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EVALUATION

Healing and Reconciliation for Victims of Torture of the Khmer Rouge Trauma

A reparation project in Case 002 of the Extraordinary Chambers in the Courts of Cambodia designed and implemented by the Transcultural Psychosocial Organization Cambodia and Kdei Karuna.

November 2019

Julian POLUDA, Sineth SIV and Jusbazooka KHUT
Edited by Mercy ANANEH-FREMPONG

The Transcultural Psychosocial Organization Cambodia (TPO) is Cambodia's foremost NGO in the field of mental health care and psychosocial support. TPO Cambodia was established in February of 1995 as a branch of the Netherlands-based NGO TPO International with the aim of alleviating the psychological and mental health problems of Cambodians. In 2000, it was registered as an independent local NGO and staffed by Cambodians. Since 1995, TPO has provided mental health care and support to over 200,000 Cambodians. TPO collaborates with a vast network of organizations, including Cambodian government bodies and ministries, as well as organizations such as UN Women, international NGOs, and Cambodian NGOs.

Kdei Karuna (KdK), formerly the International Center for Reconciliation (Cambodia), has established itself as a leading Cambodian peacebuilding and reconciliation NGO that contributes to sustainable peace efforts in post-conflict Cambodia by working to enable individuals to live together with dignity, tolerance, and harmony. KdK utilizes a unique form of participatory sustained dialogue between various groups including Khmer Rouge Member-Survivors and Khmer Rouge Victim-Survivors as well as minority groups in Cambodia who are marginalized and experience discrimination. KdK implements a number of projects that emphasize grassroots interventions, which are tailored to each community based on their specific needs. Over the past 10 years, KdK has developed close working relationships with 16 rural communities, including ethnic minorities, such as Khmer Cham, Vietnamese, and Khmer Loeu communities.

Cover Photo

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Picture from a Self-help Group meeting facilitated by TPO Cambodia

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EVALUATION OF THE PROJECT HEALING AND RECONCILIATION FOR VICTIMS OF TORTURE FROM THE KHMER ROUGE TRAUMA

A reparation project in Case 002 of the Extraordinary Chambers in the Courts of Cambodia designed and implemented by the Transcultural Psychosocial Organization Cambodia and Kdei Karuna.

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DISCLAIMER

This evaluation report was produced at the request of the United States Agency for International Development. It was prepared independently by Julian POLUDA, Sineth SIV and Jusbazooka KHUT. The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

CONTENTS

- Acronyms..... 3
- List of Tables 4
- Executive Summary 5
- 1. Project Background..... 14
- 2. Evaluation Scope and Methodology 18
- 3. Synthesis and Reporting..... 21
- 4. Ethical and Safety Considerations 22
- 5. Limitations and Constraints 22
- 6. Description of the Evaluation Team..... 23
- 7. Evaluation Findings 24
 - 7.1. Relevance 24
 - 7.2. Effectiveness 27
 - 7.3. Efficiency..... 39
 - 7.4. Impact 41
 - 7.5. Sustainability 42
- 8. Conclusions 44
- 9. Recommendations..... 48
- 10. Annexes 54
 - Annex I: Evaluation Statement of Work 54
 - Annex II: Evaluation Methods and Limitations 72
 - Annex III: Data Collection Instruments 72
 - Annex IV: Sources of Information 93
 - Annex V: Disclosure of Conflicts of Interest..... 100

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ACRONYMS

CCWC	Commune Council for Women and Children
CNCW	Cambodian National Council for Women
CSO	Civil Society Organization
DAC	Development Assistance Criteria
ECCC	Extraordinary Chambers in the Courts of Cambodia
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GIZ	German Society for International Cooperation
IEC	Information, Education, and Communication
KdK	Kdei Karuna
LcL	Lead Co-Lawyer Section
MoEYS	Ministry of Education, Youth and Sport
MoLVT	Ministry of Labour and Vocational Training
MoWA	Ministry of Women's Affairs
NAPVAW	National Action Plan to Prevent Violence Against Women
NGO	Non-Government Organization
PTSD	Post-traumatic Stress Disorder
SHG	Self-help Group
TJ	Transitional Justice
ToR	Terms of Reference
TPO Cambodia	Transcultural Psychosocial Organization Cambodia
TT	Testimonial Therapy
TWG-G	Technical Working Group on Gender and GBV
USAID	U.S. Agency for International Development
VAW	Violence against Women
VSS	Victims Support Section

LIST OF TABLES

TABLES

- Table 1: Evaluation Criteria and Questions
- Table 2: Logical Framework
- Table 3: Evaluation Matrix
- Table 4: Interview Questions
- Table 5: Risk Assessment Matrix
- Table 6: List of Interview Respondents (Field Missions)
- Table 7: List of Interview Respondents (Phnom Penh)
- Table 8: List of FGD Participants
- Table 9: List of Sites Visited (Field Missions)
- Table 10: List of Project Documents Reviewed
- Table 11: List of Background Literature Reviewed

EXECUTIVE SUMMARY

PROJECT BACKGROUND

Project context

Cambodians experienced horrendous mass atrocities committed by the Khmer Rouge (KR) from 1975 to 1979. Under the KR, torture was widespread across the country. According to the project's baseline study, torture methods included forced labor and evacuation, starvation, family separation, humiliation, unsanitary living conditions, and threat of death or severe punishment. Research by TPO suggests high exposure to traumatic events with up to a quarter of respondents meeting a diagnosis of anxiety or depression and up to 11% meeting a diagnosis of posttraumatic stress disorder (PTSD).

The ECCC is a special Cambodian court established to try serious crimes committed during the KR period (1975-1979) and applies both Cambodian and international law. Victims can participate as Civil Parties (CP) and seek collective and moral reparations, but no individual monetary compensation can be awarded.

Project description

The reparation project "Healing and Reconciliation for Victims of Torture of the Khmer Rouge Trauma" was carried out by two local Cambodian non-governmental organizations (NGO), with TPO Cambodia as lead agency, and Kdei Karuna (KdK) as a sub-contracting partner. It was conducted in collaboration with and funding of USD 894,000 from USAID. The project spanned three years and aimed to help Cambodians heal from the effects of torture. Working at the community level, it provided psycho-education sessions, individual and group therapy, community-based dialogues and forum theater, national public forums and capacity building for psychological staff and community-based facilitators.

Project objectives and outcomes

Project Goal: To promote trauma healing for individuals and communities who experienced torture during the KR time and strengthen resilience and thus enhance survivors' capacities for peaceful conflict resolution.

Objective 1: To improve mental well-being for victims of torture through increased access to mental health services, truth-telling and memorialization processes that treat and heal trauma caused by torture at individual and community levels.

Outcome 1.1: Approx. 60% of victims of torture, improve their well-being and strengthen their resilience and coping strategies through increasing access to trauma healing (mental health) service and reconciliation processes as compared to baseline.

Outcome 1.2: By the end of the project, identified groups affected by torture have a better understanding of the effects of past trauma, and more feelings of empathy toward other victims, all of which contribute toward a shared future.

Objective 2: To improve the quality of mental health services to victims of torture through vigorous capacity development and the documentation of evidence of the effectiveness of psychosocial intervention.

Outcome 2.1: By the end of 2018, between 70 % to 80% of TPO's clinicians/therapists have increased capacity and confidence in using UCA skills at 30%.

EVALUATION PURPOSE AND OBJECTIVES

This mandatory and external final project evaluation has been commissioned by the Transcultural Psychosocial Organization Cambodia (TPO) and serves the dual purpose of accountability and learning. Against the standard OECD DAC criteria of relevance, effectiveness, efficiency, impact and sustainability, the evaluation objectives, as outlined in the Terms of Reference (ToR), have been to:

- Evaluate the entire project in terms of relevance, effectiveness, efficiency, impact and sustainability, with a focus on assessing the results at the outcome and goal levels;
- Determine the project's achievements and gaps; and
- Generate key lessons and identify promising practices for learning.

The intended primary audience for the evaluation are the project's beneficiaries, implementing partners, and USAID as the donor. Secondary users may include governmental and non-governmental partners as well as research institutions and academia. The evaluation covers the entire project duration from August 2016 to August 2019. Included within the scope of the evaluation are both activities in Phnom Penh and those in the project's 15 target provinces.

EVALUATION QUESTIONS, DESIGN, METHODS AND LIMITATIONS

The evaluators made use of a mixed methodology, which included a desk review, 40 individual semi-structured interviews, 10 focus group discussions (FGD), and four site visits. A post-line study, which would have provided quantitative data, was deemed unfeasible in view of the evaluation's resources. However, the project's comprehensive pre- and post-assessments of all services produced a multitude of quantitative data that allowed for a comparison with the baseline results.

Data was collected by a multinational and gender-balanced team of one international and two national evaluation consultants in Phnom Penh and in field missions to three target provinces (Pursat, Battambang, Kratie).

Semi-structured interviews were undertaken with a sample from the project's primary and secondary beneficiaries, including survivors of torture (SOT) and their relatives, local facilitators (LF), community stakeholders including service providers and local authorities, and both field-based and headquarter staff of TPO and KdK, in addition to experts in the working field. The results were analyzed and triangulated with the project's monitoring results. The draft report was discussed in the partner organizations and all feedback was integrated in the final report.

Getting access to informants was at times challenging due to partners' dense work schedules and difficult weather conditions during the evaluation's field missions.

KEY FINDINGS AND CONCLUSIONS

Relevance

The project design was based on an assessment of lessons learned from previous projects and a comprehensive baseline study on forms of torture under the KR, survivors' needs and levels of psychological distress. The project was further informed on the needs and interests of the target groups through comprehensive community-based assessments prior to and throughout the project implementation. Regular monitoring missions and constant beneficiary feedback via Facebook or phone served to identify emerging needs and to adjust the project accordingly. In summary, the partners conducted an impressive set of primary and secondary assessments of the needs, priorities and perspectives of the project's beneficiaries.

The project design correctly identified the need for a holistic and coordinated approach recognizing that mental health work following political violence requires that the social, cultural and historical contexts are addressed. The project was well aligned with national priorities and the objectives of the ECCC; and the combination of services in the areas of mental health and memorialization was clearly responsive to beneficiaries' priorities. The evaluation concludes that the outcomes and expected results of the project were highly relevant (and remain so) to beneficiaries' needs.

There is a vicious, self-reinforcing cycle of poverty associated with mental disorders often resulting in poor living and housing conditions, fewer educational and employment opportunities, and low access to health care. For many SOTs living in poverty or with mental health disorders, their social and family systems disintegrate, with severe consequences for their mental and physical health. Many SOTs also suffer from torture- and age-related diseases and disabilities with little access to health care or social services.

Effectiveness

Outcome 1.1.

SOT beneficiaries in this project received a comprehensive combination of rights-based and culturally sensitive psychological services including psycho-education, Testimonial Therapy (TT), self-help groups (SHG), individual counseling via phone and in person, and psychiatric treatment. Challenges were mostly related to limited resources for the provision of individual counseling and psychiatric treatment. Moreover, SHGs in rural settings required ample time and organization.

Psychological tests prior to and after TT and the SHGs show that 82.15% of all clients improved their mental well-being, significantly exceeding the target of 60 %. The project enhanced SOTs' capacities to successfully recover from trauma and adapt to stressors. Protective factors included increased cognitive abilities, self-efficacy, self-regulation, social support, coping strategies, and spirituality as well as supportive family interactions. With regard to coping many SOTs developed 'active coping' strategies such as engaging in income-generating activities. Other coping strategies include increased support among SOTs and from others in practical and emotional matters. Most SOTs reported closer relationships to their partners and children thanks to the services received, and many appear to spend more time with friends and in community life.

Outcome 1.2.

The project effectively used a variety of training and truth-telling formats (training of multipliers, community dialogues, public forums, and knowledge dissemination through Facebook and YouTube, etc.) to enhance understanding of the effects of trauma.

Multiplier trainings of LFs effectively enhanced trauma knowledge and skills in conflict resolution and group facilitation; however, participants have requested additional training in individual counseling. Intergenerational community dialogues had a profound impact regarding citizens' understanding of the impact of trauma; and fostering an atmosphere of empathy and understanding among participants. Entertainment-based activities such as forum theatre performances appealed to youth and effectively enhanced their understanding. Public forums effectively improved understanding of torture during the KR and its consequences for SOTs and their communities, in particular among students from universities.

Outcome 2.1.

The development of TPO's 'Unified Clinical Approach' (UCA) has been a key achievement in streamlining TPO's psychosocial interventions. Throughout the project cycle, TPO's psychologists consistently improved their therapeutic techniques through training and supervision by TPO and the Center for Victims of Torture (CVT) with very high achievement rates (83.47 %) regarding their capacities and confidence in using the UCA by the end of 2018.

Supervision was seen as playing a key role to enhancing the skills and confidence of therapists and was central in ensuring the quality of services.

To share 'good practice' in psychosocial interventions with a wider audience, TPO produced a video presenting achievements of the project (<https://www.youtube.com/watch?v=VIn0Zglucw8>).

Efficiency

The project was implemented in strict accordance with the project design and budget, and most activities were completed according to the work plan. Delays were mostly due to factors outside the project's control and they neither compromised the costs of the project nor the quality of results. Project management and administrative procedures were of good quality and highly effective in monitoring the project's performance and results.

Project resources were used efficiently due to exceptional financial management practices. Relatively informal but efficient communication and review processes effectively ensured coordination between the partner organizations. Good communication with and strong support from USAID's country staff substantially facilitated the project implementation. Challenges in efficient implementation mostly related to the project's ambitious geographic scope and limited human resources.

Impact

Collective trauma can break social ties, communality, and undermine previous supportive resources. Thus, there is a need for community level interventions to deal with trauma collectively. It is critical that attention goes beyond a focus on individual treatment after exposure to trauma. Addressing community trauma requires consideration of what can be done to prevent trauma in the first place.

Consistent with such a community-based approach designed to foster collective healing, the project under evaluation planned for memorialization and truth-telling initiatives to address community trauma and to promote community healing and resilience.

The project significantly enhanced social relationships and trust among community members. Memorialization and truth-telling initiatives connected adults and youth and restored family relationships.

Capacity building efforts enhanced social support networks and ensured government attention to the needs of SOTs. To some extent, beneficiaries learned to develop collaboration solutions and youth were more willing to participate in collective action for the common good.

The project's services could not satisfy the needs of all SOTs in the target villages. This reportedly led to dissatisfaction among some SOTs who did not benefit from the project. Not all SOTs want to address the past; however, most continue to support truth-telling and to request for additional memorialization initiatives.

Sustainability

The main factor that has ensured sustainability is the project's inclusiveness and community-based approach. Community resources have been effectively built; however, capacity building at the local level needs more attention to sustain the project's results.

To some extent, the project enhanced government commitment and service provision to SOTs, although additional support will be required to sustain this result. The project strengthened partnerships between local service providers, providing training for LFs, and establishing contact, for instance, to health centres and provincial hospitals.

KEY RECOMMENDATIONS

The following recommendations may help to broaden the partners' future interventions; however, they should be applied as flexibly as the situation demands.

Relevance

The approach of conducting baseline assessments and consulting beneficiaries throughout the project cycle ensured the project's relevance and should be used as a best practice in similar interventions.

SOTs have additional needs in multiple areas such as poverty reduction, family counseling and health care. For instance, SOTs and their children consulted in this evaluation requested for training, agricultural inputs (tools, fertilizer, etc.) and small business development opportunities. However, neither TPO nor KdK have specialized skills or resources in this working area. Thus, in any similar project, the partners may consider one of the following strategies:

- TPO and KdK are advised to engage in coalitions with livelihood organizations specialized in the area of income generation. Such collaborative projects could also secure more long-term and large-scale funding for mental health and truth-telling interventions.

- Even without such a formal coalition, TPO and KdK may provide SOTs and their children with additional links and referrals to other organizations. In this project, TPO conducted a comprehensive mapping of SOTs' needs and community resources and both partners referred some clients to complementary services. However, in any similar project, the partners could further extend their work with government agencies, health service providers and NGOs, to ensure that older people receive their entitlements. The objective is to establish a basic referral network in each target location and to facilitate SOTs' communication with and transportation to each referral organization. To solve the problem of transportation costs, community-based savings groups may be a practical and cost-effective solution.
- TPO and KdK are advised to meet with district and commune-based authorities to enhance public services to SOTs. The partners could, for instance, facilitate the provision of 'poverty cards' to all SOTs in need. This approach would ensure their free access to health care at the community.
- TPO and KdK could engage in additional advocacy work for the rights of the elderly and especially SOTs. The objective is to demand government welfare benefits, such as emergency cash handouts, pensions, foster care grants or free health care and transportation. Advocacy would require substantial funding and collaborations with complementary NGOs.

To respond to the problem of family conflicts, TPO and KdK are advised to provide more specialized services in the areas of family therapy and counseling. To this end, TPO is advised to introduce the full-time position of social workers. This approach would not only enhance capacities regarding family counseling but will also broaden the provision of referral services and allow psychological staff to focus on their specialized (e.g. psychotherapeutic) tasks.

SOTs are in need of additional health services. With their expertise and long-time experiences in working with elderly people, TPO and KdK are well placed to facilitate their access to medical care. The ECCC's reparation measures, such as this project under evaluation, focus on moral and collective reparations and are not supposed to provide practical means or financial forms of reparation; however, in any similar project, which does not have to adhere to the ECCC's limitations, the following strategies could be included:

- Identifying existing gaps in the local or provincial health system by meeting health officials and health partners and carrying out field visits to health facilities;
- Addressing health issues (e.g. chronic and communicable diseases) in needs assessment through focus group discussions and individual meetings;
- Organizing additional referrals to health services at primary and secondary levels whilst making sure that a staff member (e.g. social worker) accompanies the referred older person;
- Establishing or meeting with older people's associations (OPA) to establish saving groups for the coverage of health-related transportation costs;
- Making information on health services available to older people;
- Ensuring a budget for essential emergency medicine (including psychotropic drugs) and emergency transportation as seen in this project.

Any similar projects could also conduct additional initiatives for trauma prevention and transformative change. When considering trauma prevention, it can be useful to take a public health approach. Public health models emphasize positive health promotion, in addition to risk reduction and intervention.

Effectiveness

Outcome 1.1.:

During psycho-education, TPO is advised to limit the number of participants. This reduction will allow for more in-depth discussions and interactions among participants. SOTs could be engaged in the preparation of each psycho-education session to adjust its content to the specific community context.

To further improve field supervision by TPO's supervisors, any similar project could foresee additional funding for their field visits.

To facilitate contact and increase the number of phone consultations, TPO collected the phone numbers of family members or neighbors for each client. Despite these efforts it was challenging to contact the envisaged number of clients by phone. It has therefore been suggested not to assign a quantitative indicator for the number of clients to be reached by phone, and rather to invest in additional efforts to reach clients through face-to-face counseling.

In any similar project, TPO is advised to broaden its individual counselling services. However, TPO has to find a difficult balance between the cost-effectiveness of its services and the comprehensiveness of treatment for each individual client. Indeed, most SOTs in this evaluation requested for additional SHGs in their communities to include more of their peers and relatives.

In any similar project, TPO is advised to continue its practice in providing free psychotropic medicine and transportation to TPO's clinic for psychiatric treatment.

Finally, more resources are needed to expand services for SOTs' children since many also suffer from intergenerational trauma.

Outcome 1.2.:

In any similar project, KdK is advised to decide on some of this project's target communities and to provide LFs with follow-up training. Follow-up training could provide additional MH skills such as individual and family counseling and practical skills such as how to conduct referrals.

To enable LFs to effectively fulfill their tasks beyond the project period (counseling, awareness raising, referrals, etc.), they could be provided with practical means (e.g. awareness raising material, business cards, movie collections, etc.) and limited financial resources.

To expand memorialization and truth-telling with youth, KdK could engage in additional collaborations with public and private service providers. KdK could, for instance, establish contact with private schools, youth training centers, youth clubs, orphanages or sports clubs.

To improve peacebuilding knowledge, KdK could continue to train youth on topics such as the KR conflict or gender-based violence (GBV) and also include practical areas such as advocacy or project management. Other potential interventions could make use of sports to teach peacebuilding skills. KdK could also consider more long-term participatory arts projects which engage youth in the creative process.

KdK's innovative peacebuilding projects led to the production of numerous communication tools and outputs including information boards, paintings and monuments; film productions, art exhibitions,

cartoons, and radio shows. KdK may conduct an inventory and review of its variety of awareness raising tools for their systematic use in the future.

Efficiency

In any similar project, the partners are advised to plan more realistically in terms of human resources and to conduct a more comprehensive assessment of necessary inputs. In particular, there appears to be a need for field-based administrative staff and/or social workers who provide logistic support and complementary services.

Whilst partners' staff is generally very satisfied with the work environment and organizational culture, staff retention strategies could include an adjustment of staff salaries.

During phase out the strategy could foresee additional time for monitoring, evaluation and reporting.

