive and gender responsive Commune Investment Plans and engage in existing social accountability mechanisms.

Commune governments are responsible for preparing annual ***Commune Investment Plans*** (CIPs), which align with five-year Commune Development Plans (CDP). CIPs are funded through the Commune/Sangkat Fund. Through its support to GBV working groups, Provincial DAC and provision of grants to CSOs and DPOs, ACCESS expects that there will be opportunities to improve the extent to which:

- Commune councils are aware of GBV and social inclusion issues.
- CIPs (activities and budgets) align with NAPVAW priorities and ***promote responses to GBV***, including integration of prevention principles.

[28] *"There will be openness to promoting entrepreneurship of, or involving, Persons with disabilities, but with a focus on only supporting financially viable and sustainable enterprises. ACCESS will not support small grants and loans or well-intentioned but poorly conceived ventures based on low-level skills with no clear market links."* (ACCESS Investment Design, p32)

- CIPs (activities and budgets) align with NDSP priorities and ***promote services for Persons with Disabilities.***
- Provincial and District Departments of Women's Affairs and Social Affairs are monitoring commune investment plan integration of GBV and social inclusion.

Across both workstreams, ACCESS will work with partners to promote the voice of CSOs, women's and disabled people's organisations, in dialogue with RGC around CIP and CDP priority setting. This work will be linked, where possible, to Cambodia's Implementation Plan for Social Accountability Framework (ISAF).

The Social accountability framework is an existing program under the National Committee for Democratic Development that is engaging local communities in assessing the quality of key services (health services, education, and district administration). The program uses score card system, an annual assessment process and dialogue between service providers and users to establish improvement plans. ACCESS will look at opportunities to support grassroot organisations to take part in this mechanism. ACCESS may also support CSOs to increase their knowledge of budget processes and engage in budget monitoring.

Note: this outcome contributes to both EOPO1 and EOPO2.

ACCESS Influence Activities

ACCESS influence activities[29] will be defined as part of the component design process and will include a mix of the following:

Policy dialogue

Given the program's focus on mobilising of RGC resources for inclusive services, policy engagement will be integrated throughout all aspects of program delivery. It will be especially critical to the program's efforts to influence budget preparation and allocation. It will be framed by continuous political economy analysis.

Technical advice, training and coaching

ACCESS team members, contracted advisors, and grantees will all provide technical advice, training and coaching to RGC and government or non-government service providers. This will involve adoption of an accompaniment approach, which is *"a process of progressive TA and support to operationalise capacity development efforts, such as training. An accompaniment approach targets strengthening of target beneficiaries' leadership of capacity development, with a focus on development partners providing swift, flexible and responsive support. Healthy communication and a partnership approach to jointly solving problems are key elements of accompaniment."* (ACCESS Investment Design)

Research or analytics

ACCESS team members, contracted advisors, or grantees may conduct secondary or primary research or analytics where there is a clear line of sight to ACCESS desired outcomes. For example, there may be a case for strengthening the evidence base to support MoWA/DAC advocacy for improved line ministry resourcing of NAPVAW or NDSP implementation e.g. a costing study for specific GBV services.

Limited Support for direct service delivery

The focus of ACCESS is on strengthening existing government and non-government service providers and mobilising national and sustainable funding for these providers. Rather than direct service delivery, ACCESS will support implementation of catalytic activities that will help generate an evidence base for policy dialogue and action aimed towards greater Royal Government of Cambodia (RGC) budget allocation to critical services in the GBV and disability sectors. ACCESS supported interventions will build the internal capacities of government service providers to scale up successful approaches and implement existing standards. ACCESS may address short-term gaps in RGC service provision as a

[29] As defined here, influence activities are activities that involve direct provision of support to program partners. Foundation activities, on the other hand, (such as MEL or political economy analysis) are more internal in nature. Both are important, but for the purposes of this program logic, only influence activities are included.

transitional approach and with clear sustainability strategy in place. Limited direct funding of service delivery activities might be considered:

- To demonstrate the viability and effectiveness of new service models in order to encourage replication, scaling or funding of these services by RGC.
- To maintain desired reach or quality of services while providers transition to more sustainable sources of funding.

