



**DISABILITY RIGHTS INITIATIVE CAMBODIA  
ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT  
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2015**

<p style="text-align: center;"><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li>Programme Title: Disability Rights Initiative Cambodia (DRIC)</li> <li>Programme Number <i>(if applicable)</i></li> <li>MPTF Office Project Reference Number: 00089311</li> </ul>	<p style="text-align: center;"><b>Country, Locality(s), Priority Area(s) / Strategic Results</b></p> <p style="text-align: center;"><b>CAMBODIA</b></p> <p><i>Priority area/ strategic results</i>  <i>Programme Objective: Improve quality of life for people with disabilities in Cambodia.</i>  <i>Programme outcome: People with disabilities have increased opportunities for participation in social, economic, cultural and political life through effective implementation of the National Disability Strategic Plan (NDSP).</i>  <i>Outcome 1: MoSVY/DAC effectively coordinates implementation of the National Disability Strategic Plan, aligned to the CRPD.</i>  <i>Outcome 2: Disabled People's Organizations effectively represent the needs and priorities and advocate for the rights of people with disabilities.</i>  <i>Outcome 3: Improved Rehabilitation services for people with disabilities.</i>  <i>Outcome 4: Increased capacity of and collaboration between subnational decision makers, civil society and communities to achieve the rights of people with disabilities.</i></p>
<p style="text-align: center;"><b>Participating Organization(s)</b></p> <ul style="list-style-type: none"> <li>UNDP, UNICEF and WHO</li> </ul>	<p style="text-align: center;"><b>Implementing Partners</b></p> <ul style="list-style-type: none"> <li>MoSVY, MoI, MoH, DAC, PwDF, NCDD/DoLA, DPOs and CDPO</li> </ul>
<p style="text-align: center;"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: US\$12,727,86</p> <p><i>Funded budget (DFAT):</i>  <i>(US\$8,279,376)</i>  <i>Unfunded budget: (US\$4,448,493)</i>  <b>TOTAL: US\$12,727,869</b></p>	<p style="text-align: center;"><b>Programme Duration</b></p> <p>Overall Duration <i>(5Years)</i>  Start Date <i>(December 2013)</i>  Original End Date <i>(31-Dec-2018)</i>  Current End date <i>(31-Dec-2018)</i></p>
<p style="text-align: center;"><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Assessment/Review - if applicable <i>please attach</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i>  Mid-Term Evaluation Report – <i>if applicable please attach</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<p style="text-align: center;"><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li>Name: Pradeep Bagival</li> <li>Title: Programme Coordinator</li> <li>Participating Organization (Lead): UNDP</li> <li>Email address: pradeep.bagival@undp.org</li> </ul>



## **Executive summary**

This Consolidated Annual Narrative Report on activities implemented under the “Disability Rights Initiative Cambodia (DRIC)” Joint Programme covers the period from 1 January to 31 December 2015. This report is in fulfillment of the reporting requirements set out in the Standard Administrative Arrangement (SAA) concluded between the Administrative Agent (UNDP MPTF Office) and the Donor. In line with the Memorandum of Understanding (MOU), the Report is consolidated based on information and data submitted by Participating Organizations. The report provides a comprehensive overview of achievements and challenges associated with the Joint Programme, enabling to make strategic decisions and correction measures where required.

While 2014 was a formative period for the DRIC, the programme went through a period of consolidation and active implementation of all the four components during the year 2015. The synergetic work of the three implementing agencies succeeded in bringing the rights of the persons with disabilities on the agenda of the disability stakeholders in Cambodia. The constitution of the 14 Disability Action Working Groups (DAWGs) by the Disability Action Council (DAC) for the effective implementation of the National Disability Strategic Plan (NDSP) is one of the major achievements of the programme. A coordination mechanism is in place to ensure that the strategic objectives of the NDSP are implemented realistically taking into consideration the human and financial resources available. The DAC was instrumental in formulating critical decrees such as Inter-ministerial Prakas for discount in school fees and stationery for students with disabilities, financial reward for persons with disabilities who excel in sports and designated parking space for persons with disabilities. These sub-decrees have contributed towards promotion of the rights of persons with disabilities. The Disabled People’s Organization (DPOs) is the backbone of any disability movement and in Cambodia, the support extended by the DRIC programme has led to increase in the capacities of the Cambodian Disabled People’s Organization (CDPO) to effectively act as the channel to raise the voices of persons with disabilities. The government has begun to consult the umbrella organization of the DPOs by providing representation in the technical working groups and committees constituted for the purpose of drafting legislations and policies. Perhaps the most significant change can be seen in the increase in representation of women with disabilities and other minority groups within the hierarchy of the umbrella organization. Around 50% of the CDPO staff are women with disabilities and 40% of the members of the governing board of the DPOs are women with disabilities.

The post conflict period in Cambodia has witnessed the need for rehabilitation services and the DRIC programmes intend to strengthen government capacity to lead, regulate, plan and coordinate the existing rehabilitation systems. In 2015, the programme was able to improve the quality of information on the existing rehabilitation mechanisms. Key steering groups were constituted within the Persons with Disability Foundation (PWDF) in collaboration with the International NGOs (INGOs) providing rehab services in the country. The Provincial Rehabilitation Demonstration Project (PRDP) which is one of the flagship projects within the programme resulted in establishment of two provincial committees on health and rehabilitation. There has been an increase in the participation of the officials of the Ministry of Health (MoH) in the rehabilitation sector leadership development. Prior to the programme, the Physical Rehabilitation Centers (PRCs) witnessed decline in number of clients approaching the centers due to fall in standards on account of handover of the centers by the INGOs to the government. The programme was able reverse this trend and the 9 PRCs supported under the programme recorded increase in clients accessing various services apart from increase in the production of orthoses and prostheses products. The national Community based Rehabilitation (CBR) Forum organized under the auspices of the DRIC programme brought the key CBR operators on a common platform to develop an action plan to develop CBR in Cambodia.

The majority of persons with disabilities live in rural parts of Cambodia and the programme has been striving to promote inclusive community development for these citizens with disabilities. The programme witnessed increase in the participation of persons with disabilities in the decision-making process during the year especially through the work of the partners supported under the Cambodia Disability Inclusive Development Fund (CDIDF), a grant scheme under the programme. The programme was able to further sensitize sub-national decision makers to promote inclusion of persons with disabilities in the decision making process. In order to percolate to the grassroots level, a training package was developed and field tested in 2015 which will be implemented in the year 2016.

One of the key outputs achieved during the year pertains to implementation of the recommendations of the Functional Analysis report. The Disability Action Council (DAC) was instrumental in initiating action on the 8 of the key recommendations. The CDPO was able to work with the Ministry of Planning (MoP) in making the issuance of ID poor card disability –inclusive. During the year, MoH was able to lead the discussion on the PRDP and participated in the review of the NDSP. The ministry also commenced its implementation of the PRDP in the Battambang province under which 36 government staff from the health centers and hospitals apart from NGO representatives were trained on disability and basic rehabilitation services. Increased opportunities to contribute to the community is one of the key outputs of component 04. During the year of reporting the CDIDF partners were able to ensure that 264 persons with disabilities which included 86 women with disabilities participated in CC/WCCC/CCWC meetings or trainings.

One of the delays was the submission of the report on the implementation of the convention to the committee on the Convention on the Rights of Persons with Disabilities (CRPD). There has been delay in conducting the meetings of the Disability Action Working Groups (DAWGs) constituted in the key ministries for the purpose of coordinating the implementation of the NDSP. The direct support rendered by the programme to the Non-Governmental Organizations (NGOs) for service delivery has been challenging in terms of identification and selection of the grant partners in a reasonable short span of time without compromising on the quality of selection apart from linking the grass root level activities of some of the grantees to the upstream policy and programme development.

It is pertinent to notice that after 18 months of active implementation, the programme has succeeded in addressing disability within the policies and programmes of the key ministries of the government with the constitution of DAWGs in the key ministries. The DRIC has resulted in a conducive environment for the stakeholders to review their programmes and policies to ensure inclusion of persons with disabilities and consult DPOs on key programmatic issues. The sensitization of the provincial government officials has brought in perceptible changes in their knowledge about issues confronting persons with disabilities. This is evident from the fact that 85% of the surveyed communes in 2015 indicated inclusion of persons with disabilities in the planning processes. The programme through the PRSS has reversed the downward trend of the PRCs in terms of service delivery and the reporting period witnessed increase in the number of persons with physical disabilities accessing services. Through the PRDP, the MoH has demonstrated a successful model of service delivery by creating a network of partners converging to disseminate information, provide pathways for much needed services and to put in place a referral system at the sub-national level.

## **I. Purpose**

The main objective of the programme is to create more opportunities for the participation of people with disabilities in the politico-economic as well as socio-cultural life by building the capacity of the government to implement the NDSP in alignment with the CRPD. The programme aims to strengthen the CDPO, the representative body of the DPOs in Cambodia to advocate for the rights of people with disabilities. As physical rehabilitation is critical to empower people with disabilities and to enable them to regain their optimal level of functioning, the programme aims to support and strengthen the nodal ministries to acquire leadership of the sector and simultaneously provide support to the Physical Rehabilitation Centers (PRC) that are in a state of transition. The programme also intends to include people with disabilities within the process of decentralization and to make provincial governance accessible, participatory and inclusive. Last but not the least, to mainstream disability in the development agenda for Cambodia.

## **II. Assessment of Programme Results**

### **i) Narrative report on results**

#### **Outcomes**

The end of the programme outcome of the DRIC is to ensure that there is an increase of opportunities for persons with disabilities to participate in the politico-economic and socio-cultural life on the basis of the NDSP which is in alignment with the regional strategy and CRPD to realize the rights of persons with disabilities.

The programme during the year has been consistent in supporting the DAC to constitute 14 DAWGs at the national level. Around 20 provincial level DAC offices underwent training on coordination role of the provincial units. The DAC has demonstrated a rights-based and an inclusive approach in implementation of the NDSP by successfully orienting the key ministries on the rights of persons with disabilities through the DAWGs and in formulating critical executive orders to guarantee rights to persons with disabilities in areas such as education, sports and accessibility in public places. The key ministries have indicated their interest in including disability within their mandate. One of the outcomes of the review workshop is the action plan to further integrate the needs and concerns of persons with disabilities within their respective mandates.

The programme witnessed increase in the capacity of the DAC during the reporting year in terms of engaging the civil society and other stakeholders in the preparation of the first national report on implementation of the CRPD to be submitted to the committee and in advocating for inclusion of disability in key policies and programme of the RGC such as making ID poor card inclusive and in representing the interests of persons with intellectual disabilities. The Asia-Pacific conference on CBR highlighted access to inclusive markets in Kandal province of Cambodia as one of the ten regional good practices to promote inclusive societies for persons with disabilities.