Impact

To further develop collective resources and build the social infrastructure of communities, similar projects could also build public spaces such as youth clubs or community centers. Such a strategy would create spaces for positive interaction, e.g. youth could come together to develop solutions to their problems.

Strategies to improve economic opportunities for adults and youth are critical to heal from community trauma and to solve the problem of work migration. Establishing a referral system in collaboration with local authorities, CBOs and other service providers could be a major contribution to improving care for SOTs without putting too much financial and organizational burden on the partners.

Sustainability

Planning for disengagement and exit is an important part of programming. Any similar project could foresee a more gradual reduction of activities, drawing on local organizations and community stakeholders to sustain project initiatives while the partner organizations gradually deploy fewer resources.

SHGs can fail for many reasons, especially when there is no-one available to take charge of practical issues, when there is a lack of motivated individuals, or due to funding difficulties, among other factors. Many SHGs in this project believe, that there are ways in which continuity could be achieved, e.g. through follow-up training or the provision of limited resources. Other forms of support could include network meetings between SHGs from the project's target provinces.

Future initiatives could also foster the development of government strategies for the benefit of SOTs. Through standard setting, such a project could have a lasting effect, particularly if it is reinforced by an empowered civil society. More expertise and institutional changes are required at both district and community levels and these could be an additional focus of future interventions.

Finally, the partners could create partnerships between complementary governmental and non-governmental organizations. The objective should be to ensure harmonized and consistent service delivery at the community level.

I. PROJECT BACKGROUND

I.I. PROJECT CONTEXT

Cambodians experienced horrendous mass atrocities committed by the Khmer Rouge (KR) from 1975 to 1979. The state of Democratic Kampuchea, as it was named, was transformed into a radical agrarian society. Money was abolished, cities were evacuated, families were separated, and people were organized into collective labor units. Pagodas were transformed into prisons and torture centers, and educated people were seen as enemies. At least 1.7 million people perished and millions more suffered great harm from starvation and exhaustion.

Even after the civil war, Cambodians were affected by multiple emotional and socio-economic stress factors making survivors more prone to physical and psychological problems. Research by the Transcultural Psychosocial Organization Cambodia (TPO) suggests high exposure to traumatic events with up to a quarter of respondents meeting a diagnosis of anxiety or depression and up to 11% meeting a diagnosis of posttraumatic stress disorder (PTSD).

Under the KR, torture was widespread across the country. In addition to the main torture centre S-21, the Documentation Center of Cambodia lists at least 195 documented centers of torture. The internal security forces in charge of the prisons and interrogation centers committed the more brutal forms of torture. Yet, torture was not restricted to prisons and re-education centers.

According to the project's baseline study, torture methods used against the project's beneficiaries included forced labor and evacuation, starvation, family separation, humiliation, unsanitary living conditions, and threat of death or severe punishment. The most common forms of gender-based violence (GBV) reported were sexual touching, forced marriage, and marital rape. The residual effects of torture described by survivors of torture (SOT) include psychological trauma, grief, chronic medical conditions, and disabilities.

In 2001, the Cambodian National Assembly passed a law to establish the Extraordinary Chambers in the Courts of Cambodia (ECCC). The ECCC is a Cambodian court which receives assistance through the United Nations Assistance to the Khmer Rouge Trials (UNAKRT). The court tries serious crimes committed during the Khmer Rouge period (1975-1979) and applies Cambodian and international law.

The ECCC is the first court trying international mass crimes that provides an opportunity for victims to participate directly in the trial proceedings as Civil Parties (CP). They are parties in the proceedings against accused persons being prosecuted before the ECCC, and they enjoy rights broadly similar to the prosecution and the defence. CPs can seek collective and moral reparations, but no individual monetary compensation can be awarded. The Victims Support Section (VSS) of the ECCC has been given the responsibility to collect funding, and design and implement non-judicial justice measures, and moral and collective reparations. TPO Cambodia and Kdei Karuna (KdK) are among the main organizations active in the design and implementation of reparation measures by the ECCC.

I.2. PROJECT DESCRIPTION

The project “Healing and Reconciliation for Victims of Torture of the Khmer Rouge Trauma” was carried out by two local Cambodian non-governmental organizations (NGO), with TPO Cambodia as lead agency, and Kdei Karuna (KdK) as a sub-contracting partner. It was conducted in collaboration with and funding support of USD 894,057 from USAID. The project spanned three years and aimed to help Cambodians heal from the effects of torture. Working at the community level, it provided psycho-education sessions, individual and group therapy, community-based dialogues and forum theater, national public forums and capacity building for psychological staff and community-based facilitators.

Primary and secondary beneficiaries

The project targets the following primary beneficiaries:

Survivors of torture (SOT) under the KR regime who are experiencing ongoing related mental health problems, including those who are Civil Parties at the ECCC: these beneficiaries are 50-70 years old and live in rural Cambodian communities. Most have experienced torture, sexual violence, forced marriage, starvation, or the death of family members. Many display symptoms of anxiety, depression and PTSD or “Baksbat” (broken courage), a trauma-based cultural syndrome in Cambodia. Trauma symptoms include nightmares, intrusive memories, flashbacks, emotional numbness and isolation, increased arousal such as difficulty in sleeping and concentrating, and being easily irritated and angered. Some clients also have alcohol use disorders with its related psychosocial problems.

Clients who have experienced GBV during and after the KR conflict: in addition to SOTs, the project also reached survivors of past and recent forms of GBV many of whom demonstrate severe symptoms of depression, anxiety, “Baksbat” and other trauma related symptoms.

The project’s secondary beneficiaries include Local Facilitators (LF) in 15 rural communities; family and community members affected by the torture of their community peers or relatives; and youth in rural areas (children of victims of torture).

Target regions

The project was implemented in 15 communities in 15 Cambodian provinces. Five of the communities were previous partner communities of KdK (Kratie, Svay Rieng, Tbong Khmum, Kampong Chhnang, and Siem Reap) who were provided with services in the first year of project implementation. Additionally, the partners identified ten new partner communities in the provinces of Pursat, Kandal, Kampong Thom, Kampong Cham, Battambang, Kampot, Takeo, Prey Veng, Monduliri, and Kep.

Project strategies

The project aimed to reduce psychological distress and increase coping and resilience of SOTs. The project’s therapeutic interventions are culturally grounded and based on best practices from TPO’s interventions. Complementary interventions were conducted by KdK in the area of truth-telling aimed at increasing the understanding and empathy of SOT family and community members. To ensure ownership and the sustainability of results, the project engaged community resource persons as LFs throughout the process. Capacity building for TPO’s psychologists built new expertise and ensured the quality of services.

Project goal, objectives and outcomes

Table 2: Logical Framework

Project Goal: To promote trauma healing for individuals and communities who experienced torture during the KR time and strengthen resilience and thus enhance survivors' capacities for peaceful conflict resolution.		
<p>Objective 1:</p> <p>To improve mental well-being for victims of torture through increased access to mental health services, truth-telling and memorialization processes that treat and heal trauma caused by torture at individual and community levels.</p>	<p>Outcome 1.1:</p> <p>Approx. 60% of victims of torture, improve their well-being and strengthen their resilience and coping strategies through increased access to trauma healing (mental health) services and reconciliation processes as compared to baseline.</p>	25 psycho-education sessions conducted with about 1,200-1,500 community members including victims of torture; family members affected by torture participated in awareness raising.
		35 testimonial therapy sessions with approx. 180 victims of torture participate in this activity.
		18 Self Help Groups are established/formed with about 150-180 victims of torture.
		Between 100-150 victims of tortures received individual or telephone counseling.
		Between 200-300 victims of torture who are civil party applicants received emotional support during the hearing and tribunal preceding.
		Number of victims of torture are referred to get psychiatric or physical treatment.
		Up to 225 local facilitators participated in the training on community dialogue and basic psychological support and conflict resolution.
		Between 100-150 community members including victims of torture come forward to receive mental health services from TPO staff through referral by trained local facilitators.

		15 community dialogues and forum theaters are performed and facilitated by KdK staff collaborate with trained local facilitators and TPO staff.
		3 public forums on truth telling are organized by KdK.
	Outcome 1.2: By the end of project, identified groups affected by torture have a better understanding of the effects of past trauma, more feeling of empathy toward other victims, which contributes toward a shared future.	Numbers of community members acknowledging the suffering of victims of torture during community activities.
		Numbers of victims of torture volunteer to share their story or experienced in public forum on truth-telling
		Numbers of victims of torture who report engagement or participation in social or community activities.
Objective 2: To improve the quality of mental health services to victims of torture through vigorous capacity development and the documentation of evidence of the effectiveness of psychosocial intervention.	Outcome 2.1: By the end of 2018, between 70 to 80% of TPO clinicians/therapists have increased capacity and confidence in using UCA skills by 30%.	UCA manual is translated in Khmer language and shared to all TPO' clinicians.
		30 TPO clinicians/therapists receive in house training in related to Unify Clinical Approach package.
		2 refresher trainings on UCA are conducted for TPO clinicians.
		36 group supervision sessions are conducted.
		TPO' clinician/therapists received on going individual supervision by TPO's senior clinical supervisor in cooperation with CVT's clinical advisor.
		3 annual visits by CVT clinical advisor.

2. EVALUATION SCOPE AND METHODOLOGY

2.1. EVALUATION PURPOSE AND OBJECTIVES

This is a mandatory final evaluation required by USAID. The evaluation aims to provide a systematic and objective assessment of the project's design, implementation and results, highlighting successes and areas for improvement that can be applied to further programming. Against the standard OECD DAC criteria of relevance, effectiveness, efficiency, impact and sustainability, the evaluation objectives, as outlined in the Terms of Reference (ToR), have been to:

- Evaluate the entire project in terms of relevance, effectiveness, efficiency, impact and sustainability, with a focus on assessing the results at the outcome and goal levels;
- Determine the project's achievements and gaps; and
- Generate key lessons as well as identify promising practices for learning.

The intended primary audience for the evaluation are the project's beneficiaries, implementing partners, and USAID as the donor. Secondary users may include governmental and non-governmental partners as well as research institutions and academia.

The evaluation covered the entire project duration, from August 2016 to August 2019. Included within the scope of the evaluation are both activities in Phnom Penh and those in the project's 15 target provinces.

2.2. EVALUATION CRITERIA AND QUESTIONS

During the inception phase, the evaluation team reviewed the ToR and Theory of Change (ToC) and re-assessed the evaluation questions in consultation with senior management. The questions relate to five of the OECD DAC criteria: Relevance, Effectiveness, Efficiency, Impact and Sustainability. The evaluators defined their approach to each question in an evaluation matrix indicating the a) evaluation criteria, b) evaluation questions, c) sources of information, and d) data collection methods and tools.

Please refer to Annex III for details on the evaluation matrix.

Table 2: Evaluation Criteria and Questions

Relevance: The extent to which the activity is suited to the priorities and policies of the target groups, recipients, and donors.
Evaluation Question 1: To what extent has the design been based on a needs assessment and a context analysis?
Evaluation Question 2: How relevant is the project in responding to the psychosocial needs of the project's beneficiaries?
Evaluation Question 3: Are there any other needs of the project's primary beneficiaries that should be addressed, if the project is replicated or further implemented in a next phase?
Effectiveness: the level of achievement of the project's outcomes and outputs.
Evaluation Question 4: To what extent were the intended project outcomes and outputs achieved and how?
Evaluation Question 5: What internal and external factors contributed to the achievement and/or failure of the intended project outcomes and outputs? How?
Efficiency: the quality of processes by which the project is delivered to produce outputs.
Evaluation Question 6: How efficiently and timely has this project been implemented and managed in accordance with the project proposal?
Impact: whether there has been a change towards the project goal as a result of the achievement of the outcomes.
Evaluation Question 7: To what extent has the intended project goal been achieved and how?
Evaluation Question 8: What unintended consequences (positive and negative) resulted from the project?
Sustainability: the degree to which the benefits produced by the project continue after external assistance comes to an end.
Evaluation Question 9: To what extent are the project results (impact if any, and outcomes) likely to continue after the project?

2.3. EVALUATION APPROACH

In order to effectively evaluate the project's results in view of the available time and resources, the evaluators made use of a mixed methodology, which included a desk review, individual semi-structured interviews, focus group discussions (FGD), and site visits.

The project conducted a comprehensive baseline study, which was used in this evaluation to compare the evaluation results. A post-line study, which would have provided quantitative data, was deemed unfeasible in view of the evaluation's limited resources. However, the project's comprehensive pre- and post-assessments of all services produced a multitude of quantitative data which allowed for comparison with the baseline results. The evaluation's qualitative findings have been triangulated with the project's quantitative monitoring results.

Consistent with a participatory and utilization-focused approach, the evaluators carried out their tasks in close and continuous collaboration with partners' staff. They ensured opportunities for reflection on the evaluation questions and methodology, and continuously communicated with concerned staff to monitor the relevance, effectiveness, and efficiency of the evaluation strategy, thus providing opportunities for adjusting the evaluation work. To ensure that the evaluation results are used effectively, the evaluators put special emphasis on drawing conclusions and making practical recommendations.

Data was collected by a multinational and gender-balanced team of one international and two national evaluation consultants. TPO's headquarter and field staff comprehensively engaged in the design, planning and implementation of the evaluation.

2.4. DESK REVIEW

As part of the inception stage, the evaluators were equipped with multiple project documents such as the project proposal and work plan, baseline study, monitoring results, and monthly and annual reports. Several evaluation and survey reports were added by the evaluators to ensure good knowledge of existing research results. A list of project documents and background literature reviewed can be found in Annex IV.

2.5. SAMPLING, DATA COLLECTION AND ANALYSIS

Selection of target provinces

The ToR anticipated the collection of data not only at the national level, but also through visits to three provinces. Besides the evaluation's interviews and FGDs in Phnom Penh, one six-day field mission was carried out to the project's target districts in Kratie and an eight-day field mission was conducted in Pursat and Battambang. These three provinces were selected as they were also the target regions of the project's baseline study and had been provided with all of the project's activities.

Kratie was further selected because of the high number of Cham SOTs living in the area, and Battambang was selected because both former KR member-survivors and victim-survivors were known to reside there. Most of the targeted communities are located in areas where former KR prisons operated, and many of the mass grave sites are also located around these areas.

Interview sampling

With regard to the evaluation's individual semi-structured interviews, primary and secondary beneficiaries were selected by quota sampling. This approach allowed to study the characteristics of relationships between the project's different target groups. Interview partners among the project's secondary beneficiaries were selected taking a purposive sampling strategy aimed ensuring a cross-section of beneficiaries. Beneficiary consultations were completed through interviews with key informants in Phnom Penh and in the target provinces. In total, the evaluators conducted 40 (15f / 25m) semi-structured interviews. *Please refer to Annex IV for details on the type and number of sample groups.*

Focus group discussion sampling

Regarding the use of FGDs, it was anticipated that beneficiaries live far apart from each other making it difficult to unite a sufficient number of beneficiaries. However, after detailed analysis, it was realized that many live in the same villages. In total, the evaluators conducted seven FGDs with 37 (15f /22m) primary beneficiaries utilizing convenience sampling meaning that those beneficiaries were selected who were available and lived in one community but had the general characteristics of the overall sub-population. The objective was to collect the views of a wider number of beneficiaries and to reinforce their links in safe group settings.

In addition, two FGDs were conducted with the project's LFs and one extensive FGD was conducted with TPO staff to identify the project's benefits and challenges. This FGD at TPO's office served to collect the views of a wider number of headquarter and field staff responsible for the project's implementation.

3. SYNTHESIS AND REPORTING

After data collection during field mission, the evaluators formalized all findings, proceeded with a systematic analysis and synthesized all findings, conclusions and recommendations into an overall draft evaluation report. Findings and results from this first draft report were discussed with partner staff during a presentation. Each project partner was responsible for disseminating the draft report among its staff, and discussing findings, conclusions and recommendations. Feedback was consolidated and commented on by partners' senior staff and submitted to the evaluation team.

During follow-up, the evaluators clarified with the project partners on whether the evaluation was satisfactory in view of the ToR. After final review and approval of the report, the project partners prepared management responses and disseminated the final report.

4. ETHICAL AND SAFETY CONSIDERATIONS

The composition of the evaluation team was carefully considered, to ensure a mix of expertise and independence, in addition to sensitivity to cultural considerations. All consultants have broad experiences in collecting sensitive information, specifically data relating to mental health and GBV. The professional mental health background of two of the evaluators helped to respond to post-traumatic reactions.

The evaluation team made sure to obtain informed verbal consent from each respondent. This decision was taken in view of beneficiaries' illiteracy and participants' wariness in signing documents from a cultural and social perspective. Obtaining consent involved informing all respondents about their rights, the purpose of the evaluation, potential risks and benefits of participation, the evaluation procedures, and the confidentiality of personal identification and demographic data. The evaluators developed a verbal informed consent form, that was read to but not signed by the respondents (Annex III).

Field visits were conducted at appropriate times and locations to minimize risk to respondents. Preserving the anonymity of respondents was particularly important to ensure respondents' protection. During FGDs, the evaluators ensured a neutral and homogenous group composition so that participants felt comfortable and safe revealing relevant information.

When people encountered during the evaluation asked for help, they were directly referred to and/or provided with information on sources of support. However, no financial incentives were offered for participating in the evaluation. *Please refer to Annex III for further details on the data collection instruments.*

5. LIMITATIONS AND CONSTRAINTS

Some limitations and constraints were identified in the inception report that had the potential of undermining the evaluation's reliability and the validity of results. Getting access to informants, data and information, for instance, may be difficult to come by as evaluations can be seen as a potential danger for those involved. Gender- and power-related dimensions also may pose challenges in the evaluation process as they often polarize perspectives so that the same events are subject to widely differing interpretations. However, it was possible to mitigate these constraints through careful planning.

Other limitations and constraints became apparent as the evaluation progressed. A limitation resulted from the evaluation's constraints in terms of financial and human resources making it unfeasible to conduct a post-study for the collection of quantitative data. Such a survey would have required considerable inputs in logistic, financial and human resource matters.

Data availability was also limited on culturally sensitive topics such as spiritual beliefs and alcohol use. The evaluators were aware of these problems and determined individual, semi-structured interviews as the best way to collect sensitive data.

The field mission to Kratie was conducted under difficult weather conditions with all target areas around the Mekong river affected by floods. All interview and FGD respondents were severely affected; nevertheless, most could be reached and were content to participate in the evaluation.

Another limitation was the unavailability of some project staff because they no longer worked at the institution. However, the evaluators were able to consult a representative number of respondents including the project's key staff members.

6. DESCRIPTION OF THE EVALUATION TEAM

The project outcomes intersect with a wide range of areas such as mental health, peacebuilding, gender-based violence, youth development, etc. Therefore, this evaluation required expertise from diverse fields, in the areas of mental health, transitional justice and gender studies, in addition to expertise in the field of evaluation. The evaluation team consisted of one international consultant with evaluation experiences in the fields of transitional justice, gender-based violence, mental health, and youth empowerment. The international consultant collaborated with two independent and external national evaluators with no direct connection to the implementing partners.

The evaluators further engaged TPO's field staff in the evaluation. The objective was to use this opportunity for a veritable learning process, and to continuously collect feedback on preliminary evaluation results. Also, field staff's familiarity with the project substantially facilitated the contact to beneficiaries and enhanced their confidence in engaging in the evaluation.

Together, the evaluators formed a gender-balanced, multicultural and multiprofessional team. The team further collaborated with one professional editor to prepare the evaluation report for publication.

Specializing in the fields of TJ, MH, and GBV, **Julian Poluda** has served as evaluation consultant and program development advisor in Cambodia and other world regions. With an interest in cross disciplinary programs, he is passionate about participatory and utilization-focused mixed-method evaluations. His clients include the UN, EU, bilateral agencies, government ministries, international/national NGOs, and grassroots organizations.

Sineth Siv has nine years of experience at APSARA Authority in Siem Reap and is currently a senior project manager for eco-tourism community development and cultural preservation within Angkor Archaeological Park. She also freelances as a consultant with an emphasis on transitional justice and women's issues. Her recent evaluation work focused on TJ and gender programs by the ECCC and NGOs.

Jusbazooka Khut has been working as freelance research facilitator and interpreter with nine years of experiences. Previous experiences include her work as team coordinator in various NGOs and manager of educational projects for families and girls over a period of six years. She is currently pursuing a degree in Psychology at the Royal University of Phnom Penh.

Mercy Ananeh-Frempong has 10 years of experience as a writer, technical editor and project adviser. She has been based in Cambodia since 2012 working with local nonprofit organizations in organizational development, project monitoring, and technical editing. She is also a published writer and supports various independent publishing projects.

7. EVALUATION FINDINGS

7.1. RELEVANCE

Evaluation Question 1: To what extent was the design based on a context analysis and needs assessment?

The project design was preceded by an assessment of lessons learned in a similar project jointly conducted by TPO and CVT and funded by USAID. For instance, truth-telling was embedded more comprehensively into the project design through collaboration with KdK, a specialized TJ NGO with ample experience in the areas of community-based memorialization and truth-telling. This collaboration further ensured a careful selection of target communities and LFs some of whom had previously been engaged in KdK's work.

