



Cambodia Women's Crisis Center Join Us for Social Transformation (JUST)

Women, girls and those with marginalised status and socially excluded – women and girls with and without disabilities, Khmer Muslim, Entertainment/Sex workers and LGBTI in the target areas experience less violence and are empowered to claim and enjoy their human rights

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Cambodia: Phnom Penh, Kampong Speu, Tbong Khmum, Battambang, Siem Reap and Kampong Thom

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Disclaimer: This evaluation report has been compiled by an independent evaluator. The report is a product of various consultations with multiple stakeholders at community, district, national and international level. The analysis presented in this report reflects the views and opinions of the author and may not necessarily represent those of CWCC, its partners or UN Trust Fund.

ACRONYMS AND ABBREVIATIONS

ACCESS	Australia-Cambodia Cooperation for Equitable Sustainable Services
ASEAN-RPA	Asean Regional Plan of Action on EAWW
CBPN	Community-Based Protection Networks
CCWC	Commune Committee for Women and Children
CSO	Community Service Organizations
CWCC	Cambodian Women’s Crisis Center
CSO	Community Service Organizations
DAC	Disability Action Council
EW	Entertainment Workers
DWCCC	District Women’s and Children’s Consultative Committee
EVAWG	Ending Violence against Women and Girls
FGD	Focus Group Discussion
GADC	Gender and Development Cambodia
GBV	Gender Based Violence
GBV-RWG	Gender Based Violence Response Working Groups
GEDI	Gender Equality and Disability Inclusion
GEDSI	Gender Equality, Disability and Social Inclusion
IP	intimate partner
JUST	Join Us for Social Transformation
KII	Key Informant Interviews
LBTI	Lesbian, Bisexual, Transgender, Intersex
LBTIQ	Lesbian, Bisexual, Transgender, Intersex, Queer
MoWA	Ministry of Women’s Affairs
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NAPVAW	National Action Plan to Prevent Violence against Women
NDSP	National Disability Strategic Plan
NEW	Network of Entertainment Workers
OPDs	Organizations for People with Disabilities
PDoWA	Provincial Departments of Women’s Affairs
ToT	Training of Trainers
TVET	Technical and vocational education and training
TWGG-GBV	Technical Working Group on Gender – Gender Based Violence
UNTF	UN Trust Fund

VAC	Violence against Children
VAW	Violence against Women
VAWG	Violence against Women and Girls
WDC	Women's Development Centers

EXECUTIVE SUMMARY

This evaluation report assesses the outcomes of the Join Us for Social Transformation (JUST) Project that was implemented in Cambodia with a focus on addressing violence against women with a particular emphasis on marginalised groups including women with disabilities, Khmer Muslim women, LGBTI persons, and entertainment workers. This report provides a comprehensive analysis of the project effectiveness, relevance, efficiency, sustainability, impact, knowledge generation and actionable recommendations.

Context

Cambodia continues to face high levels of violence against women and girls (VAWG). The 2021–22 Demographic and Health Survey reported that one in five women had experienced violence from an intimate partner. These figures underline the seriousness of the problem and the need for sustained multi-sectoral responses. Marginalised groups—including women with disabilities, Khmer Muslim women, entertainment/sex workers, and Lesbian Bisexual Transgender and Intersex (LBTI) individuals—are disproportionately affected due to intersecting forms of discrimination. These groups often face heightened risks of violence while simultaneously being excluded from services, protection mechanisms, and policy-making processes.

It was within this context that the *JUST Project* was launched, implemented by the Cambodian Women’s Crisis Center (CWCC) and ADD International with support from the UN Trust Fund to End Violence Against Women (2022–2025). The project was designed to close critical gaps by both strengthening essential services and advancing inclusive prevention approaches, ensuring that the needs of those most excluded were placed at the centre of the response.

Project Overview

The overall aim of the JUST Project was to reduce violence against women and girls by strengthening inclusive essential services, transforming harmful gender and social norms, and embedding intersectionality into national policy frameworks. To achieve this, the project was implemented in six provinces and implemented four interconnected strategies.

First, the project established and capacitated Gender-Based Violence Response Working Groups (GBV-RWGs) to enhance coordination across justice, health, police, and social services, ensuring survivor-centred standards were consistently applied. Second, the SASA! methodology—a globally recognized community mobilization model—was adapted to the Cambodian context with a newly developed intersectionality module to promote inclusive social norm change. Third, the project sought to empower marginalised groups by facilitating peer networks, savings groups, and livelihood support initiatives, thereby strengthening both protection and economic resilience. Finally, at the national level, the project contributed technical input to policy processes, influencing the design of the forthcoming National Action Plan to Prevent Violence Against Women (NAPVAW 2025–2030) and the National Disability Strategic Plan (NDSP 2024–2028).

Purpose and Objectives of the Evaluation

The independent evaluation assessed the JUST Project against criteria of effectiveness, relevance, efficiency, coherence, sustainability, and impact. It also examined the project’s

contribution to knowledge generation, gender equality, and human rights, while identifying lessons learned and promising practices for replication. The evaluation aimed to provide CWCC, ADD International, government stakeholders, and donors with actionable insights to strengthen future programming and policy responses.

Methodology Overview

A mixed-methods design was adopted, combining both quantitative and qualitative approaches. The evaluation team reviewed program documents and progress reports to assess outputs and outcomes against targets. Fieldwork was conducted across project sites and included 18 focus group discussions with 133 participants, 45 key informant interviews with government officials, civil society representatives, and community leaders, as well as a structured survey with 201 direct beneficiaries. This triangulation of sources ensured validity and depth of analysis. Ethical safeguards were prioritized throughout to ensure confidentiality and minimize risks for survivors and community members.

Key Achievements and Impact

The evaluation found that the JUST Project has achieved notable progress in expanding access to services, shifting community norms, and influencing policy frameworks. Over 1,500 survivors of violence accessed inclusive services during the project period, compared to 252 at baseline. Help-seeking behaviour increased from 21 percent to 78 percent, with particularly high gains among women with disabilities and LGBTIQ individuals. This represents a significant transformation in confidence and trust in services.

Social norm change efforts have been successful. Following the adaptation and rollout of SASA! with an intersectionality module, 73 percent of survey respondents reported a reduced risk of violence in their communities. At the same time, 27 community-based protection networks and savings groups were established, empowering women to build solidarity, manage risks collectively, and improve economic independence.

At the policy level, the project made a direct contribution to embedding intersectionality in national strategies. Both the draft NAPVAW 2025–2030 and the NDSP 2024–2028 include provisions on disability inclusion and intersectional prevention, with alignment to Strategic Objective 6 on reducing violence against women with disabilities. Furthermore, the project built institutional capacity, training 372 duty bearers and service providers on survivor-centred approaches, referral guidelines, and GEDSI standards, thus laying a foundation for systemic change.

Key Findings by Criteria

In **effectiveness**, the evaluation found that the JUST Project was highly effective in meeting and in some areas exceeding its intended outcomes. By the end of the project period, 1,532 survivors had accessed inclusive services, compared to a baseline of just 252. This dramatic increase reflects the project's success in strengthening referral pathways, building capacity of service providers, and ensuring that marginalised women—including women with disabilities, Khmer Muslim women, entertainment workers, and LBTI individuals—could access legal, psychosocial, and social support without discrimination. Help-seeking behaviour also increased substantially, with 78 percent of endline survey respondents reporting that they sought help when needed, compared to only 21 percent at baseline.

The project also demonstrated effectiveness in reducing risks of violence and shifting attitudes at the community level. Through the adaptation of SASA! with an intersectionality lens, communities were engaged in discussions about power, rights, and gender equality. Survey results show that 73 percent of participants reported reduced risk of violence in their communities, while qualitative data from FGDs highlighted greater awareness of rights, increased confidence to report abuse, and stronger solidarity among women. The establishment of 27 community-based protection networks further reinforced these outcomes, providing safe spaces for women to share experiences and access resources.

At the institutional level, the project effectively built the capacity of 372 duty bearers and service providers, equipping them with knowledge of referral standards, GEDSI principles, and survivor-centred practices. Interviews with police, social affairs officers, and service providers confirmed that coordination had improved, with referrals more frequently made across sectors. Importantly, these institutional changes signal that survivor-centred practices are becoming embedded within routine service delivery.

Overall, the JUST Project's effectiveness lies in its multi-level approach: combining community mobilization with institutional strengthening, direct service provision, and policy influence. This comprehensive model ensured that progress was not only measured in numbers reached but also in qualitative improvements in survivors' confidence, empowerment, and access to justice.

With respect to **efficiency**, the evaluation found that resources were well prioritized toward direct service delivery and technical expertise. Fieldwork observations confirmed that activities were delivered cost-effectively, although sustainability will require increased government investment. The project also demonstrated strong **coherence**, complementing national programs such as ACCESS 2 and regional commitments under the ASEAN RPA on EVAW, reinforcing rather than duplicating other initiatives.

On **sustainability**, the establishment of Gender Based Violence Response Working Groups (GBV-RWGs), community-based protection networks, and policy integration created strong foundations for continuity, while ADD's participatory grant making and exit principles are designed to ensure long-term local ownership. In terms of **impact**, the project contributed to measurable reductions in risks of violence, enhanced empowerment for marginalised women, and stronger institutional frameworks at both local and national levels.

Knowledge generation was another important achievement, with the adaptation of SASA!, development of GEDSI training packages, and piloting of participatory grant making for OPDs emerging as promising practices that can inform global learning.

Finally, in relation to **gender equality and human rights**, the project consistently embedded survivor-centred, rights-based principles, ensuring that interventions promoted dignity, respect, and empowerment for marginalised women and girls.

Challenges

Despite these achievements, the project faced several challenges. The most significant was its limited geographic reach, which confined impact to selected provinces and left gaps at the national scale. Sustainability risks remain, as scaling and institutionalizing inclusive approaches will require continued political will and domestic resources beyond donor funding.

Persistent stigma and discrimination against marginalised groups continue to hinder access to services and justice, while coordination gaps at subnational levels, though improved, remain uneven across provinces.

Recommendations

The evaluation highlights six key recommendations for strengthening future EAW/G programming:

- Scale proven approaches nationally by expanding GBV-RWGs, the adapted SASA! methodology, and peer networks beyond pilot provinces.
- Deepen inclusion by tailoring interventions further for marginalised groups, ensuring accessibility, culturally relevant IEC materials, and strengthened peer-led advocacy.
- Strengthen health sector capacity by investing in survivor-centred training for healthcare providers and ensuring consistent monitoring of service quality.
- Secure sustainability by advocating for dedicated budget lines in NAPVAW and NDSP implementation, while expanding participatory grant making to OPDs and community groups.
- Document and share learning by disseminating promising practices at national, regional, and global levels to influence wider EAW/G programming.
- Foster cross-sector collaboration by engaging education, labour, and digital safety sectors to address emerging risks and ensure coherence across development agendas.

Conclusion

The JUST Project has demonstrated that inclusive, intersectional, and survivor-centred programming can be both effective and impactful in preventing violence against women and girls and improving access to services. The project reduced risks of violence, expanded help-seeking, strengthened institutions, and influenced national policy frameworks. Importantly, it placed marginalised groups at the centre of their interventions, ensuring that those most often excluded were empowered to claim their rights.

While challenges remain in terms of scale, sustainability, and addressing persistent stigma, the project has established strong foundations at community, institutional, and policy levels. With continued investment, political will, and replication of promising practices, the achievements of JUST can be sustained and expanded, contributing significantly to Cambodia's EAW/G agenda and offering valuable lessons for global practice.

1 CONTEXT AND DESCRIPTION OF THE PROJECT

Cambodian Women's Crisis Center (CWCC) with its co-implementing partner ADD International has been implementing the Join Us for Social Transformation (JUST) project in Cambodia which focuses on preventing and responding to violence against women (VAW) at the intersection of VAW (different types) experienced by women with disabilities, women entertainment workers/sex workers, women in Khmer Muslim communities and LGBTI groups. Women in these groups are the most marginalised experiencing stigma, discrimination, and increased rates of both physical, sexual and emotional violence and are excluded from economic opportunities. Women in these groups also have the least access to engage in prevention and receive appropriate, available, and accessible response services. Their rights are not fulfilled, they are excluded from the services they need, and their voice is not heard in policy development. These challenges were compounded by the COVID 19 pandemic with further isolation and barriers to service.

The Constitution of Cambodia guarantees equality stating that all citizens enjoy the same rights regardless of race, colour, sex, language, beliefs, religion, social status, or wealth. In Cambodia the most common rights violation for women and girls is gender-based violence against women and girls (VAWG). The Cambodia Demographic and Health Survey 2021-22 data shows that one in five (21%) of women report having experienced emotional, physical, or sexual violence by their current or most recent intimate partner (IP) in their lifetime.¹ The National Action Plan to Prevent Violence against Women (NAPVAW) recognizes that some women face increased risk or barriers in access to services based on intersecting characteristics such their work, age, economic status, health, gender identity, sexual orientation, ethnicity, disability, or other factors. Yet, the primary focus has been on intimate partner violence. With support of the UN Trust Fund (UNTF), CWCC and ADD International have applied an intersectional approach that focuses on both prevention and response at the intersection of VAWG and disability recognizing that lack of access to jobs, economic opportunity, experiences of stigma, social isolation, and discrimination form barriers for women with disabilities to access their right to a life free of violence. These efforts have led to a greater focus on women with disabilities with their inclusion in coordination and response mechanisms, and in law and policy processes resulting in increased access to inclusive services.

Building on learnings of the previous successful UN Trust Fund work on the intersection of violence against women and women with disabilities, the JUST project has focused on addressing inequitable social norms, stigma, and discrimination experienced by the groups, improve the responses of duty bearers, provide essential services and provide opportunities for women's voices to be raised up to influence policy development such as the National Action Plan to Prevent Violence against Women. The JUST project has engaged with community service organizations representatives representing each of the groups.

The overarching theory of change of JUST is that if women and girls including those from marginalised groups have improved access to essential specialized VAWG services, if behaviour, attitudes, and practices are improved positively for rights holder groups, duty bearers, and individual women and if legislation, policies, and national action plans are

¹ National Institute of Statistics (2015) *Cambodia Demographic and Health Survey 2021-22*. Phnom Penh. (CDHS) 2021-22, CDHS 2014.

accountable to marginalised women, then VAWG will be prevented, and quality of essential services improved.

The overall goal is that empowered women, girls and those with minority status and socially excluded – women and girls with and without disabilities, Khmer Muslim, Entertainment/Sex workers and LGBTI in the target areas are empowered, have improved access to essential quality services and VAWG will be reduced.

Initially, the JUST project updated the community mobilization approach to engage women in marginalised groups in building their agency, increasing access to legal, psychological, and other essential services and supporting them to raise their voices to the policy level. Women in marginalised groups were engaged through community service organizations that are led by and engage the target groups. Previous successful work with Organizations for People with Disabilities (OPDs), Samrong Tong Disability Development Federation was expanded and adapted to new CSO groups engaged. These included Love is Diversity, a LGBTI group, Network of Entertainment Workers (NEW), Khemara, working with women with disabilities, and Aphivat Strey, a Khmer Muslim group.

Where existing groups did not exist, women’s, groups were formed. Engaging and partnering with these groups has ensured that marginalised groups are leading and informing the work. This has improved peer support between the women in the marginalised groups as well.

At the same time duty bearers were engaged through ministries and development and capacitating of Gender Based Violence Response Working Groups (GBV-RWG) to help them to challenge their own negative social norms that prevent them from providing marginalised women access to quality essential services. The GBV-RWG’s have also been capacitated on relevant minimum service standards such as referral and basic counselling.

Services (not provided by the government) have also been made available such as safe shelter, legal services, psychological counselling, economic empowerment based on the needs and wishes of the women themselves.

The learnings from engaging with women in the marginalised groups was used to influence and advocate at the policy level for inclusion in national plans and strategies. Opportunities were provided to raise their voices – considering their safety. As a result, violence against women and girls in marginalised groups has been decreased as they have increased access to essential services, been engaged in policy dialogues to ensure appropriate strategies to address their needs are included in national strategies, and their voices raised up and engaged in prevention and services actions.

The focus of the project was in ten districts/Khans in six provinces in Cambodia: Kampong Speu (Samrong Tong and Kong Pisey), Thboun Khmum (Thboun Khmum and Ou Rieng Ouv), Battambang (Battambang and Ek Phnom), Phnom Penh (Reuseykeo), Siem Reap (Angkor Thom and Angkor Chhum) and Kampong Thom (Prasat Balaing). These provinces were selected based on the government’s priority areas for programming, areas with high populations of the marginalised groups and high rates of violence against women.

Description of the Project:

Organization	Cambodian Women’s Crisis Center (CWCC)
Project title	Join Us for Social Transformation (JUST)
Project duration	01 August 2022 to 31 July 2025
Budget and expenditure	USD \$999,400

Geographical areas	Cambodia: Kampong Speu, Thboungh Khmum, Battambang, Phnom Penh, Siem Reap and Kampong Thom
Specific forms of violence addressed by the project	Violence in the Family: IPV and NPV (Physical, Psychological and emotional, sexual), Violence in the Community: Sexual violence by non-partners (rape/sexual assault), and Trafficking in Women and Girls
Main objectives of the project	Women, girls and those with marginalised status and socially excluded – women and girls with and without disabilities, Khmer Muslim, Entertainment/Sex workers and LGBTI in the target areas experience less violence and are empowered to claim and enjoy their human rights.
Key assumptions of the project	<p>Engagement in the project can raise the profile of the marginalised groups increasing already increased risks for VAW/G. To address vulnerability and high risk to VAW/G, the project has engaged civil society organisations in activities they lead themselves.</p> <p>The project is in line with government strategies and policies to address discriminative VAW/G and disability rights in Cambodia and has a high level of support from concerned ministries.</p> <p>CWCC/ADD and its local partners have excellent relationships with local government actors and at the national level. The project has engaged with the government from the start, so it is consulted and involved in the development of the project’s learning and dissemination strategies.</p>
Description of targeted primary and secondary beneficiaries	<p>Primary beneficiaries are: Women and girls that are experiencing or are at risk of violence in the target communities including <i>women and girls with disabilities, LGBTI women, Khmer Muslim women and women working in the entertainment sector</i>. Total number of primary beneficiaries: 1,905 persons.</p> <p>Secondary beneficiaries and their roles are as follows: <i>Family members of the survivors</i> who support the project implementation; partner NGOs; government institutions at a provincial level such as the <i>Department of Social Affairs, Department of Women’s Affairs, the Disability council at national and provincial level</i> and other relevant national and international entities working to address violence against women and girls.</p> <p>These groups are the key stakeholders who share experience and lessons learned with CWCC for successful project implementation. Total number of secondary beneficiaries: 1,583 persons.</p>
Key implementing partners and stakeholders	<p>The Ministry of Women’s Affairs (MoWA) holds responsibility for preventing and responding to VAWG and has identified in the NAPVAW and it is strategic plan Neary Rattanak V addressing the needs of five marginalised groups: <i>women with disabilities, women in indigenous groups, Khmer Muslim women, and LGBTI women</i>.</p> <p>Disability Action Council (DAC) is the government body responsible for responding to people with disabilities.</p> <p>GBV Response Working Groups: At the provincial and district level the project will engage with GBV Response Working Groups to provide capacity</p>

development to target discriminatory social norms that prevent women in marginalised groups from participation and access to services.

Community Service Organizations (CSOs). The project engages with CSOs that represent or have memberships of marginalised groups. To ensure the relationships are ethical and mutually beneficial and best represent the needs of marginalised women and girls' membership groups have been identified that have been engaged in the planning of this proposal through direct communication.

Organizations of People with Disabilities (OPDs). ADD works with OPDs and radio stations to amplify the voice of persons with disabilities and particularly women and girls with disabilities to influence government and the public to claim justice for women and girls with disability.

Love is Diversity is a group that advocates for LGBTQI+ rights in Cambodia through internet and other activism. Their focus is on addressing stigma and discrimination and policy advocacy. CWCC engages with Love is Diversity to link with the LGBTI community to engage on peer actions for prevention and improved response to reach this community.

Network of Entertainment Women (NEW) is a membership organization of women entertainment workers. CWCC engages with NEW to link with entertainment workers on prevention, improved response for this community and to eliminate sexual harassment in workplace by advocating the enforcement of the criminal code regarding sexual harassment and sexual exploitation.

Khemara and Aphivat Strey are both non-government organization focused on promoting gender equality and have experience in working with OPDs, Self-Help Groups and Khmer Muslim women.

The overall goal is that empowered women, girls and those with minority status and socially excluded – women and girls with and without disabilities, Khmer Muslim, Entertainment/Sex workers and LGBTI in the target areas are empowered, have improved access to essential quality services and VAWG will be reduced.

Outcome 1: Survivors of violence including those who are marginalised and socially neglected (women and girls with disabilities, Khmer Muslim, Entertainment Workers and LGBTI) have increased access to inclusive and quality essential services: psychological, social and legal.

Output 1: Duty bearers and service providers in target districts have increased capacity to implement policies/guidelines related to violence against women and provide essential services with greater inclusion of women and girls with disabilities and other marginalised status (Khmer Muslim, Entertainment Workers and LGBTI).

Output 2: Duty bearers and service providers intervene in and refer cases of VAWG survivors (including women and girls with disabilities, LGBTI, Khmer Muslim and entertainment workers) in the target areas following minimum standards as adopted by the government ministries.

Outcome 2: Social norms, behaviours, attitudes and practices in the communities are transformed or improved to better to protect women and girls from violence.

Output 3: Women and girls including those with marginalised status (women and girls with disabilities, Khmer Muslim, Entertainment Workers and LGBTI) are working together in networks (and as peer support groups) to prevent themselves from any form of violence.

Output 4: Duty bearers/parents/caregivers have increased capacity on how to promote women's rights, gender equality and prevent VAWG.

Output 5: Through income generating activities, women and girls, including those marginalised (women and girls with disability, Khmer Muslim, Entertainment Workers and LGBTI) are empowered to build economic independence and hence prevent themselves from experiencing VAWG.

Outcome 3: Government partners: Ministry of Women's Affairs (MoWA) and Disability Action Council (DAC) have increased capacities to develop and implement national Action Plans responding to violence against women with strong emphasis on intersectionality.

Output 6: MoWA and DAC have increased knowledge on violence against women with strong emphasis on intersectionality and are actively engaged in activities toward preventing violence against women.

2 EVALUATION PURPOSE, OBJECTIVES AND SCOPE

2.1 PURPOSE OF THE EVALUATION

The purpose of the evaluation of the JUST Project was to assess its impact, how the project has achieved the above stated outcomes, extract the main learning as well as any unintended impact on EVAWG. The findings of the Evaluation were presented to stakeholders in target areas, particularly to OPD and NGO partners, and the report will be shared with government agencies, particularly MoWA and DAC, UN bodies, national and international organizations working on gender-based violence and EVAW, mainly UN Women and ACCESS Programme and GADNet, among others. Some of the findings and lessons learned will be used as inputs for the development of policy recommendations and national plans – National Gender Equality Policy, NDSPs and new NAPVAWs. CWCC and ADD International will use the findings to produce learning outputs, develop new programmes and projects and to take the project to scale.

2.2 EVALUATION OBJECTIVES

The objectives of the evaluation are:

- **To evaluate the entire project** (1st August 2022 to 31st July 2025), against effectiveness, relevance, efficiency, sustainability, knowledge generation and impact criteria, as well as the cross-cutting gender equality and human rights criteria.

- **To identify key lessons and promising or emerging good practices** in the field of ending violence against women and girls, for learning purposes.

2.3 SCOPE OF THE EVALUATION

The Evaluator(s) led a comprehensive assessment of the joint CWCC and ADD project implemented from August 2022 to July 2025, with a focus on addressing violence against women and the inclusion of persons with disabilities. Responsibilities included reviewing background documents and literature, consulting with CWCC and ADD staff, and designing a robust evaluation framework detailed in an inception report.

Field visits were conducted across six provinces—Kampong Speu, Thboung Khmum, Battambang, Phnom Penh, Siem Reap, and Kampong Thom between Week 3 and 4 of July 2025, and July 31, 2025—to gather data through interviews and focus group discussions with community members, duty bearers, DPOs, and other stakeholders, engaging over 379 stakeholders to date.

Following data collection, the Evaluator(s) analysed findings, and organized a validation workshop to present results, and integrate feedback into the draft report. The evaluation has resulted in clear, actionable recommendations to guide CWCC and ADD in future program planning and advocacy initiatives to address critical gaps and improve responses to violence against women.

2.4 EVALUATION CRITERIA TABLE

Evaluation Criteria	Mandatory Evaluation Question
Effectiveness <i>A measure of the extent to which a project attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change.</i>	1. To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? 2. To ascertain the effectiveness of the SASA! adaptation into the Cambodian context.
Relevance <i>The extent to which the project is suited to the priorities and policies of the target group and the context.</i>	3. To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
Efficiency <i>Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</i>	4. To what extent was the project efficiently and cost-effectively implemented?
Coherence <i>Measures how the project aligns internally and externally with other interventions, national policies and priorities, or international commitments</i>	5. To what extent has the intervention support or undermined other EVAW/G initiatives, and vice versa
Sustainability <i>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</i>	6. To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends? 7. To what extent has continued funding helped sustain or scale up progress made in reducing or preventing violence against women?

<p>Impact Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</p>	<p>8. To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?</p> <p>9. How did the previous UN Trust Fund funded project contribute to the current project's impact in reducing or preventing violence against women, including both intended and unintended effects?</p>
<p>Knowledge generation Assess whether there are any promising practices that can be shared with other practitioners.</p>	<p>10. To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be documented and shared with other practitioners?</p>
<p>Gender Equality and Human Rights</p>	<p>Cross-cutting criteria: the evaluation should consider the extent to which human rights based, disability and gender responsive approaches have been incorporated throughout the project and to what extent.</p>

3 METHODOLOGY

3.1 EVALUATION DESIGN

3.1.1 Overall Evaluation Design

The technical approach for carrying out the end of project evaluation of the JUST project was systematic and collaborative in nature. The evaluation design applied a mixed-methods approach combining quantitative and qualitative data collection methods to provide a comprehensive understanding of the impact and outcomes of the JUST Project's interventions.

The evaluation collected both primary and secondary data through 1) a desk review of existing resources and 2) qualitative input from primary and secondary beneficiaries through focus group discussions, key informant interviews and observations, and 3) a brief one-to-one survey to gather specific input on the key indicators. These were compared to the findings of the baseline survey report conducted at the beginning of the project.