The Disabled People's Organization is the backbone of any disability movement and in Cambodia, the support extended by the DRIC programme has led to increase in the capacities of the CDPO to effectively act as the channel to raise the voices of persons with disabilities. The government has begun to consult the umbrella organization of the DPOs by providing representation in the technical working group committees. The CDPO has actively advocated to make the law on information inclusive by engaging the National Election Committee to enable persons with disabilities to exercise their fundamental right to political participation. Thanks to the support rendered under the DRIC programme, there is visible change in the attitude of the key national ministries who are consulting the CDPO on major policy changes impacting persons with disabilities. Perhaps the most conspicuous change noticed by the programme is increase in

representation of women with disabilities along with other minority groups amongst the disability population. During the reporting year, CDPO has been able to constitute radio stations in 2 provinces and broadcasted 24 radio programs involving 5716 listeners participating in the live discussions on issues related to the rights of persons with disabilities.

The post conflict period in Cambodia has witnessed the need for rehabilitation services and the DRIC programmes intends to strengthen the government's capacity to lead, regulate, plan and coordinate the existing rehabilitation systems. In 2015, the programme was able to provide qualitative information about disability and rehabilitation in the form of capacity need assessments, disability analysis within the Cambodia Demographic Health Survey (CDHS), rehabilitation financing and work force reports. Key steering groups were constituted within the PWDF in collaboration with the INGOs providing rehab services in the country. The PRDP which is one of the flagship projects within the programme resulted in establishment of two provincial committees on health and rehabilitation. There has been an increase in the participation of the officials of the MoH in the rehabilitation sector leadership mechanisms especially in developing the PRDP and stroke rehabilitation guidelines apart from increase in the capacity of the health personnel in disability and rehabilitation. Around 324 government staff comprising 97 health workers, 45 commune chiefs, 172 village chiefs and 513 village volunteers have benefited from the trainings held so far.

Prior to the programme, the PRCs witnessed decline in number of clients approaching the centers due to fall in standards on account of handover of the centers by the INGOs to the government. During the reporting year, the programme was able reverse this trend and the 9 PRCs supported under the programme recorded increase in clients accessing various services apart from increase in the production of orthoses and prostheses products.

One of the intended results of the DRIC is to increase the capacity of the Ministry of Social Affairs, Veterans and Youth (MoSVY) and PWDF to effectively manage PRCs and support their transition from INGOs. The programme has led to increase in number of civil servants managing the PRCs and efforts are underway to have a standard working procedures for the PRCs. Community based rehabilitation is considered globally as a strategy to promote inclusive development for persons with disabilities. Together with the MoSVY, the DRIC has taken steps to revise the national CBR guidelines and in strengthening the coordination mechanism. The national CBR Forum organized under the auspices of the DRIC programme brought the key CBR operators on a common platform to develop an action plan to further strengthen CBR movement in Cambodia.

The majority of persons with disabilities live in the rural Cambodia and the programme has been striving to promote inclusive community development for these citizens with disabilities. The programme witnessed increase in the participation of persons with disabilities in the decision- making process during the year especially through the work of the partners supported under the CDIDF grant scheme. Around 264 Persons with disabilities are now represented in the commune councils and Women and Children Consultative Committee (WCCC) out of which 86 are women with disabilities. The partners of CDIDF have undertaken many interventions in the area of home based rehabilitation targeting most marginalized groups such as children and adolescents with Cerebral Palsy and Spinal Cord Injuries resulting in improved quality of life. Through the Self Help Groups (SHGs), persons with disabilities have enjoyed increased participation and inclusion in the community life. The programme through CDIDF grant scheme for 2015 has been able to further diversify scope of services and reach out to the neediest and hitherto excluded groups within the disability population. Critical areas such as access to sanitation, physical accessibility to schools and health centers were addressed during the year by the CDIDF partners. The programme was able to disseminate success stories and reports thereby attempting to influence policy dialogue in favor of persons with disabilities.

The sub-national officials are the first line of contact for persons with disabilities and during the year of reporting, the programme was able to further sensitize sub-national decision makers to promote inclusion of persons with disabilities in the decision-making process. In order to percolate to the grassroots level, a training package was developed and field tested in 2015 which will be implemented in the year 2016. All of these activities conducted during the reporting year point to the fact that the sub-national administration for the first time in the history of Cambodia are going through a systemic reform in promoting the rights of persons with disabilities in Cambodia. Around 85% of the surveyed communes in 2015 have included persons with disabilities in the decision-making processes especially in the preparations of commune development plan.

## Outputs

### Outputs related to component 01

- One of the key outputs achieved during the year pertains to implementation of the recommendations of the Functional Analysis report. The DAC was instrumental in initiating action on the 8 of the key recommendations. The DAC members have also been active in the regional network and in exchanging of good practices in promoting right-based and inclusive approach to implement NDSP. There has been an increase in the number of civil servants participating in capacity development workshops. For instance the NDSP review workshop witnessed participation from the line ministries from both national and sub-national level.
- The reporting year also witnessed constitution of 6 new DAWGs apart from action to formulate 4 important Sub-Decrees in relation to functioning of DAC at the national and sub-national level, Sub-decree on financial reward for special Olympic and skill competition for persons with disabilities, Inter-ministerial Prakas on exclusive parking spaces and finally on discount of school fee and stationery for students with disabilities.
- Output related to in-depth analysis of the existing data sources has been achieved during the reporting period. The programme organized training on comparable tools on data collection to the project partners such as DAC, PWDF, MoH, MoP, MoSVY, and CDPO. The Cambodia Demographics Health Survey for the first time included Washington Group Questions<sup>1</sup> into the survey process.

### Outputs related component 02

- During the reporting period there has been considerable capacity building of the CDPO to represent the interests of persons with disabilities. CDPO was able to work with the MoP in making the issuance of ID poor card disability –inclusive. The organization was part of the education committee and was invited to be the member of the working group of the Ministry of Information in the development of the Information Law. The CDPO also participated as the member of the working group in voter’s registration process of the National Election Committee (NEC).
- The specific needs of the minority groups amongst the disability population such as persons with intellectual disabilities was adequately represented by CDPO during the reporting period. It was ensured that at least 50% of the CDPO programmes impacted women with disabilities. Women with disabilities were specially targeted for leadership and capacity-building programmes held within the

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<sup>1</sup> Washington Group of Questions are a short set of questions on disability for use on national censuses for gathering information about limitations in basic activities in national populations. The questions are designed to provide comparable data cross nationally for populations living in great variety of cultures with varying economic resources.

( Source; [http://www.cdc.gov/nchs/washington\\_group/wg\\_rationale.htm](http://www.cdc.gov/nchs/washington_group/wg_rationale.htm))

CDPO. Support to constitution of women DPOs was further continued during the year 2015. Priorities of women with disabilities, persons with intellectual, visual and hearing disabilities were addressed during the year.

- Representatives of the CDPO and DPOs actively participated in the regional meetings on the rights of persons with disabilities. Participation in the S.E. Asia Addendum on access to political participation and in the 3<sup>rd</sup> Asia –Pacific Congress on CBR are pointers to one of the key outputs achieved. In order to build the capacities of the existing DPOs, 12 refresher trainings were conducted by CDPO and development of the DPO guidelines has been one of the strategic outputs achieved in 2015.

### Outputs related to component 03

- During the year, MoH was able to lead the discussion on the PRDP and participated in the review of the NDSP. The ministry also commenced its implementation of the PRDP in the Battambang province under which 36 government staff from the health centers and hospitals apart from NGO representatives were trained on disability and basic rehabilitation services. In 2015, five internal steering groups were established within the PwDF contributing to strengthening of the sector leadership, coordination and planning. The national CBR forum organized during the year has resulted in synergizing the existing national coordination mechanism under the leadership of the MoSVY.

### Outputs related to component 04

- Increased opportunities to contribute to the community is one of the key outputs of component 04. During the year of reporting the CDIDF partners were able to ensure that 264 persons with disabilities which included 86 women with disabilities participated in CC/WCCC/CCWC meetings or trainings. There were 219 commune interventions carried out by the partners to remove barriers to participate for persons with disabilities. There is enough evidence to prove that persons with disabilities are enjoying increased participation and inclusion in community life. For the reporting period, 75 SHGs have included 1518 members with disabilities out of which 622 are women with disabilities. The CSO survey conducted has shown 88% of the respondents were very positive about the CDIDF. A total of 99,735 beneficiaries (with and without disabilities) directly and indirectly benefited from disability-inclusive and specific support services in the 12 targeted provinces apart from Phnom Penh. The CDIDF initiatives have benefitted 4391 persons with disabilities directly of which 1901 (771 girls) were children with disabilities, representing 43% of total direct beneficiaries.
- The CDIDF led to improvement of accessibility in public spaces. 59 ramps, 23 accessible toilets were built/renovated in schools and health centers.
- One of the outputs of component 4 is to ensure documentation and dissemination of the experiences of the CDIDF partners. During the period of reporting, one human interest story was produced apart from the progress reports of 9 CDIDF partners. The programme also produced 2 blogs on the work done by the CDIDF partners apart from 2 beneficiary stories produced by a partner on inclusive education.

## **Delays in implementation, challenges, and lessons learned & best practices**

One of the delays was the submission of the report on the implementation of the UN convention to the committee on CRPD. This was mainly due to the delay in holding consultative meetings with the stakeholders. The Programme Coordination Team invited one of the world's renowned advocate on disability rights and former member of the CRPD committee to advise the government and the civil society on the content of the report.

There has been delay in convening the DAWGs constituted in the key ministries for the purpose of coordinating the implementation of the NDSP. The matter has been discussed with the DAC and the Programme Coordination Team is providing the technical support to ensure the meetings are held at the earliest. The process for revision of the national disability law is yet to be initiated due to a gap in the design of the programme. This has been discussed in the programme board and at the behest of the board members, the programme coordination team has provided a technical note to the national government in which strategies have been spelt out to overcome the deficiency in the programme design and ensure revision of the law.

The direct support to NGOs for service delivery has been challenging at times in terms of identification and selection of the grant partners in a reasonable short span of time without compromising on the quality of selection apart from linking the grass root level activities of some of the grantees to the upstream policy and programme development. The procurement capacities of some of the NGOs didn't match with the stringent procurement requirements of one of the implementing agencies. As a lesson learnt, the implementing agency conducted an assessment of the procurement capacity of the CDIDF applicants.

Translation of the terms and concepts related to disability from English to Khmer has been challenging for the programme as there is no standardized disability terminology in Khmer. Establishing consensus on Khmer text is a lengthy process and this factor should be taken into consideration while planning activities that involve translation work.

The pre-testing of the disability –inclusion training package which was developed for the government officials at the sub-national level to increase awareness about disability and to enhance their skills to improve the lives of persons with disabilities has indicated a very low level of understanding and awareness of disability amongst the local authorities. It was realized that the training content needs to be pitched at the appropriate level.

Constitution of the DAWGs in key ministries to implement strategic objectives of the NDSP and also to ensure mainstreaming of disability in the agenda of the government is a good practice that is being promoted by the DAC within the Asia-pacific region. The programme through the PRDP implemented during the year has provided evidence to the fact that bringing a group of stakeholders at the provincial level to provide a coordinated and streamlined services is effective to reach out to maximum number of persons with disabilities who need health and rehab services.

The programme coordination team has been monitoring the risks on a regular basis. One of the risks identified was related to decrease in funding due to currency fluctuations. The donor has budgeted in Australian dollars while the programme budget is in USD. Depreciation of the AUS dollar has led to considerable reduction in the available budget for the programme. In consultation with the donor, the implementing agencies strategically scaled down the activities ensuring minimal adverse impact on the programmatic results.