In its initial phase, the project conducted a comprehensive baseline study. The baseline informed on the types of torture experienced by survivors in three communities across Cambodia. It assessed how torture continues to adversely affect survivors' lives, examined the conditions of family members and caregivers of SOTs and provided insight into community members' beliefs and attitudes towards SOTs.

The study further served to develop the project's assessment measures for SOTs' level of distress and psychological symptoms. It forms part of TPO's Performance Monitoring Plan, a tool to systematically measure beneficiaries' mental wellbeing prior to and three months after each TT circle and prior to and after each SHG. Changes in terms of mental wellbeing were measured through established screening tools such as PTSD checklist, HSCL-25 for anxiety and depression, PHQ9 (Patient Health Questionnaire)/GAD7 (Generalized Anxiety Disorder), TPO Baksbat Inventory, and Self-Functioning-12 (SF-12).

In addition to the project's baseline in three target provinces, the partners conducted community assessments in each target location to understand community needs and expectations prior to any intervention. These assessments served to have a clear picture of beneficiaries' knowledge, attitude and practices around psychosocial issues and a mapping of psychosocial resources. They further served to identify and select LFs among key community stakeholders as well as to identify service providers and potential referral mechanisms. Candidates for the project's LF positions were selected in collaboration with SOTs, local authorities and religious leaders and include village leaders, monks, female commune counsellors, teachers, and other key stakeholders. In each commune, LFs were then elected through SOTs from the group of selected candidates.

The partners also kept with local facilitators through Facebook messenger or phone and frequently conducted monitoring missions to identify changing needs for project adjustments.

Finally, most respondents in this evaluation's interviews and FGDs with SOTs stated that they were adequately consulted before and throughout the project implementation.

Evaluation Question 2: How relevant is the project in responding to the psychosocial needs of the project's beneficiaries?

Psychosocial needs are related to survivors' mental and emotional wellbeing in the context of their social, political and cultural environment. The partners' services included a variety of common psychological and educational elements such as relaxation training, cognitive and behavioral therapy, mental health education/information, and group support. Additionally, the project integrated strategies to foster truth-telling and memorialization related to torture under the KR. This strategy is understood as vital not only in fostering individual rehabilitation but as part of a larger societal attempt at reconciliation. Such a two-track strategy is also well-suited combining direct service delivery with the prevention of further violence.

During the evaluation's interviews and FGDs, most SOTs emphasized the importance of such a combination of services. With regard to Outcome I.1., they emphasized the importance of and reported multiple positive effects of the project's mental health services. These views were further supported and supplemented by the perspectives of key community stakeholders.

Regarding Outcome I.2., respondents among SOTs considered truth-telling and memorialization as vital for their individual healing but also shared that it contributes to the prevention of future violence. They expressed the desire to learn more about the past and to engage in additional truth-telling processes.

The project is further well aligned with national priorities and objectives of the ECCC. A number of reparation projects and non-judicial measures by the ECCC have been set up to address trauma healing and memorialization in Cambodia. They further include initiatives aimed at addressing the individual and social consequences of torture.

Two international conventions banning torture and genocide guided the definitions of torture for this project. The first was the UN Convention on the Prevention and Punishment of the Crime of Genocide, which was adopted by the UN in 1948 and received Cambodia's accession in 1950. The second was the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which was adopted by the UN in 1984 and received Cambodia's accession in 1992.

In summary, the project's combination of services in the areas of mental health and memorialization were clearly responsive to the social, political, historical and cultural context and thus are highly relevant to beneficiaries' psychosocial needs.

Several factors contributed to the project's relevance. The project was culturally grounded utilizing innovative transcultural psychotherapeutic methods and truth-telling techniques. It further engaged directly with SOTs and trained LFs as agents of change. Finally, to foster collaboration and government support, the project partners comprehensively maintained links with government and community leaders at various levels. This ownership-based approach reportedly served to identify and respond to local needs and improved the project's relevance.

Evaluation Question 3: Are there any other needs of the project's primary beneficiaries that should be addressed, if the project is replicated in a next phase?

Most primary beneficiaries in this project have few educational opportunities, have limited access to quality health care and lack financial resources to maintain basic living standards. In some target communities, poverty also contributes to a lack of access to clean and safe water. Most SOTs report limited access to basic social services and almost none had received any governmental or non-governmental support to improve their incomes. Finally, many SOTs in this project are physically disabled and thus face problems in earning an income. Poverty places them at higher risk of developing mental conditions, and those who developed mental health disorders are often not able to work.

Family problems also impact SOTs' mental and physical health. Common family problems identified in this evaluation include substance abuse, behavioral issues and academic concerns in children and adolescents, separation or divorce, and childcare. Many beneficiaries in this project care for numerous grandchildren with little financial support from the children's parents. The grandparents emphasized their inability to leave their homes for work, social events or religious ceremonies due to their childcare responsibilities. Others mentioned the need for money to send their grandchildren to school.

SOT family members also report a significant level of distress. As equally identified in the project's baseline study, they assist SOTs with emotional support and medical care as well as activities of daily living (showering, shopping, dressing, etc.). They described significant physical, emotional, social, and financial problems related to their home-based care.

These problems often lead to challenging, frustrating, and painful interactions among family members. Distressing family dynamics interfere with the functioning of every family member, although SOTs are impacted more significantly than their children who often live far away from them.

Finally, SOTs suffer from health problems related to their age or experiences of violence. These include physical disabilities as a result of torture and age-related diseases like cardiovascular disorders, cancer, arthritis, cataracts, osteoporosis, type 2 diabetes, hypertension and dementia. Also, some SOTs suffer from alcohol use disorders.

Throughout this project, TPO has accompanied some SOTs to local health centers as well as provincial hospitals; however, many other SOTs describe their inability to access health care due to high transportation costs. The project partners provide transportation to health centers whenever possible, and all SOTs with an official 'poverty card' have access to basic free health services; however, many SOTs question the quality of care in the health centers and emphasize the high costs in the provincial hospitals.

Many SOTs consulted in this evaluation requested financial reparations and monetary compensation from either the government or the ECCC. This is especially true for SOTs who live in extreme poverty with no access to services by NGOs or the government.

7.2. EFFECTIVENESS

Evaluation Question 4: To what extent were the intended project outcomes and outputs achieved and how?

Key Evaluation Question 5: What internal and external factors contributed to the achievement and/or failure of the intended project outcomes and outputs? How?

Outcome 1.1: Approx. 60% of victims of torture, improve their well-being and strengthen their resilience and coping strategies through increased access to trauma healing (mental health) services and reconciliation processes as compared to the baseline.

Outputs under Outcome 1.1.:

Ground Preparation

Prior to the implementation of the project's interventions, KdK and TPO staff jointly conducted a total of 16 Ground Preparation missions with 439 participants (F=181) in each target province to screen SOTs, identify their family members, select candidates for the training of LFs and their participation in the community dialogues, as well to explore community resources and potential services for SOTs. The missions further served to establish contact with local authorities and to get permission to implement any activities in their districts. As a result, many local authorities supported and actively engaged in all activities, a major success of the project. Additional activities included visits to sites of mass crime under the KR facilitated by KdK and with groups of SOTs and youth.

Psycho-education

Throughout the project cycle, the project effectively conducted 27 psycho-education sessions in fifteen target provinces for a total of 1984 (1396 female) beneficiaries, a significantly higher number than the anticipated 1,200–1,500 participants. Psycho-education as administered in this project is not an approach to treatment in itself but a method to foster truth-telling and experience sharing of SOTs in their community setting. It provides SOTs, their relatives and community peers with information on torture and trauma, how to maintain mental health and how to offer support. The goal is to empower participants to understand and accept PTSD and cope in a successful manner.

An educational component further provides knowledge about the causes, symptoms, prognosis, and treatments of mental health conditions. Additionally, nurses among TPO's staff provide information on the health needs of older people. Additional strategies included presentations and film screenings to inform on various forms of torture and to foster truth-telling.

Psycho-education in this project was administered in each target community in safe and private settings through TPO's therapists. Besides SOTs and their relatives, participants also included youth, key community stakeholders and service providers.

A counseling component of psychoeducation deals with emotions, perceptions, coping, relaxation, and self-care, whereas an

Testimonial Therapy

SOTs then had access to TT, a rights-based and culturally adapted psychotherapeutic treatment approach for trauma disorders. It is most frequently used in community settings and with clients who experienced trauma as result of social, cultural and political violence. One key objective is to expose and gradually desensitize clients to memories, thoughts and feelings related to the trauma in a safe environment.

In TT, SOTs, with the assistance of a therapist, confront their traumatic memories in a secured and supportive setting over a series of five sessions. They build a chronological narrative of their life story with a focus on the traumatic experiences. The clients are encouraged to relive painful emotions and the therapist asks in detail for emotions, cognitive processes, and physiological reactions. Therapists' counseling is based on empathic understanding, active listening and unconditional acceptance of clients' experiences facilitating meaning-making and reprocessing. During the process, relaxation techniques are an important additional component. The memories are then converted into a 'testimony', a written document with gold letters placed in a velvet-red envelope.

In total, TPO conducted 19 TT cycles for 100 clients from 14 provinces. Clients were identified during TPO's psycho-education sessions or referred by KdK and LFs. In some locations, TPO's clinical supervisors provided field supervision to build capacities and to ensure the quality delivery of services.

One additional strategy is the integration of truth-telling to foster the acknowledgement of survivors' suffering. To this end, the testimonies are read aloud and handed over to SOTs during a public ceremony in a pagoda or mosque of their home communities. The project worked with diverse groups including Cham and indigenous highland communities (Khmer Loeu). For each group, TPO adapted the TT ceremony approach to the specific cultural and religious context.

This strategy contrasts to TPO's practice in a previous project when TT ceremonies were conducted in Phnom Penh. The approach had been chosen out of concern that public testimonies may potentially lead to beneficiaries' increased discrimination by community peers. However, as identified in interviews and FGDs, TT beneficiaries generally want their communities to know the truth and none indicated any form of discrimination after the TT ceremonies. It should be mentioned that each client, facilitated through TPO, reviews their public testimony before the ceremony to exclude particularly sensitive information. TPO further collects clients' official approval to disclose their testimony during the public TT ceremony.

During the public TT ceremonies TPO invited 1948 additional persons including SOT relatives, community peers and key community stakeholders such as monks and village authorities. Some SOTs and community members consulted in this evaluation had not been invited and were disappointed to have missed this opportunity.

To ensure the participation of elderly and disabled SOTs, TPO ensured their transportation throughout the TT process and to the SHG meetings. TPO further provided transportation for numerous community peers to ensure their participation in the TT ceremonies.

TT ceremonies were completed through a religious ceremony and all participants were served snacks after the event.

Self-Help Groups

SOTs further had comprehensive access to SHGs, a proven approach to provide therapy to a higher number of clients than through individual counseling or TT. Each SHG has nine to 12 members and is conducted through at least ten meetings facilitated by TPO's counselors. Group therapy by TPO is a professional service provided by trained professionals with specific group therapy guidelines designed by TPO in collaboration with and supervised by CVT. As in TPO's TT, SHGS also integrate religious ceremonies in nearby pagodas or mosques.

The rural conditions present some difficulties to SOTs wishing to join the SHGs. For instance, it is not always easy to find people with the same problems within reach. One recurrent problem with SHGs is the lack of opportunity to fit the group session into participants' personal schedules.

Despite these challenges, the project successfully implemented all SHGs as indicated in the work plan. In total, 172 clients (91 female) participated in 18 SHGs in 8 provinces throughout Cambodia. SHGs were open to a high number of survivors who experienced torture under the KR but who are not CPs at the ECCC. This considerate decision was taken in view of the comparatively higher level of service provision for the CP group and the multiple needs of SOTs who had no opportunity to apply as CPs at the ECCC. Beneficiaries included persons with physical disabilities from torture and ill treatment, survivors of GBV including rape and forced marriage, and people with severe mental health problems including alcohol use disorders. Most were identified during TPO's community assessments and through the project's LFs.

Phone Counseling

To provide follow-up counseling for participants of the SHGs and TT and to reach a wider number of clients, TPO also offered phone counselling to 143 SOTs (71 female) and their relatives. This method of service provision is practical and has the potential to reach large numbers of underserved people in a cost-effective manner. Indeed, according to the evaluation's interview results, phone counseling was effective in reaching clients from more remote regions.

However, many SOTs do not own a cellphone or are too timid to contact TPO. TPO's phone counsellors proactively call their clients for follow-up after completion of its community-based activities; however, they reportedly faced challenges in reaching some of their clients. Other challenges include compromises in terms of privacy and confidentiality, and handling crisis situations at a distance.

Individual Counseling

The project's monitoring results do not provide the total number of clients who were provided with individual counseling; however, to some extent, TPO's and KdK's field staff as well as the LFs provided individual counseling and home visits. Individual counseling aimed to help SOTs with topics such as anger, depression, anxiety, substance abuse, family and relationship challenges, parenting problems, among other issues.

The counselors reportedly worked one-on-one with their clients in a safe and confidential environment and enabled SOTs to explore their feelings, beliefs, and behaviors, work through memories, and identify aspects of their lives that they would like to change. However, the most typical frequency of counseling was only one session and TPO's therapists expressed frustration with time constraints that prohibited them from seeing more clients in community settings.

Psychiatric Treatment

Some of TPO's clients received community-based psychiatric care or were referred to TPO's clinic in Phnom Penh with free psychotropic drug treatment whenever necessary. They included clients with post-traumatic stress disorders, depression, as well as psychotic symptoms. In total, 32 (8 female) clients received free psychiatric assessments and treatment with a minimum of two appointments per client. Challenges included the project's limited budget for transportation constraining the number of referrals.

Results under Outcome 1.1.:

Psychological Distress

TPO conducts comprehensive psychological tests prior to and three months after the TT interventions as well as prior to and after completion of each SHG circle.

Under Objective 1., Outcome 1.1 was defined as “% of survivors of torture that demonstrate improved mental well-being”. This outcome was achieved at 82.15% (199 of 244 clients) significantly exceeding the target of 60 %. It is noted that some SOTs participated in both TT and SHGs and most took part in the project's psycho-education sessions.

Psycho-education was reportedly effective in helping clients to understand their mental health conditions and how these conditions affect their lives. Beneficiaries developed a deeper understanding of the challenges they are facing as well as knowledge of personal coping strategies, internal and external resources, and their own areas of strength. It also appears that psycho-education raised beneficiaries' interest in TPO's psychotherapeutic services and led to increased compliance with its treatment. Finally, participants were happy to learn that they were not alone and that others struggle with similar problems.

Family members also reported benefits from psychoeducation. They learned to understand trauma-related symptoms and how to interact with their loved ones in difficult situations.

Interview and FGD results further confirm the effectiveness of the project's TT interventions. Positive changes in terms of clients' psychological wellbeing included a reduction of recurrent memories and nightmares and better sleep as well as a reduction in anxiety and depression. Respondents indicated better capacities to address difficulties and feel more in control of their mental and emotional well-being. Several respondents expressed greater acceptance of their suffering, feelings of closure and their ability to move on with their lives.

TT beneficiaries appreciated the confidentiality and level of one-on-one attention by an individual therapist and the ability to discuss their problems in depth. TT further allowed for the development of communication skills among SOTs who were less able to express themselves in group settings.

Improvements as a result of the SHGs included gaining support and hope from others, sharing experiences and helping others, learning new skills for coping, and developing communication and socialization skills.

Many respondents were relieved to learn that other group members were having similar challenges, such as relationship problems, substance use, sleep difficulties, or impulsive behaviors. Another benefit of the SHGs was to learn about coping strategies other people found to be effective. By being in the SHG, many also learned new ways of addressing problems in their relationships or at work. Being able to help others

also increased the self-esteem of many group members. Finally, spending time with other SOTs who are going through similar issues reportedly helped participants to feel less isolated. Many SHG members have developed supportive, trusting, and healthy relationships with other group members.

However, two SHG members did not consider the SHGs as a place to discuss their traumatic experiences in detail and suggested family-based group meetings instead. TPO's group therapists confirmed that they aim to limit the repeated narration of traumatic experiences in order to prevent other group members from being triggered. To ensure confidentiality, group members are generally instructed that the information and events that occur in the group are only to be shared with group members during therapy.

Most clients who benefited from either TT or the SHGs appear to have improved in all variables of TPO's assessments; however, beneficiaries who benefited from both TT and group therapy appear to do better than those who benefited from only one of the two interventions.

To some extent, SHGs for men also helped to treat alcohol use disorders. Some reported a reduction in drinking and stronger engagement in income-generating and family activities. Also, several family members reported a decrease in family conflicts and domestic violence.

Most remarkably, some SHGs also allowed former KR soldiers to join the group, in particular former child soldiers, who were also exposed to high levels of violence during the KR period. They were struggling with feelings of guilt and shame over their violent actions and had difficulty coming to terms with their past. In one SHG, a former KR soldier was able to discuss feelings of guilt and remorse and expressed his gratitude for this kind of support.

SOTs as consulted in this evaluation highly appreciate the commitment by TPO's counselors and articulated feelings of trust and empathy towards TPO's staff. However, TPO's field staff expressed some frustration with resource constraints that prohibited them from having more individual meetings with their clients.

Resilience

The term resilience is generally used to describe the capacity of people to successfully adapt and recover, even in the face of highly stressful and traumatic experiences. While trauma can have a devastating impact, it is important to understand that it does not affect all people the same way. Some people who experience trauma develop significant and long-lasting problems, while others may have less symptoms or recover quickly.

The project's baseline study assessed the level of SOT resilience with results that were slightly above the middle score. TPO's monitoring results collected through post-assessments indicate strong improvements with 64.4 % of all TT clients and 70.8% of SHG participants demonstrating enhanced resilience.

Interview and FGD results in this evaluation equally point towards the project's effectiveness in strengthening a variety of protective factors.

As detailed in the previous section, TT and SHGs were effective in strengthening cognitive abilities, self-efficacy, self-regulation, coping strategies, and spirituality, among other factors. Additionally, psycho-education, community dialogues, and TT ceremonies fostered social support and supportive family

interactions, an additional protective factor regarding resilience. Third, capacity building for LFs helped to build community resources, a key strategy in strengthening individual and collective resilience.

SOTs have gained empowerment through their engagement in the project. They expressed satisfaction with helping to inform the public on KR crimes. Through participation in the project's activities, many SOTs have developed self-confidence in speaking out in public events. Some also use these opportunities to express their dissatisfaction with the lack of financial reparations and the limited scope of the ECCC.

Coping

During the project's baseline study, 73.9% of SOT participants endorsed engaging in distraction coping. While some distraction can be healthy, too much can lead to avoidance, a key PTSD symptom.

Only 51.8% indicated that they proactively dealt with their problems and about half of the participants asked others for advice regarding their problems. Additionally, about half of the SOT sample indicated that they look back at a problem and try to view it positively, and that they are learning how to deal with a similar problem in the future.

TPO's monitoring results collected through post-assessments indicate strong improvement with 52.2 % of all TT clients and 76.6 % of SHG participants demonstrating enhanced coping capacities.

The evaluation's interview and FGD results equally point towards the project's positive effects with regard to coping. As indicated above, many SHG members report stronger engagement in income-generating activities, an example of how beneficiaries proactively deal with the problem of poverty. Other examples of 'active coping' include male SOTs' efforts to assist with household tasks, a strategy to enhance family relationships. Most beneficiaries consulted in this evaluation also use meditation and breathing techniques as useful coping strategies.

Clearly, SOT beneficiaries also seek more advice and support from others. For instance, SHG members share their stories, worries, feelings, and recoveries. Members also provide mutual support in response to practical problems, for instance, many SHGs reportedly call and visit a member if he is sick and doesn't appear at the meetings.

The evaluation could not; however, provide much evidence for positive reinterpretation. This coping strategy involves reappraising a stressful situation to see it in a more positive light.

Psychosocial Functioning

Regarding SOTs' psychosocial functioning, the baseline study examined community integration, as well as spending time with friends and neighbors. Most interestingly, over three-quarters (76.8%) of the SOT participants endorsed engaging in community activities "often," or "always," whereas over half (58.9%) endorsed enjoying time with neighbors and friends. The two other items examined social avoidance and social anxiety. Thirty-six (21.8%) SOT participants endorsed having aspects of social avoidance at the "often," or "always" level, whereas 26 (15.5%) of the participants rated similar values for social avoidance.

However, during the evaluation's interview results, many respondents indicated impaired social functioning and feelings of isolation as well as family conflicts and domestic violence prior to their

engagement in the project. Most respondents reported closer relationships to their partners and children thanks to the services received, and many appear to spend more time with friends and in community life.

These findings are supported by TPO's monitoring results indicating that 71.4 % of all SHG participants improved their psychosocial functioning.