The brief survey data results were analysed for frequencies of responses and results presented in graphic or tabular forms. Since baseline was conducted at the beginning of the project, the data collection and analysis measured progress from the baseline according to relevant indicators. The analysis of the qualitative data was inductive – looking for patterns, themes, and categories emerging out of the data. This framework lets themes emerge out of the data rather than being imposed prior to data collection and analysis

A purposive sampling strategy was employed. Primary data collection took place in Phnom Penh, as well as 5 other sites where many primary beneficiaries including women and girls who are survivors of VAW (Women and girls with disabilities, Khmer Muslim, entertainment workers, LGBTI individual and secondary beneficiaries including CWCC and ADD staff, UNTF Portfolio managers, GBV Response Working Group, PDoWA in each province, MoWA, DAC, Loves

Diversity, Entertainment Working Group, OPD Leader are active, such as Kampong Speu, Tboung Khmum, Battambang, Siem Reap and Kampong Thom provinces.

3.1.2 Data Sources

Data was collected from multiple sources to ensure a rich and robust dataset:

- **Primary Data:** Collected directly through one-to-one surveys, key informant interviews, focus group discussions (FGD), and observations.
- **Secondary Data:** Existing records, annual programme reports, assessment of social norm changes by implementing intersectionality and SASA! approaches, IEC Materials on SASA! and Intersectionality, adopted the GEDSI Training reports, NDSP III, NAPVAW, Neary Rattanak VI and datasets relevant to the program (e.g., demographic data, previous evaluations). Evaluation of the previous UNTF project Promoting Women's Dignity and Model.

3.1.3 Methods of Data Collection and Analysis

3.1.3.1 Document Review and Secondary Data Analysis:

The lead evaluator conducted a desk review of primary and secondary sources including the proposal, periodic reports, reports of assessments conducted by the project, IEC Materials on SASA and Intersectionality, training reports, Neary Rattanak IV, Draft National Action Plan to Prevent Violence against Women (2025-2030), National Disability Strategic Plan, evaluations of previous projects including Promoting Women's Dignity, and Preventing Violence against Women and Girls with Disabilities: A community mobilization project.

3.1.3.2 Focus Group Discussions (N=133 participants):

A total of 18 FGDs were held with 133 participants (target was 120). FGDs were held with members of Community Based Protection Networks (Self -Help Group of Women with Disabilities, Khmer Muslim Women, and most marginalised women) to provide various perspectives on the program (See Table 1 below for summary of FGDs).

FGD participants were invited by ADD, CWCC or an implementing partner to participate. The time and location were agreed upon to be convenient and safe for participants.

3.1.3.3 Key Informant Interviews (N=45 participants):

The evaluation team conducted in person interviews with 45 key informants that include CWCC staff, ADD staff, and key stakeholders (GBV Response Working Group, PDoWA in each province, MoWA, DAC, Love is Diversity, Entertainment Working Group, and an OPD Leader. The members of the External Stakeholder Reference Group were also interviewed – UN Women, GADC, CDPO, and Women Peace Makers. The target was to interview 41 people and was achieved (See Table 2 below for a full list key informants).

KII participants were invited by ADD, CWCC or an implementing partner to participate. The evaluation team visited the offices or an agreed upon location with the interviewee.

3.1.3.4 One-To-One Survey (N=201 respondents):

The One-to-One Survey that was used for the Baseline Survey was adapted to gather information that aligns with the objectives of the evaluation. The One-to-One Survey was conducted during face-to-face interviews with project participants. The CWCC, ADD staff and partners arranged the interview times to be convenient for the participants. Kobo Collected was used as a tool to gather data.

The sampling method employed in the evaluation is a non-probability convenience sample. The overall sample is 201 which is an estimated 10% of the population of direct beneficiaries. The margin of error for a 95 percent confidence level for this size sample is + or – 7% which is generally acceptable for evaluations and provides for a robust qualitative mixed method analysis with a strong base for triangulating qualitative data.²

The 201 respondents were from project participants and represent the target groups including women with disabilities, women entertainment workers, LGBTI and Khmer Muslim women. The target was to interview 201 participants and was achieved (See Table 3 below for the breakdown by group).

3.1.4 Sample

The proposed sampling frame in the Terms of Reference and detailed in the Inception Report was followed for FGDs, KIIs and the One-to-One Survey. The following are tables with the summary numbers by category of study participant. For the One-to-One Survey the age and disability status are also included.

Table 1: Summary of Focus Group Discussions Conducted

FOCUS GROUP	STAKEHOLDER TYPE	LOCATION	GENDER IDENTITY	NUMBER OF PARTICIPANTS
1	Women’s Group	Kampong Thom	Female	8
2	Women’s Group	Siem Reap	Female	10
3	Women’s Group	Battambang	Female	6
4	Women’s Group	Tbong Khmum	Female	7
5	Women’s Group	Phnom Penh	Female	7
6	Women’s Group Khmer Muslim	Battambang	Female 7 Male 1	8
7	Women’s Group Khmer Muslim	Tbong Khmum	Female	7
8	Women’s Group Khmer Muslim	Phnom Penh	Female	5
9	LGBTIQ	Phnom Penh	Female 3 Male 3	6
10	LGBTI Network	Siem Reap	Female	10
11	LGBTI Network	Kampong Thom	Female	4
12	Entertainment Workers	Phnom Penh	Female	10
13	Entertainment Workers	Siem Reap	Female	8
14	Entertainment Workers	Siem Reap	Female	8
15	Women with Disabilities Self-Help Group	Battambang	Female	7
16	Women with Disabilities Self-Help Group	Kampong Speu	Female	7
17	Women with disabilities	Kampong Speu	Female	8
18	Women with disabilities Self-Help Group	Tbong Khmum	Female	7
Total Number of FGDs				18
Total Number of FGD Participants				133

² UNEG (2016). *Norms and Standards for Evaluation* – United Nations Evaluation Group.

Table 2: Summary of Key Informant Interviews Conducted

Key Informants	KAMPON G THOM	SIEM REAP	BATTAMB ANG	KAMPON G SPEU	TBONG KHMUM	PHNOM PENH	Other	Total
PDoWA	1	1	1	1	1			5
GBV Response Working Group	2	2	3	3	1	1		11
NGOs		3	1	1	1	2		8
EW Leader	1	1						2
LGBTI Leader	2	1						3
Organization of People with Disabilities	1	1	1	1	1	1		6
Disability Action Council						1		1
Ministry of Women's Affairs						1		1
UN Women						1		1
Women Peace Makers						1		1
Gender and Developmen t Cambodia						1		1
UN Trust Fund							1	1
Project Staff							3	3
TOTAL	7	9	6	6	4	8	4	45

Table 3: One to One Survey Sample Completed by Province (n=201)

	Battam- bang	Kampong Speu	Kampong Thom	Phnom Penh	Siem Reap	Thboug Khmum	Grand Total
Khmer Muslim				12		34	46
Entertainment Worker			5	12	8		25
LGBTIQ			3	8	12		23
Women with a disability	13	25				12	50
Women including survivors	5	8	8	14	11	11	57
TOTAL	18	33	16	46	31	57	201

Table 4: One to One Survey Respondents by Age and Sex (n=201)

Age Category	Female	Male	Total
<18	9		9
18-27	20	4	24
28-37	50	6	56
38-47	37		37
48-57	34		34
58-67	14		14
>68	27		27
TOTAL	191	10	201

Table 5: One to One Survey Respondents Disability Status by Sex and Category of Disability (n=201)

Respondents reported Allot of difficulty or Cannot do at all	Female	Male
Difficulty seeing even if wearing glasses	27	1
Difficult hearing even in wearing a hearing aid	20	
Difficulty walking or climbing steps	20	
Difficulty remembering or concentrating	40	1
Difficulty with self care	4	

3.1.5 Validation Workshop

A Validation Workshop was held on September 30, 2025, with key stakeholders including partner organizations and government representatives. The findings of the evaluation were presented, and participants were able to provide input.

Overall, the participants agreed significantly with the findings of the evaluation noting that the evaluation findings accurately reflected their community realities, particularly in terms of increased satisfaction with services, improved capacity of duty bearers, and stronger referral systems. They emphasized the need for continued and expanded training for government staff and service providers, better dissemination of information (including through peer networks for groups such as entertainment workers, people with disabilities, and LGBTI individuals), and stronger support to Khmer Islamic groups. Recommendations highlighted expanding the scope of the JUST project to new areas, building networks for marginalized groups, improving access to legal aid and shelters, and ensuring resources such as materials and health check-ups reach communities. Overall, the discussions reinforced the evaluation results while adding practical suggestions for sustaining and scaling the impact.

3.2 LIMITATIONS OF THE METHODOLOGY

The study is limited by the type of data collected. The study is based on reported data from the agencies and evaluative input from key informants. The data is primarily qualitative and cannot be generalized but only represents what the study participants said. To respond to this limitation, multiple types of key informants were asked similar questions to triangulate the findings and validate the reported data.

3.3 SAFETY AND ETHICAL CONSIDERATIONS AND PROTOCOLS

Any research that is conducted with women that may have been subject to violence, are at risk for violence or otherwise in a marginalised group, requires ethical considerations to be reviewed in research. Following the World Health Organization, *Researching Violence Against Women: A practical guide for researchers and activists*, key principles and steps that were followed include:

Do No Harm: The overall ethical approach was do no harm to the participants. This approach required that the researchers prioritize the safety, dignity, rights, and well-being of participants above all other considerations, even above the research objectives – as is described in the following actions.

Design of Data Collection Tools: Data collection tools and processes were designed to be gender and culturally sensitive, specifically ensuring non-judgmental language. This was accomplished through an initial design of tools by an evaluation team experienced in conducting research with marginalised or at-risk groups. The tools were reviewed by ADD and CWCC to ensure the approach was appropriate as well. The data collectors hired were experienced, were provided training on culturally sensitive language, and represented women from the populations targeted in the project.

Training of Researchers: Researchers were trained to conduct the research. This included training on the research protocol, good practice in interviewing and applying the ethical approach to privacy, confidentiality, voluntary participation and consent. Researchers were also oriented to conducting culturally sensitive interviews with the different participant groups.

Informed Consent: All interviews were initiated by obtaining informed consent to conduct the interview. This process included an explanation of the purpose of the interview, any risks and benefits for the participant, what the data will be used for, that participation in the interview is voluntary, and that participants can refuse to answer any questions or leave at any time – and refusing to participate does not impact services. No participants declined to be interviewed, however only participants that have agreed to participate would have been permitted to stay. The informed consent script was written in English and translated into Khmer for the interviewers.

Voluntary participation: Participants were permitted to withdraw at any time or refuse to answer a question with no consequences. Visits were organized by CWCC and ADD and paid attention to such factors as work and care times for the participants, and locations that were considered safe. In some cases, this meant conducting interviews after 5 PM or supporting costs for transportation.

Confidentiality and Anonymity: Participants names were not collected, only basic demographic information. They will be able to answer questions anonymously. Any data collected and reported will not be tied to anyone's name or identity.

Referral for Services: Researchers were aware of referral resources and how to make a referral to support services when appropriate for an interviewee. Referrals were available for participants in cases of distress or if interested in support services.

Point of Contact: participants were provided with a point of contact in the research team where they could follow up with any questions.

Data Security: Data collectors used written notetaking for FGDs and KIIs. The notes written by note takers were kept secure until digitized through password protected files and submitted to the lead researcher. The survey data was collected on Kobo Collect. The Kobo file was password protected, and only able to be accessed by the lead researcher and the statistical analysis team.

Photographs: No photographs were taken of the participants by the researchers.

Safeguarding: Researchers have training in safeguarding and child protection. All signed CWCC and ADD's policies around Safeguarding. In addition, the approach was applied that includes that researchers are not alone with research participants. This takes the approach of seen but not heard – so the persons being interview have a sense of privacy, and protection at the same time.

Interviews with children: In some limited cases, study participants were children between age 15 and 18 years of age. Child protection measures were that children will only participate with the consent of parents or guardian and their assent. No interviewer was alone with a child. All the same safety measures above applied to children.

4 FINDINGS

4.1 EFFECTIVENESS

The evaluation study undertook a comprehensive assessment of the achievement of its intended goals, outcomes and outputs (project results) achieved and how.

Evaluation Question 1: To what extent were the intended project goal, outcomes and outputs achieved and how?

Achievement of Project Goals, Outcomes, and Outputs

Goal: The overall goal is that women, girls and those with marginalised status and social excluded – women and girls with and without disabilities, Khmer Muslim, entertainment/sex workers and LGBTI in the target area- experience less violence and are empowered to claim and enjoy their human rights.

Indicator

% of women, girls and those with marginalised status and social excluded – women and girls with and without disabilities, Khmer Muslim, entertainment/sex workers and LGBTI in the target areas perceive less violence by the end of the project, are accessing quality services and report to being empowered.

Achieved:

Reduced risk of violence: By project end, 73 percent of women and girls from marginalized groups reported a reduced risk of violence, with results as high as 98 percent among women with disabilities.

Improved access to services: Survivors' access to quality essential services rose sharply—1,532 survivors received support compared to 252 at baseline, and 78% sought help when needed, up from 21% at baseline.

Strengthened empowerment and agency: Women reported greater confidence, solidarity, and ability to claim their rights and raise their voices within families, communities, and policy spaces.

Outcome 1: Survivors of violence including those who are marginalized and socially neglected (women and girls with disabilities, Cham, Entertainment Workers and LGBTI) have increased access to inclusive and quality essential services: psychological, social and legal.

Outcome 1 Indicator	Baseline	Target	Achieved
# of survivors of VAWG disaggregated by women and girls with/without disability, Cham, EW and LGBTI who have access to inclusive quality essential services.	252	1500	1,532

Output 1: Duty bearers and service providers in target districts have increased capacity to implement policies/guidelines related to violence against women and girls and provide essential services with greater inclusion of women and girls with disabilities and other marginalized value (Cham, Entertainment Workers and LGBTI).

Output 1 Indicator	Baseline	Target	Achieved
# of Duty bearers and legal service providers in target district increased knowledge on policies/guidelines related to violence	0	176	372

against women and the provision of inclusive quality essential services to VAW survivors			
Output 2: Duty bearers and service providers intervene in and refer cases of VAWG survivors (including women and girls with disabilities, LGBTI, Cham and entertainment workers) in the target areas following minimum standards as adopted by the government ministries.			
Output 2 Indicator	Baseline	Target	Achieved
# of cases of VAWG Survivors where duty bearers/members of GBV response groups intervene in respond to and refer cases of violence against women and girl survivors disaggregated by disability, Cham, EW, LGBTI	65	350	1,313
Outcome 2: Social norms, behaviors, attitudes and practices in the communities are transformed to better protect women and girls from violence			
Outcome 2 Indicators	Baseline	Target	Achieved
% of community members who are more aware/supportive of protecting women and girls from violence	0	60%	72% (monitoring data) 82% (Endline Data)
% of women and girls disaggregated by sex, disability, Cham, EW, and LGBTI who report to experiencing less risk of VAWG	21	60%	86% (monitoring data) 73% (Endline Data)
Output 3 Women and girls including those with marginalized status (women and girls with disabilities, Cham, Entertainment Workers and LGBTI) are working together in networks (and as peer support groups) to prevent themselves from any form of violence.			
Output 3 Indicator	Baseline	Target	Achieved
# of support groups disaggregated by disability, Cham, EW and LGBTI established as networks responding to VAW issues in their respective communities	0	29	29
Output 4: Duty bearers/parents/caregivers have increased capacity to promote women's right, gender equality and prevent VAWG			
Output 4 Indicator	Baseline	Target	Achieved
# of duty bearers/parents/caregivers in target district report having district report having gained knowledge on applying the SASA model (promotion of women's rights	0	160	243
Output 5: Through income generating activities, women and girls, including those marginalized (women and girls with disabilities, Cham, entertainment workers, and LGBTI) are empowered to build economic independence and hence prevent themselves from experiencing VAWG			
Output 5 Indicator	Baseline	Target	Achieved
# of women disaggregated by women and girls with disabilities, Cham, entertainment	0	36	58

workers and LGBTI engaged in income generating activity			
Outcome 3: The government partners Ministry of Women's Affairs and Disability Action Council have increased capacity to develop and implement VAW NAPS with a strong emphasis on intersectionality			
Outcome Indicator:	Baseline	Target	Achieved
# of NAPS developed and implemented by MoWA and DAC that respond to VAWG from an intersectionality perspective e.g. NAPVAW IV, Neary Rattanak, NDSP	0	1	3
Output 6: MoWA and DAC have increased knowledge on violence against women with strong emphasis on intersectionality and are actively engaged in activities toward preventing violence against women.			
Outcome Indicator:	Baseline	Target	Achieved
Output 6 Indicator: # of policy briefs on intersectionality where recommendations into policies at national level with key stakeholders	0	1	1

4.1.1 Project Goal: The overall goal is that women, girls and those with marginalised status and social excluded – women and girls with and without disabilities, Khmer Muslim, entertainment/sex workers and LGBTI in the target area- experience less violence and are empowered to claim and enjoy their human rights.

Indicator: % of women, girls and those with marginalised status and social excluded – women and girls with and without disabilities, Khmer Muslim, entertainment/sex workers and LGBTI in the target areas **perceive less violence** by the end of the project, are **accessing quality services** and **report to being empowered**.

The JUST Project represents a comprehensive and successful approach to preventing and responding to VAWG in Cambodia. Implemented by the CWCC in partnership with ADD International and a wide network of government and civil society actors, the project combined inclusive service delivery, community mobilization, and policy advocacy to achieve meaningful and lasting change. By strengthening referral pathways, engaging national and sub-national authorities, and empowering marginalized groups—including women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI individuals—the project demonstrated how coordinated partnerships, and intersectional strategies can effectively reduce violence, challenge discriminatory norms, and promote the rights and empowerment of women and girls

Key Achievements toward Goal Indicator

Reduced risk of violence: By project end, 73 percent of women and girls from marginalized groups reported a reduced risk of violence, with results as high as 98 percent among women with disabilities.

Improved access to services: Survivors’ access to quality essential services rose sharply—1,532 survivors received support compared to 252 at baseline, and 78 percent sought help when needed, up from 21 percent at baseline.

Strengthened empowerment and agency: Women reported greater confidence, solidarity, and ability to claim their rights and raise their voices within families, communities, and policy spaces.

Both project monitoring data and an independent endline evaluation confirmed a marked reduction in perceived violence across all target groups, with especially strong outcomes among women with disabilities. Qualitative data from FGDs and KIIs reinforced these findings, with participants consistently linking reduced violence to increased awareness of rights, improved service access, and strengthened economic empowerment.

The JUST Project has made significant progress toward reducing violence against women and girls while empowering those with marginalized or socially excluded status to claim and enjoy their human rights. The findings illustrate that coordinated interventions—combining inclusive service delivery, capacity-building of duty bearers, and community mobilization—are effective in challenging harmful norms and creating safer environments. Importantly, women’s own voices affirm that training, networks, and empowerment activities have translated into tangible improvements in their daily lives.

Taken together, the evidence demonstrates that the JUST Project has successfully contributed to reducing violence and advancing empowerment in Cambodia and provides a strong model for scaling and sustaining future EAW programming.

4.1.2 Outcome 1: Survivors of violence including those who are marginalised and socially neglected (women and girls with disabilities, Khmer Muslim, Entertainment Workers and LGBTI) have increased access to inclusive and quality essential services: psychological, social and legal.

Outcome 1 Indicator	Baseline	Target	Achieved
1.1 # of survivors of VAWG disaggregated by women and girls with/without disability, Khmer Muslim, EW and LGBTI who have access to inclusive quality essential services.	252	1500	Y1 450 cases Y2 975 cases Y3 1532 cases

Outcome 1 focused on ensuring that survivors of violence, particularly those from marginalised and socially excluded groups such as women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI individuals, have greater access to inclusive and quality essential services. To achieve this, the project strengthened the capacities of duty bearers and service providers through targeted training and coordination, established and supported GBV

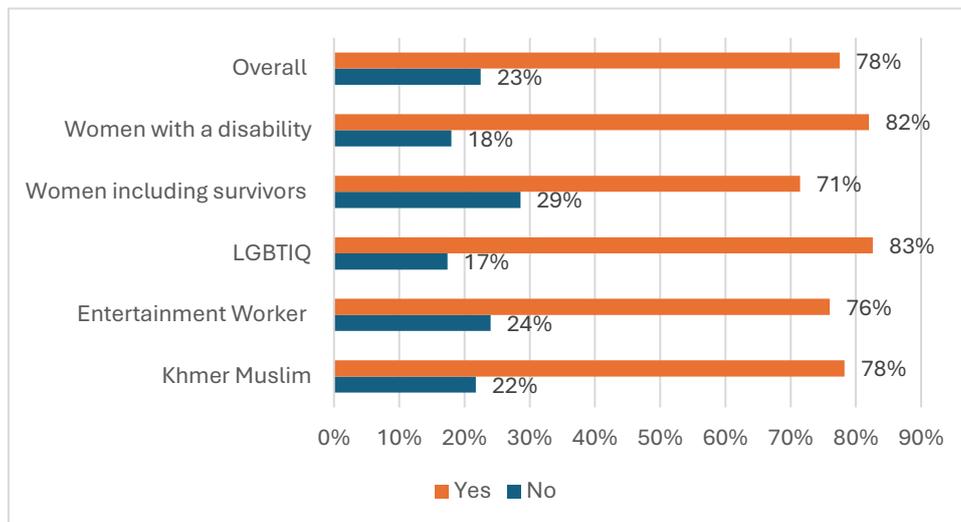
Response Working Groups at the district level, and improved referral pathways to health, legal, and psychosocial support. In parallel, community awareness-raising activities were conducted to build trust and encourage survivors to seek help, while CWCC provided direct services including safe shelter, counselling, legal assistance, and economic support for survivors during the reintegration. Together, these efforts created a more responsive and coordinated system that ensures survivors are able to access comprehensive, rights-based services without discrimination.

As of the latest reporting period, 1,532 cases of violence against women and girls have accessed services through the project, including 80 cases involving women and girls with disabilities. This exceeded the target of 1,500. The support provided includes psychological counselling, legal representation, health support, shelter assistance, and vocational training.

In the Endline Survey in this evaluation, overall 78 percent of the survey respondents report they had sought help when they needed it compared to only 21 percent in the Baseline Survey. This varies slightly by group with LGBTI persons and women with disabilities having the highest rates of help seeking (83% and 82% respectively). This was followed by Khmer Muslim (78%), Entertainment Workers (76%), and women including survivors (71%) (See Figure 1).

The GBV Response Working Groups have been instrumental in this success, effectively coordinating with various stakeholders to ensure seamless service delivery and support for survivors, particularly those from marginalised communities.

Figure 1: Sought Help When Needed it: (n=200)



In the Baseline Survey, only 21 percent overall had sought services, compared to 78 percent at the Endline Survey. All groups increased significantly with LGBTI increasing from 0 to 83 percent (See Table 6).

Table 6: Comparison of Baseline and Endline Survey

	Baseline % of Individual Women accessed essential services (n=107)	Endline % of Women Sought Help when needed (n=200)
Khmer Muslim	15%	78%
Entertainment Workers	26%	76%
LGBTI	0%	83%
Vulnerable women (women including survivors)	22%	71%
Women and girls with disabilities	20%	82%
Overall	21%	78%

The high satisfaction rates among service recipients provides evidence of the effectiveness of the program. Recent monitoring surveys indicate 100 percent of respondents rated their satisfaction as "satisfied" to "highly satisfied" regarding service costs, accessibility, and responsiveness. Additionally, 99 percent expressed satisfaction with the location and information services, while 98 percent positively rated the service provider's attitudes.

In KIIs and FGDs participants were asked about increased help seeking. Most of the participants reported they would seek help – from family or friends or an NGO. Some reported feeling more confident to seek help from the government though discrimination was still noted as an issue with this group. Social norms and/or religions practices also played a role in reduced help seeking. Service providers also reported an increase in help seeking by women from diverse backgrounds and attributed this increase to great understanding of rights, knowledge of resources and capacity of their staff.

“At the District Women’s and Children’s Consultative Committee (DWCCC) under the JUST project, we have noticed an increase in the number of women seeking help for violence and other issues in the community. This is due to a few key factors, such as women understanding their rights, dissemination of information on available support services, and greater confidence of the DWCCC team to facilitate and resolve their problems. We have seen an increase in Khmer Muslim, LGBTI women, Entertainment Workers and women with disabilities.” KII with District Women’s and Children’s Consultative Committee

“Compared to the last few years women are more like to seek help. Now we have information on where and how to seek help. Before we did not report the case because of fear of the perpetrator. After joining training, we feel more confident and understand we have the right to report” FGD with LGBTI persons Kampong Thom

“Entertainment workers are patient and don’t always seek help because some discriminate against them” FGD Entertainment Workers Phnom Penh

“In our community women tolerate violence for years because they are ashamed and afraid of being divorced because they are economically dependent on their husbands. We are also nervous to talk to authorities” FGD Khmer Muslim Tbong Khmum

“The Women’s Groups have helped because we are now more confident to talk to the local authorities” FGD Women’s Group Siem Reap

“Women and girls are more likely to seek services – as an LGBTI person we seek help from the Love is Diversity Network. Public services are still barriers especially in addressing gender identity needs.” FGD LGBTI Phnom Penh

“As observed, women did not understand much about gender-based violence in the past few years, it has now changed a lot to them, when they faced any issues and needed assistance, they reach out to the Commune Committee for Women and Children (CCWC) who is the focal point in the community. This change results from our community outreach working with commune and police post for information dissemination (key contact person for referral to CCWC). The neighbour now is brave enough to report the case to the police or CCWC, before they thought that it is none their business, it is individual family internal affairs/issues.” KII PDoWA Kampong Thom

“We’ve seen an increase in women seeking help from various forms of violence, including economic, psychological, physical, and sexual violence from their partners. Accessing duty bearers, however, seems challenging due to a perceived lack of attention. Despite this, about 10 members were successfully referred to CWCC for services.” KII Entertainment Workers Network

In conclusion, Outcome 1 demonstrates significant progress in expanding access to inclusive, quality essential services for survivors of violence, particularly those from marginalised and socially excluded groups. The project facilitated access for 1,532 survivors compared to 252 at baseline—but also transformed patterns of help-seeking. Endline survey results confirm that 78 percent of respondents sought help when needed, a dramatic increase from just 21 percent at baseline. Notably, groups that previously had limited or no engagement with services, such as LGBTIQ individuals, now report the highest levels of help-seeking. Women with disabilities and Khmer Muslim women also reported substantial improvements, underscoring the project’s success in overcoming entrenched barriers to access to quality essential services.

4.1.2.1 Output 1: Duty bearers and service providers in target districts have increased capacity to implement policies/guidelines related to violence against women and girls and provide essential services with greater inclusion of women and girls with disabilities and other marginalised value (Khmer Muslim, Entertainment Workers and LGBTI).