## Qualitative Assessment

After 18 months of active implementation, the programme has succeeded in addressing disability within the policies and programmes of the key ministries of the government with the constitution of DAWGs in the nodal ministries. Disability terminologies have found a place in the vocabulary of the government. For instance, the draft information law and some of the decrees drafted by the government are disability-inclusive. The PCT has been conducting media analysis on a routine basis and there is a phenomenal increase in the reporting of the social media and print media on issues related to disability. The DRIC has contributed in creating a conducive environment for the stakeholders to review their programmes and policies to ensure inclusion of persons with disabilities apart from engaging DPOs on key programmatic issues. A pertinent example is the ongoing attempts to include persons with disabilities as recipients of the Health Equity Fund and the issue of Urban ID poor card in consultation and participation of the CDPO. The voices of persons with disabilities through DPOs has been reaching the nodal ministries through their representative body which is the CDPO. The government has started consulting CDPO and has included them in the working groups constituted to develop policy and legislative frame works.

The sensitization of the provincial government officials has brought in perceptible changes in their knowledge and understanding of disability issues. This is evident from the fact that 85% of the surveyed communes in 2015 indicated inclusion of persons with disabilities in the planning processes. Barriers faced by adults and children with disabilities in the communities have been identified and efforts are made to ensure barrier-free environment for persons with disabilities. Creation of physical access in some of the government offices and schools located in the geographic area where the DRIC programme is currently being implemented is a pointer in this direction.

The programme through the PRSS has reversed the downward trend of the PRCs in terms of service delivery and the reporting period witnessed increase in the number of persons with physical disabilities accessing services. One of the objectives of the programme is to strengthen the rehabilitation system and to build the capacities of the MoSVY and MoH to lead the sector. Through the PRDP, the MoH has demonstrated a successful model of service delivery by creating a network of partners converging to disseminate information, provide pathways for much needed services and to put in place a referral system at the sub-national level. The PRDP implemented under the programme has been able to encourage partnership between MoSVY, MoH, DPOs, NGOs and other service providers at the sub-national level in enabling persons with disabilities to access services in the communities.

The national workshop for the review of the NDSP is a testimony of the programme to engage wide range of actors and in building partnerships to identify the key strategic objectives that could be implemented by 2018. The CDIDF grant scheme implemented in collaboration with the NGOs in the select provinces, districts and communes has brought several key players of development such as provincial government entities, DPOs, families and care-givers of persons with disabilities in breaking barriers that prevent persons with disabilities from participating in political, economic, social and cultural activities on an equal footing with those without disabilities.

The 10 strategic objectives of the NDSP impact all the four components of the programme and successful implementation of the strategic plan remains as a cross-cutting issue for the programme stakeholders. This was aptly demonstrated when the three implementing agencies along with other actors came together to identify those critical objectives that could be implemented during the programme cycle of DRIC.

Community based rehabilitation is a cross-cutting strategy for the programme as a whole and the implementing agencies along with their respective partners are collectively working with MoSVY in

strengthening the national CBR coordination mechanism on the basis of the CBR guidelines. The preparations of the CRPD national report is yet another cross-cutting issue and during the reporting period the stakeholders have come together under the leadership of DAC to prepare the 2<sup>nd</sup> draft of the national report. Addressing the rights of the minority groups within the disability population has been of common interest to the programme implementers and the reporting year witnessed DAC commemorating the international day of persons with intellectual disabilities thereby providing much needed visibility to the needs of the minority groups. The needs of women with disabilities has been the guiding factor for all the four components of the programme and their respective partners. For instance CDPO has been able to ensure that women with disabilities constitute 50% of their staff and 40% of the DPOs governing board members are women with disabilities.

The Programme Coordination Team has been able to liaise with various UN agencies within the UN system to bring disability on the agenda of the United Nations Country Team (UNCT). For the first time, the UNCT came together to address the issues of persons living on the streets and majority of them are persons with disabilities. The programme was able to highlight the grim situation of the human rights of persons with disabilities in the country and convinced the human rights Special Rapporteur the need for a 'status report' on the human rights of persons with disabilities in Cambodia. The PCT on behalf of the DRIC has been part of the UNCT committee on human rights and has been closely working with the Office of the High Commissioner of Human Rights (OHCHR) in safeguarding the interests of the most marginalized persons with disabilities in Cambodia. Thanks to the DRIC programme, the three UN implementing agencies have initiated a process of mainstreaming disability in their respective country programmes. The programme components are mutually inter-dependent and UN agencies have been supplementing the efforts of each other in realizing the intermediate outcomes of the respective components. The office of the UN Resident Coordinator continues to play a proactive role in forging partnerships amongst the implementing agencies and also in ensuring that the issues of persons with disabilities are appropriately dealt under the United Nations Development Assistance Framework (UNDAF).

**ii) Indicator Based Performance Assessment:**

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
<b>Component 1:</b> Supporting Government implementation of the NDSP			
<p><b>Outcome 1:</b> NDSP implemented through rights-based and inclusive approach</p> <p><b>Indicator:</b> RGC reflects a rights-based &amp; inclusive approach to disability</p> <p><b>Baseline:</b></p> <ul style="list-style-type: none"> <li>• New NDSP</li> <li>• Limited knowledge of rights-based &amp; inclusive approach</li> </ul> <p><b>Planned Target:</b></p> <ul style="list-style-type: none"> <li>• 50% of NDSP responsible ministries/ institutions reflect a rights-based &amp; inclusive approach to implementing policies &amp; programs</li> <li>• Disability Law in line with CRPD by 2018</li> </ul>	<p>RGC has established the disability mechanism in the line ministries which expressed the commitment to promote the disability inclusion. Disability working group in line ministries will play a role to implement and monitor the progress of disability inclusion.</p>		<ul style="list-style-type: none"> <li>• Annual reports on the implementation of the NDSP</li> <li>• NDSP review workshop report</li> </ul>
<b>Output 1.1:</b> Capacities of key government structures enhanced to promote rights-based and inclusive approach to implement NDSP			
<p><b>Indicator 1.1.1:</b> Recommendations of Functional/ capacity assessment reflected in the revised strategic plan/annual work Plan of DAC/DAC -SG</p>	<ul style="list-style-type: none"> <li>• Functional analysis report was developed and endorsed by DAC. 8 recommendations provided specifically on improving the roles and responsibilities of government institutions and another 2 recommendations related to increasing national budget allocation.</li> <li>• A courtesy meeting between senior</li> </ul>	<ul style="list-style-type: none"> <li>• on track</li> </ul>	<ul style="list-style-type: none"> <li>• Functional analysis report</li> <li>• Courtesy meeting's minute</li> </ul>

	<b><u>Achieved Indicator Targets</u></b>	<b><u>Reasons for Variance with Planned Target (if any)</u></b>	<b><u>Source of Verification</u></b>
	management of MOSVY and UNDP regarding the follow up actions on the recommendations. It presented the commitment from senior management to ensure the recommendations would be considered into actions.		
<b><u>Indicator 1.1.2:</u></b> DAC members and SG staff active in regional networks, exchange of experiences/good practice	<ul style="list-style-type: none"> <li>• Attended the 3rd APCBR congress in Japan – key actions point proposed to improve the CBR program in Cambodia.</li> <li>• Attended the ASEM High-level Meeting on Disability under the theme of Break Barriers for Inclusive Development, held in Beijing, China. From this attending, DAC received support from China government – hundreds of technology assistive devices donated to DAC.</li> <li>• President of DAC with his subordinates attended the opening ceremony of the ASEAN Para-game which was held in Singapore. His present shew the commitment to promote the rights of persons with disabilities at national and international level.</li> <li>• DAC – SG accompanied the young persons with disabilities to attend 15th GITC which was held in Jakarta, Indonesia.</li> <li>• DAC-SG accompanied persons with intellectual disability to attend the Second Special Music Festival in Pyeongchang, South Korea.</li> <li>• Attended GIZ Regional Workshop “Bridging the gap between policy and practice-cross-sectoral innovations for economic inclusion</li> </ul>	<ul style="list-style-type: none"> <li>• On track</li> </ul>	<ul style="list-style-type: none"> <li>• DAC annual report</li> <li>• DAC and MoSVY websites</li> <li>• CBR congress summary report</li> </ul>

	<b><u>Achieved Indicator Targets</u></b>	<b><u>Reasons for Variance with Planned Target (if any)</u></b>	<b><u>Source of Verification</u></b>
	<p>of persons with disabilities” covering the four key topics 1) Health 2) Social Protection 3) Technical and Vocational Education and Training (TVET) and 4) Employment in Cambodia.</p> <ul style="list-style-type: none"> <li>• Attended Regional Workshop on Convention on The Rights of Person with Disabilities towards Sustainable Social Protection with was held in Pattaya, Thailand.</li> <li>• DAC–SG played a very important role to provide advice and support on disability development in Cambodia to international institutions for instance the exchange meetings with UNESCAP, University of Korea and USA, Bhutan delegates.</li> </ul>		
<p><b><u>Indicator 1.1.3:</u></b> Civil servants, including women &amp; persons with disabilities, participate in workshops or other capacity development activities</p>	<ul style="list-style-type: none"> <li>• The NDSP review workshop had involved with different civil servants from line ministries at both national and sub national level, DPOs, CSOs, DPs and private sector. The workshop allowed line ministries, DPOs and private sector to share the progress of their programmes which contributed to NDSP’s achievements.</li> <li>• The national workshop for the ‘Establishment of the Cambodian Intellectual Disability and Autism Network’ around 10 NGOs and parents association joined the network.</li> <li>• The involvement with different groups of disability - the world Purple’s (Epilepsy) Day presented the strong commitment of government to improve the services for people with epilepsy, and reduce</li> </ul>	<ul style="list-style-type: none"> <li>• Achieved/ on track</li> </ul>	<ul style="list-style-type: none"> <li>• DAC annual report</li> <li>• NDSP review workshop report</li> </ul>

	<u><b>Achieved Indicator Targets</b></u>	<u><b>Reasons for Variance with Planned Target (if any)</b></u>	<u><b>Source of Verification</b></u>
	<p>discrimination against people with epilepsy at their community.</p> <ul style="list-style-type: none"> <li>• Women with disabilities were invited to participate at the consultative meeting process – clarifications of DAC role and responsibility, and disability policies comparing between Cambodia and United of America.</li> <li>• DAC-SG explored an opportunity for persons with autism and their parents to attend the Knowledge Creation Forum on Community-Based Inclusive Development (CBID) in Bangkok.</li> <li>• DAC-SG organized different meetings and events related to disability with involved from different line ministries, DPOs, CSOs and persons with disabilities – international children day, deaf day, persons with disabilities, run marathon day, sensitization meetings on DAC role and responsibility and NDSP at both national and sub national level.</li> </ul>		
<p><b><u>Indicator 1.1.4:</u></b> New Sub-Decrees / Prakas initiated to revise mandates of DAC, PwDF, DWPwD and/or DRA in accordance with functional/ capacity analysis to clarify roles &amp; functions</p>	<ul style="list-style-type: none"> <li>• Role and responsibilities of DAC and Department of Welfare have been reviewed following to the guidance from Minister of MoSVY. It was clearly said that DAC is a coordination body and advisory role for disability sector, while Department is responsible for CBR programme, and initiate some policies and guideline related to disability within their own authority - eg. SHGs guideline, amend the disability law etc.</li> <li>• PRAKAS for establishing the legislative</li> </ul>	<ul style="list-style-type: none"> <li>• As the Department of Welfare does not have enough resources – human and financial resources, MoSVY guided DAC to coordinate the legislative committee.</li> <li>• The capacity of DRA office has limited human and financial resources. This means that DAC would use their disability rights unit to</li> </ul>	DAC annual report

