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MANAGEMENT RESPONSE

PROJECT TITLE: NON COMMUNICABLE DISEASES CARE SUPPORT PROGRAM

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A. Identity

Project	**NCD Care Support Program DGD 2017-2021 Uni4Coop in Cambodia**
IATI code	BE-BCE_KBO-0432503697-PROG2017-2021_cambodiaOS3
Objective concerned	SO3: "Cambodian people, especially the vulnerable groups have access to high quality of comprehensive Non-Communicable Diseases services (diabetes, hypertension and mental health) through promotion, prevention, treatment and rehabilitation."
Evaluation date	December 2021 to April 2022
Evaluators	External Evaluators: Rithy Yoeung, Thy Nip and Gail Ormsby
Date of the managerial response	June 2022
Author of the response	Khem Thann, Philippe Devaud

B. Summary of the managerial response

Being the final evaluation at the end of the Uni4Coop program 2017-2021 in Cambodia, the managerial response focuses mainly on the recommendations to be addressed in the perspective of the next Uni4Coop program 2022-2026 in Cambodia. The evaluator mentioned the following main recommendations:

1. Some community people did not participate in community awareness activities due to the Covid-19 pandemic. This is a reason why they were not aware about the available mental health services at their health center. Therefore, a community awareness campaign should be continued and conducted by VHSGs, volunteers and community social workers. The digitalization system for mental health prevention and management should be developed as it can be used and support awareness activities.
2. VHSG and VCD members who received training on mental health first aid reported that they still need to improve their skills in identifying and referring people with mental health problems to therapeutic services. Therefore, a refresher training on mental health first aid should be conducted by health center staff with support from partners.
3. Cascade training should be conducted by Training of Trainers ToT trainers under the supervision of a government partner. PHD and OD receive Training of Trainers (ToT) and then they deliver this training to Referral Hospitals and Health Centers medical staff.
4. Because of the volume of health center staff turnover and their responsibility for other health center tasks, such as covid-19 vaccination, the provision of mental health services to patients is sometimes limited. Therefore, at least once per year, other health care providers should receive initial training on mental health issues.
5. The project found that coordination of care between the provincial, district referral hospital, and health center is critical. With improved coordination, transportation and medical costs are likely to be less and be timesaving for patients. As a result, partners must endorse and continue to strengthen the system of follow-up referral and care coordination.
6. Due to a lack of a data recording system, there are no clear indicators for the number of patients who will come to receive treatment. When the number of patients increased, some health centers would run out of medicine to treat them. As a result, PHD and OD, as well as health centers, should collaborate to update and monitor the operation plan for medicines.
7. There is no digital database system for mental health. In the future, a digital database system should be developed because it is used as evidence-based information for policy advocacy, which is critical for public health management. Decision-makers should also consider the clinical improvement process, the expansion of healthcare systems, and information-sharing channels.

8. Due to a lack of coordination among non-governmental partners, the comprehensive approach to patient care would be limited. As a result, LC should continue to strengthen the coordination mechanism among partners (TPO, CCAMH, SSC, Mlup Baitong). Furthermore, the national level, in collaboration with DMHSA, should lead and operate this network by establishing a national platform for information sharing, coordination, and networking.

9. Even if children and adolescents were included in the Complementary Package of Activities (CPA) guideline for Referral Hospital and Minimum Package of Activities (MPA) guidelines for Health Centers, implementation of services for children and adolescents remains limited. During the past five years, the project supported and focused on the capacity building of partners, so the next project should focus on clinical treatment for children and adolescents at referral and health centers.

10. It was determined that community-based activities are critical for connecting and referring people suffering from mental illnesses to service providers. This action necessitates the use of work allowance assistance for members of the community (VHSG and VCD). As a result, LC and partners should work closely with local governments to advocate for budget allocations from the Commune Investment Program (CIP) or other sources of the government budget to continue its support to these community volunteers.

11. Screening tools were valid in the Cambodian context and can be used as assessment instruments for depression and anxiety in the future.

12. Reinforcement of cross-referral of patients to adequate mental health and rehabilitation services by: 1) continuing to train government staff on referral mechanisms, the concept of mental health, and the rights of people with disabilities; and 2) keeping a quarterly coordination meeting between TPO social workers and physical rehabilitation center social workers and other stakeholders.

