DISABILITY RIGHTS INITIATIVE CAMBODIA (DRIC)
FINAL PROGRAMME[1] NARRATIVE REPORT
REPORTING PERIOD: DECEMBER 2013 – MARCH 2018

Programme Title & Project Number	**Country, Locality(s), Priority Area(s) / Strategic Results**
• Programme Title: Disability Rights Initiative Cambodia (DRIC) • Programme Number (if applicable) • MPTF Office Project Reference Number: 00089311	*CAMBODIA* Priority area / strategic results **Programme Objective**: Improve quality of life for persons with disability in Cambodia. **Programme Outcome**: Persons with disability have increased opportunities for participation in social, economic, cultural and political life through effective implementation of the National Disability Strategic Plan (NDSP). **Outcome 1**: MoSVY/DAC effectively coordinates implementation of the National Disability Strategic Plan, aligned to the UNCRPD. **Outcome 2**: Disabled People's Organizations effectively represent the needs and priorities and advocate for the rights of persons with disability. **Outcome 3**: Improved rehabilitation services for persons with disabilities. **Outcome 4**: Increased capacity of and collaboration between sub-national decision makers, civil society and communities to achieve the rights of persons with disabilities.
Participating Organization(s) • UNDP • UNICEF • WHO	**Implementing Partners** • MoSVY, MoI, MoH, DAC, PWDF, NCDD/DoLA, DPOs and CDPO
Programme/Project Cost (US$) Total approved budget as per project document: US$ 12,727,869 Funded budget (DFAT): US$ 8,279,376 Unfunded budget: US$ 4,448,493 **TOTAL: US$ 12,727,869**	**Programme Duration** Overall Duration: 4 Years (plus 3 months no-cost extension) Start Date: December 2013 Original End Date: 31 December 2018 Current End Date: 31 March 2018
Programme Assessment/Review/Mid-Term Eval. Assessment/Review - if applicable please attach ☐ Yes ✓ No Date: dd.mm.yyyy Mid-Term Evaluation Report – if applicable please attach ✓ Yes ☐ No Date: 27 May 2016	**Report Submitted By** o Name: Kristina Seris o Title: Joint Programme Coordinator o Participating Organization (Lead): UNDP o Email address: kristina.seris@undp.org

[1] The term 'programme' is used for programmes, joint programmes and projects.

Contents

Acronyms

ASEAN	Association of South East Asian Nations
CBR	Community-Based Rehabilitation
CDHS	Cambodia Demographic and Health Survey
CDIDF	Cambodia Disability Inclusive Development Fund
CDPO	Cambodian Disabled People's Organization
CSO	Civil Society Organization
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)
DPO	Disabled People's Organization
DRIC	Disability Rights Initiative Cambodia
DWPWD	Department of Welfare for Persons with Disabilities (MoSVY)
ERW	Explosive Remnants of War
GIZ	*Gesellschaft für internationale Zusammenarbeit*/German Development Cooperation
ISS	International Social Services Australia
M&E	Monitoring & Evaluation
MEF	Ministry of Economy and Finance
MoH	Ministry of Health
MoI	Ministry of Interior
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NCDD	National Committee for Sub-National Democratic Development
NDSP	National Disability Strategic Plan
NEC	National Election Committee
NGO	Non-Government Organization
NIS	National Institute of Statistics
PRC	Physical Rehabilitation Centre
PRDP	Provincial Rehabilitation Demonstration Project
PRSS	Priority Rehabilitation Service Scheme
PWDF	Persons with Disabilities Foundation
RGC	Royal Government of Cambodia
ToT	Training of Trainers
UNCRPD	UN Convention on the Rights of Persons with Disabilities
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WCCC	Women and Children Consultative Committee
WWDF	Women with Disabilities Forum
WHO	World Health Organization

Executive Summary

This report under the Joint UN Programme, Disability Rights Initiative Cambodia (DRIC), represents the final narrative report of the programme from 11 December 2013 to 31 March 2018. It fulfils the reporting requirements set out in the Standard Administrative Arrangement concluded with the donor, the Australian Department of Foreign Affairs and Trade (DFAT). In line with the memorandum of understanding signed by participating UN organizations, the report is consolidated based on information and data submitted by the participating organizations. It is neither an evaluation of the joint programme nor an assessment of the performance of the participating organizations.

DRIC, in close cooperation with a wide range of stakeholders, has achieved substantial results in response to the planned outcomes of the programme. The efforts supported and taken forward by the implementing agencies, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), separately as well as jointly have contributed to the attainment of the goals. The programme has contributed substantially to fulfilling Cambodia's commitment towards the implementation of the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

The highlights of achievements made under DRIC[2] include:

- Improved sector coordination among Royal Government of Cambodia (RGC) institutions, as well as development partners, for example through support to the establishment of a disability mechanism in 19 line ministries and provincial disability action councils (DAC) in 23 provinces.
- Incremental change in the national budget and inclusion of a disability budget line in work plans of other line ministries. Ten out of the 19 line ministries increased the national budget for disability-specific programmes, for example the Ministry of Women's Affairs (US$ 50,000 in 2018), the Ministry of Education Youth and Sport (US$ 150,000 in 2018) and the Ministry of Tourism (US$ 20,000 in 2018). The budget for physical rehabilitation services through the Persons With Disabilities Foundation (PWDF) increased by 51 per cent, from US$ 765,447 in 2013 to US$ 1,156,180 in 2016[3].
- Development and/or review of key policies, plans, guidelines, standards and reports related to disability, for example: the Political Participation Guidelines; the National Accessibility Guidelines and the Inter-Ministerial Prakas on using the National Accessibility Guidelines; and the UNCRPD initial report through a consultative process with relevant stakeholders, including government ministries, disabled people's organizations (DPOs), international organizations/non-government organizations (NGOs), development partners and the private sector.
- In-depth analysis of disability data and related recommendations for improvement of comprehensive disability-related data collection, analysis and utilization in Cambodia used for supporting integration of existing tools in relevant surveys, notably for collecting disability data and data on health related to disability in the Cambodia Demographic and Health Survey (CDHS) 2014. DRIC piloted implementation of the WHO Model Disability Survey in 2014.

[2] Either through direct interventions or through support to the numerous partners supported by the programme.
[3] Report on rehabilitation financing in Cambodia, WHO 2017.

- Advocacy efforts contributed to the inclusion of improved questions on disability within ID Poor (main poverty targeting tools in Cambodia) and the inclusion of a disability chapter in the CDHS 2014.
- Contribution to reviewing specific draft laws to ensure inclusion of disability, for example, the new law on Access to Information.
- Development of identification tools (targeting mechanisms) for the disability allowance implemented by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY). These have the potential to be used for other social protection programmes in future.
- Contribution to increased employment opportunities by promoting the implementation of employment quotas for the public (2 per cent) and private (1 per cent) sectors, and related reasonable accommodation, that is, accessible workplaces, parking lots and bathrooms. As a result, 2,576 persons with disabilities were employed in the public sector, and 2,124 persons with disabilities were employed in the private sector in 2017.
- Support for the establishment of a formal working group comprising government representatives, the National Employment Agency, UN agencies, the private sector, DPOs and NGOs to improve the sustainable employment of persons with disabilities and to ensure that recruitment practices and workplaces are physically and culturally inclusive.
- Cooperation with the National Election Committee (NEC) to facilitate voter registration for persons with disabilities and access to polling stations resulting in a significant increase in registration; 12,652 persons with disabilities registered for the 2017 commune elections compared to 3,531 in 2013, and 14,473 (F: 5,840) registered for the national election scheduled for July 2018.
- Strengthened Cambodia-wide network of empowered DPOs. The number of DPOs has increased from 63 with 12,437 members (F: 5470) in 2014 to 74 with 21,213 members (F: 9,407) in 2018.The 29 DPOs supported by DRIC increased their capacities to fulfil their mandates in terms of organizational management, leadership and disability rights advocacy, for example at least 15 of DPOs have offices located in government offices (Provincial Office of Social Affairs, Veterans and Youth Rehabilitation (PoSVY), district government, and commune offices).
- Strengthened coordination and collaboration between the Ministry of Health (MoH), MoSVY and PWDF as well as between government and IOs/NGOs resulting in joint development and the adoption of the Rehabilitation Strategic Plan, and the national standards for physical therapy professional practice (physical therapy standards). A national rehabilitation forum was organized jointly.
- Evidence generated to improve the quality of information on rehabilitation and disability, especially to inform policy and service development, for example the Minister of MoSVY has endorsed the recommendations of the physical rehabilitation transition analysis, including the recommendation to develop a five-year transition plan to ensure the sustainability of physical rehabilitation services in Cambodia. The secondary analysis of the CDHS 2014 on the health care utilization of persons with disabilities was published.

- Strengthened engagement and capacity of MoH in understanding the importance of rehabilitation strengthening as part of health systems. Basic rehabilitation, including disability screening tools were included in the new minimum package of activities for health centre guidelines; a disability screening tool for newborns aged 0–28 days was included in the Safe Motherhood Protocol for the Health Centre 2016, and physical accessibility was included in the Water, Sanitation and Hygiene (WASH) in Health Facilities 2018.
- Contributed to improved referral of persons with rehabilitation needs to public health facilities and increased access of persons with disabilities during the transition period from IOs/NGOs to the RGC. A total 110,814 persons with rehabilitation needs received physiotherapy services from public hospitals and 105,856 (<18y: 25,428[4]; F: 27,251) received services from the 11 physical rehabilitation centres (PRCs) in the period 2014-2017[5]. There was a significant increase at public hospitals (from 15,324 clients in 2014 to 42,306 in 2017) and in the provincial rehabilitation demonstration project (PRDP) target areas (by 54 per cent, 28 per cent and 12 per cent in 2015, 2016 and 2017 respectively, from a total of 387 new clients registered in 2014 in Kampong Cham).[6]
- Development of key analyses and reports, including the analysis of the transition of management of PRCs from international organizations/NGOs to the RGC, and the related Rehabilitation Strategic Plan, providing a clear vision for further strengthening the sustainability of physical rehabilitation services.
- Significantly improved quality rehabilitation through capacity development of health and rehabilitation practitioners through training and awareness raising reaching 1,144 people, including 326 government civil servants, 38 persons with disabilities and 393 women.
- Engagement of the Ministry of Interior (MoI) in disability inclusion in local governance. This has resulted in 3,184 sub-national authorities sensitized and trained on disability inclusion.
- Strategic partnerships with civil society organizations (CSOs) to deliver community-based services in 14 provinces directly reaching 16,434 (F: 8,256) children and persons with disabilities.
- Assisting communication between MoSVY's Department of Welfare of Persons with Disabilities (DWPWD) and the Child Welfare Department to improve the quality of care of children with disabilities in institutions and alternative care.
- Assisting with the identification and development of pathways for the de-institutionalization of children with disabilities.
- Greater visibility of disability rights within the UN system and mainstreaming into country programme strategies of participating UN organizations.

[4] Data from the two PRCs supported by ICRC is not included.
[5] This number collected through the PRCs and health facilities is an accumulation. Based on data collected by Kampong Cham PRC, there was an average of 1.17 client contact visits in PRCs per year. This information and disaggregated data by gender are not available from health facilities.
[6] The PRDP in Kampong Cham was started in September 2014.

I. Purpose

The Cambodian United Nations Development Assistance Framework (UNDAF) 2016-2018[7], in line with Cambodia's National Strategic Development Plan, explicitly includes persons with disabilities in its definition of most vulnerable groups in Cambodia. The UNDAF highlights the need to strengthen inclusivity, including in relation to disability, and the reduction of inequities derived from disadvantages such as disability. One out of its 10 selected UN human rights mechanism recommendations is to implement and strengthen policies and laws to protect and promote the rights of persons with disabilities and ensure that these mechanisms enjoy a human-rights-based approach consistent with the UNCRPD and in consultation with civil society. DRIC was equally designed to align with Australia's aid priorities of contributing to promoting prosperity, reducing poverty and enhancing stability. DRIC is contextualized within the principles as manifested in the Development for All 2015-2020 Strategy[8] for strengthening disability-inclusive development in Australia's aid programme. This aims to improve the quality of life of persons with disabilities in developing countries.