Outcome 1.2: By the end of project, identified groups affected by torture have a better understanding of the effect of past trauma, and more feeling of empathy toward other victims, all of which contributes toward a shared future.

Outputs under Outcome 1.2.

Multiplier Training

Under Outcome 1.2., the project conducted 15 trainings of LFs with a total of 236 participants (114 female) in 15 Cambodian provinces. The objective was to select and build capacities of LFs to facilitate community dialogues and provide SOTs with basic mental health support. Each training was conducted over four full days and focused on conflict resolution, community dialogue facilitation, and psychological support. Trainings were mostly conducted through KdK's experienced trainers and TPO was responsible for the mental health component; however, not all trainings were conducted in collaboration between the partner organizations for logistic reasons and to reduce project costs.

Training participants included SOT representatives and key community stakeholders such as schoolteachers, village authorities, monks and Achars, and representatives of the Commune Committees for Women and Children (CCWC). They were selected based on the recommendation of SOTs and in collaboration with community stakeholders and village authorities. One selection criterion was their writing proficiency and communication competences, key skills for the facilitation of the project's activities. One challenge was attracting younger people to train as LFs. Most youth did not have the time to participate in four-day training sessions due to their work schedules.

Three LFs from each training group were elected as LF representatives and invited to Phnom Penh for additional training. Trainings were complemented with regular monitoring visits and contact via Facebook messenger and phone as well as a reflection workshop for 57 LFs in Phnom Penh (22 females).

Trainings made use of group discussions, educational games, questions and answer rounds, role plays, and individual reflection. Most participants consulted in this evaluation appreciated the workshops' participatory approach and practical guidance on how to apply newly acquired knowledge in LFs' work.

LFs generally appreciated the project's training and praised KdK's facilitation skills and expertise. However, it was repeatedly mentioned that four days of training are not enough to prepare LFs for all their responsibilities. It is noted that LFs were trained on how MH problems are diagnosed, what causes them, the factors that perpetuate traumatic symptoms, and which treatments are effective and available. However, LFs requested additional training in the mental health field, especially with regard to counseling.

Additionally, 8-hour long training sessions may simply be beyond the capacity of many participants, either because they are not used to such extended training schedules or because of their need to fulfill their daily tasks.

Community Dialogue and Forum Theatre

After training, KdK conducted 15 full-day community dialogues for 1520 participants (889 female) in 15 provinces youth. Here, government authorities functioned as key speakers during the opening ceremonies. Selected SOTs then presented their experiences under the KR to large numbers of youth and other community peers. Through group discussions, facilitated by the LFs and KdK's staff, SOTs and youth then engaged in more in-depth conversations on survivors' traumatic experiences and the impact of trauma on their mental and physical health. The participants were further offered a chance to engage in workshops in which they created artworks based on the dialogues. The artworks were later exhibited in the community.

Evening events included forum theatre performances and other entertainment-based educational activities such as film screenings, quizzes, a tombola, and band performances. These events brought together young and old people and attracted large numbers of youth.

Forum theatre is a type of theatre under the umbrella term of 'Theatre of the Oppressed' (TO). It aims to engage spectators in the performance. In this project, the issues dealt with in forum theatre were usually related to crimes under the KR and SOTs' experience of suffering.

Forum theatre in this project were conducted by existing theatre or dance groups from SOTs' communities. Forum theatre can be improvised; however, in this project, theatre performances were usually rehearsed at least one day before the performance.

Forum theatre in this project was reportedly effective in attracting the interest of many spectators, and some respondents expressed appreciation for this kind of support. However, this project's forum theatre differed from the usual forum theatre approach in the sense that it did not allow the audience to replace or add to the characters on stage. However, after each play, KdK's staff facilitated a discussion on the theatre play and asked spectators to suggest alternate solutions to the problems presented.

A recurrent challenge was the initial reluctance of school principles to collaborate with the project. Despite their general support for truth-telling and memorialization on the KR period, they were concerned that the partners might have a political agenda and insisted on an official Memorandum of Understanding with the provincial departments of the Ministry of Education, Youth and Sport (MoEYS). KdK responded with repeated meetings and the provision of detailed information on the project. KdK further ensured strong support from local authorities and even provincial governors. These efforts generally ensured school principles' collaboration and consequently the engagement of large numbers of school students.

Public Forums

In addition to its community-based dialogues in all Cambodian provinces, KdK conducted three large-scale public forums in Phnom Penh with 287 participants (147 female). Participants included SOTs, LFs and youth, in particular university students. The public forums included key speakers by the MoEYS and were covered by local TV stations, namely the National Television of Kampuchea (TVK).

Knowledge Sharing

Finally, both partners regularly informed on their project activities through publications on Facebook and other media. Postings included photography, IEC material and video presentation. These media have been widely viewed and commented on by youth.

Results under Outcome 1.2.:

Community Dialogue and Forum Theatre

Prior to joining the project activities, SOTs generally kept silent about their traumatic experiences whilst most youth had only little knowledge on the KR past. Most service providers and monks did not dare to address this issue as they were too afraid to revoke traumatic feelings and thereby worsen SOTs' suffering.

KdK conducted pre- and post-tests prior to and after its community dialogues to measure SOTs' understanding of the effects of past trauma and level of empathy towards other SOTs. Pre-tests demonstrated very limited knowledge on the effects of past trauma. Post-tests demonstrate very high achievement rates with 94.23% of all 252 engaged SOTs indicating a better understanding of past trauma and more empathy towards SOTs.

Additionally, KdK assessed SOTs' feeling when sharing traumatic experiences with other community members prior to and after the community dialogues. In pre-tests, 45 % indicated feelings of suffering and sadness when sharing their experiences and 8 % reported feelings of anger and tension, whereas 33.50 % reported some feelings of relief and 6 % a sense of relaxation. The post-tests demonstrate remarkable improvements with only 2.5 % indicating feelings of suffering and sadness and 0 % reporting feelings of anger and tension, whereas 65 % reported some feelings of relief and 27 % a sense of relaxation.

Additionally, the results show increased confidence in sharing experiences of torture with community peers including youth.

From the above survey results, it appears that the community dialogues were highly effective. These results are supported by findings of the evaluation's interviews and FGDs. All participating SOTs consulted appreciated the acquired knowledge on trauma and expressed their empathy with other survivors. They expressed satisfaction with being able to tell their stories in a community setting in the presence of other SOTs, their relatives and youth. As identified during interviews and in FGDs, most feel that their participation served to establish the truth about the KR period.

They further emphasized that the knowledge they had acquired increased their understanding not only of the extent of torture under the KR but also on its traumatic effects on the community as a whole. Others valued the opportunity to learn from other SOTs about the long-term individual impact of trauma.

SOTs who participated in the community dialogues also appear more confident in talking about their experiences outside the project's initiatives. Many SOTs reportedly broke their silence and discussed their experiences with neighbors and family members.

When asked how they liked the dialogue methods, most respondents praised KdK's facilitation skills as well as the use of entertainment-based activities such as forum theatre.

Training for Local Facilitators

Regarding the effectiveness of the project's training of LFs, KdK assessed the % of LF training participants who increased their knowledge in terms of facilitation skills and conflict resolution. Pre- and post- tests demonstrate clear results in terms of knowledge improvements around various topics (definition of conflict, types of conflict, root causes of conflict, impacts of conflict, definition of historical reconciliation, factors contributing to reconciliation). In total, participants' knowledge scores increased from 46.22% to 78.65% through the project's training.

These results are generally supported by findings of the evaluation's interviews and FGDs. LF respondents indicated enhanced knowledge of the types and extent of torture during the KR and its aftereffects as well as knowledge on conflict resolution. Most were able to provide examples of challenges SOTs face when accessing services. Participants also appreciated the training on how to interact with and provide services for clients with PTSD and about the danger of and how to prevent retraumatization. In general, all LFs consulted emphasized their high satisfaction with the training and its teaching methods. However, not all LFs feel confident in identifying and providing support for people with mental health problems and many LFs requested additional MH training, in particular in the area of individual counseling.

As confirmed through interviews with LFs, the training generally appears to be in line with their needs. It reportedly helped LFs to provide consistent and accurate information when facilitating community dialogues and during home visits and enabled LFs to better deal with traumatized SOTs.

In total, LFs conducted 66 project activities including home visits, community and family dialogues. Throughout the project cycle, LFs increasingly improved their skills and social reputation enabling them to raise awareness on torture under the KR and to provide support to SOTs. Assistance included emotional and social support, mediation, and referrals. Most remarkably, several religious leaders were also trained as LFs. They reportedly identified SOTs with problems such as domestic violence and conducted family meetings to reconcile couples. Some LFs also advanced to and used their acquired skills in key community positions and became, for instance, village chief assistants or representatives of the pagoda committees.

When asked for any recommendations to improve understanding and empathy towards SOTs, most LFs asked for follow-up community dialogues, SHGs as well as psycho-education and TT ceremonies. They further asked to expand the project to neighboring villages.

Public Forums

In addition to KdK's community-based activities, public forums in Phnom Penh provided a higher number of students with information on torture under the KR and its MH consequences.

Participants confirmed through the evaluation interviews that they felt very satisfied with the level of information provided. One key informant mentioned that public forums should be linked to both formal and informal education in schools.

Contributing Factors

Government Engagement

As mentioned above, the project also deepened the engagement of and collaboration with government stakeholders such as village chiefs and representatives of the Ministry of Education, Youth and Sport (MoEYS) and the Ministry of Women's Affairs (MoWA), in particular their provincial- and district-based officers.

Despite lengthy administrative procedures, especially during the time of the elections, interview results in this evaluation generally confirm authorities' high level of support and strong satisfaction with the project. Although many were SOTs themselves and/or had been engaged in other TJ measures, most indicated their better understanding of torture and its trauma dimensions in their work as a result of the project. Many suggested the continuation and possible extension of the project in their communities.

TPO truth-telling

As mentioned in the previous sections, collaborative activities such as the partners' ground preparation and the psycho-education sessions also allowed for memorialization and truth-telling. Additionally, TPO's psychosocial activities equally integrate memorialization and truth-telling during the SHGs and the TT ceremonies. These activities provided ample additional opportunities to learn about the KR past and to share traumatic memories.

Objective 1: To improve mental well-being for victims of torture through increased access to mental health services, and truth-telling and memorialization processes that treat and heal trauma caused by torture at individual and community levels.

Please refer to this chapter's previous sections for the evaluation's findings regarding improvements in SOTs' mental well-being (Outcome 1.1.) and the benefits of the project's truth-telling and memorialization processes for individual healing. The impact chapter of this report will provide the evaluation's results about community resilience and healing.

Outcome 2.1: By the end of 2018, between 70 to 80% of TPO clinicians/therapists had increased capacity and confidence in using UCA skills at 30%.

Outputs under Outcome 2.1.

Trainings on UCA

Regarding Objective 2., TPO aimed to improve the quality of MH services to SOTs through capacity development and the documentation of evidence on the effectiveness of its psychosocial interventions. The work was carried out with the support of The Center for Victims of Torture (CVT) which supports TPO in the development of the 'Unified Clinical Approach' (UCA) for the treatment of SOTs. The approach was developed as part of the 'Partnership for Trauma Healing' (PATH) project developed by TPO with technical support by CVT and funded through USAID.

UCA is a standard treatment guideline to help TPO therapists implement its psychosocial interventions and psychotherapy. It was developed in collaboration with TPO's counselors and will be universally applied across projects by TPO. UCA consists of a supervision manual, counseling guidelines based on Cognitive

Behavioral Therapy (CBT), and comprehensive tools for supervision and the measurement of therapeutic outcomes.

During the initial stage of the project cycle, TPO reviewed and then translated and disseminated the UCA manual among all TPO clinicians. TPO then provided UCA trainings in Phnom Penh to 22 participants (12 female) through four sessions exceeding the target of two training workshops. TPO's training was supported by CVT's clinical advisors who provided supervision and training during four-monthly visits as well as through Skype meetings.

The trainings were conducted by TPO's senior clinical supervisors and provided skills on working with clients, assessment, case conceptualizations and the development of a treatment plan. Other sessions focused on lessons learned and emerging challenges, clients' resources and coping mechanisms, and the adaptation of CVT's manual on group therapy for SOTs to the Cambodian context.

Other trainings emphasized reflection on challenges on supervisions, identification of clients resources and reflection on the experiences of implementing adopted group therapy from the Center for Victims of Torture's manual to the Cambodian context.

Additionally, meetings conducted by TPO's clinical supervisors focused on areas such as the provision of TT and SHGs, the practice of mindful exercises and work with clients with alcohol use disorders.

A key element of TPO's training approach is supervising its psychologists to develop less experienced staff into successful practitioners. Regarding individual supervision, TPO provided 23 supervision sessions for seven therapists (4 female) in Phnom Penh. Additionally, TPO provided 34 group supervision sessions including five sessions in the field. The objective was to support and encourage the development of the psychologists, identify challenges and collect best practices.

Interview respondents among TPO's clinical psychologists largely agreed that field supervision was central in their training and effective in providing more practical skills. The supervisors were described as knowledgeable, respectful and supportive, and field staff was able to talk about challenges in their field experience. Also, supervisors were available on the phone when field staff faced critical decisions.

Review of guidelines and knowledge sharing

In year 2 of the project, TPO conducted a review of the UCA guidelines with support from CVT's clinical advisors. The review engaged TPO's clinicians, clinical supervisors and TPO's Cambodia-based external advisor. TPO also conducted monthly team meetings to discuss the project's progress, challenges and lessons learned. Finally, TPO produced a 20 minute video on the project which was disseminated via YouTube (<https://www.youtube.com/watch?v=VIn0ZgLucw8>)

Results under Outcome 2.1.

In summary, by the end of 2018, 83.47 % of TPO's clinical therapists had increased their capacity and confidence in using the 'Unified Clinical Approach' (UCA) skills by 30%.

During supervision for the last three years, the project's counselors reported that supervision and trainings in UCA helped them to learn a variety of techniques to work with SOTs through TT and SHGs. Specifically, related to the UCA guidelines, supervisions and trainings also helped them to advance their

knowledge and skills on developing a treatment plan and the practice of mindful exercises, and on the application of techniques when working with survivors with substance abuse.

The project originally envisioned to share its UCA guidelines and/or a guideline on ‘best practice’ in psychosocial interventions with the project partners and a wider audience. As detailed in the previous sections, TPO changed its approach in agreement with USAID and instead produced a video on good practice examples of the project.

Objective 2: To improve the quality of mental health services to victims of torture through vigorous capacity development, documentation of evidence of effectiveness of psychosocial intervention.

Please refer to this chapter’s previous sections for all findings regarding TPO’s capacities in using UCA skills and techniques (Outcome 2.1.) and the documentation of effective psychosocial interventions.

7.3. EFFICIENCY

Evaluation Question 6: How efficiently and timely has the project been implemented and managed in accordance with the project proposal?

Based on information from a review of annual and mid-year reports as well as interviews with key informants, most of the project activities were delivered according to plan and some activities were implemented in numbers beyond the initial proposal. For instance, refresher trainings on UCA were provided through four sessions exceeding the target of two trainings.

With regard to timeliness, the project was generally managed on track; however, some outputs were not implemented in a timely manner. The implementation of SHGs, for instance, was often delayed due to the complex and time-consuming procedure in engaging SHG participants. Additional factors contributing to delays were the project’s comprehensive monitoring and reporting mechanisms which required multiple field missions. At times, field visits were also delayed due to flooding and unpredictable weather. Finally, there were delays as a result of the slow responsiveness of some government partners, especially during the Cambodian elections. However, delays have largely been addressed over the past few months, and they neither compromised the costs of the project nor the quality of its results.

The project benefited from the professional management and administration by partners’ staff. The management structure was clear, and the division of tasks and responsibilities was well organized. Indicator-based monitoring took place consistently at all levels. TPO’s research, monitoring and evaluation unit and the project’s coordinators were highly effective in monitoring the project’s performance and results allowing for timely responses to emerging needs. Comprehensive capacity building measures by CVT substantially contributed to this positive result. The project put strong emphasis on an anticipatory and joint learning based on regular meetings between the partner organizations. According to respondents from both partners, this approach effectively ensured the sharing of best practices and served capacity building needs. The project is well documented with monthly and annual reviews and progress reports. Sources of verification were regularly collected and presented to the donor through meetings and reports.

The project is an outstanding example of successful cooperation between two important non-governmental organizations, from the planning stage throughout the implementation. The project was well-coordinated at all levels, and all training of LFs were conducted in a collaborative effort. Additionally, the project's psychosocial interventions and community dialogues were jointly conducted whenever possible. Finally, regular exchange via phone and in monthly meetings ensured effective coordination.

Strong leadership and senior management within both partner organizations contributed to the project's efficient and timely implementation. The partners' project coordinators played a key role in management and coordination and many achievements are due to their hard work and commitment. The program coordinators and supervisors presented an important source of support for the field teams; however, their high number of field days did not allow for a similar level of team supervision as in similar projects.

Considering its ambitious goals, this project achieved its objectives with limited means. Human resources were stretched thin, especially toward the end of the project. Challenges included field staff's weekly trips to remote target regions and limited time for recovery and recreation. Other factors contributing to work overload included the project's excellent but work intensive monitoring practices, and field staff's numerous managerial and administrative responsibilities when implementing field activities. The logistics of planning and managing events across fifteen provinces was also a major challenge, as was the community-based approach of this project requiring a multitude of field visits. Finally, work overload also contributed to periods of staff changes or absences. It appears that the strategy did not entirely consider the volume and challenges of the workload or adequate time periods for project start-up and phase-out.

Nevertheless, all activities were completed in accordance with the project proposal and logical framework. Partner staff must be commended for their skills and working hours way beyond usual working time. Additional contributing factors identified during an FGD at TPO's headquarter and in interviews include staff's long-term experience and expertise in their working fields and outstanding teamwork.

Multiple positive effects also resulted from staff's strong identification with the project and their organizations in general. Employees at all levels appear to share a common vision and feelings of trust with their organizations. Staff feels that their work is recognized and appreciated; communication is open and respectful; staff members are comfortable talking about challenges; and creativity and different viewpoints are encouraged. Despite some considerable dissatisfaction with their salaries, staff members generally appear to feel valued.

Financial management has generally been strong with clear accounting of expenditure, funds transfer and budget tracking. The project resources were used efficiently and largely achieved the project's anticipated results. Whilst project adjustments required some minor budget modifications, the evaluators could not identify any unreasonable use of resources. Financial information was reported regularly from KdK and then transferred into TPO's financial controlling system. In addition, regular phone contact between the financial manager ensured the progress of disbursement. Project expenditures were also controlled through regular financial reporting to USAID.

Key informant interviews further point to the responsiveness of USAID. Transfer delays appear to have been the exception rather than the rule and communication with the donors was regular and without major delays. Finally, TPO reported good communication with and strong support from USAID's country staff.

7.4. IMPACT

Evaluation Question 7: To what extent was the intended project goal achieved and how?

Project Goal: To promote trauma healing for individuals and communities who experienced torture during the KR time and strengthen resilience and thus enhance survivors' capacities for peaceful conflict resolution.

Regarding its goal, the project aimed “to promote trauma healing for individuals and communities who experienced torture during the KR time and strengthen resilience and thus enhance survivors' capacities for peaceful conflict resolution. The effectiveness chapter of this report details all findings related to the project's results regarding *individual* healing and resilience strengthening. The following sections will address additional impacts regarding *community* healing and resilience.

In recent years, there has been a shift from understanding trauma solely at the individual level to also include collective trauma. The project partners share an understanding that violence under the KR profoundly impacted communities as a whole and that trauma extends beyond SOTs who directly witnessed or experienced violence. One TPO respondent, for instance, emphasized that violence under the KR damaged social networks and trust among community members. The result was a breakdown of social relationships and social norms, resources that could otherwise be protective against violence.

Trauma is also produced by structural violence, which prevents SOTs and communities from meeting their basic needs. As detailed in the relevance chapter of this report, widespread poverty contributes, for instance, to low education, psychological distress and health problems.

While practitioners recognize the prevalence of trauma across entire communities, most trauma approaches are focused on treating individuals. The project under evaluation has been different as it planned for memorialization and truth-telling to address community trauma and resilience.

Truth-telling and memorialization initiatives, for instance, supported the connection between community members. The project generated wider community discussions on the KR period and developed social relations between community members who had previously not talked to each other. Increased community acknowledgement helped to reduce tensions among individuals, and in so doing, to prevent the recurrence of violence. The community dialogues in particular connected adults and youth, a result that is likely to contribute to a supportive community.

Additional project outcomes designed to enhance community healing and resilience include communities' better social infrastructure and resources. Capacity building of community stakeholders was built into the project through the training of LFs. Clearly, there is a more comprehensive understanding of community trauma among local authorities.

LF trainings also contributed to higher capacities in community organizations and social support networks. Some LFs, for instance, advanced in key community positions and provide support to SOTs but also intervene when problems arise in the community, especially on behalf of youth. Also, SHG members learned to come together and to develop solutions for their group or the community.

