



## Terms of Reference

### Consultant for the final evaluation of “CEDAW Advocacy and Communiy Education To End Violence Against Women”

<b>Location:</b>	<b>Cambodia</b>
<b>Application deadline:</b>	<b>20<sup>th</sup> May 2025</b>
<b>Languages required:</b>	<b>English &amp; Khmer</b>
<b>Starting date:</b>	<b>1 June 2025</b>
<b>Expected duration of assignment:</b>	<b>80 working days</b>

#### 1. Background and context

##### 1.1. Background and context of the project

Cambodia, officially known as the Kingdom of Cambodia, is an agricultural country with a total land mass of 181 035 square kilometres (69 898 sq. mi) and borders Thailand to the northwest, the Lao People’s Democratic Republic to the northeast, Viet Nam to the east and the Gulf of Thailand to the southwest. It has a population of nearly 16 million. Most (about 75%) of the country lies at elevations of less than 100 meters (330 feet) above sea level, the exceptions being the Cardamom Mountains [highest elevation 1813 m (5948 feet)] and its ranges.

Cambodia’s estimated population in January 2021 was 15.5 million with 51.4% female and 48.5% male population, with an annual population growth rate of 1.46%. About 80% of the population lives in rural areas. Rural to urban migration, however, has increased rapidly within the last decade. The population growth rate, at 1.8%, is second only to that of Laos among ASEAN nations<sup>1</sup>. Over 38% of the population is under 15 years of age. However, the growth rate has decreased dramatically from 2.4 in 1998. Ethnically, approximately 90% of the population is Khmer, while 10% is minority groups such as indigenous peoples, Cham, ethnic Chinese, and Vietnamese. Approximately 95% speak Khmer.

In Cambodia, women and girls are vulnerable to violence. In 2015, 21 percent of ever-partnered women have experienced physical and/or sexual violence by a partner while 8 percent reported experiencing physical and/or sexual violence in the past 12 months. In 2022, recent findings show this has decreased to 10 percent and 5.4 percent respectively.<sup>2</sup>

Gender-based violence (GBV) in Cambodia is a pervasive issue that affects many women and girls across the country. One of the primary challenges is the deeply entrenched patriarchal norms and cultural beliefs that perpetuate gender inequality.<sup>3</sup> Traditional codes of conduct, such as the Chbab Srey, reinforce the idea of female submissiveness and contribute to the normalization of violence against women<sup>4</sup>. Social Norms and

<sup>1</sup> Cambodia Socio Economic Survey 2021

<sup>2</sup> CDHS 2021-2022

<sup>3</sup> (<https://cchrcambodia.org/storage/posts/1851/2018-12-06-factsheets-eng-violence-against-women-in-cambodia.pdf>).

<sup>4</sup> (<https://cchrcambodia.org/storage/posts/1851/2018-12-06-factsheets-eng-violence-against-women-in-cambodia.pdf>).

Attitudes: Traditional gender attitudes still impact women's roles and their risk of GBV. Around 37% of women and 16% of men believe there are acceptable reasons for a husband to beat his wife/partner.

Government and NGO Efforts: The Royal Government of Cambodia has implemented National Action Plans to Prevent Violence against Women (NAPVAW), focusing on prevention, quality services, and a strong legal framework. Efforts to combat GBV include national action plans and strategic frameworks aimed at prevention and providing support to survivors. However, significant gaps remain in the implementation and enforcement of these measures. Addressing GBV in Cambodia requires a multifaceted approach that includes changing societal attitudes, strengthening legal frameworks, and ensuring accessible support services for all survivors.<sup>5</sup>

In 2021-2022, Cambodian Demographic Health Survey provides detailed insights into Gender based violence GBV in Cambodia one in five women aged 15-49 reported experiencing physical violence by a partner. Efforts to address this issue are ongoing, but it remains a significant concern. This violence is often underreported due to societal stigma, fear of shame, and a lack of trust in the justice system. Additionally, harmful practices like child marriage and sexual harassment in the workplace further exacerbate the situation.

According to the Minister, in 2022, the Ministry of Justice, through lawyers, received 456 legal consultations, provided legal services and related services to people in 10 provinces, mediated out-of-court disputes. There were 1,424 cases of women out of a total of 3,207 cases and 1,549 legal counsel with 850 cases of women. In addition, the Cambodian National Council for Women has provided legal assistance to protect the rights of women and girls affected by violence in a total of 313 cases, including 234 defense cases, 217 minor cases and there are 47 completed cases.<sup>6</sup>

The Ministry of Health also provided health services to 451 women out of 453 victims at health centers and hospitals. Provides forensic services to a total of 276 women and girls victims, with the exception of fees and court fees. In addition, the Ministry of Women's Affairs facilitated and provided services to women and girls victims at the national and sub- national levels through direct and online legal and psychological counseling in 149 cases.

The National Council for Women has also set up a one-stop service network for women victims of violence in nine provinces and 39 districts. The multi-service facility to help victims operates in four hospitals (Kampong Cham, Stung Treng, Tbong Khmum and Preah Vihear) and continues to expand to Phnom Penh and Battambang. According to the Cambodia Demographic and Health Survey 2021-2022, the percentage of women who have ever experienced one or more forms of intimate partner violence generally increases with age. Women in rural areas are more likely than their urban counterparts (23% versus 17%) to have experienced physical, sexual, or emotional violence by their current or most recent husband/intimate partner.

