



Australian Government

Department of Foreign Affairs and Trade

Australia-Cambodia Cooperation on Equitable Sustainable Services (ACCESS)

INTERNAL RAPID REVIEW REPORT

April 2020



Table of Contents

Acknowledgements.....	ii
Acronyms.....	iii
Executive summary.....	1
1. Background.....	1
2. Purpose and methodology.....	2
3. Findings and recommendations.....	2
3.1 RELEVANCE.....	2
3.2 EFFECTIVENESS.....	3
End of program outcome 1: MoSVY, MoWA and DAC plan and utilise RGC resources more effectively for GBV and disability-related services, with guidance from MEF.....	3
End of program outcome 2: RGC, CSOs and the private sector sustainably improve the coverage, quality and inclusiveness of services for persons with disabilities and women affected by GBV.....	4
Program focus.....	7
Implementing partners / grants.....	7
3.3 Efficiency.....	8
3.4 Gender Equality and Social Inclusion.....	9
3.5 Monitoring, Evaluation and Learning.....	12
3.6 Communications.....	12
3.7 Sustainability.....	13
3.8 Future Funding and Programming Decisions.....	13
3.9 Proposed Mid-Term Review.....	14
Annex 1. Draft evaluation questions for a future mid-term independent review of ACCESS.....	15

Acknowledgements

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Cover photo: The manager of the Physical Rehabilitation Centre in Siem Reap during the visit of the review team.

Acronyms

ACCESS	Australia-Cambodia Cooperation on Equitable Sustainable Services
ASC	ACCESS Steering Committee
CSOs	Civil society organisations
DAC	Disability Action Council
DPOs	Disabled people’s organisations
DWPD	Department of Welfare for Persons with Disability
EOPOs	End-of-program-outcomes
GBV	Gender-based violence
IP	Implementing partner
M&E	Monitoring and evaluation
MEF	Ministry of Economy and Finance
MEL	Monitoring, evaluation and learning
Mol	Ministry of Interior
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Women’s Affairs
NAPVAW	National Action Plan to prevent Violence Against Women
NDSP	National Disability Strategic Plan
NGOs	Non-governmental organisations
PDoWA	Provincial Department of Women’s Affairs
PFM	Public financial management
PWDF	Persons with Disabilities Foundation
RGC	Royal Government of Cambodia
TA	Technical assistance

Executive summary

A rapid internal review of DFAT's Australia-Cambodia Cooperation on Equitable Sustainable Services (ACCESS) program in Cambodia was undertaken in March 2020 to inform future funding decisions.

The review found that the program remains clearly relevant to Australian Government and Royal Government of Cambodia (RGC) priorities. The program has emerged from a lengthy inception period with strong ownership from several key RGC ministries or agencies and with a good foundation for full program implementation, which is now underway. However, the review identified several issues in the disability workstream which, if not addressed, may impact the achievement of ACCESS outcomes.

The review recommends that the ACCESS program be extended for an additional two years (until 2023). Several recommendations are proposed to improve efficiency and effectiveness, particularly under the disability workstream (key recommendations are summarised below). The review recommends that DFAT make an early decision about funding arrangements under the proposed program extension to provide certainty to partners and prevent delays in implementation. Finally, key questions for a future mid-term review (MTR) are proposed in Annex 1.

Key recommendations:

1. DFAT and ACCESS should initiate a strategic discussion to explore reorienting disability workstream goals, priorities, activities and ways of working to strengthen the program's ability to achieve its outcomes
2. ACCESS should increase emphasis on rehabilitation sector strengthening and Persons with Disabilities Foundation (PWDF) engagement and technical support, with a view to increasing PWDF ownership and strengthening sector coordination, while ensuring service reach, quality and inclusiveness standards
3. In the context of decentralisation, ACCESS needs to remain flexible and continue to shift the program's focus towards support to and collaboration with subnational governments
4. DFAT should outline and discuss clear expectations of the managing contractor (the ACCESS team) so that it can step-up its support for ACCESS program management
5. ACCESS needs to strengthen the focus on and increase resourcing for gender equality and social inclusion across all activities
6. The program monitoring, evaluation and learning framework should incorporate more specific targets where possible and feature an expanded focus on service sustainability and the viability of the ACCESS model
7. ACCESS needs to review and improve its public diplomacy and communications work to sharpen key messages and better share its work, progress and results.

1. Background

The Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) program aims to improve the sustainability, quality and inclusiveness of services in Cambodia for persons with disabilities and for women affected by gender-based violence (GBV). The program seeks to strengthen service delivery links between the Royal Government of Cambodia (RGC), civil society organisations (CSOs), the private sector and multilateral agencies at national and subnational levels. The program also focuses on strengthening the financial sustainability required to underpin quality services in both sectors and aims to strengthen economic inclusion for people with disabilities.

ACCESS commenced mobilisation in November 2018 and has two end-of-program outcomes (EOPOs):

1. Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), Disability Action Council (DAC) and Ministry of Women’s Affairs (MoWA) better mobilise RGC resources for GBV and disability services, with support from the Ministry of Economy and Finance (MEF); and
2. RGC, CSOs and the private sector sustainably provide better quality, more inclusive and more accessible services for people with disabilities and women affected by GBV.

2. Purpose and methodology

ACCESS was designed as a five-year program (2018-2023) with a proposed budget of \$25 million. Approval was sought and granted for the first three years and \$15 million with an optional extension for the additional two years. Delegate approval is required to extend ACCESS for the remaining two years (2021-2023). Phnom Penh Post engaged a review team to undertake a rapid internal review to inform the management decision regarding the extension.

The objectives of the review were to make recommendations on:

1. whether Post should proceed with the implementation of ACCESS until 2023, and if so
 - a. what modifications (if any) should be made to the way ACCESS is managed and implemented (e.g. partnerships / modalities / resources / timeframes)
 - b. develop key evaluation questions for a future mid-term independent evaluation of ACCESS, to take place in 2021.