13. Gender awareness indicators were fully achieved in the project in terms of data disaggregation. For future projects, LC and partners should prioritize responsiveness and transformation. In the Disability, Gender & Age marker assessment and action plan, it is important to consider the most vulnerable group (disability, gender, & age indicators). The assessment should assess how multiple individual characteristics and societal factors intersect to compound discrimination in any given context. It analyzes the concept of intersectionality, its use as a lens for understanding vulnerability, and the importance of context. It also assesses a few key concepts, including the fact that disability, gender, and age are all social constructs, the importance of power, and the need to transform unequal power relations. Furthermore, there is an examination of inclusion and bias; the need to consider the wider environment; how to work with social norms; how to understand power differently; and empowerment and participation processes.

C. Major findings of the evaluation

After 5 years of project implementation, a final evaluation has been conducted between December 2021 and April 2022. The data collection has been done in the target areas of Kampong Cham, Tbong Khmum, and Kampong Speu. Quantitative and qualitative data were collected from the beneficiaries, partners, and stakeholders.

Relevance: The project helped beneficiaries in improving their access to and quality of care for non-communicable diseases (diabetes, hypertension, and mental health) through promotion, prevention, treatment, and rehabilitation. According to the project report, from 2017 to 2021, 2792 new cases (65.97% females) accessed treatment from mental health services. The project design was based on a Common Context Analysis (CCA) completed in 2015 and validated by all the members of ANGCs. The project also adapted its action to the intervention setting and its evolution according to the needs, priority of beneficiaries, and context change. In addition, the project was created following national and international policies, as well as strategies and approaches. The project's objectives are broadly consistent with Joint Strategic Goal 2: Improve Access for All Vulnerable People and Contribute to Health Quality (A to F). It also contributes to SDG 3 of the Sustainable Development Goals (SDGs) of ensuring healthy lives and promoting well-being for all.

Effectiveness: The effectiveness of NCD Care Support project is assessed based on the achievement of SO3 (Cambodian people, especially the vulnerable groups have access to high quality of comprehensive Non-Communicable Diseases services (diabetes, hypertension and mental health) through promotion, prevention, treatment and rehabilitation) indicator.

There is one indicator under the SO3: Number of contact rate of mental health new cases. At the end of the project, there were 2792 new mental health cases among adults who accessed treatment (65.97% were females). This indication was completed at a 90% rate. In addition, 277 new mental health cases in children and adolescents who got clinical assistance at a health facility were reported (37.90% were females).

There are five results: under the SO3: (1) To contribute to the promotion and the strengthening of NCD policy, guideline development and advocacy both at the national and sub-national levels (2) To strengthen information evidence-based, research and other capitalization on Mental Health (MH), Diabetes Mellitus (DM) and Hypertension (HTN). (3) To strengthen the quality and accessibility of NCD services (MH, DM and HTN) for Cambodian people, including vulnerable groups, people with disability and old people. (4) To establish and strengthen community-based MH, DM, HTN care and support to protect and promote a healthy diet and MH well-being in the Cambodian population. (5) To strengthen the capacity of partner organizations to improve management and technical skills as well as to ensure their sustainability.

R1: To contribute to the promotion and the strengthening of NCD policy, guideline development and advocacy both at the national and sub-national levels. This result was measured by the indicator "Number of attendances in Provincial Technical Working Group for Health (Pro-TWGH) meetings by TPO (annual)" which was

achieved with a 92% completion rate. 11 of the 24 Pro-TWGH sessions for 2021 were canceled due to the Covid 19 pandemic. TPO personnel attended 77% of Pro-TWGH meetings (annual) on average.

R2: To strengthen information evidence-based, research and other capitalization on MH, DM and HTN
The only indicator under this result "Number of capitalization topics to be carried out" was overreached with 18 research topics/lessons learned out of 10 (initial target). 8 research topics were presented at local and international conferences and other events. Several meetings and lobbying with PMD & DPHI (Department of Planning and Health Information) to integrate more relevant data on NCD into the Health Management Information System (HMIS) system were conducted.