7

Cambodia's demographic features are quite remarkable; having a significantly high share of 65% of the population aged under thirty. Among this group, special attention must be paid to Cambodia's youth, as socio-cultural transformations have brought new risks to their health situation.

First, Cambodia's young population is facing several problems regarding their sexual and reproductive health and rights (SRHR). Especially youths between 9 and 18 are vulnerable to widespread diseases like sexually transmitted

---

<sup>5</sup> (<https://cambodia.unfpa.org/en/publications/harmful-social-gender-norms-drive-gender-based-violence-cambodia>).

<sup>6</sup> Cambodian National Council for Women Report 2022

<sup>7</sup> CDHS 2021-2022

infections (STI), and HIV and AIDS, but also to unwanted pregnancies, pregnancy-related illnesses, unsafe abortions, and mental health problems. According to the 2021-2022 Cambodia Demographic Health Survey (CDHS), 60% of sexually active unmarried women in Cambodia have an unmet need for family planning. The majority of sexually active young women in Cambodia do not use contraception, particularly those under 20 years of age. In addition, community health centres and local authorities have limited means to fight Cambodia's health challenges. In rural communities in Cambodia, the problems related to Sexual and Reproductive Health and Rights (SRHR) are deeply rooted in a combination of socio-economic, cultural, and infrastructural factors. Poverty and limited access to education contribute significantly to these issues, as many individuals lack the knowledge and resources to make informed decisions about their health. Additionally, cultural norms and gender inequalities often restrict women's autonomy and access to healthcare services. The inadequate healthcare infrastructure in rural areas further exacerbates the problem, with many communities lacking sufficient medical facilities and trained healthcare providers. These underlying factors create significant barriers to achieving SRHR goals in rural Cambodia.

According to the 2022 estimates of the prevalence of HIV/AIDS based on scientific methodology, the rate of HIV infection among adults aged 15-49 was 0.5% while the total number of estimated HIV cases were about 76,000. At the same time, there were about 1,400 new HIV infections, with the population at high risk of contracting HIV and their sexual partners accounting for 77% of new HIV infections, and more than 1,100 people died of AIDS in 2022. Separately, according to program data of HIV testing with high-risk target groups in 2023, the rate of HIV infection among transgender women was 13.5%; among men who have sex with men 5.5%<sup>8</sup>; among entertainment workers 4.9%<sup>9</sup>; and among those injecting drugs 15.2%<sup>10</sup>.

The Kingdom of Cambodia has fully achieved the Millennium Development Goal (MDG) in 2010 and received an MDG Award from the United Nations. In 2017, Cambodia was recognized by UNAIDS for having achieved its targets of 90-90-90 (90% of people living with HIV knowing their HIV status, 90% of people living with HIV who know their status being on antiretroviral therapy, and 90% of people living with HIV on antiretroviral therapy achieving viral load suppression).

In 2022, Cambodia urged the general population in communities suspected of having HIV to access HIV counseling and testing services, especially for pregnant women, that contribute to achieving 86% of the first 95% target. Ninety-nine percent (99%) of people living with HIV who are aware of their HIV status have come for care and treatment. Ninety-eight percent (98%) of people who receive antiretroviral care and treatment have achieved viral load suppression in their body through laboratory tests<sup>11</sup>.

To date, the information on people living with HIV, people living with AIDS and people who died of AIDS is limited as we have access to only public health information and have not received data from the private sector.

According to the Cambodia Demographic and Health Survey 2021-2022, there is a decrease in the level of the actual knowledge about HIV among young people, with the report showing only 23% of young women and 27% of young men having actual knowledge about HIV/AIDS (compared with that in 2014, 38% of young women and 46% of young men)<sup>12</sup>.

Along with the decline in knowledge about HIV/AIDS, the development partners have also reduced their priority in supporting prevention programs, especially direct education programs to target groups.

According to the study from Cambodia LGBTIQ Rights Report 2021: Rainbow in the Rain shows the current challenges that LGBTIQ people face in Cambodia. It discusses issues of non-recognition non-heteronormative marital relations, discrimination in the employment sector and the need for 'explicit' protection in the law to counter

---

<sup>8</sup> 10%, according to the research in three provinces (Banteay Meanchey, Siem Reap and Preah Sihanouk provinces) among MSM and TG IBBS in 2023.

<sup>9</sup> The rate was just 4.9% IBBS 2017

<sup>10</sup> According to the research IBBS 2017.

<sup>11</sup> AIDS Epidemic Model 2022 by NAA, NCHADS and UNAIDS.

<sup>12</sup> Cambodia Demographic and Health Survey 2021-2022, CDHS 2021-2022.

the same, health issues like high anxiety and depression among LGBTIQ population exacerbated by family violence resulting from SOGIESC issues, HIV transmission and limited services of hormone therapy, and bullying and discrimination faced by LGBTIQ students in schools from teachers and fellow students.

In Media, LGBTIQ people are not portrayed positively which perpetuates discrimination against them. Negative notions about LGBTI people arising from the Cambodian culture continue to dominate the media narrative.

LGBTI people still cannot officially claim their identities on their ID cards or obtain legal documents to show their relationships with their partner, for marriage, or adoption. Negative attitudes of government officials and non-implementation of LGBTI-friendly policies also create further challenges.<sup>13</sup><sup>14</sup>

The most important point is that Cambodia needs to increase the number of HIV testing cases from 86% to 95% by 2025. In this case, Cambodia needs to put in place an effective comprehensive and multi-sectoral prevention strategy. When the rate of HIV testing is increased to 95% from 86%, Cambodia will reach the goal of ending AIDS, as the second and third targets of 95% have already been met, 99% and 98% respectively.