Evaluation Question 8: What unintended consequences (positive and negative) resulted from the project?

One key strength of this project is that it targets many SOTs who are not CPs. However, despite the comprehensiveness and impact of this large-scale project, its services could not satisfy the needs of all SOTs in the target villages. This reportedly led to dissatisfaction among some SOTs who did not benefit from the project.

A few community members do not want to talk about the past and have expressed their fear that this would lead to new violence; however, the vast majority of community stakeholders consulted in this evaluation have confirmed their support for truth-telling and expressed their desire to learn more about the past.

7.5. SUSTAINABILITY

Evaluation Question 9: To what extent are the project results (impact if any, and outcomes) likely to continue after the project?

SOTs' leadership and participation in the project's initiatives fostered their empowerment and better engagement in community work. Capacity building of LFs was built into the project and knowledge improvement through this project have been substantial as detailed in the effectiveness chapter of this report. Yet, LFs consulted in this evaluation strongly requested follow-up training to strengthen their community work.

Many of the project's primary beneficiaries now act as focal points for SOTs and raise awareness on the MH consequences of torture under the KR. However, this applies mostly to SOTs who were trained as LFs. Nevertheless, several SHGs continue their meetings even without TPO's support.

Other SHGs ceased to function after TPO's interventions due to a lack of funding e.g. for snacks and transport costs. Most would find it difficult to continue their work without some form of small-scale financial support.

The project placed emphasis on the continuous engagement of local authorities and service providers such as village chiefs, teachers, monks, achars, health center staff and female commune counselors. Many have been trained as LFs or participated in the project's community dialogues or psychosocial activities. As identified through interviews with community stakeholders and SOTs, most have gained a better understanding of their responsibilities to SOTs. Several respondents expressed confidence that their newly acquired knowledge will lead to enhanced service provision for SOTs. This capacity development of targeted duty bearers was sustainable, but it would need further attention in future programming if the progress made is not to be lost over time.

Beyond training, no systematic approach to increasing the sustainability of government services has been put in place. There is an opportunity for strategies to further enhance government commitment and service provision for SOTs.

TPO and KdK staff have equally developed additional skills which will enable them to respond more effectively to the needs of SOTs. TPO has continued to develop its TT and SHG approach as well as the clinical counselling skills of its field staff.

Training activities and supervision by CVT and the project's numerous monitoring meetings were instrumental in enhancing monitoring skills. Additionally, knowledge exchange and collaboration between the partner organizations allowed for the co-production of knowledge, built sustainable relations between the partner organizations and their staff, and increased the national standing of both partners. Several respondents among partners' staff expressed the wish to collaborate in the design and implementation of future TJ projects. This project result will contribute to the sustained provision of services for SOTs including survivors of GBV during the KR period.

Despite the above-mentioned achievements, the project had no explicit phase-out strategy. However, almost all respondents in this evaluation would like to see a continuation of activities in their communities. Suggested activities include SHGs and community-based truth-telling activities for additional SOTs and their relatives, follow-up trainings for LFs and other SOTs, and small-scale financial support for the SHGs in each target community.

8. CONCLUSIONS

Evaluation Criteria	Conclusions
Relevance	<p><i>Evaluation Question 1:</i></p> <p>The project design was based on an assessment of lessons learned from previous projects and a comprehensive baseline study on forms of torture under the KR, SOTs’ needs and levels of psychological distress.</p> <p>The project was informed on the needs and interests of the target groups through comprehensive community-based assessments prior to and throughout the project implementation in each target location. Regular monitoring missions and constant beneficiary feedback by Facebook or phone served to identify emerging needs and to adjust the project.</p> <p><i>Evaluation Question 2:</i></p> <p>The project design correctly identified the need for a holistic and coordinated approach recognizing that mental health work following political violence requires that the social, cultural and historical contexts are addressed.</p> <p>The combination of services in the areas of mental health and memorialization was clearly responsive to beneficiaries’ priorities.</p> <p>The project’s culturally sensitive and ownership-based approach were particularly relevant in responding to beneficiaries’ psychosocial needs.</p> <p>The evaluation concludes that the outcomes and expected results of the project were highly relevant (and remain so) to beneficiaries’ needs.</p> <p><i>Evaluation Question 3:</i></p> <p>There is a vicious, self-reinforcing cycle of poverty associated with mental disorders often resulting in poor living and housing conditions, fewer educational and employment opportunities, and low access to health care.</p> <p>For many SOTs living in poverty or with mental disorders, their social and family systems disintegrate, with severe consequences for their mental and physical health.</p> <p>Many SOTs also suffer from torture- and age-related diseases and disabilities with little access to health care or social services.</p> <p>Finally, it is also important to consider strategies for preventing the occurrence of traumatic events.</p>

Effectiveness	<p><i>Evaluation Questions 4 and 5:</i></p> <p>Objective 1 / Outcome 1.1.:</p> <p>SOTs received a comprehensive combination of rights-based and culturally sensitive psychological services including psycho-education, TT, SHGs, individual counseling by phone and in person, and psychiatric treatment.</p> <p>Challenges were mostly related to limited resources for the provision of individual counseling and psychiatric treatment. Moreover, SHGs in rural settings require ample time and organization.</p> <p>Psychological tests prior to and after TT and the SHGs show that 82.15% of all clients improved their mental well-being, significantly exceeding the target of 60 %.</p> <p>The project enhanced SOTs' capacities to successfully recover from trauma and adapt to stressors. Protective factors include increased cognitive abilities, self-efficacy, self-regulation, social support, coping strategies, and spirituality as well as supportive family interactions.</p> <p>With regard to coping, many SOTs developed 'active coping' strategies such as engaging in income-generating activities. Other coping strategies include increased support among SOTs and from others in practical and emotional matters.</p> <p>Most SOTs reported closer relationships with their partners and children thanks to the services received, and many appear to spend more time with friends and in community life.</p> <p>Objective 1 / Outcome 1.2.:</p> <p>The project effectively used a variety of training and truth-telling formats (training of multipliers, community dialogues, public forums, and knowledge dissemination through Facebook and TV, etc.) to enhance understanding of the effects of trauma.</p> <p>Multiplier trainings effectively enhanced trauma knowledge and skills in conflict resolution and group facilitation; however, participants have requested for additional training in the area of individual counseling.</p> <p>Intergenerational community dialogues had a profound impact in terms of understanding the impact of trauma, fostering an atmosphere of empathy and understanding among participants. Entertainment-based activities such as the forum theatre performances had a special appeal to youth, and thus, effectively enhanced their comprehension of trauma.</p> <p>Public forums effectively improved understanding of torture during the KR and its consequences for SOTs and their communities.</p> <p>Objective 2 / Outcome 2.1.:</p>
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	<p>The development of TPO’s ‘Unified Clinical Approach’ (UCA) has been a key achievement in streamlining TPO’s psychosocial interventions.</p> <p>Throughout the project cycle, TPO’s psychologists consistently improved their therapeutic techniques through training and supervision by TPO and CVT with very high achievement rates (83.47 %) regarding their capacities and confidence in using the UCA by the end of 2018.</p> <p>Field supervision was also seen as playing a key role in enhancing the skills and confidence of the therapists and appears to be central in ensuring the quality of services.</p> <p>To share ‘good practice’ in psychosocial interventions, TPO produced a video presenting achievements of the project (www.youtube.com/watch?v=Vln0Zglucw8).</p>
Efficiency	<p><i>Evaluation Question 6:</i></p> <p>The project was implemented with strict accordance to the project design and budget, and most activities were completed in according to the work plan. Delays were mostly due to factors outside the project’s control and neither compromised the costs of the project nor the quality of results.</p> <p>Project management and administrative procedures were of good quality and highly effective in monitoring the project’s performance and results.</p> <p>Project resources were used efficiently due to quality financial management and practice.</p> <p>Informal but efficient communication and review processes effectively ensured the coordination between the partner organizations.</p> <p>Good communication with and strong support from USAID’s country staff substantially facilitated the project implementation.</p> <p>Challenges to efficient implementation mostly related to the project’s geographic scope and limited human resources.</p>
Impact	<p><i>Evaluation Question 7:</i></p> <p>Collective trauma can break social ties and communality and undermine previous supportive resources. Thus, there is a need for community interventions to deal with trauma collectively. It is critical that attention goes beyond a focus on individual treatment after exposure to trauma.</p> <p>Addressing community trauma also requires consideration of what can be done to prevent trauma in the first place.</p>

	<p>The project significantly enhanced social relationships and trust among community members. Memorialization and truth-telling initiatives connected adults and youth and restored family relationships.</p> <p>Capacity building efforts enhanced social support networks and ensured government attention to the needs of SOTs. To some extent, beneficiaries learned to develop solutions and youth are more willing to participate in collective action for the common good.</p> <p><i>Evaluation Question 8:</i></p> <p>The project’s services could not satisfy the needs of all SOTs in the target villages. This reportedly led to dissatisfaction among some SOTs who did not benefit from the project.</p> <p>Not all SOTs want to address the past; however, most continue to support truth-telling and request additional memorialization initiatives.</p>
Sustainability	<p><i>Evaluation Question 9:</i></p> <p>The main factor that has ensured sustainability is the project’s inclusiveness and community-based approach. Through empowering community stakeholders, in all their diversity, the project has contributed to an environment where duty-bearers recognize their responsibilities to SOTs.</p> <p>Psychosocial interventions in this project had multiple positive effects concerning the rehabilitation of survivors; however, one challenge is the discontinuation of many SHGs after TPO’s engagement phases out.</p> <p>The capacity development of the project’s LFs was effectively carried out, and newly acquired skills are likely to have a positive effect on their work; however, the general finding is that community-based activities by the LFs cannot sustain themselves without follow-up training and sustained financial support.</p> <p>To some extent, the project also helped to enhance government commitment, although additional support will be required to sustain this result.</p> <p>Furthermore, the project strengthened partnerships between local service providers, conducted training for LFs, and established contact, for instance, with health centres and provincial hospitals.</p> <p>Training activities and supervision by CVT as well as knowledge exchange and collaboration enabled the partners to respond more effectively to the needs of SOTs. Both partners aim to engage in additional partnerships for the sustained provision of services for SOTs.</p>

9. RECOMMENDATIONS

Evaluation Criteria	Recommendations
Relevance	<p>The approach of conducting baseline studies and consulting beneficiaries throughout the project cycle ensured the project’s relevance and should be used as a best practice in future projects.</p> <p>Psychological services and memorialization/truth-telling are vital components of a service package for SOTs, but they are only two pieces of an overall strategy. SOTs have additional needs in multiple areas such as poverty reduction, family counseling and health care. However, reparation projects by the ECCC, such as this project under evaluation, aim to provide ‘collective and moral’ reparations and are not supposed to provide financial support or direct services to individual clients.</p> <p>The following recommendations may help to broaden the partners’ future transitional justice interventions, which can go beyond the limited scope of the court and may address other transitional justice needs in the above-mentioned areas. However, all recommendations should be applied flexibly as the situation demands. Given the service gap, no organization alone can cover all required areas.</p> <p>Complementary projects could, for instance, include additional services in the area of income generation. Income earned by older people does not only benefit older people themselves. Older people often use their earnings to contribute to family expenses such as school fees, food, clothing and fuel. However, many older SOTs in this evaluation are not able to engage in income generation activities due to their psychological and physical problems. Also, activities such as handicraft production, designed to provide older people with work, often generate minimal income.</p> <p>There is; however, an opportunity to support SOTs’ children with income generating activities to support their parents and to care for their children. Many young Cambodians migrate for work or work in garment factories or on plantations; however, this is not true for all communities as seen in this evaluation and some children of SOTs requested training, agricultural inputs (tools, fertilizer, etc.) and small business development.</p> <p>However, neither TPO nor KdK have specialized skills or resources in this working area. Thus, in any similar project, the partners may consider one of the following strategies:</p> <p>First, TPO and KdK are advised to engage in coalitions with livelihood organizations specialized in the area of income generation. Collaborative projects could also</p>

secure more long-term and large-scale funding for mental health and truth-telling interventions.

Secondly, even without such a formal coalition, TPO and KdK may provide SOTs and their children with additional links and referrals to other organizations. In this project, the partners did conduct a comprehensive mapping of SOTs' needs and community resources and provided several SOTs with referrals.

However, in any similar project, the partners could further extend their collaboration with government agencies, health service providers and NGOs, to ensure that older people receive their entitlements. The objective is to establish a basic referral network in each target location and to facilitate SOTs' communication with and transportation to each referral organization. To solve the problem of transportation costs, community-based savings groups may be a practical and cost-effective solution.

Third, TPO and KdK are advised to meet with district and commune-based authorities to discuss the provision of public services to SOTs. Such a strategy would be timely in view of the upcoming increase of funding for community-based services by Cambodia's district offices. The partners could, for instance, discuss the provision of 'poverty cards' to all SOTs in need. This approach would ensure their free access to health care at the community level.

Fourth, TPO and KdK could engage in additional advocacy work for the rights of the elderly and especially SOTs. The idea is to demand government welfare benefits, such as emergency cash handouts, pensions, foster care grants or free health care and transportation. Advocacy would require substantial funding and collaborations with complementary NGOs.

To respond to the problem of family conflicts, TPO and KdK are advised to provide more specialized services in the areas of family therapy and counseling. TPO is aware of this challenge and is currently in the process of formulating plans and building capacities in this area. However, as an additional strategy, TPO is advised to introduce the full-time position of social workers. This approach would not only enhance capacities with regard to family counseling but also broaden the provision of referral services and allow psychological staff to focus on their specialized tasks.

Although social workers and psychologists both offer counseling services, there are some differences between the two professions. A psychologist provides specialized services to clients with emotional, mental and/or behavioural issues. A social worker, on the other hand, helps clients to cope with poverty, family, legal and/or social issues.

More specifically, social workers' tasks could include the following responsibilities:

- Supporting clients during family disputes and providing crisis intervention and family life education;
- Identifying and referring clients to community resources and other organizations (e.g. health care providers, commune councils for women and children, non-governmental organizations);
- Gathering relevant information and assisting clients in receiving services by phone and in person;
- Helping clients to cope with and solve everyday problems;
- Getting clients involved in project activities, e.g. by identifying and engaging SHG participants;
- Maintaining records and preparing reports;
- Providing assistance in training, supervision, and meetings.

SOTs are in need of additional health services. As family units in Cambodia become smaller, and younger adults move to find work, increasing numbers of older people are left to cope alone. Most want to stay in their homes if their quality of life can be maintained. The result is a need for local and home-based health services. With their expertise and long-time experiences in working with elderly people, TPO and KdK are well placed to facilitate SOT's access to medical services. Such an approach could include the following strategies:

- Identifying existing gaps in the local or provincial health system by meeting health officials and carrying out field visits to health facilities;
- Addressing health issues (e.g. chronic and communicable diseases) in needs assessment through FGDs and individual meetings;
- Organizing referrals to health services at primary and secondary levels whilst making sure that a staff member (e.g. social worker) accompanies the referred older person;
- Establishing or meeting with older people's associations (OPA) to establish savings groups for the coverage of health-related transportation costs;
- Making information about health services available to older people;
- Providing additional training (e.g. for LFs and SOT relatives) on the health needs of older people (e.g. as part of TPO's psycho-education activities);
- Ensuring a budget for essential emergency medicine (including psychotropic drugs) and emergency transportation as seen in this project under evaluation. The objective here is not to cover all health costs but to provide support in emergencies when no other support is available (e.g. stroke, heart attack, psychotic episode).

Any similar projects could also conduct additional initiatives for trauma prevention and transformative change. Family therapy, for instance, is a form of secondary trauma prevention because it protects from domestic violence. Other prevention

	<p>initiatives could, for instance, include educating students about the risk of violence after alcohol consumption. Memorialization and truth-telling activities also present opportunities to change social norms that negatively affect communities.</p> <p>When considering trauma prevention, it can be useful to take a public health approach. Public health models emphasize positive health promotion, along with risk reduction and prevention.</p>
Effectiveness	<p>Objective I / Outcome I.I.:</p> <p>During psycho-education, TPO is advised to limit the number of participants allowing for more in-depth discussions and interactions among participants. SOTs could be engaged in the preparation of each psycho-education session to adjust its content to the specific community context.</p> <p>To further improve field supervision by TPO’s supervisors, any similar project could foresee additional funding for their field visits.</p> <p>To facilitate contact and increase the number of phone consultations, TPO collected the phone numbers of family member or neighbours for each client. Despite these efforts, it has still been challenging to contact the envisaged number of clients by phone. It has therefore been suggested not to indicate a quantitative indicator for the number of hotline clients and rather to reach more clients through face-to-face counseling.</p> <p>In any similar project, TPO is advised to broaden its individual counselling services. Group therapy is a common method for improving access to psychotherapy; however, some clients may prefer individual therapy. Individual therapy is typically more expensive than group therapy; however, it offers several advantages. These include more confidentiality, an increased level of analysis and treatment, and a stronger therapeutic alliance. Also, individual therapy sessions can be arranged quickly and at a time that is conducive to client’s schedule. Individual therapy would also allow TPO to reach those SOTs who are not capable of joining SHGs.</p> <p>However, TPO has to find a difficult balance between the cost-effectiveness of its services and the comprehensiveness of treatment for each individual client. Indeed, many SOTs in this evaluation requested additional SHGs in their communities to include more of their peers and relatives.</p> <p>As exemplified in this project, TPO is advised to ensure an emergency budget for psychotropic medicine and transportation to TPO’s clinic for psychiatric treatment.</p> <p>Finally, more resources are needed in order to expand services for SOTs’ children since many suffer from intergenerational trauma.</p>

	<p>Objective 1 / Outcome 1.2.:</p> <p>In any similar project, KdK is advised to decide on some of this project’s target communities and to provide LFs with follow-up trainings. Follow-up training could provide additional MH skills such as individual and family counseling but also practical skills such as how to conduct referrals.</p> <p>To enable LFs to effectively fulfil their tasks beyond the project period (counseling, awareness raising, referrals, etc.), they could be provided with practical means (e.g. awareness raising material, movie collections, etc.) and financial resources.</p> <p>To expand memorialization and truth-telling with youth, KdK could engage in additional collaborations with public and private service providers.</p> <p>KdK could extend the collaboration with schools. Such an approach would require a lengthy admission process and possibly an official Memorandum of Understanding; however, KdK has developed good relationships with district authorities who could facilitate such an approach.</p> <p>Alternatively, KdK could look for new partner organizations to broaden its peacebuilding practice for youth. KdK could, for instance, establish contact with private schools, youth training centres, youth clubs, orphanages or sports clubs.</p> <p>To improve peacebuilding knowledge, KdK could continue its training on topics such as the KR conflict or GBV but also include more practical areas such as project management and advocacy.</p> <p>Other potential interventions could make use of sports to teach peacebuilding skills. For instance, sports can be effective in providing youth with conflict management lessons. KdK could also consider more long-term and participatory arts projects engaging youth in the creative process.</p> <p>KdK’s peacebuilding projects led to the production of numerous communication tools and outputs including information boards, paintings and monuments; film productions, art exhibitions, cartoons, and radio shows. KdK could conduct an inventory and review of these tools for their systematic use in similar projects.</p>
Efficiency	<p>In any similar project, the partners are advised to plan more realistically in terms of human resources and to conduct a more comprehensive assessment of necessary inputs. Complementary projects could focus on a smaller number of target provinces to reduce travel time and to streamline resources.</p> <p>There appears to be a need for field-based administrative staff and/or social workers who provide logistic support and complementary services.</p>

	<p>Whilst staff is generally very satisfied with the work environment and organizational culture, retention strategies could include an adjustment of salaries.</p> <p>During phase out, the strategy could foresee additional time for monitoring, evaluation and reporting.</p>
Impact	<p>To further develop collective resources and build the social infrastructure of communities, any similar project could build public places such as youth clubs or community centres. Such a strategy would create spaces for positive interaction, e.g. youth could come together to develop solutions for their problems.</p> <p>In any similar project, the partners are advised to address structural violence that leads to poverty and migration. Strategies to improve economic opportunities for are critical in healing from community trauma and solving the problem of work migration. Establishing a referral system in collaboration with local authorities, CBOs and service providers could be a major contribution to improving care for SOTs without putting much financial and organizational burden on the partners.</p>
Sustainability	<p>Planning for disengagement and exit is an important part of programming. This is especially important if activities are handed over to local partners such as the LFs.</p> <p>To this end, any similar project could foresee a more gradual reduction of project activities, drawing on local organizations and community stakeholders to sustain project initiatives while the partner organizations gradually deploy fewer resources.</p> <p>SHGs can fail for many reasons, especially when there is no-one available to take charge of practical issues, when there is a lack of motivated individuals, or due to funding difficulties, among other factors. It appears; however, that many SHGs in this project could function independently with only limited follow-up support. Other forms of support could include network meetings with SHGs from other provinces.</p> <p>SHGs' main interest should be mutual support, but they could also engage in action such as consultations with service providers or advocacy for SOTs' interests.</p> <p>Strategies could also foster the development of government strategies for the benefit of SOTs. Through standard setting, such a project could have a lasting effect, particularly if it is reinforced by civil society. More institutional changes are required at district and community levels and these could be a focus of future interventions.</p> <p>In any similar project, the partners could create partnerships between complementary governmental and non-governmental organizations to ensure service provision in the legal, medical and psychosocial fields. The objective should be to ensure harmonized and consistent service delivery at the community level.</p>

10. ANNEXES

ANNEX I: EVALUATION STATEMENT OF WORK

Healing and Reconciliation for Victims of Torture of the Khmer Rouge Trauma

A project by the Transcultural Psychosocial Organization Cambodia and Kdei Karuna.