Assumptions

ACCESS assumes that:

- Persons with disabilities and women affected by GBV will use services if they are better quality, more inclusive/accessible, i.e. there is unmet demand for improved service delivery.
- Wider social norms will not undermine the program's efforts to improve the supply of inclusive services e.g. social pressures to blame women for GBV limits service provider willingness to adopt inclusive practices and attitudes.
- Line ministry representatives on GBV and disability working groups and networks have the institutional mandate, authority and incentives to adopt desired changes in practice.
- Improved awareness of NAPVAW and NDSP commitments, and supporting evidence, will influence budget proposals (at national and commune levels); and quality budget proposals will be more likely to be funded.
- Service provider staff have the time, resources, and foundational skills required to translate targeted training and coaching into improvements in attitude, behaviour and practice.

The MEL Plan will propose ways to explore whether these assumptions are holding true in practice.

Principles

Key principles underpinning ACCESS' implementation approach are provided below.

Partnership, Collaboration and Cooperation

- Broker partnerships at multiple levels - between RGC national line ministries; national and sub-national levels of government; RGC and NGOs; and among NGOs.
- Ensure a successful partnership between RGC and civil society organisations.
- Engage private sector in service delivery.
- Promote dialogue and exchange of information.
- Ensure collaboration is based on trust and mutual respect.
- Be open to diverse points of view.
- Provide a supportive environment for constructive dialogue.
- Promote collaboration across Ministries.
- Encourage synergies between workstreams and sectors (Disability, GBV, PFM, SPPF).
- Support a capacity building approach which responds to identified needs.
- Seek synergies and collaborate with other DFAT-funded programs.

Equity and Inclusion

- Mainstream gender equality and disability across all aspects of the Program.
- Enable active and meaningful participation of representatives from DPOs in all stages of the Program.
- Seek and enable contributions by beneficiaries in program planning, implementation and evaluation.
- Promote DFAT's "Gender equality and women's empowerment strategy, 2016" and "Development for all 2015-2020".
- Ensure vulnerable groups such as indigenous groups, LGBT, and elderly persons are supported to participate, contribute, and benefit fairly and equally in the program.

- Ensure a non-discriminatory and accessible working environment which promotes gender equality and disability inclusion.
- Ensure that Program approaches and tools are gender sensitive and promote inclusion of groups of persons at risk of discrimination and exclusion.
- Challenge negative and harmful social norms and demonstrate alternative good practice.

Innovative and Adaptive Management & Learning

- Demonstrate flexibility and adaptability in response to changing context and priorities.
- Make informed decisions based on evidence.
- Use reflection and refocus workshops to analyse results and create consensus on learning.
- Focus on learning and propose innovative solutions.
- Experiment: scale and replicate successes; cut and learn from failures.
- Promote safe and accessible use of social media and new technologies.
- Document lessons learnt and good practices and ensure their integration in workplans.

Building Ownership and Commitment

- Align and support the implementation of RGC policies and strategies, including NAPVAW and NDSP.
- Build commitment from all relevant actors.
- Use existing structures and mechanisms, ensuring that government takes a lead role.
- Enhance and strengthen local capacities.
- Actively seek ways to involve local authorities and local CSOs.
- Be realistic about the priorities, potential, challenges and risks to those we work with and support.
- Identify and understand common interests.

Accountability for Sustainable Results

- Be accountable to DFAT, RGC and program beneficiaries for ACCESS results.
- Deliver sustainable Program outcomes through efficient and effective implementation.
- Meet Program Key Performance Indicators and deliver quality outputs.
- Integrate VFM and sustainability considerations in CIM selection criteria.
- Promote sustainable funding for GBV and Disability from government and other sources.