This project contributes to 3 SDGs, namely SDG 3 (good health and well-being), 4 (quality education) and 5 (gender equality). As part of Goal 4, CHEC has been working with youths, both in and out-of-school youths by increasing awareness of reproductive rights through community youth peers. It also respond both to community needs and to the Neary Rattanak V, the 5-year Strategic Plan of the Ministry of Women's Affairs for the period 2019 to 2023. Neary Rattanak V is the Strategic Plan of Ministry of Women's Affairs (MoWA), extensively contributing to the implementation of national policies and supporting ministries/institutions to improve effectiveness in the implementation of national policies. The project focus will be on the national and sub-national level advocacy and community involvement where the implementing partners have long standing relations with community groups, health providers (Health Centres, Operational Districts, Provincial Health Department, private clinics), the provincial offices of the women's affairs ministry and commune council officials. The project work closely with these stakeholders and groups to ensure they understand the need for a gendered approach to community development and the specific needs of men and women. The target groups are to sensitize the information related to GBV and Comprehensive Sexual Education to them. Engaging communities and leaving no one behind is central to achieving the transformative promise of the 2030 agenda for SDG.

The impact and outcome of the projects are to improve access to relevant services and structures and respect for the rights of youth including LGBTIQ, people who are at risk or are survivors of gender-based violence in selected project target areas within Cambodia.

The geographic location of the project will be primarily in Phnom Penh, Cambodia and in 407 villages of 6 rural, low-income, districts of Kien Svay, Kampong Tralach, Peam Chhor, Chhum Kiri, Boribo and Srey Santhor (42 communes, 612 villages and 36 HC).

In the current results for CEDAW Advocacy and Community Education to End Violence Against Women project was reached to 16,129 as primary beneficiaries, 14,009 as secondary beneficiaries and 289,447 as indirect beneficiaries.

### 1.2. Description of the project

Cambodian Health and Education for Community (CHEC) and NGO-CEDAW received funding from the UN Trust Fund and the international funding organization for the implementation of project titles:

---

<sup>13</sup>

Cambodia LGBTIQ Rights Report 2021.

“CEDAW Advocacy and Community Education to End Violence Against Women and Girls”, which are jointly implemented by CHEC and NGO-CEDAW.

<b>Organization</b>	Cambodian Health and Education for Community (CHEC)
<b>Project title</b>	CEDAW Advocacy and Community Education to End Violence Against Women
<b>Project duration</b>	From August 2022 to July 2025
<b>Budget and expenditure</b>	\$650,531
<b>Geographical areas</b>	Srey Santhor, Peam Chor, Kien Svay, Kampong Tralach, Boribo, Chhumkiri
<b>Specific forms of violence addressed by the project</b>	Gender Based Violence (Domestic violence and rape cases)
<b>Main objectives of the project</b>	<p><b>Outcome 1:</b> Persons at risk of IPV and youth, including LGBTIQ, become agents of change; survivors of IPV have increased access to services; youth including LGBTIQ and WLHIV exercise their control over reproductive health and rights; and their local communities are less tolerant of violence</p> <p><b>Outcome 2:</b> Local and national authorities are more accountable to their obligations under CEDAW and national policies/laws, having gained capacity and taken action both to implement policies/laws for preventing IPV, and to effectively intervene in IPV cases</p>
<b>Key assumptions of the project</b>	CHEC will continue to take a proactive approach to risk mitigation and management at all levels of the organization. The foreseen risks include internal and external factors: political, organizational, programmatic, operational risks. These risks will be catalogued and monitored through an organization-wide risk register monitored and updated by the Management Team (MT) on a regular basis. Program managers/coordinators will be in charge of managing program risks while the MT will take responsibility for monitoring organizational risks. The Board will also have more of a role to play by providing inputs to the overall risk management strategy. Risks will also be discussed as and where necessary with donors, partners, and other key stakeholders where there is possibility of securing external support to manage these risks
<b>Description of targeted primary and secondary beneficiaries</b>	<p><b>Primary beneficiaries and partners:</b></p> <ul style="list-style-type: none"> <li>- Women and girl survivors of violence: <b>2,818</b></li> <li>- Women and girl in general: <b>12,766</b></li> </ul> <p><b>Primary beneficiaries-Target Groups:</b></p> <ul style="list-style-type: none"> <li>- Women Human rights defender/gender advocate: <b>184</b></li> <li>- Women and girls in lowest income groups: <b>12,372</b></li> <li>- LGBTIQ: <b>30</b></li> </ul> <p><b>Secondary beneficiaries and partners:</b></p> <ul style="list-style-type: none"> <li>- Men and boys: <b>9,204</b></li> </ul> <p><b>Targeted Agents of Change, Duty Bearers, Key Stakeholders or Project Participants:</b></p>

	<ul style="list-style-type: none"> <li>- Community Volunteers: <b>369</b></li> <li>- Government Officials (District Counsellors/law Maker): <b>89</b></li> <li>- Education professional (teachers.): <b>46</b></li> <li>- Members/Leaders of Civil society Organizations and Non-Government Organization: <b>30</b></li> </ul>
<b>Key implementing partners and stakeholders</b>	NGO-CEDAW Local Authorities Teachers Health Centres

### 1.3. Strategy and Theory of Change/Results chain

#### STRATEGY

CHEC's strategies of advocacy, partnership and network, capacity building and awareness raising, are the conceptual foundations for this community wide change. Furthermore, CHEC has made a significant change in the youth behaviour in terms of sexual practices (including consent, safe and respectful behaviours) and gender equality as well as to ensure networks of service providers (local authorities, health centre staff, NGOs and religious leaders) providing support services to GBV survivors do not reinforce negative gender or patriarchal stereotypes, but rather are gender sensitive and promote the empowerment of women. The use of home visits to conduct counselling helped the programme to build trust and familiarity within the target community. Significantly, CHEC has developed a "Do No Harm" home visit protocol that help protect GBV survivors from retaliation during visits by our volunteers or local authorities.