The scope was determined by a range of sub-questions provided by Post and by the methodology, which included a desk review of key documents and a one-week in-country review mission. The review team consisted of a DFAT Canberra officer from the Southeast Asia Development Section, the Aid Performance Advisor at Phnom Penh Post, and a Disability Inclusion Advisor from CBM. The review team also received advice from the Gender Equality Branch in DFAT. From 2-6 March 2020, the review team undertook a broad range of interviews with key stakeholders in Cambodia, including RGC officials at national and subnational levels, DFAT staff, ACCESS team members, ACCESS implementing partners, other development partners and international / local non-governmental organisations (NGOs), and members of disabled people’s organisations (DPOs).

3. Findings and recommendations

Key recommendation:

DFAT should extend the ACCESS program for an additional two years, as per its design. The review found that there is sufficient evidence to support an extension of the ACCESS program until 2023. The program remains relevant to Australian Government and RGC’s priorities and after a lengthy mobilisation process, it is making progress towards its objectives.

If Post decides to proceed with implementation of ACCESS until 2023, the review team proposes several recommendations for consideration in relation to how ACCESS is managed and implemented. A rationale for the review team’s key recommendation is provided under the relevant sections below, along with specific recommendations for Post’s consideration.

3.1 RELEVANCE

The ACCESS program remains relevant to Post’s priorities in Cambodia. Building on previous programs, ACCESS continues Australia’s support in the areas of disability inclusion and GBV, areas of comparative advantage for Australia. The program reflects a shift for Australia’s development program in Cambodia—as outlined in the draft Aid Investment Plan 2020-24—moving away from direct delivery of services to supporting evidence-informed policy making and strengthening government service delivery. The program closely aligns with Australia’s efforts to support human

rights in Cambodia, and builds on Australia's long-standing support for civil society. With no other bilateral donors working to the same extent in either policy area, the program helps demonstrate Australia's commitment to supporting human development, focused on all Cambodians.

The ACCESS program also remains relevant to RGC priorities, aligning with the National Action Plan to prevent Violence Against Women (NAPVAW) and National Disability Strategic Plan (NDSP). During mobilisation a lengthy collaborative process was undertaken with RGC counterparts to design activities under ACCESS to support implementation of these national strategies. This means that there is a shared sense of policy reform priorities. There is clear evidence from RGC stakeholders consulted through the review that there is RGC ownership and support for the program (to varying degrees, ranging from strong support in MoWA and MEF to fair by PWDF). Combining efforts in GBV and disability inclusion under one program helps the Cambodian Government have better visibility and increases efficiencies to some extent.

The move to a new modality and approach has been challenging but the rationale for this change was, and remains sound. ACCESS represents a new way of working for DFAT in Cambodia by more directly supporting the Cambodian Government to implement its own policies. Working through a managing contractor means greater visibility for Australia compared to working through an international organisation and ensures improved efficiency of DFAT resources rather than managing a complex grants process. The program's design takes sustainability seriously, provides a platform to bring key stakeholders together and should allow DFAT to more closely engage in policy dialogue.

3.2 EFFECTIVENESS

End of program outcome 1: MoSVY, MoWA and DAC plan and utilise RGC resources more effectively for GBV and disability-related services, with guidance from MEF

ACCESS is on track to achieve results under EOPO 1 but they will likely be textured, with achievements of different types and to different degrees depending on the partner agency. ACCESS recognises the importance of a flexible approach, which needs to be coupled with flexible expectations. The ACCESS public financial management (PFM) workplan states that work within its three activity areas "must, at this point, be *indicative*, remaining flexible to adjust both to ACCESS program stakeholders' evolving priorities, as well as to uncertainties surrounding the pace and actual timing for implementation" of the RGC's PFM and Decentralisation & Deconcentration reform programs. ACCESS should also look to identify areas where PFM engagement is most needed and most likely to have success, informed by experience thus far. PFM reform is based around the annual budget cycle and therefore can take time to have an impact, since any setback requires at least one year to correct—this suggests a five-year timeframe is much more suitable for pursuing this outcome than a three year program.

Considerable work has already been undertaken by the ACCESS PFM team through technical support to government agencies. An early program focus was on increasing the DAC budget allocation. The ACCESS PFM team had full access to the necessary budget documents and worked closely with DAC staff, who clearly appreciated the program's support. Unfortunately, the MEF did not approve the budget increase which would have been an important early win for the program and instead the failure may have had the effect of deflating enthusiasm within DAC. Nevertheless, one government officer said he "now knows how to request" financing through the budget process. Some PFM work has also commenced with subnational administrations, which as the workplan notes "will certainly require a multi-year effort" to achieve outcomes, given the many stakeholders and "major institutional challenges" involved. There is strong support for the ACCESS program in the MEF—MEF specifically commended the ACCESS baseline budget assessment, noting its quality and usefulness.

According to the MEF, more support is needed on the MoSVY budget as a whole to justify budget increases to individual disability units within it. MEF recognised an improvement in the quality of DAC and Department of Welfare for Persons with Disability (DWPD) budget documentation, but said budget documents must clearly demonstrate that a ministry-wide prioritisation process had occurred to arrive at the final request. This may present a window of opportunity for the ACCESS program, noting that UNICEF are already providing PFM support to other departments within MoSVY. There has

been minimal PFM engagement with PWDF thus far. ACCESS has not had access to the PWDF budget and is instead helping develop a costed basic package of services to help justify funding requests.

Unlike MoSVY, the ACCESS team has not been granted access to MoWA budget documents. While this has been attributed to political rivalries within MoWA, it is important to note that the MEF told the review team that the MoWA budget document is already of good quality and that external support is not required. It may not make sense to continue pursuing this activity at the moment, as there are other emerging opportunities to improve budget allocations for GBV-related work at the subnational level. The Provincial Department of Women's Affairs (PDoWA) in Siem Reap specifically requested support to their budget processes and members of the committee for women and children at the commune visited by the review team also felt there was scope to request more funding for gender equality-related work (including GBV response). One ACCESS implementing partner (IP) (TPO) is already planning to provide support to the commune investment plan in this location so that the commune has more scope to respond to disability and GBV issues.

