

END OF PROJECT EVALUATION REPORT

IMPLEMENTATION OF SOCIAL ACCOUNTABILITY FRAMEWORK (ISAF) OCTOBER 2015 – AUGUST 2018



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Disclaimer

All opinions expressed in this evaluation report are that of the evaluator (Real-Time Evaluation, Ratha Lork and Justin Flurschein) or those interviewed (where indicated) and do not necessarily reflect the views of CARE International in Cambodia or the European Union.

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Acronyms and Abbreviations

CAF	Community Accountability Facilitator
CAPI	Computer Assisted Personal Interviewing
CC	Commune Council
CCWC	Commune Committee for Women and Children
CBO	Community Based Organisation
CIP	Commune Investment Program
DIP	District Investment Plan
FGD	Focus Group Discussion
IDI	In depth Interview
ISAF	Implementation of Social Accountability Framework
JAAP	Joint Accountability Action Plan
LNGO	Local Non-government Organisations
MoI	Ministry of Interior
MoWA	Ministry of Women's Affairs
MTR	Mid Term Review
NCDDS	National Committee for Sub-National Democratic Development
NP-SDD	National Program for Sub-National Democratic Development
OO	Overall Objective
RI	Results Indicator
SAF	Social Accountability Framework
SO	Specific Objective
TOR	Terms of Reference

1. Executive Summary

This is the End of Project Evaluation for CARE's Implementation of Social Accountability Framework (ISAF) Project. ISAF was implemented in four target provinces (Ratanak Kiri, Mondul Kiri, Koh Kong and Kampot) over 36 months (2016-2018). ISAF aimed to reduce poverty through democratic, inclusive and equitable local governance and more accessible and equitable public service delivery. ISAF worked with local NGOs (LNGOs) that were provided grants through the project and citizens of the four targeted provinces who received improved services (commune, health centres and primary schools).

Objective of Project Evaluation

The overall objective of the end of project evaluation is to provide a full assessment of the progress made versus the baseline and mid-term review, following the key indicators as stated in the project logical framework. The evaluation also includes key evaluation related to relevance, effectiveness, efficiency, impact and sustainability and indicators. The evaluation was conducted from 23 July 2018 to 26 August 2018. In order to conduct the evaluation, data was collected through a comprehensive literature review and fieldwork.

Findings

Relevance

Based on the ISAF literature review and IDIs, the evaluation found the project's intervention logic and activities were achievable, consistent with and contributed to the project's overall objective to *reduce poverty through democratic, inclusive and equitable local governance and more accessible and equitable public service delivery*. Furthermore, the project's intervention components were also consistent with the priorities of the government's Social Accountability Framework (SAF).

Effectiveness

ISAF's effectiveness was strong, as all of the end of project targets were met. There was high awareness of government standards, strong citizen led monitoring and strengthened capacity of stakeholders. The evaluation did reveal low comprehension of government information and the need for more inclusive JAAPs, however this appears to be more of a result this difficulties in capturing accurate data for the relevant indicators.

Efficiency

While CARE will end the ISAF project with only 88% of project funds spent, for the most part project activities were completed in a timely manner and CARE's project management was able to mitigate the external factors that were contributing causes for delays in project activities and spending.

Final financial statements for ISAF were not available at the time of writing this evaluation report, however it is estimated that ISAF will conclude the project with only spending 88% of the total budget. This represents quite a significant under spending of project funds and is largely a result of the delay in signing the MOU with the government and hence a delay in the recruitment of LNGOs in year 1 of the project. The delay in recruiting LNGOs meant that project funds were delayed in being sent to LNGOs (and therefore being spent on project activities), and also that resources to monitor, train and support the LNGOs were delayed as a result.

Impact

Impact indicators report resounding levels of **satisfaction** by citizens of local services, **responsiveness** of local

service providers (as perceived by citizens) and **discernable improvement** in local services delivery (as perceived by citizens). End of project targets and MTR levels are by far exceeded in all categories. End of project targets and MTR levels are by far exceeded in all categories, the only exceptions being the OO1 and OO2. OO1's target was exactly met, while for *OO2 accurate data was not able to be sourced, given that the maternal mortality rate is measured at a provincial level and was not calculated by the government during the project period.

An alternative indicator of impact over the past three years, is the percentage of women giving birth at a public health facility, which increased (44% to 56%), while the percentage of women giving birth at home decreased (29% to 10%).¹ This reflects that ISAF (amongst other factors) contributed to the impact/change in beneficiary behavior i.e. that women are accessing more health care facilities to give birth.

These indicators are supported by findings from FGDs with citizen who reported the following improvements:

Commune Services

- Friendlier staff who provide more explanations
- Staff call citizens back if they are not available
- Easier to receive civil documents (birth certificate, marriage certificate)

Health Centre Services

- Affordable and cheap service charge (1000 riel)
- Staff are friendlier
- Staff do not discriminate between rich or poor
- Health centres have 24 hour service

Primary School Services

- Free school enrolment
- Adequate toilet facilities
- Enough textbooks and materials for students to use or borrow

Sustainability

The sustainability of the project has its limitations. Although increased capacity of LNGOs and CAFs was observed to have improved and strengthened, and the continuation of dissemination activities could be supported by this, the scope and extent of that dissemination and further on-going efforts could not be certain. Given the short timeframe of the ISAF project (3 years) a transition or sustainability plan, especially on how the demand side activities would be taken over by the supply side actors was not considered. Sustainability would require additional funding in order to maintain the same level of project support and also a systematic transition/phase out plan in conjunction with government stakeholders.

Emerging Best Practices

Successful Intervention - Information for Citizen (I4C)

Consistently citizens, CAFs, LNGOs and local service providers named I4C and the dissemination activities as the most successful part of the ISAF. I4C introduced a wave of change within the communities as citizens became aware of their rights and the required standard of local service provision. This in turn saw citizens move from

¹ Partnering to Save Lives and Angkor Research and Consulting Ltd. (2018) *Reproductive, Maternal and Neonatal Health in eight provinces – Endline Survey – Phnom Penh, Cambodia*. Page 34

using private services to government services, putting more trust in government service providers and empowering citizens to ask and expect more from their local government.

Successful Intervention - Community Scorecard

The community scorecard process was the activity that established the lines of communication between the citizens and local service providers. Again all project stakeholders identified the community scorecard as highly useful and effective. The community scorecard benefited citizens by providing them with an opportunity (which they normally wouldn't have) to address local service providers, informing them of their needs and addressing inadequacies in the current services. Conversely local service providers were provided with the opportunity to listen and understand the priority needs of those that they serve.

Intervention with Future Potential – Joint Accountability Action Plan (JAAP)

The JAAP represented the formalisation and culmination of local service providers capturing the priority needs of citizens. While project activity reporting indicated the number of JAAPs were conducted according to plan and involved the relevant local service providers and quota of citizens, there appeared to be limited awareness of the JAAP amongst the wider community of citizens which provided the intervention with mixed results as to its effectiveness. Citizen survey results indicate only 54% of respondents had heard of the JAAP, however those that did know about it had a high level of satisfaction (RI6 - 98%). Conversely, FGDs with citizens, LNGOs and CAFs also highlighted the limited awareness amongst citizens in the JAAP, with most not knowing about the JAAP or having difficulties being heard during the JAAP process. Finally CARE staff reported that the priority issues contained in the JAAPs had limited integration into the Commune Investment Programs (CIP) and District Investment Plans (DIP). Typically commune and district level authorities would not appreciate the priorities at the village level. They would prefer to support infrastructure plans which they are more familiar with (such as roads) and do not involve on-going service improvement projects that can often be more complicated to implement (such as increased resources for health centres and schools). Overall the JAAP has proven to be a very useful tool to capture the priority needs of citizens with the potential to influence more change at the commune and district level.

Key Lessons Learned

- The ISAF intervention model (utilising LNGOs – a requirement of the EC grant) was ambitious and complex and required long time to establish, both in terms of the supply side (working with the MOI) and also on the demand side (recruiting suitable LNGOs). This should be taken into consideration for any future ISAF projects.
- Evaluation findings show that while citizens had high levels of awareness with regards to government standards, budget information and performance data, actual understanding and comprehension of this information was lower than expected. Future ISAF interventions need to take this into account and perhaps integrate more realistic expectations for such targets as understanding and comprehension.
- The ISAF intervention model underestimated the influence the JAAP could have on the CIP/DIP. Ultimately the decision to integrate and endorse a project under the JAAP would be made at the commune or district level which is beyond the current intervention of ISAF.
- The community scorecard is a powerful tool in empowering citizens to engage with government service providers and at the same time informs government service providers about their strength and weaknesses

and the priorities of their constituents.

- The current ISAF intervention model had a large number of LNGOs (27) which required significant resources to recruit, monitor and mentor. While this was the aim of the project and CARE was able to manage this well, having a smaller number of LNGOs would have enabled a more efficient and focused use of resources.

Conclusion

ISAF's most significant contribution is empowering citizens to demand more accessible and equitable public service delivery. Through increased awareness of government standards, budget information and performance data, citizens have been given the tools to be informed about what local government services and quality levels they should expect and are entitled to. Opening up opportunities for communication between local service providers and citizens was a critical element that enabled ISAF's intervention to make a significant impact.

Project management wise ISAF was an ambitious and complex intervention model to establish and implement, nevertheless ISAF's efficiency and effectiveness was met with high results and by the end of the project CARE was able to deliver on of the end of project indicator targets. ISAF has also provided evidence that its intervention model, supporting the capacity building of LNGOs to implement the majority of the project interventions, is a viable option that has the potential to be expanded across the country.

Recommendations

Recommendations for CARE

1. Should ISAF or a project with a similar intervention model be used by CARE, sufficient and appropriate lead time to recruit LNGOs should be built into the project timeline.
2. For future projects with objectives or indicators that require increased comprehension/understanding, training methodologies and materials should take into account a variety of disabling factors that may affect beneficiaries and their ability to understand new concepts, in particular illiteracy, comprehension capacity and language skills (in both Khmer and ethnic minority languages).
3. The community scorecard is a strong tool that should be used where relevant in future projects, particularly when there is a need to encourage more involvement and ownership from service providers.
4. To ensure sustainability of future projects CARE should integrate a comprehensive transition/sustainability strategy into its intervention work plan.
5. In order to improve the effectiveness of the JAAP, CARE needs to consider two things: (a) how to involve more citizens and raise the awareness of the JAAP process within the community, and (b) how to maximise the potential of JAAP integration into the CIP and DIP.