	<u><b>Achieved Indicator Targets</b></u>	<u><b>Reasons for Variance with Planned Target (if any)</b></u>	<u><b>Source of Verification</b></u>
	<p>committee which involved from different line ministries and CDPO. The committee aimed to develop/review policies related to disability. Under this committee, few policies few policies/sub decree have been drafted/initiated:</p> <ul style="list-style-type: none"> <li>○ Guiding document for Disability Action Council at both national and sub national, and for the Disability Action Working Group at line ministries.</li> <li>○ Sub decree on financial reward of special Olympic and skill competition for persons with disabilities.</li> <li>○ Inter-ministerial Prakas on public parking space for persons with disabilities.</li> <li>○ Inter-ministerial Prakas on the discount of school fees and stationeries for persons with disabilities.</li> </ul>	<p>monitor the progress of disability rights in line ministries as well as institutions.</p> <ul style="list-style-type: none"> <li>● It is quite hard for DRA office to monitor the other line ministries or institutions due to limited power/authority – established by their own Ministry’s Prakas. The capacity building of DRA is being planned by UNDP through a project on Access to Justice.</li> </ul>	
<p><b>Indicator 1.1.5:</b> Extent to which funded activities in DAC-SG work plan achieved</p>	<p>Major activities were done as planned and some activities extended to 2016 work plan for instance the UNCRPD report submission to committee and the key legislative policies will be developed and reviewed.</p> <p>The key achievements were recorded as followed:</p> <ul style="list-style-type: none"> <li>● Produced TV talk show through national television – TVK. Scripts for 5 TV talk show have been developed and footage with specific topics below. <ul style="list-style-type: none"> <li>○ Success of youth with disabilities in</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● DAC paid more attention to support DAWGs at line ministry levels and DAC sub national offices to sensitize on role and responsibility and NDSP.</li> <li>● DAC expanded their activity to disseminate disability legislative policies through mass media – created video spot.</li> </ul>	<ul style="list-style-type: none"> <li>● DAC annual report</li> <li>● Video spot</li> </ul>

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
	<p>GITC 2014</p> <ul style="list-style-type: none"> <li>○ Speech Therapy development in Cambodia</li> <li>○ Disability prevention</li> <li>○ Participation in Arts of Person with Disability</li> <li>○ Self-employment of PwDs</li> <li>○ Access to public transportation</li> <li>○ Good Practice on NHE</li> </ul> <ul style="list-style-type: none"> <li>● The Integration of Persons with Disabilities unit developed a clear project plan covering the outcomes to be achieved by the project, the target group, a strategy to achieve the plan and timelines.</li> <li>● Finalised draft UNCRPD report.</li> <li>● Capacity development provided to DAWGs and DAC sub national offices through sensitisation meeting, training and workshop.</li> <li>● Conducted consultative meetings with relevant stakeholders to initiate the legislative policies and guideline related to disability.</li> <li>● Organised key events to raise disability awareness throughout the public.</li> <li>● Additional training was organized for DAC-SG staff on methodology of consultations, interventions and access to justice for PwDs, provided by Dr. Stephen Rosenbaum, Professor of Law, and American University of Phnom Penh.</li> </ul>		
<b>Outcome 2:</b> Increased capacity of DAC to coordinate implementation of NDSP	<ul style="list-style-type: none"> <li>● National NDSP review workshop was organized by DAC in order to review the progress of NDSP implementation at all level</li> </ul>		<ul style="list-style-type: none"> <li>● NDSP review workshop report</li> </ul>

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
<p><b>Indicator:</b> Annual progress report on implementation of NDSP presented to RGC</p> <p><b>Baseline:</b> inception report</p> <p><b>Planned Target:</b> Annual progress report presented to RGC by end of 1<sup>st</sup> quarter of each year starting 2016</p>	<p>– the workshop ended up with key actions plan with relevant ministries, DPs, DPOs and CSOs to prioritize the strategic objectives to be achieved by 2018.</p>		
<b>Output 2.1:</b> Implementation of NDSP is monitored transparently across the whole-of-government			
<p><b>Indicator 2.1.1:</b> DAC-SG staff trained to efficiently implement M&amp;E framework to monitor NDSP</p>	<ul style="list-style-type: none"> <li>• Will be done in 2016</li> </ul>	<ul style="list-style-type: none"> <li>• Once the NSDP framework has been approved, the M&amp;E training will be delivered to staff and DAC at sub national offices.</li> </ul>	
<p><b>Indicator 2.1.2:</b> DAWGs monitor &amp; report on NDSP implementation in ministry/ institution</p>	<ul style="list-style-type: none"> <li>• DAWGs had shared the achievements and challenges of implementation NDSP at the NDSP review workshop. The DAWGs also provided an update to DAC-SG through the given reporting format.</li> <li>• DAC – SG received support from AVI by provided one international volunteer to support DAC –SG in building capacity of staff in M&amp;E field.</li> <li>• Disability rights unit of DAC –SG is responsible for monitoring the NDSP implementation with guided by from secretary general.</li> <li>• DAC-SG developed a standardized presentation on DAC, DAC-SG-, DAC-MP and DAWG roles and responsibilities to be used for future presented.</li> </ul>	<ul style="list-style-type: none"> <li>• Due to poor reporting format system – the data collected was not accurate and most of line ministries didn't collaborate very well.</li> <li>• Disability advisor was supposed to support the M&amp;E of NDSP implementation and reporting, apart from disability advisory role. However DAC-SG decided not recruit him/her due to shortage funding – lost exchange rate and the scope of NDSP is too ambitious.</li> </ul>	

	<b><u>Achieved Indicator Targets</u></b>	<b><u>Reasons for Variance with Planned Target (if any)</u></b>	<b><u>Source of Verification</u></b>
<p><b><u>Indicator 2.1.3:</u></b> Regular NDSP review meetings held with participation of line Ministries, DPOs and civil society</p>	<ul style="list-style-type: none"> <li>• 14 DAWGs established at line ministries and DAC provided sessions to those ministries regarding the role and responsibilities of DAWGs as well as disability inclusion training – 10 lines ministries received sessions. In addition, an initial meeting took place with the Ministry of Public Works and Transport to discuss the development of PRAKAS on PwDs driver's license, types of vehicles and disabled parking lots.</li> <li>• About 20 DAC sub national offices received sensitization meetings on role and responsibility of DAC and NDSP.</li> <li>• A review workshop on NDSP was done at national level with involved from line ministries, DAC sub national, DPOs, DPs, CSOs, private sector and persons with disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>• On track in terms of the first phase to implement the NDSP.</li> </ul>	<ul style="list-style-type: none"> <li>• NDSP review workshop</li> <li>• PRAKAS for establishing DAWGs</li> </ul>
<p><b>Output 2.2:</b> In-depth analysis of existing disability-related data sources performed and recommendations for improvement of comprehensive disability-related data collection, analysis and utilisation provided</p>			
<p><b><u>Indicator 2.2.1:</u></b> Extent to which recommendations for improvement of disability data adopted by relevant ministries/ institutions</p>	<ul style="list-style-type: none"> <li>• Training on comparable tools on data collection provided by UNDP and WHO to project partners those including DAC, PWDF, MoH, MoP, MoSVY and CDPO. As a result, DAC committed to work together with NIS/MoP regarding the use of WG tool into the existing questionnaires.</li> <li>• The Cambodia Demographics Health Survey (CDHS) has included WG questionnaires into the survey process. As result, about 9.5% of total population have disability.</li> <li>• DAC and CDPO were invited to be part of ID poor working group which resulted from</li> </ul>	<ul style="list-style-type: none"> <li>• On track</li> </ul>	<ul style="list-style-type: none"> <li>• Training report</li> <li>• Joint advocacy meeting's minute</li> <li>• CDHS report</li> </ul>

	<b><u>Achieved Indicator Targets</u></b>	<b><u>Reasons for Variance with Planned Target (if any)</u></b>	<b><u>Source of Verification</u></b>
	<p>the training.</p> <ul style="list-style-type: none"> <li>• Through the legislation committee of DAC, they committed to review the inter-ministerial Prakas on Type and Level of Disability Classification.</li> </ul>		
<b>Output 2.3:</b> Reporting under CRPD is completed on time following an inclusive consultative process			
<p><b><u>Indicator 2.3.1:</u></b> Ministries /institutions and other stakeholders, including persons with disabilities and women, participate in consultative workshop to finalise CRPD report</p>	<ul style="list-style-type: none"> <li>• Consultative workshop was organized by DAC with technical support from OHCHR office to share the second draft of UNCRPD report with involved from different line ministries at national and sub national level, DPOs and CSOs. As result, about 80% of the second draft report were satisfied by participants.</li> </ul>	<ul style="list-style-type: none"> <li>• Achieved as planned</li> </ul>	<ul style="list-style-type: none"> <li>• Consultative workshop report</li> </ul>
<p><b><u>Indicator 2.3.2:</u></b> Cambodian CRPD report submitted on time</p>	<ul style="list-style-type: none"> <li>• Will be submitted by early 2016.</li> </ul>	<ul style="list-style-type: none"> <li>• Delayed due to limited resources to collect data and review the second draft.</li> </ul>	
<b>Component 2: Supporting Disabled People's Organisations to raise the voice and protect the rights of all persons with disabilities</b>			
<p><b><u>Outcome 1: Increased capacity of CDPO/DPOs to fulfil their mandates</u></b> <b><u>Indicator:</u></b> Extent to which CDPO &amp; DPOs fulfil their mandates <b><u>Baseline:</u></b> Inception of program <b><u>Planned Target:</u></b> 70% satisfaction by 2018</p>	<ul style="list-style-type: none"> <li>• National DPO guideline was developed with recognized by DAC.</li> </ul>		<ul style="list-style-type: none"> <li>• DPO guideline</li> </ul>
<b>Output 1.1:</b> CDPO and DPOs capacitated to act as effective channel for raising the voice of all persons with disabilities			
<p><b><u>Indicator 1.1.1:</u></b> CDPO/DPOs actively participate in meetings of DAC or DAC committees/ working groups</p>	<ul style="list-style-type: none"> <li>• CDPO joint the working group with ministry of planning regarding the ID poor for poor people – some questions related to disability are included and WG questionnaires has</li> </ul>	<ul style="list-style-type: none"> <li>• On track in terms of disability policy advocacy with different line ministries.</li> </ul>	<ul style="list-style-type: none"> <li>• CDPO annual report</li> </ul>