Recommendations – PFM:

- The ACCESS team should look to prioritise efforts under the PFM work area. This could involve: 1) considering if and how to support improved budget formulation across MoSVY and potentially also with PWDF; 2) reducing efforts to work directly on MoWA budget formulation at national level; and 3) extending efforts at the sub-national level (for both workstreams) if additional windows of opportunity emerge.

End of program outcome 2: RGC, CSOs and the private sector sustainably improve the coverage, quality and inclusiveness of services for persons with disabilities and women affected by GBV

Gender-based violence workstream

Despite the delays in mobilisation, clear progress has been made under the GBV workstream. The key achievement so far is the level of ownership and commitment to the ACCESS program displayed by key stakeholders in MoWA. Significant effort was invested in establishing relationships with government counterparts, building on relationships established during earlier DFAT-funded GBV prevention programs. This process was time and resource intensive but means that there is clear government ownership and stakeholders are working together on shared priorities. MoWA officials referred to the ACCESS principles (ownership, accountability, transparency) and stated that IP-implemented activities directly support MoWA's agenda. The ACCESS team and DFAT staff reported that MoWA displays good advocacy for ACCESS at all levels (confirmed by the review team), with strong engagement from the Minister for Women's Affairs and responsive focal points. Other initial achievements include supporting MoWA to develop a guidance document for the GBV Working Group (to be funded by MoWA) and successful advocacy for a Working Group at provincial level.

With the level of Government ownership and support, if progress continues under ACCESS activities, it appears likely that the outputs would lead to achievement of the GBV-related elements of EOPO 2 within a five-year timeframe. There is a broad range of activities proposed under the GBV workstream, to be implemented through ACCESS technical assistance (TA) and an experienced group of IPs. These activities appear mostly relevant to the achievement of EOPO 2 and well positioned to have a positive impact for women who experience gender-based violence.

There are several challenges under the GBV workstream, which may hinder achievement of outcomes. These include the short timeframe for implementation (currently only 18 months for IP activities); limited capacity of government and service providers (very limited in some provinces and districts); budget constraints and the decentralisation agenda; and the associated difficulties to secure change at the subnational level. Some IPs also reported that some important sectoral areas, such as the Ministry of Health and Ministry of Justice, were not closely linked to the program, which will make it more difficult to secure policy change. The Senior GBV Technical Advisor noted that these

Ministries are always difficult to engage, which will most likely continue. She also noted another key issue for the ACCESS program is the ongoing difficulty of challenging the deep social norms in Cambodia. These can affect the quality of services and trainings provided and therefore on outcomes for women affected by GBV.

There is limited program engagement with representatives / organisations representing women who have been affected by GBV. Strengthening this element, in a balanced way and managing the associated risks, would benefit the delivery of quality, appropriate services for women. Potentially, the ACCESS team or one of the IPs could lead a consultation / feedback process to link experiences of women affected by GBV to program management and learning.

ACCESS does not include the prevention of GBV explicitly in its outcome statements, however the program still presents opportunities to prevent GBV in Cambodia. Given ACCESS' limited budget and already broad scope, the review team determined that it would not be appropriate to develop additional activities specifically looking at GBV prevention. Instead, the ACCESS team should consider the RESPECT framework (developed by the World Health Organization) and ensure prevention efforts under current activities are strong and are being implemented well.

Recommendations – GBV workstream:

- ACCESS should look to improve and support collaboration and communication as much as possible with the key line ministries, such as the Ministries of Health and Justice to strengthen their support in order to achieve better progress against ACCESS objectives.
- ACCESS should strive to ensure that the program is promoting and supporting quality responses and services for women affected by GBV, continuing to challenge entrenched social norms and implementing the RESPECT framework principles in relevant activities. As part of this, ACCESS should explore opportunities to engage more closely with women survivors of GBV or relevant representative organisations.

Disability workstream

Progress under the disability workstream has been fair and has been limited by the fragmentation of disability sector administration across multiple RGC agencies. The key achievement to date is bringing the broad range of IPs together to tackle identified priorities. IPs are highly engaged and value ACCESS' involvement with government agencies. The ACCESS team is providing respected technical assistance (TA) to rehabilitation and employment services with dedicated technical staff (although several respondents felt that staff were stretched and couldn't provide sufficient support), with access to external backstopping support via an Australian disability advisor and recent Motivation Australia consultancy. There is a cohesive grants portfolio in the employment space, and the program is working with the National Employment Agency, which is keen to get further involved.

Levels of ownership as well as understanding of and collaboration around the program's goals varies between key government stakeholders. This may mean that there will be varying levels of achievement of outcomes under the disability workstream within a five-year timeframe. DWPD is very engaged with the program and describes the program as 'government-led' rather than 'ACCESS-led'. The focus on rehabilitation and employment services aligns to the top two NDSP priorities, and the employment / income work is seen by DWPD as addressing a key gap in the former DRIC program. There have been challenges for ACCESS working with DAC and relationships between DAC and the ACCESS team are strained. For example, DAC officials cited concerns about how ACCESS declined funding for several DAC priorities (including a disability concert and travel for DAC senior officials) after previously agreeing to fund the activities. There has been limited senior level DAC engagement with the program, but lower level technical officials reported that they supported the idea of the program and welcomed the opportunity to make a "fresh start" with ACCESS. Both DWPD and DAC are positive about the selection process, choice and roles of IPs, and see these as contributing to their agencies' capacities and priorities. However, PWDF and Physical Rehabilitation Centre (PRC) staff did

not appear to have a sense of ownership of the ACCESS program or an understanding of the “new way of working”.

There are significant challenges relating to ACCESS’ national sector coordination components, which are likely to hinder achievement of outcomes. Disability sector administration is split across multiple agencies and a prospective restructure has been flagged for 2020. Maintaining DAC engagement and pursuing national coordination goals are time intensive for ACCESS staff and require highly relational and political working styles. There may still be opportunities to collaborate with DAC on mutual priorities, but ACCESS will need to be flexible and maintain a collaborative working relationship with DAC to capitalise on these. Coordination between PWDF, DAC and DWPD is very weak and PWDF leadership is not engaged in ACCESS decision-making committees. Effective sector coordination opportunities may arise at the subnational level (and ACCESS has started engaging provincial DACs).