Output 1 Indicator	Baseline	Target	Achieved
# of Duty bearers and legal service providers in target district increased knowledge on policies/guidelines related to violence against women and the provision of inclusive quality essential services to VAW survivors	0	176	Y1 (128) Y2 (176) Y3 (176) Final 372

Recognizing the stigma and discrimination faced by women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI persons, CWCC and ADD focused on establishing and strengthening multi-sectoral coordination mechanisms - GBV Response Groups at the district level in the target areas. These groups were capacitated to both challenge negative social norms and attitudes and to build the skills necessary to respond to GBV without

discrimination or exclusion with the aim to increase access to inclusive and quality essential services.

A key achievement under Output 1 is the establishment of eight (8) GBV Response Working Groups and two District Women's and Children's Consultative Committees that included representatives from health services, police, local authorities, and women's affairs totalling 372 members, including 196 women greatly exceeding the target. Members met quarterly to share experiences, identify challenges, and promote effective multi-sectoral coordination. A total of 82 quarterly meetings were held throughout the life of the project.

Additionally, the working groups have received comprehensive training across multiple areas on minimum service standards and survivor centred service delivery:

- **Gender Equality, Disability, and Social Inclusion (GEDSI):** Enhancing understanding of the rights, challenges, and barriers faced by women at the intersections of disability, ethnicity (Khmer Muslim), entertainment work, and sexual orientation/gender identity.
- **Technical Guidelines and Standards:** Training on Disability-Inclusive Essential Services, Referral Guidelines for Women Subject to Gender Based Violence, Minimum Standards of Basic Counselling, and Guidelines on the Limited Use of Mediation.

The effectiveness of these training programs is evident in the high knowledge retention rates, with 91 percent of participants demonstrating improved understanding in post-training assessments along with the improvement in responses of survivors receiving services

Results from the project monitoring data found that 100 percent of respondents rated their satisfaction as "satisfied" to "highly satisfied" regarding the costs of related services, accessibility, information, service responsiveness to their needs, listening skills, and empathy. Furthermore, 99 percent rated their satisfaction with the location and information of services and responsiveness to their needs, while 98 percent rated the attitude of service providers positively.

In the project evaluation, the results of the endline survey found that the majority of women surveyed reported that they services were delivered applying key elements of a survivor centered approach. A total of 155 women from diverse groups (Khmer Muslim, entertainment workers, LGBTIQ persons, women including survivors, and women with disabilities) reported high levels of satisfaction with GBV response services. Across all groups, 93 percent on average agreed that they were listened to, treated respectfully, provided with options, able to refuse services, supported with safety planning, referred appropriately, and that their confidentiality was respected. While Khmer Muslim women and entertainment workers scored the highest overall (97% and 96% respectively), LGBTIQ respondents reported slightly lower satisfaction (86%), indicating an area for continued attention (See Table 7). In FGDs, LGBTIQ participants reported that some survivors still encountered discriminatory language or felt their needs were not fully understood.

Table 7: Endline Survey - Treatment by Service Providers Disaggregated by Group (n=155)

	Khmer Muslim	Entertainment Workers	LGBTIQ	Women including Survivors	Women with Disabilities	Total
I listened to and was able to share my views	97%	85%	84%	91%	85%	88%
I was treated with respect by the service provider	94%	95%	89%	88%	85%	86%
I was provided with options and could make a decision	97%	100%	90%	95%	93%	95%
I could refuse services	97%	95%	90%	95%	93%	94%
A safety plan was developed with me	97%	100%	90%	95%	90%	94%
I was referred to services based on the plan	97%	100%	90%	97%	95%	96%
My privacy and confidentiality were respected	100%	100%	90%	100%	100%	98%
Average Score	97%	96%	86%	94%	92%	93%
Number of respondents	36	19	19	40	41	155

These are significant improvements from the baseline where the positive responses were much lower than similar statements. For example, for participation (sharing their views on what they thought and/or wanted to do) only 14 percent reported yes compared to 88 percent during the final evaluation. For safety planning (service provider worked with her to develop a safety plan) only seven percent said yes at Baseline compared to 94 percent during the final evaluation, sharing of options and decision-making was 10 percent yes at Baseline and 95 percent at endline (See Table 8).

Table 8: Comparison of Treatment by Service Providers between Baseline and Endline

	Baseline % of Individual Women accessed essential services (n=107)	Endline % of Women Sought Help when needed (n=155)
Promote participation (sharing views on needs/priorities)	14%	88%
Safety planning	7%	94%
Provided options and could make a decision	10%	95%
Confidentiality and privacy respected	11%	98%

Respondents in the brief survey in the endline were also asked to agree or disagree with a statement ‘Service providers have better knowledge’. The response was positive with 78 percent strongly agreeing (46%) or agreeing (32%). When disaggregated by group the Khmer Muslim and women including survivors (vulnerable women), had the most positive response. At the same time a few Khmer Muslim strongly disagreed (4%), women including survivors strongly disagreed (4%), and women with disability strongly disagreed 10 percent (See Table 9).

Table 9: Percent of Program Participants that Perceive Service Providers have Improved Knowledge (n=201)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Khmer Muslim	59%	24%	13%	0%	4%
Entertainment Worker	36%	40%	20%	4%	0%
LGBTI	43%	22%	26%	9%	0%
Women including survivors	54%	32%	9%	2%	4%
Women with a disability	30%	42%	14%	4%	10%
Grand Total	46%	32%	14%	3%	4%

“The authorities took action promptly and actively, so the case was solved, and the perpetrator went to jail.” The services have improved. We were treated well with respect when we seek help.” FGD with Women’s Network Kampong Thom

“Nowadays, service providers are much friendlier and better at explaining things than before. The Khmer Muslim community used to feel discriminated against in certain hospitals because they were poor or lacked education.” FGD Khmer Muslim, Phnom Penh.

“The quality of services improved because service providers were also more friendly. There are still some services that need to be improved, such as staff members demanding an additional charge of \$5 for sexual health care services.” FGD Entertainment Workers, Phnom Penh

In conclusion, the JUST project significantly strengthened the capacity of duty bearers and service providers to deliver inclusive, survivor-centred services for women and girls, particularly those from marginalised groups. Through the establishment of GBV Response Working Groups and comprehensive training on rights, referral guidelines, and minimum service standards, 372 members gained the skills needed to coordinate and respond effectively.

Endline findings show sharp improvements from baseline, with 93 percent of women reporting respectful treatment, confidentiality, and meaningful participation in decision-making. While some challenges remain such as service provider attitudes and knowledge of how to respond to specific groups, especially for LGBTIQ persons and persons with disabilities, the overall results confirm that service delivery has become more inclusive, coordinated, and responsive to the needs of survivors.

4.1.2.2 Output 2: Duty bearers and service providers intervene in and refer cases of VAWG survivors (including women and girls with disabilities, LGBTI, Khmer Muslim and entertainment workers) in the target areas following minimum standards as adopted by the government ministries.

Output 2 Indicator	Baseline	Target	Achieved
# of cases of VAWG Survivors where duty bearers/members of GBV response groups intervene in respond to and refer cases of violence against women and girl survivors disaggregated by disability, Khmer Muslim, EW, LGBTI	65	350	Y1: 100 Y2: 200 Y3: 350 Final: 1,313 cases

CWCC and ADD collaborated with GBV Response Working Groups, particularly the judicial police agents/officers, OPDs, and self-help groups, to refer survivors of VAWG—especially those from marginalised or socially excluded groups—to appropriate services. Service providers were sensitized to the unique needs and challenges of each group, such as language issues for Indigenous women, support needs for women with disabilities and specific risks and barriers for LGBTIQ persons seeking services. Through the dissemination of information on how to access services and the creation of GBV Response Groups, women and girl survivors were able to access and utilize legal and social support mechanisms available within their communities, government systems, and at CWCC to pursue justice.

Essential services such as psychological support, legal counselling, and legal representation were provided as needed. CWCC provided safe shelter in Siem Reap and Phnom Penh, where women received safe accommodation, health care, food, clothing, and counselling to support them in breaking the cycle of violence and successfully reintegrating into their communities. Survivors also participated in life skills, vocational and small business training, and literacy classes.

CWCC collaborated with GBV Response Working Groups to build safe and supportive reintegration environments for women and girl survivors. In addition, CWCC social workers conducted follow-up visits for one year to support survivors’ full recovery and help them overcome the stigma of violence.

Overall, the project reports show that 1,313 cases were directly intervened by GBV Response Working Groups (GBV-RWGs) and District Women’s and Children’s Consultative Committees (DWCCs)—far exceeding the original target of 350 cases. These cases, along with additional referrals from NGOs and other partners, brought the total to 1,532 survivors supported by the project.

Support provided included:

- **Psychological and legal counseling:** 1,532 survivors plus 483 relatives received ongoing psychosocial and legal support.
- **Court facilitation:** 649 cases were supported in filing complaints in court.
- **Shelter assistance:** 482 survivors and 137 relatives (including 217 children) accessed CWCC shelters.

- **Community reintegration:** 313 women and children (188 survivors and 125 relatives) were reintegrated into their communities, with continued follow-up.
- **Economic empowerment:** 144 survivors received start-up support (technical support and one-time costs for start-up) for livelihoods, and 12 survivors received grant funding to establish their own businesses.

Community reintegration efforts were successful, with 188 survivors and 125 relatives returning to their communities with ongoing follow-up. The project staff ensured continuous psychosocial support and linkage to local services, which helped rebuild trust and reduce stigma. Economic empowerment initiatives provided 12 survivors with business grants, enabling them to generate sustainable income, regain independence, and strengthen their resilience, which in turn reinforced their social reintegration and reduced vulnerability to future violence.

These achievements demonstrate the project's effectiveness in establishing a coordinated response system that meets government standards while providing comprehensive support to survivors of VAWG, including those in vulnerable and marginalised groups.

In addition to an increase in willingness to seek help as noted above, there is stronger coordination between service providers. In KIIs with service providers it was reported that they more commonly work together on cases and make referrals between them. Women in FGDs also reported that they are referred to other services when needed.

"Of course, we get referred to other services if we need them. "FGD Women's Group Battambang

"We have now better coordination with the police in terms of coordinated effort in addressing the VAW case. In the past, for example, some district police hid the case, now they are willing to share the cases (through GBV Response Working Group)-sharing information, good coordination and good collaboration to provide more effective services." KII with District Office of Social Welfare

"We apply the new knowledge and coordinate with CWCC and we follow up with relevant authority such as the Commune Committee For Women and Children Focal Point, and coordinating with the court checks for proceedings for perpetrator." PDoWA Kampong Thom

"Services are more accessible and faster than in the past, but some are not as good – especially at the hospital, so we avoid it" FGD Persons with Disabilities, Battambang

"We, as duty bearers, have received extensive capacity-building training on the comprehensive service packages related to violence against women (VAW). Khemara has been instrumental in this process, consistently pushing and alerting us during legal and service proceedings. This ongoing support and encouragement have significantly strengthened our ability to provide effective and timely services." KII, GBV Working Group, Tbong Khmum.

"The training has greatly improved our partners' work, making them more active and proactive in intervening in cases. We've developed a stronger partnership with other agencies, leading to faster and more efficient referrals. Our reporting has also become clearer, with better disaggregated data." ADD Staff

“The training has improved our capacity and being able to increase community understanding, which has contributed to less domestic violence. As a result, we can now refer cases more promptly and effectively, especially sensitive sexual abuse cases, ensuring victims receive timely support and care.” GBV Working Group Phnom Penh

In conclusions, the JUST Output 2 was successfully achieved, with duty bearers and service providers in the target districts demonstrating stronger capacity to intervene and refer cases of violence against women and girls in line with government minimum standards. A total of 1,313 cases were addressed, compared to just 65 at baseline, showing a dramatic increase in coordinated action. The establishment and activation of GBV Response Working Groups ensured that survivors, including women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI individuals, were referred to appropriate legal, health, and psychosocial services. These results confirm that the project has significantly strengthened referral pathways and institutionalized more effective, survivor-centred interventions at the local level.

4.1.3 Outcome 2: Social norms, behaviours, attitudes and practices in the communities are transformed to better protect women and girls from violence

Outcome 2 Indicator	Baseline	Target Value	Achieved
2.1 % of community members who are more aware/ supportive of protecting women and girls from violence	0	60%	Y1: 0 Y2: 30% Y3: 60% Final: 72% (Monitoring data) 82% (Endline Data)
2.2 % of women and girls disaggregated by sex, disability, Khmer Muslim, EW, and LGBTI who report to experiencing less risk of VAWG	21	60%	Y1: 21% Y2: 35% Y3: 3 60% Final: 86% (Monitoring data) 73% (Endline Data)

Outcome 2 centred on transforming harmful social norms, attitudes, and practices that perpetuate violence against women and girls, with particular attention to marginalised groups such as women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI individuals.

The project promoted community mobilization through adapted tools like SASA!, strengthened peer networks and community-based protection groups, and engaged local actors—including duty bearers, parents, and caregivers—in awareness-raising and prevention activities. SASA! had been adapted in an earlier UN Trust Funded Project and was further adapted to include a module on intersectionality and some tools shorted for ease of use.

Campaigns and community dialogues were used to challenge stigma, discrimination, and gender inequality, while economic empowerment initiatives provided women with financial independence and resilience against violence. Together, these activities fostered safer, more

supportive communities that are increasingly engaged in preventing violence and promoting gender equality.

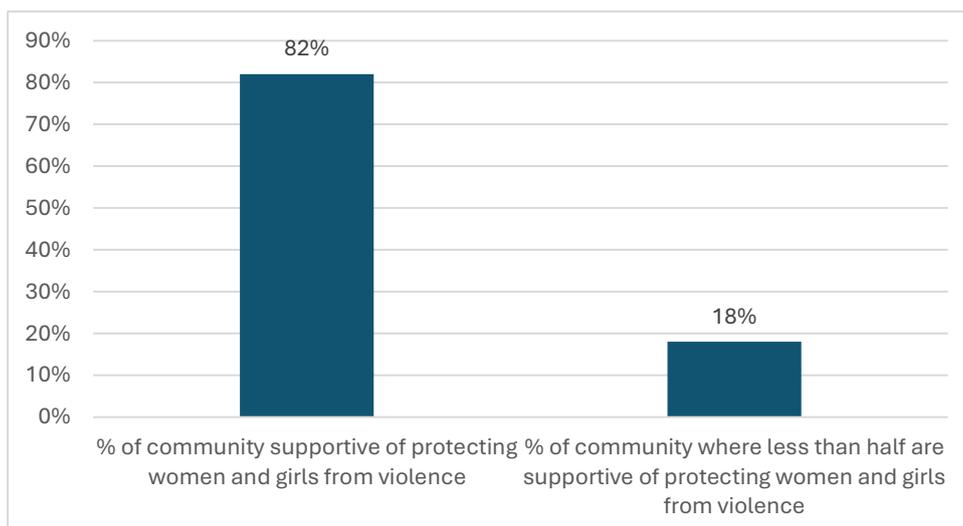
To better understand the *percentage of community members who are more aware and supportive of protecting women and girls* from violence monitoring data was reviewed and questions were asked in the evaluation survey and interviews.

Result from one-on-one interviews in the project monitoring with 229 women revealed that 72 percent (165 women) reported an increase in knowledge and skills to support women and girls who are survivors of violence. The breakdown of respondents included: vulnerable women (23%), women and girls with disabilities (50%), entertainment workers (8%), Khmer Islam women (7%), and LGBTI individuals (12%).

Additionally, in the monitoring report 84 percent to 94 percent of respondents indicated the necessity of changing negative practices to support victims of violence against women (VAW). Notably, 90 percent of participants stated that men and women should have equal power, and 85 percent agreed that husbands should not abuse their wives. Among the 165 women who reported supporting survivors of violence, 40 percent assisted them in accessing services, 24 percent reported cases, 65 percent shared their experiences with other women, and 36 percent conducted awareness-raising activities on VAW and disability rights.

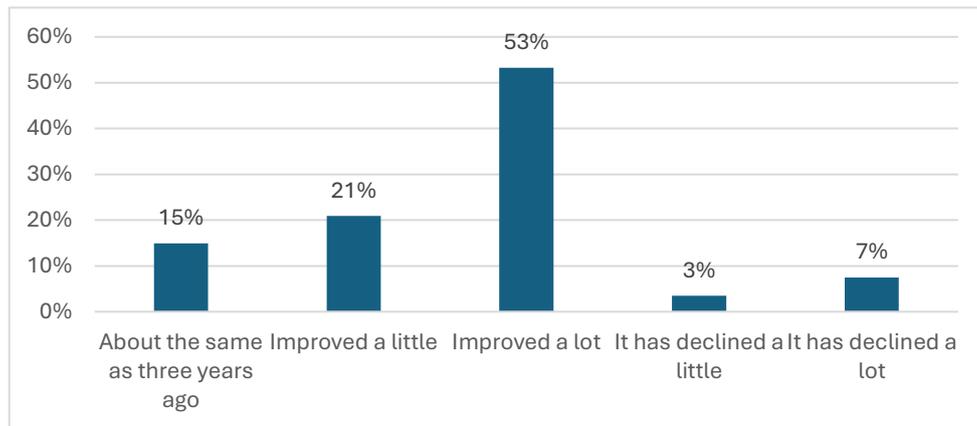
A broad community survey was not completed in the project evaluation, however, respondents of the endline survey in the evaluation were asked if community members were supportive of protecting women and girls from violence and if the support had improved over the last three years. The responses were quite positive with over 82 percent of women and girls surveyed find community members supportive of protecting women and girls from violence (See Figure 2).

Figure 2: Perception of women and girls on % of community members being supportive of protecting women and girls from violence (n=201)



Participants were also asked if the community support to protect women and girls from violence had improved over the last three years. Seventy four percent agreed it had improved a little (21%) or allot (53%) (See Figure 3).

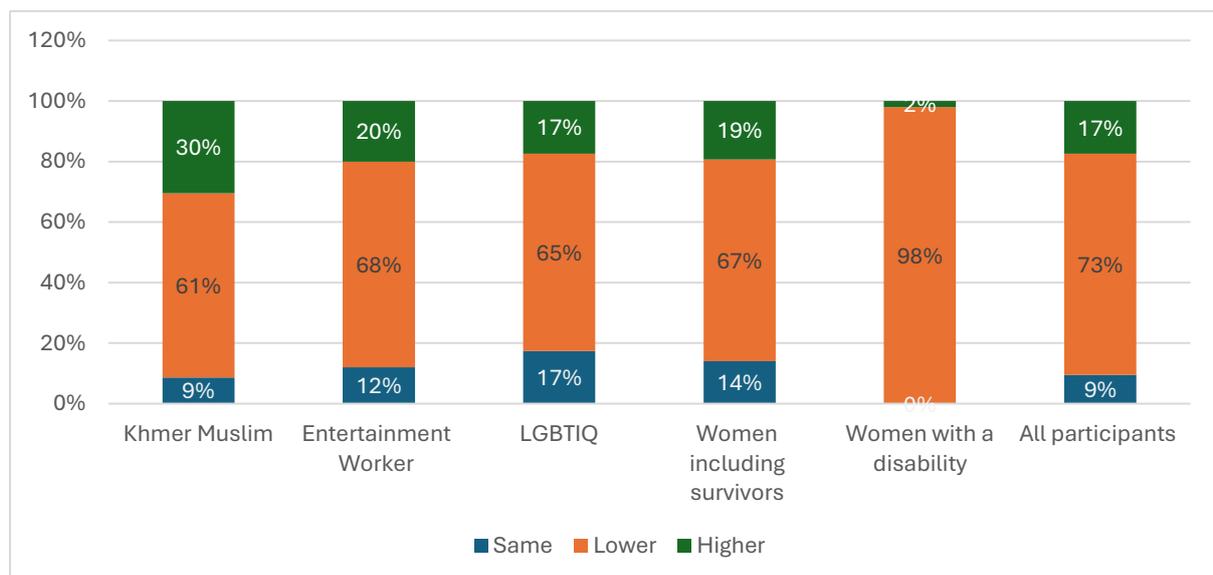
Figure 3: Percentage that perceive that support for protecting women and girls from violence has improved over the last three years (n=201)



The next areas explored was women and girls disaggregated by sex, disability, Khmer Muslim, EW, and LGBTI who report to experiencing less risk of VAWG. The project report indicates that 86 percent of respondents in the project survey reported a perceived reduction in the risk of violence within their communities and families. Among them, the breakdown is as follows: vulnerable women (16%), women and girls with disabilities (58%), entertainment workers (12%), Khmer Islam women (11%), and LGBTI (4%). Additionally, 94 percent of respondents indicated an increase in their knowledge regarding violence against women.

The Endline survey in the project evaluation found that 73 percent of survey respondents reported a reduced risk of violence over the previous year. Overall, the perception of reduced risk for violence was highest with women with disabilities where 98 percent reported a reduction in perceived risk. The other respondent groups were similar with two thirds of each respondent group perceiving a reduced risk (Khmer Muslim 61%, Entertainment Workers 68%, LGBTI 65%, Women including survivors 67%) (See Figure 4).

Figure 4: Perception of Risk of Violence Since Last Year (n=201)



In the Baseline Survey a statement was asked about perceptions of the risk of violence - how often they felt the risk of violence. Around 20 percent reported sometimes or very often having a risk of violence, although 38 percent did not know or did not answer.

Respondents that reported a perceived reduction in risk of violence were asked the reasons for the reduction (147 respondents). Overall, the most common reasons for the perceived reduction in risk of violence was authorities’ actions and networks (78% and 77%) respectively, followed by service providers intervention (62%) and women are more likely to report (52%) (See Table 10).

Table 10: Reasons for Perceived Reduction in Risk for Violence (n=147)

	Networks	Authorities’ actions	Service Providers Intervene	More likely to report	Total Number
Khmer Muslim	79%	82%	71%	54%	28
Entertainment Worker	59%	65%	65%	53%	17
LGBTIQ	80%	80%	60%	67%	15
Women including survivors	87%	76%	61%	63%	38
Women with a disability	73%	80%	57%	39%	49
Total Number	77%	78%	62%	52%	147

“Before, community people did not care about violence, they thought it is none their business, but now through information sharing, they understand their rights-they have open discussion within the family, and because we give key contact person to each family, neighbour dare/can report the case to the police or relevant authority.” KII Aphivat Strey Organization, Battambang

“Community members, especially men, have a greater understanding of violence and its impacts. They are beginning to understand that violence is not a private matter.” District Consultative Committee on Women and Children, Battambang

“Community people help each other, the neighbour now dares to report the violence to the relevant authority, and our service providers understand about the privacy and confidentiality of survivors/clients, not sharing information, and no discrimination against victims.” KII Provincial Department of Women’s Affairs, Kampong Thom

“It is much safer for us and other women in the community compared to the last few years. People have learned allot from the trainings and interventions.” Women’s Group Kampong Thom

“Women and some communities accepted women from different backgrounds, such as entertainment and LGBTQ+ individuals. They mentioned that same-sex love is a right and that there is no need to discriminate. In the present, many LGBTQ+ individuals are considered a normal part of society.” FGD Khmer Muslim Women, Phnom Penh

“Violence is no longer a private family matter or a normal occurrence. Women are suffering from various forms of violence. Local authorities also have a duty to intervene in these issues. They can access more information about service providers for violence

against women and girls. Currently, many women are seeking help, and that's a normal thing.” FGD Women including Survivors of Violence Phnom Penh

“Women feel safer because local authorities are more responsive and intervene more when citizens contact them for help. More women also have more confidence in themselves to speak up for themselves and for other women. There is less discrimination against disabled women compared to three years ago, and villagers are less likely to bully disabled people with bad words or by making gestures.” FGD Women with Disabilities Kampong Speu

These results indicate substantial progress toward transforming social norms and creating safer communities for women and girls, with particularly strong outcomes in awareness-raising, attitude change, and the development of practical support systems for survivors.

In conclusion, Outcome 2 made strong progress in transforming harmful social norms and building community support to prevent violence against women and girls, particularly among marginalised groups. Adapted SASA! tools, peer networks, and community dialogues increased knowledge, reduced stigma, and fostered greater willingness to report and intervene. Monitoring and evaluation findings show higher community support, improved responsiveness of authorities, and stronger survivor confidence, demonstrating that attitudes and practices are shifting toward greater protection and equality.

4.1.3.1 Output 3: Women and girls including those with marginalised status (women and girls with disabilities, Khmer Muslim, Entertainment Workers and LGBTI) are working together in networks (and as peer support groups) to prevent themselves from any form of violence.

Output 3 Indicator	Baseline	Target	Achieved
# of support groups disaggregated by disability, Khmer Muslim, EW and LGBTI established as networks responding to VAW issues in their respective communities	0	29	Y1: 29 Y2: 29 Y3: 29 Final: 29

The focus of this output was to establish networks to support responding to VAW in communities. ADD successfully built on its earlier achievements by further adapting the SASA! tool to address the negative impacts of intersectionality that exacerbate violence against women and girls (VAWG). Building on a previous UN Trust Fund-funded project, where ADD had already customized the SASA! approach for women and girls with disabilities, ADD took this progress forward by incorporating a new intersectionality module into the SASA! tool, developed as user-friendly IEC materials. These resources sensitized both right-holders and duty-bearers in the JUST project, ensuring that the most marginalised groups were more effectively reached and empowered.

Community mobilization was strengthened by partnering with the Network of Entertainment Women (NEW) and Love is Diversity. Together, they established Community-Based Protection Networks (CBPNs), which now meet quarterly as safe platforms for awareness-raising and peer-to-peer education. These networks were capacitated to confidently identify and raise

VAWG-related issues, and to understand reporting and referral pathways. Through in-person sessions and Facebook outreach, the CBPNs engaged communities on human rights, intersectionality, discrimination, and violence against women and girls, ensuring that survivors are better informed and supported to access services.

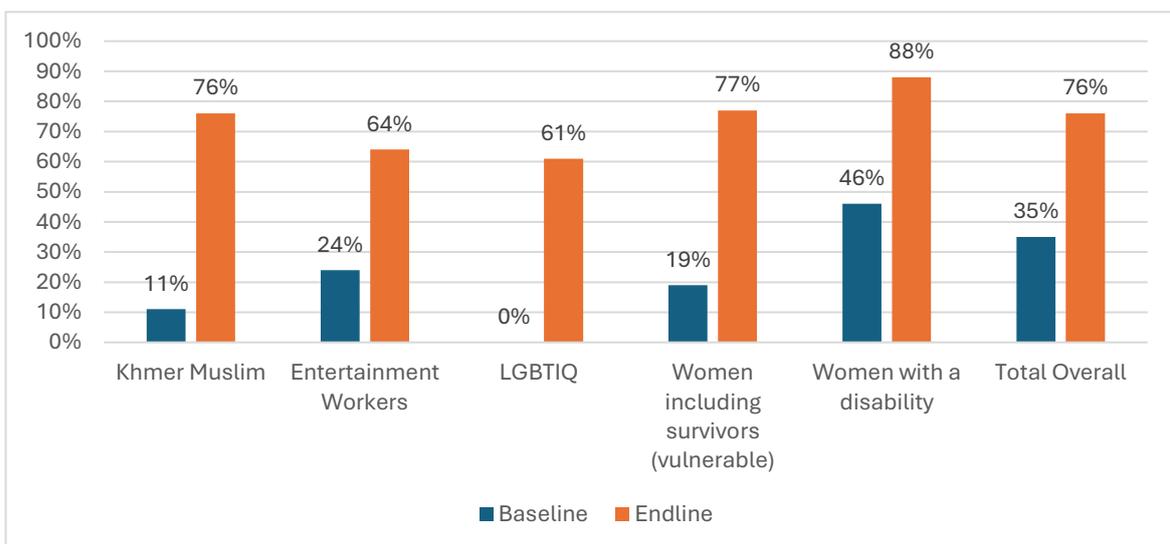
Overall, the project not only reduced violence and exclusion among women with disabilities but also created sustainable community-based structures and tailored tools that strengthen protection, solidarity, and accountability across diverse groups. The project's achievements are evident through several key metrics.