	<b><u>Achieved Indicator Targets</u></b>	<b><u>Reasons for Variance with Planned Target (if any)</u></b>	<b><u>Source of Verification</u></b>
	<p>included into the current questionnaires.</p> <ul style="list-style-type: none"> <li>• CDPO joint the committee of education fee for persons with disabilities, and members of organizing events – both national and international days related to disability.</li> <li>• CDPO was invited as a member of legislative committee which was a great opportunity for CDPO to advocate and representative a voice of persons with disabilities regarding the disability policy development.</li> <li>• CDPO was invited as a member of working group of Ministry of Information regarding the development of Law of Information.</li> <li>• CDPO was invited as a member of working group of voting registration of NEC.</li> <li>• CDPO had involved with NCDM regarding the support to persons with disabilities during/at disaster risk management intervention process.</li> </ul>		
<p><b><u>Indicator 1.1.2:</u></b> CDPO/ DPOs regularly consult with ministries/ institutions to promote NDSP implementation</p>	<ul style="list-style-type: none"> <li>• CDPO was invited to join the NDSP review workshop at all process – pre and post meeting. CDPO also presented the key achievements and lessons learnt of how DPOs contributed to NDSP implementation.</li> <li>• Provincial DPOs were invited to join DAC sensitization meeting and requested from DAC sub national offices to be resource persons for disability development.</li> </ul>	<ul style="list-style-type: none"> <li>• On track - DPOs are more aware of disability frameworks/papers since they involved in lots of activities conducted by CDPO and DAC.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual CDPO report and NDSP review workshop report</li> </ul>
<p><b><u>Indicator 1.1.3:</u></b> Extent to which outputs of DRIC-funded activities in CDPO work plan achieved</p>	<ul style="list-style-type: none"> <li>• About 90% of the planned activities were achieved. The key highlighted of these achievements as follows: <ul style="list-style-type: none"> <li>○ Policy advocacy: recognized by</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• On track</li> </ul>	<ul style="list-style-type: none"> <li>• CDPO annual report</li> </ul>

	<b><u>Achieved Indicator Targets</u></b>	<b><u>Reasons for Variance with Planned Target (if any)</u></b>	<b><u>Source of Verification</u></b>
	<p>government institutions as a focal organization for advocating political rights for persons with disabilities – DAC, MoI information, MoP, MoInterior, NEC and NCDM. Disability policy was accepted to be included from those institutions.</p> <ul style="list-style-type: none"> <li>○ Radio programme broadcasted at 2 provinces and will be expanded to Svay Rieng and Phnom Penh. Voice of Persons with Disabilities (VPD) had produced key programmes – produced and broadcasted 1,461 times for 24 radio programs with 5,716 listeners called in for live discussions/consultation.</li> <li>○ Provided training on disability inclusion and accessible toilet to private sector including airport staff and mainstream organizations.</li> <li>○ National DPOs network meetings, it extended to private, mainstream organizations and increased involvement from diversity of disability group.</li> <li>○ CDPO general assembly meeting – two women with disabilities elected for CDPO governing board members and with diversity group of persons with disabilities.</li> <li>○ The first congress of persons with disabilities was organized by CDPO to raise the concerns of persons with</li> </ul>		

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
	<p>disabilities and made a statement to government and concerned stakeholders.</p> <ul style="list-style-type: none"> <li>○ Organized disability awareness campaigns and forum at all level.</li> <li>● With support from CDPO, about 50% of DPOs have increased capacity to communicate directly with local authority and presented the issues/needs of persons with disabilities within the community.</li> </ul>		
<b>Output 1.2:</b> Specific needs and priorities of women and children with disabilities, persons with hearing, visual, intellectual & psychosocial disabilities & other excluded groups are included and addressed in CDPO/DPO plans and activities			
<p><b><u>Indicator 1.2.1:</u></b> Percentage of activities specifically targeting women, girls, boys &amp; men with different types of disabilities in CDPO's work plans</p>	<ul style="list-style-type: none"> <li>● CDPO applied gender policy and they committed at least 50% of planned programme benefited to both men and women with disabilities. CDPO also encouraged their DPOs and its network to develop gender policy as mandatory.</li> <li>● International women day – women with disabilities provided a speech during the event – issues of women with disabilities raised up to the event.</li> </ul>		<ul style="list-style-type: none"> <li>● CDPO annual report and gender policy</li> </ul>
<p><b><u>Indicator 1.2.2:</u></b> Percentage of women in governing body of CDPO, DPOs, Federations &amp; SHGs increases by 10%</p>	<ul style="list-style-type: none"> <li>● 45% of CDPO governing board functioned and actively provide strategy direction to CDPO.</li> <li>● About 50% of CDPO staff are female and at a leadership role such as Chairperson and Treasurer. 33% are at senior management level and 53% are responsible for day-to-day implementation the project.</li> <li>● About 20% of CDPO member organisations led by female, and 40% of DPOs' governing board members are female.</li> </ul>	<ul style="list-style-type: none"> <li>● It is achieved as planned</li> </ul>	<ul style="list-style-type: none"> <li>● CDPO annual report</li> </ul>

	<b><u>Achieved Indicator Targets</u></b>	<b><u>Reasons for Variance with Planned Target (if any)</u></b>	<b><u>Source of Verification</u></b>
<p><b><u>Indicator 1.2.3:</u></b> CDPO's membership of DPOs representing women, girls, boys &amp; men with different types of disabilities at national &amp; sub-national level increases by 20%</p>	<ul style="list-style-type: none"> <li>• 12 SHGs established with supported from DPOs – about 40% of women with disabilities involved in the SHGs.</li> <li>• DPOs and SHGs extended their members to the minorities and excluded groups within the population of persons with disabilities for instance indigenous and Muslim people with disabilities.</li> </ul>		<ul style="list-style-type: none"> <li>• CDPO annual report</li> </ul>
<b>Output 1.3:</b> CDPO and DPOs are actively involved in regional networks, exchange of experiences and good practices			
<p><b><u>Indicator 1.3.1:</u></b> CDPO/ DPOs participate in regional events</p>	<ul style="list-style-type: none"> <li>• International day of autism – the first national autism network established in Cambodia with coordinated and supported by DAC.</li> <li>• Participated South East Asia addendum to develop “Jakarta Addendum” regarding the rights of persons with disabilities access to election process.</li> <li>• Participated in different events related to disability development in the region such as Bangkok, Vietnam, Japan, China, Philippine, and South Korea.</li> <li>• CDPO is a member of Disabled People's International (global disability network). CDPO submitted a letter to United Nations Secretary-General through UNOHCHR about proposing amendment of two goals (Goal 1 &amp; Goal 3) of Sustainable Development Goals (SDGs) – disability has been omitted from these two very critical goals.</li> </ul>		<ul style="list-style-type: none"> <li>• CDPO annual report</li> </ul>

	<b><u>Achieved Indicator Targets</u></b>	<b><u>Reasons for Variance with Planned Target (if any)</u></b>	<b><u>Source of Verification</u></b>
<b><u>Indicator 1.3.2:</u></b> Reports and other documents disseminated with lessons learned, exchange of knowledge, and good practices	<ul style="list-style-type: none"> <li>• NEC policies shared with stakeholders for comments/feedback.</li> <li>• “Jakarta Addendum” shared with NGOs disability and mainstream organizations for their support.</li> <li>• CDPO annual report 2014.</li> <li>• The research’s findings on disability and employment in partnership with Monash University shared and consulted with stakeholders.</li> <li>• 4 statements related to the concerns of persons with disabilities have been developed.</li> <li>• DPO guideline was developed and launched.</li> </ul>		<ul style="list-style-type: none"> <li>• CDPO annual report</li> </ul>
<b>Outcome 2:</b> Effective inclusion and representation of diverse groups of persons with disabilities			
<b>Output 2.1:</b> Existing DPOs strengthened and new DPOs established to ensure representation of diverse groups of persons with disabilities			
<b><u>Indicator 2.1.1:</u></b> # of new DPOs to represent women & children with disabilities & persons with diverse disabilities	<ul style="list-style-type: none"> <li>• Two DPOs established in Kampot (Cambodian Agency Development of Disability and the Poor) and Kandal (Association of Persons with Disabilities Ksach Kandal) provinces.</li> </ul>		<ul style="list-style-type: none"> <li>• CDPO annual report</li> </ul>
<b><u>Indicator 2.1.2:</u></b> # of capacity building activities for existing & new DPOs	<ul style="list-style-type: none"> <li>• 12 informal and refresher training and 1 formal training were provided to 22 grantee DPOs/WWWDFs including new DPOs related to coaching methods, ToT for adult learning, results based management, how to write case study, and how to take good photos for case studies and report writing.</li> <li>• 8 coaching materials including visual aids</li> </ul>		<ul style="list-style-type: none"> <li>• CDPO annual report</li> </ul>

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
	<p>created by TSG team. Those materials aimed to improve the report writing &amp; minute taking, rights base approach, how to form the SHG, project design/planning.</p> <ul style="list-style-type: none"> <li>• DPO guideline involved DPOs at all stage of development process.</li> </ul>		
<b>Component 03: Supporting rehabilitation systems strengthening</b>	<b>Achieved Indicator Targets</b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<p><b>Outcome 1: Strengthened rehabilitation sector leadership, planning and coordination</b>  <b>Indicator:</b> Rehabilitation sector coordination mechanism functioning efficiently &amp; effectively  <b>Baseline:</b> Inception of program  <b>Planned Target:</b> 80% satisfaction by 2018</p>	<ul style="list-style-type: none"> <li>• The target is for 2018 but progress with MOH, MOSVY and PWDF is being made. Major progress not yet observed. However, the project has addressed some issues as indicated below, especially on the national CBR coordination mechanism, the implementation of the Provincial Rehabilitation Demonstration Projects (PRDP) in Kampong Cham and Battambang.</li> </ul>		
<b>Output 1.1: Government capacity to lead, regulate and plan the rehabilitation service sector</b>			
<p><b>Indicator 1.1.1:</b> Quality information available on rehabilitation sector status, including finances, workforce and service provision for informed decision making enhanced service provision  <b>Baseline:</b> Inception of program  <b>Planned Target:</b> Capacity Needs Assessment; Disability analysis within CDHS and Rehabilitation Financing and workforce reports</p>	<ul style="list-style-type: none"> <li>• The 1st draft Capacity Assessment of MoSVY, MoH and PWDF is being revised and final report is expected by 1st quarter of 2016.</li> <li>• Report on the Rehabilitation transition plan to provide options and recommendation for the handover of the Physical Rehabilitation Centers (PRCs) is being finalized and final report is expected by 1st quarter 2016.</li> <li>• Chapter on disability is included in the 2014 CDHS report and the additional secondary</li> </ul>	<ul style="list-style-type: none"> <li>• The previous consultant didn't manage to finalize the Capacity Assessment report and another consultant was identified in late 2015 to finalize this report.</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> draft of Capacity Assessment report.</li> <li>• Final draft of the Transition analysis report.</li> <li>• 2014 of CDHS report-Chapter on Disability, pages 41-45</li> </ul>