August 2019

This Statement of Work was produced at the request of the United States Agency for International Development. It was prepared independently by Julian Poluda in collaboration with TPO Cambodia.

Contents

Acronyms	56
List of Tables and Figures	57
Project Context	58
Evaluation Methodology	63
Evaluation purpose and objectives	63
Evaluation criteria and questions	63
Evaluation approach	65
Sampling, data collection and analysis	65
Ethical and safety considerations	67
Limitations and constraints	68
Description of evaluation team	68
Division of responsibilities	70
Quality assurance	71
Evaluation work plan	71
Deliverables	71
Project documents collected	71
Annexes	71
Annex 1: Terms of Reference	71
Annex 2: Data Collection Instruments	71
Annex 3: Sampling Strategy and List of Information Sources	71
Annex 4: Evaluation Work Plan	71

ACRONYMS

CCWC	Commune Council for Women and Children
CNCW	Cambodian National Council for Women
CSO	Civil Society Organization
DAC	Development Assistance Criteria
ECCC	Extraordinary Chambers in the Courts of Cambodia
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GIZ	German Society for International Cooperation
IEC	Information, Education, and Communication
KdK	Kdei Karuna
LcL	Lead Co-Lawyer Section
MoEYS	Ministry of Education, Youth and Sport
MoLVT	Ministry of Labour and Vocational Training
MoWA	Ministry of Women's Affairs
NAPVAW	National Action Plan to Prevent Violence Against Women
NGO	Non-Government Organization
PTSD	Post-traumatic Stress Disorder
SHG	Self-help Group
TJ	Transitional Justice
ToR	Terms of Reference
TPO Cambodia	Transcultural Psychosocial Organization Cambodia
TT	Testimonial Therapy
TWG-G	Technical Working Group on Gender and GBV
USAID	U.S. Agency for International Development
VAW	Violence against Women
VSS	Victims Support Section

LIST OF TABLES AND FIGURES

TABLES

Table 1: Logical Framework

Table 2: Evaluation Criteria and Questions

Table 3: Evaluation Matrix

Table 4: Risk Assessment Matrix

Table 5 – Interview sampling

Table 6 – FGD sampling

Table 7 – Site visits sampling

Table 8: List of project documents reviewed

Table 9: List of background literature reviewed

Table 10 – Overview Travel Days

PROJECT CONTEXT

Cambodians experienced appalling atrocities committed by the Khmer Rouge (hereafter: KR) regime from 1975 to 1979. The KR communist leaders turned Cambodia into a killing field where nearly 2 million Cambodians were killed or died from starvation, torture, exhaustion from forced labor, malnutrition and torture (Chandler, 1998)'. Radical social transformations were imposed to Cambodian traditional society challenging the way people made sense of their own existence through their relationships to others and to the spiritual world. Alex Hinton states, "...beside establishing the basis for a new communist society, structural changes had the lethal effect of undermining traditional pro-social norms, moral restraints and legal prohibitions."* For instance, the KR dismantled people from their spirit-based culture contributing to mental health disorders, as people were not allowed to address traditional healers and monks as resource persons. Families, the main social units in Cambodia that offer emotional support, were viciously attacked and supplanted by collectives. Under the KR, torture and sexual violence were widespread across the country. In addition to the main Torture Centre S-21, the Documentation Center of Cambodia lists up at least 195 documented Khmer Rouge and death centers."

Poor psychological health may reduce economic and social participation. Research in Cambodia suggests high exposure to multiple traumas, with up to a quarter of participants meeting a probable diagnosis of anxiety or depression and up to 11% meeting a probable diagnosis of PTSD'. This research underscores the current level of mental health need within victims of Khmer Rouge era trauma. However, only limited mental health services and expertise are present today, as most specialists did not survive the KR regime and public and non-governmental mental health services remain to be weak.

Many rural communities continue to be affected by a disrupted social ecology, low conflict resolution capacities and low levels of social cohesion. Grievances held by both, victim-survivor groups and many former KR, are the feelings of being dehumanized by the Democratic Kampuchea (DK) regime, of sadness and loss (personal, physical and economic), the lack of acknowledgement of the suffering and the lack of recognition of their identities as victims. For decades, victims of torture have often found themselves living in the same communities as those who committed crimes against their family. Tensions still exists as a lack of communication continues to foster anger, hatred, and misunderstanding.

In 2001, the Cambodian National Assembly passed a law to create the Extraordinary Chambers in the Courts of Cambodia (ECCC), a court to try the most serious crimes committed during the Khmer Rouge. It applies both Cambodian and international law, and combines Cambodian and international judges, prosecutors, and defense lawyers. The ECCC are the first hybrid tribunal to implement a Civil Party (CP)mechanism that gives survivors additional procedural rights allowing for more active involvement in the legal proceedings, and the right to seek collective and moral reparations. The Victims Support Section (VSS) of the ECCC has been given the responsibility to collect funding, and design and implement non-judicial justice measures, and moral and collective reparations. TPO Cambodia and Kdei Karuna both design and implement reparation measures of the ECCC.

DESCRIPTION OF THE PROJECT

The project, “Healing and Reconciliation for Victims of Torture of the Khmer Rouge Trauma” has been carried out by two local Cambodian NGOs, the Transcultural Psychosocial Organization (TPO) as lead agency, and Kdei Karuna (KdK) as a sub-contracting partner. TPO and KdK were awarded funding of USD 894,057 by the USAID (USAID) for the three-year project: “Healing and Reconciliation for Victims of Torture of the Khmer rouge Trauma”.

PRIMARY AND SECONDARY BENEFICIARIES

The project targeted the following primary beneficiaries:

Individuals who were tortured by the KR regime and who are experiencing ongoing related mental health issues (e.g. traumatization), including those who are Civil Parties at the ECCC, in particular victims of GBV during the KR.

Composite picture of the clients: Through this project, TPO and KdK involved several different types of clients. Below is a composite picture of the major groups. The majority were new clients who had not worked previously with TPO or KdK.

Victims of torture and Civil Party applicants (CPs) at the ECCC: these clients tend to be aged between 50-70 years and live in rural communities throughout Cambodia. They are generally from lower socio-economic backgrounds. Most have experienced some form of trauma during the KR era including torture, sexual violence, forced marriage, rape, starvation, death of family members, and witnessing violence. Many display symptoms of depression and Post Traumatic Stress Disorder (PTSD) or the cultural disorder “baksbat” with symptoms such as nightmares, intrusive memories, and high levels of hyper-arousal and lack of trust etc. Some clients also have alcohol related disorders, depression and other psychosocial issues.

Clients who have experienced GBV in conflict and more recent forms of GBV: In addition to CPs, other victims of past and recent GBV will be reached by the project. They are trapped in the vicious cycle of violence, mental health problems and economic hardship. They display symptoms of depression, anxiety, “baksbat” and other trauma related symptoms.

The project’s secondary beneficiaries include:

- Local Facilitators (multipliers) in 15 rural communities.
- Family and community members affected by the torture during Khmer Rouge.
- Youth in rural areas (children of victims of torture)

TARGET REGIONS

The project has been implemented in 15 communities in 15 different provinces. Five of the communities are current KdK partner communities. KdK is strongly connected to the communities and has regular phone and personal contacts with Local Facilitators (Local Facilitators) and other community members. To deepen relationship, build trust, promote equality and be able to get a holistic understanding of the target communities, TPO/KdK staff frequently attended community events such as weddings, funerals, fundraising and remembrance ceremonies. The five existing communities in Kratie, Svay Rieng, Tbong Khmum, Kampong Chhnang, and Siem Reap were covered in the first year of implementation. In addition, KdK identified 10 new partner communities in the provinces of Pursat, Kandal, Kampong Thom, Kampong Cham, Battambang, Kampot, Takeo, Prey Veng, Monduliri, Kep.

PROJECT STRATEGIES

The project adopted a community based, holistic and collaborative approach; with trauma healing services, truth telling, memorialization and history education incorporated in the project. The project's therapeutic interventions are culturally grounded and based on evidence and 'best practice' from TPOs previous interventions and fully comply with the USAID Victims of Torture programing guidelines. The overall goal was to promote trauma healing for individuals, families and communities affected by torture and violence. By improving survivors' mental wellbeing and fostering truth telling, reconciliation and memorialization, the project aimed to provide victims of torture with public acknowledgement and assist them in the reconciliation process. The project further engaged local community resource persons (Local Facilitators) throughout the process to ensure ownership and the sustainability of the project results. To ensure the quality of services, TPO/KdK provided capacity building to their staff in technical and administrative matters.

THEORY OF CHANGE (TOC)

The basic premise is that the after-effects of torture and violence of the KR regime residually affect Cambodians' ability to heal from trauma, to reconcile and to function effectively in the normal social endeavors. The project focuses on overcoming the past traumatic effects and reconstructing healthy relationships, which then allows for change at different levels of the society.

To address the above issues, the project has three theories of change (ToC):

- ToC1: If victims and community, traumatized by violence and torture during the Khmer Rouge time, are given access to psychosocial treatment and rehabilitation, then their mental wellbeing will be improved, their pain and suffering will be reduced, their dignity and daily function will be restored (refer to outcome 1.1 and 1.2)
- ToC2: If TPO' therapists have received ongoing clinical training and supervision to improve their knowledge and skills, then they will be able to provide a quality and sustainable mental health and psychosocial services to victims of torture.
- ToC3: If the project has been closely monitored and evaluated, the experiences from the project and the intervention approach have been documented and shared, then the best practice guideline will be widely accessible by other mental health professionals and may be used for future project.

PROJECT GOAL, OUTCOMES AND OUTPUTS

The overall goal of this project was to promote trauma healing for individuals and communities who experienced torture during the KR time and strengthen resilience and thus enhance survivors' capacities for peaceful conflict resolution

TABLE 1: LOGICAL FRAMEWORK

Project Goal: To promote trauma healing for individuals and communities who experienced torture during the KR time and strengthen resilience and thus enhance survivors' capacities for peaceful conflict resolution.		
Objective I: To improve mental well-being for victims of torture through increased access to mental health services, truth-telling and memorialization processes that treat and heal trauma caused by torture at individual and community levels.	Outcome I.1: Approx. 60% of victims of torture, improve their well-being and strengthen their resilience and coping strategies through increased access to trauma healing (mental health) services and reconciliation processes as compared to baseline.	25 psycho-education sessions conducted with about 1,200-1,500 community members including victims of torture; family members affected by torture participated in awareness raising.
		35 testimonial therapy sessions with approx. 180 victims of torture participate in this activity.
		18 Self Help Groups are established/formed with about 150-180 victims of torture.
		Between 100-150 victims of tortures received individual or telephone counseling.
		Between 200-300 victims of torture who are civil party applicants received emotional support during the hearing and tribunal preceding.
		Number of victims of torture are referred to get psychiatric or physical treatment.
		Up to 225 local facilitators participated in the training on community dialogue and basic psychological support and conflict resolution.
		Between 100-150 community members including victims of torture come forward to receive mental health services from TPO staff through referral by trained local facilitators.
		15 community dialogues and forum theaters are performed and facilitated by KdK staff collaborate with trained local facilitators and TPO staff.

		3 public forums on truth telling are organized by KdK.
	Outcome 1.2: By the end of project, identified groups affected by torture have a better understanding of the effects of past trauma, more feeling of empathy toward other victims, which contributes toward a shared future.	Numbers of community members acknowledging the suffering of victims of torture during community activities.
		Numbers of victims of torture volunteer to share their story or experienced in public forum on truth-telling
		Numbers of victims of torture who report engagement or participation in social or community activities.
Objective 2: To improve the quality of mental health services to victims of torture through vigorous capacity development and the documentation of evidence of the effectiveness of psychosocial intervention.	Outcome 2.1: By the end of 2018, between 70 to 80% of TPO clinicians/therapists have increased capacity and confidence in using UCA skills by 30%.	UCA manual is translated in Khmer language and shared to all TPO' clinicians.
		30 TPO clinicians/therapists receive in house training in related to Unify Clinical Approach package.
		2 refresher trainings on UCA are conducted for TPO clinicians.
		36 group supervision sessions are conducted.
		TPO' clinician/therapists received on going individual supervision by TPO's senior clinical supervisor in cooperation with CVT's clinical advisor.
		3 annual visits by CVT clinical advisor.

EVALUATION METHODOLOGY

As agreed with TPO's headquarter staff, the evaluators aim to conduct a Performance Evaluation per the definitions in ADS 201

Evaluation purpose and objectives

This is a mandatory final evaluation required by USAID. The ToR emphasize the evaluation's purpose of accountability and transparency towards primary and secondary beneficiaries, donors, senior management, governmental and non-governmental stakeholders, and the public.

The evaluation will primarily focus on the program's impact, outcomes, and outputs, hence, on the program results explored through summative evaluation. The evaluation further aims to identify emerging needs, gaps and priorities, and thus guide the decision about whether to design similar projects, or to inform the project's further direction. Finally, the evaluation aims to inform policy and practice of external stakeholders by contributing to the evidence base through the identification of 'lessons learnt' and 'best practices'.

In summary, the evaluation objectives are:

- To evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability and impact, with a strong focus on assessing the results at the outcome and project goal levels;
- To determine the project's achievements and gaps;
- To generate key lessons and identify promising practices for learning.

Evaluation criteria and questions

The evaluators reviewed the Terms of Reference and Theory of Change and re-assessed the evaluation objectives and key questions. To this end, the evaluators defined their approach to each question in an evaluation matrix indicating the a) evaluation criteria, b) evaluation questions, c) sources of information, and d) data collection methods and tools. Please refer to Annex I for details.

The evaluation questions were developed in relation to five of the OECD/DAC criteria: Relevance, Effectiveness, Efficiency, Impact and Sustainability. In addition, the ToR ask for the evaluation of the project's knowledge generation: the degree of documentation of practices and the identification of key lessons on ending Violence against Women. Key questions were designed during the evaluation's inception stage in consultation with senior management staff.

Table 2: Evaluation Criteria and Questions

Relevance: The extent to which the activity is suited to the priorities and policies of the target groups, recipients, and donors.
Evaluation Question 1: To what extent has the design been based on a needs assessment and a context analysis?
Evaluation Question 2: How relevant is the project in responding to the psychosocial needs of the project's beneficiaries?
Evaluation Question 3: Are there any other needs of the project's primary beneficiaries that should be addressed, if the project is replicated or further implemented in a next phase?
Effectiveness: the level of achievement of the project's outcomes and outputs.
Evaluation Question 4: To what extent were the intended project outcomes and outputs achieved and how?
Evaluation Question 5: What internal and external factors contributed to the achievement and/or failure of the intended project outcomes and outputs? How?
Efficiency: the quality of processes by which the project is delivered to produce outputs.
Evaluation Question 6: How efficiently and timely has this project been implemented and managed in accordance with the project proposal?
Impact: whether there has been a change towards the project goal as a result of the achievement of the outcomes.
Evaluation Question 7: To what extent has the intended project goal been achieved and how?
Evaluation Question 8: What unintended consequences (positive and negative) resulted from the project?
Sustainability: the degree to which the benefits produced by the project continue after external assistance comes to an end.
Evaluation Question 9: To what extent are the project results (impact if any, and outcomes) likely to continue after the project?

Evaluation approach

In order to fully capture the project's complexities and to effectively evaluate the project's results in view of the evaluation questions and available time and resources, the evaluators will make use of a desk review, individual semi-structured interviews, focus group discussions, and site visits. These qualitative results will be compared to the project's baseline survey and comprehensive quantitative monitoring results.

The aim is to collect and analyses data from a variety of data sources to comprehensively measure the project's outcomes.

Consistent with a participatory and utilization-focused approach, the consultant will carry out their tasks in close and continuous collaboration with concerned staff. The evaluators will ensure opportunities for reflection on the evaluation questions and methodology, and continuously communicate with concerned staff to monitor the relevance, effectiveness, and efficiency of the evaluation strategy, thus providing opportunities for adjusting the evaluation work. To ensure that the evaluation results are used effectively, the evaluators will put special emphasis on drawing conclusions and making practical recommendations.

Sampling, data collection and analysis

Data will be collected by a multinational and gender-balanced team of one international evaluation consultant and one external and independent research facilitator, in collaboration with partners' headquarter staff and TPO's field staff during field missions. Besides the evaluation's interviews and FGDs in Phnom Penh, one six-day field mission will be carried out to the project's target districts in Kratie and one eight-day field mission will be conducted to Pursat and Battambang provinces.

Respondents will comprise primary (survivors of torture) and secondary (relatives and youth) project beneficiaries and a range of additional stakeholders including TPO and KdK staff, community representatives, religious leaders, police representatives and representatives of the ECCC and non-governmental organizations, and external experts.

The evaluators further aim to conduct one FGD with TPO's and KdK's field staff and three FGDs with the project's primary beneficiaries to triangulate the interview results with supplementary in-depth qualitative information.

Finally, the evaluators will conduct site visits to memorial places, former torture centers and killing sites. Please refer to Annex 2 for details on the data collection instruments and sample groups.

Desk review

As part of the inception stage, the evaluators were equipped with multiple project documents prior to the field phase. Secondary data was collected from documentary evidence such as survey and evaluation reports and monitoring results from the partners' database.

Several evaluation and survey reports were added by the evaluators to allow for the triangulation of the evaluation's findings. A list of project documents and background literature reviewed can be found in Appendix 3. In addition, the evaluators conducted an analysis of background literature as indicated in Annex 4.

Selection of target provinces

The ToR anticipated the collection of data not only at the national level, but also through visits to two or three selected provinces. Given their previous experience with similar evaluations, the evaluators selected three target districts in Battambang, Pursat, and Kratie province.

These three provinces were selected as they were also the target regions of the project's baseline study allowing for a comparison with the evaluation's results. Also, these provinces were provided with all services as indicated in the project's logical framework.

Kratie was further selected because of the relatively high number of Muslim Cham SOTs living in the area. Battambang was selected because both former KR member-survivors (FKR-MS) and victim-survivors (FKR-VS) were known to reside there. Pursat and Kratie were selected based on KdK's activities in the area and the large number of FKR-VSs.

Most of the targeted communities are located in areas where former DK prisons operated, and many of the mass grave sites are also located around these areas.

Finally, the evaluators aimed to minimize travel time and thereby maximize data collection.

Interview sampling

Regarding the evaluation's individual semi-structured interviews, primary beneficiaries will be selected by quota sampling. This approach will allow to generalize findings to the primary beneficiaries in the target provinces.

Interview partners among the project's secondary beneficiaries will be selected taking a purposive sampling strategy aimed to ensure a cross-section of representatives. These include local facilitators (LFs), community stakeholders such as female commune counsellors and the police, local staff of ministries and NGOs, etc.

Beneficiary consultations will be completed by interviews with key informants in Phnom Penh as identified in consultation with project staff.

Please refer to Annex 2F for details on the type and number of sample groups.

Focus group discussion sampling

Regarding the use of FGDs, it was anticipated that many beneficiaries live far apart from each other making it difficult to unite beneficiaries for FGDs. However, after detailed analysis of the location of beneficiaries' homes, it was realized that many live in the same villages making it possible to unite beneficiaries for FGDs.

In total, the evaluators aim to conduct three FGDs with primary beneficiaries utilizing convenience sampling meaning that those beneficiaries are selected who are available and live in one community but have the characteristics of the overall target population. The objective is to collect the views of a wider number of primary beneficiaries and to reinforce their links in safe group settings.

In addition, one FGDs will be conducted with TPO and KdK field staff to identify the project's main benefits and challenges. This FGD at TPO's office will serve to collect the views of a wider number of field and headquarter staff responsible for the project's implementation.

SYNTHESIS AND REPORTING

After data collection during field mission, the evaluators will transcribe and formalize all findings, proceed with a systematic analysis and synthesize all findings, conclusions and recommendations into an overall draft evaluation report. All findings and recommendations will be based on a clear logic chain analysis, from findings and contributing factors, to conclusions and recommendations.

Findings and results from this first draft report will then be discussed during a presentation with partner staff. In preparation of the presentation, a document outlining the main findings and recommendations will be made available. This presentation will bring together staff from the various sections of the partner organizations. Findings and recommendations from the presentation will be further triangulated through additional consultations and interviews if deemed useful.