Additionally, the advocacy and awareness-raising campaigns by CHEC and NGO-CEDAW informed the public about women's rights to be free from all forms of IPV, and gives the public the tools to both support survivors of violence and change their attitudes towards. The advocacy before the CEDAW Committee, in particular is especially effective as NGO-CEDAW has been about to strongly influence both the list of issues selected by the Committee for special attention and the recommendations made to the Cambodian government in past years. The government has used these recommendations to shape policies, such as the National Action Plan to Prevent Violence against Women and MoWA's national strategy for gender equality.

#### THEORY OF CHANGES

##### TARGET GROUP DESCRIPTION – YOUTH INCLUDING LGBTIQ

Youth aged from 15-24 is a target group for youth, particularly LGBTIQ youth whom are more vulnerable to HIV infection because of the societal factors that reduce their ability to avoid risks such as:

- Not having access to information and services
- Not be living with parental guidance and support
- Have been trafficked or exposed to physical or sexual violence and abuse.
- Live in societies where laws or social values force young people to behave in ways that place them at risk, for example, homophobia or norms that encourage adolescent girls to have sex with older men.

##### TARGET GROUP DESCRIPTION – WOMEN AND GIRLS INCLUDING PLHIV AND LGBTIQ

Based on the project activities, it is estimated that there are approximately 600 victims of domestic violence including women with HIV and AIDS and Lesbian and their perpetrators who are in 237 villages of 4 Districts including Peam Chhor, Chhum Kiri, Boribo and Srey Santhor who are directly involved in project activities. Around 500 of women with HIV and AIDS and the lesbian are joining the community debates and other events organized by CHEC. They met with some issues as below:

- Lacking of having access to information and services
- Lacking of protection and prevention GBV women survivors
- Men dominant women as no power balance between men and women for daily living in household that it is a reason leading to violence against women and girls). Male dominance refers to the unequal power relations between men and women, where men as a group hold more power and privileges compared to women.

**Goal:** The overall goal of the project is improved prevention of intimate partner violence against women and girls in Cambodia through changes in social mindsets to recognize women's right to live lives free from violence; and through improved services and access to justice for survivors by project end

**Outcome 1:** Persons at risk of IPV and youth, including LGBTIQ, become agents of change; survivors of IPV have increased access to services; youth including LGBTIQ and WLHIV exercise their control over reproductive health and rights; and their local communities are less tolerant of violence

**Outcome 2:** Local and national authorities are more accountable to their obligations under CEDAW and national policies/laws, having gained capacity and taken action both to implement policies/laws for preventing IPV, and to effectively intervene in IPV cases

### **Outputs and Key Activities**

Below are target groups both primary and secondary beneficiaries who are involved in current project

- Trained 88 youth peers on CSE (completed)
- Trained 36 HC staff on CSE and gender equality (completed)
- Trained 93 teachers on CSE (completed)
- Trained 138 CBEs on gender equality, the limit use of mediation guideline to respond GBV, and National Gender Policy and NAPWAV 3 (completed)
- Trained 40 women on gender equality (completed)
- Trained 40 men on gender equality (completed)
- Trained 40 men and 40 women on couple approaches and safety for women survivors and referral (completed)
- Trained 60 LGBTIQ on Gender Equality (completed)
- Conducted community debates on CSEs and GBV (completed)
- Provided both physical and online counseling to youth on CSE (on going)
- 144 times of monthly group discussion on CSE/SRHR to 2,880 youth in 4 districts (on going)
- 612 times of Community Education on CSE/SRHR for community youth (on going)
- 690 GBV cases Refer to access support services (on going)
- 300 youth refer to access health facilities (on going)
- Conducted home visit and provided counseling by CBEs to 1,800 GBV women survivors (on going)



- Conducted Quarterly meeting with local authorities and school principles for responding of youth health (on going)
- Conducted Quarterly GBV Network meeting with local authorities (on going)

#### CEDAW Activities:

- Dignity for Gender Equality art (commission artist and host exhibition and launch for 50 people x3) (completed)
- CSO representatives lead 8 workshops to share the results of the CEDAW review session with members of the public after their return from attending CEDAW review session in Geneva. (completed)
- Provide trainings/coaching to CSO members and university students for pre-debate: 10 trainings/years for 25pax. (on going)
- Annual university debates on gender roles, women's empowerment and GBV for 70 pax x3. (on going)
- Workshops and meetings to strengthen capacity and coordination of CSOs through annual refresher meetings and trainings in the province – 3 x 3 days for 35pax and through quarterly meetings with 30 CSO. (completed)
- Coordinate 4 annual CSO working group meetings to monitor implementation of our advocacy plan on amending the DV law and to respond to urgent situations related to GBV,, and use national consultant. (completed)
- NGO-CEDAW members hold meetings with their target groups/ working group members and conduct research to collect information for CEDAW monitoring report: 10 meetings/year with 10pax each meeting. (on going)
- Two consultation workshops to collect comments and feedback from participants on the pre-session working group and draft CEDAW shadow report and present the final draft 30 people x 2 workshops. (on going)
- Produce 3 CEDAW monitoring reports (includes national consultant to consolidate data and research from working groups; translation) (on going)
- 8 representatives of civil society will prepare oral statements and an advocacy plan prior to engaging in in-person advocacy at the CEDAW review session of Cambodia. (completed)