ANNEX B : SUMMARY OF PROPOSED AMENDMENTS TO ACCESS PROGRAM LOGIC

Level	Original (Design)	Proposed	Justification
Goal	Improved sustainability of quality, inclusive services	Persons with disabilities and women affected by GBV benefit from access to sustainable, quality, and inclusive services.	Goal reframed around broader impacts on target groups that the program will contribute to (along with other actors). Previous version of goal was in effect a summary of the outcomes beneath it, making it unclear what will be measured at the goal level.
EOP 01 (PF M)	Improved budget processes supporting services for Persons with disabilities and for women affected by GBV.	MoSVY, MoWA and DAC plan and utilise RGC resources more effectively for GBV and disability-related services, with guidance from MEF.	To avoid redundancy in the program logic, EOPO has been re-framed as a consequence, not a summary, of the intermediate outcomes beneath it (Improvements in budget processes are captured at the IO level). Revised EOPO also specifies the intermediaries that will make this outcome happen, including MEF's supporting role.
Int Outcomes (PFM)	MoWA, MOSVY, and DAC more effective in preparing, proposing and defending their budget needs related to the NAPVAW2 and the NDSP.	With MEF support, MoWA, MoSVY and DAC improve the quality of their budget processes for formulation and implementation of NAPVAW and NDSP.	Broadens focus to other aspects of the budget process beyond budget preparation and submission
Int Outcomes (PFM)	MoWA, MOSVY, and DAC advocate more effectively for line ministry implementation of the NAPVAW2 and the NDSP respectively.	With MEF support, MoWA, MoSVY and DAC advocate more effectively for line ministry resourcing and implementation of NAPVAW and NDSP.	Explicitly includes improved line ministry resourcing of NAPVAW and NDSP, which will be necessary in order to achieve the EOPO. Also adds reference to MEF's support role.
Int Outcomes (PFM)	NGOs have more diverse and sustainable funding sources for services.	[not included]	Difficult for program to influence (as noted in design) therefore would be unrealistic to include it as an outcome. More appropriate to characterise lack of certainty and diversity of NGO funding sources as a threat to the sustainability of the program, which will be mitigated by CIM criteria and processes that encourage co-funding.
EOPO2 (service delivery)	Increased accessibility of quality services for Persons with disabilities and for women affected by GBV.	RGC, CSO and private sector sustainably improve the coverage, quality and inclusiveness of services for persons with disabilities and women affected by GBV.	Specifies the range of service providers ACCESS aims to strengthen. Also clarifies that achievement of this outcome will involve improvements in coverage, quality and inclusiveness (including accessibility) of services.

Level: Int Outcomes (service delivery)

Original (Design)	Proposed	Justification
Increased adoption and operationalisation of existing standards for services for women affected by GBV.	Government adopts and service providers operationalise essential service standards for women affected by GBV.	More specific about who will make this change.
MoWA effectively supports referral and coordination networks at national and subnational levels.	MoWA improves multi- sectoral referral and coordination networks at national and sub-national levels.	Specific reference to multi-sectoral nature of networks.
N/A	DAC more effectively advises and coordinates NDSP implementation.	New outcome to capture critical DAC coordination role in NDSP implementation. Mirrors ACCESS approach in GBV workstream.
Rehabilitation and employment services support increased economic inclusion of Persons with disabilities. Employment services established for Persons with disabilities.	Ministries, public and legal entities, including private sector, increasingly provide economic opportunities to person with disabilities.	Stakeholder feedback indicated that it would not be appropriate at this time to attempt the establishment of an employment hub. Instead, the revised outcome is framed around supporting DWPD, DRA and private sector to implement the RGC *Quota for Recruitment of Disabled Persons*. Further scoping is required to identify how to take this forward in a way that maximises local ownership and sustainability.
PWDF increasingly independently manages rehabilitation services.	PWDF more independently manages physical rehabilitation centres handed over by international and local partners (IO/NGOs).	More specific about the particular services that the program is focused on (i.e. those provided by the PRCs to be handed over from IO/NGOs).
Sub-national budgets and activities promote social inclusion and responses to GBV.	Sub-national authorities and CSOs promote inclusive and gender responsive Commune Investment Plans and engage in existing social accountability mechanisms.	Program efforts to improve sub- national planning will focus at commune level. CSOs will be supported to participate in existing accountability mechanisms and engage in budget monitoring.

Original (Design)	Proposed	Justification
M and E and social accountability mechanisms promote service sustainability and quality.	[merged with the above intermediate outcome]	It is not clear in the design whether this is an intended outcome of ACCESS. It appears in Annex 3 (program logic diagram) but not in Section C (Investment Description), Annex 4 (detail of logic and expected outcomes) or Annex 5 (Indicative ACCESS indicators). While social accountability mechanisms may emerge as a priority in component design processes, and opportunities will be taken to link with ISAF, feedback from stakeholders indicated that it would be less appropriate to treat improved social accountability mechanisms as a program outcome.

ANNEX C : DRAFT PERFORMANCE EXPECTATIONS AND METHODS

Criteria	MEL questions and sub-questions	Performance expectations[30]	Methods	Timing/ Freq[31]
Impact	**1. To what degree are the lives of persons with disabilities and women being impacted by access to sustainable, quality, inclusive services? How has ACCESS contributed?** a) To what extent are persons with disabilities and women affected by GBV using ACCESS-targeted services? b) What barriers to access do they face (relating to either the supply of or demand for services[32])? c) Is ACCESS, through its partners, contributing to significant change (positive or negative) in their access or barriers to services? If not, why not? If so, what difference is this making in their lives? d) For each of the above, what implications are there for program progress? Are any management responses required?	a) [I] Number of male/female persons with disabilities accessing ACCESS-supported physical rehabilitation services each year (links to Cambodia SDG indicator Proportion of persons with disabilities receiving physical rehabilitation services). a) [I] Number of male/female persons with disabilities accessing dignified economic opportunities due to services supported by ACCESS. a) [I] Number of women affected by violence accessing services supported by ACCESS each year (Potential to link to DFAT Performance Assessment Framework Indicator Additional number of women survivors of violence receiving services such as counselling each year). c) [R] Significance of positive change in access or barriers to services for persons with disabilities and women affected by GBV; and significance of ACCESS contribution to this change.	Service provider administrative data Most Significant Change Service Uptake and Impact Study	Ongoing Ongoing Y2/Y5