R3: To strengthen the quality and accessibility of NCD services (MH, DM and HTN) for Cambodian people, including vulnerable groups, people with disability, and old people.
The indicator for this result "Increased level of proper diagnosis for mental health illnesses by health staff to 55% by 2021" was overachieved with a 86.7% rate of proper diagnosis. By the end of 2021, 100% of patients reported being satisfied with the service provided by the project supported OPD mental health staff, with 69.8% expressing extreme satisfaction and 30.2% expressing moderate satisfaction. TPO found that all doctors and nurses working in mental health services were more empathic and optimistic with patients and their families than those working in other departments of the same hospital.

R4: To establish and strengthen community-based MH, DM, HTN care and support to protect and promote a healthy diet and MH well-being in the Cambodian population.
The following 2 indicators of this result were achieved at a 98% rate: (1) 171 cases (66 males, 105 females) were referred by the Village Health Supporting Group (VHSG) and 51 cases (31 males, 20 females) were referred by OPD staff to other services. The target for year five was 300, the project registered 222 cases; (2) there was an increase of positive attitude from community members towards mentally ill patients from 11.84 % to 31.07 %, while negative attitude decreased from 71.47% to 38.54%. The third indicator "Number of beneficiary households referred by health partners of LC to get benefit from MODE FES project" hasn't been analyzed by the evaluation team.

R5: To strengthen the capacity of partner organizations to improve management and technical skills as well as to ensure their sustainability.
The evaluation team didn't provide an assessment of the indicator "Increased percentage of partner capacity rate (assessed by using organizational capacity building assessment tool-TPO)". However, their analysis for this Result is based on the following outputs:

- A Standard Operating Procedure (SOP) on Community Mental Health. This SOP was elaborated through one separate pilot study in collaboration with LC and the DMHSA in Kampong Cham and Kampong Speu provinces from 01 January 2021 until 31 December 2021. This pilot project replaced the development of a mental health database system foreseen in the conception of the project and addressed the new priority identified by the DMHSA in 2020.
- A new NCD information system for diabetes and hypertension management. It was fully implemented and tested in Battambang and Kampot provinces.

Efficiency: The resources (human, financial, logistical, and project management) were used optimally. The project made use of administrative resources and managerial capabilities that were appropriate for the project's goals (including meetings, opportunities for exchange, monitoring tools, etc.). The implementing

partners' budget was mostly utilized to support operational costs.
The evaluator team hasn't given the input/output ratio, nor an alternative use of the resources allocated.

Sustainability: The sustainability of the project considers the following areas: (1) technical; (2) financial; (3) social; (4) environmental.

Technical Sustainability: The project continued to organize refresher courses, coaching, and supervision to increase clinical knowledge and practice capacity, including new knowledge on child and adolescent mental health, early identification, and counseling skills. The project included DMHSA national technical staff in the training, facilitation, and follow-up visits in order to receive their support.
Financial Sustainability: The activities can be sustained through the increased demand for mental health services available at HC and RH. This increase resulted in a rise in hospital revenue through the user fee system.
Social Sustainability: The project has enabled a collaborative mechanism of service provision between social workers, who serve as a link between communities and health care facilities, village volunteers like VHSGs and health providers at HC and RH. In addition, working with the OD allows provincial and national health providers to take ownership of the project, assuring sustainability and stakeholder buy-in for the various initiatives as well as accountability for the project's outcomes.
Environmental Sustainability: This area hasn't been analyzed by the evaluation team.

Concerning the **capitalization of products**, the project has completed 18 research topics/ lessons learned documents in five years, exceeding the target of 10 products.

D. Reminder of the context and overall objective of the evaluation

In Cambodia, the Uni4Coop Program is implemented by two of the four Belgian University NGOs members of Uni4Coop: Eclosio and Louvain Coopération (LC). The first step undertaken to set up the program was a context analysis that gathered inputs from all the different Belgian ANGC (Actors of Non-Governmental Cooperation) engaged in Cambodia that was ensued by a Joint Strategic Framework that defined common strategies and objectives for each of the sectoral interventions supported by the Belgian Cooperation (DGD).

The Uni4Coop program in Cambodia has 3 Specific Objectives (SOs) tackling two sectors, Agriculture/Rural Economy and Health. ECLOSIO and LC are both involved in the agriculture and economic sectors (SO1 and SO2), LC alone is involved in the health sector (SO3).