The main objective of the DRIC programme was to create more opportunities for the participation of persons with disabilities in politico-economic and socio-cultural life by developing the capacity of the government to implement the National Disability Strategic Plan (NDSP) in alignment with the UNCRPD. The programme aimed to strengthen the Cambodia Disabled People's Organization (CDPO), the representative body of DPOs in Cambodia to advocate for the rights of persons with disabilities. As rehabilitation is critical to empower persons with disabilities and to enable them to gain their optimal level of functioning, the programme aimed to support MoH to assume more responsibility for rehabilitation and to broaden and improve rehabilitation systems, as well as to simultaneously provide support to PRCs that are in a state of transition of management from international organizations/NGOs to the government. The programme aimed to include persons with disabilities in the process of decentralization and to make provincial governance accessible, participatory and inclusive. The programme supported much-needed services for persons with disabilities through a small-grant modality.

II. Assessment of Programme Results

i. Narrative Reporting on Results

DRIC aimed to contribute to the achievement of the long-term goal of improved quality of life for persons with disabilities in Cambodia. It was anticipated in the design that this goal "will not be fully achieved within the life of the programme, given the limited resources available in relation to the scale of the problem"[9]. However, four components were designed to contribute to the achievement of one common end-of-programme outcome: Persons with disabilities have increased opportunities for participation in social, economic, cultural and political life through effective implementation of the NDSP.

Component 1 (Supporting government implementation of the National Disability Strategic Plan) and Component 2 (Supporting disabled people's organizations to raise their voices and protect the rights of all persons with disabilities) were mostly implemented by UNDP. Component 3 (Supporting rehabilitation

[7] http://kh.one.un.org/content/dam/unct/cambodia/docs/unct_kh_UNDAF(2016-2018)_2016
[8] http://dfat.gov.au/about-us/publications/Documents/development-for-all-2015-2020.pdf
[9] DRIC programme document, page iv.

systems strengthening by WHO) and Component 4 (Inclusive governance and inclusive community development) were mostly implemented by UNICEF.

Qualitative Assessment

Overall, DRIC was a successful endeavour. At its final stage, the programme has consolidated important gains made during the implementation period in terms of promoting the rights of persons with disabilities through a multi-pronged approach that engages government at the national and sub-national levels, the disability movement and service delivery providers. Throughout its lifespan, DRIC consistently engaged with government and non-government actors and the disability movement to create a more enabling environment for persons with disabilities to access their rights and to increase their participation in society. Barriers to participation at the policy and institutional level, as well as barriers in access to services and in terms of social norms have been addressed throughout implementation. Cross-cutting through the components related to the outcomes were the core areas of: (1) Strategic and policy assistance, (2) Advocacy and awareness raising, (3) Capacity development of partners, (4) Systems strengthening, and (5) Service delivery funding. In addition to component-specific achievements that will be presented in the relevant sections below, programme-wide results in some of these areas are as follows.

In terms of **strategic and policy assistance**, DRIC strategically influenced ID Poor, the government's key targeting tool, to be more inclusive of persons with disabilities by including specific questions on disability based on the Washington Group questions. This was achieved through joint advocacy efforts with DFAT and GIZ.

Regarding **advocacy and awareness raising**, DRIC worked through formal and informal advocacy moments as follows:

- Formal advocacy moments were created and facilitated under the lead of the UN Resident Coordinator and the Representatives of the participating UN organizations. These included regular semi-annual meetings of the DRIC Programme Board and a joint field visit of the Programme Board. The active participation of the UN Resident Coordinator in disability events, including as a speaker or panellist contributed to ensuring that disability issues were high on the national agenda.
- Informal (behind the scenes) advocacy was on-going and sustained throughout the life of the programme.
    - Sustained and on-going engagement with DRIC partners and external partners to influence planning, programmes and policy, for example on community-based rehabilitation (CBR) and inclusion of disability into data-collection exercises.
    - With technical support from DRIC and in close collaboration with the NIS, a disability chapter was included in the CDHS 2014, with detailed information on prevalence, disaggregated per type of disability, gender, residence, region and employment status, and a secondary analysis of the survey on the health care use of persons with disabilities was published and co-signed with the NIS.
- Advocacy within the UN
    - The joint programme coordinator represented DRIC in UN inter-agency groups, such as the UN Communications Group and UN Theme Group on Human Rights, and in this role

advocated for a series of issues related to persons with disabilities within the groups, including for accessibility and for special attention for persons with disabilities in detention centres such, as Prey Speu.

- The programme coordinator facilitated UN participation in meetings with the Special Rapporteur on the Rights of Persons with Disabilities, as well as the Special Rapporteur for Health, during their respective visits.
- DRIC indicators were incorporated and reported against in the UN-wide joint annual work plans of the Cambodia UNDAF (2016-2018).

- Awareness raising
  - Numerous workshops on disability awareness and for policy dissemination at national and sub-national level were organized to improve knowledge about disability and contribute to effective implementation of national policies related to disability.
  - A public photo exhibition in cooperation with Cambodia's biggest shopping mall, showcasing the abilities of persons with disabilities, and a related special event attended by members of the Programme Executive Board and partners[10].
  - Communications material was produced and used to raise awareness of partners and the Cambodian public, including through Facebook presence of DRIC and participating UN organizations. This included a video story of the daily life of women with disabilities, a TV talk show for the International Day of Persons with Disabilities, and a video documentary about disability-inclusive development, a disability infographic, blog posts and human-interest stories.

In terms of **systems strengthening and core funding**, DRIC was designed to support government systems and throughout implementation sought to strengthen them through a range of activities. The different systems supported include the health system, rehabilitation, disability governance institutions, and the local governance system, among others. DRIC also sought to strengthen systems by bringing NGOs together with government counterparts to increase dialogue and exchange, and in some cases handover, services. A good example is MoSVY's engagement with the Ministry of Planning to improve the inclusiveness of the poverty assessment of persons with disabilities (ID Poor).

Governance of the Joint Programme and UN Coordination

DRIC was governed by a Joint Programme Executive Board co-chaired by the Secretary of State of MoSVY and the UN Resident Coordinator. In addition to representatives from relevant ministries, DFAT and participating UN organizations at senior management level, two persons with disabilities (one female) were permanent board members as vulnerable group advisors. The board met semi-annually to formally approve the annual reports for the previous year and the work plan and budget for the programme activities for the year ahead. While it was intended that the board would provide strategic guidance for programme implementation, this proved difficult due to the limited time members had to engage more deeply with the programme. The static way board meetings were conducted, with all decisions being

[10] See annex II.

coordinated prior to the meeting, left little room for interaction and additional feedback from members. This prevented the board from being a more effective platform for high-level discussion.

The programme management group, chaired on a rotational basis by a senior staff member of one of the participating UN organizations, met quarterly to ensure that DRIC was on track, to provide advice on any issues that needed attention, and to prepare the board meetings. Following recommendations from the mid-term review in 2016, the programme management group included a senior representative from DFAT. The role of providing strategic direction was transferred from the board to the management group, however it could not be fulfilled effectively due to the already heavy workload of management group members. This prevented them from fully engaging in all details of DRIC implementation and therefore any strategic issues were addressed on an ad-hoc basis.

A technical review group, chaired by the Joint Programme Coordinator and comprising technical officers from the three participating UN organizations and DFAT, successfully worked together throughout the programme. Programme activities were effectively coordinated through meetings on a monthly basis, including exchanges on component-specific activities and progress made. Most management and organizational issues were solved jointly and the good cooperation among members ensured smooth implementation of activities and joint events. Notable examples were the joint organization of a CBR forum in 2015 and a public photo exhibition marking the International Day of Persons with Disabilities in December 2017. All documents developed under DRIC were drafted in a coordinated manner with input from other participating UN organizations and DFAT.

The programme coordination team, managed by the programme coordinator and based within UNDP as the administrative agent of DRIC, provided secretarial support to the board, the programme management group and the technical review group, and ensured smooth day-to-day coordination of the programme. The team developed a communications strategy and a database (cloud folder) with photos and reports of all events.

UN coordination is an important function within a joint programme. However, the impact of coordination on supporting the achievement of joint results for DRIC was questionable, mostly due to the design of the programme and its monitoring and evaluation (M&E) framework. This tended to reinforce component results rather than allowing whole-of-programme monitoring and capturing of data on programme-wide results. DRIC coordinators created links within the UN, but this was more a result of the joint programming methodology itself. This is an important key take away that may need special consideration in the design of any future joint UN programme.

In the second half of the programme implementation, and following the recommendation from the mid-term review, the purpose of the programme coordinator position was reviewed and the coordinator was replaced. The shift from a disability expert with limited coordination skills to a coordination specialist with limited disability expertise proved fruitful. A national technical advisor / disability specialist on a part-time consultancy was placed in MoSVY to provide advice and support and to act as a link to the programme coordination team. In hindsight, a full-time position would have been more beneficial.

COMPONENT 1: SUPPORTING GOVERNMENT IMPLEMENTATION OF THE NATIONAL DISABILITY STRATEGIC PLAN

Component 1 was designed to support the government in developing, implementing and monitoring the NDSP to ensure it is aligned with the UNCRPD and complies with the national legislation, policies and frameworks related to disability. During programme implementation, the most significant outcome under Component 1 was the anticipated increased ownership of government ministries, evidenced in an incremental change in national budget allocation to the disability sector across the line ministries' policies and frameworks. It includes disability activities such as training, workshops on disability awareness and accessibility modification.

The three-month extension of DRIC into 2018 provided additional time and resources for the RGC to finalize and/or endorse key policies related to disability, such as: the Initial State Report of UNCRPD; the National Accessibility Guidelines; and national guidance documents for sub-national offices. These are in regard to ensuring accessible infrastructure and free health care for persons with disabilities at public health facilities, as well as how to comply with employment quotas. As the current NDSP will come to a close by the end of 2018, the DAC is in the process of developing a new NDSP for 2019-2023. A working group to review the status of the current NDSP has been established to ensure an inclusive process and participatory approach. It is collecting data and information from relevant stakeholders, including line ministries, DPOs and NGOs. The RGC has committed sufficient national budget to finalize the drafting of the new NDSP and to hold consultations with stakeholders at national and sub-national level, a process that was previously heavily donor-supported.

Under DRIC, the DAC Secretariat received substantial support to develop its capacity to lead on disability rights and coordination at the national level. To complement this, at the sub-national level the newly established provincial DACs have received support and guidance. Strengthened capacity of the secretariat to secure national budget to support its operation and programme leverage is evidenced by the significant increase in the budget. Several line ministries have committed to improving the implementation of the NDSP by allocating national budget.

Due to a time-intensive external financial audit exercise at DAC, some main activities under Component 1 have been delayed, such as the launch event of the National Accessibility Guidelines and the consultative workshop to prepare the new NDSP (2019-2023).

Component 1, Outcome 1: NDSP implemented through rights-based and inclusive approach

The most significant achievement of the first outcome under Component 1 was the mobilization of the national budget to implement the NDSP by line ministries, particularly the DAC and the disability action working group (DAWG). This ranged from a minimum of US$ 5,000 in 2016 (e.g. at Ministry of Tourism and Ministry of Rural Development) increasing annually to a maximum of US$ 1.2 million (MoSVY) by the end of DRIC. DRIC supported this effort by engaging line ministries in disability awareness events and capacity development, developing a concrete action plan and a strong message from the prime minister to inform line ministries and institutions to provide better support to persons with disabilities. In addition, the DAC has increased its national budget to support operations and programme implementation, from US$ 20,000 in 2016 to US$ 150,000 in 2017, with another 20 per cent increase in 2018. The Department of Welfare for Persons with Disabilities of MoSVY has also increased its budget to

implement the disability allowance and to promote the employment quota with the public and private sector. This demonstrates an improved capacity of the DAC to advocate for funds and readiness of the RGC to respond to the needs and rights of persons with disabilities.