Recommendation for the European Union

6. The European Commission should consider applying a more flexible personnel/project cost ratio, particularly when the project's intervention model requires a significant amount of **human resources** for capacity building. CARE operated the project with a 30% personnel budget line. The project could have benefited from a higher proportion of funds allocated to personnel costs, by having additional project management and project implementation staff to boost efficiency.

2. Introduction

Description of Project

Project name:	Implementing the Social Accountability Framework (ISAF)
Project period:	27 October 2015 to 26 August 2018 (34 months)
Total funds (source):	Euro 2,250,000
Target area:	Four Target Provinces (Ratanak Kiri, Mondul Kiri, Koh Kong and Kampot)



Expected Results:	<u>Expected Result 1: Enhanced access to Information and Budgets</u> 1.1. Produce, and build capacity on use of “Information for Citizen’s packs (I4C), 1.2. Enhance budget literacy. <u>Expected Result 2: Strengthened citizen-led monitoring</u> 2.1. Build monitoring capacity of citizens on use of community score cards, 2.2. Formulation of Joint Accountability Action Plans (JAAP) including planning for collective action, 2.3. Monitor the implementation of JAAP. <u>Expected Result 3: Strengthened capacities of NGOs, Citizens and Community Accountability Facilitators through facilitation and capacity building</u>
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- 3.1. Subcontract local NGO/CBOs and
- 3.2. Build capacity of these on facilitation skills, women, youth & ethnic minority empowerment under the ISAF process.
- 3.3 Outreach to local officials and service providers, and
- 3.4 Awareness raising on citizen monitoring
- 3.5 Select, train and mentor Community Accountability Facilitators

Expected Result 4: Contribute to improved government policies, guidelines and practices through enhanced learning, feedback and monitoring

- 4.1. Formulate learning strategy & action plan and conduct studies,
- 4.2. Organise learning forums and establish feedback and policy revision process,
- 4.3. Undertake monitoring and evaluation and discuss in bi-annual policy review.

Project Beneficiaries Local NGOs (LNGOs) and community based organisations (CBOs) that are provided grants through the project and citizens of the four targeted provinces who receive improved services.

Project Background

To improve the citizen voice and engagement and accountability in sub-national democratic development, public service delivery and functions of the Cambodian Sub-National Government, the Social Accountability Framework (SAF) and a three year plan for the Implementation of the Social Accountability Framework (ISAF) in 2016-2018, were designed through a highly consultative process between development partners, civil society and the Secretariat of the National Committee for Sub-National Democratic Development (NCDDDS). The ISAF plan was endorsed in a joint meeting of the government and civil society in June 2013 and the SAF was approved by the Royal Government of Cambodia on the 11th of July 2013. The SAF and the ISAF have been fully incorporated into the Second Implementation Plan (IP3-II) of the National Program for sub-National Democratic Development (NP-SNDD).

CARE International in Cambodia implements the SAF through its sub-grantees, 27 local non-government organisations (LNGOs), in four target provinces, Mondul Kiri, Ratanak Kiri, Kampong Speu and Koh Kong. The CARE International in Cambodia ISAF team in Phnom Penh is responsible for overseeing the overall program management, financial management, monitoring and evaluation. Horizontal Partners, through guidance of CARE International in Cambodia, take the lead on capacity building of the Implementation Partners in each targeted province, and provide support to the Implementing Partners who are Community-Based Organizations (CBO) working across the four target provinces.

The overall objectives of the project is to reduce poverty through democratic, inclusive and equitable local governance and more accessible and equitable public service delivery. The specific objectives is to enhance the performance, responsiveness and accountability of local government and service providers (specifically communes, health centres and primary schools) in selected districts through improved access to local information, open budgets and citizen-led monitoring, with a specific focus on the engagement and impacts for women, youth, and ethnic minorities.

27 Local NGO partners (LNGO) and Community Based Organization (CBO) receiving financial support. They ensure participation of women, ethnic minorities and youth in program activities.

Four components are implemented:

- i) Access to information and open budgets
- ii) Citizen monitoring
- iii) Facilitation and capacity building
- iv) Learning and monitoring.

Objective of Evaluation

The overall objective of the end of project evaluation is to provide a full assessment of the progress made versus the baseline and mid-term review, following the key indicators as stated in the project logical framework. The evaluation also includes key evaluation related to relevance, effectiveness, efficiency, impact and sustainability and indicators.

- | | |
|--------------------------------|---|
| Relevance | ▪ Were the four key intervention components (Access to information and open budget, Citizen monitoring, Facilitation and capacity building, Learning and monitoring) achievable and consistent with the overall objective of the project? |
| Effectiveness | ▪ Was the intervention model through local partners, vertical and capacity building partners (27 partners), effectively implemented?
▪ Was it a good approach for building capacity of local NGO and was their considerable added value? |
| Efficiency | ▪ Was the project intervention efficient, including comparative value for money and outcomes of interventions in four provinces coverage areas? |
| Impact | ▪ Did the intervention contribute to improve key local services performance (primary school, health centre, and commune administrative)? What positive changes were there as a result of project intervention? |
| Sustainability | ▪ To what extent are the benefits of the projects likely to be sustained after the completion of this project? |
| Emerging Best Practices | ▪ What have been the most successful or unsuccessful interventions and why? Where any deemed as innovative? What lessons have we learnt from these?
▪ What potential multiplying effects could be observed?
▪ Are there external opportunities and challenges that have impacted positively or negatively on successes and limitations? |
| Key Lessons Learned | ▪ What are the key lesson learnt and key recommendation to improve future project intervention or share future government and donor funding? |
| Indicators | ▪ To what extend did the project achieve overall, specific objectives and key result indicators according to the logical framework? |

Methodology

This evaluation was conducted from 23 July 2018 to 26 August 2018. In order to conduct the evaluation data was collected through a comprehensive literature review and fieldwork. The literature review was conducted

reviewing reports and documents from the ISAF project and also other relevant external publications (see Annex 1 for a full list of data sources).

Field work was conducted in the four target provinces utilising computer assisted personal interviewing (CAPI) for an evaluation survey, focus group discussions (FGD) and in depth interviews (IDI). In order to provide consistency and aid in the comparison of data the sample size and target respondents from the Mid Term Review (MTR) was used as a base and adapted where necessary.

The sample size from the MTR was as follows:

- 20 treatment districts
- 2 sample communes per sample district –40 sample communes
- 1 sample village per sample commune – 40 sample villages

While the evaluation targeted the same communes and villages as were targeted in the MTR, 19 communes that were included in the World Bank’s Impact Evaluation (July 2017) were not duplicated and additional communes to make up the same size were selected randomly.

Respondents

An evaluation survey utilising CAPI was conducted with the following project beneficiaries (626 including 331 women):

- Citizens (402 people, 248 female)
 - Youth (82 people, 48 female)
 - Disability (10 people, 0 female)
 - Ethnic Minority (157 people, 98 female)
- Local Government Officials (109 people, 15 female)
- Community Accountability Facilitator (CAFs) (115 people, 68 female)

Citizen Survey	Kompot	Koh Kong	Mondul Kiri	Ratanak Kiri	Total	%
Male	38	43	24	49	154	38%
Female	62	60	75	51	248	62%
Youth	15	23	21	23	82	20%
Ethnic Minority	0	0	74	83	157	39%
Disability	7	2	0	1	10	2%

FGDs (12) were conducted with the following project beneficiaries (66 including 35 women):

- Local authorities (primary school principals, health centre chief, commune chief) (4 FGD, 21 people, 5 female).
- CAF (4 FGD, 12 people, 9 female)
- Citizens (4 FGD, 33 people, 21 female)

IDIs (16) were conducted with the following project staff, LNGOs, donor and government (16 people, 1 female):

- Jan Noorlander, CARE Acting Country Director and Assistant Country Director Programs.
- Phoeurn Sokchan., CARE Acting Senior Programme Manager – Social Accountability.
- Aun Hemrin, CARE Technical Advisor (Design, Monitoring, Evaluation, Learning and Impact (DMELI)).

- Chea Sophearin, World Bank Consultant - ISAF Demand Side CSO Coordinator
- LNGO Partners (12 people, 1 female)

Ethical Considerations

All respondents were informed of the purpose of the evaluation, the confidentiality of their responses and the use of the information for the final evaluation report. All participants were asked for their verbal consent prior to the interviews, informed their participation was voluntary, with the freedom to stop the interview or not answer questions at any time. No names or pictures were taken of the respondents or used in this report.

The field research team were well trained on research methodologies, protocols, and ethical best practices (with particular attention to cultural and gender sensitivity).

Limitations

- While not specifically required by the TOR of the evaluation, to be thorough the evaluators had intended to interview all the LNGOs that took part in the ISAF project, however not all LNGOs were available for interviews during the evaluation. They were busy with project activities and trainings. However feedback received from LNGOs interviewed proved to all be similarly positive, in addition to confidence levels from CAFs, citizens and local authorities supporting the capacity of LNGOs.
- As required by the TOR, the evaluation was to assess the progress of the project in relation to the baseline and the MTR. The World Bank's Impact Assessment conducted in mid-2017 for the wider SAF project which was implemented by CARE, Save the Children, World Vision, RACHA, and Star Kampuchea, was treated as the baseline assessment for ISAF. However the Impact Assessment did not use indicators that could be easily comparable to ISAF indicators. Indicators for ISAF focused more on personal opinions of beneficiaries (satisfaction and confidence levels and perceptions of effectiveness and capacities) to measure progress while the Impact Assessment utilised objective statistical based indicators (health centre wait times, school enrolment and attendance and drop-out rate and the prevalence of birth certificates). This limited the ability to measure the progress/improvement of the project in terms of comparing to a baseline as required by the TOR.
- CARE conducted the (internal) MTR of ISAF in 2017 and as per the mandate of this evaluation, the same questionnaires were used. Findings of the MTR were useful for CARE to monitor the progress of the project, however given that CARE and LNGO staff conducted the review (in particular the collection of survey data), there was an inherent risk of bias in the data that was collected. This evaluation still uses and compares finding to the MTR results, however their accuracy is taken into account and where possible corroboration with other data is sought.