	<b><u>Achieved Indicator Targets</u></b>	<b><u>Reasons for Variance with Planned Target (if any)</u></b>	<b><u>Source of Verification</u></b>
	analysis of this CDHS will be available by early April 2016.		
<p><b><u>Output 1.2: Establishment of a rehabilitation sector leadership and coordination mechanism</u></b></p> <p><b><u>Indicator 1.2.1:</u></b> Physical rehabilitation sector leadership and coordination mechanism established and functioning</p> <p><b><u>Baseline:</u></b> Inception of program</p> <p><b><u>Planned Target:</u></b> By 2016 and ; 5 entities represented; DPO member; At least 2 managerial meetings per year</p>	<ul style="list-style-type: none"> <li>• Five internal steering groups (on Communication, Finance, Human Resource, Information and PRC Processes) of PWDF established with supported ToR and Action Plan.</li> <li>• Three bi-monthly meetings between the 4 INGOs and PWDF conducted and two committees established (Finance/Procurement and Human Resource committees).</li> <li>• Two provincial committees on health and rehabilitation established through the Provincial Rehabilitation Demonstration Projects (PRDP).</li> <li>• In addition, key individuals from MOH, PWDF, MoSVY &amp; CDPO have jointly attended the WHO regional meeting on Disability inclusive health and rehabilitation services, and country key action plan for 2016-2017 was drafted. Coordination mechanism to monitor the implementation of this joint action plan is expected from 2016.</li> </ul>		<ul style="list-style-type: none"> <li>• Minutes of the meetings</li> <li>• Decision letter and action plan</li> <li>• ToRs</li> <li>• PRDP report</li> <li>• Draft country action plan, 2016-2017</li> <li>• WHO regional meeting report will be available by 1<sup>st</sup> quarter 2016</li> </ul>

	<u><b>Achieved Indicator Targets</b></u>	<u><b>Reasons for Variance with Planned Target (if any)</b></u>	<u><b>Source of Verification</b></u>
<p><b>Output 1.3: Development of MoH's role in rehabilitation sector strengthening &amp; service provision</b></p> <p><b>Indicator 1.3.1:</b> MoH participates in rehabilitation sector leadership mechanism</p> <p><b>Baseline:</b> Inception of program</p> <p><b>Planned Target:</b> At least 2 times per year</p>	<ul style="list-style-type: none"> <li>• In addition to the above section, MoH representatives have participated in all the appropriate formal meeting, including at the National CBR forum, the National Disability Strategic Review workshop.</li> <li>• MoH has leaded the discussion with key stakeholders on the process of the development of Demonstration project (PRDP) and Stroke rehabilitation guidelines.</li> </ul>		<ul style="list-style-type: none"> <li>• National CBR forum report</li> <li>• PRDP proposal resulted from the exchanged visit at Kampong Cham PRDP</li> <li>• Final Stroke rehabilitation guidelines.</li> </ul>

	<u><b>Achieved Indicator Targets</b></u>	<u><b>Reasons for Variance with Planned Target (if any)</b></u>	<u><b>Source of Verification</b></u>
<p><b>Indicator 1.3.2:</b> Disability and rehabilitation trainings for hospital, health centre &amp; village volunteers through PRDP</p> <p><b>Baseline:</b> Inception of program</p> <p><b>Planned Target:</b> # of trainings by end of 2016; # of Civil Servants trained</p>	<p>PRDP in Kampong Cham implemented by Handicap International (HI):</p> <ul style="list-style-type: none"> <li>• Two trainings and two refresher trainings on disability, PRC services and referral pathway organized to 324 government staff (97 health workers, 45 commune chiefs and 172 village chiefs) and 513 village volunteers (25 referral users and 488 volunteers health support group).</li> <li>• 28,350 leaflets distributed to health workers, referral users and local authorities.</li> <li>• 350 posters on referral pathways distributed to 97 targeted health facilities.</li> <li>• 639 (19% over the target) persons with physical disabilities who were new to the services referred to Kampong Cham PRC by the above trainees and other.</li> </ul> <p>PRDP in Battambang implemented by MoH and Provincial Health Department (PHD):</p> <ul style="list-style-type: none"> <li>• This 2nd demonstration project launched in September 2015.</li> <li>• One training session on disability and basic rehabilitation organized to 36 government staff (30 from health centers and 6 from hospitals) and 7 from NGOs.</li> </ul>	<ul style="list-style-type: none"> <li>• The PRDP in Kampong Cham started in Sep 2014, covered 4 hospitals, 20 health center and 20 communes. This project is being directly implemented by HI in close collaboration with health facilities and PWDF.</li> <li>• The PRDP in Battambang started in September 2015, covered 4 hospitals and 15 Health Centers. The difference from the 1st PRDP is that this project is being directly implemented by PHD and provincial hospital and covering physical, hearing, mental</li> </ul>	<p>1<sup>st</sup> PRDP:</p> <ul style="list-style-type: none"> <li>• Preliminary progress report covered the period of Sep 2014- Nov 2015 (final report for the period of Sep2014- Dec2015 will available by early Feb2016.</li> </ul> <p>2<sup>nd</sup> PRDP:</p> <ul style="list-style-type: none"> <li>• Training report</li> <li>• ToR on the establishment of “Provincial Health-Rehabilitation Working Group” (in Khmer)</li> </ul>

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
		impairments	
<p><b>Indicator 1.3.3:</b> Good practice &amp; lessons learnt from Provincial Development Rehabilitation Project (PRDP) implemented in other provinces</p> <p><b>Baseline:</b> Inception of program</p> <p><b>Planned Target:</b> 2 provinces by 2017</p>	<ul style="list-style-type: none"> <li>Documentation of the good practice and lesson learnt not yet available. However, similar approach is extended to Battambang province and shared among the INGOs who are supporting the PRCs in other provinces. In addition, an abstract presentation was shared at the 3rd Asia-Pacific CBR Congress and at the WHO regional meeting on Disability inclusion health and rehabilitation services.</li> </ul>		<ul style="list-style-type: none"> <li>Abstract presentation</li> </ul>
<p><b>Output 1.4: Development of a national vision for rehabilitation and</b></p>	<ul style="list-style-type: none"> <li>Not expected, but as indicated above, some informal discussions are being addressed</li> </ul>		

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
<p><b>support services provision</b>  <b>Indicator 1.4.1:</b> Working group established &amp; functional to develop national rehabilitation strategy  <b>Baseline:</b> Inception of program  <b>Planned Target:</b> By end of 2017; # of entities represented in working groups; Quarterly meetings</p>	<p>such as PWDF-INGOs meeting, WHO regional meeting and Provincial health-rehabilitation working groups.</p>		
<p><b>Indicator 1.4.2:</b> National rehabilitation strategy developed and adopted  <b>Baseline:</b> Inception of program  <b>Planned Target:</b> By 2018</p>	<p>Not expected in the near future.</p>		
<p><b>Outcome 2: Increased access to quality rehabilitation services</b>  <b>Indicator 2.1:</b> Increase in # of people accessing all PRC services  <b>Baseline:</b> 27,225 people (2013)  <b>Planned Target:</b> Total # of clients; # of Women, # of Girls; # of Boys; # of landmine/ERW survivors; # of new/replacement prostheses; # of repairs</p>	<ul style="list-style-type: none"> <li>• Number of all beneficiaries received services from the 11 PRCs slightly increased by from 27,225 in 2013 to 27,361 in 2015. Among these clients received services in 2015, 6,863 were women, 7,873 were children and 10,701 were landmine/ERW survivors.</li> <li>• 7,320 of Prosthesis and Orthosis production delivered, 13,049 of devices repaired and 60,607 of Physiotherapy treatment sessions provided.</li> </ul>	<ul style="list-style-type: none"> <li>• There are 11 PRCs providing physical rehabilitation services to people with physical disabilities. Two PRCs (Takeo and Siem Reap) fully handed over to PWDF and the other 9 PRCs are still supported, by 4 INGOs.</li> </ul>	<ul style="list-style-type: none"> <li>• Project final report</li> <li>• 11 PRCs Statistics</li> </ul>
<p><b>Indicator 2.2:</b> Increase in people accessing services at Takeo and Siem Reap PRC  <b>Baseline:</b> 2383 people (2013)  <b>Planned Target:</b> Total # of clients; # of Women, # of Girls; # of Boys; # of landmine/ERW survivors; # of new/replacement prostheses; # of</p>	<p>Siem Reap and Takeo PRCs are among the 9 PRCs received financial support from the Priority Rehabilitation Service Scheme (PRSS).</p> <ul style="list-style-type: none"> <li>• Number of all clients received services from these PRCs slightly decreased (6%) from 2,383 in 2013 to 2,250 in 2015 (women: 403, &lt;18: 441 and landmine/ERW: 1,237). However, the Prosthesis and Orthosis</li> </ul>	<ul style="list-style-type: none"> <li>• The aim of the PRSS is to support transitioning rehabilitation services for the period that the RGC cannot identify necessary funds to prevent further service decreases. This fund was mainly allocated</li> </ul>	<ul style="list-style-type: none"> <li>• Project final report</li> <li>• 11 PRCs Statistics</li> </ul>

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
repairs	<p>production increased by 15% from 498 in 2013 to 571 in 2015.</p> <ul style="list-style-type: none"> <li>1,137 of devices repaired and 7,030 of Physiotherapy treatment sessions provided</li> </ul>	to transportation and food allowances for clients and some production materials.	
<p><b>Indicator 2.3:</b> # of people accessing rehabilitation services through PRSS</p> <p><b>Baseline:</b> Inception of program</p> <p><b>Planned Target:</b> Total # of clients; # of Women, # of Girls; # of Boys; # of landmine/ERW survivors</p>	<p>9 PRCs out of 11PRCs received financial support through PRSS through PWDF and 3INGOs (Exceed, HI and VIC).</p> <ul style="list-style-type: none"> <li>16,067 (women: 5,001, &lt;18: 6,755 and landmine/ERW: 3,570) of all clients received services from the 11 PRCs funded by PRSS.</li> <li>4,821 of Prosthesis and Orthosis produced and 5,058 of devices repaired.</li> </ul> <p>In addition, a national Orthopedic Component Factory (OCF) also received PRSS support for the period of Sep2014-Apri2015 to deliver orthopedic components to 11 PRC free of charge. During this period of support, 7,585 orthopedic components produced and 6,539 delivered to 15,305 clients.</p>		
<p><b>Indicator 2.4:</b> % of users reporting satisfaction with quality of PRC services</p> <p><b>Baseline:</b> TBD</p> <p><b>Planned Target:</b> 75% user satisfaction</p>	No expected in the near future, except the information mentioned in the indicator 2.1.2.		
<p><b>Output 2.1:</b> Increase capacity of MoSVY and PWDF to effectively and efficiently manage Physical Rehabilitation Centres (PRC) and</p>	Not expected in the near future.		