However, effective implementation and coordination of the NDSP remained a challenge throughout. This was due in part to the lack of an M&E framework. An international consultant prepared an M&E framework with support from DRIC, and while it was approved in principle by the DAC Secretariat General (DAC-SG), and partly used for reviewing the NDSP implementation in 2017 and the UNCRPD report, it was not endorsed by the DAC president.

Output 1.1: Capacities of key government structures enhanced to promote a rights-based and inclusive approach to implement NDSP

This output was achieved. The DAC Secretariat received substantial support from DRIC to develop its capacity to lead on disability rights and coordination at the national level and to complement this at the sub-national level. This included supporting and guiding the newly established provincial DACs (established between 2015 and 2017). The DAC Secretariat displayed increased capacity by more actively performing its role as the disability coordination mechanism across RGC ministries.

The DAC Secretariat initiative to establish disability coordination mechanisms in line ministries and provincial DAC in all provinces was a welcome strategic decision to further promote disability inclusion. The mechanisms play an important role in implementing and monitoring the progress of disability inclusion. The increase in national budget for the implementation of the NDSP and ownership in responding to the needs of persons with disabilities is another significant achievement.

DRIC supported the RGC to develop and review several policies related to disability, such as the National Accessibility Guidelines and the inter-ministerial *prakas* to implement them; a sub decree on financial reward for persons with disabilities for skills competition and Special Olympics; a financial reward to trainers and trainers' assistants; the inter-ministerial prakas on Driving Licenses for Persons with Disabilities, the inter-ministerial prakas on providing special discounts for tuition fees, text books and stationery for students with disabilities, the review of implementation of the NDSP and the national disability law, as well as the guidelines for political participation. DRIC ensured that relevant line ministries and DPOs were consulted and included in these processes. These policies and strategies will be rolling out beyond the lifespan of DRIC.

A functional analysis conducted under DRIC identified and addressed the roles and responsibilities of the RGC bodies involved in disability. It provided a clear picture of the sector, as well as recommendations to government for improving the capacity of coordination and the advisory role. The reform of the government disability mechanisms in terms of functions, roles, responsibilities and human resources has provided a clear picture for the sector to gain support and cooperation, evidenced by a restructuring of the human resources at the Department of Welfare for Persons with Disabilities, the Disability Rights Administration and the DAC to ensure that the right people are in the right positions.

<u>Component 1, Outcome 2:</u> Increased capacity of DAC to coordinate implementation of NDSP

Through supporting capacity development activities, for instance designing annual action plans, joint monitoring, or organizing exchange studies both locally and internationally, DRIC helped build the

capacity of DAC to coordinate the implementation of the NDSP. With DRIC support, the DAC began to organize quarterly network meetings with NGOs/DPOs. These meetings became a forum/dialogue for the sector to share and exchange lessons learned and challenges, and to propose solutions. The meetings engaged different stakeholders, including government ministries and the private sector to share the responsibility and commitment to improve services for persons with disabilities. They also offered a space for NGOs/DPOs to strengthen collaboration. The DAC now independently organizes and chairs these meetings without DRIC support and uses them to network and advocate for disability inclusion with other line ministries, including those who have not yet established DAWGs.

DRIC worked with the DAC to build the capacity of its staff, for example each unit of the DAC-SG has a weekly meeting with staff to update and prepare a new plan to help them understand their roles and responsibilities. A good example from the Disability Rights Unit is the formation of a task force to collect data from line ministries to document progress. The Disability Integration Unit designed the National Accessibility Guideline and drafted the Inter-Ministerial Prakas on Driving Licenses for Persons with Disabilities.

The DAC now has greater capacity to respond to information requests. Around 300 persons with disabilities annually approached the DAC from 2014-2017 seeking advice on referral services around vocational training, employment (garment and shoe factories), health care and the disability allowance scheme.

The DAC promoted the implementation of the employment quota in both the public and private sectors (2 per cent for the public sector and 1 per cent for the private sector). As a result, in 2017, 2,573 persons with disabilities were employed in the public sector, and 2,124 persons with disabilities were employed in the private sector. The DAC has further advocated with private institutions to provide employment opportunities for persons with disabilities, including reasonable accommodation, such as an accessible workplace, parking lots and sanitary facilities.

To assist the DAC to deliver public messaging on disability issues and enable government ministries and public institutions to better understand issues related to disability and the NDSP, DRIC supported the DAC to improve its communications efforts by using social media and local TV stations. During the implementation period of DRIC, 45 TV talk shows on different topics/themes related to disability were produced and broadcast on local TV channels and posted on the DAC Facebook page. At least 2,000 people watched the TV talk shows via Facebook live and thousands of people followed it on TV. The show engaged under secretaries of state and secretaries of state from line ministries to share how they provide support to persons with disabilities.

With support from DRIC, the DAC organized events on national and international days related to disability. The presence of high-level government officials, including the prime minister, deputy prime ministers and ministers, at these events was important to promote disability inclusion across sectors. Despite great progress made and many activities implemented over the years, the lack of documentation (progress reports, factsheets, studies/research) and the absence of an M&E and reporting unit/office within the DAC has meant that many good practices around disability status in Cambodia have not been adequately recorded.

Output 2.1: Implementation of NDSP is monitored transparently across the whole of government

The most significant output is the increased capacity of the DAC to influence government ministries to focus on and respond to the needs of persons with disabilities by allocating specific budget for disability services and awareness raising across their staff at national and sub-national level. The establishment of the DAWG in line ministries and provincial DAC is an important step in advancing the inclusion agenda at national and sub-national level. However, without support, implementation will remain a big challenge. With technical support from DRIC, the DAC engaged line ministries in events related to disability to provide a space for learning and to ensure it also heard from persons with disabilities about their needs and issues around accessing public services. The engagement with line ministries and provincial offices led to an increase in allocations from the national budget, for example 10 of 19 line ministries have developed action plans and proposed budgets for 2018 to implement the NDSP. The DAWGs play an important role in influencing their ministries to consider including disability into their policies and programmes.

Ministries that have developed an action plan and proposed budget to implement the NDSP for 2018 include MoSVY/DAC, the Ministry of Women's Affairs, Ministry of Tourism, Ministry of Agriculture, Forestry and Fisheries, Ministry of Information, Ministry of Industry and Handicraft, Ministry of Rural Development, MoH, Ministry of Mines and Energy, Ministry of Labour and Vocational Training, the Council of Ministers and the Ministry of Economy and Finance (MEF). The Ministry of Education, Youth and Sport has invested national budget for inclusive education, in particular to provide accessible text books for students with hearing, speaking and visual impairments. However, the inclusion agenda needs to be further promoted at sub-national level.

The NDSP is a comprehensive, well thought through policy document that puts human rights at its centre. It is not limited to social inclusion. The DAC, in collaboration with DRIC, reviewed a number of policies related to disability to enhance capacity and collaboration among stakeholders in the national government, the academic community, and civil society to promote inclusive public policies and establish better data practices for inclusive social policies.

As the NDSP is an important tool to improve the quality life of persons with disabilities, the DAC conducted reflection workshops and regular meetings with government line ministries and other relevant stakeholders, including development partners, DPOs, NGOs and the private sector to monitor the progress of disability across their policies and actions plan. The latest was the NDSP reflection workshop in August 2017. With technical support from DRIC, the DAC developed tools to collect data and receive updates from line ministries, and to generate this data, for example for the UNCRPD report. The report, with recommendations from the review and reflection workshop/meeting, is available on request.

Output 2.2: In-depth analysis of existing disability-related data sources performed, and recommendations for improvement of comprehensive disability-related data collection, analysis and utilization provided

This output was achieved as planned. The in-depth analysis of disability data conducted in 2014 was important for the sector to understand the gaps in disability data and issue recommendations for improvements in comprehensive disability-related data collection, analysis and utilization in Cambodia. Based on recommendations from the analysis, the CDHS 2014, for the first time, included Washington

Group questions[11] in the survey process. Subsequently, the questions were used for other surveys of the NIS, particularly the ID-Poor Card. Access for poor persons with disabilities to the card was improved.

Output 2.3: Reporting under UNCRPD is completed on time following an inclusive consultative process

This output was partially achieved, as the submission of the initial state report of UNCRPD was delayed. The report was drafted in broad consultation with stakeholders, including government ministries, DPOs, NGOs and the private sector, with facilitation and coordination support from DRIC. It has been finalized but is yet to be endorsed by the DAC president to be submitted to the Council of Ministers. The drafting process started in 2015 but the DAC prioritized supporting line ministries and provincial DACs. The DAC Secretariat has committed to submitting the final report after the elections (in mid-2018).

With facilitation support from DRIC, the DAC, in close cooperation with CDPO, provided different platforms to advocate with government ministries, development partners, NGOs, DPOs and the private sector to ensure their policies and programmes were inclusive and accessible for all persons with disabilities. Examples include the dialogue on persons with disabilities' rights to accessible infrastructure and public transport in Cambodia, as well as regular network meetings and one-to-one meetings.

COMPONENT 2: SUPPORTING DISABLED PEOPLE'S ORGANIZATIONS TO RAISE THEIR VOICE AND PROTECT THE RIGHTS OF ALL PERSONS WITH DISABILITIES

The main achievement under Component 2 is the improved capacity of DPOs in terms of advocating for the rights of persons with disabilities at national and sub-national level. They are recognized as a strong voice to represent the needs and issues of persons with disabilities in Cambodia by sectoral government ministries, organizations and institutions. With DRIC support, the number of registrations of DPOs and Women with Disabilities Forums (WWDFs) within the network of CDPO has increased. Some 73 DPOs including 10 WWDFs have been registered and work to promote and advocate the rights of persons with disabilities in their communities (an increase from 64 DPOs and seven WWDF in 2013). CDPO/DPOs are recognized by sectoral government ministries, organizations and institutions as representatives of persons with disabilities in Cambodia. Most of provincial DPOs were invited to be members of disability working groups at provincial, district and commune levels.

DRIC created a platform for the DAC and CDPO to work together to advocate with policy makers at national and sub-national level to promote the rights of persons with disabilities. A significant example is the successful advocacy with the NEC resulting in the registration of 12,652 persons with disabilities for the 2017 commune elections (compared to 3,531 in 2013). Another example of successful advocacy is the inclusion of disability in most articles of the Law on Access to Information.

Drawing on the success of advocating with the NEC, CDPO consulted with the DAC as the advisory body on disability to seek advice on which ministries they should continue engaging with to ensure their policies and programmes are inclusive. It was confirmed that ten (out of 19) ministries[12] have committed to improve their services and ensure persons with disabilities are engaged and benefit.

[11] The Washington Group Short Set of Disability Questions: http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/

[12] Out of the ones reported on under Component 1, Output 2.1 (p. 9).

Through DRIC advocacy and coordination efforts, CDPO/DPOs are actively engaged with the key working groups of the DAC and DAWGs to develop and review policies related to disability, such as the draft law on access to information and the guidelines for inclusive elections. In addition, they were actively involved in reviewing the implementation of the NDSP and the development of the UNCRPD report. This good collaboration shows respect towards persons with disabilities and trust in their capacity and expertise in disability-related issues. However, the significant role of CDPO in advocating with government ministries and the private sector to ensure ministries and companies consider including disability in their policies and programmes was sometimes seen as overlapping with the role of the Disability Rights Unit of the DAC and the Disability Rights Administration of MoSVY by the government disability coorination body (DAC, MoSVY etc.).

The improved capacity of CDPO/DPOs to advocate with policy makers, as well as the local government authority, to include disability in policies and strategic plans/programmes is the most significant change in terms of behaviour changes/practices. For example, persons with disabilities have access to commune programmes, such as WASH, income generation activities (agricultural activities funded by the Provincial Department of Rural Development), and physical infrastructure (road infrastructure, ramps, ID poor cards, social security funds, etc.). Another good example was the case of 19 women with disabilities who were fired from a footwear factory in Kampong Speu province. They received an unfair pension from the factory and CDPO/DPOs advocated with the employer to provide them with a reasonable pension that could help them start their own businesses.