The SASA! Project materials were updated and project staff and partners oriented to the tools. A total of 27 training sessions were delivered on SASA! and Intersectionality, reaching 412 participants (369 women, 33 LGBTI, and 9 men). A notable accomplishment is the Training of Trainers program on SASA! and Intersectionality, which achieved a 100 percent success rate in knowledge improvement among its 16 participants from various partner organizations.

The project successfully established and maintains 27 CBPN’s with 467 members, predominantly female (427), comprising entertainment workers, LGBTI individuals, members of the Khmer Islam community, and people with disabilities. Additionally, there were two OPDs established that are functioning effectively.

In the survey during the evaluation participants were asked if they had access to a network. Access to a network had increased dramatically since baseline from 35 percent to 76 percent of respondents reporting they have access to a network. Access increased substantially for all groups – Khmer Muslim from 11 percent to 76 percent; entertainment workers from 24 percent to 64 percent, LGBTIQ from 0 to 61 percent, women including survivors from 19 percent to 77 percent, women including survivors from 19 percent to 77 percent, and women with disability from 46 percent to 88 percent (See Figure 5).

Figure 5: Participants with access to a network (Baseline n=107; Endline n=200)



In KIIs and FGDs it was apparent that the different networks had been established and women in the community were participating. The networks meetings were typically held quarterly and were spaces where vital information was shared with members on rights, services, and

members received mutual support. As a result, members reported being more knowledgeable of rights, aware of services and that they knew where to seek help.

“We get most of the information about domestic violence services from the Network – it is called Women for Development. The network is very helpful for us – it promotes women’s knowledge and confidence, and we gain more knowledge and can share within the family and community. We also have a savings group that helped us to improve on financial management skills. Some have been supported on developing or improving small businesses. They provide clear information on where and how to seek help.” FGD Women’s Group in Kampong Thom Province.

“We have a network in our community. We have training about every three months from CWCC – women are braver and stronger. We can also disseminate information to the community. Women know more where to seek help.” FGD Women’s Group, Siem Reap

“We have a network for Entertainment Workers where we can share and pass information along. We also use a Telegram group. It’s helpful to ask for support/help, we are now more aware of how to seek help and we understand more about gender equality.” FGD Entertainment Workers, Siem Reap

“We have a network for women with disabilities. We share and get information within the group. We can share problems, console and comfort each other. We don’t feel isolated.” FGD Women with Disabilities, Battambang

“We have learned more about our rights, we are seeing a decrease in violence, but some women are still afraid to report” FGD Women’s Group Battambang

“We created Self-Help Group for women and girls with disabilities, information sharing via SASA, working with women’s affairs with a main focus on violence. In Year 1, training provided to district, commune level, and Year 2 trainings provided to leaders of Self-Help Group about SASA: Rights, power, empowerment, Violence (don’t be quiet), Seek support in the community, Village security guards, commune chief about their roles and responsibilities. With these training provided to the leader of SHG, then they have hands on experience for our group who then transfer knowledge to family especially to women about their rights, then if they have issues, they can share it with us as the training aims to equip them with knowledge.” KII with Aphiya Srey Organization

In conclusion, through these coordinated efforts, the project successfully established 29 community-based networks and self-help groups that created a sustainable framework for violence prevention and support. These networks—comprising women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI individuals—emerged as vital platforms for empowerment, solidarity, and mutual support. They provided safe spaces for sharing experiences, peer education, and practical information on rights, services, and referral pathways, enabling women to better understand and respond to violence.

The adaptation of SASA! with an intersectionality module, along with partnerships with networks such as NEW and Love is Diversity, ensured meaningful inclusion of marginalised groups. As a result, women reported increased confidence, stronger collaboration, greater awareness of their rights, and improved access to services—demonstrating the networks’ effectiveness as a sustainable community mechanism for both prevention and protection.

4.1.3.2 Output 4: Duty bearers/parents/caregivers have increased capacity to promote women’s rights, gender equality and prevent VAWG

Output 4 Indicator	Baseline	Target	Achieved
# of duty bearers/parents/caregivers in target district report having gained knowledge on applying the SASA model (promotion of women’s rights and gender equality and prevention of VAWG).	0	163	Y1: 96 Y2: 160 Y3: 160 Final: 243

The adapted SASA! model for community mobilization was implemented with duty bearers, parents, and caregivers in the target communities. To prepare duty bearers, training was complemented with practice sessions to strengthen their soft skills for delivering awareness sessions effectively. These participants then led awareness-raising activities and peer education within their communities and groups.

In addition to the regular community-based sessions, campaigns were organized around International Women’s Day, the 16 Days of Activism to End Violence against Women, International Disability Day, and other key events to reinforce core messages and promote positive changes in behaviours, practices, and attitudes among service providers, rights holders, and the broader community. To ensure continuous learning, annual reflection sessions were held to capture achievements, challenges, and lessons learned, with recommendations feeding back into project improvements.

A review of project documents shows that the project successfully trained 256 participants (134 women) who are commune duty bearers, parents or caregivers on applying the adapted SASA! and intersectionality model exceeding the target of 163. The pre and post test results show that 95 percent of those trained showed increased knowledge based on pre/post surveys. This high success rate indicates the effectiveness of the training in building capacity among commune duty bearers, parents, and caregivers.

The ripple effect of this training was substantial, as evidenced by the trained duty bearers conducting 179 community awareness sessions on SASA! and intersectionality, reaching 4,862 community members (1,537 women), including 367 persons with disabilities and 24 (23 women) Khmer Islam participants. This demonstrates successful knowledge transfer and community engagement.

Media outreach was particularly impactful, with two radio talk shows on Gender Equality, Disability, and Social Inclusion (GEDSI) reaching 6,290 people. Social media engagement through Facebook pages generated impressive reach, with 1,606,000 people accessing project-related articles and 36,108 followers documented in reports to the end of 2025. This wide digital reach not only raised public awareness but also fostered dialogue on sensitive issues, normalized discussions around GBV and inclusion, and strengthened community support for survivors and marginalized groups.

The project’s inclusive approach was demonstrated through its public campaigns—such as the 16 Days of Activism, Disability Day, and International Women’s Day—which deliberately brought together diverse groups, reaching 3,500 participants (2,107 women), including 258 persons with disabilities and 10 Khmer Muslim participants by the end of 2025. By ensuring that

women, persons with disabilities, and minority groups were visibly included, the project not only expanded participation but also promoted representation, built solidarity across communities, and reinforced the principle that GBV prevention and equality must address the needs of all groups, not just the majority.

District-level meetings and annual reflection workshops further strengthened implementation, involving 188 participants from GBV response working groups and other stakeholders. These meetings facilitated progress monitoring, challenge identification, and gathering of recommendations for future improvements.

In the survey at baseline and end line, participants were asked about their acceptance by their family and community through a series of statements. The results are as follows:

Family Acceptance: Overall 80 percent of respondents agreed that often (27%) or always (53%) families welcome them to join family events. At the baseline survey this was also at around 90 percent so no change – although the results was already high. When disaggregated by group there are some small differences -with women with disabilities and women including survivors having the highest rates of acceptance (See Table 11).

Table 11: My family welcomes me to join family events (n=201)

Group	Never	Rarely	Sometimes	Often	Always
Khmer Muslim	2%	2%	22%	20%	54%
Entertainment Worker	4%	4%	16%	24%	52%
LGBTIQ	0%	0%	17%	30%	52%
Women with a disability	2%	4%	10%	28%	56%
Women including survivors	2%	5%	12%	32%	49%
Grand Total	2%	3%	15%	27%	53%

Community Acceptance: The next statement was that ‘villagers treat me the same as other people in the community’. Overall, 65 percent of participants agreed that often (29%) and always (36%) (See table 10). At baseline a similar statement, villagers pay attention to you like other people’ showed a higher result at 89 percent).

When disaggregated by group, Khmer Muslim shows the lowest rates of acceptance with 39 percent agreeing that often or sometimes, followed by LGBTIQ persons with 65 percent agreeing that often or sometimes they are treated the same (See Table 12).

Table 12: I am treated the same as other villagers (n=200)

Group	Never	Rarely	Sometimes	Often	Always
Khmer Muslim	35%	17%	9%	13%	26%
Entertainment Worker	0%	4%	24%	36%	36%
LGBTIQ	9%	13%	13%	13%	52%
Women including survivors	12%	7%	9%	42%	30%
Women with a disability	8%	0%	14%	34%	44%
Grand Total	14%	8%	12%	29%	36%

An additional statement ‘I have opportunities to sell products’ was responded to in the endline survey. A total of 70 percent of respondents reported often (36%) and always (34%). At baseline a similar statement was provided ‘villages buy your products or hire you as they do for others’. The responses were 73 percent either often or always. There were slight differences only by group (See Table 13).

Table 13: I have opportunities to sell products (n=200)

Row Labels	Never	Rarely	Sometimes	Often	Always
Khmer Muslim	0%	7%	24%	41%	28%
Entertainment Worker	0%	0%	32%	36%	32%
LGBTIQ	4%	0%	26%	17%	52%
Women including survivors	4%	4%	21%	40%	32%
Women with a disability	8%	10%	14%	34%	34%
Grand Total	3%	5%	22%	36%	34%

While the survey did not reveal significant differences in family and community acceptance, overall levels of community acceptance were already high across groups. The more notable findings related to changing attitudes toward violence—specifically, a decline in acceptance of violence and an increase in help-seeking behaviours.

In KIIS and FGDs participants were asked about the implementation of SASA!. Community members were asked about the training and implementation of SASA! The people trained as facilitators appreciated the materials because they were comprehensive and easy to use. The approach took time to support people to learn and change. At the same time, others reported seeing some change in attitudes in the community.

“There were various activities conducted to reduce violence against women in their community. These included raising awareness, holding meetings, and conducting workshops and training sessions on topics such as the law, violence against women, income generation, leadership, and how to save money. FGD with Khmer Muslim Women, Phnom Penh

“The SASA! model was very good because it took the time that was needed to learn, the materials were useful, the facilitation was good. We learned a lot and can easily use it. DWCC Battambang.

“We see a big change in attitudes toward women in these years. We are more accepted and recognized to be able to work, live and earn money like men.” FGD Women’s Network, Kampong Thom

“Service providers respond better than in the past” FGD Entertainment Workers, Siem Reap

In conclusion, the implementation of the adapted SASA! and intersectionality model under Output 4 successfully strengthened the capacity of duty bearers, parents, and caregivers to promote women’s rights, gender equality, and the prevention of VAWG. Training activities reached and exceeded the target, with 256 participants (134 women) demonstrating significant knowledge gains, as evidenced by 95 percent improvement in pre/post survey results. These

efforts translated into 179 community awareness sessions and extensive media outreach, collectively reaching thousands of community members, including marginalised groups. While survey findings show limited shifts in family and community acceptance—partly because baseline levels were already high—the project nonetheless fostered visible changes in attitudes and practices, as reflected in community testimonies and increased engagement in campaigns and dialogue. The inclusive and participatory approach ensured that diverse groups, including women with disabilities, entertainment workers, Khmer Muslim women, and LGBTI persons, were both represented and reached. Overall, Output 4 contributed to sustained community mobilization, strengthened social norms against violence, and enhanced the role of duty bearers and caregivers in advancing gender equality at the grassroots level.

4.1.3.3 Output 5: Through income generating activities, women and girls, including those marginalised (women and girls with disabilities, Khmer Muslim, entertainment workers, and LGBTI) are empowered to build economic independence and hence prevent themselves from experiencing VAWG

Indicator	Baseline	Target	Achieved
# of women disaggregated by women and girls with disabilities, Khmer Muslim, entertainment workers and LGBTI engaged in income generating activity	0	36	Y1: 0 Y2:18 Y3: 36 Final: 58

Under this output, women’s economic empowerment was significantly strengthened through a range of targeted initiatives. CWCC delivered financial literacy training to women in community-based networks, enabling many to form savings groups that improved financial stability and created emergency funds. Vulnerable and marginalised women were supported to access technical and vocational education and training (TVET), with graduates receiving small grants to launch their own businesses.

ADD complemented these efforts by facilitating vocational training and peer-led financial literacy sessions. As a result, women gained practical skills and resources to open and operate small businesses, generate income, and manage savings. These opportunities not only enhanced women’s financial independence but also increased their bargaining power within households and communities, laying the foundation for long-term economic resilience.

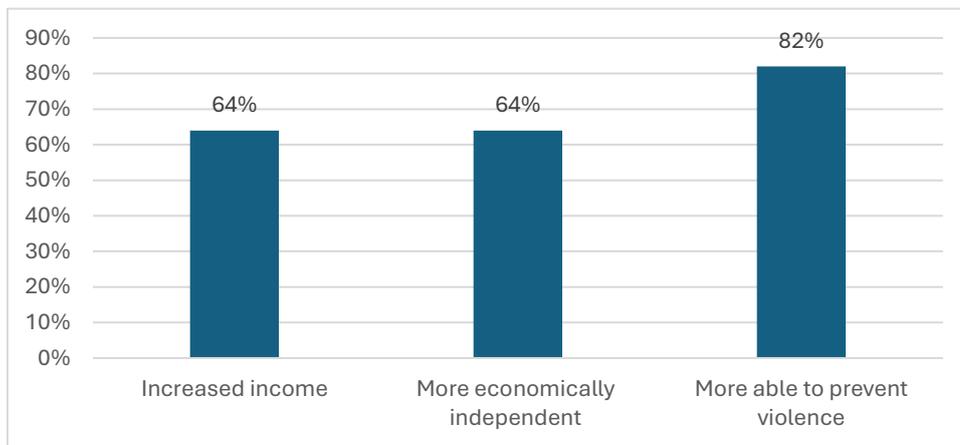
Over the course of the project, 58 women, including four women with disabilities, participated in vocational skills training. This exceeded the target of 36. Sixteen girls who completed courses received grants to establish sewing and salon shops, while others leveraged their training to invest in their own businesses or secure employment in local institutions. In addition, 20 women and girls with disabilities were supported to start small businesses, further strengthening their livelihoods and independence.

Savings groups also played a vital role, with eleven groups comprising 214 members (212 women, and 2 men) functioning effectively. These groups not only supported financial management and solidarity but also served as safe spaces for women to share experiences and learn about reporting VAW to authorities, thereby linking economic empowerment with social protection.

Collaboration with the Technical Vocational Education and Training (TVET) Center and the Development Women Center (DWC) ensured 58 girls received high-quality training—35 in salon services, 19 in sewing, 2 in marketing, and 2 in IT. All participants graduated successfully, gaining technical skills, building self-confidence, and strengthening social connections that prepared them to pursue safer and more independent futures.

In the evaluation one-to-one survey, participants were asked about the impact of the support under this output. Participants reported good results – 64 percent reported increased income and more economically independent, and 82 percent reported more able to prevent violence. There was no statement about what type of economic support they had participated in through JUST (See Figure 6).

Figure 6: Percentage of participants reporting positive results after receiving economic empowerment support (n=45)



Participants in FGDs also reported that the support had enabled them to become more empowered with better economic stability.

“The financial management helps us to be more independent, more confident, have self-respect and be braver – we are better in financial management.” Women’s Network Kampong Thom

“Income generation changed our lives and community. When we are more financially independent, we are strong and can reduce many kinds of violence (received livestock support and vegetable growing support).” FGD Member Women’s Group, Siem Reap.

“If there is increase income, violence will be decrease and women will be more independent.” FGD with LGBTIQ, Kampong Thom

In conclusion Output 5 exceeded its target of engaging 58 women, including marginalised groups, in income-generating activities that contributed to both economic independence and violence prevention. The combined efforts of CWCC and ADD—through financial literacy, vocational training, small business start-up support, and the establishment of savings groups—resulted in improvements in women’s livelihoods and resilience. Women reported increased income, enhanced financial management, and stronger self-confidence, which translated into greater bargaining power within families and communities. Some reported less violence.

Importantly, the integration of savings groups and vocational opportunities not only built economic security but also created safe spaces for peer support, and access to information on reporting violence. The evaluation found that 65 percent of participants experienced increased economic independence and 82 percent felt better able to prevent violence. These findings demonstrate that economic empowerment, when combined with essential services provides a powerful pathway for women and girls—including those with disabilities, Khmer Muslim, entertainment workers, and LGBTI—to reduce their vulnerability to VAWG and build safer, more independent futures.

4.1.4 Outcome 3: The government partners Ministry of Women’s Affairs (MoWA) and Disability Action Council (DAC) have increased capacity to develop and implement VAW NAPS with a strong emphasis on intersectionality

Indicator	Baseline	Target	Achieved
# of NAPS developed and implemented by MoWA and DAC that respond to VAWG from an intersectionality perspective e.g. NAPVAW IV, Neary Rattanak, NDSP	0	1	Y1:0 Y2:1 Y3:1 Final 1

In Outcome 3 the focus was on strengthening the capacity of Ministry of Women's Affairs (MoWA) and Disability Action Council (DAC) to ensure a strong intersectional lens is included in the policy development such as the National Action Plan to Prevent Violence Against Women 2025-2030.

At the national level, CWCC and ADD became fully integrated into the Technical Working Group on Gender-Based Violence (TWGG-GBV), where they played an instrumental role in influencing the development of the new National Action Plan to Prevent Violence Against Women 2025–2030 (NAPVAW). Their technical inputs during the 31st and 32nd TWGG-GBV meetings ensured that intersectionality was explicitly embedded into the priorities of the forthcoming NAPVAW.

A review of documents found that this achievement is evidenced through Strategic Objective 6 of National Strategic Development Plan III (NDSP III): reducing the impact of violence against women and girls with disabilities through prevention, response, and improved access to services. At the same time, an intersectionality focus for the NAPVAW 2025–2030 was secured, including commitments to tailor prevention interventions for women with disabilities, women migrant workers, LGBTI women, Khmer Muslim Women (Output 1.1), strengthen their (each group) leadership (Output 2.1), and build service providers’ capacity to deliver inclusive, quality essential services tailored to the unique needs of women from diverse backgrounds (Output 7.6). The NAPVAW is in final stages of approval by the senior government of Cambodia.

MoWA and DAC also report that public engagement was strengthened through joint MoWA–DAC radio programming, where both institutions promoted intersectionality and shared their commitments to protecting survivors with diverse social identities. At the provincial level, DAC, PDoWA, and PDoSVY collaborated with GBV Response Working Groups to deliver soft-skills development training, equipping members with practical tools to better support survivors and coordinate referrals.

Finally, the analytical assessment on “Norm Changes and Lessons Learned from the Intersectionality Approach” was disseminated nationally, engaging MoWA, DAC, PDoWA, GBV-RGs, OPDs, and civil society stakeholders. This process validated key findings, deepened institutional ownership, and fostered strategies for sustainability and replication. Collectively, these achievements ensured that intersectionality is now firmly embedded in Cambodia’s national strategies on violence against women, laying the foundation for stronger, inclusive, and coordinated prevention and response moving forward.

At both the national and provincial levels, the project and its approach to building understanding of intersectionality and embedding it in strategies for action was appreciated and seen a successful.

Key informant interviews with national and subnational stakeholders all recognized the success of the project in integrating and embedding inclusion in national and subnational strategies, and plans.

“The JUST project helped to strengthen our understanding of intersectionality and identify ways to practically apply strategies to ensure women with disabilities and other women that are marginalised are adequately addressed in preventing and responding to VAWW” KII, Women’s Affairs

“The project helps integrate the contents and goals of the NAPVAW into the activities of the Battambang City DWCCC. For example, the project can develop specific, localized action plans that align with the national plan, such as training sessions or information dissemination campaigns. This ensures that local efforts are consistent with and contribute to achieving national goals.” District Women’s and Children’s Consultative Committee, Battambang

In conclusion, Outcome 3 was successfully achieved, with MoWA and DAC significantly strengthening their capacity to integrate an intersectional lens into national and provincial policy and practice. Intersectionality is now embedded in the forthcoming NAPVAW 2025–2030 and aligned with NDSP III, ensuring tailored prevention, leadership, and service provision for women with disabilities, migrant workers, LGBTI, Khmer Muslim, and other marginalised groups. National and provincial stakeholders recognized the approach as effective and practical, confirming that the project has laid a sustainable foundation for more inclusive and coordinated prevention and response to VAWG in Cambodia.

4.1.4.1 Output 6: MoWA and DAC have increased knowledge on violence against women with strong emphasis on intersectionality and are actively engaged in activities toward preventing violence against women.

Indicator	Baseline	Target	Achieved
# of policy briefs on intersectionality where recommendations into policies at national level with key stakeholders	0	1	Y2:1 Final: 1

Under this output, ADD focused on strengthening and delivering training on Gender Equality and Disability Inclusion (GEDI). By January 2024, seven batches of GEDI and related standards training had been delivered, including three trainings for District GBV RGs. The project also

provided coaching and mentoring to seven master trainers (six women), who are now equipped to adapt training materials and deliver GEDI content to diverse audiences.

At the subnational level, the project supported two Provincial GBV-RGs to conduct quarterly meetings with 105 participants (75 women) and collaborated with DAC and PDoWA in Kampong Speu to deliver seven trainings on GEDSI, referral guidelines, and basic counselling to government duty bearers. ADD has also strengthened engagement with PDoWA in Tbong Khmum and Kampong Speu to build the capacity of Provincial GBV-RGs through regular coordination meetings. These efforts have fostered stronger collaboration with implementing partners to prevent and respond to cases of VAW, while improving awareness of intersectionality and collection of disaggregated data.

At the national level, ADD and CWCC were invited to participate in the TWGG-GBV led by MoWA, which disseminated findings from NAPVAW III and adopted new terms of reference for the working group. Both organizations contributed technical input to the development of the NDSP 2024–2028 and the NAPVAW 2025–2030. The NDSP was launched in December 2024 during National and International Disability Day celebrations, with work underway to finalize its M&E framework. The NAPVAW has gone through three rounds of consultation with CSOs and two TWGG-GBV reviews, and is now awaiting final approval. MoWA and DAC further demonstrated visibility and ownership by jointly promoting both strategies during a national radio talk show on GEDSI in December 2024.

Finally, the analytical assessment on *“Norm Changes and Lessons Learned from the Intersectionality Approach”* was developed and disseminated nationally, engaging MoWA, DAC, PDoWA, GBV-RGs, OPDs, and civil society stakeholders. This process validated key findings, reinforced institutional ownership, and identified strategies for sustainability and replication. Collectively, these achievements demonstrate that intersectionality is now firmly embedded in Cambodia’s national strategies to prevent and respond to violence against women, laying a strong foundation for inclusive, coordinated, and sustainable action moving forward.

“I am much stronger now in my ability to apply an intersectional approach to policy development. I appreciate the opportunities to share our learnings. We are now able to disseminate to the subnational level and strengthen their work on intersectionality.” KII, Women’s Affairs

“The training has significantly improved their services (VAW services) by making them more rights-focused particularly for clients with disabilities. As a result, their (private interview) room is now more client-friendly, and they recognize the importance of collecting data that is clearly disaggregated by disability.” KII, Disability Action Council

In conclusion, MoWA and DAC have strengthened their knowledge and practical application of intersectionality in both policy development and service delivery. Through GEDI trainings, policy engagement, and dissemination of lessons learned, intersectionality is now embedded in national strategies such as the NDSP 2024–2028 and the forthcoming NAPVAW 2025–2030. These achievements lay a solid foundation for more inclusive, coordinated, and sustainable prevention and response to violence against women in Cambodia.

Evaluation Question 2: To ascertain the effectiveness of the SASA! adaptation into the Cambodian context.

ADD International successfully implemented the SASA! Program through the UNTF model (2018–2021), demonstrating effective prevention of primary violence and positive attitude changes among caregivers, families, and communities. Action research from the initial phase showed a reduction in reported violence among participants from 70 percent to 27 percent. However, the original model focused only on domestic violence, did not address disability, and was tailored primarily to a Christian context.

In Cambodia, the model was updated under the JUST Project to reflect the Buddhist context, streamline some segments, and incorporate an intersectionality approach. The customized SASA! tool now includes a new intersectionality module, with user-friendly IEC materials that address the experiences of marginalised groups.

A Training of Trainers (ToT) was conducted in September 2023 with 16 participants, including representatives from NEWs and Love is Diversity. The training covered prevention of violence against women and girls with disabilities, focusing on power dynamics, human rights, disability rights, and intersectionality. The curriculum followed the four SASA! phases: *Start, Awareness, Support, and Action*. Post-training evaluations demonstrated strong results: all participants scored “good” to “very good,” compared to baseline assessments where six percent had failed. Satisfaction with both trainer performance and content delivery ranged from 81–100 percent. Key challenges included participant attendance, limited training space, and unclear role assignments. Recommendations included providing refresher trainings twice a year and ensuring stronger budget allocation.

Feedback from KIIs with local government officials and FGDs with women’s groups confirmed that the SASA! model was highly appreciated. Participants reported that the materials were accessible and easy to use, while the phased, comprehensive approach allowed sufficient time for communities to build knowledge and understanding.

Evaluation findings further highlighted positive impacts: participants reported decreased risks of experiencing violence, increased awareness of where to seek help, and strengthened self-confidence. Together, these outcomes demonstrate the effectiveness of the adapted SASA! model in Cambodia and its value in promoting inclusive, community-driven prevention of violence against women and girls. The model is currently being considered for scale up to other provinces.

4.2 RELEVANCE

Evaluation Question 3: To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?

Goal: The overall goal of the JUST Project—to ensure that survivors of violence, particularly marginalised and socially excluded women and girls, have increased access to inclusive, quality services and prevention efforts—is highly relevant in the Cambodian context. The project directly addresses national priorities outlined in the National Action Plan to Prevent Violence Against Women (NAPVAW) and the National Disability Strategic Plan (NDSP), both of which emphasize non-discrimination, survivor-centred responses, and tailored interventions

for women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI individuals.