ACCESS faces challenges working in the rehabilitation sector, and progress in this area appears limited. This is largely due to the dispersed and uncoordinated administration of the sector between DWPD, DAC and PWDF, the ongoing transition away from INGO service delivery and a lack of clear government strategy on the future management of PRCs. The RGC has issued a decree mandating PWDF to take over management of all PRCs, however resourcing levels are insufficient and PRCs handed over to PWDF have dropped in terms of service quality and reach. The Siem Reap PRC director noted that outreach activities are significantly limited, despite their service area spanning three provinces, and referral links with health centres and commune councils are no longer functioning.¹ Management capacity and resourcing within PWDF is low, and TA from ACCESS is reportedly less available compared to the previous DFAT-funded DRIC program. The PWDF-convened national PRC working group established under DRIC stalled at the end of that program, and has only recently restarted with ACCESS support. PWDF and PRC stakeholders interviewed did not appear to understand how the approaches and goals of the ACCESS program differed to the DRIC program and asked for direct funding to buy rehabilitation supplies. They also raised concerns about the clarity of roles and responsibilities of the different organisations working on ACCESS’ rehabilitation component. Although Motivation Australia is currently working on minimum service standards for PRCs, given the challenges above, ACCESS will need to increase focus on coordinating, resourcing, technical strengthening and ensuring government ownership in the rehabilitation sector, in order to maintain the quality and inclusiveness of services. As part of this approach, ACCESS should review its goals under this element of the disability workstream to ensure they are realistic and sufficiently flexible.

Recommendations – disability workstream:

- DFAT and ACCESS should initiate a strategic discussion to explore reorientating disability workstream goals, priorities, activities and ways of working to strengthen the program’s ability to achieve its outcomes. This should look particularly at the program’s sector coordination and rehabilitation components. Analysis could consider the evolving contextual barriers; required relationships, resourcing and work styles; minimum service standards; emerging opportunities; and the feasibility of sustainability / handover goals.
- ACCESS should increase emphasis on PWDF engagement and technical support, with a view to increasing PWDF ownership and strengthening rehabilitation sector coordination and strategic planning, while ensuring service reach, quality and inclusiveness standards.
- Explore opportunities to progress subnational level coordination, capacity building and TA, including links between PWDF / PRCs and health centres—particularly noting the essential role of support services in communities and rehabilitation within primary healthcare. Continue to reassess national coordination opportunities, particularly as administrative arrangements (between DAC, DWPD and PWDF) are settled.

¹ Reasons for this were not fully explored by the review team. The Siem Reap PRC director reported that it was difficult to convince local commune authorities or health centre management to take responsibility for sharing service/referral information; local stakeholder engagement may also have been limited by resource constraints.

Program focus

At this stage of implementation, the current focus of activities remains relevant, although it is hard to get a good sense quickly of what activities are contributing to each intermediate outcome. Grant-based activities were selected in close consultation with RGC counterparts during a detailed co-design process last year. These are only at early stages of implementation now.

Decentralisation is a major challenge in ACCESS' operating context but provides opportunities for the program. Recognising the important role of subnational governments under this agenda, there needs to be an increase in focus for ACCESS in this area. ACCESS (and Phnom Penh Post) appears flexible enough to do this and seems to be adapting to the changing context. The ACCESS Steering Committee (ASC) has welcomed a representative from the Ministry of Interior (MoI) and ACCESS is commencing work with the three priority provincial governments on budgeting. ACCESS needs to remain flexible in this changing environment and continue to work and think politically.

It is not obvious what the rationale is for the "priority provinces" under the ACCESS program. During the review, many stakeholders (including ACCESS staff) said that the provinces had been selected on the basis of need (e.g. having the highest incidence of GBV). However, the documents put forward by ACCESS to the ASC state that the selection was based on the presence of existing services that could be strengthened through ACCESS, such as a PRC, GBV Working Group, and strong local DPO. This suggests the objective is to build on stronger foundations to develop well-functioning "model" provinces that could then be rolled out elsewhere, although this narrative is confused somewhat by the presence of activities in multiple other provinces as well. The provincial briefs developed by ACCESS do not explain why the provinces were chosen.

Recommendation – program focus:

- In the context of decentralisation, ACCESS needs to remain flexible and continue to shift the program's focus towards support to and collaboration with subnational governments. The first priority will continue to progress activities in relation to sub-national budgeting.
- A consistent understanding and explanation of the purpose of ACCESS' priority provinces is needed. There should also be more accessible information succinctly summarising which activities (and partners) are contributing to each intermediate outcome. This information is particularly important for communications and program learning.

Implementing partners / grants

The ACCESS program represents a shift in modality for DFAT and IPs under ACCESS have had to change the way they work. The majority of IPs interviewed appreciated the new approach for the program, recognising that the change in approach is important for sustainability. However, all IPs raised issues with the long co-design process. Several reported that they felt ACCESS did not provide enough technical leadership, both through the co-design process and during implementation. This meant that IPs had to "do the heavy lifting" for the program. There were also specific challenges integrating private sector actors into the program.

The grant process was described as "assembling a parachute while in mid-air." Many IPs expressed frustration at the amount of work expected of them at a stage when no contracts had been signed and they were not guaranteed any funding. All contracts are now in place and these issues can to some extent be considered in the past. However, the legacy needs ongoing management in future interactions with IPs. Many IPs feel that the grant periods are too short (especially with delayed approvals), and the grant amounts also potentially too low to achieve the scale of outcomes sought through the program. This is a key issue to consider as the program moves forward, especially if an extension is approved.

Yet, there were some positive perceptions of the grant mechanism process. Despite its drawbacks, the co-design process did deliver strong visibility among IPs of what one another is doing and reduced

duplication. Engaging the government to identify priorities engendered a sense of ownership over the process and support for the choices made; “ACCESS helped but the decisions were ours,” said one government officer.