Employment opportunities for persons with disabilities have increased, particularly within government ministries. DRIC supported CDPO to facilitate the mobilization of resources from different sectors, and to exchange and learn from each other through an informal employment working group consisting of government representatives, the national employment agency, UN agencies, the private sector, DPOs and NGOs. The aim is to improve the sustainable employment of persons with disabilities and to ensure that recruitment practices and workplaces are physically and culturally inclusive. As a result, persons with disabilities have been employed by several private sector companies, such as Aeon Mall, the Micro Finance Institute and other industries, such as garment and shoe factories.

In addition to the success of advocating at the national level, DRIC has successfully supported CDPO to improve the capacities of provincial DPOs in communicating with local government authorities. DPOs continue to advocate with local authorities and private institutions for better services for persons with disabilities.

In terms of local fund mobilization, DPOs have created donation boxes that are placed in pagodas, restaurants and other private institutions to raise funds to support their organizations and enable them to provide emergency support to members, for example for medical treatment or funerals. While the donation boxes do not fully align with global disability rights approaches, outwardly reproducing pity and charity models towards persons with disabilities, it is important to note that in the cultural context of Cambodia it is felt these boxes are appropriate and they are seen to enable DPOs to raise funds for operation costs and emergency needs of their members. The boxes carry advocacy messages such as, “I am a part of society” or "Your contribution can make a change”.

The radio station Voice of Persons with Disabilities is the first radio station owned by CDPO. It has around 20,000 listeners. The programmes cover a broad range of topics, such as elections, employment,

education, health, vocational training, rehabilitation, news and entertainment, as well as talk shows and round-table discussions. The station helped CDPO to raise disability awareness, as persons with disabilities were given access to updated information, for example they know where to access the physical rehabilitation centre, employment services, etc. The radio station covers three provinces: Siem Reap, Svay Rieng and Sihanoukville (but can be received in about six to 10 provinces). CDPO is currently looking to expand and broadcast in Phnom Penh.

Component 2, Outcome 1: Increased capacity of CDPO/DPOs to fulfil their mandates

The capacity of DPOs has improved over the life of DRIC in terms of governance, management and implementation to fulfil their roles and responsibilities to advocate for their rights at national and sub-national level. The most significant outcome is the acknowledgement and recognition by the DAC for DPOs to represent persons with disabilities at the DAC and provincial DAC meetings.

The communication and advocacy capacities of CDPO and DPOs have improved, which has led to an increased number of persons with disabilities accessing the commune/sangkat election, employment opportunities, education and health, and rehabilitation services. Under DRIC, CDPO and DPOs have built up capacities to develop successful funding proposals to development agencies, as well as to mobilize local funding resources.

Output 1.1: CDPO and DPOs capacitated to act as effective channels for raising the voice of all persons with disabilities

At least 15 of 29 DRIC-supported provincial DPOs successfully advocated to have offices located in government buildings. The rest of the output was partially achieved, due to staff turnover within the DPOs and people migrating to other provinces and Phnom Penh in search of work. This is the result of good partnerships and efforts to promote sustainability.

DPOs and WWDFs have built their capacity to mobilize resources to support members through active engagement with local authorities, mainstream NGOs and the private sector. For example, DPOs in Kampot, Svay Rieng, Battambang, Siem Reap, Kratie and Kampong Cham referred their members to free health care and rehabilitation services, inclusive education, vocational training, employment, income generation activities and WASH programmes. In addition to local resource mobilization, four DPOs and 10 WWDFs received funds from international NGOs such as Light for the World, Handicap International and the International Committee of the Red Cross (ICRC) to improve the livelihoods of women with disabilities and ensure access to free health care and employment for all persons with disabilities in target communities. This highlights a change in accountability and good governance of DPOs/WWDFs, as well as diverse funding, and therefore greater sustainability.

DPOs/WWDFs were invited by NEC to observe the 2017 commune/sangkat election to gain feedback and opinions on how to improve physical accessibility at voter stations, and particularly to learn lessons ahead of the national election in July 2018. During the observation it was noted that not many stations were accessible and CDPO requested that NEC improve the situation before the national election. NEC agreed to this request.

Building on the success of advocating with NEC to increase the number of persons with disabilities voting in the 2017 commune/sangkat election, CDPO, with DRIC funding, developed several guidelines

and tools related to ensuring political participation for persons with disabilities in Cambodia. The aim was to provide instructions and guidance to organizations involved in the election to include persons with disabilities in the electoral process. Media guidelines for reporting on accessible elections were developed to support journalists to report any issues related to the accessibility of the elections.

In order to promote disability awareness throughout the media, CDPO established a jury, with technical staff from the Ministry of Information DAWG to award and honour outstanding journalists who have contributed to promoting issues pertaining to disability. The initiative took place in 2017 and three out of the 20 nominated journalists won awards. It is recognized by the Ministry of Information as an effective advocacy tool among the media.

DRIC supported CDPO to organize regular DPO network meetings involving different stakeholders including DPOs, NGOs and government representatives. These meetings were a platform for dialogue for DPOs to share their lessons learned and best practices, as well as concerns and challenges among their networks. They also provided opportunities to collaborate with the government and NGOs to improve referral services for persons with disabilities.

Efforts and commitments from the DPO/WWDF side alone are not enough, and commitment from and collaboration with the government is important and needed. For example, an activity plan related to disability is in place, however no specific budget was allocated for the implementation phase, particularly the commune investment plan.

Output 1.2: Specific needs and priorities of women and children with disabilities, persons with hearing, visual, intellectual and psychosocial disabilities and other excluded groups are included and addressed in CDPO/DPO plans and activities

This output was partially achieved. Ten WWDFs were established across Cambodia (three under DRIC) to represent the needs of women and children with disabilities. Their role is to ensure that their voices are heard and their needs addressed by relevant service providers, including government and development agencies. An assessment of seven selected WWDFs showed their improved capacity to advocate with local governments to provide better services for women and children with disabilities. They were assessed by identifying how they could represent women and children with disabilities, for example they receive more support from local authorities and NGOs within the provinces, and their leadership and management are able to communicate with local authorities. WWDFs were selected to represent persons with disabilities, giving greater voice to women and children with disabilities at the provincial level.

At the national level, CDPO, with technical support from DRIC related to facilitation and engagement with responsible ministries, conducted a dialogue for women with disabilities on employment opportunities at government ministries and in the private sector. CDPO, which also advocates in specific cases, invited 20 women with disabilities who were fired from a footwear factory to share their concerns and discuss why they had been dismissed. Consequently, CDPO submitted a statement to the responsible government ministries to take further action, after which the 20 women received a fair pension from the factory.

Gender is given consideration in all CDPO projects. In 2017, around 28 per cent of DAC-SG staff were women (including 7 per cent women with disabilities) and 45 per cent of CDPO staff were women, most of them in senior positions. CDPO and DPOs have a gender policy that is reviewed and updated annually.

All data collected on CDPO/DPO membership is disaggregated by men/women, with/without disabilities, boys/girls, with/without disabilities, and participation of persons with/without disabilities in workshops, meetings and training activities. As of May 2018, DPO membership figures were: 21,213 persons with disabilities (10,674 men, 8,517 women, 1,132 boys and 890 girls). The initial number was 12,496 in 2014.

Where this output did not meet expectations was in addressing the needs of persons with intellectual and psychosocial disabilities. Persons with mental health issues are still unrepresented in the response at national and sub-national level, mostly due to a lack of expertise in mental health and limitations in identifying persons with intellectual disability. Only very few organizations provide related services. It is important to note that CDPO tried to engage with mental health organizations and institutions to ensure persons with mental health issues were included in the network.

Output 1.3: CDPO and DPOs are actively involved in regional networks, exchange of experiences and good practices

This output exceeded expectations. CDPO is recognized by the international disability network around the globe. It is a member of Disabled People International and the ASEAN Inter-Governmental Commission on Human Rights network, and was selected to be chair of the ASEAN Disability Forum from 2013-2017. In recognition of the expertise of CDPO in raising the voice of and advocating for persons with disabilities in different sectors, CDPO was invited by the international network to provide lessons learned, good practices and knowledge management on how its advocates with government ministries, development agencies and the private sector to ensure that policies, programmes and services are inclusive and accessible for all.

Component 2, Outcome 2: Effective inclusion and representation of diverse groups of persons with disabilities

Over the implementation period of DRIC, CDPO and DPOs have increased the representation of diverse groups of persons with disabilities within their organization. The membership now comprises about 75 per cent of persons with physical impairments (initially more than 80 per cent), 10 per cent with hearing or vision impairments, about 5 per cent with intellectual impairments and about 10 per cent with other impairments, including mental health issues. These percentages only cover actual members of CDPO and DPOs, and the number of persons with other impairments indirectly benefiting from activities may be much higher. As noted above, persons with mental health issues are still unrepresented in the response at national and sub-national level.

Output 2.1: Existing DPOs strengthened and new DPOs established to ensure representation of diverse groups of persons with disabilities

This output was achieved. All 73 DPOs were continuously invited and encouraged to attend the regular DPO network meetings facilitated by CDPO. These meetings aimed to build DPO capacity, provide a space to learn from each other, share lessons learned and identify possible ways to address issues of diverse groups of persons with disabilities in the community. Participants and members learned to understand that different impairments have different needs and related responses. As a result, the percentage of DPO members with visual or hearing impairment and intellectual impairments increased over the years.

COMPONENT 3: SUPPORTING REHABILITATION SYSTEMS STRENGTHENING

Component 3 contributed to the overall joint programme outcome for DRIC using a health system strengthening approach. It focused on supporting the role, engagement and capacity of MoH in understanding the importance of rehabilitation strengthening as part of health. This included service provision along the health services delivery continuum, as well as supporting the MoSVY/PWDF role of ensuring the sustainable handover of physical rehabilitation services from international organizations and NGOs. In addition, Component 3 focused on providing the Priority Rehabilitation Service Scheme (PRSS) to PRCs and the orthopaedic components factory to prevent further reductions in services resulting from the handover process.

This component worked closely with the other participating UN organizations, international organizations and international NGOs to ensure coordination and share experiences in the area of CBR. The component outcomes contribute to overall DRIC results and government policies, mainly to enable people to live healthy, productive, independent and dignified lives, and to participate in education, the labour market and civic life. These all contribute to improving their quality of life.

The main beneficiaries of Component 3 were persons with physical impairments and persons with other health conditions that required rehabilitation. DRIC successfully contributed to the effective implementation of the NDSP, especially Strategic Objective 2[13] and the Health Strategic Plan (HSP3) Strategic Objectives 1 and 3[14]. DRIC contributed to the implementation of the Cambodia Sustainable Development Goal (SDG) 3 on health, especially Target 3.8, and SDG 4, SDG 8 and SDG 10[15]. Component 3 also contributed to the national Disability Law, especially Articles 14 to 17 and Article 19, as well as the MoSVY strategic plan, especially Objectives 1.3.2 and 1.3.3[16].

Further, the component contributed to the implementation of the UNCRPD, especially Articles 2, 20 and 26, aiming to optimize functioning and reduce barriers to participation[17].