3. Findings and Analysis

The findings of the evaluation are presented in the table below addressing the evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability, emerging best practices, key lessons learned and indicators) and the relevant key evaluation questions for each criterion. Based on the findings of the evaluation an indicative rating is given for each of the main evaluation criterion (relevance, effectiveness, efficiency, impact and sustainability), to provide an assessment of the project’s achievement. A five-point scale is utilised to reflect the ratings:

1	Fail – does not satisfy any evaluation questions/criterion
2	Poor – satisfies some evaluation questions/criterion
3	Adequate – average level of satisfying evaluation questions/criterion
4	Good – satisfies most of the evaluation questions/criterion
5	Very good – satisfies all of the evaluation questions/criterion

Evaluation Criteria	<p>Relevance – Rating 5</p> <p><i>The extent to which the project is suited to the priorities and policies of the target group, recipient and donor.</i></p> <p>Based on the ISAF literature review and IDIs, the evaluation found the project’s intervention logic and activities were achievable, consistent with and contributed to the project’s overall objective to <i>reduce poverty through democratic, inclusive and equitable local governance and more accessible and equitable public service delivery</i>. Furthermore, the project’s intervention components were also consistent with the priorities of the government’s Social Accountability Framework (SAF).</p>
Relevance Question 1	<p>Were the four key intervention components (Access to information and open budget, Citizen monitoring, Facilitation and capacity building, Learning and monitoring) achievable and consistent with the overall objective of the project?</p>
	<p>Since 2001, decentralization reforms in Cambodia have established formal institutions and procedures to promote community participation in local governance and decision-making. To further improve the delivery of decentralized services the government developed the Social Accountability Framework (SAF) in conjunction with the ten-year National Program for Sub-National Democratic Development 2010-2019 (NP-SNDD) which was endorsed by the National Committee for Democratic Development (NCDD) in July 2013.</p> <p>ISAF’s four intervention components (which mirror the strategies of SAF) were officially endorsed by the government and NGOs as the platform for implementing SAF strategies in the second three-year Implementation Plan 2015-2017 (IP3-II) of the NP-SNDD. The evaluation found that ISAF’s intervention components were designed to appropriately respond to the improvement of service quality and delivery in primary schools, commune health centres, and commune councils in rural Cambodia. The evaluation found that ISAF’s activities were well suited to the project’s intervention components, exhibiting their relevance to the specific objective <i>to enhance the performance, responsiveness and accountability of local government and service providers (specifically communes, health centres and primary schools)</i>.</p>

	<p>In FGDs, citizens and local government officials reported that ISAF activities directly contributed to empowering citizens to hold local government officials accountable for local service delivery as well as to raise awareness of local authorities on their responsibilities and service standards as well as citizens’ rights to quality services.</p> <p>The evaluation survey reported service providers to be more responsive to the needs of citizens (Specific Objective 1: 79% - increased from 60% at the MTR) and women, youth and ethnic minorities experiencing improvements of local service delivery as a result of the JAAP (Specific Objective 7: 84% - increased from 72% at the MTR).</p>																				
Evaluation Criteria	<p>Effectiveness – Rating 5</p> <p><i>The extent to which the project achieves its objectives.</i></p> <p>ISAF’s effectiveness was strong, as all of the end of project targets were met. There was high awareness of government standards, strong citizen led monitoring and strengthened capacity of stakeholders. The evaluation did reveal low comprehension of government information and the need for more inclusive JAAPs, however this appears to be more of a result this difficulties in capturing accurate data for the relevant indicators.</p>																				
Effectiveness Question 1	<p>Was the intervention model through local partners, vertical and capacity building partners (27 partners), effectively implemented?</p>																				
	<p>Overall in relation to ISAF’s Specific Objectives (SO) end of project targets were met and endline figure show ISAF was effectively implemented, particularly in terms of all target districts completing the annual ISAF project activities and having women, youth and ethnic minority participants.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Indicator</th> <th>Target</th> <th>MTR</th> <th>Endline</th> </tr> </thead> <tbody> <tr> <td>SO3</td> <td>80% of target districts complete the full annual ISAF process (including proactive dissemination of information for citizens, citizen monitoring and the preparation of a Joint Accountability Action Plan).</td> <td>80%</td> <td>80%</td> <td>100%</td> </tr> <tr> <td>SO4</td> <td>In 60% of target districts, at least 50% of community participants are women.</td> <td>60%</td> <td>58%</td> <td>58% i.e. All districts have at least 50% women</td> </tr> <tr> <td>SO5</td> <td>In 60% of target districts, at least 25% of community participants are youth or from ethnic minorities. (1) Youth (2) Ethnic Minorities</td> <td>25%</td> <td>32% (1) 28% (2) 35%</td> <td>33% (1) 28% (2) 38%</td> </tr> </tbody> </table> <p>To further measure the effectiveness of ISAF’s implementation of its intervention model through its 27 partner LNGOs, the evaluation looked at the achievement in relation to the relevant expected results (and their indicators) for each component. Noting from the table</p>	#	Indicator	Target	MTR	Endline	SO3	80% of target districts complete the full annual ISAF process (including proactive dissemination of information for citizens, citizen monitoring and the preparation of a Joint Accountability Action Plan).	80%	80%	100%	SO4	In 60% of target districts, at least 50% of community participants are women.	60%	58%	58% i.e. All districts have at least 50% women	SO5	In 60% of target districts, at least 25% of community participants are youth or from ethnic minorities. (1) Youth (2) Ethnic Minorities	25%	32% (1) 28% (2) 35%	33% (1) 28% (2) 38%
#	Indicator	Target	MTR	Endline																	
SO3	80% of target districts complete the full annual ISAF process (including proactive dissemination of information for citizens, citizen monitoring and the preparation of a Joint Accountability Action Plan).	80%	80%	100%																	
SO4	In 60% of target districts, at least 50% of community participants are women.	60%	58%	58% i.e. All districts have at least 50% women																	
SO5	In 60% of target districts, at least 25% of community participants are youth or from ethnic minorities. (1) Youth (2) Ethnic Minorities	25%	32% (1) 28% (2) 35%	33% (1) 28% (2) 38%																	

below that partner LNGOs were involved in implementing only Expected Results 1, 2 and 3.

Table 1: Intervention model and implementers

Project Intervention Model	Project Implementer
Expected Result 1: Access to information and open budget	Local partners and CAFs
Expected Result 2: Citizen monitoring	Local partners and CAFs
Expected Result 3: Facilitation and capacity building	Vertical and capacity building partners
Expected Result 4: Learning and monitoring	CARE and other SAF stakeholders (World Bank, The Asia Foundation, European Union)

Expected Result 1: Enhanced access to Information and Budgets

RI#	Results Indicator	Target	MTR	Endline
RI1	RI1: % of targeted service centres post and annually update full and complete I4C information (including standards, performance data and budget information).	80%	96%	100%
RI2	RI2: % of target districts, there is a discernable improvement in citizen's (including women, youth and ethnic minorities) understanding of government standards, budgets and performance.	60%	71%	91%
RI3	RI3: % of citizens (include women, youth and ethnic minorities) in target districts report being better informed about government standards, budgets and performance.	60%	Schools 91% Health 94% Commune 85%	Schools 94% Health 91% Commune 93%

"The Information for Citizen (I4C) awareness raising was the activity that was the most effective." (CAF, FGD) (Also see Annex 2 for case studies of target beneficiaries)

Effectiveness under this component/result is measured by looking at the availability information together with citizens actually improving their understanding and being informed. There were mixed results under this Expected Result.

The results indicators report that citizens had mixed results regarding their understanding and being informed about government standards, budgets and performance. The results under RI2 shown an increase from 71% in the MTR to 91% at the endline (far exceeding the end of project target). However data asking citizens specifically about their comprehensive understanding in relation to commune, health centre and primary schools showed 54%, 51% and 50% respectively. Comparatively the results under RI3 show that citizens are better informed about government standards, budgets and performance, exceeding the end of project target and the MTR results (all results over 90%). What comes out from the data (survey and FGDs) is that, citizens are most likely not comfortable saying that they fully understand or comprehend **all the information** about government standards, budgets and performance, but they are aware/informed that that information exists and they are able to recall at least two government standards (the threshold set by M&E Technical Working Group for ISAF).

Citizen FGDs reported that I4C information was posted on walls of health centres, commune offices and schools. Which aided in improved access and being better informed, respondents

naming examples such as knowing the cost and procedure for requesting civil documents, office opening hours, contact numbers and rights to health services. However there were some citizens who indicated that they didn't see or know about government standards information because they had no interest in it and/or they were illiterate. Furthermore, with regards to actually understanding/comprehending government standards, budget and performances, there were mixed responses ranging from not knowing the information existed, not understanding due to being illiterate and not being interested in the information.

"Yes, I saw they posted [information] on the wall but I am literate and can't read all that information that was there." (citizen, FGD)

Expected Result 2: Strengthened citizen-led monitoring

RI#	Results Indicator	Target	MTR	Endline
RI4	RI4: % of officials/service providers in target districts report feeling better informed about priorities and concerns of citizens, including women, youth and ethnic minorities.	60%	86%	86%
RI5	RI5: % of officials/service providers in target districts agree that the JAAP satisfactorily captures priority actions to improve local service delivery.	60%	100%	100%
RI6	RI6: % of citizens (include women, youth and ethnic minorities) in target districts agree that the JAAP satisfactorily captures priority actions to improve local service delivery.	60%	77%	98%

Effectiveness under this component/result is measured by the level of awareness of local government officials for citizen priorities, together with satisfaction levels related to the appropriateness of the JAAP. There were mixed results under this Expected Result.

The results indicators show positive outcomes for the ISAF project with all the results exceeding their respective end of project targets (RI4, RI5, RI6). However while RI6 shows a resounding satisfaction level for the JAAP (98%), only 54% of surveyed citizens had actually heard of the JAAP (notwithstanding this was an increase from 19% in the MTR), and during the FGDs with citizens almost all the participants had not heard of the JAAP before. This however reflects the fact that only a certain number of citizen representatives were invited to join the JAAP meetings.