#### Activities Status

Outputs	Description	Achieved	Target by July 2025	Results	Responsible by
1.1	Trained youth peers on CSE	88 youth	88 peers	Completed	CHEC
	Post Training Evaluation with Peers on CSE			Completed	CHEC
1.2	Conducted quarterly coaching youth leaders	31 times	48 times	On Going	CHEC
	Conducted Webinar CSE sessions	10 times	12 times	On Going	CHEC
	Printing IEC Materials			On Going	CHEC
1.3	Run monthly group discussion	110 times	144 times (2,880per.)	On Going	CHEC



1.4	Provided counseling on CSE by online & physical	1,866 youth	n/a	On Going	CHEC
	Referred youth to access health services	482 youth	300 youth	On Going	CHEC
2.1	Conduct Community Education on CSE	593 education	612 Educations	On Going	CHEC
2.2	Trained teachers on CSE	93 teachers	93 teachers	Completed	CHEC
	Trained more teachers on CSE (Budget modification)		50 teachers	On Going	CHEC
	Post training Evaluation with teachers on CSE			Completed	CHEC
	Conducted Quarterly meeting with LA/School principles	31 times	48 times	On Going	CHEC
	Youth leaders invited to join meeting with LA	27 times		On Going	CHEC
2.3	Dignity for Gender Equality art (commission artist and host exhibition and launch			Completed	CEDAW
2.4	CSO representatives lead workshops to disseminate to the public on the rights of women and girls under CEDAW			On Going	CEDAW
2.5	Video Interviewed with health experts	11 times	12 times	On Going	CHEC
	GBV Video Documentary	2 times	n/a	Completed	CHEC
	Organized World AIDS Day	12 times	12 times	Completed	CHEC
	Organized International Women Days	8 times	12 times	On going	CHEC
	Organized 16 Days Campaigns	12 times	12 times	Completed	CHEC
3.1	Provide trainings/coaching to CSO members and university students			On Going	CEDAW
3.2	Annual university debates on gender roles, women's empowerment and GBV			On Going	CEDAW
3.3	Conduct Community Debates on CSE	16 times	20 times	On Going	CHEC
	Conduct Community Debates on GBV	9 times	12 times	On Going	CHEC
3.4	Trained LGBTIQ on Gender Equality	60 LGBTIQ	60 LGBTIQ	Completed	CHEC
	Conduct Annual meeting with LA and LGBT	3 times	3 times	Completed	CHEC
4.1	Conduct bi-monthly meeting with men groups	6 times	18 times	On Going	CHEC
	Conduct bi-monthly meeting with women groups	6 times	18 times	On Going	CHEC
	Conduct bi-monthly meeting with parent groups	6 times	18 times	On Going	CHEC
	Conduct Quarterly meeting between men & women	8 times	12 times	On Going	CHEC
4.2	Referring GBV cases to access services	800 GBV cases	690 Cases	On Going	CHEC

4.3	Annual exposure and reflection meetings	8 times	12 times	On Going	CHEC
	Annual exposure	2 times	3 times	On Going	CHEC
	Exchange visit for HC staff	2 times	3 times	On Going	CHEC
4.4	Trained men on gender equality	40 men	40 men	Completed	CHEC
	Trained women on gender equality	40 men	40 women	Completed	CHEC
	Training on safety for survivors, couple to couple approaches and safe referral for men and women	80 (30 men, 50 women)	80	Completed	CHEC
	Printing Bags for men and women	80 bags	80 bags	Completed	CHEC
4.5	Produce and disseminate IEC cards and directory			On Going	CHEC
5.1	Workshops and meetings to strengthen capacity and coordination of CSOs through annual refresher meetings			On Going	CEDAW
5.2	Coordinate 4 annual CSO working group meetings to monitor implementation of our advocacy plan on amending the DV law			On Going	CEDAW
5.3	Conduct quarterly meeting with NRHP	8 times	12 times	On Going	CHEC
5.4	Conduct quarterly meeting with LGBT/SCO	35 times	48 times	On Going	CHEC
6.1	Trained CBEs on gender equality	139 CBEs	138 CBEs	Completed	CHEC
	Post Training evaluation with CBEs			Completed	CHEC
	Refresher CBEs on gender policy and NAPVAW 3	138 CBEs	138 CBEs	Completed	CHEC
	Printing bags for CBEs	138 bags	138 Bags	Completed	CHEC
	Trained CBEs on the use of limit guideline mediation for GBV	138 CBEs	138 CBEs	Completed	CHEC
6.2	Trained HC staff on CSE	36 Health Centre Staff	36 HC staff	Completed	CHEC
	Post Training evaluation with HC staff on CSE			Completed	CHEC
	Trained HC staff on Gender Equality	35 Health Centre Staf	36 HC staff	Completed	CHEC
6.3	Attended meeting with Pro-TWGH by GBV officer	37 times	n/a	On Going	CHEC
	Attended meeting with TWG-GBV	3 times	n/a	On Going	CHEC
	Attended meeting with Pro-TWGH by Youth PC	31 times	n/a	On Going	CHEC
	Conduct supervision meeting with HC staff/LA	60 times	144 times	On Going	CHEC
6.4	Conduct project Orientation	4 times	4 times	Completed	CHEC