Research and analysis was completed during the DRIC period to identify some of the strengths and weaknesses of the rehabilitation system in Cambodia. These include: the Joint Rehabilitation Strategic Plan of MoH and MoSVY; the Physical Rehabilitation Transition Report; the Five-Year Physical Rehabilitation Transition Plan of PWDF and MoSVY; the Situation of Physical Rehabilitation Financing; the Health Care Utilization of Persons with Disabilities; Rehabilitation 2030; and the National Rehabilitation Forum[18]. These products contributed to facilitating a clear direction, identifying roles and

[13] NDSP Strategic Objective 2 focuses on equal access to quality health services and physical and mental rehabilitation.
[14] HSP3, Strategic Objective 1: Strengthen access to comprehensive, quality, safe and effective health services at public and private health facilities; and Strategic Objective 3: Provide adequate numbers of well-trained, competent, well-motivated health personnel with appropriate skills and professional ethics.
[15] SDG 3.8: Coverage of essential health services; SDG 4: Supporting people to access education; SDG 8: Access to employment; SDG 10: Reduce inequality through health/rehab/assistive technology as a pre-requisite for participation.
[16] MoSVY Strategic Plan 1.3.2: To sustain physical rehabilitation services through PRCs and outreach services, and the training of staff; and 1.3.3: To implement CBR services.
[17] CRPD Article 2: In line with reasonable accommodation; Article 20: On personal mobility; Article 26: Rehabilitation.
[18] Refer to Annex IV, list of documents produced under DRIC.

responsibilities between MoH and MoSVY, and providing some options, recommendations and actions for future sector strengthening. The WHO Rehabilitation 2030: A Call for Action introduced to member states, including the RGC in February 2017, has fostered awareness of the need to strengthen rehabilitation in health systems.

The Joint Rehabilitation Strategic Plan is a basis to strategically guide and support government counterparts, particularly MoH, to support the strengthening of rehabilitation in the health system. The adoption of a rehabilitation regional framework that is planned for October 2018 will help the government to realize rehabilitation as part of the universal health coverage target, as indicated in Target 3.8 of the SDG framework.

With its expertise and close relationship with government counterparts, WHO advocated for disability-inclusive health care services and strengthening of rehabilitation in the health system. As a result, 10 national and provincial hospitals have strengthened and expanded their physical therapy services; the rehabilitation guidelines for stroke were adopted and disseminated; and training for health and rehabilitation staff was conducted. Physical accessibility was included in the new national guidelines for WASH in public health facilities.

Under DRIC, support was provided to government and international organizations and NGO counterparts to strengthen the quality of, and access to, rehabilitation services for persons with disabilities through the development of the rehabilitation guidelines for stroke, the national physical therapy standards of MoH and MoSVY, and the basic rehabilitation intervention and its training modules as part of the MoH minimum package of activities for public health centres. The financial support to nine of the 11 PRCs and an orthopaedic components factory contributed to minimizing the impact on the access of persons with disabilities to these services during the transition period.

DRIC, in collaboration with key stakeholders, provided technical support to MoH to ensure that physical accessibility for persons with mobility difficulties was included in the national guidelines for WASH in health facilities, and a disability screening tool for newborns was included in the Safe Motherhood Protocol for the Health Centre 2016. An out-of-pocket household analysis that is currently being adopted by MoH provides cost estimates for how much households with disabilities and other vulnerable groups spend and their likelihood of falling into poverty. In collaboration with the NIS, a disability chapter was included in the 2014 CDHS and a pilot study of the Model Disability Survey was developed. The national CBR forum and rehabilitation forum were jointly organized with MoH, MoSVY, all DRIC participating UN organizations and key counterparts. More than 237 participants from government and non-government institutions attended.

As part of the regional framework supporting UN member states, DRIC supported representatives from MoH, MoSVY, PWDF and CDPO to participate in different regional and global events in the area of disability and rehabilitation, and as a result a joint MoH-MoSVY national rehabilitation strategic plan and national physical therapy standards were developed. MoH recognizes the need to strengthen rehabilitation as part of health services, and DRIC's counterparts understand that rehabilitation is essential for including persons with disabilities. MoH, MoSVY and some selected rehabilitation users were supported by DRIC to participate in the development process of a regional framework on rehabilitation for the Western Pacific for 2019-2023.

Several awareness raising activities at national and sub-national levels within the catchment areas of PRCs were organized through the PRSS and PRDP partners, with a special focus on strengthening the referral of persons with rehabilitation needs to PRCs and health facilities through the involvement of health staff, local authorities, DPOs, medical students and service users. Information about PRC services was disseminated through radio broadcasts and a talk show for the catchment areas of PRCs in Kampong Cham and Siem Reap.

To promote the collection of data, the Model Disability Survey pilot was conducted in collaboration with NIS with the following aims: Examine the feasibility of the Khmer version of the Model Disability Survey in the cultural context of Cambodia; Identify potential problems with the survey; and Develop strategies to deal with problems before national implementation is launched. The final versions in Khmer and English are being published.

Component 3, Outcome 1: **Strengthened rehabilitation sector leadership, planning and coordination**

Leadership, planning and coordination are critical for strengthening the sector. In Cambodia, rehabilitation sits across the MoH, MoSVY and other stakeholders (such as international organizations and NGOs). Nevertheless, as a result of four years of DRIC implementation, Outcome 1 can be reported as partially achieved. The national rehabilitation coordination platform and the physical rehabilitation transition committee are yet to be established after the adoption of a five-year rehabilitation strategic plan and a five-year physical rehabilitation transition plan (expected in late 2018). DRIC engaged with key focal points at MoH, MoSVY and PWDF, particularly at the director level of responsible departments, individually and in groups to strengthen their relationships and to establish regular dialogue on the rehabilitation sector. On different occasions, CDPO, international organizations and NGOs working in rehabilitation were engaged in discussions to raise their concerns and needs.

Exposure visits within and outside the country, as well as national rehabilitation forums were organized by DRIC to identify good practices and lessons learned, to build capacity, and to promote networking, collaboration and coordination. In parallel, DRIC funded government counterparts and CDPO to participate in WHO events at regional and global levels, to provide technical support and guidance.

Several reports and analyses were produced by DRIC to support improved information on the rehabilitation situation, as well as needs and priorities, especially for the attention of policy makers. This led to a joint five-year national rehabilitation strategic plan between MoH and MoSVY and a five-year physical rehabilitation transition plan. Information to enable sector decision making is now available through different reports as described in Output 1.

Strengthened coordination and referral between physical rehabilitation centres (PRC) and health facilities at provincial level were established and are functional under the DRIC PRDP. The PRDP aimed to build clarity, especially between MoH, MoSVY/PWDF, international organizations and NGOs regarding who sees which clients, when and for what type of services, through establishing coordination mechanisms and referral pathways for common impairment. This project was intended to strengthen MoH's role in rehabilitation and identify its future involvement in rehabilitation service delivery. The physical rehabilitation services delivered at the two PRCs that were supported by PRDP funding showed an increase in new clients.

DRIC has significantly contributed to strengthening coordination between MoH and MoSVY/PWDF, especially in the areas of planning, rehabilitation, workforce and service delivery by having a national rehabilitation strategic plan, national physical therapy standards, and a referral pathway for persons with rehabilitation needs between health facilities and PRC. The physical rehabilitation transition plan developed under DRIC will support PWDF to ensure the sustainable handover of physical rehabilitation services from international organizations and NGOs. This document, together with the quality of reporting of PRC achievements through a standardized data management system, financing information and cost calculation of services, standardized list of procurement materials, and others, will help the PWDF to engage in dialogue with MEF and other donors for financial allocation to PRCs. The professional physical therapy and prosthetic and orthotic standards and the rehabilitation guidelines for stroke will contribute to ensuring the quality of service delivery provided at health facilities and PRCs.

Under DRIC, WHO facilitated the engagement of key stakeholders, including GIZ, in the discussion to share best practices and expertise. As a result, basic rehabilitation interventions, including the disability screening tools and physical accessibility were included in the new minimum package of activities guidelines, and the disability screening tool for newborns aged 0–28 days was included in the Safe Motherhood Protocol 2016 for Health Centres.

In close collaboration with relevant government counterparts, DRIC supported the development of key rehabilitation and disability analyses and reports, which are either adopted or are about to be adopted. The secondary analysis of the 2014 CDHS on the health care utilization of persons with disabilities, and the out-of-pocket household analysis including households with disabilities[19], will be relevant to assist future government decision making, especially under the recently adopted National Social Protection Policy Framework.

The five-year rehabilitation strategic plan and the five-year physical rehabilitation transition plan will provide clear strategic direction for strengthening the rehabilitation sector in Cambodia. Work under this component has therefore laid the foundation for stronger governance in rehabilitation, recognizing the need for leadership by MoH, and ownership of rehabilitation by the RGC, while recognizing the essential role that must be played by international organizations or NGO actors. WHO will continue to support the RGC to strengthen rehabilitation for all people as part of the continuum of care, recognizing that persons with disabilities continue to be among the most excluded in being able to access the health and rehabilitation services they require.

Output 1.1: **Government capacity to lead, regulate and plan the rehabilitation service sector**

Most of the identified targets for this output were achieved and capacity has been strengthened. DRIC worked closely with the PWDF, DWPWD, MoH Preventive Medicine Department, and CDPO to produce a capacity needs assessment report to inform its future capacity development and technical assistance activities; a secondary analysis of the 2014 CDHS on the health care utilization of persons with disabilities; and a rehabilitation financing study in selected PRCs and hospitals. In addition to the identified targets, two reports were developed: a Physical Rehabilitation Transition Analysis and the Assessment of Health and Rehabilitation Services for persons with Spinal Cord Injury. The secondary analysis of the 2014 CDHS was co-signed with NIS, in addition to local dissemination through meetings

[19] This report on the out-of-pocket household analysis including households with disabilities is to be finalized.

and workshops. The physical rehabilitation transition analysis was translated into Khmer and approved by MoSVY.

These reports and analyses were submitted to inform government counterparts and rehabilitation stakeholders about the needs and priorities in strengthening rehabilitation services, for example the development of a joint MoH-MoSVY national rehabilitation strategic plan and a physical rehabilitation transition plan. PWDF is now more confident in engaging with MEF and, as a result, the amount of government budget allocated to physical rehabilitation services was increased. The capacity of PWDF to manage the two PRCs under its full management has been strengthened. The number of persons with disabilities registered and the number prostheses and orthoses provided by these PRCs has subsequently increased.

WHO has worked with government stakeholders to increase their knowledge, skills and confidence in managing rehabilitation services, including policy development, through agreement of plans such as the Physical Rehabilitation Transition Plan 2018-2022, the National Rehabilitation Strategic Plan 2018-2022, the Rehabilitation Guidelines for Stroke and its training of trainers (ToT), and the National Physical Therapy Standards.

Output 1.2: **Establishment of a rehabilitation sector leadership and coordination mechanism**

This output was partially achieved. The national rehabilitation coordination mechanism is expected to be in place after the adoption of the National Rehabilitation Strategic Plan (expected in late 2018). During the four years of DRIC implementation, numerous round-table discussions were convened, especially on the completion of the above-mentioned reports. Government institutions and key stakeholders used these platforms to share information and coordinate their efforts. Two working groups at provincial level under the DRIC demonstration projects were established and are functional. They aim to strengthen the coordination and referral of persons with rehabilitation needs between PRCs and health facilities. Three working groups under the PWDF international organizations and NGOs were established and are functional (human resources, procurement and rehabilitation management system).

While rehabilitation service provision still sits across the two ministries of MoH and MoSVY, with international organizations and NGOs, strengthened coordination and referral between these stakeholders, including involving existing structures such as health centres, commune councils, DPOs, and village health support groups, is crucial to increase the access of people to these services and contribute to sustainability, as witnessed by the two PRDPs.

Output 1.3: Development of MoH's role in rehabilitation sector strengthening and service provision

All targets for this output were achieved. DRIC, in collaboration with the Cambodian Physical Therapy Association, the World Confederation for Physical Therapy and ICRC, provided technical and financial support to MoH in coordination with MoSVY to establish a technical working group and to develop the national physical therapy standards. This included field testing this tool in five hospitals, three PRCs and one private clinic. The members of this working group are representatives of the Preventive Medicine Department, DWPWD, the Department of Hospital Service, national hospitals, the DAC, PRCs, and the Technical School for Medical Care. Health staff from health care facilities at the three levels of the health system participated in training and awareness sessions on referral of persons with rehabilitation needs to

PRCs. As a result, there was an increase in new clients accessing PRCs in the target provinces of the demonstration project.