While the evaluation data supports the effectiveness of the ISAF to strengthen citizen led monitoring, there appears to be room to improve the effectiveness of the JAAP by involving more citizens and increasing the awareness of the JAAP process. (see Emerging Bests Practices below for more discussing the JAAP)

Expected Result 3: Strengthened capacities of NGOs, Citizens and Community Accountability Facilitators through facilitation and capacity building

RI#	Results Indicator	Target	MTR	Endline
RI7	RI7: % of ISAF-related local NGO staff participated in the evaluation survey report enhanced capacity to support local level social accountability processes.	60%	100%	100%

RI8	RI8: % of community accountability facilitators judge the capacity of local NGO partners to support local level social accountability processes to be effective.	60%	99%	96%
RI9	RI9: % of local government officials and service providers judge the capacity of local NGO partners to support local level social accountability processes to be effective.	60%	98%	75%
RI10	RI10: % of citizens in target districts report enhanced capacity to productively engage government.	60%	95%	95%
RI11	RI11: % of women, youth and ethnic minorities report enhanced capacity to productively engage government.	60%	Women 95% Youth 94% Ethnic minorities 95%	97% 94% 95%
RI12	RI12: % of community accountability facilitator candidates complete the full training program.	60%	99%	99%
RI13	RI13: % of trained community accountability facilitators report feeling capable to lead accountability-related outreach and monitoring processes at village/commune level.	80%	82%	82%
RI14	RI14: % of citizens (including women, youth and ethnic minorities) in target districts judge the facilitation of local level social accountability processes to be effective.	60%	98%	97%
RI15	RI15: # of lessons learned that have been discussed between citizens and government. Specific examples can be identified of changes/improvements made to policies, guidelines and/or practices of state and non-state actors as a result of learning from ISAF M&E.		Over 100	Over 100

Effectiveness under this component/result is measured by looking at the capacity levels of NGOs (as perceived by CAFs and local government officials), citizens (through self-assessment) and CAFs (through self-assessment and as perceived by citizens). There were mixed results under this Expected Result.

The evaluation CAF survey and the evaluation local government officials' survey found that LNGOs had increased capacity to support local level social accountability processes (CAF 96% and local government 75%), which was in excess of the end of project targets. However, this was down from 99% and 98%, respectively at the MTR.

In the evaluation citizen survey, citizens reported that they had increased capacity as reflected in their confidence level to address local government service providers. (RI10 – 95%). This indicator exceeded the end of project target and was at the same level for the MTR.

The evaluation CAF survey found that CAFs all completed their full training programs and 82% (RI13) considered themselves confident enough to lead accountability-related outreach and monitoring, which exceeded the end of project target of 80%. This result appears to be supported by the citizen survey which report that CAFs are 97% effective in their work (RI14).

The evaluation literature review found that specific examples could be identified of

	changes/improvements made to policies, guidelines and/or practices of state and non-state actors as a result of learning from ISAF M&E (RI15). Most notably highlighted during the ISAF learning forum organized on 23-24 August 2018 participated by Ministry of Interior, Ministry of Education Youth and Sport, Ministry of Health, Ministry of Economic, Provincial Administrative, Sub-national administrative, Development partners, INGOs, LNGOs, Media and all related stakeholders.
Effectiveness Question 2	Was it a good approach for building capacity of local NGO and was their considerable added value?
	<p><i>“The LNGO has the role to provide and distribute information that tells them [citizens] about their rights and role in the community. Also to provide training and encouragement to the CAF.” (CAF, FGD)</i></p> <p>Regardless of the mixed results of Effectiveness in Question 1, the intervention model of building the capacity of LNGOs was found to be a good approach. The intervention model was built on maximising learning potential for LNGOs, who were the key change agents for the project and benefited from the extensive capacity building and financial support. The model of utilising capacity building at various levels and from various stakeholders within the project (i.e. from CARE, horizontal partner LNGOs and specialised training partners) was unique and very effective. The model provided LNGOs with direct learning opportunities (through training modules) and also on-going support (through coaching and backstopping). Capacity building focused on both improving LNGOs technical skills for implementing the actual project activities (enhancing citizen access to information and citizen monitoring) and also project management and implementation skills (monitoring and evaluation and financial management capacity).</p> <p>Added value in this intervention model was considerable, particularly considering the alternative model of not utilising LNGOs to implement the project activities. By utilising LNGOs as implementers of the project activities the retention of skills and knowledge is imparted to these projects partners that will continue beyond the life of the project. The LNGOs benefitted from both empowerment and ownership, and enhanced technical and financial management. The LNGOs were key change agents at the community level who are close to the target citizens and will continue to be, ensuring added value beyond the project’s life time.</p>
Evaluation Criteria	<p>Efficiency – Rating 4</p> <p><i>Measures the outputs of the project in relation to the inputs. Were activities cost-effective and achieved on time?</i></p> <p>While CARE will end the ISAF project with only 88% of project funds spent, for the most part project activities were completed in a timely manner and CARE’s project management was able to mitigate the external factors that were the contributing causes for delays in project activities and spending.</p>
Efficiency Question 1	Was the project intervention efficient, including comparative value for money and outcomes of interventions in four provinces coverage areas?
	The ISAF intervention model was ambitious in its design to implement the project activities through 27 LNGOs. The complex model required a long lead time in order to ensure the infrastructure, administration and recruitment could be completed properly. The initial establishment of the intervention model, in particular the recruitment and negotiation of a

memorandum of understanding (MOU) with the Ministry of Interior (MOI), proved to be challenging. The broader ISAF project was supported by the World Bank and the European Commission, and implemented by CARE, Save the Children, World Vision, RACHA and Star Kampuchea. There were unfortunately significant delays in the agreement on the selection of districts to be supported each NGO. The MOI who needed to provide final approval on the selection, indicated that they had inadequate funds to support the number of originally planned districts. Intensive lobbying by the all stakeholders in year 1 (2015) did not result in the planned districts. A compromise was reached in January 2016 to consolidate the number of districts and eventually expand the number of districts by the end of the project to proposed 20 districts (for CARE).

Furthermore while there was interest by LNGOs in applying for the ISAF sub-grant (23 LNGOs applied), finding suitable partners was challenging (only 18 were determined to be eligible in 2016 and 9 eligible in 2017). Not all LNGOs candidates had sufficient capacity to fulfil the project's responsibilities and many were not willing agree to the strict financial requirements of the sub-grantee award. At one point in 2017 no suitably qualified candidates for two positions of capacity building partner were able to be found. There was much deliberation by CARE on the modalities of the capacity building and ultimately CARE persevered in the recruitment process and adhered to its selection criteria, only recruiting high quality willing and able partners. The capacity building was only conducted in the final year of the project. Nevertheless the intervention target model of 27 LNGOs was finally met in 2018.

Final financial statements for ISAF were not available at the time of writing this evaluation report, however it is estimated that ISAF will conclude the project with only spending 88% of the total budget. This represents quite a significant under spending of project funds and is largely a result of the delay in signing the MOU and in the recruitment of LNGOs in year 1 of the project. The delay in recruiting LNGOs meant that not only were project funds delayed in being sent to LNGOs (and therefore being spent on project activities), resources to monitor, train and support the LNGOs were also not utilised as a result. Furthermore, during the final quarter of the project CARE reallocated its ISAF senior project manager to another urgent project within the CARE, thus also reducing human resource spending on ISAF and contributing to the final underspend. CARE determined that given the short time period it would not have been viable to recruit a new ISAF staff member. CARE staff commented that, had they the available budget to increase their personnel cost (which was locked in at 30% of the total budget), CARE would not have needed to engage the specialised training partners but rather would have been able to provide that training itself.

Despite the underspending ISAF, has shown to be able to implement all the project activities in a timely manner, meeting its targets under each expected result. CARE was both efficient and equitable in its implementation of the project, ensuring that activities were distributed fairly to the vulnerable groups such as women, youth and ethnic minorities (as reflected in meeting targets under Specific Objective 4 and 5). CARE's own robust monitoring and evaluation of its activities (through internal monitoring and feedback mechanisms and also its specialised training partners) has been able to generate evidence and capture the changing needs of the project; such as LNGOs requiring more support and supervision, particularly in project and financial management. CARE has demonstrated its ability to adapt to the needs of the LNGOs, be it requiring more frequently reporting by LNGOs or requiring more technical and project management skills training. Furthermore, CARE's monitoring mechanisms was able to capture one LNGO who was not compliant with CARE's financial policies and as a result of an internal investigation was released from the sub-grant program in 2018. This demonstrated CARE's efficiency in being able to manage its partner LNGOs and ensure that they are held accountable

	to the highest of standards.																																								
Evaluation Criteria	<p>Impact – Rating 5</p> <p><i>Significant changes in the target population, positive or negative, intended or unintended, brought about by the project's interventions.</i></p> <p>Improvements in local service are resoundingly reported by citizens across all project indicators, exceed all end of project targets and MTR levels.</p>																																								
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	<p>Impact Indicators</p> <p>To measure the impact of ISAF's intervention, the evaluation looked at the indicators for the relevant Overall Objective (OO) and Specific Objective (SO) related to the measurement of improved key local services.</p> <table border="1"> <thead> <tr> <th></th> <th>Indicators</th> <th>Target</th> <th>MTR</th> <th>Endline</th> </tr> </thead> <tbody> <tr> <td>OO1</td> <td>In 60% of target districts, there is an increase in the percentage of students reaching Grade 6 after 3 years.</td> <td>60%</td> <td>N/A</td> <td>60%</td> </tr> <tr> <td>OO2</td> <td>In 60% of target districts, there is a decrease in maternal mortality rates in target districts after 3 years.</td> <td>60%</td> <td>N/A</td> <td>*See discussion below</td> </tr> <tr> <td>OO3</td> <td>60 % of citizens in target districts report enhanced overall satisfaction with local service delivery (in schools, health centres and commune administrations).</td> <td>60%</td> <td>56.80%</td> <td>85.9%</td> </tr> <tr> <td>OO4</td> <td>60% of women, youth and ethnic minorities in target districts report enhanced overall satisfaction with local service delivery (in schools, health centres and commune administrations). 1) Women 2) Youth 3) Ethnic minorities</td> <td>60%</td> <td>(1) 53.55% (2) 60% (3) 50.29%</td> <td>86.7% 91.7% 86.6%</td> </tr> <tr> <td>SO1</td> <td>60% of citizens in target districts report that local service providers are more responsive to their needs.</td> <td>60%</td> <td>59.79%</td> <td>78.9%</td> </tr> <tr> <td>SO2</td> <td>60% of women, youth and ethnic minorities report that local service providers are more responsive to their needs.</td> <td>60%</td> <td>58.78%</td> <td>78.1%</td> </tr> <tr> <td>SO6</td> <td>60% of citizens in target districts report discernable improvements in local service delivery (in schools, health centres and commune administrations) as a result of the implementation of the Joint Accountability Action Plan. (1) Overall services (2) Commune Administrative</td> <td>60%</td> <td>(1) 72.37% (2) 69.93%</td> <td>(1) 97.3% (2) 80.6%</td> </tr> </tbody> </table>		Indicators	Target	MTR	Endline	OO1	In 60% of target districts, there is an increase in the percentage of students reaching Grade 6 after 3 years.	60%	N/A	60%	OO2	In 60% of target districts, there is a decrease in maternal mortality rates in target districts after 3 years.	60%	N/A	*See discussion below	OO3	60 % of citizens in target districts report enhanced overall satisfaction with local service delivery (in schools, health centres and commune administrations).	60%	56.80%	85.9%	OO4	60% of women, youth and ethnic minorities in target districts report enhanced overall satisfaction with local service delivery (in schools, health centres and commune administrations). 1) Women 2) Youth 3) Ethnic minorities	60%	(1) 53.55% (2) 60% (3) 50.29%	86.7% 91.7% 86.6%	SO1	60% of citizens in target districts report that local service providers are more responsive to their needs.	60%	59.79%	78.9%	SO2	60% of women, youth and ethnic minorities report that local service providers are more responsive to their needs.	60%	58.78%	78.1%	SO6	60% of citizens in target districts report discernable improvements in local service delivery (in schools, health centres and commune administrations) as a result of the implementation of the Joint Accountability Action Plan. (1) Overall services (2) Commune Administrative	60%	(1) 72.37% (2) 69.93%	(1) 97.3% (2) 80.6%
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		(3) Health Centres (4) Primary Schools	(3) 66.75% (4) 70.17%	(3) 83.6% (4) 84.1%
SO7	60% of women, youth and ethnic minorities report discernable improvements in local service delivery.	60%		
	(1) Overall services		(1) 71.31%	(1) 97.6%
	(2) Commune administrative		(2) 67.62%	(2) 80.4%
	(3) Health centres		(3) 64.36%	(3) 84.1%
	(4) Primary schools		(4) 69.19%	(4) 85.9%