The IPs and the ACCESS team face ongoing challenges working together, along with the RGC, and do not yet present as a cohesive team. Ongoing issues raised included poor communication and coordination by the ACCESS team, inconsistent and unrealistic expectations regarding M&E, and issues with ACCESS sectoral leads (either not enough time to support IPs and government agencies [disability] or overlap between ACCESS and IP activities, especially within MoWA [GBV]). IPs appeared to have limited awareness of non-grant related ACCESS activities and progress, which meant they questioned the role (and resourcing) of the ACCESS team. At the same time, the ACCESS team reported challenges with the IPs, noting they had less experience working with the Government (private sector IPs) and that some did not value coordination, collaboration or government ownership (particularly the UN agencies).

Recommendations – implementing partners / grants:

- ACCESS needs to strengthen and improve its communication, collaboration and support for the IPs, as the IPs are critical to achievement of ACCESS outcomes. IPs need better warning of expectations, particularly with regards to M&E, and should be provided with more information about the ACCESS program (and progress) as a whole.

3.3 EFFICIENCY

Mobilisation

Mobilisation and start-up took longer than expected but the program now has a solid platform and framework in place. The combination of a managing contractor new to Cambodia, the new modality, and the many stakeholders involved contributed to delays but ACCESS—with DFAT support—has largely pushed through these challenges. ACCESS now has an established office with skilled staff and all strategy and policy documents are in place. One IP noted that tax status issues are not yet resolved for ACCESS, and thus mobilisation is perhaps not fully complete.

Program management

Managing the ACCESS program has required a significant investment of DFAT resources. ACCESS is a complex program, working in a challenging operating context. With the shift to supporting government implementation, DFAT staff need time for relationship management and advocacy to maximise the impact and influence of Australia’s development assistance. Now that ACCESS has moved to the implementation phase and with a new Deputy Team Leader on board, there is an opportunity to shift more program management functions to the ACCESS team. This will free DFAT staff up for more strategic discussions and policy dialogue with key stakeholders. DFAT should continue to allocate sufficient resources to both continue program oversight and management and to meet its policy influencing and visibility objectives.

ACCESS has a strong team with several staff that bring significant experience to the program, yet some gaps remain. The ACCESS team has a large amount (and breadth) of work to cover and it seems that several staff may be stretched. Some potential gaps still remain, particularly in terms of communications (which the program is already moving to fill), M&E, gender and disability mainstreaming and in the disability workstream (see relevant sections below). The gaps appear to be in resourcing levels rather than staff capability. ACCESS has been responsive to DFAT requests, but need to continue to work on preparing for meetings and improving the quality and timeliness of written inputs to meet DFAT standards and requirements.

There is concern of overwhelming key stakeholders and clear, consistent communication and coordination is needed across the ACCESS portfolio. The majority of Government stakeholders

expressed support for ACCESS' work and did not believe their ACCESS-related workloads were a problem at this stage, noting ACCESS was helping them to implement their priorities. However, several stakeholders stated that they would appreciate more notice in order to plan ahead for meetings and others noted that they would prefer shorter summaries from ACCESS rather than the lengthy documents currently provided in English. Some IPs expressed concern that their activities will be further delayed if government officers have to choose between them, both in terms of their time and when it comes to rationing allocated DSA days (ten days per months in the case of MoWA).

Recommendations – program management:

- DFAT should outline and discuss clear expectations of the managing contractor (the ACCESS team) so that it can step-up its support for ACCESS program management.
- The ACCESS team should review whether it has the right resources in the right places to support quality delivery, coordination, collaboration and communication across the program (with DFAT, RGC and IPs).
- The ACCESS team needs to improve time management and strengthen its communication (particularly with regards to planned meetings) with ACCESS IPs and government counterparts in order to decrease pressures.

Governance arrangements

The governance mechanism for ACCESS appears sound. The ASC has good, consistent representation from most RGC key stakeholder ministries. The recent addition of a representative from MoI is timely and will help the program respond effectively to the changes taking place due to decentralisation. Overall, the ASC seems to be working well, although one government respondent believed it could meet more regularly to provide stronger direction for the program. The CIM Panel appears to have functioned well and the grant selection process managed transparently and appropriately.

The two technical working groups do not appear to be functioning at the same level or with the same level of ownership or commitment. MoWA leads the GBV Workstream Technical Group, which appears to be working effectively. MoWA advised that they lead the group's meetings and monitor the IPs' work, reviewing progress and challenges and working together with the IPs and ACCESS to find solutions. The ACCESS team reported that the Disability Workstream Technical Group had held its first meeting but there was limited to no awareness amongst key stakeholders (DAC, MoSVY-DWPD, PWDF) in this area about the group. Government stakeholders in the Disability workstream also stated they have no role in monitoring the work of IPs.

Recommendations – governance:

- As noted above, a strategic review of the approach for the disability workstream should be undertaken. This review should determine the best governance approach for the disability workstream.

3.4 GENDER EQUALITY AND SOCIAL INCLUSION

GESI in implementation

ACCESS has developed a comprehensive and ambitious GESI Strategy, however its implementation has only just started and will require significant effort. The ACCESS GESI Strategy sets out a range of proposed actions—across internal / organisational, partnership, programming, communications, MEL and advocacy domains—that are well aligned to DFAT's gender equality and disability inclusion strategies. The Strategy is ambitious and its implementation will require strong leadership and coordination across all program stakeholders. The two ACCESS sector leads have relevant expertise and are coordinating on this, but their roles are stretched. The ACCESS team has recognised the need

to move the GESI Strategy to a phased implementation plan, has introduced the plan to IPs and is planning a GESI strategic review in Quarter 2 of 2020.

ACCESS' focus on government ownership and sustainability will likely limit the quality and inclusiveness of services, particularly in relation to more marginalised groups. Although some progress has been made, government disability agencies (PWDF, DWPD, PRC) do not currently have the awareness, intention or capacities needed to reach more marginalised groups of people with disability (such as women with disability or people with cognitive difficulties) or to ensure adequate levels of support and accommodations are in place for those accessing services. Services at the Siem Reap PRC, for example, have been scaled back since handover to PWDF, with very limited outreach to people outside of Siem Reap town (despite the PRC covering three provinces). Women represent only six per cent of PRC clients (down from 20 per cent prior to handover—still a very low number). In this context, it is important for DFAT and the ACCESS team to discuss key standards and to determine what is required to maintain these in order to ensure minimum standards of service quality and inclusiveness are met (with particular consideration on reaching more marginalised population groups). Options might include strengthening support to PWDF to improve their management capacity or looking at models for IPs to focus on identified gaps in service quality or reach.