	Conducted GBV Quarterly network meeting with LA	40 times	48 times	On Going	CHEC
	Attended meeting with HC/OD by PC/PM	25 times	n/a	On Going	CHEC
6.5	CBES Conducted home visit and referral	388 times for 574 GBV women survivors	1800 GBV survivors	On Going	CHEC
7.1	NGO-CEDAW members hold meetings with their target groups/ working group members and conduct research to collect information for CEDAW monitoring report			On Going	CEDAW
7.2	Two consultation workshops to collect comments and feedback from participants on the pre-session working group and draft CEDAW shadow report and present the final draft			On Going	CEDAW
7.3	Produce 3 CEDAW monitoring reports (includes national consultant to consolidate data and research from working groups; translation)			On Going	CEDAW
7.4	Coordinate CSO representatives to participate in lobbying and advocacy activities			Completed	CEDAW
7.5	Management output: 5 : NGO-CEDAW annual retreat for staff reflection, review of strategic plan and project results, review of policies			Completed	CEDAW

## 2. Purpose of the evaluation

The purpose of evaluation is to provide a systematic and objective assessment of a project, program, policy, or initiative to determine effectiveness, efficiency, relevance, impact coherence and sustainability are crucial for understanding the project interventions, and provides information about the observed changes. In particular, help generate about what works both knowledge and skills practice to respond CSE and GBV. The specific objectives and questions of an evaluation will depend on the context, outcome and goals of the intervention being evaluated. By the way, Evaluation is to assess projects to determine effectiveness and sustainability either identifies strengths and weaknesses, promoting continuous improvement and sharing program impacts effectively, advocating for support and change.

## 3. Evaluation Objectives and scope

### 3.1. Scope of evaluation

The evaluation will be conducted with youth including LGBTIQ, GBV women survivors, PLHIV, Community men and women, Commune leaders, CCWC, police (CBEs) and HC/OD staff in 6 districts (Srey Santhor, Boribo, Chhumkiri, Kien Svay, Kampong Traclach and Peam Chor districts) in 5 provinces as project target areas which funded by UNTF and assess the project from August 2022 to July 2025 for CEDAW Advocacy and Community Education to End Violence Against Women project. It will be focused on qualitative and

quantitative data with primary and secondary beneficiaries who are involved with project or trained by CHEC.

### 3.2. Objectives of the evaluation

1. **To evaluate the entire project (three years from start to end date)** against the effectiveness, relevance, efficiency, sustainability, impact and knowledge generation criteria, as well as the cross cutting gender equality and human rights criteria.
2. **To identify key lesson and promising or emerging good practices** in the field of ending violence against women and girls, for learning purposes.

### 4. Evaluation questions and criteria

Evaluation Criteria	Mandatory Evaluation Question The bullet points below are the guiding questions for developing structure questions both quantitative and qualitative to interview and make a focus group discussion by each evaluation criteria. The evaluator team develop the structure questions to comply with evaluation criteria.
<b>Effectiveness</b> <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>	<ol style="list-style-type: none"> <li>1. To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? <ul style="list-style-type: none"> <li>• To what extent were the objectives achieved / are likely to be achieved?</li> <li>• To what extent were the beneficiaries of the project satisfied with the results?</li> <li>• What were the major factors influencing the achievement or non-achievement of the objectives?</li> </ul> </li> </ol>
<b>Relevance</b> <i>The extent to which the project is suited to the priorities and policies of the target group and the context.</i>	<ol style="list-style-type: none"> <li>2. To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls? <ul style="list-style-type: none"> <li>• The activities respond to the needs/problems of the community they work with?</li> <li>• To what extent are the objectives of the programme still valid?</li> <li>• Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>• Are the activities and outputs of the programme consistent with the intended impacts and effects?</li> <li>• What are the areas that the programme not addressing and need to be brought on board?</li> </ul>
<b>Efficiency</b> <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>3. To what extent was the project efficiently and cost-effectively implemented?</p> <ul style="list-style-type: none"> <li>• Were activities cost-efficient?</li> <li>• Were objectives achieved on time?</li> <li>• Is the cost of the services or activities reasonable in relation to the benefits?</li> <li>• Was the programme or project implemented in the most efficient way compared to alternatives?</li> </ul>
<b>Sustainability</b> <i>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</i>	<p>4. 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> <ul style="list-style-type: none"> <li>• Does project or service deliveries to support GBV women survivors and Youth comply with National strategy and Guideline?</li> <li>• How project could change the mind-set of communities on GBV and CSE</li> <li>• How could project reduced GBV and empower youth including LGBTIQ and Women rights.</li> <li>• How sustainable are the progress and achievements made by CHEC? Can the results achieved be scaled up and/or sustained?</li> <li>• To what extent did the benefits of a programme or project continue after donor funding ceased?</li> <li>• What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project?</li> <li>• Consider social implications: Analyze social benefits, equity, community involvement, and practices (asking the community participation in responding to GBV and CSE, and both communities and service deliveries by CBEs respected to DNH protocol and complying with national strategy policies or guideline)</li> </ul>