Rehabilitation guidelines for stroke were adopted by MoH (with support from DRIC). ToT for more than 50 trainers (female: 11, persons with disabilities: 2; government civil servants: 47) from national and provincial levels of MoH and PRCs were conducted. Some levels of physical therapy services were available in 46 of the 102 public hospitals. A total of 1,094 (female: 382, persons with disabilities: 36; government civil servants: 279) health and rehabilitation practitioners received relevant training and participated in awareness-raising sessions on rehabilitation and disabilities. The documentation of good practices, lessons learned and supporting tools on the PRDP in Kampong Cham was developed and disseminated.

As a result of advocacy, DRIC contributed to gaining access for persons with rehabilitation needs to the in-patient department of physical therapy services. The number of clients at the in-patient department who received physical therapy services increased by 176 per cent, from 15,324 in 2014 to 42,306 in 2017[20].

Involvement of key stakeholders in developing the new minimum package of activities guidelines for health centres through a liaison and facilitation role of WHO as a member of the national task force proved crucial for the inclusion of the basic rehabilitation intervention, including the disability screening tools and physical accessibility, in these guidelines.

Output 1.4: Development of a national vision for rehabilitation and support services provision

This output was achieved. DRIC supported the development of a National Rehabilitation Strategic Plan, which is currently being adopted by MoH and MoSVY. Five strategic goals with 25 strategic objectives were identified. Key activities, indicators and a timeframe were developed and responsible institutions identified. In parallel, the WHO global agenda on Rehabilitation 2030: A Call for Action and its recommendations contributed to stronger engagement and capacity of MoH in understanding the importance of rehabilitation as part of health systems[21]. Both global and regional WHO initiatives directly support the work done through DRIC, and the on-going commitment of WHO to support rehabilitation service strengthening, especially for persons with disabilities in Cambodia.

MoH now recognizes its key role in strengthening rehabilitation for all people, particularly persons with disabilities, and the need to address rehabilitation service limitations in MoH facilities. It also recognizes the importance of good governance mechanisms and leadership to develop rehabilitation.

Component 3, Outcome 2: Increased access to quality rehabilitation services

The focus of Outcome 2 under Component 3 was on access of persons with disabilities to physical rehabilitation services that include the provision of prosthesis and orthosis, assistive devices including wheelchairs, tricycles and other devices, repairs and physical therapy. DRIC supported the transition of PRCs from international organizations and NGOs to MoSVY/PWDF, however this area of work

[20] Source: MoH Health Information System (HIS) at http://hismohcambodia.org/hisnew/en-excel_indicator_monthly_form_v2-show-fcode-22.1.1.html

[21] Rehabilitation 2030 and its supporting documents are available at: http://www.who.int/disabilities/care/rehab-2030/en/

experienced significant challenges resulting in a decrease in clients' access to quality rehabilitation services. As a result of four years of DRIC implementation, especially through the PRSS, 105,856 persons with disabilities (14 per cent new clients, 34 per cent children under 18 years[22] and 26 per cent female) accessed the 11 PRCs. Some 28,389 prosthetic and orthotic devices and 5,453 assistive devices were delivered and 51,361 were repaired, while a total of 214,064 physical therapy sessions were provided. The number of people accessing PRCs was stable, with a 3 per cent increase in 2015 compared to 2014, and a 2 per cent and 1 per cent decrease in 2016 and 2017 respectively, compared to 2014. On average, there was a decrease of 5 per cent compared to the 2013 baseline[23].

With some technical resources allocated to work closely with PWDF, international organizations and NGOs, the data management system and a list of production materials to support procurement were standardized. A total of 110,814 patients received physical therapy services at public hospitals, 3,142 of whom were registered in Battambang and Kampong Cham provinces. These were covered by the DRIC PRDP[24]. As demonstrated by the PRDP in Kampong Cham, the number of new clients at this PRC increased by 54 per cent, 28 per cent and 12 per cent respectively, in years 2015, 2016 and 2017 from a total of 387 new clients registered in 2014. Similarly, at the PRC in Battambang the number of new clients increased by 11 per cent in 2016 and 66 per cent in 2017 (from 499 new clients in 2015). Please see the summary below.

Health/rehabilitation facilities	2014	2015	2016	2017
11 PRCs – number of clients[25]	26,203	26,920	26,490	26,243
Kampong Cham PRDP – number of new clients	387	597	497	433
Battambang PRDP – number of new clients	617	499	553	826
117 public hospitals (IPD physical therapy services) – number of clients	15,324	26,062	27,122	42,306

The handover process of PRCs from international NGOs to PWDFs began in early 2011. Since then there has been a decrease in the number of people accessing PRC services. This was due to the absence of a clear handover plan, as well as limited technical and financial capacity, especially in taking over the full management of the orthopaedic components factory from ICRC at the beginning of 2016. This led to a decrease in the quantity of orthopaedic components being produced to supply the 11 PRCs. In addition, international organizations and NGOs paid for these components instead of receiving them free of charge as they had done in the past. The orthopaedic components factory and PRCs experienced long delays in receiving the materials needed for production purchased with the government budget. As demonstrated by the PRDP, strengthening communication and coordination between PRCs and health facilities, and involving local authorities, service users and volunteer workers is crucial and needs further scaling up to support access of people to rehabilitation services.

[22] 2014 data from PRCs in Battambang and Kampong Speu were not available.
[23] Source: 2012-2017 Statistics and key indicators of the 11 PRCs in Cambodia, PWDF April 2018.
[24] Source: Health Information System.
[25] This number includes the number of new clients from the PRDPs in Kampong Cham and Battambang provinces.

Output 2.1: Increase capacity of MoSVY and PWDF to effectively and efficiently manage physical rehabilitation centres and support their transition from international NGOs

A physical rehabilitation transition analysis, including proposed options and recommendations to ensure the quality and sustainable handover of PRCs, was adopted by the Minister of MoSVY, and a five-year physical rehabilitation transition plan was finalized. The national standards of physical therapy practice are currently being adopted, and the WHO standards for prosthetics and orthotics have been translated into Khmer to support the review of local standards. The data management system for PRCs and the standardized list of production materials will be useful for PWDFs, especially to support their discussion with MEF to justify the required budget. The PWDF established a joint PWDF / international organization / NGO technical working group to scale up the successful pilot of the Rehabilitation Management System in Kampong Cham PRC to other PRCs. The cost calculation tool, finalized through the NGO, Humanity & Inclusion, was successfully piloted at the Kampong Cham PRC, and expanding the tool to other PRCs is being discussed.

Currently, PWDF directors at the provincial level and PRC civil servants and contractual staff are paid through PoSVY. This practice creates difficulties for the PWDF at the central level to effectively manage human resources and monitor the work of personnel, as it is not always clear to staff who they answer to. Furthermore, the capacity of the PWDF to manage PRCs has been hampered by the practice of transferring the national budget allocation for PRC operating costs, including staff salaries, directly to PoSVYs and not to the PWDF. This practice was observed in 2014 and 2015, and continues for staff salaries and incentives for those under contract with MoSVY.

PWDF has assumed more responsibility for managing physical rehabilitation services. Four internal steering groups (PRC processes; financial management; human resource management; and communications) have been established to address internal coordination issues between departments by developing action plans and management frameworks for implementation. PWDF managed to absorb more funding from the RGC to contribute to the functioning of the 11 PRCs and the orthopaedic components factory. PWDF showed some progress in improving access to PRC services in Siem Reap and Takeo, and sustaining access of persons with disabilities to PRC services in Kien Khleang, Prey Veng and Kratie, while the NGO, Veterans International Cambodia, is withdrawing its support.

Output 2.2: Community-based rehabilitation implemented in line with WHO CBR guidelines

This output was partially achieved. Two national rehabilitation forums were organized. In collaboration with UNICEF and CSO partners, DRIC helped MoSVY to organize a national CBR forum in 2015. More than 147 participants attended (F: 39 per cent), including persons with disabilities, people from government institutions, and CBR operators. Following this forum, the terms of reference for a national CBR coordination committee were finalized, and key challenges, lessons learned and priority actions were documented and shared. The second rehabilitation forum was jointly organized by MoSVY-MoH with technical and financial support by DRIC. More than 90 participants attended (F: 17 per cent) representing government ministries, development partners, DPOs, the Older People Association, professional associations, local and international NGOs, and other key health and rehabilitation practitioners. Good practices, challenges and recommendations on how to strengthen links, referral and coordination between tertiary, secondary, primary and community settings were discussed and identified.

The plan to revise national CBR guidelines was postponed. The future direction and clarification of the CBR is being discussed at the global level, as the understanding and implementation of CBR is different from one country to another. Some countries implement CBR as a rehabilitation intervention based in communities, while others implement CBR as an inclusive development agenda.

Output 2.3: Increased government financial investment in rehabilitation service delivery

This output was partially achieved. In 2016, a total of US$ 1,156,180 was invested by the RGC through PWDF in physical rehabilitation service delivery at 11 PRCs, three repair workshops and the orthopaedic components factory. This amount represented 38 per cent of the total expenditure (US$ 3,081,153) of these facilities, and was an 11-percentage point increase over the 2013 baseline (27 per cent of a total of US$ 2,684,147). However, it was 12 per cent lower than the 2018 target (50 per cent). This investment constitutes an increase of 51 per cent compared to a total amount of US$ 765,447 invested in 2013[26].

Rehabilitation is crucial to supporting people's participation in society. It is, however, often still seen as a specific service for people who have disabilities as a result of land mines and explosive remnants of war (ERW), and is yet to be recognized as a service for all people.

COMPONENT 4: INCLUSIVE GOVERNANCE AND INCLUSIVE COMMUNITY DEVELOPMENT

Component 4 focused on creating enabling environments for persons with disabilities at the local level through a dual-pronged approach of engaging with MoI at the national level to influence local (sub-national) decision makers, and to work in partnership with CSOs to provide specialized services and other support activities. The main beneficiaries for this component are children and persons with disabilities and their families, as well as some local decision makers. The component outcome contributes to overall DRIC results as well as government policies, including the Rectangular Strategy[27], the sub-national democratic development process, and the implementation of the NDSP, the UNCRPD and the Convention on the Rights of the Child (CRC).

During implementation of DRIC, with approval from DFAT, UNICEF was able to reallocate and leverage DRIC resources to act upon opportunities that would complement the originally identified output areas for the programme. Leveraging the relationship between UNICEF and MoSVY outside of the DRIC programme, UNICEF was able to utilize DRIC funds to support MoSVY on the disability allowance, provide niche support to MoSVY to improve the quality of care of children with disabilities living in institutions, explore foster care models for children with disabilities, and support creative and inclusive children's television programming. This programming flexibility allowed DRIC to be responsive to emerging issues and opportunities.

DRIC provided technical assistance to MoSVY leadership and implementation of the disability allowance with the development of a set of identification questionnaires (targeting tools). The questionnaires were designed to be used by lay people and are based on functioning and a social model of disability. The

[26] WHO, 2017, Rehabilitation financing report. Information of 2017 expenditures is not yet available. As per current government commitment, only a maximum of 10 per cent would be increased per year.
[27] The Rectangular Strategy for Growth, Employment, Equity and Efficiency, Phase III of the RGC: http://cnv.org.kh/wp-content/uploads/2013/10/26sep13_rectangular-strategy_phaseIII.pdf

questionnaires have been tested on the ground and validated at the national level. It is expected that MoSVY will issue a prakas related to the use of these tools in the second half of 2018, which will be used for the scaling up of the disability allowance. This output contributes to the government's growing focus on social protection as a mechanism to reduce vulnerability in Cambodia. As MoSVY will take the lead on implementing and coordinating the Social Assistance Sub-Committee, as well as have an implementing function under the National Social Protection Policy Framework, support to MoSVY-led and government-funded cash transfers is timely.