Data for the above indicators was sourced through the citizen survey, which report resounding levels of **satisfaction** by citizens of local services, **responsiveness** of local service providers (as perceived by citizens) and **discernable improvement** in local services delivery (as perceived by citizens). End of project targets and MTR levels are by far exceeded in all categories, the only exceptions being the OO1 and OO2. OO1's target was exactly met, while for *OO2 accurate data was not able to be sourced, given that the maternal mortality rate is measured at a provincial level and was not calculated by the government during the project period.

An alternative indicator of impact over the past three years, is the percentage of women giving birth at a public health facility, which increased (44% to 56%), while the percentage of women giving birth at home decreased (29% to 10%).² This reflects that ISAF (amongst other factors) contributed to the impact/change in beneficiary behavior i.e. that women are accessing more health care facilities to give birth.

These indicators are supported by findings from FGDs with citizen who reported the following improvements:

Commune Services

- Friendlier staff who provide more explanations
- Faster service
- Staff call citizens back if they are not available
- Easier to receive civil documents (birth certificate, marriage certificate)

Health Centre Services

- Affordable and cheap service charge (1000 riel)
- Staff are friendlier
- Staff do not discriminate between rich or poor
- Health centres have 24 hour service
- Clean environment

Primary School Services

- Free school enrolment
- Adequate toilet facilities
- More regular attendance of teachers
- Enough textbooks and materials for students to use or borrow

"I was satisfied at getting the document from the commune much faster than before, not pay money but spending small amount to money for service. The staffs were friendlier than before and help to explain and more involve the citizen." (citizen, FGD)

"Better than before because the health centre has enough and modern equipment than before and no need to go far away to find doctor. Hygiene at school has made the children better in

² Partnering to Save Lives and Angkor Research and Consulting Ltd. (2018) *Reproductive, Maternal and Neonatal Health in eight provinces – Endline Survey* – Phnom Penh, Cambodia. Page 34

	<p><i>health and not sick.” (citizen, FGD)</i></p> <p>FGDs with local service providers and CAFs also supports these findings, reporting that they believe the main impact of the ISAF project to be that citizens are now more aware of what services are available to them and are able to communicate with local service providers to demand the provision of these services.</p> <p>Impact on women, youth and ethnic minorities</p> <p>It should be noted that the project indicators also support the finding that women, youth and ethnical minorities have been positively impacted by the project. Indicators for OO4, SO2 and SO7 all report high levels of satisfaction, responsiveness and improvement as perceived by these marginalised groups, in excess of the end of project targets.</p>
Evaluation Criteria	<p>Sustainability – Rating 4</p> <p><i>Benefits of the project that are likely to continue after donor funding has been withdrawn.</i></p> <p>The sustainability of the project has its limitations. Although increased capacity of LNGOs and CAFs was observed to have improved and strengthened, and the continuation of dissemination activities could be supported by this, the scope and extent of that dissemination and further on-going efforts could not be certain. Given the short timeframe of the ISAF project (3 years) a transition or sustainability plan, especially on how the demand side activities would be taken over by the supply side actors was not considered. Sustainability would require additional funding in order to maintain the same level of project support and also a systematic transition/phase out plan in conjunction with government stakeholders.</p>
Sustainability Question 1	<p>To what extent are the benefits of the projects likely to be sustained after the completion of this project?</p>
	<p>Capacity of LNGOs and CAFs</p> <p><i>“Yes, we will continue the dissemination about school, commune and health center services.” (CAF, FGD)</i></p> <p>LNGOS and CAFs trained through the project intervention have increased knowledge and capacity of social accountability and both have acted in leadership roles to promote ISAF in their community. This knowledge and capacity will stay and empower them beyond the life of the project. Data from FGDs with LNGOs and CAFs reported that they would continue the core activity of dissemination of information regarding available services, particularly because they have seen the benefit of information and knowledge about key local services. Nevertheless, LNGOs and CAFs did express concerns that without direct financial support (for transport, refreshments, time and materials) it may be difficult to mobilise and involve citizens.</p> <p>Citizen awareness of rights</p> <p><i>“The project made citizens braver to ask for information about commune, health centre and school services.” (CAF, FGD)</i></p> <p>The greatest legacy and strength that ISAF will leave behind is the creation of knowledge and awareness amongst citizens. Citizens reported that they have increased satisfaction levels, there is increased responsiveness from local service providers and overall improvement in the in services provision; these achievements cannot be taken away and what they leave behind is</p>

	a new status quo. Citizens now have built relationships with local service providers and have new higher expectations for the type of services that should be available as well as the quality of those services.
Evaluation Question	Emerging Best Practices <i>Innovative project activities or actions that should be continued, replicated or advocated for in other projects</i>
Emerging Best Practices Questions	What have been the most successful or unsuccessful interventions and why? Where any deemed as innovative? What lessons have we learnt from these? What potential multiplying effects could be observed? Are there external opportunities and challenges that have impacted positively or negatively on successes and limitations?
	<p>Successful Intervention - Information for Citizen (I4C)</p> <p><i>“Before the dissemination [IC4] the citizens didn’t understand about the three services provided [commune, health, primary school], but now they understand and come to get those service such as national identification, birth certificate, pregnant women get the service at health center and enroll their kids in schools.” (local authority, FGD)</i></p> <p>Consistently citizens, CAFs, LNGOs and local service providers named I4C and the dissemination activities as the most successful part of the ISAF. I4C introduced a wave of change within the communities as citizens became aware of their rights and the required standard of local service provision. This in turn saw citizens move from using private services to government services, putting more trust in government service providers and empowering citizens to ask and expect more of their local government. Word of mouth of the I4C dissemination helped to multiply the effects of the activity, raising awareness and expectations throughout the target communities. This successful model could be built upon up by increasing the scope of governments services covered (sub-national, national services) and/or expanding to new provinces (both urban and rural communities).</p> <p>Successful Intervention - Community Scorecard</p> <p><i>“[The community scorecard] was useful and effective, if we didn’t have this project, we as the service providers don’t know where we are weak or insufficient that needs to be improved.” (local authority, FGD)</i></p> <p>The community scorecard process was the activity that established the lines of communication between the citizens and local service providers. Again all project stakeholders identified the community scorecard as highly useful and effective. The community scorecard benefited citizens by providing them with an opportunity (which they normally wouldn’t have) to address local service providers, informing them of their needs and addressing inadequacies in the current services. Conversely local service providers were provided with the opportunity to listen and understand the priority needs of those that they serve. This forum of open dialogue and communication, has helped to build a relationship of trust and rapport amongst the two parties which is crucial for the improvement of local service provision and the long term success of social accountability.</p> <p>Intervention with Future Potential – Joint Accountability Action Plan (JAAP)</p>

	<p><i>“The JAAP was the least effective project activity.” “Citizens did not participate in the [JAAP] meeting and they lost faith in the local authorities.” (CAF, FGD)</i></p> <p>The JAAP represented the formalisation and culmination of local service providers capturing the priority needs of citizens. While project activity reporting indicated the number of JAAPs were conducted according to plan and involved the relevant local service providers and quota of citizens, there appeared to be limited awareness of the JAAP amongst the wider community of citizens which provided the intervention with mixed results as to its effectiveness. Citizen survey results indicate only 54% of respondents had heard of the JAAP, however those that did know about it had a high level of satisfaction (RI6 - 98%). Conversely, FGDs with citizens, LNGOs and CAFs also highlighted the limited awareness amongst citizens in the JAAP, with most not knowing about the JAAP or having difficulties being heard during the JAAP process.</p> <p>Finally CARE staff reported that the priority issues contained in the JAAPs had limited integration into the Commune Investment Programs (CIP) and District Investment Plans (DIP). Typically commune and district level authorities would not appreciate the priorities at the village level. They would prefer to support infrastructure plans which they are more familiar with (such as roads) and do not involve on-going service improvement projects that can often be more complicated to implement (such as increased resources for health centres and schools). From the MTR: “service improvement projects are more difficult and time consuming compared with pure infrastructure projects. Commune councils are more likely to choose infrastructure projects because it requires less supporting documents. The main concern is time and technical barrier of commune councils to prepare required documents and monitoring processes. In Ratanak Kiri province, only one service improvement project was successfully implemented in Koun Mom district within the last five years. In the four provinces the majority number of CIPs/DIPs were infrastructure projects.”</p> <p>Overall the JAAP has proven to be a very useful tool to capture the priority needs of citizens with the potential to influence more change at the commune and district level.</p> <p>An external factor that may have influenced the above successful interventions was the commune elections in July 2017 and national elections in June 2018. CARE staff indicated that government authorities were actually more cooperative and receptive to project interventions leading up to each election. This may have been the case so that the government could be seen as cooperating with rural citizens in order to create a positive image for the ruling government.</p>
Evaluation Question	Lessons Learned <i>What worked well? What did not work?</i>
Lessons Learned Question 1	What are the key lesson learnt and key recommendation to improve future project intervention or share future government and donor funding?