<p><b>Impact</b></p> <p><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>5. 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> <ul style="list-style-type: none"> <li>• What does success look like?</li> <li>• Which field or themes would be affected?</li> <li>• What sorts of changes envisage?</li> <li>• If the intervention were not taking place what would happen or not happen?</li> <li>• When condition both rights and life condition changed?</li> <li>• What has happened as a result of the programme or project?</li> <li>• What real difference has the activity made to the beneficiaries?</li> <li>• Are the project/program services/activities beneficial to the target population?</li> <li>• Do they have negative effects? e. Is the target population affected by the project/ program equitably or according to the evaluation plan?</li> <li>• Is the problem that the project/ program intends to address alleviated?</li> <li>• To what extent can the achieved or identified changes be attributed to CHEC?</li> <li>• Are the project/program services/activities beneficial to the target population?</li> </ul>
<p><b>Knowledge generation</b></p> <p><i>Assesses whether there are any promising practices that can be shared with other practitioners.</i></p>	<p>6. 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> <ul style="list-style-type: none"> <li>• Do primary and secondary beneficiaries increased knowledge on CSE, and GBV gender equality and shared to their peers and communities</li> <li>• How best should the project/ program deliver those services (or activities)?</li> <li>• Do primary beneficiaries apply knowledge and put into practice for daily living?</li> <li>• Do primary beneficiaries share knowledge with peers and other community people?</li> <li>• Do CBEs applied knowledge and skills respond to GBV complying with guideline of MoWA?</li> </ul>

	<ul style="list-style-type: none"> <li>• What are the key lesson learnt that could be applied in future programme development?</li> </ul>
<b>Gender Equality and Human Rights</b>	<p>Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.</p> <ol style="list-style-type: none"> <li>7. GBV women survivor's safety access support services?</li> <li>8. The gender equality and human rights promote among of men and women for daily living?</li> </ol>

## 5. Evaluation design and methodology

### 5.1. Proposed evaluation design

The consultant will work closely with the Monitoring and Evaluation Specialist (M&E Specialist) at CHEC. They form the evaluation team for the study. The Evaluation methodologies to be applied in this evaluation will be developed by the consultant in consultation with CHEC. However, both qualitative and quantitative approaches to collect, verify and analyses data will be used. The consultant will use (but is not limited to) the following:

1. An evaluation design that builds on the project objectives, scope and evaluation questions
2. The approaches for the verification, analysis and the interpretation of data (e.g. types of data analysis used, data collection instruments, etc.)
3. The selection process and criteria for samplings
4. The list of information sources gathered and make them available to CHEC
5. A detailed work plan indicating timing of activities, responsibilities and use of resources

The evaluation will be undertaken in 5 stages – an inception stage: Review of documents (baseline, project documents, monitoring and evaluation activities, etc.), drafting the preliminary evaluation report and production of final report.

These are:

- Stage 1: Inception phase involves discussion with CHEC and UNTF and desk review of any relevant project document to define the scope of evaluation; refine the evaluation questions and produce an inception report. This report will incorporate a detailed work plan, methodology for gathering and analyzing data and the criteria for the selection of samplings.
- Stage 2: Desk review covers review program documents for relevant background information and familiarity with program goal, objectives, and history.
- Stage 3: Field Visits with the field staff and local stakeholders in six districts. Possible roles: interviewer/facilitator, recorder/ note taker, observer. Debrief with the rest of the field staff and local stakeholders at the end of the day or visit.



- Stage 4: Preparation of the preliminary evaluation report, submission to CHEC staff and M&E focal point from UNTF for comments, and validation meeting to present the findings and validate results.
- Stage 5: Preparation of final evaluation report and submission to CHEC Director and UNTF Evaluation Team.

## 5.2. Data sources

The sources of data will be both secondary and primary. The type of data will be based on a mix of quantitative and qualitative, derived from multiple sources. The evidence will be collected from field interview, desk review of document, direct field observation, in-depth interview, and focus group discussion including other CHEC reports as following:

- Semester report
- Quarterly report
- Training report
- Post training evaluation report
- Progress achievement of each indicator by semesters
- National Strategy guideline that relevant to GBV and youth
- Project proposal
- Project Loge frame
- Most Significant Changed (MSC)

## 5.3. Proposed data collection methods and analysis

- Both qualitative and quantitative data collection will be conducted the survey, key informal interviewed by using the structure questionnaire and make a Focus Group Discussion (FGD)
- Data entry and analysis by using Excel and SPSS or using the google or monkey survey forms and generate to Excel for data cleaning

## 5.4. Proposed sampling methods

A list of all the beneficiaries from the 6 target districts were acquired to identify the target commune for data collection. The commune with the highest number of populations was selected from each district.

The sample will include at least 20% of women, girls and LGBTIQ respondents as primary beneficiaries and 20% of CBE, men and boys as secondary beneficiaries of the project. The qualitative data will be conducted focus group discussed with primary, secondary and indirect beneficiaries in selected communes. It is to compare and contrast the ideas and comments from those of direct beneficiaries of the project and those of the indirect beneficiaries of the project

## 5.5. Field Visits

CHEC working with 6 districts in 5 province, 2 districts like PCH and SST were covered by Youth and GBV project but other 4 districts were covered by individual project like GBV covered at CHKR and BB, Youth covered at KT and KS. CHEC provide rights to evaluators for selecting the sites where they conduct the field visit discuss with CHEC beneficiaries.