This Final Evaluation covers the evaluation of SO3 formulated as follows:

Specific Objective	Partner; Synergy/collaboration

Cambodian people, especially the vulnerable groups, have access to high quality of Comprehensive Non-Communicable Diseases services (diabetes, hypertension, and mental health) through promotion, prevention, treatment and rehabilitation, contributing to a long and healthy life.	Partners: CCAMH in Kampong Cham & Tbong Khmum provinces and Phnom Penh DMHSA in Phnom Penh and all provinces PMD in Phnom Penh and all provinces SSC in Tbong Khmum province TPO in Kampong Cham and Tbong Khmum provinces. Synergies: UCL medical students, Humanity & Inclusion, VVOB, ITM, Belgian ANGCs working in Cambodia

The description of the Specific Objective was formulated as "The Non-Communicable Diseases (NCD) project of LC in Cambodia will mainly address the problem of mental health in Cambodia. It will contribute to the quality of health and to better access for vulnerable patients. The 5-year program (2017-2021) will extend the actual support at all levels, including national level, provincial, operational district and community level with a comprehensive approach". The improvement of access to health care and rehabilitation services was based on the lack of ability to pay for the poorest, lack of physical access, limited knowledge about assistance schemes, some traditional beliefs and socio-cultural practices, and lack of trust in public health care facilities.

The lead questions related to the SO level were:

1. What difference have we made in building trust within and across communities for mental health services? What changes have we contributed to the management of the public health system?
2. What were the roles played by LC in the improvement of the public health system at a district level? What were those by the partners and at the community level?

The Lead Questions related to the Results were:

1. To what extent are inputs managed in a cost-efficient way? What could have been the alternative allocation strategies?
2. Given the changes in the Cambodian health context and the effects of the Covid-19 situation, the reassignment of the main human and material resources have been perceived as relevant by partners?
3. How efficient is the current project structure/project management to ensure the project is well monitored and achieves the expected results?
4. Does the intervention work, for whom and under what circumstances? How and why does it work or not?
5. What are the key internal and external factors (both positive and negative, expected and unexpected) that have influenced the project's achievements?
6. Are there any vulnerable groups left behind by the approaches and methodologies used?

7. Do the partners, health care workers and community staff have the required capacities to take control of the intervention and to continue the results? (Knowledge transfer/capacity strengthening/technical sustainability)
8. In what measure will the partners be able to continue with the implementation of activities and/or support to health staff and social workers after the end of the programme?
9. Have the conditions for local ownership been met and will they remain so after the intervention has ended? (Social sustainability)
10. Which external factors influence the sustainability of the project achievements/changes (e.g., capacity, resources, environment, social, political, gender roles relation, etc.)?
11. What long-term changes (positive or negative) are likely to take place as a result of the project? What is the evidence?
12. How has the programme contributed to the quality of Health and better access for all vulnerable patients?
13. What was the perceived relevance that partners and local authorities have had on the implementation activities while running the program?
14. What are the resulting social responses from the population to MH patients and caregivers in rural communities?
15. Are the programme's objectives and activities meeting partners' priorities and participating populations needs?

E. Follow up on the evaluation

E.1. Decision on whether or not to take into account the recommendations

N°	Recommendations	Taking into account: yes, no, partial	Argument
1	Lack of awareness on available mental health services at health center. Therefore, a community awareness campaign should be continued and conducted by VHSGs, volunteers and community social workers.	Yes	The project organized community campaigns to raise awareness about the available mental health services (once per year per village). These campaigns were facilitated with the collaboration of nurses, social workers and village volunteers. For the next program, the message transferred in the awareness campaigns will have cultural and non-stigma elements; focusing on vulnerable populations (women and children) and will be more frequent. In the same way, they will be conducted

			by health staff, social workers and village volunteers with the support from partners' staff.
2	Village volunteers still need to improve their skills in identifying and referring people with mental health problems to therapeutic services. Therefore, a refresher training on mental health first aid should be conducted by health center staff with support from partners.	Yes	Mental health first aid training was provided to village volunteers by health center staff with support from partners. After the training, they received coaching and follow-up. For the next project, there is an assessment planned at the beginning to identify the gaps in knowledge, attitude and practice.
3	Cascade training should be conducted by ToT trainers under the supervision of a government partner. PHD and OD receive Training of Trainers (ToT) and then they deliver this training to Referral Hospitals and Health Centers medical staff.	Yes	The project engaged in direct training to government local counterpart by LC's partners' staff. In the next project, the plan is to develop a master trainer approach at the PHD and OD level. So far, the DHMSA has a list of master of trainers at the national level, however they aren't deployed to the provinces due to high staff and administrative costs.