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| | <ul style="list-style-type: none">• The ISAF intervention model (utilising LNGOs – a requirement of the EC grant) was ambitious and complex and required long lead time to establish, both in terms of the administrative supply side (working with the MOI) and also on the demand side (recruiting suitable LNGOs). This should be taken into consideration for any future ISAF projects.• Evaluation findings show that while citizens had high levels of awareness with regards to government standards, budget information and performance data; actual understanding and comprehension of this information was lower than expected. Future ISAF interventions need to take this into account and perhaps integrate more realistic expectations for such targets as understanding and comprehension.• The ISAF intervention model underestimated the influence the JAAP could have on the CIP/DIP. Ultimately the decision to integrate and endorse a project under the JAAP would be made at the commune or district level which is beyond the scope of ISAF.• Information and awareness raising are powerful tools in improving the provision of local government services. Information needs to be shared with both the providers (supply-side) and recipients (demand-side) of the services. This allows for open dialogue and manages expectations from each side.• The community scorecard is a powerful tool in empowering citizens to engage with government service providers and at the same time informs government service providers about their strength and weaknesses and the priorities of their constituents.• The current ISAF intervention model had a large number of LNGOs (27) which required significant resources to recruit, monitor and mentor. While this was the aim of the project and CARE was able to manage this well, having a smaller number of LNGOs would have enabled a more efficient and focused use of resources. |
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4. Conclusion and Recommendations

ISAF's most significant contribution is empowering citizens to demand more accessible and equitable public service delivery. Through increased awareness of government standards, budget information and performance data, citizens have been given the tools to be informed about what local government services and quality levels they should expect and are entitled to. Opening up opportunities for communication between local service providers and citizens was a critical element that enabled ISAF's intervention to make a significant impact.

Project management wise ISAF was an ambitious and complex intervention model to establish and implement, and while ISAF's efficiency and effectiveness was met with mixed results, by the end of the project CARE was able to deliver on all of the end of project indicator targets. ISAF has also provided evidence that its intervention model, supporting the capacity building of LNGOs to implement the majority of the project interventions, is a viable option that has the potential to be expanded across the country.

Recommendations for CARE

1. The nature of the ISAF LNGO criteria, meant that it was challenging to recruit the most suitable, capable and willing LNGOs. Should ISAF or a project with a similar intervention model be used by CARE, sufficient and appropriate lead time to recruit LNGOs should be built into the project timeline. Typically, this would be mean balancing intervention activities and recruitment of LNGOs within a three-year time frame model; including considering the possibility that LNGOs may join the project in year two and year three.
2. For future projects with objectives or indicators that require increased comprehension/understanding, training methodologies and materials should take into account a variety of disabling factors that may affect beneficiaries and their ability to understand new concepts, in particular illiteracy, comprehension capacity and language skills (in both Khmer and ethnic minority languages). This would entail not just the adaptation of training materials but also in-depth training methodologies for CAFs and LNGOs to understand how to build the comprehension capacity of citizens so that they are confident to both identify government standards and information but also understand how to interpret and use that information.
3. The community scorecard is a strong tool that should be used where relevant in future projects, particularly when there is a need to encourage more involvement and ownership from government service providers. The evaluation found that government service providers greatly benefited from the opportunity to hear and be able to understand the perspective of citizens who use their services. Conversely citizens welcomed the opportunity to be heard, communicating their feedback, wants and needs. The community scorecard represents the opening of communication between the demand and supply side of government services to enable better service provision.
4. To ensure sustainability of future projects CARE should integrate a comprehensive transition/sustainability strategy into its intervention work plan. The strategy's aim would be to help phase in the transfer of skills and responsibility, and engagement and buy-in of government stakeholders. Understandably ISAF in its current iteration, had been envisaged as a first phase of a continuing program for a longer time period and as such lacked a comprehensive exit strategy. For future programming integrating such a strategy should be considered to mitigate the possibility of a project not being continued.
5. In order to improve the effectiveness of the JAAP, CARE needs to consider two things: (a) how to involve more citizens and raise the awareness of the JAAP process within the community, and (b) how to maximise

the potential of JAAP integration into the CIP and DIP. These two issues are potentially linked given that only a small number of citizens (and CAFs) were invited to be involved in the JAAP, this therefore limited its exposure and impact on the community. Subsequently the full importance of community priority needs may not have been fully emphasized to commune and district level authorities and in turn was not appreciated by them enough to include in the CIP and DIP.

Recommendation for the European Union

6. The European Commission should consider applying a more flexible personnel/project cost ratio, particularly when the project's intervention model requires a significant amount of **human resources** for capacity building. CARE operated the project with a 30% personnel budget line. The project could have benefited from a higher proportion of funds allocated to personnel costs, by having additional project management and project implementation staff to boost efficiency.

Annex 1: Data Sources

ISAF Project Design Documents

- ISAF Project Proposal (2015)
- ISAF Logical Framework (2015)
- ISAF M&E Plan (2017)

ISAF Activity Reports to EC

- ISAF Annual Reports (2015, 2016)
- ISAF Interim Report (2018)

ISAF Project Documents

- LNGO Partner Eligibility Assessments
- LNGO Partner Annual Activity Reports
- ISAF Midterm Review
- ISAF Training Modules

Other Publications

1. ISAF Impact Evaluation (The World Bank, 2017)
2. What Is the Effect of the Reform 'Implementation of the Social Accountability Framework' in the Cambodian Highlander Villages? (Stockholm University, 2017)
3. Process Audit Report (The Asia Foundation, 2017)
4. Accountability and Transparency of Budget Processes (Transparency International Cambodia, 2018)
5. Partnering to Save Lives and Angkor Research and Consulting Ltd. (2018) Reproductive, Maternal and Neonatal Health in eight provinces – Endline Survey – Phnom Penh, Cambodia.

Annex 2: Case Studies

Community Accountability Facilitator (CAF) – Case Study (Group Interview)

“We are the volunteers of Community Accountability Facilitator (CAFs) in Ratanak Kiri province”

As volunteer Community Accountability Facilitators, our main duty was to distribute the information package related to information about school, commune, and health center services. We were chosen and trained by the local organisation for disseminating the information for citizen (I4C), mobilising the local authority to participate in meetings and facilitating meetings or the Joint Accountability Action Plan (JAAP) on Social Accountability, community scoring card evaluation, and self-assessment by service provider. We all saw that the people in the community were not aware or understood the benefit of using local government services. The LNGO called “Coalition for Integrity and Social Accountability (CISA)” engaged and recruited us as CAFs to promote the local government services and support the citizen in the community. We found that the most significant or effective activity was the I4C awareness raising as it helped citizens to understand more about the local services and how they can access them. Previously citizen did not understand and hesitated to use local government services as they were concerned that would have to pay more money and were afraid to ask for more information. Now, citizens have changed their perception towards the local government services that are provided and understand more about their right to access health, commune and school services. It would be good if we have an opportunity to continue our activities to support the community. CAF should also be allowed to join all the meetings on commune development in the future.

Citizen – Case Study

“I am a housewife, age 51 years old, living in in Mondul Kiri province”

I feel like I know about the local service providers more than I did before. I saw the information and pictures posted on the wall of the commune, school, and health center but I wasn’t sure what it meant as I am illiterate. However the Community Accountability Facilitator came to our village to explain to us about the services information such as sending our children to school without paying any fees, registration letter at the commune, and also invited us to join some activities in the community. I am now satisfied with the services provided, the school enrollment without paying extra fees, teacher come to teach on full-time, the commune officers are friendlier and didn’t ask for more fees for birth certificate, wedding certificate, health staff friendlier without discriminating between poor or rich people. Local authorities also pay more attention than before and the health centre has staffs always stay at the health center when we need the services.

Local Authority – Case Study

“I am a commune chief, in Koh Kong province”

I am a commune chief and I was involved in the ISAF project as the head of a JAAP committee, my staff also worked with CAFs and LNGO to mobilise citizens for meetings, prepare the meeting place and to disseminate information to the citizens about available services. I think the work for ISAF was relevant to what the local government is trying to do but we don’t have enough resources to do it. This project made

the citizens aware about their rights and the budget of the commune office. Now citizens understand and they can come to get those service such as national identification card, birth certificate, pregnant women can go to health centers and enroll their kids in schools. This project should continue to provide some budget to CAFs so that it allows them to continue to disseminate information to citizens to access our services.

LNGO – Case Study

“I am technical project officer for an LNGO, in Mondul Kiri province”

We are an LNGO supported by CARE to conduct the ISAF activities within the community. We recruited CAFs and trained them to disseminate the I4C package of information for citizens, community scoring card evaluation and self-assessment for service providers. We also mobilised the stakeholders to join the meeting with commune, health center, and school. Our

LNGO was attracted to CARE as they would provide us with materials, funds, technical support and facilitation.

The Interface meeting was effective because it would bring the local authority and citizens together, to meet and discuss and to plan for the JAAP to integrate into the district level and discuss which activity should prioritize and which activity should take out.

The biggest change we have seen from the project has been that it has made the citizens understand more about their right and services provide in their community. It made them understand about local authority roles, and allowed citizen to be brave to advocate and raise the problems that occur in their community.

We recommend strengthening the capacity of CAFs and to support them in coordinating the JAAP meeting. The JAAP committee should have regular meetings to plan and complete what they have promised.