The project is also consistent with Cambodia's commitments under CEDAW, CRPD, CRC, and the ASEAN Regional Plan of Action on EAW, which call for comprehensive prevention and response strategies that leave no one behind. By strengthening service delivery mechanisms, tackling harmful social norms, and embedding intersectionality into national policies, the project responds to critical gaps identified in previous evaluations of the NAPVAW. Importantly, it situates Cambodia within global best practice approaches, such as the UN Essential Services Package and RESPECT framework, ensuring that interventions are evidence-based and aligned with international standards.

At the community level, the project's focus on inclusive access and prevention is directly relevant to the lived experiences of survivors, who face intersecting forms of discrimination and barriers to justice. By addressing these systemic inequities, the JUST Project demonstrates strong relevance both to immediate community needs and to the broader policy and rights-based environment in Cambodia.

Outcome 1: Survivors of violence, including marginalised and socially excluded women and girls, have increased access to inclusive and quality essential services (psychological, social, and legal).

Outcome 1 was highly relevant to the needs of survivors of violence, particularly marginalised women and girls such as women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI individuals. Research in Cambodia has consistently shown that these groups face persistent barriers to accessing legal, psychological, and social support due to stigma, discrimination, and weak referral systems.

The project's emphasis on strengthening GBV Response Working Groups, enhancing multi-sectoral coordination, and ensuring survivor-centred services through capacity development on national standards and guidelines directly addressed these gaps. It is also in alignment with the UN Essential Services Package and the National Action Plan to Prevent Violence Against Women (NAPVAW) priorities to ensure that interventions were evidence-based, survivor-centred, and responsive to the realities of marginalised groups. Importantly, this outcome remains highly relevant, as systemic barriers to inclusive service access persist nationwide. Lessons from the project provide a strong basis for scaling these approaches beyond the target areas to strengthen equitable access to quality essential services at the national level.

Outcome 2: Duty bearers and service providers intervene in and refer cases of VAWG survivors (including women and girls with disabilities, LGBTI, Khmer Muslim, and entertainment workers) in the target areas following minimum standards as adopted by government ministries.

Outcome 2 was highly relevant to Cambodia's context, where survivors of violence—particularly marginalised groups—often face systemic barriers to accessing justice and comprehensive services. Evaluations of previous NAPVAWs noted that weak coordination, limited awareness of survivor-centred standards, and inconsistent referral pathways undermined effective responses. The project addressed these gaps by building the capacity of duty bearers and service providers, strengthening the role of GBV Response Working Groups, and ensuring that interventions followed government-adopted minimum standards. This approach not only aligned with the National Action Plan to Prevent Violence Against Women

(NAPVAW) but also directly responded to survivors lived realities, where timely intervention, referral, and protection services are essential.

By embedding survivor-centred practices and reinforcing coordinated action, the project ensured that survivors, including marginalised women and girls, had greater access to justice, psychosocial support, and reintegration services. Importantly, these interventions remain highly relevant, as consistent, quality referrals and survivor-centred practices are vital for sustaining trust in services and fulfilling government commitments under NAPVAW. Given that the JUST Project was implemented in a limited number of target areas, there is significant potential and need to scale these approaches to the national level to ensure broader impact.

Outcome 3: Government partners, including the Ministry of Women's Affairs (MoWA) and the Disability Action Council (DAC), have increased capacities to develop and implement national action plans responding to violence against women with a strong emphasis on intersectionality.

Outcome 3 was highly relevant to strengthening Cambodia's national policy and institutional frameworks on violence against women and girls. Previous national action plans had limited focus on intersectionality, particularly the experiences of women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI individuals. By building the capacities of MoWA and DAC, the project ensured that intersectionality was embedded into the National Action Plan to Prevent Violence Against Women (NAPVAW 2025–2030) and the National Disability Strategic Plan (NDSP 2024–2028). Through participation in the Technical Working Group on GBV, provision of technical inputs, and facilitation of consultations, the project helped integrate SASA! and intersectionality into prevention priorities at the national level.

This outcome is strongly aligned with Strategic Objective 6 of the NDSP (Objective 6.1): Reduce the impact of violence against women and girls with disabilities through increased interventions, preventative actions, responsive measures, and increased access to quality and appropriate services. It also reinforces Cambodia's commitments under CEDAW, CRPD, CRC, and the ASEAN Regional Plan of Action on ERAW, ensuring policy frameworks are both inclusive and consistent with international standards. Importantly, Outcome 3 remains highly relevant as Cambodia finalizes and moves to implement NAPVAW 2025–2030 and NDSP 2024–2028. Continued institutional capacity, public engagement, and intersectional approaches will be essential for effective implementation, making this outcome a key foundation for sustaining and scaling inclusive policy responses at both national and subnational levels.

In conclusion, the JUST Project has demonstrated strong relevance at the goal, outcome, and activity levels. It directly addressed critical gaps identified in previous NAPVAW evaluations, responded to the lived realities of marginalised women and girls, and aligned closely with Cambodia's national priorities and international commitments. By embedding intersectionality into service delivery, prevention approaches, and national policy frameworks, the project ensured that survivors who are most at risk of exclusion were prioritized.

The project's approaches remain highly relevant, as systemic barriers to access, weak referral pathways, and harmful social norms continue to affect women and girls across Cambodia. Lessons from the project provide a solid foundation for scaling interventions nationally, ensuring that inclusive, survivor-centred, and coordinated responses to violence against women and girls are sustained and expanded.

4.3 EFFICIENCY

Evaluation Question 4: To what extent was the project efficiently and cost-effectively implemented?

The JUST project's budget structure reflects careful planning and responsible resource allocation, prioritizing direct impact while maintaining necessary operational support. The balanced distribution across years indicates a sustainable implementation plan, although ongoing monitoring will be crucial to ensure continued cost-effectiveness.

The budget allocation reflects strategic prioritization of key areas. The largest portions are dedicated to contractual services/consultants (28.65%) and travel (28.39%), which directly support essential program activities including survivor support services, community engagement, and capacity building. Personnel costs constitute 14.28 percent, ensuring adequate staffing while maintaining reasonable overhead.

The project demonstrates fiscal responsibility through several aspects:

- Targeted allocation for monitoring and evaluation (6.95%) plus final evaluation (2%), ensuring proper oversight and impact assessment. The M&E system allowed quality data collection for project monitoring.
- Modest equipment budget (0.76%) focused on essential items like laptops and projectors
- Reasonable indirect costs (4.67%), indicating efficient administrative management
- Strategic investment in capacity development (1.50%) and self-care (0.48%) to support staff effectiveness
- Prudent contingency planning (1.91%) for unforeseen circumstances

CWCC and ADD International have made substantial investments in staff capacity development and self-care. CWCC holds annual staff meetings focused on strengthening internal policies, technical skills, and survivor-centered practice through training on gender, child protection, and financial management. Complementary activities such as team building, stress relief, and safe care creation promote a supportive workplace culture. Staff also benefit from targeted technical upskilling—such as SPSS, KoboToolbox, and SASA! training—and counseling support to enhance emotional resilience. Following the adoption of new PSEAH and Anti-Fraud policies, CWCC's management conducted awareness and capacity-building sessions across its branches. Similarly, ADD International prioritized well-being and professional growth during its program transition by applying the “Ending Well” principles, offering a £250 well-being allowance, and conducting empathetic communication training for staff and partners. ADD also extended project staff contracts and issued recognition letters to acknowledge contributions and consolidate learning from initiatives such as SASA!, GEDSI, and the Essential Training Package. Collectively, these investments have strengthened institutional capacity, improved staff well-being, and sustained commitment to gender equality and disability inclusion beyond project timelines.

The budget effectively balanced direct program activities with necessary operational support. Material and goods allocation (5.19%) covers crucial shelter operations and survivor support, while audio-visual and printing production (1.35%) enables community awareness activities to be conducted cost-effectively.

In the KIIs and FGDs specific questions were not asked about project efficiency in implementation, however some efficiency related practices were observed. These included leveraging existing structures and mechanisms such as the GBV Response Working Groups and existing community committees rather than building new structures (this also links to sustainability). Additionally, survivor support and prevention activities were delivered through local networks such as women's groups, OPDs and entertainment worker networks which increased reach and did not require heavy new investment.

In conclusion, the JUST Project demonstrated overall efficiency through a well-structured budget and effective use of resources at both national and community levels. The budget reflected careful planning and prioritization, with the majority of funds directed toward direct program activities such as survivor support services, capacity building, and community engagement, while administrative and overhead costs remained modest. Strategic allocations for monitoring, evaluation, capacity development, and staff self-care further underscored fiscal responsibility and a focus on sustainability.

Fieldwork observations reinforced this picture, showing that the project maximized efficiency by leveraging existing government and community structures, combining training topics to reduce duplication, and collaborating closely with partners to streamline delivery. Community networks were mobilized to extend reach without requiring heavy investment in new infrastructure, demonstrating resourcefulness and cost-effectiveness. Some challenges were noted, particularly high travel demands and occasional delays in multi-stakeholder coordination, but these did not undermine overall performance. The project staff were able to mitigate these by working closely with the various groups to ensure activities continued.

Taken together, the project's financial management and implementation practices illustrate a strong commitment to efficiency, ensuring that resources were used responsibly and strategically to maximize impact for survivors of violence.

4.4 COHERENCE

Evaluation Question 5: To what extent has the intervention support or undermined other EAW/G initiatives, and vice versa

Review of project documents and progress reports shows that the JUST Project demonstrates strong coherence with existing ending violence against women and girls (EAW/G) initiatives and national priorities in Cambodia. Its intersectional, rights-based approach has complemented and strengthened ongoing interventions rather than duplicating or undermining them.

The project aligns closely with the National Action Plan to Prevent Violence Against Women (NAPVAW 2019–2023) by addressing critical service delivery gaps for marginalised groups. By focusing on women with disabilities, Khmer Muslim women, LGBTI women, and entertainment workers, JUST expanded the reach of EAW/G programs to underserved populations that are often excluded from mainstream services. The alignment with key areas in the NAPVAW include:

- Prevention: Adapted SASA! for the Cambodian context to drive social norm change and community mobilization.

- Multi-sectoral services: Strengthened GBV Response Working Groups and trained service providers on survivor-centred, disability-inclusive standards.
- Legal protection and access to justice: Worked with police, OPDs, and self-help groups to improve referral mechanisms and ensure marginalised survivors could access legal aid, representation, and safe accommodation.
- Institutional capacity and data: Enhanced duty bearers' capacity, embedded intersectionality, and improved disaggregated data collection.
- Cross-cutting priorities: Addressed longstanding gaps in operationalizing disability and intersectionality by explicitly targeting women with disabilities, LBTI women, Khmer Muslim women, and entertainment workers.

The JUST Project also demonstrates strong alignment with the objectives of the Australia–Cambodia Cooperation for Equitable Sustainable Services (ACCESS 2) program, which supports Cambodia to implement its EAW and disability inclusion priorities. Both initiatives share a focus on inclusive, survivor-centred responses and system strengthening:

- System strengthening: JUST's emphasis on GBV Response Working Groups, survivor-centred service standards, and referral pathways complements ACCESS 2's work to improve multi-sectoral coordination and subnational service delivery.
- Focus on marginalised groups: JUST's intersectional lens mirrors ACCESS 2's priority on disability inclusion and gender equality, ensuring national strategies reach those most at risk.
- Policy alignment: JUST's contributions to NAPVAW 2025–2030 and NDSP 2024–2028 reinforce ACCESS 2's support to MoWA, DAC, and MoSVY to deliver evidence-based, rights-focused policy frameworks.
- Integrated prevention and response: JUST's combination of social norm change (via the adapted SASA! model) and service provider capacity building enhances the prevention–response continuum, a core element of ACCESS 2's approach.

Overall, the JUST Project has supported and strengthened other EAW/G initiatives by filling critical gaps, embedding intersectionality, and reinforcing survivor-centered approaches. It has demonstrated external coherence through alignment with international frameworks such as CEDAW, CRPD, and the ASEAN Regional Plan of Action on EAW, and internal coherence by linking grassroots mobilization and peer support with national policy advocacy. No evidence was found that the project undermined existing EAW/G efforts; instead, it has helped lay the groundwork for a more inclusive NAPVAW 2025–2030 and contributed to a coherent national effort to eliminate violence against women and girls, particularly those facing multiple forms of marginalization.

4.5 SUSTAINABILITY

Evaluation Question 6: To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?

Review of project documents, progress reports, and field findings indicate that the JUST Project demonstrates strong potential sustainability, both in terms of individual empowerment of women and systemic change strengthening services and tacking harmful social norms.

Its comprehensive, intersectional approach to EAW/G, implemented between 2022 and 2025, has laid a foundation for lasting impact through capacity building, institutional strengthening, social norm change, and policy integration.

First, the project invested significantly in capacity building of rights holders and duty bearers. Women with disabilities, Khmer Muslim women, LGBTI women, and entertainment sector workers were empowered with knowledge of their rights, leadership skills, and economic opportunities. The evaluation found that these women reported greater confidence, stronger networks, and increased ability to advocate for themselves and their peers. These skills and peer-support mechanisms are expected to persist beyond the project period, contributing to self-sustaining community-based structures.

Second, JUST strengthened institutional capacity and multi-sectoral coordination. The establishment and ongoing support of GBV Response Working Groups, combined with training for health, police, justice, and social services, have embedded survivor-centred, inclusive practices into local and provincial systems. Evidence from the evaluation suggests that referrals and collaboration between actors have become more routine, increasing the likelihood that these systemic improvements will be maintained beyond project funding.

Third, the project's focus on social norm change through the adapted SASA! model and community mobilization has created shifts in attitudes and behaviours. Although social norm transformation requires long-term engagement, early signs from the evaluation show increased awareness of women's rights, reduced tolerance of violence, and greater willingness to seek help. These incremental changes are expected to continue evolving as community networks and leaders sustain prevention messaging.

Finally, sustainability is reinforced through policy integration and institutional partnerships. The project's contributions to the development of the NAPVAW 2025–2030 and the NDSP 2024–2028 ensure that intersectionality, disability inclusion, and survivor-centred approaches are institutionalized within national frameworks. The commitment of CWCC and ADD International to continued partnership, organizational learning, and alignment with government priorities further strengthens the likelihood that project approaches will endure and be scaled nationally.

In conclusion, the JUST Project has established multiple pathways for sustaining positive changes in the lives of women and girls—through empowered communities, strengthened institutions, cultural shifts, and policy integration. While ongoing investment and political will are required to consolidate these gains, the foundations laid by the project provide a strong basis for long-term impact in Cambodia's EAW/G efforts.

Evaluation Question 7: To what extent has continued funding helped sustain or scale up progress made in reducing or preventing violence against women?

The JUST project builds on the success of two previously funded Promoting Women's Dignity (PWD) (2017-2020) and Preventing violence against women and girls with disabilities: A community mobilization model (MODEL) (2018-2021).

Interviews with staff and review of project documents and progress reports showed that continued funding has enabled the expansion and refinement of multiple effective strategies, building directly on the successes of the two earlier initiatives. These earlier projects allowed CWCC and ADD International to strengthen their organizational capacity in disability rights and in responding to violence against women, laying the groundwork for JUST's more ambitious, intersectional approach.

Through this cumulative experience, the organizations refined their rights-based programming to ensure that marginalised women—particularly women with disabilities, Khmer Muslim women, LGBTI women, and entertainment workers—have better access to essential services and increased awareness of their rights. The social norm change component, adapted from the SASA! model, has successfully challenged discriminatory attitudes and practices, while the community mobilization strategy has effectively addressed power imbalances that perpetuate violence.

Sustained support has also enhanced multi-sectoral service delivery, with GBV Response Working Groups becoming stronger and more coordinated. Service providers received specialized training to address biases and improve responsiveness, while peer-to-peer support networks created safe spaces for women to share experiences and access resources.

At the same time, ongoing capacity building for community-based organizations has strengthened governance, communication, and self-representation. These capacities have translated into more effective advocacy and policy influence, with project learnings feeding directly into national frameworks such as NAPVAW 2025–2030 and NDSP 2024–2028. The project also consolidated collaboration between MoWA and DAC, ensuring a more integrated approach to gender equality and disability inclusion.

Together, the trajectory from the PWD and MODEL projects to JUST illustrates a clear progression: starting with strengthening organizational and community-level capacity, then scaling strategies to influence national policy and institutional frameworks. This continuity has been central to sustaining impact and embedding intersectionality in Cambodia's EVAW/G agenda.

“Through the continued support ADD has been strengthened on understanding and responding to violence against women, and CWCC has been strengthened on disability rights and inclusion. Building on that learning we were able to then develop and implement a project that was more inclusive for multiple groups and influence national policy.” KII with ADD

4.6 IMPACT

Evaluation Question 8: To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?

The JUST Project has made substantial contributions to preventing and responding to violence against women and girls, as well as promoting gender equality and women's empowerment. The project's design explicitly targeted those most likely to face multiple forms of marginalization—women and girls with disabilities, Khmer Muslim women, LGBTI women, and

entertainment workers—ensuring that the benefits extended to populations often excluded from mainstream programs.

At the individual level, the project fostered remarkable improvements in help-seeking behaviors and survivor empowerment. Endline data revealed that 78 percent of women surveyed sought help when they needed it, compared to only 21 percent at baseline. The greatest increases were observed among marginalised groups, with LGBTIQ respondents (83 percent) and women with disabilities (82 percent) reporting the highest levels of confidence to access services. These gains reflect strengthened awareness of rights, improved access to information on available services, and enhanced trust in duty bearers. FGD participants frequently reported feeling more confident to report violence, less fearful of stigma, and more willing to engage local authorities and service providers. One woman explained, *“Before I kept silent, but now I know where to go and I am not afraid.”* Another shared, *“My husband used to stop me from joining meetings, but now he encourages me and even helps with the children.”* These testimonies highlight not only improved access to services but also meaningful shifts in household dynamics and women's own sense of agency.

At the service level, the project strengthened multi-sectoral responses and survivor-centred services. Duty bearers and service providers intervened in 1,313 cases of violence, including 946 cases of domestic violence, 196 cases of sexual abuse, and 161 cases of trafficking. Survivors accessed psychological counselling, legal aid, shelter, and reintegration services. GBV Response Working Groups were particularly effective in coordinating referrals and ensuring survivors were linked to appropriate services. Importantly, survivors consistently rated service quality very highly, with 98–100 percent reporting satisfaction with accessibility, responsiveness, and provider attitudes. As one respondent described, *“When I came for counselling, I was listened to with respect—I felt valued as a person.”* Another survivor explained, *“Before, I thought the authorities would blame me, but now they explain my rights and help me find solutions.”* These accounts confirm that strengthened institutional responses have translated into survivors' lived experiences of dignity, respect, and safety.

The project also had a significant impact on social norm change and community empowerment. Through the adapted SASA! methodology, savings groups, and women's peer networks, discriminatory attitudes and harmful practices were challenged at the community level. Women reported greater solidarity and support through savings groups, which not only improved their economic resilience but also provided safe spaces for sharing experiences and information on violence. Economic independence—through vocational training, grants, and livelihood support—further strengthened women's bargaining power within households and reduced their vulnerability to violence. A young participant reflected, *“Because I have my own income, my family respects my decisions.”* Another noted, *“In the savings group, I realized I was not alone—other women also face violence, and together we can find solutions.”* These insights show that empowerment extended beyond individual gains, fostering collective action and resilience.

The evaluation also identified several positive unintended impacts. Some service providers, for example, adapted facilities to be more disability-friendly by creating client-centred interview rooms and collecting more disaggregated data. Peer-to-peer support networks also emerged as informal but powerful drivers of change, fostering safe environments where women could build confidence and learn from one another. The project also encouraged greater openness in communities to discuss violence, with FGD participants noting a shift away from silence and

toward collective responsibility. As one community member stated, *“Now, when violence happens, neighbors come together to stop it—we do not stay quiet anymore.”* These ripple effects demonstrate that the project not only met its intended objectives but also led to broader shifts in institutional culture and community norms.

Evaluation Question 9: How did the previous UN Trust Fund funded project contribute to the current project's impact in reducing or preventing violence against women, including both intended and unintended effects?

The impact of the JUST Project is rooted in the continuity and lessons learned from the previous UN Trust Fund (UNTF) project, which laid the foundation for many of its approaches. The earlier project enabled CWCC and ADD International to expand their expertise in disability rights and gender-based violence, and to strengthen their institutional and community-level capacity to address VAWG in Cambodia.

One of the most important contributions of the earlier project was the adaptation of the SASA! methodology to the Cambodian context. Originally tailored to Christian communities in Uganda, SASA! was localized for Cambodia's Buddhist context and piloted with community groups. This adaptation process revealed the importance of intersectionality, especially the need to better address the realities of women with disabilities, entertainment workers, and LGBTIQ individuals. These insights directly shaped the current project, which added an intersectionality module to SASA! and developed user-friendly IEC materials designed for diverse audiences. As a result, JUST was able to deliver a more culturally relevant and inclusive prevention strategy that resonated strongly with local communities.

The previous UNTF project also pioneered service delivery and coordination mechanisms that were further scaled under JUST. Initial work on strengthening duty bearer capacities and improving referral pathways created the groundwork for the establishment of GBV Response Working Groups and multi-sectoral coordination at the district and provincial levels. Building on these structures, JUST was able to reach a much larger number of survivors (over 1,300 cases), improve the quality of services, and expand prevention work to include savings groups and peer networks. This continuity allowed for quicker, more efficient scaling of proven models.

At the institutional level, the earlier project helped to position CWCC and ADD as credible actors within national policy spaces. Their growing reputation and experience in addressing both gender-based violence and disability inclusion enabled them to take on more influential roles in the development of the NAPVAW 2025–2030 and the NDSP 2024–2028 during the JUST Project. In this way, the previous project not only contributed to tangible service-level changes but also strengthened the organizations' capacity to influence policy, ensuring that lessons learned were institutionalized at the national level.

The evaluation found that the earlier project also had unintended benefits that fed into JUST's success. For example, by piloting the intersectionality approach, CWCC and ADD created demand among local communities and duty bearers for more inclusive approaches, which JUST was then able to expand upon. The credibility earned from demonstrating results in earlier phases also helped secure partnerships with government institutions such as MoWA and DAC, which were critical to the policy-level achievements of the current project.

In conclusion, the previous UNTF project served as a catalyst and incubator: it allowed the organizations to test and refine approaches, build institutional credibility, and generate lessons that directly informed the design of JUST. The current project was therefore able to start from a stronger position, scale successful models, and deepen the focus on intersectionality, leading to measurable improvements in help-seeking, service access, and social norm change.

4.7 KNOWLEDGE GENERATION

Cross-Cutting Criteria: To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be documented and shared with other practitioners?

The JUST Project has generated valuable knowledge and a set of promising practices that are highly relevant to both national stakeholders and the wider EAW/G community. Its focus on intersectionality and disability inclusion within violence prevention and response programming is particularly noteworthy, as this remains an underdeveloped area globally.

One of the most significant contributions is the adaptation of the SASA! methodology to Cambodia's context with the integration of an intersectionality module. This adaptation broadened the tool beyond its original focus on domestic violence in a Christian context, making it culturally appropriate for Buddhist communities while addressing the realities of marginalised groups such as women with disabilities, Khmer Muslim women, entertainment workers, and LGBTIQ individuals. The project also developed user-friendly IEC materials and facilitated Training of Trainers to embed these adaptations within local organizations and networks. This customized SASA! approach represents an emerging practice that could be replicated in other settings seeking to adapt global models to diverse cultural and social contexts.

The project also established savings groups and peer networks that linked economic empowerment with violence prevention. These groups not only strengthened financial resilience but also functioned as safe spaces where women could discuss experiences of violence, learn about their rights, and build solidarity. The integration of livelihood support into EAW/G programming provided evidence of how economic independence can enhance bargaining power and reduce vulnerability to violence. This linkage between empowerment and protection is a promising practice that should be documented and shared.

Another key innovation was the strengthening of GBV Response Groups at district and provincial levels with a strong focus on inclusivity. Training on disability-inclusive essential services, referral pathways, and minimum service standards led to more coordinated, survivor-centred responses. The institutionalization of these groups, along with improved data collection and follow-up mechanisms, provides an example of how local governance structures can be leveraged for more effective service delivery.

At the national level, the project's influence on policy frameworks also offers valuable lessons. By contributing technical inputs to the NAPVAW 2025–2030 and the NDSP 2024–2028, the project demonstrated how civil society organizations can shape inclusive national policies through sustained engagement with government partners. The analytical assessment on *"Norm Changes and Lessons Learned from the Intersectionality Approach"* also stands out as a

knowledge product that can inform future interventions, as it captures both challenges and effective strategies for embedding intersectionality in EVAW/G programming.

Finally, the project's integration of monitoring, evaluation, and learning throughout implementation has generated a rich evidence base. Increases in help-seeking, reduced risk perceptions, and improved service quality provide not only proof of impact but also lessons on what works in creating survivor-centred, inclusive EVAW/G programming.

In conclusion, the JUST Project has generated a range of promising practices—from adapting SASA! with an intersectionality lens, linking economic empowerment with protection, to strengthening inclusive multi-sectoral coordination and influencing national policy. These approaches are highly transferable and should be documented and shared widely with other practitioners and policymakers working to prevent and respond to violence against women and girls.

4.8 GENDER EQUALITY AND HUMAN RIGHTS

The JUST Project placed gender equality and human rights at the core of its design and implementation, ensuring that interventions went beyond service provision to address structural inequalities and the rights of the most marginalised.

From a gender equality perspective, the project sought to empower women and girls not only as recipients of services but as rights holders and leaders. Women with disabilities, Khmer Muslim women, LGBTI women, and entertainment workers—groups often excluded from mainstream EVAW/G programming—were given explicit attention. Their inclusion in training, savings groups, peer networks, and leadership roles within community mobilization efforts ensured that women from diverse backgrounds had greater opportunities to exercise voice, agency, and decision-making power. The adapted SASA! methodology also placed power dynamics at the centre of community dialogues, directly addressing gender norms and inequalities that underpin violence.

On human rights, the project operationalized survivor-centred principles consistent with Cambodia's obligations under CEDAW, CRPD, CRC, and international EVAW frameworks. This included embedding minimum service standards, improving access to justice, and ensuring that survivors could exercise their rights to protection, participation, and dignity. The project strengthened duty bearers' capacities to deliver services in line with rights-based standards—such as confidentiality, informed decision-making, safety planning, and respect for survivors' autonomy. The evaluation found that over 90 percent of women surveyed felt they were treated respectfully, listened to, and given meaningful choices when accessing services, indicating that rights-based approaches were embedded in practice.