4	Because of the volume of health center staff turnover and their responsibility for other health center tasks, such as covid-19 vaccination, the provision of mental health services to patients is sometimes limited. Therefore, at least once per year, other health care providers should receive initial training on mental health issues.	Partial	The project provided training to other health workers (nurses, midwives, doctors and dentists) on mental health clinical knowledge, counseling skills and referral to lessen the burden of overwork by HC, RH staff. The next project is going to apply a new strategy for retention of the trained staff by providing capacity based on the training needs and CPD (continuing professional development) by foreign and local experts. And to counteract the staff turnover, the project will rely on the ToT approach, not only for health staff but also for the community volunteers. The training provided to other health care workers may help to lower the impact of high turnover, but it may not guarantee lowering the turnover itself.
5	Partners must endorse and continue to strengthen the system of follow-up referral and care coordination.	Yes	The referrals were made in collaboration with social workers, village volunteers and health staff and will be reinforced in the next phase. The plan for the next project is to develop a collaborative model of care that involves a team of care from the community to the provincial level. This approach will also be supported by tracking patient systems.

6	**Digitalization of data system** (6) Due to a lack of a data recording system, there are no clear indicators for the number of patients who will come to receive treatment. PHD and OD, as well as health centers, should collaborate to update and monitor the operation plan for medicines. (1) The digitalization system for mental health prevention and management should be developed as it can be used and support awareness activities. (7) A digital database system should be developed for evidence-based information, policy advocacy, tracking clinical improvement process, referral and information-sharing.	Partial	The original plan of DMHSA for database development was shifted to a pilot program on community mental health. LC supported the development of a system for tracking NCD's only. The current data recording system is manual and not reliable. The MoH is planning to develop an E-Health system, but the date when this will take place is not clear. In the next program, a patient tracking system suited to the Cambodian context will be introduced and tested in 2 provinces. Trained primary care providers and health professionals will continue to treat with medication but also offering psychosocial therapy, lowering the intake of medicines and the related costs. This system will allow for coordinated care (patient records, follow-up, referrals). In addition, the project will promote the development of a digital platform that will be used and managed by the partners to share knowledge among partners and with other stakeholders like M&E tools, clinical training curriculum, lessons learned, and strategies implemented on behavioral change activities.

8	Lack of coordination and collaboration among NGOs and the DMHSA. LC should continue to strengthen the coordination mechanism among partners and the DMHSA should lead and operate a network by establishing a national platform for information sharing, coordination, and networking.	Yes	LC organized quarterly meetings with partners to update and discuss the challenges. Partners have shown interest and commitment in participating in those meetings. The coordination with the DMHSA was planned through sub-technical working groups. The groups were established but few meetings were conducted, starting in 2016. Unofficial meetings were also organized a few times between the DMHSA and NGOs working in mental health and drug abuse. For the next project LC will strive to foster the collaboration between the DMHSA and partner NGOs by facilitating regular meetings, field visits and knowledge exchange. LC will support the integration and recognition of the partner NGOs' work into the national strategic plan for mental health 2022-2030.
9	The integration of children and adolescents' mental health in the CPA and MPA is still limited. During the past five years, the project supported and focused on the capacity building of partners, so the next project should focus on clinical treatment for this population at referral and health centers.	Yes	The project supported the technical knowledge of health staff at the HC and RH on children and adolescents' mental health diagnosis, consultation and treatment. In the next project, the plan is to reinforce the application of the gained skills into practice and focus on referral for more specialized treatment or other social services.
10	Volunteers working on community-based activities need work allowance assistance. LC and partners should work closely with local governments to advocate for budget allocations from the Commune Investment Program (CIP) or other sources of the	Partial	Village volunteers received training from LC partners and monetary incentives to compensate for their work. In the next project, it is planned to support village volunteers to advocate for the recognition of the relevant work they do in connecting, educating and