Annex 3: Indicators

#	Indicators	Target	Baseline	MTR	Endline	Source
OO1	In 60% of target districts, there is an increase in the percentage of students reaching Grade 6 after 3 years.	60%	n/a	n/a	60%	Completion rate of grade 6
OO2	In 60% of target districts, there is a decrease in maternal mortality rates in target districts after 3 years.	60%	n/a	n/a	*See p20	CDHS not yet available in 2018.
OO3	60 % of citizens in target districts report enhanced overall satisfaction with local service delivery (in schools, health centres and commune administrations).	60%	14.8% (before*)	56.80%	85.9%	<i>Before* as the baseline, Combined satisfy and very satisfy.</i>
OO4	60% of women, youth and ethnic minorities in target districts report enhanced overall satisfaction with local service delivery (in schools, health centres and commune administrations). 1) Women 2) Youth 3) Ethnic minorities	60%	(1) 15.29% (2) 24.38% (3) 15.34%	(1) 53.55% (2) 60% (3) 50.29%	(1) 86.7% (2) 91.7% (3) 86.6%	<i>Before* as the baseline, Combined satisfy and very satisfy.</i>
SO1	60% of citizens in target districts report that local service providers are more responsive to their needs.	60%	16.75%	59.79%	78.9%	<i>Before* as the baseline, Combined satisfy and very satisfy.</i>
SO2	60% of women, youth and ethnic minorities report that local service providers are more responsive to their needs.	60%	16.68%	58.78%	78.1%	<i>Before* as the baseline, Combined satisfy and very satisfy.</i>
SO3	80% of target districts complete the full annual ISAF process (including proactive dissemination of information for citizens, citizen monitoring and the preparation of a Joint Accountability Action Plan).	80%	0%	80%	100%	
SO4	In 60% of target districts, at least 50% of community participants are women.	60%	0%	58%	100% i.e. All districts have at least 50% women	
SO5	In 60% of target districts, at least 25% of community participants are youth or from ethnic minorities. (1) Youth (2) Ethnic minorities	25%	(1) 0% (2) 0%	32% (1) 28% (2) 35%	33% (1) 28% (2) 38%	
SO6	60% of citizens in target districts report discernable improvements in local service delivery (in schools, health centres and commune administrations) as a result of the implementation of the Joint Accountability Action Plan.	60%	n/a			Citizen Q12

	(1) Overall services (2) Commune Administrative (3) Health Centres (4) Primary Schools			(1) 72.37% (2) 69.93% (3) 66.75% (4) 70.17%	(1) 97.3% (2) 80.6% (3) 83.6% (4) 84.1%	Q12 Q12a Q12b Q12c
SO7	60% of women, youth and ethnic minorities report discernable improvements in local service delivery. (1) Overall services (2) Commune administrative (3) Health centres (4) Primary schools	60%	n/a	(1) 71.31% (2) 67.62% (3) 64.36% (4) 69.19%	(1) 97.6% (2) 80.4% (3) 84.1% (4) 85.9%	Citizen Q12 Q12 Q12a Q12b Q12c

RI#	Results Indicator	Target	MTR	Endline
RI1	RI1: % of targeted service centres post and annually update full and complete I4C information (including standards, performance data and budget information).	80%	96%	100%
RI2	RI2: % of target districts, there is a discernable improvement in citizen's (including women, youth and ethnic minorities) understanding of government standards, budgets and performance.	60%	71%	91%
RI3	RI3: % of citizens (include women, youth and ethnic minorities) in target districts report being better informed about government standards, budgets and performance.	60%	Schools 91% Health 94% Commune 85%	Schools 94% Health 91% Commune 93%
RI4	RI4: % of officials/service providers in target districts report feeling better informed about priorities and concerns of citizens, including women, youth and ethnic minorities.	60%	86%	86%
RI5	RI5: % of officials/service providers in target districts agree that the JAAP satisfactorily captures priority actions to improve local service delivery.	60%	100%	100%
RI6	RI6: % of citizens (include women, youth and ethnic minorities) in target districts agree that the JAAP satisfactorily captures priority actions to improve local service delivery.	60%	77%	98%
RI7	RI7: % of ISAF-related local NGO staff participated in the evaluation survey report enhanced capacity to support local level social accountability processes.	60%	100%	100%
RI8	RI8: % of community accountability facilitators judge the capacity of local NGO partners to support local level social accountability processes to be effective.	60%	99%	96%
RI9	RI9: % of local government officials and service providers judge the capacity of local NGO partners to support local level social accountability processes to be effective.	60%	98%	75%

RI10	RI10: % of citizens in target districts report enhanced capacity to productively engage government.	60%	95%	95%
RI11	RI11: % of women, youth and ethnic minorities report enhanced capacity to productively engage government.	60%	Women 95% Youth 94% Ethnic minorities 95%	Women 97% Youth 94% Minorities 95%
RI12	RI12: % of community accountability facilitator candidates complete the full training program.	60%	99%	99%
RI13	RI13: % of trained community accountability facilitators report feeling capable to lead accountability-related outreach and monitoring processes at village/commune level.	80%	82%	82%
RI14	RI14: % of citizens (including women, youth and ethnic minorities) in target districts judge the facilitation of local level social accountability processes to be effective.	60%	98%	97%
RI15	RI15: # of lessons learned that have been discussed between citizens and government. Specific examples can be identified of changes/improvements made to policies, guidelines and/or practices of state and non-state actors as a result of learning from ISAF M&E.		Over 100	Over 100

Annex 4: Evaluation Questions

Questions for LNGOs

1. What was the role of your NGO in the ISAF project?
2. What was the role of CARE in the ISAF project?
3. How would you rate the effectiveness of the following project activities:
On a scale of 1-5
1: Not Effectively Implemented and Achieved
3: Somewhat Implemented and Achieved
5: Effectively Implemented and Achieved Improved Services

- Community Facilitator Recruitment
- Training (by CARE)
- Inception Meeting
- Information for Citizen (I4C) awareness raising
- Community scorecard
- Service provider self-assessment
- Interface meeting
- Joint Accountability Action Plan (JAAP)

Please explain your answer.

What activities were the most successful? Why?

What activities were not successful? Why?

What could have been done to improve the activity?

4. Do you feel the capacity of your NGO has been improved by the ISAF project?
Why/why not?
5. What real difference do you feel the ISAF project made to the beneficiaries?
6. What elements of the project do you think will be sustained after the completion of the project? Why?
7. Do you feel CARE provided your NGO with enough support during the project?
Why/why not?
What could CARE have done to provide better support?
8. What challenges did your NGO face while implementing the ISAF activities?
9. What key lessons learned did your NGO learn during the ISAF project?
10. Do you have any recommendations for the future of the project should it continue?

Focus Group Questions for Citizens

1. Please describe the Social Accountability Framework (SAF) Project
2. Are you satisfied with the response from the Commune / Sangkat administration services after the SAF project? Explain
3. Are you satisfied with the response from health centre services after the SAF project? Explain
4. Are you satisfied with the response from primary school services after the SAF project? Explain
5. Do you think you have a better understanding of the government standards, performance and budget information for your commune/sangkat administration now? Explain?
6. Do you think you have a better understanding of the government standards, performance and budget information for your local health centre now? Explain?
7. Do you think you have a better understanding of the government standards, performance and budget information for your local primary school now? Explain?
8. Do the service centre post and update I4C information (standards, performance data and budget information)?
9. Does the JAAP satisfactory captures priority actions to improve local service delivery?
10. Do you think that the SAF project has made a difference in your daily life? Explain.
11. Do you have any suggestions to improve the SAF project?
12. In which ISAF process activities did you participate?
 - a. Dissemination of Information
 - b. Citizen monitoring (Community Score Card)
 - c. Preparation of Joint Accountability Action plan

Focus Group Questions for Local Government

1. What was the role of your office in the ISAF project?
2. What was the role of the LNGO in the ISAF project?
How would you describe their performance during the project? Explain
3. What was the role of CARE in the ISAF project?
How would you describe their performance during the project? Explain
4. Do you feel that the community scorecard was a useful and productive activity?
Why/why not?
5. Do you feel that the Service Provider Self-Assessment was a useful and productive activity?
Why/why not?
6. Does the JAAP satisfactory captures priority actions to improve local service delivery?
7. What impact do you think the ISAF project had on citizens?
Explain
8. Do you have any suggestions to improve the ISAF project?
Explain

Focus Group Questions for CAFs

1. What was your role in the ISAF project?
2. What was the role of the LNGO in the ISAF project?
Which LNGO recruited you?
3. What was the role of CARE in the ISAF project?
4. Did you feel you were provided with adequate support from the LNGO?
Explain
Could there have been improvements in the support provided?
5. Of the following project activities which do you think was the most effective and least effective:
 - Information for Citizen (I4C) awareness raising
 - Community scorecard
 - Service provider self-assessment
 - Interface meeting
 - Joint Accountability Action Plan (JAAP)

Please explain your answer.

What could have been done to improve the activity?

6. Will you continue providing services after the project ends?
What services?
7. What challenges are there for you to continue providing services after the project ends?
8. What is the greatest impact your activities have on citizens?
Explain

Annex 5: Evaluation Terms of Reference

TERMS of REFERENCE (ToR)

CARE International In Cambodia

Project Name : Implementation of Social Accountability Framework (ISAF)
 Program : Ethnic Minority Women Program
 Project Code : KHM218
 FC or T2 Code : KH35744

Schedule A

Commencement Date : June 2018

Completion Date : August 2018

Schedule B

Fee for Service

The Consultant is entitled to be paid fees as follows:

XXX USD lump-sum of service for develop evaluation strategy, develop data collection tools, training data collector to do data collection, conduct field data collection, conduct data analysis, and prepare the report. The proposed consultancy is outline with delivered outputs and schedule below, and expect to be conducted between July 2018 and August 2018.

At completion of the Services subject to receipt of approved final report (or other output as per ToR), tax invoice and timesheet confirming days worked.

Date	Key Activities	Location
2 days	- Review project proposal, impact evaluation, midterm review, guideline, materials, strategy and related documents	CARE Phnom Penh Office
3 days (July 2018)	1. Develop the proposed evaluation strategy (inception report) including tools	Phnom Penh
2 days	2. Conduct training/guidance to data collectors for data collection, including testing the data collection tools	Phnom Penh
20 days	3. Conduct field data collection	Ratanak Kiri, Mondul Kiri, Kampot, Koh Kong
7 days (July 2018)	4. Conduct data entry, data cleaning, data analysis, and prepare evaluation report including one or two page summary of evaluation result	Phnom Penh

Method of payment:

The Consultant shall receive the following payment upon completion of the outputs as specified in the 'OUTPUTS' section above and as listed below:

Bank transfer fees and foreign currency conversion fees will be the responsibility of the Consultant.

Output & Date	Fee payable
Nominate output (1) and date (June 2018) Submission of Evaluation Plan including data collection tools	Instalment (1) 20% of total among
Nominate output (2) and date (July 2018) a set of clean data both qualitative and quantitative.	Instalment (2) 40% of total among
Nominate output (3) and date (August 2018) Submission of final report of End of Project Evaluation including a summary page	Instalment (3) 40 % of total among

Schedule C**Additional Expenses to be met by CARE**

Additional expenses will be paid on a reimbursement basis, subject to receipt of invoice and should be supported by receipts and supporting documentation, including the basis for any exchange rate used. Additional expenses are limited to the amounts shown below unless otherwise approved in writing by CARE.