The project also addressed rights in the policy as well. By contributing to the NAPVAW 2025–2030 and the NDSP 2024–2028, JUST ensured that gender equality, disability inclusion, and intersectionality were institutionalized within national frameworks. This policy-level work reflects a shift from treating violence against women as an individual or social issue to recognizing it as a fundamental human rights violation, requiring systemic prevention and redress mechanisms.

In summary, the JUST Project addressed gender equality by tackling power imbalances and promoting women's leadership, while embedding human rights principles across service

delivery, prevention, and policy engagement. This dual focus ensured that survivors were not only supported in the short term but also empowered as rights holders whose voices and needs are central to Cambodia’s EAW/G response.

5 LESSONS LEARNED

The evaluation of the *JUST Project* provides a number of strategic lessons for future programming on the prevention and response to VAWG, particularly in addressing intersectional forms of discrimination faced by marginalized groups such as women with disabilities, entertainment workers, Khmer Muslim women, and LGBTI persons.

5.1 INTERSECTIONALITY MUST BE EMBEDDED, NOT ADDED ON

Integrating intersectionality from project design through implementation ensured that diverse women’s experiences were recognized, and interventions were responsive to their specific needs. The lesson learned is that intersectionality should not be treated as an “add-on” or a stand-alone component but as a foundational lens informing all strategies—service provision, prevention, and policy engagement.

5.2 PEER-LED AND COMMUNITY-BASED MODELS BUILD TRUST AND INCLUSION

Peer networks and self-help groups proved essential for reaching women in marginalized communities, particularly those who may distrust formal institutions. Women with disabilities, LGBTI individuals, and entertainment workers were more likely to seek support when assisted by peer advocates from their own communities. This demonstrates that peer-led models are critical for effective outreach, trust-building, and sustained engagement.

5.3 ADAPTING GLOBAL MODELS STRENGTHENS LOCAL OWNERSHIP

The adaptation of the SASA! methodology with an intersectionality module showed that international models can be successfully contextualized for Cambodia. Localization—through translation, cultural adaptation, and community validation—helped ensure ownership by local partners, including commune committees and women’s networks.

5.4 MULTI-SECTORAL COORDINATION REQUIRES CONTINUOUS INVESTMENT

The establishment of GBV Response Working Groups and coordination between MoWA, DAC, and local authorities demonstrated tangible improvements in referral and service quality. However, sustaining these mechanisms requires ongoing resourcing, clear mandates, and institutionalization within local government systems.

5.5 ECONOMIC EMPOWERMENT IS CRITICAL TO VIOLENCE PREVENTION

Women who participated in savings groups and income-generating activities reported greater confidence and reduced dependency on abusive partners. Integrating livelihood initiatives

within GBV programming not only enhances resilience but also contributes directly to prevention outcomes.

5.6 STIGMA AND DISCRIMINATION REMAIN PERSISTENT BARRIERS

Despite progress, survivors—particularly from LGBTI and entertainment worker groups—continue to face stigma from communities and some service providers. Continued sensitization, supervision, and inclusion of affected groups in training and monitoring are required to address implicit bias within systems.

5.7 DATA AND EVIDENCE DRIVE POLICY INFLUENCE

The project's contribution to integrating intersectionality into the draft *NAPVAW (2025–2030)* and *NDSP (2024–2028)* underscores how evidence from inclusive programming can inform national policy. Building strong monitoring systems that generate credible data on marginalized groups strengthens advocacy for structural change.

6 CONCLUSIONS PER EVALUATION CRITERIA

6.1 OVERALL

The JUST Project has made a significant and measurable contribution to Cambodia's efforts to end violence against women and girls, particularly among marginalised groups such as women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI individuals. The project achieved strong results across multiple levels—individual, community, institutional, and policy—by combining survivor-centred service delivery, community mobilization, social norm change, and national policy influence. Help-seeking behaviours increased dramatically, coordinated interventions expanded, and survivors reported greater confidence, dignity, and empowerment. At the same time, service providers demonstrated improved capacity to deliver inclusive, rights-based support in line with national and international standards.

Importantly, the project advanced sustainability and coherence by embedding intersectionality into the forthcoming *NAPVAW 2025–2030* and the *NDSP 2024–2028*, while complementing broader initiatives such as the *ACCESS 2* program. Its emphasis on rights-based, inclusive approaches ensured alignment with Cambodia's obligations under CEDAW, CRPD, CRC, and the ASEAN Regional Plan of Action on EAW, while its adaptation of *SASA!* and integration of economic empowerment strategies represent promising practices that can inform global EAW/G programming.

Overall, the JUST Project demonstrated that combining community-driven prevention, inclusive service delivery, and policy advocacy creates reinforcing pathways for change. By addressing systemic barriers and centring marginalised voices, the project not only achieved its immediate objectives but also laid a strong foundation for sustaining and scaling inclusive EAW/G approaches nationwide.

6.2 EFFECTIVENESS

The JUST Project substantially achieved and, in several areas, exceeded its intended goals and targets, with significant improvements in survivors' access to inclusive services (1,532 reached vs. 1,500 target), strengthened duty bearer capacity (372 trained vs. 176 target), expanded coordinated responses (1,313 cases intervened vs. 350 target), and notable reductions in perceived risk of violence (73% at endline vs. 21% at baseline), alongside meaningful empowerment and policy influence for marginalized women and girls.

Both quantitative and qualitative evidence confirm that survivors of violence—particularly women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI individuals—experienced reduced risks of violence, improved access to inclusive services, and greater empowerment to claim their rights. Endline survey data shows a dramatic increase in help-seeking behaviours (from 21% at baseline to 78% at endline), with women reporting higher confidence, satisfaction with services, and stronger protection from authorities. Importantly, women with disabilities—historically among the most excluded—reported the greatest reductions in perceived risk of violence. FGD participants frequently reported feeling more confident to report violence, less fearful of stigma, and more willing to engage local authorities and service providers. One woman explained, *“Before I kept silent, but now I know where to go and I am not afraid.”* Another added, *“My husband used to stop me from joining meetings, but now he encourages me and even helps with the children.”*

At the community level, effectiveness was demonstrated through the adaptation and roll-out of SASA! with an intersectionality module, peer networks, and community dialogues. These approaches catalysed changes in social norms, attitudes, and practices: 86% of participants in project monitoring reported reduced risk of violence in their communities, while qualitative data confirmed the growing acceptance of diverse groups and more proactive intervention by authorities. Networks of entertainment workers, LGBTI individuals, Khmer Muslim women, and women with disabilities emerged as sustainable spaces for peer support, information sharing, and mobilization, further reinforcing prevention and protection mechanisms. A young participant reflected, *“In the savings group, I realized I was not alone—other women also face violence, and together we can find solutions.”*

The project also demonstrated strong effectiveness in strengthening duty bearers and service providers. A total of 372 members of GBV Response Working Groups and consultative committees were capacitated on survivor-centred approaches, referral guidelines, and minimum service standards. Survey results confirm significant improvements in service quality, with 93% of women across groups reporting respectful treatment, confidentiality, and meaningful participation in decision-making. As one survivor explained, *“When I came for counselling, I was listened to with respect—I felt valued as a person.”* Service coordination also improved substantially, with providers reporting more frequent referrals, joint interventions, and stronger collaboration with police and local authorities.

At the policy level, JUST effectively influenced national frameworks, ensuring that intersectionality was explicitly embedded in the forthcoming NAPVAW 2025–2030 and the NDSP 2024–2028. By engaging MoWA, DAC, and other ministries through technical working groups, consultations, and advocacy, the project helped institutionalize lessons learned and position intersectionality at the centre of Cambodia's EAW strategies.

Taken together, these achievements demonstrate that the JUST Project has been highly effective in reducing violence, strengthening survivor-centred services, transforming community norms, and embedding intersectionality into national policy. Effectiveness was reinforced across multiple levels—individual, community, institutional, and national—creating reinforcing pathways for change and ensuring that the project’s results are both meaningful and measurable.

6.3 RELEVANCE

The JUST Project has proven to be highly relevant at multiple levels—policy, institutional, community, and individual. At the policy level, it aligned directly with Cambodia’s national priorities under NAPVAW 2019–2023 and contributed to shaping the forthcoming NAPVAW 2025–2030 and the NDSP 2024–2028, ensuring that intersectionality and disability inclusion are embedded in national frameworks. The project also reinforced Cambodia’s international commitments under CEDAW, CRPD, CRC, and the ASEAN Regional Plan of Action on EAW, while reflecting global standards such as the UN Essential Services Package and the RESPECT framework.³

At the institutional level, the project responded to gaps identified in NAPVAW evaluations, including weak referral pathways, limited coordination, and lack of survivor-centred practice. By strengthening GBV Response Working Groups, building duty bearer capacity, and improving data collection, the project reinforced national systems with inclusive and rights-based approaches.

At the community and individual levels, the project directly addressed the lived realities of marginalised groups—women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI women—who face stigma, discrimination, and exclusion from services. The adaptation of SASA! with an intersectionality module, the establishment of peer-support networks, and the linking of economic empowerment with violence prevention ensured that interventions were both context-specific and transformative.

Overall, the JUST Project is strongly relevant because it not only aligned with national and international frameworks but also responded to community-level needs and systemic gaps. Its approaches remain highly relevant going forward, offering scalable models to ensure that survivors of violence—particularly those most marginalised—can access inclusive, survivor-centred services and participate fully in prevention efforts.

6.4 COHERENCE

The JUST Project demonstrates strong coherence with national, regional, and international EAW/G priorities. At the national level, it complemented Cambodia’s NAPVAW 2019–2023 by addressing documented service delivery gaps for marginalised groups and contributed to the development of the forthcoming NAPVAW 2025–2030 and the NDSP 2024–2028, ensuring that

³ **RESPECT Framework:** RESPECT is the global framework that provides an evidence-based framework for prevention actions that begins with knowing the facts in the context, assessing risk and protective factors and implementing strategies including: **R** – Relationship skills strengthened, **E** – Empowerment of women, **S** – Services ensured, **P** – Poverty reduced, **E** – Empowerment of Women, **C** – Child and adolescent abuse prevented, **T** – Transformed attitudes, beliefs and norms.

intersectionality and disability inclusion are embedded in policy frameworks. The project also reinforced and complemented the work of the ACCESS 2 program, particularly in strengthening GBV Response Working Groups, improving multi-sectoral coordination, and expanding inclusive, survivor-centred responses.

Externally, the project aligned with Cambodia's obligations under CEDAW, CRPD, CRC, and the ASEAN Regional Plan of Action on EAW, situating its work within global standards and rights-based frameworks. Internally, coherence was evident in the way JUST linked grassroots mobilization, peer-support networks, and community norm change with national-level advocacy and policy influence. This created a reinforcing pathway between direct service delivery and systemic reform.

No evidence was found that the project undermined existing EAW/G initiatives. Instead, its emphasis on intersectionality, survivor-centred services, and policy engagement strengthened and complemented ongoing efforts by government and development partners. By filling critical gaps and building synergies across levels, the JUST Project has positioned itself as a key contributor to a coherent national response to violence against women and girls in Cambodia.

6.5 EFFICIENCY

The JUST Project demonstrated efficiency through a budget structure that reflected careful planning, responsible allocation of resources, and prioritization of direct program impact alongside necessary operational support. The distribution of funds across contractual services, travel, personnel, and program inputs indicates that resources were directed toward survivor support services, capacity development, and community engagement, with only modest proportions spent on equipment, indirect costs, and contingencies. This balance highlights fiscal responsibility and a commitment to maximizing impact at the community and institutional levels.

Allocations for monitoring and evaluation, final evaluation, and staff self-care also show strategic foresight, ensuring both accountability and long-term sustainability of results. While KIIs and FGDs did not yield specific insights on efficiency, interviewers observed that stakeholders perceived implementation to be smooth and resource use to be well managed. The project's ability to maintain reasonable overhead, invest strategically in staff and systems, and allocate the majority of resources to direct interventions suggests a strong cost-effectiveness that can inform future program design.

6.6 SUSTAINABILITY

The JUST Project demonstrates strong potential for sustainability through its combined focus on capacity building, institutional strengthening, community-based mechanisms, social norm change, and policy influence. By equipping marginalised women and girls—including women with disabilities, Khmer Muslim women, entertainment workers, and LGBTI women—with knowledge of their rights, leadership skills, and economic opportunities, the project has fostered self-confidence, peer-support networks, and community-based structures that are likely to endure beyond the project period.

At the institutional level, sustainability is reinforced by the strengthened capacities of GBV Response Working Groups at subnational levels, who now better understand their roles and mandates in preventing and responding to GBV. With capacity development on GEDSI, referral

standards, and survivor-centred services, duty bearers and service providers have begun embedding inclusive practices into routine service delivery. Their efforts are directly aligned with the government's NAPVAW 2024–2030 and MoWA's five-year strategic plan (2024–2030), ensuring national ownership of the progress made.

At the community level, the establishment of Community-Based Protection Networks (CBPNs), including Women Support Groups, provides a self-sustaining mechanism for prevention and protection. These networks have been empowered with knowledge on GBV, social inclusion, and the Savings for Change approach, while poor women and adolescent girls gained livelihood and vocational skills through partnerships with TVET Centers and Women Development Centers (WDCs). Such linkages between economic empowerment and protection strengthen resilience and reduce vulnerability to violence in the long term.

Sustainability is further supported by strong collaboration with MoWA and DAC to mainstream GEDSI concepts into national policies. Through evidence-based advocacy and capacity development, the project has influenced the upcoming NAPVAW 2025–2030 and NDSP 2024–2028, embedding intersectionality and disability rights at the policy level. These contributions ensure that national systems, not just projects, will carry forward inclusive EAW/G strategies.

The sustainability of outcomes is also bolstered by ADD International's exit principles. As ADD prepares to close its direct programming in Cambodia in 2025, it is ensuring continuity through measures such as: (1) shifting power to local OPDs and disability activists, (2) ensuring no harm through a responsible exit process, and (3) piloting participatory grant making to strengthen OPD-led initiatives. In Cambodia, flexible grants have already been provided to OPDs in Kampong Speu and Kampong Khmer Muslim, benefiting 58 self-help groups of persons with disabilities, including one partner under the JUST Project. ADD is also establishing a new Disability Justice Fund for youth with disabilities, which will provide competitive grants in Cambodia beyond the life of the project.

Finally, the project's emphasis on social norm change through the adapted SASA! model lays the groundwork for longer-term cultural transformation. By linking policy change, institutional strengthening, and community empowerment, the JUST Project has created multiple, reinforcing pathways for sustainability. While continued investment and political commitment will be essential, the project's results are well-positioned to be carried forward within Cambodia's broader EAW/G agenda and to inspire replication in other contexts.

6.7 IMPACT

The JUST Project has generated meaningful impact in reducing violence against women and girls, promoting gender equality, and strengthening women's empowerment in Cambodia. Survivors reported significant improvements in their ability to seek help, with help-seeking behaviours rising from 21 percent at baseline to 78 percent at endline, particularly among marginalised groups such as women with disabilities and LGBTIQ individuals. Over 1,300 cases of violence were intervened in by duty bearers and service providers, demonstrating tangible improvements in access to justice, psychosocial care, and protection.

The project's impact extended beyond service delivery to include shifts in community norms and attitudes. Through the adaptation of SASA! with an intersectionality lens, communities became more aware of women's rights, less tolerant of violence, and more proactive in supporting survivors. Women also reported increased confidence, solidarity, and bargaining

power within households and communities, supported by economic empowerment initiatives such as savings groups and vocational training.

At the systemic level, the project influenced policy frameworks, embedding intersectionality and disability inclusion into the forthcoming NAPVAW 2025–2030 and NDSP 2024–2028, thereby institutionalizing change within Cambodia's EVAW/G agenda. These contributions ensure that lessons and practices from the project will shape national strategies and responses well beyond the project cycle.

Overall, the JUST Project's impact is evident across multiple levels—individual, community, institutional, and policy. It has reduced risks of violence, strengthened survivor-centred services, and advanced gender equality for marginalised women and girls. Importantly, the continuity from previous UNTF-funded projects amplified this impact, allowing proven models to be scaled and embedded within both practice and policy.

6.8 GENDER EQUALITY AND HUMAN RIGHTS

The JUST Project placed gender equality and human rights at the centre of its design and implementation. By explicitly prioritizing marginalised groups—women and girls with disabilities, Khmer Muslim women, entertainment workers, and LGBTI women—the project challenged entrenched patterns of exclusion and ensured that those most at risk of violence were reached with services, empowerment opportunities, and safe spaces. The adaptation of the SASA! methodology with an intersectionality module directly addressed unequal power relations and discriminatory social norms, helping shift community attitudes and promote women's rights.

The project also embedded survivor-centred, rights-based practices into service delivery. Duty bearers and service providers were capacitated on confidentiality, informed consent, safety planning, and respectful treatment—principles rooted in international human rights standards. Evaluation findings confirmed that the majority of survivors felt listened to, treated with dignity, and provided with meaningful choices when accessing services, reflecting the integration of rights into everyday practice.

At the policy level, the project influenced national frameworks such as the NAPVAW 2025–2030 and the NDSP 2024–2028, ensuring that gender equality, disability inclusion, and intersectionality are institutionalized as core principles. These contributions not only align with Cambodia's commitments under CEDAW, CRPD, and CRC but also reinforce the government's accountability to uphold the rights of all women and girls.

Overall, the JUST Project advanced gender equality by empowering marginalised women to exercise agency and leadership, while safeguarding their human rights through improved services, stronger protections, and inclusive policy development. This dual focus ensures that progress goes beyond immediate project results and contributes to long-term transformation in Cambodia's EVAW/G response.

7 RECOMMENDATIONS PER CRITERIA

Evaluation Criteria	Recommendations	Relevant Stakeholders	Suggested timeline (if relevant)
Overall	Scale and institutionalize intersectional approaches nationally. Embedding these approaches in national frameworks and budget lines will ensure continuity beyond donor funding and extend impact nationwide.	CWCC, ADD, MoWA, DAC,	Ongoing
	Deepen inclusion and cross-sectoral collaboration. While the project successfully engaged marginalized groups, persistent stigma, discrimination, and gaps remain. Future programming should strengthen partnerships with OPDs, LGBTI and Khmer Muslim organizations, and entertainment worker networks to co-design interventions tailored to their needs.	CWCC, ADD, MoWA, DAC,	Ongoing
Effectiveness	Scale up the adapted SASA Model with the intersectionality model to additional locations	CWCC, ADD, Ministry of Women's Affairs (MoWA)	Over next 5 years
	Continue to build capacity of GBV Response Working Groups on minimum service standard, intersectionality and GEDI training module to reinforce and strengthen inclusion of marginalised groups	CWCC, ADD, MoWA, Disability Action Council	Over next 5 years
	Expand/scale up livelihood programming to ensure women at risk of violence have access	CWCC, ADD, MoWA	Over next 5 years
	Recognizing the challenges of working with different marginalised groups continue to strengthen mechanisms for engagement such as networks	CWCC, ADD, MoWA, DAC, ACCESS 2,	Over next 5 years
	In the roll out of NAPVAW 2025-2030 ensure intersectionality translates into commitments for budgets, and service provision related to intersectionality commitments	CWCC, MoWA, DAC, TWGG-GBV	In next 2 years
Relevance	To ensure relevance continue to prioritize women with disabilities, Khmer Muslim women, entertainment workers, LGBTI individuals, ensuring tailored interventions through accessible services, culturally appropriate materials, and peer led networks	CWCC, MoWA, TWGG-GBV	Over next 5 years

Coherence	Share lessons between JUST, government partners, and other initiatives such as ACCESS 2 to ensure learnings are incorporated and to inform future program design	CWCC, MoWA, ADD, DAC, TWGG-GBV	Over next 5 years
	Continue building on JUST's strength of connecting grassroots mobilization with policy influences in raising up the voices of marginalised groups into action plans	CWCC, MoWA, ADD, DAC, TWGG-GBV	Over next 5 years
	Document and share best practices national and regionally to inform other EAW initiatives such as through ACCESS 2 (prevention, GBV Response Groups, etc.)	CWCC, MoWA, ADD, DAC, TWGG-GBV	Over next 5 years
Efficiency	Continue with the monitoring and evaluation system that provides for quality data to better understand the project impacts	CWCC, ADD	Over next years
Sustainability	Advocate for increased government budget allocations to EAW particularly for institutionalizing SASA! And GBV Response Working groups further	CWCC, MoWA, ADD, DAC, TWGG-GBV	Over next 5 years
	Disseminate findings and lessons learned to promote cross learning nationally and regionally	CWCC, MoWA, ADD, DAC, TWGG-GBV	Over next 5 years
Impact	Disseminate evaluation findings widely at national, regional, and international levels to demonstrate effective practices for intersectional EAWG programming.	CWCC, MoWA, ADD, DAC, TWGG-GBV	Over next 5 years
	Contribute to global learning on disability inclusion and intersectionality in EAW/G, positioning Cambodia's model as a reference for other contexts	CWCC, MoWA, ADD, DAC, TWGG-GBV	Over next 5 years
	Expand the SASA! intersectionality module, savings groups, and inclusive GBV Response Working Group model to additional provinces to ensure a broader population of women and girls benefit from reduced risks of violence and improved access to services.	CWCC, MoWA, ADD, DAC, TWGG-GBV	Over next 5 years
Knowledge Generation	Further document and disseminate promising practices – Systematically capture lessons from the adapted SASA! intersectionality module, savings groups linking economic empowerment with violence prevention, and inclusive GBV Response Working Groups, and share them across Cambodia and with regional/global EAWG platforms	CWCC, MoWA, ADD, DAC, TWGG-GBV	

8 ANNEXES

8.1 TERMS OF REFERENCE



Terms of Reference

Consultant for the final evaluation of JUST Project

Location:	Cambodia
Application deadline:	27 Apr 2025
Languages required:	English
Starting date:	01 May 2025
Expected duration of assignment:	30 days within May to September 2025

Background and context

Cambodia Women’s Crisis Center (CWCC) with its co-implementing partner ADD International has been implementing the Join Us for Social Transformation (JUST) project in Cambodia which focuses on preventing and responding to violence against women (VAW) at the intersection of VAW (different types) experienced by women with disabilities, women entertainment workers/sex workers, women in Khmer Muslim communities and LGBTI groups. Women in these groups are the most marginalised experiencing stigma, discrimination, and increased rates of both physical, sexual and emotional violence and are excluded from economic opportunities. Women in these groups also have the least access to engage in prevention and receive appropriate, available, and accessible response services. Their rights are not fulfilled, they are excluded from the services they need, and their voice is not heard in policy development. These challenges have only been compounded by the COVID 19 pandemic with further isolation and barriers to service.

Building on learnings previous successful UN Trust Fund work on the intersection of violence against women and women with disabilities, the JUST project has focused on addressing inequitable social norms, stigma, and discrimination experienced by the groups, improve the responses of duty bearers, provide essential services and provide opportunities for women’s voices to be raised up to influence policy development such as the National Action Plan to Prevent Violence against Women. The JUST project has engaged with community service organizations representatives representing each of the groups.

The overarching theory of change of JUST is that if women and girls including those from marginalised groups have improved access to essential specialized VAWG services, if behavior, attitudes, and practices are improved positively for rights holder groups, duty bearers, and individual women and if legislation, policies, and national action plans are accountable to marginalised women, then VAWG will be prevented, and quality of essential services improved.

The overall goal is that empowered women, girls and those with minority status and socially excluded – women and girls with and without disabilities, Khmer Muslim, Entertainment/Sex workers and LGBTI in the target areas are empowered, have improved access to essential quality services and VAWG will be reduced.

Initially, the JUST project has updated the community mobilization approach to engage women in these marginalised groups in building their agency, increasing access to legal, psychological, and other essential services and supporting them to raise their voices to the policy level. Women in marginalised groups has been engaged through community service organizations that are led by and will engage the target groups. Previous successful work with Organizations for People with Disabilities (OPDs), Samrong Tong Disability Development Federation will be expanded, and adapted to new CSO groups engaged. These include Love is Diversity, an LGBTI group, Network of Entertainment Workers, Khemara, working with women with disabilities, and Aphivat Strey, a Khmer Muslim group.

Where existing groups do not exist, women’s, groups have been formed. Engaging and partnering with these groups has ensured that marginalised groups are leading and informing the work. This has improved peer support between the women in the marginalised groups as well.

At the same time duty bearers has been engaged through ministries and development and capacitating of GBV Response Working Groups to help them to challenge their own negative social norms that prevent them from providing marginalised women access to quality essential services. The GBV Response Working Groups has also been capacitated on relevant minimum service standards such as referral and basic counseling.

Services (not provided by the government) has also been available such as safe shelter, psychological counseling, economic empowerment based on the needs and wishes of the women themselves.

The learnings from engaging with women in the marginalised groups has been used to influence and advocate at the policy level for inclusion in national plans and strategies. Opportunities will be provided to raise their voices – considering their safety. As a result, violence against women and girls in marginalised groups has been decreased as they have increased access to essential services, been engaged in policy dialogues to ensure appropriate strategies to address their needs are included in national strategies, and their voices raised up and engaged in prevention and services actions.

The focus of the project is in ten districts/Khans in six provinces in Cambodia: Kampong Speu (Samrong Tong and Kong Pisey), Thboung Khhmum (Thboung Khmum and Ou Rieng Ouv), Battambang (Battambang and Ek Phnom), Phnom Penh (Reuseykeo), Siem Reap (Angkor Thom and Angkor Chhum) and Kampong Thom (Prasat Balaing). These provinces have been selected based on the government’s priority areas for programming, areas with high populations of the marginalised groups and high rates of violence against women.