	government budget to continue its support to these community volunteers.		referring patients. Then, LC together with partners will engage in advocating for their financial support from relevant ministries.
11	Screening tools were valid in the Cambodian context and can be used as assessment instruments for depression and anxiety in the future.	Yes	The project supported the University of Washington to produce and validate a new adapted PHQ-9 and GAD-7 tool to the Cambodian context. This short screening tool for depression and anxiety is easier to use than the original format and timesaving for both the patient and the physician. In the next phase, this tool might be implemented at the national level (previous validation from the DMHSA will be needed).
12	Reinforcement of cross-referral of patients to adequate mental health and rehabilitation services by: 1) continuing to train government staff on referral mechanisms, the concept of mental health, and the rights of people with disabilities; and 2) keeping a quarterly coordination meeting between TPO social workers and physical rehabilitation center social workers and other stakeholders.	Yes	In synergy with HI, the project developed a cross-referral system for disabled patients suffering from mental health conditions. This synergy provided significant results, in the next project we will continue to reinforce this synergy with HI as well as other actors, for instance Douleurs Sans Frontières in the field of palliative care. LC will continue to coordinate quarterly meetings with partners and collaborators.

13	Gender awareness indicators were fully achieved in the project in terms of data disaggregation. For future projects, LC and partners should prioritize responsiveness and transformation. In the Disability, Gender & Age marker assessment and action plan, it is important to consider the most vulnerable group (disability, gender, & age indicators).	Yes	The project collected data disaggregated by sex and age. The future the project will have gender indicators and the activities will be based on gender gaps and needs identified by our partners in the 2017-2021 project. Training in mental health first aid will have a gender component and referrals will be gender oriented (social services dedicated to specifically women/men needs).

E.2. Summary of follow-up to recommendations

Of the 13 recommendations issued, 9 will be taken into account in the program 2022-2026, and 3 recommendations are subject to partial consideration.

As this is an end-of-programme evaluation, the present managerial response focuses more on the recommendations issued by the evaluator which will be developed under the 2022-2026 programme as follows:

- The methods of training and transfer of knowledge
- Digitalization of health data systems (patient tracking systems and referrals)
- Harmonization of screening tools;
- The sustainability of the results;
- The strengthening of certain actions, including the community mental health approach with gender lenses.

E.3. Indicative planning of activities to implement the selected recommendations

N° Rec	Activities/actions	Program 2022-2026		
		Start	**Continue**	**Annual**
1	Community awareness campaigns should be continued and conducted by VHSGs, volunteers and community social workers.		x	x
2	Refresher training on mental health first aid and child & adolescent mental health conditions, conducted by health center staff with support from partners to Village volunteers		x	x
3	Cascade training should be conducted by ToT trainers under the supervision of a government partner. PHD and OD receive Training of Trainers (ToT) and then they deliver this training to Referral Hospitals and Health Centers medical staff.	x		
5	Partners must endorse and continue to strengthen the system of follow-up referral and care coordination.		x	

8	Lack of coordination and collaboration among NGOs and the DMHSA. LC should continue to strengthen the coordination mechanism among partners and the DMHSA should lead and operate a network by establishing a national platform for information sharing, coordination, and networking.		x	x
9	The integration of children and adolescents' mental health in the CPA and MPA is still limited, the next project should focus on clinical treatment for this population at referral and health centers.		x	
11	Screening tools were valid in the Cambodian context and can be used as assessment instruments for depression and anxiety in the future.	x		
12	Reinforcement of cross-referral of patients to adequate mental health and rehabilitation services by: 1) continuing to train government staff on referral mechanisms, the concept of mental health, and the rights of people with disabilities; and 2) keeping a quarterly coordination meeting between TPO social workers and physical rehabilitation center social workers and other stakeholders.		x	

13	Gender awareness indicators were fully achieved in the project in terms of data disaggregation. For future projects, LC and partners should prioritize responsiveness and transformation. In the Disability, Gender & Age marker assessment and action plan, it is important to consider the most vulnerable group (disability, gender, & age indicators).		x	

E.4. Details on the implementation of the main recommendations

The implementation of the recommendations is described in more detail as follows:

1. Community awareness campaigns should be continued and conducted by VHSGs, volunteers and community social workers.
   For the next program, the awareness campaigns will have cultural and non-stigma elements; focusing on vulnerable populations (women, the elderly, persons with disabilities and children) and will be more frequent. Campaigns will be elaborated and conducted by health staff, social workers and village volunteers with the support from partners' staff. Interns from the 3rd and 4th year of Social Work will engage in the design and development of the campaigns.