The Consultant must submit original invoices and original receipts with the Travel Expense Report for each expense in excess of USD 10. The TER shall be approved and signed by the CARE officer responsible for supervising this Consultant.

The consultant is required to cover the accommodation, Per diems, transportation and foreign currency conversion fees by his/her own. All payment should be consider to add on proposal when submitted applicant.

Schedule D**Terms of Reference****CARE International in Cambodia Overview**

CARE is an international development organisation fighting global poverty with a special focus on working with women and girls to bring sustainable changes to their communities. CARE founded in 1945, today CARE works in **95 countries** around the globe. *In 2017*, CARE supported **950 poverty**-fighting development and humanitarian aid projects to reach more than **216 million people**. We work with partners to achieve lasting results for marginalised communities. CARE has been working with Cambodian since 1973. Today, CARE focuses on empowering particularly marginalized and vulnerable women in Cambodia. CARE reaches each year over 175,000 people in Cambodia, particularly women who have migrated to urban areas, women and girls from ethnic minorities and rural women who are denied multiple rights.

OVERALL PURPOSE OF THE CONSULTANCY

BACKGROUND

To improve the voice and accountability in sub-national democratic development, public service delivery and functions of the Cambodian sub-National Government, the Strategic Framework for Social Accountability (SAF) and a three year plan for the Implementation of the Strategic Framework (I-SAF) in 2015-2017, were designed through a highly consultative process between development partners, civil society and the Secretariat of the National Committee for sub-National Democratic Development (NCDDS). The I-SAF plan was endorsed in a joint meeting of the government and civil society in June 2013 and the SAF was approved by the Royal Government of Cambodia on the 11th of July 2013. The SAF and the I-SAF have been fully incorporated into the Second Implementation Plan (IP3-II) of the National Program for sub-National Democratic Development (NP-SNDD).

CARE International in Cambodia implements the SAF through its sub-grantees, 25 local non-government organisations (LNGOs), in four target provinces, Mondul Kiri, Ratanak Kiri, Kampot and Koh Kong. The CARE International in Cambodia I-SAF team in Phnom Penh is responsible to oversee overall program management, financial management, monitoring and evaluation. Horizontal Partners, through guidance of CARE International in Cambodia, take the lead on capacity building of the Implementation Partners in each targeted province, and provide support to the Implementing Partners who are Community-Based Organizations (CBO) working across the four target provinces.

The overall objectives of the project is to reduce poverty through democratic, inclusive and equitable local governance and more accessible and equitable public service delivery. The specific objectives is to enhance the performance, responsiveness and accountability of local government and service providers (specifically communes, health centres and primary schools) in selected districts through improved access to local information, open budgets and citizen-led monitoring, with a specific focus on the engagement and impacts for women, youth, and ethnic minorities.

27 Local NGO partners and Community Based Organization (CBO) receiving financial support. They ensure participation of women, ethnic minorities and youth in program activities.

Four components are implemented:

1. Access to information and open budgets
2. Citizen monitoring
3. Facilitation and capacity building
4. Learning and monitoring.

Main activities:

Expected Result 1: Enhanced access to Information and Budgets

- 1.1. Produce, and build capacity on use of "Information for Citizen's packs (I4C),
- 1.2. Enhance budget literacy.

Expected Result 2: Strengthened citizen-led monitoring

- 2.1. Build monitoring capacity of citizens on use of community score cards,
- 2.2. Formulation of Joint Accountability Action Plans (JAAP) including planning for collective action, and
- 2.3. Monitor the implementation of JAAP.

Expected Result 3: Strengthened capacities of NGOs, Citizens and Community Accountability Facilitators through facilitation and capacity building

- 3.1. Subcontract local NGO/CBOs and
- 3.2. Build capacity of these on facilitation skills, women, youth & ethnic minority empowerment under the ISAF process.
- 3.3 Outreach to local officials and service providers, and
- 3.4 Awareness raising on citizen monitoring
- 3.5 Select, train and mentor Community Accountability Facilitators

Expected Result 4: Contribute to improved government policies, guidelines and practices through enhanced learning, feedback and monitoring

- 4.1. Formulate learning strategy & action plan and conduct studies,
- 4.2. Organise learning forums and establish feedback and policy revision process,

4.3. Undertake monitoring and evaluation and discuss in bi-annual policy review.

OBJECTIVE

To conduct End of Project Evaluation for Implementation of Social Accountability Framework (ISAF).

The overall objective of the end of project evaluation is to provide a full assessment of the progress made versus the baseline and mid-term review, following the key indicators as stated in the project logical framework. The evaluation also includes key evaluation related to relevance, effectiveness, efficiency, impact and sustainability and indicators relevant for a potential ISAF II project.

Key Evaluation Questions

The following key questions will guide the end of project evaluation:

1. To what extent does the project achieve overall, specific objectives and key result indicators according to the logical framework? Does the intervention contribute to improve key local services performance (primary school, health centre, and commune administrative)? What positive changes as a result of project intervention?
2. Does the four key intervention component (Access to information and open budget, Citizen monitoring, Facilitation and capacity building, Learning and monitoring) were effectively implemented and achievable?
3. To what extent are the benefits of the projects likely to be sustained after the completion of this project?
4. What are the key lesson learnt and key recommendation to improve future project intervention or share future government and donor funding?
5. Have the project intervention been efficient, including comparative value for money and outcomes of interventions in four provinces coverage areas?
6. Does the intervention model through local partners, vertical and capacity building partners (27 partners), were effectively implemented, it is a good approaches for building capacity of local NGO and were considerably added value?
7. What have been the most successful or unsuccessful interventions and why? Where any deemed as innovative? What lessons have we learnt from these? What potential multiplying effects could be observed? Are there external opportunities and challenges that have impacted positively or negatively on successes and limitations?

SCOPE OF THE CONSULTANCY, TASKS

The evaluation will look at the following areas: project management, project activities, reflection of grant coordination engagement, partnerships with the National Committee for Sub-National Democracy Development (NCDD), partnerships Local NGOs and with other development partners. It will address the results achieved, the partnerships established, as well as issues of capacity and approach.

1. The consultant will do a thorough literature review of the Project Description, the reports written during the project implementation, the modules, Impact Evaluation, Mid Term Review and other relevant documents.
2. Develop inception report including evaluation strategy, methodology, sampling method and tools.
3. Testing the tool and provide training to data collectors
4. Conduct field data collection
5. Data entry, cleaning, analyzing and generate table for key indicators
6. Prepare the draft report
7. Present preliminary result to project team
8. Finalize the evaluation report.

METHODOLOGY

The consultant will be responsible for developing a evaluation methodology. This should include:

1. A literature review including but not limited to:
 1. Project design documents / proposal and workplan
 2. Project report – semi annual and annual report
 3. Baseline of Impact Evaluation report
 4. Project midterm review report
 5. Relevant policy documents, e.g. ISAF implementation framework
2. Population base survey with in the four provinces coverage areas.
3. Semi-structured interviews and/or focus group discussions with key implementing partners, stakeholders, donors, Government of Cambodia officials, partners and beneficiaries.
4. Fieldwork to hear the views of beneficiaries and other stakeholders and to observe service delivery.

It is expected that the consultant proposes appropriate and/or innovative, activity-oriented approaches to gaining in-depth understanding of the target audiences. Creative activities should be developed that resonate with the women youth, ethnic minority and ID poor target group in particular and adequate accommodation provided to allow persons with disability to fully take part in the discussions.

THE CONSULTANCY OUTPUTS

The Consultant will produce:

1. Final inception report (including evaluation strategy, methodology, sample size and plan) with questionnaire/data collection tools, outline evaluation plan.
2. A set of clean data both qualitative and quantitative.
3. A final evaluation report will capture necessary value of indicators to measure changes between baseline, midterm review and endline in response to project objective and answering each key assessment questions and indicators in the project logical framework. The final report should include key Recommendations for future project.
4. A summary page of the evaluation that will use as communication strategy.

REPORT CONTENT FORMAT & STYLE

The final assessment report will be written in plain English so as to facilitate understanding, as well as its translation into Khmer and subsequent dissemination to project stakeholders. Reviews of toolkit should be brief, clear with cogent analysis. The assessment should be evidence based and suggest pragmatic ways to improve the toolkit. The report will incorporate supporting documentation such as case studies and photographic documentation where appropriate.

The report will be no more than 15 pages, plus appendices. Relevant statistical data on project implementation and performance should be included in the appendices. Appendices should be limited to those which are essential for explaining the text.

Draft Template

Front cover

Table of contents

Acronyms

1. Executive Summary
2. Introduction - Basic project data, map(s), background, purpose and methodologies used
3. Findings (to be structured under each objective, answering key assessment questions)

4. Emerging Best Practices
5. Key Lessons Learned
6. Recommendations Conclusion
7. Bibliography
8. Appendices

SELECTION CRITERIA

Required

1. At the minimum, master degree in social sciences or other related field.
2. Experience in designing and conducting end of project evaluation and other evaluation, manage evaluation process using both quantitative and qualitative methods, with related field of social accountability, good governance and sub-national democratic development or other social sectors, with capacity to manage qualitative data collection, data processing, analyzing, presenting and reporting.
3. Experiences working in the field of good governance and social accountability and understand the Cambodian context
4. Excellent proficiency in English, especially in written form

Preferred:

5. Experience of working in social accountability in Cambodia
6. Experience in working with government officials

WORK ARRANGEMENTS & RESOURCES

The Consultant is required to:

- Work from his/her home base. Accommodation and meal costs while at this base are the consultant's responsibility
- Provide his/her own laptop computer, equipment and supplies
- Be available to travel to the project sites as required. CARE will provide the transportation.
- A draft proposal to conduct this survey including proposed methods (both quantitative and qualitative) and person to be interviewed
- Proposed budget to cover this consultancy include data collection (budget should include VAT/Tax, accommodation, per diem and transportation,...etc)
- Describe your team members to manage data collection, including present yourself or team members about knowledge related to ISAF
- Describe your capacity to complete within the proposed timeline (End of Aug 18)
- Submit two recent reports samples lead/manage by yourself with preference similar topic (Endline and End of project evaluation and/or ISAF/NCDD related topic)