DRIC funds were allocated to be used in collaboration with UNICEF's Child Protection team to: enhance care for children with disabilities currently living in residential care institutions by training national trainers so they can deliver training to residential care institution staff and enable them to be better equipped to care for children with disabilities; facilitate a workshop to develop a strategy for adapted specialized foster care for children with mild to moderate disabilities; and facilitate a workshop to develop a strategy for the establishment of small group homes for children with severe disabilities. This work with MoSVY relates to increasing the quality of services delivered by both government and non-government organizations. An important outcome of this work is that MoSVY has committed some of its budget to support a group home being piloted by Damnoek Toek[28].

Capacity development was delivered by International Social Services Australia (ISS) as part of a larger effort to address the de-institutionalization of children in Cambodia. As a result of this funding, 20 national trainers received training on the quality of care of children with disabilities in residential care institutions. Using a cascade model, the master trainers will support further roll out of the training to other institution staff. This work will be on-going. A training session was implemented by three core trainers for 22 residential care institution staff from 10 institutions (F: 12). DRIC, MoSVY and ISS also explored alternative care models for children with disabilities, and a workshop with 58 participants (F: 24) was held to explore foster care for children with mild to moderate disabilities. A workshop on small group homes for children with severe disabilities was attended by 49 participants (F: 26). Following this work, supported by DRIC, ISS will provide MoSVY with a technical guidance document for targeted capacity building for the implementation of a pilot small group home, and a technical guidance document with plans to identify children with disabilities in residential care institutions who may be able to transition into foster care. There will also be details on the whole procedure of specialized foster care (recruitment, assessment, training and support) for children with disabilities. An important result of this support to MoSVY is the significant collaboration between MoSVY's Department of Child Welfare and the Department of Welfare of Persons with Disabilities to address shared issues for children with disabilities.

Equally, under DRIC, UNICEF's wide number of partnerships with different ministries, including the Ministry of Education and the National Treasury, with strategically placed disability-focused staff, benefitted from technical support for inclusive actions within their respective work areas. As a result of advocacy and technical assistance provided under DRIC, the new Commune Expenditure Guideline issued by the General Department of National Treasury includes specific line items for children and persons with disabilities to facilitate local-level expenditure in direct support of households affected by disability. It is expected that the Commune Expenditure Guideline will be further complemented by the

[28] Reports for these activities are available upon request.

planned Social Services Implementation Manual that MoI and UNICEF will roll out in 2018 (apart from DRIC funds).

In alignment with DRIC support to CBR, in 2017 DRIC used some funds that were returned from CSO partners to support CBR field monitoring in Battambang province, and the annual national CBR reflection workshop. The workshop had more than 110 participants (F: 36) from CBR operation institutions, 25 PoSVYs, DPOs, NGOs and self-help groups of persons with disabilities who are involved in CBR. The workshop intended to identify lessons learned, common challenges and priority activities for 2018.

Accordingly, for 2018, the priorities include: the ministry and NGO partners agreed to focus on providing more employment opportunities for persons with disabilities in ministries, as well as other opportunities, including in garment factories; keeping children with disabilities with their families and preventing abandonment of children born with severe disabilities at Kantha Bopha hospitals, at private clinics and in communities; strengthening data collection and quality of care for children with disabilities in foster families and piloting small group homes for children with disabilities with one or two selected specialized NGOs in Phnom Penh and in one province.

In recognition of the key role that social norms play in disability inclusion, DRIC supported a number of awareness raising activities. The majority of CSO partners engaged in awareness raising activities, for example Epic Arts through its online videos had 686,637 views and reached more than one million social media users, and Krousar Thmey developed tutorials on how to engage with persons with visual and hearing impairments. These received 5,056 views in Cambodia. DRIC used funds to develop one episode of a children's television series (Prai Krala) on disability and to increase accessibility of the series through sign language. This is a series of fun educational videos for children that UNICEF plans to further disseminate via TV and social media. The episodes cover a wide range of topics, from nutrition and health, water and sanitation, to gender, disability and road safety. Using a mix of acting, animation and real-life footage, the main purpose is to generate 'edutainment' content for a wide range of audiences, primarily targeting primary school-aged children. By including a specific episode on disability, children will be sensitized to diversity and the principles of inclusion, and by including sign interpretation, the series can reach a wider range of children. It has the potential to address social norms early on and be an example of normalizing disability in communications and media.

<u>Component 4, Outcome 1</u>: 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

As a result of four years of implementation, Outcome 1 of Component 4 has been achieved. In total, 16,434 (F: 8,256) direct beneficiaries have benefitted from community-based services delivered by 15 CSO partners. Throughout the implementation of DRIC, UNICEF focused on supporting CSOs to deliver important support services to children and families with disabilities, as well as to create an enabling environment for access to social services through engagement with local authorities. The design of the CDIDF purposely had CSO partners engage with local decision makers, ranging from village chiefs to health workers, teachers, commune officials and others, to create awareness of disability and to promote an enabling environment. UNICEF partners delivered a range of services, including access to education and health services, parent support, counselling, physical rehabilitation, livelihood support, aural

rehabilitation and arts training. These community-based services have increased the capacity of children and persons with disabilities to actively participate in every-day life. They have contributed to a more enabling environment for participation, and for persons with disabilities to have their voices heard through self-help groups. The partners selected under DRIC demonstrated capacity to deliver services that met gaps in need for children and families with disabilities. Service delivery and access to services remains a challenge for persons with disabilities, as supply and demand often do not meet. This challenge is further exacerbated by distance and localization of services, primarily in major urban capitals.

Output 1.1 Persons with disabilities have increased opportunities to participate and contribute to community life in CDIDF-funded programme areas

Children, people and families with disabilities have had increased opportunities to participate in community life as a result of interventions implemented at the local level through strategically selected CSO partners. All targets for this output have been met or exceeded because of the geographic coverage of the CSO partners covering 18 provinces and the capital, Phnom Penh. Increased opportunities for participation of persons with disabilities in community life was measured through participation in local authority meetings–village, commune, etc.–and active engagement in self-help groups. In total 1,937 members (F: 879 and persons with disabilities: 126) were supported through DRIC. The CSO partners also reported on 509 commune actions to remove barriers to participation of persons with disabilities, for example building a ramp or providing transport to access a service.

Complementary to support for self-help groups, the majority of CDIDF partners conducted awareness-raising activities at the local level on disability and the rights of persons with disabilities, with local decision makers and communities (village chiefs, school directors, commune councillors, teachers). CDIDF partners indicated that awareness raising was a critical first step in introducing the issue and addressing it by providing increased opportunities for participation.

Output 1.2 Improved access to services for persons with disabilities at the community level in CDIDF project areas

All targets for this output were achieved. As a result of 15 CSO partnerships, 16,434 (F: 8,256) beneficiaries were directly reached with support services, while 339,405 (F: 211,883) beneficiaries (with and without disabilities) directly and indirectly benefited from disability-inclusive and specific support services. Beneficiaries of the services provided by the CSOs include men, women, girls and boys with and without disabilities. The services are wide ranging, from mainstream services such as access to education and health to more specialist services such as physical rehabilitation, hearing aids and assistive devices. Other important services accessed relate to income generation (poverty and income remain a significant challenge for families affected by disability), advocacy and creative expression through the arts, peer support and sports. The services were selected for support through DRIC with the intention of addressing gaps in services, geographic coverage, different types of impairment and a range of rights deprivation areas faced by children and persons with disabilities. Equally, with the support of CSO partners, modifications to increase access to public spaces were made. In total, more than 80 public buildings were modified over the life of the project.

Technical capacity development for CSOs was provided by UNICEF, in partnership with Light for the World. This allowed for flexibility in the type of technical support provided and the topics covered. While

for the most part CSO partners have their area of expertise, these were complemented with other topics and learning opportunities. Feedback from partners showed that this element of the partnership added value and deepened the nature of the partnership, to be less focused on transactions and to include a more qualitative element to the relationship[s]. UNICEF's systems and processes contributed to some of the CSOs strengthening their internal financial and results-based management. CSOs reported that, while the processes were complex, the UNICEF requirements obliged them to review their financial planning practices, improve their financial and procurement practices, and increase their ability to report on their work in a results-based manner. Overall, CSOs reported that partnerships with DRIC were a positive experience, with 93 per cent expressing satisfaction with the support received.

Output 1.3 On-going documentation/dissemination of experiences of the CDIDF to influence policy dialogue

Targets for this output were met. DRIC, as well as all CDIDF partners, produced human-interest stories to put a face to the work that was implemented, and produced regular reports and online stories highlighting their work and achievements. These are available upon request. See also Annex II for list of DRIC-supported communications.

Component 4, Outcome 2: Increased capacity of sub-national decision makers in selected provinces, districts and communes to achieve the rights of persons with disabilities

A key focus for UNICEF in all partnerships with government institutions and CSOs was strengthening organizational and technical capacity to deliver within their mandates. Capacity development was pursued through traditional training methods, as well as more creative and collaborative methods which included one-on-one visits, coaching and peer learning.

In collaboration with MoI, DRIC worked to increase the capacity of decision makers in target areas to support the achievement of the rights of children and families with disabilities. This was done through a phased approach which included: in the first year a situation analysis to understand the opportunities and challenges of engaging local authorities for disability inclusion; sensitization to provincial and district level officials on disability in nine focus provinces; the development of a disability inclusion training package in consultation with key stakeholders; training of trainers to establish a group of core trainers within MoI structures; and implementation of the training package at province, district and commune level (including village representation) in Ratanakiri, Kratie, Siem Reap, Battambang, Kandal and Phnom Penh. The targets for this outcome were met and it was qualitatively observed that there is increased capacity and willingness at the national level to include disability into local governance processes, and that at local level the training had a positive impact on participants.

The approach of working through MoI to access local authorities and to work within the D&D reform process proved to be effective, as through MoI, DRIC has been able to access the level of decision makers closest to the relevant people and initiate the mainstreaming of disability into local governance processes. By engaging with MoI through its vertical structures and at local levels (horizontally), a more enabling and inclusive environment has been promoted. This approach is complementary to engaging with disability-specific institutions and has increased the reach of the programme by accessing different line ministry structures. Capacity development work within MoI and at sub-national level was embedded in

core MoI training methods, primarily through the cascade model, which is built around sub-national human resource structures from the national level down to the commune level.

DRIC focused on engaging the national level and developing its core capacities around disability inclusion. This was then passed on to provincial level trainers and then on to district level trainers. The cascade model aims to develop capacities throughout the system, however with changes in human resources at the sub-national level, this way of working should be monitored for effectiveness. It has been observed that capacity within MoI structures at national, provincial and district level to deliver disability inclusion training has been established. There is also increased institutional awareness of disability and its link to good governance, evidenced by successes in systems strengthening. Follow up and institutionalization of the new training content will be critical, in light of the wind-down of DRIC, particularly as, due to governance reforms, capacity development advisors to MoI at all levels no longer exist.

Output 2.1 Government officials in selected provinces, districts and communes have greater knowledge, skills and resources to improve the lives of persons with disabilities

All targets for this output were met or surpassed. As a foundation, DRIC conducted a consultative situation analysis completed in 2014. This was used to inform the work developed under Output 2. A knowledge piece was shared within DRIC and with wider programme stakeholders. Over the course of implementation, there were nine provinces (11 districts)[29] in the output's geographic focus areas for 2014-2015, while in 2016-2017 there were six focus provinces (six districts)[30].

Using a phased approach to capacity development, DRIC, in partnership with MoI, conducted disability sensitization workshops in 2014. They reached nine provinces through two provincial workshops for 211 participants (F: 50, eight persons with disabilities) and four district workshops benefitting 216 participants (F: 59 and eight persons with disabilities). The content was developed by MoI, MoSVY, the DAC and CDPO. Raising awareness was the first step towards increasing capacity to take disability-inclusive governance actions.

In 2015, in close consultation with MoSVY, the DAC, CDPO and CSOs, a training package on disability inclusion into local governance was developed with MoI. Following field testing and validation, the first ToT was conducted in 2015, a second in early 2016 and a third in 2017 to produce a master cohort of 71 trainers (F: 12). The master trainers subsequently implemented the disability inclusion training at sub-national level (province, district and commune) reaching 3,184 (F: 842) beneficiaries in six locations. The master trainers are core MoI trainers who will continue to support the capacity of local authorities, including for disability inclusion.