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
<p><b>support their transition from INGO</b>  <b>Indicator 2.1.1:</b> # of PRCs implementing PRC management system  <b>Baseline:</b> Standard Working Procedures (SWP)  <b>Planned Target:</b> New SWPs by 2016; New SWPs implemented in 11 PRCs from 2016</p>			
<p><b>Indicator 2.1.2 :</b> Tools to measure quality of services &amp; satisfaction of users developed &amp; operationalized  <b>Baseline:</b> No standard tools available  <b>Planned Target:</b> Standardized tools available by 2016; 11 PRCs using standardized tools from 2016</p>	User satisfaction tool was consolidated by PWDF but still pending to be agreed by the 4INGOs before introduced to the PRCs.		Drafted Client Satisfaction Survey questionnaire
<p><b>Indicator 2.1.3:</b> Sustainable service models developed &amp; adopted  <b>Baseline:</b> Inception of program  <b>Planned Target:</b> Cost calculation tools available by 2016</p>	Not expected in the near future.		
<p><b>Indicator 2.1.4:</b> % of civil servants working in PRCs  <b>Baseline:</b> 36% of total workers  <b>Planned Target:</b> At least 60% of total workers by 2018</p>	<ul style="list-style-type: none"> <li>The number of civil servants slightly increased from 36% of 339 staff in 2013 to 37% of 356 staff in 2015.</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting civil servant remains a challenge for the non-priority ministries, including MoSVY as this would require special consideration of the prime-minister as done in 2011. This indicator may not be achieved within the time frame of the program.</li> </ul>	

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
<p><b>Output 2.2: Community Based Rehabilitation (CBR) implemented in line with WHO CBR Guidelines</b>  <b>Indicator 2.2.1:</b> Capacities to implement CBR in line with WHO CBR Guideline principles &amp; approaches enhanced  <b>Baseline:</b> Inception of program  <b>Planned Target:</b> Bi-annual Rehabilitation and CBR forum; MoSVY &amp; MoH participate in Asia Pacific CBR forum; MoSVY &amp; MoH participate in global CBR forum</p>	<ul style="list-style-type: none"> <li>• Bi-annual national CBR forum organized and 147 participants, representing the government including MoH, DPOs and local and international NGOs attended. Key guest speakers from Thailand and Philippines participated. Following this forum a National CBR Coordination Committee is being reviewed under the leadership of MoSVY.</li> <li>• Three government counterparts in the leadership positions, MoH, MoSVY and PWDF participated at the 3rd Asia-Pacific CBR Congress to learn and exchange experiences from other countries in the region.</li> </ul>		<ul style="list-style-type: none"> <li>• National CBR forum report</li> <li>• Draft ToR of the national CBR Coordination Committee</li> <li>• Meeting minutes with MoSVY</li> <li>• 3<sup>rd</sup> Asia-Pacific CBR Congress mission report</li> </ul>
<p><b>Indicator 2.2.2:</b> National CBR Guideline reflects the WHO CBR Guideline principles and approaches  <b>Baseline:</b> 2010 National CBR Guideline  <b>Planned Target:</b> Revised CBR Guideline adopted by 2017</p>	Not expected in the near future.		
<p><b>Output 2.3: Increased government financial investment in rehabilitation services delivery</b>  <b>Indicator 2.3.1:</b> RGC investment in physical rehabilitation increased against baseline  <b>Baseline:</b> 27% of total expenditure of 11 PRCs and Component Factory  <b>Planned Target:</b> At least 50% of total</p>	Not expected in the near future.	The financial expenditures of the 9 PRCs and a national OCF supported by PRSS will be available by early Feb 2015.	

	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
expenditure by 2018			
<b>Component 04: Inclusive governance and inclusive community development</b>	<u>Achieved Indicator Targets</u>	<u>Reasons for Variance with Planned Target (if any)</u>	<u>Source of Verification</u>
<b>Outcome 1:</b> Persons with disabilities have access to community-based services through the Cambodia Disability Inclusive Development Fund (CDIDF) and support from their local decision-makers in reducing barriers to participation <b>Indicator:</b> <b>Baseline:</b> Inception of CDIDF <b>Planned Target:</b>			
<b>Output 1.1</b> Persons with disabilities have increased opportunities to participate and contribute to community life in CDIDF-funded program areas			
<b>Indicator 1.1.1</b> Persons with disabilities are represented in Commune Council, WCCC and/or CCWC to contribute to decision-making processes <b>Baseline:</b> Inception of CDIDF <b>Planned Target:</b> 12 Commune Councils, 5 WCCC, 12 CCWC, 20	<ul style="list-style-type: none"> <li>• 264 PwD (F: 86) counted as represented in the CC/WCCC/CCWC meetings or trainings. There was no record of CwDs represented in CC/WCCC or CCWC.</li> </ul>	<ul style="list-style-type: none"> <li>• Originally established targets have been found to be unrealistic based on 1 full year of CDIDF partner implementation. CDIDF partners are working with more than 12 communes. Target can be revised for</li> </ul>	<ul style="list-style-type: none"> <li>• CDIDF partner reports</li> <li>• UNICEF monitoring reports</li> </ul>

PWDs, 12 women		2017	
<p><b>Indicator 1.1.2</b> Number of commune interventions carried out to remove barriers to participation for persons with disabilities</p> <p><b>Baseline:</b> Inception of CDIDF</p> <p><b>Planned Target:</b> 24 communes, 24 activities</p>	<ul style="list-style-type: none"> <li>• 219 communes (majority of these communes are from VIC (158 communes) as part of their home based rehabilitation activities for children and adolescents with Cerebral Palsy and Spinal Cord Injuries CDMD (25 communes for disability inclusion training) and NCDP (24 communes for PPRPD trainings).</li> </ul>	<ul style="list-style-type: none"> <li>• Originally established targets have been found to be unrealistic based on 1 full year of CDIDF partner implementation. CDIDF partners are working in more than 24 communes. Target can be revised for 2017.</li> </ul>	<ul style="list-style-type: none"> <li>• CDIDF partner reports</li> <li>• UNICEF monitoring reports</li> </ul>
<p><b>Indicator 1.1.3</b> Persons with disabilities enjoy increased participation and inclusion in community life</p> <p><b>Baseline:</b> Inception of CDIDF</p> <p><b>Planned Target:</b> 12 SHGs supported, # of members, # of PWDs, # of women</p>	<ul style="list-style-type: none"> <li>• 75 SHG with 1,518 members (F: 622)</li> </ul>		<ul style="list-style-type: none"> <li>• CDIDF partner reports</li> <li>• UNICEF monitoring reports</li> </ul>
<p><b>Output 1.2</b> Improved access to services for persons with disabilities at the community level in CDIDF-project areas</p>			
<p><b>Indicator 1.2.1</b> Civil society organisations (CSO) supported to deliver services to persons with disabilities and track service provision</p> <p><b>Baseline:</b> Inception of CDIDF</p> <p><b>Planned Target:</b> 15 CSOs receiving CDIDF grants, 6 capacity building activities for CDIDF partners, 75% CSO satisfaction</p>	<ul style="list-style-type: none"> <li>• 9 grants on-going from the 2014 round. 6 new grant partners identified in 2015. Total: 15 CSO partners.</li> <li>• 1 financial training conducted for 6 new partners.</li> <li>• The CSO satisfactory survey among its 9 grants recipients from the 2014 round found that approximately 88% of the respondents were very positive about the CDIDF.</li> </ul>	<ul style="list-style-type: none"> <li>• After one year of implementation, Unicef conducted a short CSO satisfactory survey among its 9 grants recipients from the 2014 round.</li> </ul>	<ul style="list-style-type: none"> <li>• CDIDF partner reports</li> <li>• UNICEF training reports</li> <li>• Satisfaction survey tool</li> </ul>
<p><b>Indicator 1.2.2</b> Persons with disabilities have access to community-based services through CDIDF</p>	<ul style="list-style-type: none"> <li>• A total of 99,735 beneficiaries (with and without disabilities) directly and indirectly benefited from disability-inclusive and</li> </ul>	<ul style="list-style-type: none"> <li>• A total of 99,735 beneficiaries (with and without disabilities)</li> </ul>	<ul style="list-style-type: none"> <li>• CDIDF partner reports</li> <li>• UNICEF monitoring</li> </ul>

<p>projects  <b>Baseline:</b> Inception of CDIDF  <b>Planned Target:</b> 12 provinces, 12 districts, 24 communes, 12 new services, # of PWDs: # of women, # of girls, # of boys, # of mine/ ERW survivors</p>	<p>specific support services in the 12 targeted provinces and Phnom Penh.</p> <ul style="list-style-type: none"> <li>In total, 4,391 persons with disabilities directly benefitted from the CDIDF initiatives, of which 1,901(771 girls) were children with disabilities, representing 43% of total direct beneficiaries.</li> </ul>	<p>directly and indirectly benefited from disability-inclusive and specific support services in the 12 targeted provinces and Phnom Penh.</p> <ul style="list-style-type: none"> <li>In total, 4,391 persons with disabilities directly benefitted from the CDIDF initiatives, of which 1,901(771 girls) were children with disabilities, representing 43% of total direct beneficiaries.</li> </ul>	<p>mission reports</p>
<p><b>Indicator 1.2.3</b> Families indirectly benefit from CDIDF projects  <b>Baseline:</b> Inception of CDIDF  <b>Planned Target:</b> # of families, # of people</p>	<ul style="list-style-type: none"> <li>89,897 indirect beneficiaries (were reported during Jan-Nov 2015. Note – updated based on EA data that Cambodian viewers of Uptown Funk 51,741</li> </ul>		<ul style="list-style-type: none"> <li>CDIDF partner reports</li> </ul>
<p><b>Indicator 1.2.4</b> Accessibility of public spaces in CDIDF project areas improved  <b>Baseline:</b> Inception of CDIDF  <b>Planned Target:</b> # of new ramps, # of new/ adapted spaces</p>	<ul style="list-style-type: none"> <li>59 ramps, 23 accessible toilets were built or renovated in schools and health centres, 1 toy- library and renovate one house for a family of PwD living in Ratanakiri.</li> </ul>		<ul style="list-style-type: none"> <li>CDIDF partner reports</li> <li>UNICEF monitoring reports</li> </ul>
<p><b>Output 1.3</b> On-going documentation /dissemination of experiences of the CDIDF to influence the policy dialogue</p>			
<p><b>Indicator 1.3.1</b> Reports and human interest stories produced and disseminated on CDIDF funded projects.  <b>Baseline:</b> Inception of CDIDF  <b>Planned Target:</b> 6 reports or human</p>	<ul style="list-style-type: none"> <li>Progress reports from 9 CDIDF partners available.</li> <li>2 blogs produced on CDIDF partner works.</li> <li>2 short beneficiary stories produced by KHEN and edited by UNICEF.</li> <li>1 human interest story produced by</li> </ul>		<ul style="list-style-type: none"> <li>CDIDF partners reports.</li> <li>UNICEF monitoring reports</li> </ul>

interest stories	UNICEF.		
<p><b>Outcome 2</b> Increased capacity of subnational decision-makers in selected provinces, districts and communes to achieve the rights of persons with disabilities</p> <p><b>Indicator:</b> Improved knowledge. Attitude and practices of local decision- makers in select provinces, districts and communes to promote inclusive governance and community development.</p> <p><b>Baseline: TBD</b></p> <p><b>Planned Target:</b> 50% improvement in the knowledge, 50% improvement in attitudes and 50% improvement in practices.</p>			
<p><b>Output 2.1</b> Government officials in selected provinces, districts and communes have greater knowledge and skills resources to improve the lives of persons with disabilities</p>			
<p><b>Indicator 2.1.1</b> Selected provinces, districts and communes for implementation of activities</p> <p><b>Baseline:</b> 9 provinces+11 districts+1 Khen+101 communes +4 Sangats.</p> <p><b>Planned Target:</b> 9 provinces,11 districts,45 communes +4 sangats</p>	<ul style="list-style-type: none"> <li>• Target achieved; activity completed. Report available in English and Khmer.</li> </ul>		<ul style="list-style-type: none"> <li>• Situation analysis report</li> <li>• Situation analysis summary presentation</li> </ul>
<p><b>Indicator 2.1.2</b> ToT on disability inclusion conducted for sub national trainers</p> <p><b>Baseline:</b> Inception of the programme</p> <p><b>Planned Target:</b> 2ToTs, 10 national</p>	<ul style="list-style-type: none"> <li>• Target areas identified and agreed upon with MoI for 2014 and 2015.</li> </ul>	<ul style="list-style-type: none"> <li>• New target areas will be identified and agreed upon between MoI and UNICEF to align with UNICEF's new Country Programme</li> </ul>	<ul style="list-style-type: none"> <li>• Situation analysis MoI/NCDD report</li> <li>• DRIC report</li> </ul>