ACCESS' limited focus on service demand-side approaches may limit the equitableness and sustainability of services, particularly in terms of reaching more marginalised groups (such as women with disabilities, people with low literacy, people in remote locations). Although IPs are delivering some subnational demand-side activities such as strengthening local CSOs to understand available services and demand rights / services, these approaches are not emphasised in ACCESS. DPOs met during the review strongly emphasised the importance of supporting local DPOs and women with disabilities forums to collect evidence of service needs and gaps at the grassroots level and feed this up to decision-makers. Some INGOs active in the GBV sector² expressed the view that ACCESS "doesn't have the right balance" between strengthening government and supporting local civil society, or that ACCESS 'should side more with the people'. Although not part of the ACCESS design, a stronger focus on demand-side or rights-based activities could be considered as part of sustainability and equity strategies, and would align well to Post's focus on human rights strengthening and people-focused development. If this is not possible under ACCESS, Post should look to ensure these elements are addressed in the complementary social accountability investment currently being designed.

Disability inclusion

Overall, ACCESS reflects a significant contribution to the disability sector in Cambodia and is on track to have a positive impact for people with disabilities accessing the specific services supported by the program. Opportunities to strengthen disability inclusion and ensure better alignment to DFAT's *Development for All Strategy* are discussed below. CBM's Disability Inclusion Advisor will submit an advisory note separately to this report, which will provide further explanation and implications relating to these themes.

People with disabilities and DPOs are participating in ACCESS, but only to a limited extent in decision-making or strategic roles, and not to the extent expected of a flagship disability sector investment like ACCESS. The design phase included significant consultation with DPOs, including specific consultations with women with disabilities, and two people with disability were recently recruited to join the ASC and CIM Panel, respectively. DPOs do have an ongoing role in ACCESS, but this is limited to CDPO as an IP delivering services / TA and engagement of local DPOs in subnational activities. This may reflect pragmatic decisions given the shrinking political space for national DPO advocacy and the ACCESS focus on government institutions, however, more needs to be done to ensure the program is meeting DFAT's commitment (in its *Development for All Strategy*) to actively involve people with disabilities and / or DPOs in planning, implementation and monitoring and evaluation. Further opportunities should be explored to strengthen the involvement of DPOs with programming and M&E. This may require working to build capacity, strategic analysis and engagement skills of DPOs at the national level to ensure their participation in active roles.

² Two INGOs specifically referred to here had submitted proposals for the ACCESS CIM, but were not selected.

There are opportunities to strengthen disability inclusion within the MEL system and ensure this supports broader disability inclusion goals. The current MEL system could potentially be adjusted to ensure stronger alignment to disability inclusion principles and / or targeted production of evidence and learning against key inclusion considerations. Examples include analysis of barriers limiting access to services or participation in activities; aligning program MEL to the evidence needed by DPOs or local civil society for rights / service-demand; ensuring people with disabilities are involved in MEL processes and can use these to build their own capacities; and exploring the possibility to extend support to monitoring of the NDSP. In support of this, there could be a need for training or technical support around specific methodologies, e.g. use of Washington Group questions or methods for collecting information from more marginalised population groups.

Intersectionality

Expected benefits of the ACCESS design in terms of intersectional inclusion and cross-sectoral engagement have not yet materialised, however opportunities exist and are being explored by the ACCESS team. Progress to date has largely occurred in the GBV workstream. MoWA has an internal disability inclusion working group and broad awareness of the need to reach women and girls with disabilities; ACCESS has capitalised on this and is providing targeted TA in this space. A representative person with a disability is also included in the provincial GBV working groups—this was mandated in the Guidelines after a joint ACCESS-MoWA field visit. By contrast, disability sector agencies are almost exclusively staffed by men and have low awareness of gender equality issues. Some early opportunities to progress intersectionality may have been missed through the focus on separate workstreams in both TA and grant modalities. Despite a promising start with the detailed co-design process, IPs noted that the workstreams are siloed and there is little interaction or knowledge sharing (despite strong IP technical skills in respective domains).

Nevertheless, ACCESS remains well positioned and is starting to help break down broader siloing of gender equality and disability work within Cambodian government and civil society. ACCESS has targeted two IPs with a specific focus on women with disabilities, and will soon bring on an additional IP with a gender equality / GBV and disability focus. Plans at the activity level include gender equality training for PRCs and guidance on access to GBV services for women and girls with hearing impairments. ACCESS has not yet had the space to drive a broader intersectional / inclusive policy and programming agenda beyond individual activities or IPs. ACCESS is uniquely positioned to progress an agenda focused initially on women and girls with disability across both workstreams, and potentially extending this to broader intersectional analysis, coordination and programming.

Recommendation – GESI and intersectionality:

- ACCESS needs to strengthen the focus on and increase resourcing for gender equality and social inclusion across all activities, particularly to improve gender equality mainstreaming for the disability workstream and on implementation of a broader intersectional inclusion agenda.
- The ACCESS team and DFAT should evaluate the quality and inclusion performance of ACCESS-targeted services to date, and set minimum quality and inclusion standards going forward. This review should assess whether any adjustments to ACCESS approaches are required to meet these standards, particularly relating to rehabilitation services.
- ACCESS should explore opportunities to establish mechanisms for ongoing involvement of women survivors of GBV, people with disabilities and / or DPOs in strategic and decision-making capacities across the program.
- DFAT and the ACCESS team should consider increased focus on a demand-side / rights-based perspective, potentially through complementary investments, to strengthen local civil society awareness and capacities relating to identifying needs and demanding services.

3.5 MONITORING, EVALUATION AND LEARNING

The monitoring, evaluation and learning (MEL) system provides a solid platform for generating credible information on performance across different workstreams and approaches (e.g., grants, TA, PFM). A significant amount of effort was put into establishing *performance matrices* to provide a baseline for policy-related work. This also had programming benefits in bringing stakeholders together to generate joint understandings of the current state of play. Going forward, it will be important for ACCESS to effectively utilise the range of information it gathers for MEL, reporting and communications purposes. The relationship between the ACCESS MEL Manager and Clear Horizons appears to be well established and collaborative in nature. Program officers are expected to spend one third of their time on M&E, which will be important to avoid overstressing MEL resources. ACCESS is also considering a standing contract with a consultancy firm to provide MEL surge capacity.