The draft report will be discussed in each partner organization. Each project partner is responsible to disseminate the draft report among its staff, and to discuss all findings and recommendations. The partner organizations may also ask for feedback by beneficiaries or other internal/external stakeholders of the project. All feedback should be consolidated and commented on by partners' senior staff and submitted to the evaluation team.

During follow-up, the evaluators will clarify with the project partners if the evaluation was satisfactory in view of the ToR. After final review and approval of the report, the project partners are responsible for the dissemination of the final report, and to prepare management responses to the report's key recommendations.

ETHICAL AND SAFETY CONSIDERATIONS

To serve the objectives of the evaluation, the evaluators aim for accurate and useful findings, so that the program partners can improve processes and outcomes. Stakeholders will be consulted throughout the evaluation to ensure that the objectives, activities and findings of the evaluation address their needs.

The composition of the evaluation team has been carefully considered, to ensure a mix of expertise and independence. As detailed in the previous sections of this report, it ensures both ownership and participation by the partner organizations as well as impartiality and independence, in addition to sensitivity to cultural considerations.

All members of the evaluation team have broad experiences in collecting sensitive information and specifically data relating to mental health and violence against women. To prevent any potential retraumatization, for instance, interview questions to survivors will primarily focus on the impact of and their experiences with the project rather than on their experiences of suffering. The professional background of the evaluators in the field of mental health will further help to respond to post-traumatic reactions. The evaluation team will make sure to obtain informed verbal consent by each respondent. This decision was taken in view of beneficiaries' illiteracy and participants' wariness of signing documents from

a cultural and social perspective. Obtaining consent involves informing all respondents about their rights, the purpose of the evaluation, potential risks and benefits of participation, the evaluation procedures, and the confidentiality of personal identification and demographic data, so that the participation is entirely voluntary and based on a comprehensive understanding. To this end, the evaluators developed a verbal informed consent form, that will be read to but not signed by the respondents (Annex 2.4).

Field visits will be conducted at appropriate times and locations to minimize risk to respondents. For instance, interviews will be conducted at the compound of local pagodas to ensure confidentiality and to prevent any disturbance by relatives or neighbors. Preserving the anonymity of respondents will be particularly important to ensure their protection, and to guarantee that the evaluation process does not create problems. In particular, the evaluators will ensure that the names of individuals consulted during data collection are not made public. In addition, during FGDs, the evaluators will ensure a neutral and homogenous group composition so that participants feel comfortable and safe revealing all relevant information. When people encountered during the evaluation ask for help, they will be directly referred to and/or provided with information on sources of support by local service providers. However, financial incentives will not be offered for participating in the evaluation. Finally, participation will always be voluntary, and all participants will be informed on their right to withdraw at any time without any negative consequences. Please refer to Annex 2.4, 2.5 and 2.6 for the informed consent form, details on the evaluation's ethical and safety considerations, and the evaluation's risk assessment matrix.

LIMITATIONS AND CONSTRAINTS

Evaluations in the transitional justice field can be complex and challenging, in particular due to the multitude of stakeholders involved from diverse areas. Getting access to informants, data and information may also be difficult to come by as evaluations can be seen as a potential danger for those involved.

Gender- and power-related dimensions may pose certain challenges in the evaluation process as they often polarize perspectives so that the same events are subject to widely differing interpretations. Political and contextual constraints also have the potential to undermine the evaluation's reliability and the validity of the results obtained. Finally, some respondents may not be available in this work intensive time of the year and due to the multitude of public holidays.

The evaluation will pay attention to whether the evaluation has led to the inclusion or the exclusion of women and/or other stakeholders who are marginalized. To this end, the evaluators' participatory approach and experiences as former NGO staff members will help to enhance a feeling of ownership so that comprehensive information and support can be obtained.

The evaluation report will make clear any additional constraints faced and how these constraints affected the evaluation process and findings.

DESCRIPTION OF EVALUATION TEAM

The program objectives intersect with a wide number of areas such as mental health, peacebuilding, gender-based violence, youth development, etc. Therefore, this evaluation requires expertise from diverse fields, in the areas of mental health, transitional justice and gender studies, in addition to expertise in the field of evaluation.

The evaluation team consists of one international consultant with evaluation experiences in the fields of transitional justice, gender-based violence, mental health, and youth empowerment.

The consultant will collaborate with one independent and external research facilitator to allow for the unbiased implementation of interviews and FGDs. As discussed with TPO, the evaluator further aims to comprehensively engage TPO's field staff in the evaluation. The objective is to use this opportunity for a veritable learning process, and to continuously collect feedback on preliminary evaluation results. This approach also ensures TPO's ownership of the evaluation's findings, an important factor for the implementation of the evaluation's recommendations.

Also, field staff's familiarity with the project will substantially facilitate the contact to beneficiaries and enhance their confidence to engage in the evaluation. Together, the evaluators form a gender-balanced, multicultural and multiprofessional team. The team will further collaborate with one professional editor to prepare the evaluation report for publication.

Julian Poluda largely focusses on the evaluation of projects and programs in the areas of Mental Health, Transitional Justice and Gender-Based Violence. Further working areas include Reproductive Health, Youth Development, Harm Reduction and Media Development. He further facilitates the development of projects/programs and wrote proposals for numerous reparation projects and other initiatives in the fields of mental health, transitional justice and gender studies. Since November 2008, Julian Poluda is based in Cambodia. Evaluation experiences in the transitional field include the evaluation of the 6-year Civil Peace Service/GIZ country program, the mid-term and final evaluation of the UNTF-funded gender project by the Victims Support Section of the ECCC, and evaluations of projects by Avocats Sans Frontières, ADHOC, Kdei Karuna, CHRAC and Youth for Peace. Evaluation experiences in the mental health and gender fields include numerous evaluations for national and international organizations in and outside Cambodia including the eight-month global evaluation of UNHCR's activities in response to sexual and gender-based violence.

Sineth Siv has nine years of experience at APSARA Authority in Siem Reap and is currently a senior project manager for eco-tourism community development and cultural preservation within Angkor Archaeological Park. She also freelances as a consultant with an emphasis on transitional justice and women's issues. Her recent evaluation work focused on TJ and gender programs by the ECCC and NGOs.

Jusbazooka Khut has been working as freelance research facilitator and interpreter with nine years of experiences. Previous experiences include her work as team coordinator in various NGOs and manager of educational projects for families and girls over a period of six years. She is currently pursuing a degree in Psychology at the Royal University of Phnom Penh.

Mercy Ananeh-Frempong holds a combined bachelor's degree in Philosophy and English from the University of Ghana. After her work as editor of Ghana's oldest newspaper and in the advertisement & marketing sector, she became a freelance organizational development consultant for non-governmental organizations. Since 2012, she lives in Cambodia where she works as capacity building consultant, technical editor and monitoring advisor. She especially enjoys working hand in hand with local Cambodian non-governmental organizations to optimize their internal processes in order to boost productivity, teamwork, creativity and innovation. She is also a published writer, has a poetry blog, and supports young Cambodian writers.

DIVISION OF RESPONSIBILITIES

Name & Position	Area of Expertise Relevant to the Assignment	Designation	Assigned Tasks
Julian Poluda (International Consultant)	Evaluation Theory & Practice; Participatory Approach Methodology; Mental Health & Psychosocial Interventions; Transitional Justice & Peacebuilding; Truth-telling & Memorialization Gender and Violence; Youth Development; Arts in Development.	Team Leader	Coordination and administration: contact person ensuring regular exchange and communication; financial reporting; Final responsibility for the evaluation design, data collection, analysis and report writing in collaboration with all team members; Quality control of deliverables and outputs by team members; Main responsibility for the presentation of evaluation results.
Sineth Siv Khut Jusbazooka	Monitoring; Research Facilitation; Community-based Approach; Mental Health, Transitional Justice & Peacebuilding; Gender and Violence; Youth Development.	Research Facilitator	(Co)responsible for the evaluation design, data collection and analysis in collaboration with all team members; Responsible for the translation and facilitation during data collection and presentations; Responsible for logistic and travel arrangements.
Mercy Ananeh-Frempong (Technical Editor)	Style Manual Expertise; Publishing Experience; Knowledge of Technical Concepts; Attention to Detail; Strong Verbal and Written Communication Skills Community-based Approach; Technical Knowledge in the Fields of Mental Health, Gender and Transitional Justice.	Technical Editor	Editing of Grammar, Punctuation, and Style; Technical Feedback to the Evaluation Writers; Quality Assurance of Content and Style.

QUALITY ASSURANCE

As the evaluation's team leader, Julian Poluda will have the final responsibility for the quality of all evaluation deliverables. To ensure the evaluation's quality, he will constantly monitor the relevance, effectiveness, and efficiency of the evaluation strategy. He will further ensure opportunities for reflection and feedback on the evaluation proceedings and outputs. In particular, he will regularly communicate all tasks, processes, and methods to the evaluation manager and senior management staff.

Additional quality assurance methods include Skype meetings and monitoring workshops between the evaluators to determine the progress and quality of all activities.

The international consultant will work side by side with the research facilitator and TPO's field staff. He will function as the lead evaluator and will closely collaborate with the evaluation's external research facilitator ensuring the evaluation's independence and transparency. Field discussions will ensure learning by TPO's staff and their feedback on preliminary findings. Also, all comments on the inception and evaluation reports will be incorporated in the final reports. Finally, the final report will be edited by a professional editor.

EVALUATION WORK PLAN

The evaluation work will be completed until mid-November 2019 (tbd). *Please refer to Annex 4 for further details.*

DELIVERABLES

The evaluation will produce:

- A Statement of Work including the evaluation design with key questions, methods, and data collection instruments;
- A draft report to be commented on by senior project management staff;
- A final report that includes all elements described in USAID's evaluation report requirements.

PROJECT DOCUMENTS COLLECTED

The evaluators identified existing and relevant strategy, project, and activity documents as well as performance information sources that were available, with special attention to monitoring data.

Please refer to Annex 3 for an overview of all documents consulted.

ANNEXES

Annex 1: Terms of Reference

Annex 2: Data Collection Instruments

Annex 3: Sampling Strategy and List of Information Sources

Annex 4: Evaluation Work Plan

ANNEX II: EVALUATION METHODS AND LIMITATIONS

Please refer to Chapters 3 for details on the evaluation methods and limitations.

ANNEX III: DATA COLLECTION INSTRUMENTS

EVALUATION MATRIX

Table 3: Evaluation Matrix

Evaluation Criteria	Evaluation Questions	Data Collection Methods and Tools	Sources of Data
<p>Relevance:</p> <p>The extent to which the activity is suited to the priorities and policies of the target groups, recipients, and donors.</p>	<p>Evaluation Question 1:</p> <p>To what extent was the design based on a context analysis and needs assessment?</p> <p>Evaluation Question 2:</p> <p>How relevant is the project in responding to the psychosocial needs of the project's beneficiaries?</p> <p>Evaluation Question 3:</p> <p>Are there any other needs of the project's primary beneficiaries that need to be addressed, if the project is replicated in a next phase?</p>	<p>Analysis of baseline data and monitoring results</p> <p>Analysis of secondary data</p> <p>Semi-structured interviews</p> <p>Focus Group Discussions</p> <p>Site visits</p>	<p>Baseline survey</p> <p>Project documents</p> <p>Secondary data</p> <p>Primary beneficiaries</p> <p>Beneficiaries' peers such as relatives</p> <p>Secondary beneficiaries</p> <p>Community-based key informants (village chief, service providers, monks, police, etc.)</p> <p>Staff of implementing partner organizations (TPO/KdK headquarter and field level staff)</p> <p>Key informants among partner organizations (e.g. VSS)</p> <p>External experts/researchers</p>

<p>Effectiveness: the level of achievement of the project's outcomes and outputs.</p>	<p>Evaluation Question 4: To what extent were the intended project outcomes and outputs achieved and how?</p> <p>Evaluation Question 5: What internal and external factors contributed to the achievement and/or failure of the intended project outcomes and outputs? How?</p>	<p>Analysis of baseline data and monitoring results</p> <p>Analysis of secondary data</p> <p>Semi-structured interviews</p> <p>Focus Group Discussions</p> <p>Site visits</p>	<p>Baseline survey</p> <p>Project documents</p> <p>Secondary data</p> <p>Primary beneficiaries</p> <p>Beneficiaries' peers such as relatives</p> <p>Secondary beneficiaries</p> <p>Community-based key informants (village chief, service providers, monks, police, etc.)</p> <p>Staff of implementing partner organizations (TPO/KdK headquarter and field level staff)</p> <p>Key informants among partner organizations (e.g. VSS)</p> <p>External experts/researchers</p>
<p>Efficiency: the quality of processes by which the project is delivered to produce outputs.</p>	<p>Evaluation Question 6: How efficiently and timely has this project been implemented and managed in accordance with the project proposal?</p>	<p>Analysis of baseline data and monitoring results</p> <p>Analysis of secondary data</p> <p>Semi-structured interviews</p> <p>Focus Group Discussions</p> <p>Site visits</p> <p>(Observational participation)</p>	<p>Staff of implementing partner organizations (TPO/KdK headquarter and field level staff)</p> <p>Key informants among partner organizations (e.g. VSS);</p>
<p>Impact: whether there has been a change towards the</p>	<p>Evaluation Question 7: To what extent was the intended project goal achieved and how?</p>	<p>Analysis of baseline data and monitoring results</p> <p>Analysis of secondary data</p>	<p>Baseline survey</p> <p>Project documents</p> <p>Secondary data</p>

<p>project goal as a result of the achievement of the outcomes.</p>	<p>Evaluation Question 8: What unintended consequences (positive and negative) resulted from the project?</p>	<p>Semi-structured interviews Focus Group Discussions Site visits (Observational participation)</p>	<p>Primary and secondary beneficiaries Beneficiaries' peers such as relatives Community-based key informants (village chief, service providers, monks, police, etc.) Staff of implementing partner organizations (TPO/KdK headquarter and field level staff) Key informants among partner organizations (e.g. VSS) External experts/researchers</p>
<p>Sustainability: the degree to which the benefits produced by the project continue after external assistance comes to an end.</p>	<p>Evaluation Question 9: To what extent are the project results (impact if any, and outcomes) likely to continue after the project?</p>	<p>Analysis of baseline data and monitoring results Analysis of secondary data Semi-structured interviews Focus Group Discussions Site visits (Observational participation)</p>	<p>Baseline survey Project documents Secondary data Primary and secondary beneficiaries Beneficiaries' peers such as relatives Community-based key informants (village chief, service providers, monks, police, etc.) Staff of implementing partner organizations (TPO/KdK headquarter and field level staff) Key informants among partner organizations (e.g. VSS) External experts/researchers</p>

INTERVIEW GUIDE

Interview guidelines

This interview guide aims to direct the semi-structured interviews. The following questions were designed to collect information on the key evaluation questions as indicated in the evaluation matrix. These indicative questions should be included in most interviews; however, depending on the level of involvement of each interview partner in the project's activities, a limited number of questions will be selected from the matrix below. Each interview will further explore additional questions to allow for a more in-depth assessment.

Interview introduction

Good morning/evening/afternoon, my/our name(s) is/are [presentation of evaluators and translators: professional background, experience, age, etc.]. We are independent researchers and want to understand whether the services by [implementing organizations] were helpful to you/the project's beneficiaries. We want to learn from you about the strengths and challenges of the services provided and how [implementing organizations] could improve in the future.

We think you may be an important source of information and would appreciate to have an interview with you. It won't take more than 45 minutes. Your frankness is extremely important to us; therefore, this interview is confidential. We will use the information from this interview, but your name will not be connected to any findings in the report.

If you do not want to answer any question, please feel free to remain silent. It is not a problem if you want to end the interview at any point.

[Add during interviews with female GBV survivors] If you feel more comfortable speaking to a woman only, Julian will not take part in the interview. Do you prefer speaking to a woman only?

We will now explain to you, in detail, your rights and all safety regulations in this evaluation [please use the attached informed consent form]. We will then ask you if you have any questions/comments on the evaluation and/or our objectives. Finally, we will ask you if you want to participate in this interview.

Personal information

- Date / Time:
- Respondent's gender:
- Approximate age:
- Profession or position of the interviewed person and organization he/she represents:

Opening questions

- How long have you known the [implementing organizations]? How did you get to know them?
- What was your involvement with the project by [implementing organizations]?

Table 4: Interview questions

Evaluation Criteria	Evaluation Questions	Interview Questions	Sample Group / Respondent				
<p>Relevance:</p> <p>The extent to which the activity is suited to the priorities and policies of the target groups, recipients, and donors.</p>	<p>Evaluation Question 1:</p> <p>To what extent was the design based on a context analysis and needs assessment?</p>	<p>Did TPO or KdK ask you/ SOTs for the most important needs? When? How?</p>	SOTs	SOT family / caregivers	Local authorities (LAs) and community member	-	Project staff
	<p>Evaluation Question 2:</p> <p>How relevant is the project in responding to the psychosocial needs of the project's beneficiaries?</p>	<p>What do you think about the activities by TPO and KdK? Did they provide the right services? Or should there be other services?</p> <p>If yes, why are these the right services? If no, why not?</p>	SOTs	SOT family / caregivers	Local authorities (LAs) and community member	Key informant s	Project staff
	<p>Evaluation Question 3:</p> <p>Are there any other needs of the project's primary beneficiaries that need to be addressed, if the project is replicated or further implemented in a next phase?</p>	<p>At the moment, what are the main problems in your/in SOTs' life?</p> <p>What do you think causes these problems?</p> <p>What could be any solutions to your/SOTs' problems?</p>	SOTs	SOT family / caregivers	Local authorities (LAs) and community member	Key informant s	Project staff
<p>Effectiveness:</p> <p>the level of achievement of the project's</p>	<p>Evaluation Question 4:</p> <p>To what extent were the intended project</p>	<p>Outcome I.I:</p> <p>Resilience:</p>	SOTs	SOT family / caregivers	-	-	Project staff

<p>outcomes and outputs.</p>	<p>outcomes and outputs achieved and how?</p> <p>Evaluation Question 5:</p> <p>What internal and external factors contributed to the achievement and/or failure of the intended project outcomes and outputs? How?</p>	<p>How do you/SOTs deal with stress? Please give examples.</p> <p>Does stress make you/SOTs feel weak? Or does it make you/SOTs feel stronger?</p> <p>Can you/SOTs achieve what you'/they want? Even if there are problems?</p> <p>Psychological distress (Outcome 1):</p> <p>How do you feel now?</p> <p>Do you/SOTs often feel sad? Do you/SOTs still think a lot about the painful events (e.g. torture)?</p> <p>Do you/do SOTs have many worries? Is something making you/SOTs scared?</p> <p>Do you/SOTs often feel nervous or anxious?</p> <p>How is you/SOTs body feeling (pain, weakness, dizziness, sleep problems, etc.)?</p> <p>Coping strategies:</p>					
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		<p>What do you/SOTs do whenever you/ SOTs do not feel good? (work, meditation, talking to friends, etc.)</p> <p>Do you/SOTs get help from other people? How? By whom? (relatives, peers, service providers, etc.)</p> <p>Psychosocial functioning</p> <p>Do you/SOTs take part in community activities? If yes, please give examples. If not, please explain why not.</p> <p>Do you/SOTs speak a lot to friends and neighbors? Or do you/SOTs feel anxious and prefer to stay at home?</p>					
		<p>Outcome 1.2: Understanding about the effects of trauma</p> <p>Do you believe you/SOTs understand the effects of trauma? If yes, please give examples.</p> <p>Empathy towards victims</p>	SOTs	SOT family / caregivers	-	-	Project staff

		How do you/SOTs feel towards other victims of torture?					
		Outcome 2.1: Have you/TPO staff increased their capacity and confidence in using UCA skills through this project? If yes, please explain how.	-	-	-	Key informant s	Project staff
Efficiency: the quality of processes by which the project is delivered to produce outputs.	Evaluation Question 6: H ow efficiently and timely has this project been implemented and managed in accordance with the project proposal	Have project funds and activities been delivered in a timely manner? Were the project objectives realistic with regard to the available human and financial resources? In relation to managerial and work efficiency, were management capacities adequate? How effectively did project management monitor project performance and results?	-	-	-	Key informant s	Project staff
Impact: whether there has been a change towards the project goal	Evaluation Question 7: To what extent was the intended project goal achieved and how?	Did the project change anything in your/SOTs lives? To the better or worse? If yes, why? Please provide examples.	SOTs	SOT family / caregivers	Local authorities (LAs) and community member	Key informant s	Project staff

as a result of the achievement of the outcomes (positive/negative/intended/unintended)?		How is your/SOTs life different now compared to before TPO and KdK came to the village?					
	Evaluation Question 8: What unintended consequences (positive and negative) resulted from the project?	Can you think of any unintended consequences of the project? Positive or negative consequences? Please give examples.	SOTs	SOT family / caregivers	Local authorities (LAs) and community member	Key informants	Project staff
Sustainability: the degree to which the benefits produced by the project continue after external assistance comes to an end.	Evaluation Question 9: To what extent are the project results (impact if any, and outcomes) likely to continue after the project?	Will the work of the NGOs help you/SOTs to feel better in the future? Will there be any long-term changes in your/SOTs' life? If yes, how? Please give examples.	SOTs	SOT family / caregivers	Local authorities (LAs) and community member	Key informants	Project staff

FOCUS GROUP DISCUSSION GUIDE

Preparation

- Presentation of the logical framework/theory of change on flipcharts;
- Preparation of audio equipment;
- Logistic arrangements and invitations.