## 5.6. Level of Stakeholder engagement

Stakeholder engagement levels in the project evaluation process through collaboration, project consultation and other discussion relating with their activities in supporting project implementation and service deliveries to support both GBV women survivors, PLHIV an youth

including LGBTIQ. CHEC will be arranged the list of local stakeholders both sub-national levels like Commune Leaders, CWCC, police, HC/OD staff and teachers and National levels like HACC, NRHP, NAA... who evaluator want to be met for make discussion about the project achievement.

## 6. 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 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;
- ☐ The evaluator/s must consider additional risks and need for children (under 18 years old) and 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 evaluators and timeframe

No.	Deliverable	Deadlines of Submission to UN Trust Fund M&E Team	Deadline (example only)
1	Evaluation Inception Report	Inception report that includes methodology and workplan will be submitted by the evaluator with approval from UNTF before 18 days of starting the assessment. The inception report needs to meet requirements and structure specified in the evaluation guidelines.	By 16 June 2025
2	Draft Evaluation Report	Draft Evaluation Report with report guideline will be submitted by the evaluator including make a presentation for making clarification the result finding for 24 days before the final evaluation report is due.	By 5 September 2025
3	Final Evaluation Report	Final Evaluation Report will be submitted by evaluator for 18 days after receiving feedback from presentation of the result finding. The final evaluation report needs to review and approval by UNTF.	By 30 September 2025

## 7. Evaluation team composition

### 7.1. Roles and responsibilities

The roles and responsibility of evaluator is independent from the project staff on the result finding and only receiving the clarification/feedback from project staff during make the presentation of result finding. Both data collection orientation and data collection at communities will be conducted by evaluation teams. Evaluator is responsible for developing plan, design structure questionnaire, and conduct evaluations to assess program effectiveness, collect and analyze data, report findings, and ensure ethical standards, ultimately providing evidence-based information to improve decision-making and program outcomes.

### 7.2. Required Competencies

Evaluator A (e.g. Senior Evaluator)

- Evaluation experience at least 10 years in conducting external evaluations, with mixed-methods evaluation skills and having flexibility in using non-traditional and innovative evaluation methods<sup>15</sup>
- Expertise in gender and human-rights based approaches to evaluation and issues of violence against women and girls
- 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
- Experience in collecting and analysing quantitative and qualitative data as well as data visualization
- In-depth knowledge of public health, gender equality including human rights and women's empowerment
- 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 Cambodia is required.
- Language proficiency: fluency in English and/or Khmer is mandatory; good command of local language is desirable.

## 8. Management Arrangements of the evaluation

The appointed Evaluation Task Manager (CHEC Program Manager/M&E specialist) will prepare all documents relevant with project which funded by UNTF including name list of beneficiaries and informing or make appointment with local stakeholders who the evaluator needs to discuss or interview with. And also arrange the focus group discussion by districts with accompany the evaluation team as requirement.

Evaluators provide information which teams or target group want to discuss or interview for make appointment for evaluation team meet by clearly schedule. The evaluator arranges the different team for field study by various districts in the same day.

---

<sup>15</sup> 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 EVAW, research and evaluation.

## 9. Timeline of the entire evaluation process

Stage of Evaluation	Key Task	Responsible	Number of working days required	Timeframe Example – please edit
<b>Inception stage</b>	Briefings of evaluators to orient the evaluators	Evaluation Task Manager	<b>10 working days</b>	<b>First week</b>
	Desk review of key documents	Evaluator/s		<b>First week</b>
	Finalizing the evaluation design and methods	Evaluator/s		<b>Second week</b>
	Submit draft <b>Inception report</b>	Evaluator/s		<b>By 16 June 2025</b>
	Review <b>Inception Report</b> and provide feedback	Evaluation Task Manager, Stakeholder Group and UNTF	<b>5 working days</b>	<b>By 23 June 2025</b>
	Incorporating comments and revising the <b>inception report</b>	Evaluator/s	<b>4 Working days</b>	<b>By 27 June 2025</b>
	Submitting final version of <b>inception report</b>	Evaluator/s		
	Review final <b>Inception Report</b> and approve	Evaluation Task Manager, Stakeholder Group and UNTF	<b>5 working days</b>	<b>By 4 July 2025</b>
<b>Data collection and analysis stage</b>	Desk research	Evaluator/s	<b>20 working days including travel</b>	<b>By end of August 2025</b>
	Data collection (visits to the field, interviews, questionnaires, etc.)	Evaluator/s		
<b>Synthesis and reporting stage</b>	Analysis and interpretation of findings	Evaluator/s	<b>11 days</b>	<b>By 1 week of September 2025</b>
	Preparing a <b>first draft report</b>	Evaluator/s		
	Review of the draft report with key stakeholders for quality assurance	Evaluation Task Manager, Stakeholder Group and UNTF	<b>10 working days</b>	<b>By 12 September 2025</b>
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Evaluation Task Manager		
	Incorporating comments and preparing <b>second draft evaluation report</b>	Evaluation Team	<b>5 Working days</b>	<b>By 18 September 2025</b>
	Final review and approval of report	Evaluation Task Manager, Stakeholder Group and UNTF	<b>5 working days</b>	<b>By 24 September 2025</b>

	Final edits and submission of the <b>final report</b>	Evaluator/s	<b>5 working days</b>	<b>By 30 September 2025</b>
			<b>80 days</b>	