[30] As discussed in section 4.7, the indicators [I], progress markers [PM], or rubrics [R] in this column will be translated into time-bound performance expectations (e.g. targets) during ACCESS component designs. For each indicator, progress marker or rubric in this column, the relevant sub-question is referenced (for example, "a) [I]" means that this is an indicator, and it answers sub-question a) in the previous column.)

[31] Note that timing will be detailed further in the MEL Plan and accompanying annual workplans.

[32] This will include consideration of a key program assumption: That 'persons with disabilities and women affected by GBV will use services if they are better quality, more inclusive/accessible i.e. there is unmet demand for improved service delivery'.

Criteria	MEL questions and sub-questions	Performance expectations[30]	Methods	Timing/ Freq[31]
Effect.	**2. How effectively are MoSVY, MoWA and DAC mobilising and utilising RGC resources for GBV and disability-related services, with guidance from MEF [EOPO1]? How has ACCESS contributed?** a) How adequate is RGC resourcing for NAPVAW and NDSP implementation [EOPO1]? b) What is the quality of budget processes for formulation and implementation of NAPVAW and NDSP in MoWA, MoSVY and DAC [IO1.1]? c) To what degree are MoWA, MoSVY and DAC influencing (formally and informally) line ministry resourcing and implementation of NAPVAW and NDSP? How are line ministries responding to these influencing efforts [IO1.2]? d) To what extent are commune investment plans promoting social inclusion and responses to GBV [IO2.6]? e) For each of the above, what are the key positive/negative contributing factors[33]? What are the implications for program progress? Are any management responses required? f) Overall, is there enough political capital to support continuation of this strategy for NAPVAW and NDSP resource mobilisation?	a) [I] Amount ($) and share (%) of RGC budget allocated to programs/sub-programs for delivery of disability and GBV services. b) [I] Variance (%) between proposed budget and approved budget for designated sub-programs, activity clusters or responsible line ministry entities. b) [R] Extent of MoWA, MoSVY and DAC adherence to MEF budget proposal quality standards. c) [I] Amount ($) and Share (%) of designated LM budgets allocated to programs/sub-programs for delivery of disability and GBV services. d) [R] Degree to which commune investment plans in target areas are aligning with NAPVAW/NDSP and promoting relevant services.	Results logs Budget monitoring Organisational capacity monitoring Significant Instances of Policy or Systems Influence Political economy analysis Key deliverable quality assurance	Ongoing Annual 6-mthly Annual Annual Annual
Effect.	**3. How effectively and sustainably are RGC, CSO and private sector improving the coverage, quality and inclusiveness of services for persons with disabilities and women affected by GBV? How has ACCESS contributed?** a) To what degree are targeted services meeting agreed standards for quality and inclusiveness [EOPO2]? To	a) [I] Proportion of male/female persons with disabilities reporting satisfaction with services. a) (R) Degree to which sampled services are meeting agreed quality and access standards or guidelines (Potential to link to DFAT Performance Assessment Framework indicator: percentage of	Service provider administrative data Organisational capacity monitoring	Ongoing 6-mthly

[33] This will include consideration of a key program assumption: That 'improved awareness of NAPVAW and NDSP commitments, and supporting evidence, will influence budget proposals (at national and commune levels); and quality budget proposals will be more likely to be funded.'