Introduction

- Introduction of the evaluators and FGD participants;
- Presentation of the project;
- Presentation of background and purpose of the evaluation;
- Explanation of the objectives and process of the FGD;
- Explanation of consent process and informed consent.

Questions and topics for FGDs

FGD with TPO and KdK staff

- Question 1: To what extent did the project reflect the needs and interests of SOTs? Can you identify any additional needs?
- Question 2: What are the key strengths and challenges of this project? Please give examples.
- Question 2: Were the services effective in providing SOTs with improved psychological support? If yes, how? If no, why not?
- Question 3: Was the project effective in building capacities of TPO's staff? If yes, why? If no, why not?
- Question 4: Will there be any long-term positive changes generated by the project in the lives of SOTs? Which changes? Why?
- Question 5: What elements of the project (in order of priority) should continue if more funding becomes available?

FGD with SOTs

- Question 1: Are you satisfied with the services by TPO and KdK? Why or why not?
- Question 2: Do the services of TPO and KdK respond to your needs? Do you have any other needs? Please give examples.
- Question 3: Did the project contribute to any changes in your life? Positive or negative changes? If yes, please give examples. How?
- Question 4: Will these changes remain for the future? If yes, please give examples.

INFORMED CONSENT FORM

Name of Principle Evaluator: Julian Poluda

Contact of Principle Evaluator: julianpoluda@outlook.com / +85589669550

This Informed Consent Form has two parts:

- Information Sheet (to share information about the evaluation with you)
- Informed Consent Form

Part I: Information sheet

Introduction

Good morning/evening/afternoon. My name is (presentation of evaluators and translators: professional background, experience, age, etc.). We are independent researchers, and we are conducting an evaluation of the project [insert project title] by the [insert name(s) of implementing organizations]. We want to understand whether the services of these organizations have been helpful to you /its clients. We think you may be an important source of information and would like to have an interview with you.

We are going to give you information and invite you to be part of this evaluation. You do not have to decide today whether or not you will participate in the evaluation. Before you decide, you can talk to anyone you feel comfortable with about the evaluation.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information, and I will take time to explain. If you have questions later, feel free to ask me or another researcher.

Purpose of the evaluation

We want to learn from you what you like about the project's services and what you don't like about it, and how the implementing organizations could improve in the future.

This evaluation has been approved by the [insert name(s) of implementing organizations].

Type of Research Intervention

Individual Interview: This evaluation will involve your participation in an one-hour interview.

FGD: This research will involve your participation in a group discussion that will take about one and a half hours.

Participant Selection

You are being invited to take part in this evaluation because we feel that your experiences can significantly contribute to our understanding of the project's services and how those services have either been helpful or unhelpful for the project's beneficiaries.

Question to elucidate understanding: Do you know why we are asking you to take part in this evaluation? Do you know what the evaluation is about? Or do you have any questions?

Voluntary Participation

Your participation is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all the services will continue, and nothing will change. There will be no penalty or any negative consequences for you.

Question to elucidate understanding: If you decide not to take part in this research study, do you know what your options are? Do you know that you do not have to take part in this research study if you do not wish to? Do you have any questions?

Type of evaluation methods and tools

Individual Interview

If you accept to participate in this evaluation, you will be asked to participate in an interview with my colleague and myself. During the interview, we will sit down with you in a comfortable place. If it is better for you, the interview can take place in your home or a friend's home. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except me and my colleague will have access to the information documented during your interview. The entire interview will be recorded on my computer, but no-one will be identified by name on the recording. The recording will be protected by a password. The information recorded is confidential, and no one else except me and my colleague will have access to the recording. The recording will be destroyed after 60 days.

Focus Group Discussion

If you accept to participate in this evaluation, you will be asked whether you want to take part in a discussion with 6-10 other persons with similar experiences. This discussion will be guided by my colleague [name of facilitator] and myself.

The group discussion will start with me, or the focus group facilitator making sure that you are comfortable. We will also answer any questions you have about the evaluation. Then, we will ask you questions about your experiences and give you time to share your knowledge.

The questions will be about the project's services and whether these services have helped you in your life. We will also talk more generally about major challenges in your life.

We will not ask you to share personal beliefs, practices, or stories and you do not have to share any knowledge that you are not comfortable sharing. The discussion will take place in a quiet location, and no one else but the people who take part in the discussion or my colleague or myself will be present during this discussion.

The entire discussion will be recorded, but no-one will be identified by name. The recording will be stored securely and protected by password on my computer. The information recorded is confidential, and no one else, except me, will have access to the tapes. The recording will be destroyed after 60 days.

Duration

During the evaluation each interview will last for about 45 minutes, and FGDs for approx. two hours.

Question to elucidate understanding: If you agree to take part, do you know if you can stop participating? Do you know that you may not respond to the questions that you do not wish to respond to? Do you have any more questions?

Risks

You may feel uncomfortable talking about some topics. You do not have to answer any question or take part in the discussion/interview/survey if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview. Can you think of any problems that may result from your participation?

Benefits and Reimbursements

Unfortunately, there will be no direct benefit to you, and we cannot pay any money to compensate you for your time in this evaluation. However, we will pay for your travel expenses [if applicable]. Your participation is likely to help us find out more about your problems and how organizations can support people like you in the future. You can also ask us any questions and we will try to answer them as completely as possible.

Question to elucidate understanding: Can you tell me if you have understood correctly the benefits that you will have if you take part in the evaluation? Do you know if the study will pay for your travel costs? Do you have any other questions?

Confidentiality

Individual Interview

The evaluation being done in the community may draw attention, and if you participate, you may be asked questions by other people in the community or your family.

It is also possible that some people will not like it if you speak to us and will ask you why you have chosen to speak to strangers.

We will not be sharing information about you to anyone outside of the evaluation team. The information that we collect from this evaluation will be kept private. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is, and we will lock that information up with a lock and key.

We will use your information to develop general findings and recommendations and to write them down in an evaluation report. However, your name will not be connected to any findings. Your name will also not appear in the report.

Focus Group Discussion

We will ask you and others in the group not to talk to people outside the group about what was said during the group discussion. We will, in other words, ask each of you to keep what was said in the group confidential.

You should know, however, that we cannot stop or prevent participants who were in the group from sharing things that should be confidential.

Question to elucidate understanding: Did you understand how we make sure that any information that we as evaluators collect about you will remain confidential? Do you understand that we cannot guarantee complete confidentiality of information that you share with us in a group discussion? Do you have any more questions?

Sharing the Results

The knowledge that we get from this evaluation will be made widely available to the public. However, please remember that we will use your information only to develop general findings and recommendations and to write them down in a report. Your name will not be connected to any findings. Your name will also not appear in the report.

In about one to two months, you can find the report on the internet. If you have an email address, we can also send you the evaluation report.

Right to Refuse or Withdraw

Again, you do not have to take part in this evaluation if you do not wish to do so and choosing to participate will not affect your job or the services provided to you in any way. You may stop participating in the interview/FGD at any time that you wish without your job or the services to you being affected.

Who to Contact?

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact me any time [provide business card with name, address/telephone number/e-mail].

Question to elucidate understanding: Do you know that you do not have to take part in this study if you do not wish to? That you can say “No” if you wish to? Do you know that you can ask me questions later, if you wish to?

Conclusion

You can ask me any more questions about any part of the evaluation, if you wish to. Do you have any questions?

Part II: Certificate of consent

I have been invited to participate in the external and independent evaluation of the project [insert project title] by the [insert implementing organizations] in collaboration with the [insert donor organization].

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it, and any questions I have asked to have been answered to my satisfaction. I consent voluntarily to be a participant in this evaluation.

Print Name of Participant _____

Signature of Participant _____

Date _____

If illiterate:

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print Name of Witness _____

Signature of Witness _____

Date _____

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands all information.

I confirm that the participant was given an opportunity to ask questions about the evaluation, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this consent form has been provided to the participant.

Print Name of Researcher_____

Signature of Researcher_____

Date_____

RISK AND SAFETY PLAN

Evaluators have the responsibility to consider not only the evaluation objectives but also the risks related to an evaluation. Having a comprehensive understanding of the risks, ethical concerns, and the practical realities can help minimize the dangers and potential re-traumatization of the participants. It can also increase the likelihood of participants disclosing relevant and accurate information.

Risks and Safety Measures

The evaluators will protect the confidentiality of all information and ensure respondents' protection to guarantee that the evaluation process does not create problems for the people involved. Thus, the evaluators will not ask for the names of any survivors or service providers who participate in this evaluation. The evaluators will also repeatedly emphasize the confidentiality of the interviews. In addition, interviews will always be conducted in a private setting. Each respondent must give informed consent before participating in the evaluation.

To minimize psychological distress or even re-traumatization, the evaluators will ensure that all interview respondents can either end the interview and/or not answer specific questions. Questions about violence and its consequences will be asked in a supportive and empathetic manner, and the evaluators will listen carefully and respect each person's assessment.

If people encountered during this evaluation ask for help, they will be directly referred to and/or provided with information on local services and sources of support.

The evaluators will make sure to store securely all collected information. Soft copies of records will be stored in secure locations, and it is the evaluators' responsibility to safeguard all collected information.

The evaluators will also ensure compliance with standards and principles governing areas such as the collection and use of data.

To further assess and mitigate specific risks during this evaluation, the evaluators consulted project staff to learn about any reported incidents and to familiarize themselves with the partners' safety measures.

The following 'risk assessment matrix' provides a more detailed overview of the evaluation's risks, potential harms and mitigation strategies.

Table 5: Risk Assessment Matrix

What ethical issues may be encountered over the course of the evaluation that may harm or put participants at risk?	Low risk	Med risk	High risk	Type of Harm	At what stage	Strategies to reduce risk and responsibility
Communities, government authorities or the police think that research participants are informing on human rights abuses.	X			<p>This may result in reprisals from the community or government groups against respondents or their families.</p> <p>This may also damage the partner organizations' reputation and affect their ability to work with communities in the future.</p>	During and post interview	<p>The evaluators will build on the partners' good relationships with communities. We will make a concerted effort to liaise with village chiefs and clearly communicate the purpose of our presence in villages, stressing the lack of a political agenda. As discussed between the evaluators and the partner organizations, the project's activities are usually not seen as a potential danger and are therefore not restricted by the police or local authorities.</p> <p>Risk responsibility: Evaluators</p>
Respondents may have to revisit traumatic experiences during the interviews.		X		Interviews on the traumatic experiences and abuse of participants may cause distress among respondents (who may feel re-traumatized or re-victimized). This may negatively impact their physical, emotional, and mental health.	During or post interview	The evaluators are trained counsellors with extensive experience in providing counselling services to survivors, which they will practice during interviews. To minimize psychological distress or even re-traumatization, the evaluators will ensure that all interview respondent have the opportunity to either end the

						<p>interview and/or not answer specific questions. Questions about violence and its consequences will be asked in a supportive and empathetic manner, and the evaluators will listen carefully and respect each respondent's assessment of their situation.</p> <p>Risk responsibility: Evaluators</p>
Resentment or insecurity on the part of intimate partners due to respondents' participation in interviews.	X			There is a risk of dissatisfaction by or even violence from an intimate partner. The response may take place after the data collector departs. This could lead to unattended physical or emotional distress of the respondent causing further trauma.	Post interview	<p>In anticipation of potential post-interview violence, the evaluators will prioritize the physical and emotional safety of respondents. Therefore, the evaluators will conduct all client interviews in safe settings.</p> <p>Risk responsibility: Evaluators</p>
Other community or family members are aware of a respondent's participation in the evaluation and misinterpret the nature or reason for their involvement. There may be misunderstanding regarding perceived benefits of participation and there may be judgement for talking about private matters.	X			Participants, especially women, may be judged or ostracized by family and/or community members due to general misunderstandings surrounding their involvement in the evaluation, and this may reduce women's sense of safety and comfort in the community.	During or post interview	<p>The evaluators will make clear that there are no individual benefits attached to participation in the evaluation. To this end, the evaluators will inform and conduct interviews with the village chiefs in each community setting.</p> <p>Risk responsibility: Evaluators</p>
There is an accidental breach of confidentiality – i.e. data is misplaced.	X			This would risk exposing the identities of respondents and put them in danger of being targeted by members of the community.	During or post data collection	<p>The evaluators will take this issue seriously and maintain the anonymity of all respondents throughout the evaluation. The evaluators will also ensure that all</p>

				This may lead to negative physical or emotional consequences.		collected information is stored in secure locations including soft copies of records. It is the evaluators' responsibility to safeguard all collected information. Risk responsibility: Evaluators
Data is confiscated by the police or military.	X			This may expose the identities of respondents and put them at risk of being harmed.	During or post data collection	Throughout the evaluation, the evaluators will ensure the anonymity of respondents. They will also take preventive measures that make handing over documents a last resort. However, it is unlikely that the military, police, or any other armed group will confiscate any data collected by the evaluators. Risk responsibility: Evaluators
Women participants bring their children/grandchildren to the interview, focus group discussions, or nearby/hearing range.			X	This could put children at risk of being traumatized by learning about experiences of violence.	During interview	The evaluators will conduct all interviews in safe settings. In addition, efforts will be made to remove children from the interview or discussion. Risk responsibility: Evaluators
Due to the security situation or interviews running over time, the evaluators are required to travel at night or at an unsafe time.	X			This may increase the risk of physical injury from accidents.	Inter-data collection	The evaluators will not travel at night and will terminate interviews in good time to avoid having to travel in the dark. Risk responsibility: Evaluators
Interviews and FGDs are not held in a private or safe place.	X			Respondents may feel potentially unsafe/exposed. This may result	During interview	To ensure respondents' privacy, all interviews and focus group

				in anxiety which will affect their emotional wellbeing as well as reduce their willingness to take part in the exercise.		discussions will be held in safe spaces. Risk responsibility: Evaluators
The evaluators are threatened or harmed.	X			This may result in physical injury and emotional distress.	During interview	The evaluators will ensure privacy during all interviews to avoid such a situation. Interviews will be held in safe settings. Risk responsibility: Evaluators
The evaluation team is required to use potentially unsafe transportation.	X			This could result in physical injury from accidents.	Inter-data collection travel	The evaluators will make every effort to use safe transportation and take precautionary measures when travelling. Risk responsibility: Evaluators
Conflict breaks out in one of the villages/communities where the evaluation is meant to take place	X			This may mean some villages will become unsafe or inaccessible and may put data collectors' safety at risk.	During fieldwork period	The selection of villages has been taken seriously and communities have been selected for their relative safety and accessibility. Risk responsibility: Evaluators
There are negative perceptions of partner organizations in target communities because of their involvement in the evaluation.	X			This could be restrictive to the partners' implementation of activities and will negatively affect beneficiaries.	During and post fieldwork	The partners have good relations with provincial and local government authorities. The evaluators will make efforts to explain in detail the objectives of the evaluation to community leaders. Risk responsibility: Evaluators

ANNEX IV: SOURCES OF INFORMATION

Table 6: List of Interview Respondents (Field Missions)

Target Province	Type of interview respondents (Field Missions)						Number of interview respondents
	SOTs	KdK beneficiary	Local Facilitators (TPO/KdK)	SOT relatives	Village chief or village chief assistant	Religious Women or representative	
Pursat – Sep 2 to 4 (3 days evaluation time excluding travel time)	1 f 1 m	1 f 1 m		1 m 1 m 1 m	1 m 1 m	1 f 1 m	10 (3f / 7 m)
Battambang - Sep 5 (noon) to 8 (noon) (3 days evaluation time)	1 m 1 f 1 m 1 f 1 m	1 m 1 m	1 m	1 f	-	1 f 2 m	12 (4f / 8 m)
Kratie (4 days evaluation time) (Sep 10 to Sep 13)	1 m 1 f 1 f	1 m	1 m 1 f	1 f	1 m	2 m 1 m	11 (4f / 7m)
Total of interview respondents	9 (5f / 4m)	5 (1f / 4m)	3 (1f / 2m)	5 (2f / 3m)	3 (3m)	8 (2f / 6m)	33 (11f / 22m)

Table 7: List of Interview Respondents (Phnom Penh)

Target Province	Type of interview respondents (Phnom Penh)				Number of interview respondents
	Managing Director and/or Research, Monitoring & Evaluation Coordinator (TPO/KdK)	Project Coordinator (TPO/KdK)	Representative of Partner Organizations, e.g. VSS or LcL of the ECCC	External expert, e.g. International Advisor or Trainer	
Phnom Penh Aug 26 to 30	1 (1f)	-	-	1 (1f)	2 (2f)
Phnom Penh Sep 18 to Oct 15	1 (1m)	1 (1f) 1 (1m)	1 (1m)	1 (1f)	5 (2f / 3m)
Total of interview respondents	2 (1f / 1m)	2 (1f / 1m)	1 (1m)	2 (2f)	7 (4f / 3m)

Table 8: List of FGD Participants

Target Province	Type of FGD participants		Number of FGD participants
	TPO / KdK field staff and coordinators	SOTs	
Phnom Penh Aug 26 to 30	10 (6f /4m)	-	10 (6f /4m)
Pursat – Sep 2 to 5	3 (2f / 1m)	2 (2f) 2 (1f / 1m)	13 (9 f/ 4 m)

(3.5 days evaluation time)		6 (4f / 2m)	
Battambang - Sep 6 to 8 (2.5 days evaluation time)	-	2 (1f / 1m) 11 (2f / 9m)	13 (3 f/10 m)
Kratie (4 days evaluation time)	3 (2f / 1m)	2 (2f) 12 (3f / 9m)	17 (7f / 10m)
Number of FGD participants	16 (10f /6m)	37 (15f /22m)	53 (25f /28m)

Table 9: List of Sites Visited (Field Missions)

Target Province	Place of site visits (Field Missions)	Number of site visits
Pursat – Sep 2 to 5 (2.5 days evaluation time)	Killing site / former prison and memorialization place Chanreangsei Pagoda, Rumlech Commune, Bakan district	1
Battambang - Sep 6 to 8 (3.5 days evaluation time)	Wat Samrong Knong: Old Prison and Killing Field	1
Kratie (4 days evaluation time)	2 Old Prisons and 1 Killing Site.	3
Number of site visits	4	4

Table 10: List of Project Documents Reviewed

List of project documents reviewed
Terms of Reference
Project Proposal
Annual project reports
Performance Indicator Tracking Table
Performance Monitoring Plan
Performance Indicator Reference Sheet (PIRS)
Baseline Survey Report: Healing and Reconciliation for Survivors of Torture during the Khmer Rouge Regime. Prepared by Edward Palmer (Phd.) in cooperation with TPO Cambodia.
Manual for Group Counseling – Center for Victims of Torture
Victims of Torture Guidelines – USAID
Memorandum of Understanding – TPO Cambodia and Kdei Karuna
Activity Reports Testimonial Therapy 2016-2019
Activity Reports Self-Help Groups 2016-2019
Reports Reflection Workshop 2016-2019
Work Plans 2016-2019
Evaluation Reports ECCC/TPO UNTFVAW reparation project
Evaluation Reports Kdei Karuna reparation projects
TPO good practice collection 2018
TPO Mental Health First Aid Manual
TPO Self-help Group Guidelines
TPO Testimonial Therapy Guidelines
VSS Overview Reparation Projects Case 002
CEDAW reports 2017 - 2018
ECCC Judgement Case 002
Neary Rattanak: five-year strategic plan (2014 – 2018) for Gender Equality and the Empowerment of Women in Cambodia

Table 11: List of Background Literature Reviewed

List of background literature reviewed

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ANNEX V: DISCLOSURE OF CONFLICTS OF INTEREST


Name	Julian Poluda
Title	MD, MSc, DTMPH
Organization	Freelance Consultant
Evaluation Position?	Team Leader
Evaluation Award Number (contract or other instrument)	AID-442-G-16-00004
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	-
I have real or potential conflicts of interest to disclose.	No

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	15.11.2019


Name	Sineth Siv
Title	-
Organization	Freelance Consultant
Evaluation Position?	Evaluation Consultant
Evaluation Award Number (contract or other instrument)	AID-442-G-16-00004
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	-
I have real or potential conflicts of interest to disclose.	No

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	15.11.2019

Name	Jusbazooka Khut
Title	-
Organization	Freelance Consultant
Evaluation Position?	Evaluation Consultant
Evaluation Award Number (contract or other instrument)	AID-442-G-16-00004
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	-
I have real or potential conflicts of interest to disclose.	No

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	15.11.2019

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