Description of the project

Organization	Cambodian Women’s Crisis Center (CWCC)
Project title	Join Us for Social Transformation (JUST)
Project duration	01 August 2022 to 31 July 2025
Budget and expenditure	USD 999,400

Geographical areas	Cambodia: Kampong Speu, Thboung Khhmum, Battambang, Phnom Penh, Siem Reap and Kampong Thom
Specific forms of violence addressed by the project	Violence in the Family: IPV and NPV (Physical, Psychological and emotional, sexual), Violence in the Community: Sexual violence by non-partners (rape/sexual assault), and Trafficking in Women and Girls
Main objectives of the project	Women, girls and those with marginalised status and socially excluded – women and girls with and without disabilities, Khmer Muslim, Entertainment/Sex workers and LGBTI in the target areas experience less violence and are empowered to claim and enjoy their human rights.
Key assumptions of the project	<p>Engagement in the project can raise the profile of the marginalised groups increasing already increased risks for VAW/G. To address vulnerability and high risk to VAW/G, the project has engaged civil society organisations in activities they lead themselves.</p> <p>The project is in line with government strategies and policies to address discriminative VAW/G and disability rights in Cambodia and has a high level of support from concerned ministries.</p> <p>CWCC/ADD and its local partners have excellent relationships with local government actors and at the national level. The project has engaged with the government from the start, so it is consulted and involved in the development of the project’s learning and dissemination strategies.</p>
Description of targeted primary and secondary beneficiaries	<p>The primary beneficiaries are women and girls that are experiencing or are at risk of violence in the target communities including women and girls with disabilities, LGBTI women, Khmer Muslim women and women working in the entertainment sector. Total number of primary beneficiaries: 1,905 persons.</p> <p>Secondary beneficiaries and their roles are as follows: Family members of the survivors who support the project implementation; partner NGOs; government institutions at a provincial level such as the Department of Social Affairs, Department of Women’s Affairs, the Disability council at national and provincial level and other relevant national and international entities working to address violence against women and girls. These groups are the key stakeholders who share experience and lesson learned with CWCC for successful project implementation. Total number of secondary beneficiaries: 1,583 persons.</p>
Key implementing partners and stakeholders	<p>The Ministry of Women’s Affairs (MoWA) holds responsibility for preventing and responding to VAWG and has identified in the NAPVAW and it is strategic plan Neary Rattana V addressing the needs of five marginalised groups: women with disabilities, women in indigenous groups, Khmer Muslim women, and LGBTI women.</p> <p>Disability Action Council (DAC) is the government body responsible for responding to people with disabilities.</p> <p>GBV Response Working Groups: At the provincial and district level the project will engage with GBV Response Working Groups to provide</p>

	<p>capacity development to target discriminatory social norms that prevent women in marginalised groups from participation and access to services.</p> <p>Community Service Organizations (CSOs). The project engages with CSOs that represent or have memberships of marginalised groups. To ensure the relationships are ethical and mutually beneficial, and best represent the needs of marginalised women and girls’ membership groups have been identified that have been engaged in the planning of this proposal through direct communication.</p> <p>Organizations of People with Disabilities (OPDs). ADD works with OPDs and radio stations to amplify the voice of persons with disabilities and particularly women and girls with disabilities to influence government and the public to claim justice for women and girls with disability.</p> <p>Love is Diversity is a group that advocates for LGBTQI+ rights in Cambodia through internet and other activism. Their focus in on addressing stigma and discrimination and policy advocacy. CWCC engages with Love is Diversity to link with the LBTI community to engage on peer actions for prevention and improved response to reach this community.</p> <p>Network of Entertainment Women (NEW) is a membership organization of women entertainment workers. CWCC engages with NEW to link with entertainment workers on prevention, improved response for this community and to eliminate sexual harassment in workplace by advocating the enforcement of the criminal code regarding sexual harassment and sexual exploitation.</p> <p>Khemara and Aphivat Strey are both non-government organization focused on promoting gender equality and have experience in working with OPDs, Self-Help Groups and Khmer Muslim women.</p>
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Strategy and Theory of Change/Results chain

The overarching theory of change of JUST is that **if women and girls including from marginalised groups have improved access to essential specialized VAWG services, if behavior, attitudes and practices are improved positively for rights holder groups, duty bearers and individual women and if legislation, policies and national action plans are accountable to marginalised women, then VAWG will be prevented, and quality of essential services improved.** The project has empowered women, girls and those with minority status and that are socially excluded – women and girls with and without disabilities, Khmer Muslim, Entertainment/Sex workers and LBTI in the target areas to live free of violence. Women and girls have improved access to essential specialized VAWG services: JUST accomplish this by capacitating government service providers through developing multi-sectoral coordinated response mechanisms- GBV Response Working Groups - to meet regularly, discuss, plan and coordinate services. The members – from health, police, local authorities, and others are capacitated on the provision of quality essential services such as making referrals and basic counseling. They meet regularly and conduct awareness raising to promote access to services for the marginalised groups.

Services not available through government providers are provided by CWCC such as legal information and representation, safe shelter, support for reintegration. For those that want/need it income generation support, financial literacy has further empowered them to a life free of violence.

Behavior, attitudes and practices are improved positively for rights holder groups, duty bearers and individual women: JUST has adapted and applied a tested community mobilization approach (a customization of the SASA! Approach of Raising Voices) to ensure it addresses the risks for violence of the marginalised groups – focusing on their intersectionality with VAWG. The community mobilization model has been implemented in partnership with representative groups of marginalised women. The groups have worked separately to protect their privacy and confidentiality and provide a forum for their empowerment to build their own skills, raise their voices through community action, social media and raising their informed voices to influence policy. GBV Response Working Groups will also have an opportunity to reflect on and address their negative social norms that prevent them from providing adequate services. This is the first step before they are capacitated on quality service delivery.

Legislation, policies, and national action plans are accountable to marginalised women: Critical to lasting and expansive change, the learnings and the informed voice of women is constructively heard at policy level including GBV Response Working Groups increased capacity to plan and implement actions, informing policies such as NAPVAW IV, the National Strategic Disability, etc. Women's risks for VAWG, their needs, and priorities will be cumulated, and opportunities provided for them to raise their voices, or through their representative groups. As a result of these three overarching actions, VAWG is prevented and mitigated, especially for those with disabilities, in Khmer Muslim communities, working in the entertainment sector and LGBTI is prevented, and quality of essential services improved.

The overall goal is that empowered women, girls and those with minority status and socially excluded – women and girls with and without disabilities, Khmer Muslim, Entertainment/Sex workers and LGBTI in the target areas are empowered, have improved access to essential quality services and VAWG will be reduced.

Outcome 1: Survivors of violence including those who are marginalised and socially neglected (women and girls with disabilities, Khmer Muslim, Entertainment Workers and LGBTI) have increased access to inclusive and quality essential services: psychological, social and legal.

Output 1: Duty bearers and service providers in target districts have increased capacity to implement policies/guidelines related to violence against women and provide essential services with greater inclusion of women and girls with disabilities and other marginalised status (Khmer Muslim, Entertainment Workers and LGBTI).

Recognizing the stigma and discrimination faced by women with disabilities, Khmer Muslim, Entertainment Workers, and LGBTI, CWCC and ADD will develop GBV Response Working Groups at district levels in the target areas and capacitate their members. They will challenge and address negative social norms and attitudes toward these groups, then build appropriate skills to respond without discrimination or exclusion.

The GBV Response Working Group members (health, police, local authorities, women's affairs, etc.) will meet quarterly to share experiences and promote coordination. They will be

trained on gender equality, disability, and social inclusion focusing on understanding the rights, challenges and barriers that women face when they have intersections of having a disability, being Khmer Muslim, an entertainment worker or LGBTI. The GBV Working Groups will be provided training on Disability Inclusive Essential Services, Referral Guidelines, Minimum Standards of Basic Counseling, and Guidelines on the Limited Use of Mediation. They will provide awareness raising sessions in the community building trust for women to seek help.

Output 2: Duty bearers and service providers intervene in and refer cases of VAWG survivors (including women and girls with disabilities, LGBTI, Khmer Muslim and entertainment workers) in the target areas following minimum standards as adopted by the government ministries.

CWCC and ADD will collaborate with GBV Response Working Groups particularly Justice Police Agents/Officers, OPDs and self-help groups to refer survivors of VAWG, especially those in the marginalised or socially excluded groups to services. The service providers will be sensitized to the unique needs and challenges of each group. Through the dissemination of information on how to access to services and the creation of GBV Response Groups women and girl survivors are more likely to utilize legal and social support mechanisms available within their own communities and at government system as well as at CWCC to pursue justice.

Other essential services such as psychological support, legal counseling, legal representation will be provided as needed. CWCC will provide safe shelter in Siem Reap and Phnom Penh. Women will receive safe accommodation, health care, food, clothing and counseling to support them to break the cycle of violence and to successfully reintegrate into their communities. Survivors will receive life skills, vocational and small business training and literacy classes. CWCC will collaborate with GBV Response Groups to help build successful and safe reintegration environments for woman and girl survivors. CWCC social workers will conduct follow up visits for a year to ensure the survivors are full recovery for the stigma of violence.

Outcome 2: Social norms, behaviors, attitudes and practices in the communities are transformed or improved to better to protect women and girls from violence.

Output 3: Women and girls including those with marginalised status (women and girls with disabilities, Khmer Muslim, Entertainment Workers and LGBTI) are working together in networks (and as peer support groups) to prevent themselves from any form of violence.

ADD will build on the work that it has already done to further adapt the SASA Tool to incorporate the relevant negative issues/impact resulting from intersectionality that exacerbate VAWG. Through a previous project also funded by UNTF, ADD successfully customized the SASA! approach that was developed by the organization Raising Voices in Uganda as a community mobilization process to address violence against women and girls with disabilities. The Project has made remarkable progress towards the goal of women and girls with disabilities experiencing less violence in their families and from caregivers, more included and respected by family, community, service providers and themselves. At the end line, 27 percent of women with disabilities surveyed perceived they experienced violence compared to 70 percent at the baseline. There was also a decrease in women with disabilities feeling excluded across all four exclusion categories at the end line compared to the baseline. ADD will further customize the SASA existing tool by incorporating an

additional module on intersectionality focusing on the marginalised groups as user friendly IEC materials for sensitizing new right holders and duty-bearers in the JUST project.

To mobilize the target communities of women, CWCC will link with and work in partnership to build and strengthen the Network of Entertainment Women (NEW) and Love is Diversity. The partnerships will support the establishment of Community Based Protection Networks (CBPNs) that meet quarterly as a vehicle for awareness raising, and peer to peer education. The CBPNs will be capacitated to build their confidence to raise issues related to VAWG and know how to report cases. The CBPNs will conduct awareness raisings sessions in person or on Facebook on human rights, intersectionality, discrimination/vulnerability, VAWG and referral for service.

Output 4: Duty bearers/parents/caregivers have increased capacity on how to promote women's right, gender equality and prevent VAWG.

The adapted SASA model for community mobilization will be implemented with duty bearers, parents and caregivers in the communities. To prepare the duty bearers, beyond the training they will be supported through practice sessions to build their "soft skills" to deliver the awareness sessions. Participants will provide awareness raising and peer education in their communities and groups. In addition to the regular community-based sessions, campaigns on International Women's Day, 16 Days of Activism to End Violence against Women, International Disability Day and others to support and reinforce the key messages to improve behaviors, practices and attitudes of service providers, rights holders and spread through the community. And to understand "how it is working" and to feedback learnings into the project, annual reflections will be held in to capture achievements, challenges and lessons learned with recommendations for improvements.

Output 5: Through income generating activities, women and girls, including those marginalised (women and girls with disability, Khmer Muslim, Entertainment Workers and LGBTI) are empowered to build economic independence and hence prevent themselves from experiencing VAWG.

Women's economic empowerment will be promoted through increased financial independence. CWCC will provide training on financial literacy including financial literacy to women in community-based networks. Women that are interested can establish savings groups to promote financial stability and emergency funds when needed. For selected vulnerable and marginalised women, they will be supported to technical and vocational education and training. For those completing they will be supported with grant support to start a business. ADD will also support access to vocational training, financial literacy engaging peers as trainers when possible.

Through income generation activities, women will gain skills and resources to open and operate their own businesses and learn how to save money to become economically self-sufficient. This will help improve women's bargaining power within the families and community.

Outcome 3: Government partners: Ministry of Women's Affairs (MoWA) and Disability Action Council (DAC) have increased capacities to develop and implement national Action Plans responding to violence against women with strong emphasis on intersectionality.

Output 6: MoWA and DAC have increased knowledge on violence against women with strong emphasis on intersectionality and are actively engaged in activities toward preventing violence against women.

Building on the prior work of CWCC and ADD with Ministry of Women's Affairs and the Disability Action Council on gender-based violence and disability inclusion (GEDSI), the project further engages these key duty bearers on gender equality, disability and social inclusion for project implementation. Deepening promotion and government ownership of GEDSI programming in these government bodies will be supported at policy level and complement the project outreach to develop activities to promote the concepts of intersectionality to develop action plans to address VAWG with the marginalised groups using an intersectional approach. Duty bearers will be engaged in forums such as talk shows to focus on GEDSI messages. Then building on these learnings, policy recommendations will be developed to ensure that the NAPVAW IV addresses the VAWG and its intersectionality with marginalised groups.

Purpose of the evaluation

The purpose of the evaluation of the JUST Project is to assess its impact, how the project has achieved the above stated outcomes, extract the main learning as well as any unintended impact on EVAWG. The findings of the Evaluation will be presented to stakeholders in target areas, particularly to OPD and NGO partners, and the report will be shared with government agencies, particularly MoWA and DAC, UN bodies, national and international organizations working on gender-based violence and EVAW, mainly UN Women and ACCESS Programme and GADNet, among others. Some of the findings and lessons learned will be used as inputs for the development of policy recommendations and national plans – National Gender Equality Policy, NDSPs, new NAPVAW. ADD International will use the findings to produce learning outputs, develop new programmes and projects and for taking the project to scale.

Evaluation Objectives and scope

Scope of evaluation

The Evaluator(s) is (are) required to lead the evaluation, supported by project staff from CWCC and ADD. The Evaluator(s) will be responsible for designing an evaluation covering the entire project duration from August 1, 2022, to July 31, 2025. Activities will include a literature review, visiting target areas such as Kampong Speu, Thboung Khhmum, Battambang, Phnom Penh, Siem Reap and Kampong Thom provinces to conduct interviews with community members, duty bearers, Disabled People Organizations (DPOs), and other relevant individuals, the expectation that 10-20% of the sample size will be engaged or involved in the evaluation. Additionally, the Evaluator(s) will organize a workshop to present results and prepare both draft and final evaluation reports and summaries and infographics of the report. It is important to note that the Evaluator(s) shall provide concrete recommendations to assist CWCC and ADD in developing new action plans or projects addressing critical issues related to Violence Against Women, including advocacy efforts. The Scope of the work for the consultant is summarized below:

- Review background documents provided by CWCC and conduct a literature review.

- Consult with relevant CWCC and ADD’s staff to shape the Evaluation.
- Consult with project staff, community and other relevant stakeholders to make a thorough assessment.
- Develop inception report to be approved by Evaluation Management Team before conducting field assessment.
- Conduct relevant field assessment as agreed in the inception report.
- Conducting a validation workshop to share and discuss the findings of the Evaluation with CWCC and ADD management and stakeholders and to receive inputs to develop a final report.
- Produce summaries and infographics of the evaluation report.
- Provide a draft report for comments (with all the annexes required by the UNTF.)
- Submit a final report.

Objectives of the evaluation

- **To evaluate the entire project (1st August 2022 to 31st July 2025),** against the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact criteria, as well as the cross-cutting gender equality and human rights criteria;
- **To identify key lessons and promising or emerging good practices** in the field of ending violence against women and girls, for learning purposes.

Evaluation questions and criteria

Evaluation Criteria	Mandatory Evaluation Question
<p>Effectiveness <i>A measure of the extent to which a project attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change.</i></p>	<p>11. To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? 12. To ascertain the effectiveness of the SASA! adaptation into the Cambodian context.</p>
<p>Relevance <i>The extent to which the project is suited to the priorities and policies of the target group and the context.</i></p>	<p>13. To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?</p>
<p>Efficiency <i>Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</i></p>	<p>14. To what extent was the project efficiently and cost-effectively implemented?</p>
<p>Sustainability <i>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</i></p>	<p>15. To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</p>
<p>Impact <i>Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</i></p>	<p>16. To what extent has the project contributed to ending violence against women, gender equality and/or women’s empowerment (both intended and unintended impact)?</p>
<p>Knowledge generation <i>Assesses whether there are any promising practices that can be shared with other practitioners.</i></p>	<p>17. To what extent has the project generated knowledge, promising or emerging practices in the field of EAW/G that should be documented and shared with other practitioners?</p>

Gender Equality and Human Rights	Cross-cutting criteria: the evaluation should consider the extent to which human rights based, disability and gender responsive approaches have been incorporated through-out the project and to what extent.
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Evaluation design and methodology

Proposed evaluation design

The proposed evaluation design will primarily focus on a mixed-methods approach. This design combines quantitative and qualitative methods, providing a comprehensive understanding of the impact and outcomes of the JUST Project’s intervention being evaluated. The assessment will be used a logical framework or theory of change to guide the evaluation questions and objectives.

Data sources

Data will be collected from multiple sources to ensure a rich and robust dataset:

Primary Data: Collected directly through one-to-one surveys, key informant interviews, focus group discussions (GFD), and observations.

Secondary Data: Existing records, annual programme reports, assessment of social norm changes by implementing intersectionality and SASA! approaches, IEC Materials on SASA! and Intersectionality, adopted the GEDSI Training reports, NDSP III, NAPVAW, Neary Rattanak VI and datasets relevant to the program (e.g., demographic data, previous evaluations).

Stakeholder Reports: Insights from stakeholders involved with or affected by the program.

Proposed data collection methods and analysis

Data collection methods may include:

One-To-One Survey: To collect quantitative data from - primary project participants by adopting the existing One To One Survey which is a tool developed by the MEL team for the JUST project. It is designed to measure changes in knowledge and attitudes, as well as impacts related to the outcome and goals indicators of the project. The One-to-One Survey has been conducted offline interviews with project participants and entered the data into a Google Form. The evaluator will have the opportunity to customize the One-To-One Survey tool by adding their own questions to gather information that aligns with the objectives of the evaluation.

Key Informant Interviews: Semi-structured interviews for in-depth qualitative insights from CWCC staff, ADD staff, UNTF Portfolio Manager and key stakeholders (Women Survivor of VAW, GBV Response Working Group, PDoWA in each province, MoWA, DAC, Loves Diversity, Entertainment Working Group, OPD Leader.

Focus Group Discussion: Group discussions to explore various perspectives on the program with 6 - 10 FGD with members of Community Based Protection Networks (Self -Help Group of Women with Disabilities, Khmer Muslim Women, and most marginalised women).

Observations: Direct observation of program implementation and participant engagement.

Data Analysis:

Quantitative Analysis: Use of statistical methods to analyze survey data (e.g., descriptive statistics, inferential statistics).

Qualitative Analysis: Thematic analysis of interview and focus group data, coding responses to identify themes and patterns.

Proposed sampling methods

Sampling methods will be designed to ensure representativeness and reliability. The Non-Probability Sampling will be applied in this evaluation method to convenience sampling or purposive sampling for qualitative components, focusing on specific groups or individuals who provide relevant insights. The proposed sample sizes should be at minimum:

200 primary beneficiaries, consisting of women and girls who are survivors of violence against women (VAW), including those from marginalised groups (such as women and girls with disabilities, Khmer Muslim, entertainment workers, and LGBTI individuals), will participate in one-on-one surveys.

40 secondary beneficiaries, identified as key stakeholders, will be engaged in Key Informant Interviews (KII).

120 secondary beneficiaries will participate in Focus Group Discussions (FGD).

Field Visits

- Field visits will be planned to:
- Observe the program's implementation in real-time.
- Conduct interviews and focus groups with direct project participants and stakeholders.
- Collect contextual data that may not be available through other means, enhancing the overall understanding of the program environment.
- The evaluator is expected to visit all six targeted provinces, and some selected districts out of the total 10 districts.

Level of Stakeholder engagement

- Stakeholder engagement will be integral throughout the evaluation process:
- Initial Engagement: Involve stakeholders in the evaluation design phase to ensure the evaluation is relevant and aligned with their needs.
- Continuous Feedback: Regular updates and consultations during the evaluation to incorporate stakeholder feedback.
- Final Reporting: Involve stakeholders in the interpretation of the findings and recommendations to foster ownership and applicability of the results.
- This methodology will ensure a thorough and systematic evaluation, capable of providing actionable insights and recommendations based on evidence.

Evaluation ethics

The evaluator/s must put in place specific safeguards and protocols to protect the safety (both physical and psychological) of respondents and those collecting the data as well as to prevent harm. This must ensure the rights of the individual are protected and participation in the evaluation does not result in further violation of their rights. The evaluators should be able to demonstrate that: 1) Accessibility of tools and forms: Data collection instruments are fully

accessible to all participants. This includes offering materials in multiple formats such as sign language interpretation, braille, large print, and audio, ensuring that every participant can engage fully in the evaluation process. 2) Ensure privacy: The evaluation design incorporates measures that guarantee privacy and confidentiality tailored to the participants' unique needs. For instance, interviews should be conducted in settings that allow participants to speak freely without relying on family members or caregivers, thereby safeguarding their autonomy and reducing the risk of inadvertent disclosure of sensitive information.

The evaluator/s must have a plan in place to:

Protect the rights of respondents, including privacy and confidentiality;

Elaborate on how informed consent will be obtained and to ensure that the names of individuals consulted during data collection will not be made public;

If the project involves children (under 18 years old) the evaluator/s must consider additional risks and need for parental consent;

The evaluator/s must be trained in collecting sensitive information and specifically data relating to violence against women and select any members of the evaluation team on these issues;

Data collection tools must be designed in a way that is culturally appropriate and does not create distress for respondents;

Data collection visits should be organized at the appropriate time and place to minimize risk to respondents;

The interviewer or data collector must be able to provide information on how individuals in situations of risk can seek support (referrals to organizations that can provided counseling support, for example).

7. Key deliverables of the evaluator and timeframe

No.	Deliverable	Deadlines of Submission to UN Trust Fund M&E Team	Deadline (example only)
1	Evaluation Inception Report	This report should be submitted by the evaluator within 2-4 weeks of starting the assessment . The inception report needs to meet the minimum requirements and structure specified in the evaluation guidelines .	By 15 May 2025
2	Draft Evaluation Report	In accordance with the timeline agreed with the evaluator hired by the grantee, however it is recommended that the report is submitted between 1 month and 2 weeks before the final evaluation is due . The Draft Report needs to meet the minimum requirements and structure specified in the evaluation guidelines .	By 1 September 2025
3	Final Evaluation Report	No later than 2 months after the project end date . The Final Report needs to meet the minimum requirements and structure specified in this guideline for UN Trust Fund’s review and approval. In addition, the evaluator should prepare and submit a	By 28 September 2025

X page summary of the evaluation including infographic

Evaluation team composition

Roles and responsibilities

The Evaluation Team will be composed of a consultant team that includes both international and national consultants. The consultant lead should establish team members with clear roles and responsibilities:

Evaluator Team Lead: This individual, who could be either an international or national consultant, will act as the primary point of contact with CWCC. They will be responsible for overseeing the evaluation from start to finish and for planning and managing the evaluation team under the supervision of the evaluation task manager from the grantee organization. Their responsibilities include leading the desk review, preparing the inception report, drafting the action plan, facilitating feedback meetings for data collection and analysis, ensuring ethics and quality assurance, and finalizing the report in English.

Field Research Enumerators (both qualitative and quantitative): These team members will conduct the desk review, plan for data collection, run data analysis, respond to comments and feedback, support report writing, and organize stakeholder consultations.

Report Editor: The consultant Team Lead will serve as the primary report editor. If the consultant team consists exclusively of national consultants, we encourage the inclusion of qualified international consultants to provide additional quality assurance.

Required Competencies

The consultant/evaluator either national or international shall have the following qualifications:

Evaluation experience at least 7 years in conducting external evaluations, with mixed-methods evaluation skills and having flexibility in using non-traditional and innovative evaluation methods⁴

Expertise in gender and human-rights based approaches to evaluation and issues of violence against women and girls and those with disabilities.

Experience with program design and theory of change, gender-responsive evaluation, participatory approaches and stakeholder engagement

Specific evaluation experiences in the areas of ending violence against women and girls and those with disabilities.

Experience in collecting and analysing quantitative and qualitative data as well as data visualization.

In-depth knowledge of gender equality and women's empowerment

⁴ Number of years of experience can be flexible in cases where the pool of qualified national consultants is limited. Commissioning organizations may consider applications/proposals from recent graduates and young and emerging evaluators with core competencies in EAW, research and evaluation.

A strong commitment to delivering timely and high-quality results, i.e. credible evaluation and its report that can be used.

A strong team leadership and management track record, as well as interpersonal and communication skills to help ensure that the evaluation is understood and used.

Good communication skills and ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts.

Regional/Country experience and knowledge: in-depth knowledge of gender-based violence within the Cambodian context is required.

Language proficiency: fluency in English is mandatory; good command of Khmer language is desirable.

Management Arrangements of the evaluation

The evaluation will be conducted by and led by an external consultant or team of consultants (either national or international) who will be supervised by the Evaluation Task Manager, Evaluation Management Team and External Stakeholder Reference Group. A national evaluator/s is/are strongly encouraged.

External consultant who leads the Evaluation: Carry out the evaluation based on agreed activities, facilitate a participatory evaluation process, including designing questionnaire, conducting data collection, analysis, and findings, lead the dissemination workshop, discussions and writing of the draft and then final Evaluation Report.

Evaluation Task Manager: CWCC's Executive Director and ADD Program Team Lead will play role as Evaluation Task Manager who leads the overall management of the evaluation process and supervise the evaluator to ensure that the evaluation meets the standards required by UNTF. The task manager will also review, share comments and the inception and evaluation reports.

Evaluation Management Team: The Evaluation Management team consists of 9 members including:

CWCC's Program Manager

CWCC's M&E Coordinator

ADD Project Manager

3 CWCC's Project Coordinator in Phnom Penh, Siem Reap and Kampong Thom

3 Executive Director of OPD in Kampong Spue, Khemara, and Aphivat Stry

.The evaluation Management Team plays a key role as coordinator/supporter. The team will coordinate all logistic arrangements and facilitate access to beneficiaries and key informants including local government in project areas as required by the evaluator. The group will oversight the evaluation process to avoid any conflict of interest or possible bias.

External Stakeholder Reference Group: The external stakeholder group consists of 4 members: UNWOMEN in Cambodia, GADC – an NGO working on gender, CDPO – an NGO working on disability and WPM – an NGO working on violence against women.

The Stakeholder Reference Group will provide contextual and technical expertise on violence against women. They may be interviewed by the Evaluator as key informants. The Stakeholder Reference group will review and comment on the inception and evaluation report.

Timeline of the entire evaluation process

Stage of Evaluation	Key Task	Responsible	Number of working days required	Timeframe Example – please edit
Inception stage	Briefings of evaluators to orient the evaluators	Evaluation Task Manager	10 working days	First week
	Desk review of key documents	Evaluator/s		First week
	Finalizing the evaluation design and methods	Evaluator/s		Second week
	Submit draft Inception report	Evaluator/s		By 15 May 2025
	Review Inception Report and provide feedback	Evaluation Task Manager, Stakeholder Group and UNTF	5 working days	By 22 May 2025
	Incorporating comments and revising the inception report	Evaluator/s	4 working days	By 26 May 2025
	Submitting final version of inception report	Evaluator/s		
	Review final Inception Report and approve	Evaluation Task Manager, Stakeholder Group and UNTF	5 working days	By 2 June 2025
Data collection and analysis stage	Desk research	Evaluator/s	10 working days	
	In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.)	Evaluator/s	Over 6-8 weeks (depending on travel)	By early August 2025
Synthesis and reporting stage	Analysis and interpretation of findings	Evaluator/s	4 weeks	By 18 August 2025
	Preparing a first draft report	Evaluator/s		
	Review of the draft report with key stakeholders for quality assurance	Evaluation Task Manager, Stakeholder Group and UNTF	10 working days	By 1 September 2025
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Evaluation Task Manger		
	Incorporating comments and preparing second draft evaluation report	Evaluation Team		

	Final review and approval of report	Evaluation Task Manager, Stakeholder Group and UNTF	5 working days	By 22 September 2025
	Final edits and submission of the final report, evaluation summary and/or infographics	Evaluator/s	4 working days	By 28 September 2025

Annexes

List of key stakeholders/institutions to be consulted

This annex can also suggest project sites to be visited

Documents to be consulted

Relevant national strategy documents

The project document and theory of change (proposal)

The Results and Resources Framework

Baseline Report

Any data collection tools, monitoring plans, indicators and collected data

Progress and annual reports of the project

Reports from previous evaluations of the project and/or the organization, if any.]