There are some gaps and limits to the MEL Framework. Performance Expectations focus heavily on service user numbers but do not state targets—therefore, the intended impact is not clear: for example, PE1 is simply “number of women affected by violence accessing services”. Furthermore, the main numeric indicators do not address quality or sustainability (which, along with coverage, are key components of EOPO 1 and 2). A longitudinal study in progress is intended to address quality issues, but it is not clear how this might support a wider judgment about the effectiveness of the ACCESS modality. There are broader issues relevant to Australia’s aid program that are not captured in the MEL Framework, particularly around the longer-term sustainability of results and viability and value-for-money of the ACCESS model. These should be investigated through the MTR (see Annex 1).

There will still be ongoing challenges and teething issues related to the ACCESS MEL system. The PFM Baseline demonstrated the difficulty in tracking allocations to GBV and disability (which had been envisaged as a key indicator of progress). This highlights the importance of having the complementary qualitative processes, such as the rubrics and significant change stories. Draft stories of significant change provided to the review team present what may be an overly-rosy picture of the disability workstream—DFAT and the ASC will need to stay alert and sense check program reporting. The newly introduced Management Information System (MIS) is already creating consternation among IPs who say the online reporting system is difficult to use and inconsistent with their internal processes.

The ACCESS Reflection Workshops and Partnership Surveys generate important unbiased information. The ACCESS leadership must review these results and respond where necessary, and Post can use the results to triangulate what is being reported by ACCESS. In particular, the results show a significantly lower level of enthusiasm among disability workstream partners (government and IP) compared to GBV partners. Disability IPs cited weaknesses in terms of management, communication, meeting regularity, and clarity of roles and responsibilities whereas ACCESS disability staff reported no weaknesses in these relationships.

Recommendation – Monitoring, Evaluation and Learning

- The program monitoring, evaluation and learning framework should incorporate more specific targets where possible and feature an expanded focus on service sustainability and the viability of the ACCESS model.
- ACCESS should ensure the wide range of activity output and outcome information can add up to a proof-of-concept for the new approach represented by ACCESS. Gaps will need to be addressed by the MTR, including the program’s broader relevance to Australia’s aid program.
- Where possible, ACCESS should review the Performance Expectations so they include a stated target against which performance can be gauged and look to explore ways to capture improvements in sustainability and quality of services in the MEL Framework.

3.6 COMMUNICATIONS

The ACCESS program's Communications Strategy covers the wide breadth of program stakeholders and activities but it may lack the strategic focus to really cut through, especially if not managed by skilled staff. Overall, the program would benefit from greater clarity in the purpose and production of communications material. ACCESS needs to consider products that articulate how the program works, including efforts (activities and partners) under each intermediate outcome and in each priority province, and the best ways to highlight the program's progress and results and Australia's support. The addition of a Communications Officer is welcome and the team leaders are aware of the importance of enhancing the standard and tempo of this work.

ACCESS needs to emphasise benefits for Cambodian people in program communications. Then, where possible, link this back to systemic changes supported by ACCESS. This will require very active engagement with IPs who interface with community-level beneficiaries. Documenting workshops and other technical processes will not be sufficient to capture imagination and attention. MEF also emphasised the importance of seeing real human outcomes to support further budget reforms.

Recommendation – communications:

- ACCESS should review and improve its public diplomacy and communications to sharpen key messages and better share its work, progress and results.

3.7 SUSTAINABILITY

Ownership of the ACCESS program is strong in MoWA but much less consistent in the RGC disability units. This has the potential to affect sustainability. Without a collective effort by MoSVY to put forward a defensible, prioritised budget the prospects for securing sustainable financing levels for disability services is diminished. There may be varying degrees of sustainable impact across the different intermediate outcomes / disability services targeted, and it will be important to take stock of this situation in order to focus efforts where they are most required or likely to be most impactful.

ACCESS is part of a broader, long-term shift. The ACCESS approach is based on assumptions about increasing RGC capacity, including financial, which may only come to fruition by degree. Several respondents talked about an MEF-imposed ceiling on ministry budgets, despite a strong expansion in government revenues over recent years. This is reflected in a revised program logic which now seeks "more effective" or "improved" services or EOPOs rather than set targets for increased financing. This is a sensible approach, as given the challenging operating environment it may be difficult to expect that the RGC will assume complete responsibility for all GBV and disability services, or even the capacity building aspects of ACCESS at the end of the five-year timeframe. A key question for an MTR is whether the ACCESS program could and should enter a second phase and if so, in what form.

3.8 FUTURE FUNDING AND PROGRAMMING DECISIONS

Given the delays in mobilisation, the ACCESS team and IPs are significantly concerned about the limited time available for implementation under the current approved timeframe. IPs require certainty about the timeframes and budget they have available to implement their activities.

If the program is extended, how the next phase of funding will be allocated is undecided. ACCESS is already spread across multiple partners, provinces and activities. Under an extension, it would be most effective to strengthen activities already underway and only use additional resources to address identified bottlenecks or programmatic gaps that are limiting the achievement of ACCESS outcomes.

Recommendation – future funding and programming decisions, if the program is extended:

- DFAT, the ACCESS team and the ASC should consider (quickly) if and how another stage of grants would work, communicate next steps with key stakeholders and ensure plans are in place to prevent delays.

- Limiting the number of new grants is recommended. These should address gaps and barriers only. Despite the benefits of the co-design process, this process should be truncated for a second round to improve efficiency.

3.9 PROPOSED MID-TERM REVIEW

Key evaluation questions for a future MTR are at Annex 1. These present a range of avenues through which the program could be evaluated, with DFAT able to select those most pertinent at the time.