2. Refresher training on mental health first aid and child & adolescent mental health conditions, conducted by health center staff with support from partners to Village volunteers
   Mental health first aid training for adults and children will continue to be provided to village volunteers by health center staff with support from partners. After the training, they will receive coaching and follow-up. At the beginning of the next project, there is an assessment planned to identify the gaps in knowledge, attitudes and practices. This assessment will serve as the foundation for the refresher training and to measure the changes in terms of knowledge, attitudes and practices.

3. Cascade training should be conducted by Training of Trainers ToT trainers under the supervision of a government partner. PHD and OD receive Training of Trainers (ToT) and then they deliver this training to Referral Hospitals and Health Centers medical staff.
   In the next project, the plan is to develop a ToT at the PHD and OD level. These ToT will provide training to Health Center and Referral Hospitals staff, and volunteers at the community level with the support from LC's partners.

4. Partners must endorse and continue to strengthen the system of follow-up referral and care coordination.
   The referrals were made in collaboration with social workers, village volunteers and health staff and will be reinforced in the next phase. The plan for the next project is to develop a collaborative model of care with support from the University of Washington expert team. This model involves a team of care from the community to the provincial level. This activity will also help develop tracking patient systems.

5. Lack of coordination and collaboration among NGOs and the DMHSA. LC should continue to strengthen the coordination mechanism among partners and the DMHSA should lead and operate a network by establishing a national platform for information sharing, coordination, and networking.
   For the next project LC will strive to foster the collaboration between the DMHSA and partner NGOs by facilitating regular meetings, field visits and knowledge exchange. LC will support the integration and recognition of the partner NGOs' work into the national strategic plan for mental health 2022-2030 by producing evidence (knowledge management products) and by advocating and enabling spaces for dialogue with relevant stakeholders.

6. The integration of children and adolescents' mental health in the CPA and MPA is still limited, the next project should focus on clinical treatment for this population at referral and health centers.
   The project supported the technical knowledge of health staff at the HC and RH on children and adolescents' mental health diagnosis, consultation, and treatment. In the next project, the plan is to reinforce the application of the gained skills into practice and focus on referral for more specialized treatment or other social services (vocational training, education establishments, legal and financial resources, etc.)

7. Screening tools were valid in the Cambodian context and can be used as assessment instruments for depression and anxiety in the future.
   In the next project, the PHQ-9 and GAD-7 tool adapted to the context and validated by the University of Washington will be put in place. This short screening tool for depression and anxiety is easier to use and timesaving for both the patient and the physician. The plan is to introduce and integrate this tool in the HC and RH that the project is targeting, for later monitoring, follow-up and evaluation of its effectiveness. At the end of the project, it is expected to scale it up to the national level when prior validation from the DHMSA is received.

8. Reinforcement of cross-referral of patients to adequate mental health and rehabilitation services by 1) continuing to train government staff on referral mechanisms, the concept of mental health, and the rights of people with disabilities; and 2) keeping a quarterly coordination meeting between TPO social workers and physical rehabilitation center social workers and other stakeholders.
   For the next project the synergy with HI will continue to reinforce the cross-referral system for disabled patients suffering from mental health conditions. This synergy provided significant results and we will expand the cross-referral system to palliative care through a new synergy with Douleurs Sans Frontières (DSF).
   LC will continue to coordinate quarterly meetings with partners and collaborators to follow-up, discuss lessons learned and challenges. And advocate for

the recognition of the valuable work of social workers in community mental health activities.

9. Gender awareness indicators were fully achieved in the project in terms of data disaggregation. For future projects, LC and partners should prioritize responsiveness and transformation. In the Disability, Gender & Age marker assessment and action plan, it is important to consider the most vulnerable group (disability, gender, & age indicators).
   The project will continue to be collected data disaggregated by sex and age. The next project Logical Framework will have gender indicators and the activities will be based on gender gaps and needs identified by our partners in the 2017-2021 project. In addition, training in mental health first aid will have a gender component and referrals will be gender oriented (social services dedicated to specifically women/men needs).
   Similarly, evidence on gender issues collected through field research will be used to promote gender equality in mental health.