Criteria	MEL questions and sub-questions	Performance expectations[30]	Methods	Timing/ Freq[31]
	what extent is their coverage expanding? How has ACCESS contributed? b) To what degree are GBV essential service standards being adopted and operationalised [IO2.1]? c) How well are GBV multi-sectoral referral and coord networks functioning [IO2.2]? d) How well is DAC advising and coordinating NDSP implementation? How actively are line ministries engaging [IO2.3]? e) How independently is PWDF managing handed over physical rehabilitation centres [IO2.4]? f) To what degree are targeted organisations providing economic opportunities to persons with disabilities [IO2.5]? g) For each of the above, what are the key positive/negative contributing factors[34]? What are the implications for program progress? Are any management responses required?	health facilities, hospitals and health centres, assessed by quality of care assessment tool) and significance of ACCESS contribution. b) e) f) [I] Number of new or strengthened services supported by ACCESS. c) (PM) MoWA provides additional budget and other resources to support training of PDoWA and DOWA to support referral or coordination networks. e) [I/R] Level of autonomy of PWDF in managing rehabilitation centres handed over to PWDF (full, partial, insufficient). e) [I] Annual budgets ($) of targeted rehabilitation centres.	Significant Instances of Policy or Systems Influence Service Access and Quality Study Key deliverable assessments	Annual Y2/3/5 Annual
Approp.	**4. 4. Is the quality of the program's relationship with key counterparts (particularly MOWA, MOSVY, DACE and MEF) adequate to achieve sustainable outcomes?** a) To what extent is ACCESS engaging the right people within key counterparts to sustainably achieve program outcomes? b) To what extent are these relationships - and relationships between ACCESS government and non- government partners - characterised by trust, mutual respect, constructive dialogue, and collaboration?	b) [R] Quality of relationships with key counterparts.	Partnership survey and interviews Political economy analysis	Annual

[34] This will include consideration of three key program assumptions: That 1. 'line ministry representatives on GBV and disability working groups and networks have the institutional mandate, authority and incentives to adopt desired changes in practice'; that 2. 'Wider social norms will not undermine the program's efforts to improve the supply of inclusive services e.g. social pressures to blame women for GBV limits service provider willingness to adopt inclusive practices and attitudes'; and that 3. 'Service provider staff have the time, resources, and foundational skills required to translate targeted training and coaching into improvements in attitude, behaviour and practice.'

Criteria	MEL questions and sub-questions	Performance expectations[30]	Methods	Timing/ Freq[31]
	c) How effectively is ACCESS gaining and maintaining traction with influential actors and champions (within and beyond key counterparts)? How willing are they to use their influence to promote ACCESS' agenda? d) What are the impacts on and implications for program implementation? Are any management responses required?			
Approp.	**5. Has the program adequately and appropriately consulted or otherwise engaged with persons with disabilities and women affected by GBV during program planning, implementation, and monitoring?** a) How appropriate are the levels of beneficiary engagement across ACCESS (inform, consult, involve, collaborate, empower)[35]? b) During beneficiary engagement, to what extent is ACCESS meeting agreed ethical standards of conduct e.g. individual consent, confidentiality, safety[36], sensitivity, and offering of assistance or referrals[37]? c) As part of beneficiary engagement, is ACCESS adequately seeking out the voices of more vulnerable groups e.g. indigenous groups, LGBTQI, and elderly persons? d) What are the implications for program implementation? Are any management responses required?	a) (R) levels of ACCESS beneficiary engagement (inform, consult, involve, collaborate, empower). b) (R) adherence to agreed ethical standards of conduct for beneficiary engagement.	Beneficiary engagement logs GESI strategy review	Ongoing Y2/3/5

[35] See https://i2s.anu.edu.au/resources/stakeholder-participation-iap2-public-participation-spectrum/
[36] including safety of ACCESS program staff and partners
[37] See for example WHO *Ethical and Safety Recommendations for Research on Domestic Violence Against Women*.

Criteria	MEL questions and sub-questions	Performance expectations[30]	Methods	Timing/ Freq[31]
Approp.	**6. Has the program maximised opportunities for intersectionality and technical complementarity in addressing both disability inclusion and GBV?** a) How adequately is ACCESS examining issues of intersectionality[38] (gender, ability status, age, ethnicity, sexual orientation, age, religious affiliation, etc.) to recognise the diversity in target beneficiaries' experiences and barriers? b) How adequately is ACCESS working collaboratively across workstreams to respond to the intersectionality of issues that target beneficiaries are facing? c) What are the implications for program implementation? Are any management responses required?	N/A	GESI strategy review	Y2/3/5

[38] Intersectionality is defined by the ACCESS Design Document as "ways in which the layers of gender, race, ethnicity, disability, and socio-economic status or class interact with each other to create advantage or disadvantage. It is often presented as the bridge between otherwise apparently different issues. Rather than fulfilling the intention of building a more unified and powerful voice for, and of, the marginalised, in practical terms it can mean an ineffective concentration of resources on small numbers of 'the most disadvantaged'. While this can yield important individual benefits, it may fail to progress higher level changes that can bring benefits."