<p>trainers,45 sub-national trainers, 30% women, 2% PwDs</p>		<p>and geographic focus areas of work. Re-alignment with UNICEF's programming areas is to converge with other UNICEF interventions and maximize the reduced funds in a more concentrated manner. It is expected that for the capacity development work, training will be rolled out in 2 districts of 2 provinces.</p>	
<p><b>Indicator 2.1.3</b> Training on disability inclusion conducted for sub-national decision-makers <b>Baseline:</b> Inception of programme <b>Planned Target:</b> 5 trainings, 45 communes, 4 sangkats, 150 participants, 30% women, 2% PwDs</p>	<ul style="list-style-type: none"> <li>• Training of Trainers package developed as part of consultancy which ran from Q2-Q4 of 2015. This included training materials and ToT course outline in English and that was draft translated into Khmer.</li> </ul>	<ul style="list-style-type: none"> <li>• English version completed in Q3 – final Khmer versions require further revisions into 2016.</li> </ul>	<ul style="list-style-type: none"> <li>• ToT training package</li> <li>• DRIC consultancy report</li> </ul>
<p><b>Indicator 2.1.4</b> –Sensitization workshops conducted to raise awareness on disability issues at the provincial and district levels <b>Baseline:</b> Inception of programme <b>Planned Target:</b> 2 provincial workshops, 3 district workshops, 200 participants, 30% women, 2% PwDs.</p>	<ul style="list-style-type: none"> <li>• First Training of Trainers (ToT) course completed in Dec 2015.</li> <li>• A total of 23 participants (F: 3 (13%)) and (PwD: 8 or (35 %)); 12 from MoI and 11 from CDPO, DPO, CDMD and KPF. Participants from MoI: DDC deputy director of department, deputy governor (from Battambang and Kratie), capacity building advisor and officials. Participants from disability sector were director, programme coordinator, programme manager and officer.</li> </ul>	<ul style="list-style-type: none"> <li>• Completed in Q4 of 2015 due to delays in translation of the training package into Khmer and availability of participants.</li> <li>• Challenges in securing female participation.</li> </ul>	<ul style="list-style-type: none"> <li>• MoI/NCDD reports</li> <li>• ToT consultancy report</li> <li>• UNICEF monitoring</li> </ul>
<p><b>Indicator 2.1.5</b> Directory of accessible services for PwDs</p>	<ul style="list-style-type: none"> <li>• Training package for local authorities now complete.</li> </ul>		<ul style="list-style-type: none"> <li>• MoI/NCDD reports</li> <li>• ToT reports</li> </ul>

<p>developed and disseminated.  <b>Baseline:</b> Draft directory  <b>Planned Target:</b> On-line database, 2000 directories disseminated.</p>	<ul style="list-style-type: none"> <li>• Commune level training to begin in 2016.</li> </ul>		<ul style="list-style-type: none"> <li>• UNICEF monitoring</li> </ul>
<p><b>Indicator 2.1.6</b> Sensitisation workshops conducted to raise awareness on disability issues at provincial level  <b>Baseline:</b> Inception of programme  <b>Planned Target:</b> 2 workshops, 200 participants: 30% women, 2% PWDs</p>	<ul style="list-style-type: none"> <li>• Target achieved in 2014; 2 provincial workshops were held in 2014 with 211 participants, 50 women, 8 PwD.</li> </ul>		<ul style="list-style-type: none"> <li>• Workshop reports</li> </ul>
<p><b>Indicator 2.1.7</b> Sensitisation workshops conducted to raise awareness on disability issues at district level  <b>Baseline:</b> Inception of programme  <b>Planned Target:</b> 3 workshops, 200 participants: 30% women, 2% PWDs</p>	<ul style="list-style-type: none"> <li>• Target achieved.</li> <li>• 4 district workshops completed with 216 participants, 56 women (26%), 5 (2%) PwDs.</li> </ul>	<ul style="list-style-type: none"> <li>• Slightly less than target percentage of female participation. Women in decision-making decisions anecdotally appear to be fewer in number than men.</li> </ul>	<ul style="list-style-type: none"> <li>• Workshop reports</li> </ul>
<p><b>Indicator 2.1.8</b> Knowledge, attitudes and practices of local decision-makers to promote inclusive local governance and community development improved  <b>Baseline:</b> TBD  <b>Planned Target:</b> 50% improvement in knowledge, 50% improvement in attitudes, 50% improvement in practices</p>	<ul style="list-style-type: none"> <li>• Planned for 2016/17 after commune level training begins roll-out.</li> </ul>		<ul style="list-style-type: none"> <li>• Workshop reports</li> <li>• Questionnaire distributed at workshops</li> <li>• UNICEF monitoring reports</li> </ul>
<p><b>Indicator 2.1.9</b> Directory of accessible services for persons with disabilities developed and disseminated  <b>Baseline:</b> Draft directory  <b>Planned Target:</b> On-line database, 2,000 directories printed, 2,000</p>	<ul style="list-style-type: none"> <li>• On track.</li> <li>• Draft directory produced as part of sitan.</li> <li>• Revision of online service directory, hosted by DAC, in collaboration with GIZ and HI.</li> </ul>		<ul style="list-style-type: none"> <li>• Directory of services</li> <li>• DRIC report</li> </ul>

directories disseminated			
<p><b>Indicator 2.1.10</b> MoI/NCDD engaged to promote inclusive governance and community development in target areas</p> <p><b>Baseline:</b> Inception of the programme</p> <p><b>Planned Target:</b> Six weekly meetings with UNICEF, Agreed work plan, ToT endorsed by MoI</p>	<ul style="list-style-type: none"> <li>• On track.</li> <li>• UNICEF regularly meets with MoI and communicates via telephone and e-mail.</li> <li>• Annual Work Plan 2016-2017 drafted and pending final signature.</li> </ul>		<ul style="list-style-type: none"> <li>• MoI/NCDD report, UNICEF meeting notes, MoI/NCDD work plan</li> </ul>
<p><b>Output 2.2</b> Persons with disabilities have increased opportunities to contribute to decision-making processes in target areas</p>			
<p><b>Indicator 2.2.1</b> Persons with disabilities included in commune planning processes in target communes</p> <p><b>Baseline:</b> 75% of 41 surveyed communes</p> <p><b>Planned Target:</b> 100% of surveyed target communes, # of communes surveyed by 2018.</p>	<ul style="list-style-type: none"> <li>• Baseline established in 2014.</li> <li>• 85% of surveyed communes in 2015 report including persons with disabilities in planning processes.</li> </ul>		<ul style="list-style-type: none"> <li>• UNICEF area reports</li> <li>• UNICEF monitoring reports</li> <li>• Survey tool</li> </ul>
<p><b>Output 2.3</b> On-going documentation /dissemination of experiences to influence policy dialogue</p>			
<p><b>Indicator 2.3.1</b> Reports and human interest stories produced and disseminated</p> <p><b>Baseline:</b> Inception of programme</p> <p><b>Planned Target:</b> 4 reports or human interest stories</p>	<ul style="list-style-type: none"> <li>• Consultancy reports – Inception Phase and End of Consultancy reports.</li> <li>• 3 activity reports on the sensitization workshops.</li> <li>• 1 human interest story produced by UNICEF.</li> <li>• 2 partner development case studies.</li> </ul>		<ul style="list-style-type: none"> <li>• UNICEF monitoring missions</li> <li>• Reports/documents produced.</li> </ul>

**Annex 1:**

**The success stories: Please follow the link below:**

**<http://unicefcambodia.blogspot.com/2016/02/simple-measures-big-changes-for.html>**

**Acronyms**

ABC	Association of the Blind in Cambodia
ARC	Australian Red Cross
ASEAN	Association of South East Asian Nations
CAPs	Capacity Assessment Plans
CBR	Community Based Rehabilitation
CCWC	Commune Committee for Women and Children
CDHS	Cambodia Demographic and Health Survey
CDIDF	Cambodia Disability Inclusive Development Fund
CDO	Community Development Officer
CDP	Commune Development Plan
CDPO	Cambodian Disabled People's Organisation
CEDAW	Convention on the Elimination of All Forms of Violence against Women
CIP	Commune Investment Plan
CMAA	Cambodian Mine Action and Victim Assistance Authority
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DAC	Disability Action Council
DAC-SG	Disability Action Council Secretariat General
DAWG	Disability Action Working Group
DFAT	Department of Foreign Affairs and Trade (Australian Government)
DP	Development Partner
DPO	Disabled Persons Organisation
DoSVY	District Office of Social Affairs, Veterans and Youth Rehabilitation
DRA	Disability Rights Administration
DRIC	Disability Rights Initiative Cambodia
DWPWD	Department of Welfare for Persons with Disabilities (MoSVY)
ERW	Explosive Remnants of War
IO	International Organization
KT	Krousar Thmey
LGCR	Local Governance and Child Rights
M&E	Monitoring & Evaluation
MoH	Ministry of Health
MoI	Ministry of Interior
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MPTF	Multi-Partner Trust Fund
NCDD	National Committee for Sub-National Democratic Development
NCDP	National Centre for Disabled Persons
NDSP	National Disability Strategic Plan 2014-2018
NGO	Non-government organization
NMS	National Management Specialist
OHCHR	Office of the UN High Commissioner for Human Rights
PACHID	Parents Association of Children with Intellectual Disability
PCT	Programme Coordination Team
PPCIL	Phnom Penh Centre for Independent Living

PRC	Physical Rehabilitation Centre
PRDP	Provincial Rehabilitation Demonstration Project
PRSS	Priority Rehabilitation Service Scheme
PWD	Persons with Disabilities
PWDF	Persons with Disabilities Foundation
RGC	Royal Government of Cambodia
SCIA	Spinal Cord Injury Association
SHG	Self Help Group
SR	Siem Reap
SWP	Standard Working Procedures
ToC	Theory of Change
ToT	Training of Trainers
UN	United Nations
TBD	To be discussed
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistant Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNRC	United Nations Resident Coordinator
WCCC	Women and Children Consultative Committee
WCDF	Women and Children with Disabilities Forum
WWDF	Women with Disabilities Forum
WHO	World Health Organization