E.5. Reinforcement of the Theory of Change assumptions

Desired impact:

The common Theory of Change envisioned that Cambodian people, especially the vulnerable groups, have access to high quality of comprehensive Non-Communicable Diseases services (diabetes, hypertension and mental health) through promotion, prevention, treatment and rehabilitation.

Hypothesis 1: The peers-educators intervention strategy has proved its capability to modify the attitudes of peers when these are sensitized by people suffering the same problems

Hypothesis 2: "Destigmatization" of mental health patients within the population quickly has for consequence a drastic increase of care demand, often expressed firstly by women (80%), secondly by men and finally by families.

Hypothesis 3: In fragile countries, the local decentralized health systems are often the most efficient way to provide basic health care for very poor populations.

Hypothesis 4: The typology of 3 circles (bio-psycho-societal) is a simple, clear, powerful and today recognized model by the scientific community (WHO) to make understandable the key concepts of mental health for the stakeholders.

Hypothesis 5: When governmental authorities will have good sanitary databases concerning non communicable diseases (NCD), they will be more able to choose the good strategies to fight against these diseases in the Cambodian context.

Impact achieved

According to the evaluation team, the information collected at the beneficiary level revealed that:

The project helps Cambodian people, especially the vulnerable groups, to have access to high quality of mental health services through promotion, prevention, treatment, and redhibition contributing to a long and healthy life. The project helped to improve district-level management of the public health system, and people's perceptions of public health systems. It also increased the acceptance of mental health issues, both among family members and professionals.

Hypothesis 1: According to the evaluation team, attitudes toward mental health in the community have shifted over time. The transformation in community attitudes has been a significant adjustment. People are becoming more knowledgeable of mental health concerns and are supportive of those who suffer from them. They are more aware of prevalent mental diseases specificity by gender and/or age including depression and anxiety and are more likely to seek therapy and speak with health professionals.

Hypothesis 2: Over the five years of the project, there were 2792 new mental health cases among adults who accessed treatment (65.97% were females). Female patients had a higher contact rate in all years.

Hypothesis 3: Providers of health services and decision-makers are aware of their roles and responsibilities concerning NCDs, including mental health issues at the community, district and provincial level. This reform has assisted in the management of the public health system.

Hypothesis 4 hasn't been developed by the evaluation team.

Hypothesis 5: LC assisted PMD in setting up an improved database named "Cambodian Non-Communicable Disease Management Information System". Public health staff were trained on how to manage, use, analyze, and report data. After the technical training, mentoring and follow-up visits were provided by LC's partners staff at the national level to the sub-national staff. The system was implemented at the national, provincial, and district levels in the two provinces of Battambang and Kampot.

E.6. Modalities for disseminating the evaluation and the managerial response

DGD: transmission of the report and the managerial response on the DGD extranet
General public: publication of a summary on the Louvain-Cooperation, Eclosio and Uni4Coop web pages with the option to consult the documents in their entirety
UNI4COOP:

- Sharing of all documents relating to the evaluation with the COSEPRO (UNI4COOP Monitoring-Evaluation Committee).
- Sharing the evaluation summary with other UNI4COOP members.

Within the NGO:

- Sharing of all documents (institutional server) with the CAP (Programme Support Unit) and cross-country analysis of the conclusions of all final evaluations and their managerial responses
- Dissemination of the main conclusions of the managerial responses to LC's and Eclosio's Board of Directors.

F. Quality of the evaluation process and report

A series of remarks and suggestions were made to the evaluator team when submitting the provisional report (5 sessions for reviewing the report were conducted).

The evaluator team was therefore asked to restructure the summary, to ensure that the report answered the evaluation questions stated in the ToR and to develop a critical analysis of the recommendations.

Most of the remarks were **not** answered during the delivery of the final report.

The LC team decided to conduct a meeting with all the partners, relevant collaborators and the evaluation team to discuss the findings and recommendations provided by the evaluators.