Structure for the inception report

As per Annex C in the UN Trust Fund guidance

Required structure before the final report

As per Annex E in the UN Trust Fund guidance.

Application Process

Consultants wishing to express an interest in undertaking the evaluation of the JUST project should submit a brief proposal, including:

A cover letter of no more than 2 pages introducing the evaluator and his/her team, if more than one team members, and how the skills and competencies described above are met, with concrete examples as appropriate. Please also use this cover letter to indicate reviewer’s the evaluator’s availability.

A Concept Note/Proposal that including a proposed detailed work plan.

A 1-page budget to covering the consultancy’s costs. The fee assignment should also cover Cambodia’s withholding tax of 15%, which will be the responsibility of the consultants. Any interpretation or translation needs should be covered within the fee.

CVs detailing relevant skills and experience of no more than 2 pages, including contactable three referees.

One example of a relevant previous piece of work (a sample of an end-line evaluation report).

The proposal must be submitted by 27th April, 2025 and short-listed candidates will be contacted and invited to an interview on 01st -02nd May, 2025.

8.2 EVALUATION MATRIX

Evaluation Criteria	Mandatory Evaluation Question
<p>Effectiveness <i>A measure of the extent to which a project attains its objectives / results (as set out in the project document and results framework) in accordance with the theory of change.</i></p>	<ol style="list-style-type: none"> 1. To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? 2. To ascertain the effectiveness of the SASA! adaptation into the Cambodian context.
<p>Relevance <i>The extent to which the project is suited to the priorities and policies of the target group and the context.</i></p>	<ol style="list-style-type: none"> 3. To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
<p>Efficiency <i>Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</i></p>	<ol style="list-style-type: none"> 4. To what extent was the project efficiently and cost-effectively implemented?
<p>Coherence <i>Measures how the project aligns internally and externally with other interventions, national policies and priorities, or international commitments</i></p>	<ol style="list-style-type: none"> 5. To what extent has the intervention support or undermined other EVAW/G initiatives, and vice versa
<p>Sustainability <i>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</i></p>	<ol style="list-style-type: none"> 6. To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends? 7. To what extent has continued funding helped sustain or scale up progress made in reducing or preventing violence against women?
<p>Impact <i>Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</i></p>	<ol style="list-style-type: none"> 8. To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)? 9. How did the previous UN Trust Fund funded project contribute to the current project's impact in reducing or preventing violence against women, including both intended and unintended effects?
<p>Knowledge generation <i>Assess whether there are any promising practices that can be shared with other practitioners.</i></p>	<ol style="list-style-type: none"> 10. To what extent has the project generated knowledge, promising or emerging practices in the field of EVAW/G that should be documented and shared with other practitioners?
<p>Gender Equality and Human Rights</p>	<p>Cross-cutting criteria: the evaluation should consider the extent to which human rights based, disability and gender responsive approaches have been incorporated throughout the project and to what extent.</p>

8.3 BENEFICIARY DATA SHEET

TOTAL BENEFICIARIES REACHED BY THE JUST PROJECTS

Type of Primary Beneficiary	Number
Female domestic workers	
Female migrant workers	
Female political activists/ human rights defenders	
Female sex workers	162
Female refugees/ internally displaced asylum seekers	
Indigenous women/ from ethnic groups	
Lesbian, bisexual, transgender	60
Women/ girls with disabilities	309
Women/ girls living with HIV/AIDS	
Women/ girls survivors of violence	1,984
Women prisoners	
Women and girls in general	3,006
Other (Specify here:) ethnic minorities	141
TOTAL PRIMARY BENEFICIARIES REACHED	5,662
Type of Secondary Beneficiary	Number
Women/girls	3,523
Members of Civil Society Organizations	5
Members of Community Based Organizations	31
Members of Faith Based Organizations	
Education Professionals (i.e., teachers, educators)	
Government Officials (i.e., decision makers, policy implementers)	605
Health Professionals (doctors, nurses, medical practitioners)	16
Journalists / Media	
Legal Officers (i.e., Lawyers, prosecutors, judges)	7
Men and/ or boys	
Parliamentarians	1,735
Private sector employers	
Social/ welfare workers	
Uniformed personnel (i.e., Police, military, peace keeping)	93
Other (Specify here:)	
Family members	4,222
TOTAL SECONDARY BENEFICIARIES	10,237
Indirect beneficiaries reached	Number
Other (total only)	11,692,343
GRAND TOTAL	11,698,252

8.4 DATA COLLECTION INSTRUMENTS AND PROTOCOLS

One to One Survey for JUST Beneficiaries

Hello, I am working for CWCC and ADD to do an evaluation of the JUST Project. We want to interview people that have participated in the project. We want to ask some questions about your experiences with services and community attitudes. The purpose is to collect information so that we can work to improve services in the future.

The information you provide will be kept confidential and will not identify you. Your responses will be used solely for research purposes and will not be used to identify you individually. I will ask you a series of questions related to violence against women and girls, women rights, and essential services support to women and girl survivors that should take about 30 minutes. Sometimes the topics are sensitive and can bring up feelings. If you want to talk to someone after we can refer you for support or counseling. You may also choose not to answer any question or all the questions. However, your answers are important and confidential, and we hope that you will participate. The information you give us will help us and our partners work for better services in the communities where we work. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. Your participation in this survey is entirely voluntary, and you have the right to withdraw at any point without any repercussions.

In case you need more information about the survey, and have questions before, during, or after the interview, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions? If yes, please provide the comment questions below:

Do you agree to join the interview? May I begin the interview now?

Section 1: Demographics: First I want to ask some questions about you – Remember you can refuse to answer any question if you want.

1.	What is your age?	Enter number in years 1) _____
2.	What is your sex at birth?	1) Male 2) Female 3) Other 6) Decline to answer <i>(there is only one possible answer)</i>
3.	What is your current gender identify?	What is your gender identity? <i>(Gender identity is how someone personally feels and understands their own gender deep down. It might match the sex they were assigned at birth, or it might not. For example, someone could feel like a man, a woman, both, neither, or some other gender, regardless of the biological sex they were born with).</i> 1) Man 2) Woman

		3) Transgender woman 4) Transgender man 5) Non-binary / Genderqueer 6) Another gender identity: _____ 7) Prefer not to say 8) Decline to answer <i>Maximum of two answers</i>					
4.	Questions relating to disability: Interviewer read: "The next questions ask about difficulties you may have doing certain activities because of a health problem."						
	Vision: Do you have difficulty seeing, even if wearing glasses?	1. No difficulty	2. Some difficulty	3. A lot of difficulty	4. Cannot do at all	5. Refused	6. Don't know
	Hearing: Do you have difficulty hearing, even if using a hearing aid(s)?	1. No difficulty	2. Some difficulty	3. A lot of difficulty	4. Cannot do at all	5. Refused	6. Don't know
	Mobility: Do you have difficulty walking or climbing steps?	1. No difficulty	2. Some difficulty	3. A lot of difficulty	4. Cannot do at all	5. Refused	6. Don't know
	Cognition (remembering): Do you have difficulty remembering or concentrating?	1. No difficulty	2. Some difficulty	3. A lot of difficulty	4. Cannot do at all	5. Refused	6. Don't know
	Self-care: Do you have difficulty with self-care, such as washing all over or dressing?	1. No difficulty	2. Some difficulty	3. A lot of difficulty	4. Cannot do at all	5. Refused	6. Don't know
5.	What is the highest level of education you have completed	1) Did not go to formal school 2) Did not finish primary school 3) Primary school completed					

		<p>4) Secondary/High school completed 5) College/University completed 6) Postgraduate degree 7) Refuse to answer</p> <p><i>There is only one answer possible.</i></p>
6.	What is your ethnic background?	<p>1) Khmer 2) Khmer Muslim 3) Indigenous 4) Vietnamese 5) Other, please describe 6) Refused to answer</p>
7.	What is your current occupation?	<p>1) Agriculture 2) Fishing 3) Business owner 4) Handicraft 5) Civil servant 6) Private sector employee 7) other (specify.....)</p>
8.	Do you currently have a partner or spouse?	<p>1) Yes 2) No 7) Refused to answer</p>
9.	<p>Our project is focused on improving the experiences of women from different backgrounds in accessing services for violence and improving prevention of violence.</p> <p>So that we can better understand can you tell me if you identify as being in one of the following groups?</p>	<p>1) Woman with a disability 2) LGBTI 3) Entertainment Worker 4) Khmer Muslim 5) Other vulnerable or marginalised group (please enter: _____) 6) Refused to respond</p>
10.	What is your province where you live now?	1) (will enter pull down list of target provinces)
11.	What is the district where you live now?	1) (will enter pull down list of target districts)
12.	What is the village where you live now?	1) Will enter pull down list

Section 2: Now I want to ask some questions about your experiences and access to services. Again some of the questions might be sensitive, and if you feel uncomfortable or do not want to respond you can refuse to answer. We ask these questions so that we can better understand the situation of different groups of people, so that we can improve services to respond and learn how to better prevent violence.

13.	<p>As we know, violence against women can happen anywhere, in any community.</p> <p>I would just like to ask you a few questions about any violence in your community. Can you give me an example of VAWG in your community? You may select more than one options</p>	<ol style="list-style-type: none"> 1) Physical violence 2) Emotional/Psychological violence 3) Sexual Violence/Rape 4) Economic Violence 5) Forced Marriage/Child Marriage 6) Trafficking 7) Other please describe
14.	<p>Do you think there is a risk for violence against women and girls in your community?</p>	<ol style="list-style-type: none"> 1) Yes 2) No 3) Don't know 6) Declined to answer
15.	<p>Compared to last year, what is the current level of risk of violence?</p>	<ol style="list-style-type: none"> 1) Same level of risk as last year 2) Lower risk of violence to last year (answer Q 16) 3) Higher risk of violence than last year 4) Declined to answer
16.	<p>If there was a <i>lower risk</i> from last year, what caused this change?</p>	<ol style="list-style-type: none"> 1) Authorities conducted community actions on preventing violence 2) Networks or self-help groups conduct awareness raising sessions 3) Service providers actively intervened in cases of violence 4) Women and girls are more likely to report cases of violence
17.	<p>Have you ever yourself needed help because you felt unsafe in your home or relationship?</p>	<ol style="list-style-type: none"> 1) Yes 2) No 3) Refuse to Answer <p>Maybe we provide brief examples</p>
18.	<p>Did you seek services when you needed it?</p>	<ol style="list-style-type: none"> 1) Yes (if yes, answer 19) 2) No (if no skip to 22) 6) Refuse to answer
19.	<p>Where did you seek help (not just from JUST but in the community)?</p>	<ol style="list-style-type: none"> 1) Family or friends 2) Local authorities 3) Police 4) Health Center 5) District office of Social Welfare 6) PDoWA 7) NGO 8) Other
20.	<p>What type of services did you seek in the community?</p>	<ol style="list-style-type: none"> 1) Information and Referral 2) Safe Shelter 3) Emergency health care 4) Legal consultation 5) Legal assistance 6) Psycho-social support/basic counseling 7) Livelihood Support

		8) Other Please list
--	--	----------------------

		Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
21.	This section asks about the quality of the services you received in the community. I will read a statement and you can tell me if you strongly disagree to strongly agree (5 to 1)					
	I was listened to and was able to share my views					
	I was treated with respect by the service provider					
	I was provided with options and able to make my own plan of action					
	I could refuse services					
	A safety plan was developed with me					
	I was referred to other service providers as needed based on the plan					
	My privacy and confidentiality was respected					
	I was able to provide feedback on the services					
	The location of the services was convenient					
	The cost of the services was ok					
	The services were accessible					
	The services that I received met my needs					
22.	Is there a network or support group in your community for responding to VAW issues	1) Yes (if yes answer 26) 2) No (Skip to 27) 3) Not sure				
23.	If yes, do you participate in the group?	1) Yes 2) No				
24.	If you need help, are you confident to seek help from the network or other service provider?	1) Yes 2) No 3) Not sure				
25.	I want to ask about income generation support? Have you gotten support for income generation from the JUST project?	4) Yes (If yes respond to Q28) 5) No (no if they did not need)				
28	This section asks about the income generation as part of this project? support you have received	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

	I will read a statement and you can tell me if you strongly disagree 1 - to strongly agree 5					
	The income generation support has increased my income					
	I am more economically independent as a result of the income generation support					
	I am more able to prevent or live without violence as a result of the income generation support.					

Section 3: Attitudes

29	Now I want to ask about the attitudes of people toward you. I will ask some statements again and ask you to respond with always 1 and never 5	Always 1	Often 2	Sometimes 3	Rarely 4	Never 5
	My family welcomes me to join family events					
	Villagers treat me the same as other people in the community					
	Villagers invite me to festivals, meetings, etc.					
	I have had opportunities to sell products and services to others in the village or received employment opportunities just like others					
	I feel comfortable seeking support from service providers (doctor, teacher, commune chief, police, taxi)					
	Service providers provide services to me the same as other people (doctor, teacher, commune chief, police, taxi)					
		Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
30	The community attitudes toward me (and my group) have improved over the last 3 years					

31	The community is more aware and supportive of protecting women and girls from violence that it was a few years ago.					
32	The service providers have better knowledge on promoting women's rights, gender equality and prevention of violence against women and girls than a few years ago.					

And now the last questions –

33	Can you estimate what percentage of the community members are supportive of protecting women and girls from violence ?	Enter what they say Or we can do 25% 50% 75% Nearly all
34	How has that changed from the past there years?	It has declined a lot It has declined a little About the same as three years ago Improved a little Improved a lot

Thank the person for participating. If needed, or wanted make a referral.

Cover Sheet for Focus Group Discussion

(Complete one sheet for each FGD)

Type of Group	<input type="checkbox"/> Persons with Disability
	<input type="checkbox"/> LGBTIQ Group
	<input type="checkbox"/> Khmer Muslim
	<input type="checkbox"/> of Entertainment Workers
Other	

Interviewer	
Date	
Location (list all that are relevant)	
Province	
Village	

Please attach this completed cover sheet to the notes for the interview.

Do not record names of FGDs (person 1, person 2, etc.)	Age	Sex	Marital Status	Number of Children	Verbal Consent Obtained
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Notes: Please make any notes about observations relevant to this interview.

JUST Project Focus Group Discussion

Open the Interview: Thank you for joining our group today. My name is _____ . I am here as a consultant with Cambodia Women's Crisis Center and ADD. We are conducting a study for understand the successes and challenges with the JUST project. We want to talk with people in the community to get your ideas. The information we gather will be used to help guide programming improvements for the future.

Informed Consent:

Voluntary Participation: Thank you for your willingness to talk to us. Your participation in this group is voluntary and at any time if you do not want to answer a question or you want to stop participating it is ok to leave. Some of the topics are a bit personal, so I apologize in advance, but we are asking about them so that we can better understand the situation for both women and men. I can refer you to services afterward if you want or need.

Confidentiality: I would also like to discuss confidentiality. We will take notes, but we will not record anyone's name, or report on what a specific person says. We will combine the information into a report. If it is ok, we would like to quote some of the things you tell us in our report. However, even though we might quote some of your comments, we will not use your names. **Is this ok?**

I would ask also that anything you learn from each other in the group that you do not share outside the group with others – **do all agree?**

Risks and Benefits. Before we start I want to tell some there are limited risks to your participation in this study, however there may be some. Some of the topics may cause some distress, but you do not have to answer if you don't want to. If you are in a group, there is a chance that others may tell someone you were in the research and what you said. The benefits are that we will learn from you and others and be able to develop better interventions to prevent violence against women.

Any questions?

I have some specific topics to discuss. I will bring up the topic and I would like for everyone to share their ideas. It does not need to be formal or in any particular order. But we would like for everyone to be able to talk, so sometimes I might have to share with you it is time to move to the next person or topic. My job is to make sure we can talk about all topics in the time! Our discussion should take about an hour. **Is it ok to proceed?** (make sure all agree)

Topic 1: Access to Services VAW/G

1. What kinds of violence against women are common in your community (specifically to the group you represent such as LGBTI, Khmer Muslim, Women with disabilities, entertainment workers)?
2. Where do women in your community seek help if they experience violence such as intimate partner violence or sexual violence? Where do women get information on services?
3. Are women more likely to seek help when they experience violence than a few years ago– why or why now? What has improved or what are the barriers to seeking help? Are these different for different women?

4. I want to ask a few questions about the quality of services – For those that know women that sought help –
 - a. What was most helpful about the services, least helpful?
 - b. Did services of the project meet your needs? If not what was needed that was not available?
 - c. Were they treated respectfully when they sought help?
 - d. Did they get information on options? And were they able to make their own decisions?
 - e. Were you referred to other service providers if you needed additional services?
 - f. How about costs, accessibility, location?
5. Has the quality of services improved? What else needs to improve about services?

Topic 2: Networks

1. Is there a network or support groups for women in your community?
2. What are its benefits?
3. How has it helped women to be aware of where to go for help?

Topic 3: Prevention Actions

4. What kinds of activities have been carried out in the community to reduce violence (awareness raising, income generation, etc.)? Are you involved with SASA?
5. Have you participated in any of the activities? What changes have you seen in your community as a result of the activities?
6. Are you aware of income generation activities? How has that helped to prevent violence in the family? Are women more independent as a result?

Topic 4: Attitudes

7. What kinds of changes have you seen in attitudes toward violence against women in your community (LBTI, Khmer Muslim, Women with disabilities, entertainment workers)?
examples
 - a. Less acceptance of violence
 - b. More acceptance of women from different backgrounds
 - c. Women not expected to tolerate violence
 - d. More ok to seek help for violence
 - e. More acceptance of women's different roles (not just expected to be caregiver for example)
8. What changes still need to happen about attitudes toward violence in your community (LBTI, Khmer Muslim, Women with disabilities, entertainment workers)??

Topic 5: Perceptions of Violence Risk

9. Do you think the women and girls in the community (LBTI, Khmer Muslim, Women with disabilities, entertainment workers)? feel safer from violence in the last few years? Why or why not?

Other

- What recommendations do you have for improving services?

- What recommendations do you have to prevent violence against women and girls in your community?

Key Informant Interview – Government, NGO

Ministry or other Key Informant:

Date:

Participant	Org/Office	Role	Location	
1.				
2.				

1. Can you tell me about how you have been involved with the JUST project of CCWC and ADD, including training activities (Events, Sessions, Clients) and other coordination work (with DoSVY, District of SASW and CCWCs).
2. What kinds of training or technical support have you (duty bearers) received on policies/guidelines related to VAW service provision?
3. How has the training improved the services you provide? How so? Can you tell me any changes you have made as a result of the trainings?
4. What project activities/training/approaches have worked well? Please explain What activities/training/approaches did not work well? What could be improved?
5. Have you seen an increase in women seeking help? How about women from different backgrounds such as women with disabilities, women entertainment workers, Khmer Muslim women, or LGBTI women? How has their access to services improved? What are ways we still need to improve?
6. What other organizations or persons in this community, work on family violence issues? How do you coordinate with other institutions to address the needs of abused women?
7. How has the project supported the implementation of laws (DV Law), procedures (GBV Referral Guidelines, Commune Safety) or national plans (NAPVAW V)? Please describe
8. Have the national level policies that have been updated (NAPVAW, NSDP, etc.) been inclusive of women with disabilities, women entertainment workers, Khmer Muslim women, or LGBTI women? How so?
9. What changes in legislation, policy, or staffing would facilitate your work? What changes in the behaviors or attitudes of the people with whom you work would facilitate your work?
10. What kinds of prevention activities have you been involved with – SASA?
11. What changes have you seen in the community (men and women) regarding attitudes and behavior of violence towards women and girls? (Fewer incidents of violence? More reports of violence?) Has violence increased, stayed the same or got worse in the past year?
12. What are your recommendations on how we can do more to prevent violence against women and girls? How about addressing issues with different groups of women such as women with disabilities women entertainment workers, Khmer Muslim women, or LGBTI women?

13. Do you have any other suggestions for improving the project?

Key Informant Interview – Other National

Date:

Participant	Role	Agency	Other
3.			
4.			

14. Can you tell me about how you have been involved with the JUST project of CCWC and ADD, -are you aware of the JUST Project?

15. The JUST project had primary objectives of ensuring marginalised women – women with disabilities, LGBTI women, Khmer Muslim women, and entertainment workers have improved access to quality essential services, violence is prevented, and policies are more inclusive. Are these priorities in line with national priorities, global priorities? Are they still relevant?

16. Have the national level policies that have been updated (NAPVAW, NSDP, etc.) been inclusive of women with disabilities, women entertainment workers, Khmer Muslim women, or LGBTI women? How so?

17. Are you familiar with the SASA model that has been adapted? Does that fit with the Cambodian context? What are the priorities around prevention of violence?

18. Were you involved with the pre

19. What are your recommendations on how we can do more to prevent violence against women and girls? How about addressing issues with different groups of women such as women with disabilities women entertainment workers, Khmer Muslim women, or LGBTI women?

20. Do you have any other suggestions for improving the project?

Parent/Guardian Consent Form for Child Participation in Interview

Project Title: Evaluation of the JUST Project – CWCC and ADD

Interview Topic: Access to Services and Community Attitudes Toward Violence Against Women and Girls

Child Participant Age Range: Under 18 years

Dear Parent or Guardian,

Your child is invited to take part in an interview as part of the evaluation of the JUST Project, implemented by the Cambodia Women's Crisis Center (CWCC) and ADD International. The purpose of the evaluation is to better understand how services and community efforts support the safety and rights of women and girls, including young people.

We are asking your permission for your child to participate in a voluntary interview. The interview will last approximately 30 minutes and will be conducted in a safe and respectful setting by trained interviewers. The interview will include questions about safety, access to help and services, and attitudes in the community.

Risks and Benefits

There are minimal risks to your child's participation. Some of the questions may be sensitive and may cause emotional discomfort. Your child may skip any question or stop the interview at any time. If they feel upset or want to talk to someone, we can connect them with counseling or support services.

There is no payment or reward for participating. However, the information your child shares will help improve services and make communities safer and more supportive for young people.

Confidentiality

Your child's name and identifying information will not be recorded or shared. All responses will be kept strictly confidential and will only be used to help improve programs and services. Comments may be quoted in reports, but your child will never be identified.

Voluntary Participation

Your child's participation is entirely voluntary. You may choose not to give permission, and your child can also decline to participate or stop the interview at any time without any consequences.

Consent Statement (to be signed by parent or guardian):

- I have read and understood the information above.
- I understand the possible risks and benefits and that there is no payment for participation.
- I understand that my child's participation is voluntary and confidential.
- I give permission for my child to take part in the interview.

Name of Child: _____

Age of Child: _____

Name of Parent/Guardian (printed): _____

Signature of Parent/Guardian: _____

Date: _____

Relationship to Child: _____

Contact Information (optional): _____

For Interviewer Use Only:

- **Verbal assent obtained from child?** Yes No
- **Interviewer Name:** _____
- **Interview Date:** _____
- **Location:** _____

Child Assent Form for Participation in Interview

Project Title: Evaluation of the JUST Project – CWCC and ADD

Purpose: To help improve services and community support for women and girls

Hello!

We would like to talk with you to learn more about how safe you feel in your community and what kind of help is available when people need it. This is part of a project to help make life better for girls and women in Cambodia.

You are being asked to take part in a short interview. A trained adult will ask you some questions about your thoughts and experiences. There are no right or wrong answers. You do not have to answer anything you don’t want to.

The interview will take about 30 minutes. Nothing you say will be shared with anyone in a way that could identify you. What you say will be kept private.

Risks and Benefits

Some questions may make you feel uncomfortable or remind you of things that are hard to talk about. If that happens, you can skip the question, stop the interview, or ask to talk to someone for support. We will help you get that support if you want.

There is no payment or reward for taking part, but what you tell us can help improve services for girls and young people in your community.

Your Choice

You do not have to do this interview if you don’t want to. Even if your parent or guardian says it is okay, it is still your choice. You can say “no” now or stop at any time during the interview. Nobody will be upset with you.

Do you have any questions?

If you have any questions, you can ask them now or later. You can also say you do not want to take part.

Would you like to take part in the interview?

- Yes, I want to participate.**
- No, I do not want to participate.**

Your name (optional): _____

Your age: _____

Signature or mark: _____

Date: _____

Interviewer's Name: _____

Signature of Interviewer (confirming verbal assent): _____

Date: _____

8.5 LIST OF STAKEHOLDERS INTERVIEWED OR CONSULTED

National Level/International

CWCC/ADD Project team

Ministry of Women's Affairs

Disability Action Council (DAC)

UN Women

UN Trust Fund Portfolio Manager

Gender and Development Cambodia

Women Peace Makers

Provincial Level

GBV Response Working Group, Community Based Protection Networks

Provincial Department of Women's Affairs

Love is Diversity

Network of Entertainment Workers

Entertainment Working Group

OPD Leaders

Khemara

Aphiyat Strey

Project Beneficiaries and their families

8.6 LIST OF DOCUMENTS REVIEWED

JUST Project Application

Just Annual and Periodic Reports

JUST Baseline Reports

SASA Approaches

Evaluation of Promoting Women's Dignity and MODEL Evaluations

JUST adaptations of SASA

IEC Materials on SASA!

GEDSI Training Manual and Training Reports

National Disability Strategic Plan

National Action Plan to Prevent Violence against Women 2019-2023, evaluation and Draft
National Action Plan to Prevent Violence against Women 2025-2030

Neary Rattanak VI

Essential Services Programme for Women and Girls Subject to Violence

Law on Prevention of Domestic Violence and Protection of Victims (DV Law):

Gender Mainstreaming Action Plans (GMAPs)

Referral Guidelines for Women and Girl Survivors of Gender Based Violence

Minimum Standards of Basic Counseling for Women and Girl Survivors of Gender Based
Violence

Guidelines for the Legal Protection of Women and Children's Rights in Cambodia

Monitoring Checklist for Quality of Services

Gender and Disability Inclusion training module



Cambodian Women's Crisis Center

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