Given that this review has provided a rapid assessment of progress following mobilisation and the establishment of the program's full activity suite, the MTR should be planned at a point late enough to consider any achievement of the EOPOs but early enough to still provide guidance to future programming decisions. This point would likely come in early 2022, when the first round of grants have been implemented and two more national budget cycles conducted (2020 and 2021).

The proposed questions are designed to extend the existing M&E framework to focus on key broader or longer-term issues, such as sustainability. For example, while the MEL system aims to track key actions taken by ministries during the ACCESS program's timeframe (Performance Expectation 6), the MTR should assess whether these actions are likely to result in sustainable improvements in service delivery.

Where possible, the ACCESS MEL team should be encouraged to propose answers to these broader questions but due to their focus on the many points of the vertical programming approach, to some extent it will fall to DFAT and the MTR to consider how the program's many outputs and intermediate outcomes are adding up to the kind of systematic change that is envisaged.

It is also recommended that the MTR be used as an opportunity to consult with women survivors of GBV and diverse people with disabilities, as well as their representative organisations (noting the absence of such mechanisms within ACCESS at the time of this review). Consideration should also be given to whether there are opportunities to include a local women's organisation and local DPO in the review team.

Annex 1. Draft evaluation questions for a future mid-term independent review of ACCESS

Relevance

- To what extent does ACCESS remain relevant and is it responding appropriately to the evolving context of GBV and disability sectors in Cambodia, including the government decentralisation process?
 - Have assumptions and approaches in the ACCESS design been tested and, where required, adapted?
 - Are there opportunities to pilot new approaches and / or rebalance existing priorities?
- To what extent does ACCESS still complement / align with Australia's development priorities / activities under the bilateral program in Cambodia?
- To what extent were the partners and activities selected appropriate (were the right partners selected to address the right issues in the right locations)?
- Is the current program theory for ACCESS still relevant? Are the current ACCESS End of Program Outcomes still relevant?
- To what extent is the balance right in terms of a national versus subnational focus?
- Are the current grant funding amounts, structure and focus of the implementing partners still

appropriate?

Effectiveness and efficiency

- To what extent is ACCESS progress on-track, and what enablers and inhibitors explain progress under specific workstreams?
 - o What is the current progress on outputs and outcomes?
 - o What social, technical, economic, environmental and political factors are supporting or impeding progress?
 - o How are formal and informal institutions, decision-making processes and incentives and disincentives of key stakeholders (national government, subnational government, community leaders) affecting progress?
 - o To what extent are program activities being completed in a timely manner and are they of appropriate quality (technical assistance, capacity building, etc)?
 - o To what extent does the program MEL framework contribute to timely analysis of progress in outputs and outcomes for program improvement?
- Do the outputs and outcomes of the program represent value-for-money?
- What effects, positive and negative, have resulted from consolidating GBV and disability inclusion programming under one program? How has each workstream performed and what are the implications of this?
- How has service delivery for people with disabilities and women affected by GBV changed in the ACCESS priority provinces compared to non-priority provinces?
 - o Has the geographic focus led to increased effectiveness and / or efficiency?
- Is ACCESS genuinely increasing government “ownership” of sector strategies?
 - o Has this been achieved while maintaining standards of quality and inclusiveness of services, particularly in relation to more marginalised groups?
 - o Can this ownership translate into an improvement in services, be it in quality, sustainability or inclusiveness?
 - o Is there potential for scaled up / leveraged impact from the program outcomes?
 - o What are the implications for Australia’s Aid Investment Plan / Development Partnership Plan in Cambodia?
- Is there evidence of significant positive change in access or barriers to services for people with disabilities and women affected by GBV (as per ACCESS Performance Expectation 1-3)?
 - o How equitable are these changes in relation to diverse and more marginalised population groups?
 - o What support and access strategies are being provided to ensure equity and minimise risk of harm in relation to accessing services?
- Are the current ACCESS corporate support structures, functions and staffing optimal?

Sustainability

- To what extent are the outcomes of the ACCESS program being actively sustained, in terms of continued national and subnational investments and on-going service quality?
 - o Beyond ACCESS, what has been the additional further investment by both national and subnational governments, if any?
 - o What evidence suggests that ACCESS outcomes (particularly regarding service quality) are

(or will be) sustained 3-5 years beyond implementation?

- To what extent are the numbers of people receiving support through ACCESS and non-ACCESS services (as per ACCESS Performance Expectation 4) expected to be able to sustainably receive those services after ACCESS concludes in 2023?
- Will the changes made through ACCESS by selected line ministries (as per ACCESS Performance Expectation 6) translate into more sustainable service delivery?
- To what extent has ACCESS supported cohesive strategic planning and coordination of the Cambodian rehabilitation sector? How could this be strengthened?

Replicability at scale / of approach

- To what extent is the ACCESS program demonstrating a scalable model and relevant lessons to enable effective replication at scale?
 - o In what ways has the program influenced RGC policy and practice?
 - o Is the modality providing leveraged development impact? How does this effect the value for money of the approach?
- Could the ACCESS modality to be applied to other services or sectors? Or in other countries?

Gender equality and social inclusion

- Is the program promoting gender equality and addressing barriers to inclusion, including for people with disabilities, ethnic minorities and indigenous populations (across all program interventions)?
- To what extent is ACCESS addressing intersectionality and, in particular, access to services for women with disabilities?
- To what extent are women survivors of GBV and diverse people with disabilities, and / or their representative organisations actively involved in planning, implementation and monitoring and evaluation of ACCESS?
 - o Has ACCESS aligned to their priorities and / or supported their capacities to effectively engage in relation to target sectors?
- How well are the World Health Organization's RESPECT guiding principles being implemented in practice under the ACCESS program?
- Is the political economy analysis and gender and disability analysis being used to inform the program's work? Are local women's and disability organisations being utilised to develop, review and update the analysis?
- How well are gender-sensitive budget approaches being implemented? Is there a good understanding of what these mean in practice?
- Is the gender equality training being conducted of high quality? Are the activities well monitored to confirm that messaging is consistent and appropriate?

General

- What benefits has the ACCESS modality and delivery mechanism provided to DFAT in terms of program management and influence? What have been the drawbacks?
- Should the ACCESS program be considered for a further phase? If so, in what form?