The only variation under this output was the planned work and output indicator related to the directory of accessible services for persons with disabilities. At the outset of the project, it was envisaged that in cooperation with the DAC, DRIC would support the development and dissemination of a services

[29] Battambang (Phnum Prueck, Sampov Lun), Kampong Cham (Kang Meas), Kampong Speu (Samraong Tong), Kampong Thom (Stoung), Mondulkiri (Ou Reang), Prey Veng (Kamchay Mea), Ratanakiri (O'Chum), Siem Reap (Puok), Svay Rieng (Kampong Rou, Svay Teab).
[30] Battambang (Phnum Prueck), Kratie (Chetr Borei), Ratanakiri (O'Chum), Siem Reap (Puok), Kandal (Kandal Stoeng) and Phnom Penh (Russey Keo).

directory. However, following discussions and drafting of an online service directory with the DAC and other NGOs, DRIC decided to no longer pursue the activity, as GIZ assisted this activity. To avoid duplication and optimize use of funds, DRIC financial inputs were assessed as no longer being required and were reallocated to other work under the component.

Output 2.2 Persons with disabilities have increased opportunities to contribute to decision-making processes in target areas

The target for this output was mostly met. Throughout DRIC implementation, UNICEF regularly (mid-year and annually) collected data on the participation of persons with disabilities in local decision-making processes using a digital and online survey (Magpi). Communes were regularly surveyed and it was found that, on average, 86 per cent reported that persons with disabilities participated in planning processes. This is below the target but during implementation it was found that it takes a long time to change attitudes. Equally, during the last year of DRIC implementation, commune elections were held resulting in new commune councillors who had not benefited from previous sensitization. Through ground-level monitoring, it was found that there was increased capacity among commune-level authorities to prioritize disability into local planning processes, including with increased participation of persons with disabilities. In some instances, communes allocated small amounts of budget for inclusion activities, such as access to services for children and persons with disabilities.

The participation of persons with disabilities in local decision-making processes complemented the training received by MoI and it was observed that communes were willing to include disability as a priority in their commune investment plans. However, the challenge of funding remains and as the commune budgets for social services are small, without additional budget support funding for disability priorities is not always accessed. The small commune-level budgets will remain a constraint, in addition to current low levels of expenditure on social services. It is hoped that the new Commune Expenditure Guideline on Social Services will play a facilitative function in this regard.

Output 2.3 On-going documentation / dissemination of experiences to influence policy dialogue

The target was met for this output. All activities were documented by MoI and shared with relevant stakeholders. In particular, the training materials developed under this component were received and are available for use by any stakeholder. They have been distributed to sub-national levels as a learning resource. A key letter of instruction was issued by MoI to sub-national authorities requiring that new public buildings be constructed so they are accessible for persons with disabilities. A final reflection workshop was held with the six participating provinces and core trainers to look at the experiences and lessons learned. It was intended as a way to document and share experiences, and was a useful opportunity for provinces to learn from each other about how to implement the disability inclusion training and look at ways forward beyond DRIC. MoI and provincial-level officials have indicated that they will incorporate the disability inclusion training into other areas of their core training and will include it in their budget requests so as not to be reliant on donor funds. In practice, this will require advocacy and follow up.

ii. Indicator-Based Performance Assessment

For readability, the indicator table has been included in Annex I.

iii. Evaluation, Best Practices and Lessons Learned

Mid-Term Review

A mid-term review of DRIC[31], conducted by an independent international consultant in March 2016, found that the programme was largely on track in achieving the stated outputs. However, the review raised concerns and provided recommendations on the overall sustainability of the results achieved and the effective programme coordination, communication and synergies across the components, as well as on external communication and coordination.

The following recommendations were suggested:

- Strengthen and increase the coordination and communications around the programme
- Strengthen institutionalization of capacity development
- Continue monitoring of the NDSP review workshop follow-up actions
- Promote the development of provincial level DPOs
- Revise the efficiency of small grants identification and contracting
- Review and revise some of the outputs, targets and indicators as identified by the agencies, across all components
- Place greater focus on advocacy
- Focus future programming mainly on influencing the normative agenda of the government and on related capacity building.

The participating UN organizations prepared a management response to the recommendations that was implemented and reported against over the remaining time of DRIC. This included an extension of the existing grant partnerships, greater inclusion of DPOs in working with NGOs, follow up on the NDSP reflection workshop and actions taken by DAWGs, facilitation of regular dialogue between PWDF and international NGOs, and a functional analysis of the programme coordination. This resulted in a revision of the programme coordination job description and direct technical support to MoSVY. The recommendations and reflections from the mid-term review were also taken into consideration in programming for the last funded year of DRIC. The results of the mid-term review triggered some UN internal reflection on how possible future joint programmes can be designed in a better way to prevent some of the challenges identified. This will be considered for future programme planning and design.

Several studies and reports were conducted during the lifespan of DRIC, and an overview of all documents and publications under DRIC can be found in Annex IV.

Evaluation

Since no additional funding for DRIC was made available after 2017, and the mid-term review had been conducted in 2016, DFAT decided against a final evaluation of DRIC. Instead, DRIC conducted a number of reflective exercises internally and externally to document achievements and lessons learned to inform future programming. These exercises included:

- A DRIC internal reflection workshop with participation from DFAT

[31] Annex V.

- DRIC reflection/consultation with external partners
- MoI strategic reflection workshop on how to take forward the use of the disability inclusion training package (attended by 51 participants – 10 female)
- A CDIDF final reflection workshop, facilitated by Light for the World to identify lessons learned and possible ways forward post-DRIC for CSO partners. The full report is available on request.

Programme-wide challenges and key lessons learned

Some delays in programme implementation occurred but could be mitigated and were reported on accordingly in regular reporting exercises. For more information, please refer to previous annual progress reports. The following points are general challenges and lessons learned, including related to the programme design, coordination and programme governance. Programme-wide lessons learned under the five core areas are included in the relevant sections above. A more detailed lessons learned report from DRIC as a joint programme has been prepared and can be found in Annex VI.

- Despite the important gains made in strengthening government capacity and cross-sectoral commitment to disability, as a priority both remain major challenges, partly due to the lack of a well-functioning coordination mechanism.
- Commune elections in mid-2017 and related changes in government officials (e.g. change in minister or secretary of state with potentially significant implications) as well as the lead up to the national elections scheduled in mid-2018 caused delays in implementing activities. Changes in government affect commune officials' knowledge and can influence the political context for programme implementation at the national level.
- The lack of a funded component dedicated to data is an on-going challenge. Such a component was considered at the outset of the DRIC design but was dropped due to limited resources. Throughout implementation, the lack of sound data, in particular on children with disabilities, and limited clear understanding of the different types of data and how to use it by stakeholders was a challenge.
- Definitions and therefore translation of the terms and concepts related to disability from English to Khmer were a challenge throughout the programme, as there is no standardized disability terminology in Khmer. Establishing a consensus on Khmer texts is a lengthy process.
- Addressing the intersect between gender and disability can be challenging. Equally in governance, where men tend to dominate, achieving gender equality in terms of participation is difficult. Specific efforts to ensure equal participation, opportunities for decision making and benefits from policies and programmes between men and women is required.
- DRIC could have benefitted from more active participation and involvement of the higher levels of the governance structure (programme board, programme management group) and more active strategic oversight.
- The DRIC programme design was very ambitious for less than five years. In light of the 'three plus two years' funding approach, more resource mobilization efforts should be made and partners supported to diversify their funding. At the same time, the design should take into consideration the 3+2 model and align expectations of results accordingly. It should be noted that upstream work

in particular will not yield results as quickly as a three-year programme, and will have less opportunity to influence systems and affect transformational change.

- Despite being a joint programme, activities tended to be implemented in silos. A clearer joint programmatic framework and identified areas for joint implementation with more shared results and clear operational cooperation activities would have been useful, for example, the M&E framework should be designed to allow for whole-of-programme monitoring and capturing data on programme-wide results. A lack of qualitative indicators for M&E made it difficult to measure any transformative change achieved by the programme. The programme should provide qualitative information, enabling upstream work rather than merely being measurable. The design of the joint programme M&E framework can potentially reinforce component results. Potential merits of a joint approach need to be spelled out clearly, and the programme could have benefited from a proper assessment of participating UN organizations' roles in performing assigned tasks.

Strategic policy assistance

- Provision of strategic policy assistance in Cambodia relies on existing relationships with the government. The unique positioning of the UN with the RGC has afforded DRIC opportunities to engage with the government in meaningful ways to influence policy.
- Policy assistance is key but must be accompanied by a dissemination plan, capacity development and support for implementation.
- Future strategic and policy assistance should focus on implementation and budget allocation to the relevant policies, plans, coordination bodies, etc.

Advocacy and awareness raising

- Awareness raising is a building block to effective advocacy and programming; there remains a significant lack of awareness and knowledge about persons with disabilities in communities, services, government systems, etc. This must be addressed in tandem with programming for more effective results.
- Sustained initiatives to address social norms affecting how disability is perceived in society are important. This is not so much advocacy work, but has been found to be directly and indirectly part of the majority of DRIC partner work.
- Advocacy must be complemented by capacity development and the provision of tools that enable partners to put commitments into action.
- Informal advocacy has proven to be effective in the context, however it requires sustained engagement and good relationships with relevant stakeholders. Building trusting partnerships and continuing to provide expertise and quality technical support has proven one of the success factors in this regard.
- Advocacy from and by the disability movement is critical to affecting change; the disability movement should be further supported to effectively perform its advocacy function, as its voice lends credibility to the issues.

- Advocacy outside of the disability sector is key for mainstreaming and to address rights deprivations in other sectors, for example health, WASH, education, etc. Advocacy should not be restricted to disability-specific spaces and institutions.
- Evidence for advocacy is key. Strengthened data will support advocacy efforts, as it will provide an underpinning rationale for the various issues that are advocated for in relation to promoting the rights of persons with disabilities.

Capacity development

- Capacity development is on-going in Cambodia across sectors and there tends to be training fatigue, especially at lower levels of government. Alternative capacity development methods should be explored to be more innovative and sustainable. Cross-learning, coaching, and establishing models of good practice are examples of alternatives to the model of traditional training often followed in Cambodia. Practical supporting tools should be considered to accompany government implementation, especially at sub-national levels.
- Engaging government institutions beyond the technical lead, MoSVY, is key to mainstreaming and promoting a more inclusive environment for persons with disabilities.
- RGC regularly requests support in the form of an 'advisor'. While this model can be effective, it is highly dependent on the individual in the role of advisor and increases the risk of responsibilities within the receiving institution changing.
- Capacity development is a necessary complement to awareness raising but must be complemented by agency (in terms of resources and decision making) in order for it to be effectively applied or put into practice. For example, commune councils have capacity but no budget to implement activities.
- CSO partners have varied levels of organizational capacity and it was found that investing in organizational capacity development, particularly for local CSOs, is critical, as it will improve the quality of the services provided and increase the sustainability potential of organizations.
- The achievements made demonstrate that sustained engagement with different RGC institutions has the potential to embed more inclusive practices and move disability up on the government's agenda and list of priorities.
- Capacity development needs to target the right person, however any turnover or nomination in government is beyond the control of the programme.

Systems strengthening

- Systems strengthening requires long-term sustained engagement, and measuring progress and results requires a mix of quantitative and qualitative indicators.
- Systems strengthening as a transformative result area is well placed with UN agencies due to their work and relationships with host governments. DRIC was able to leverage achievements in systems strengthening in part due to its long-standing and credible relationships with relevant government institutions.

- Disability, as well as rehabilitation, are cross-cutting issues and therefore ensuring system strengthening requires joint involvement and collaboration from several stakeholders. There is a need to interact between different areas, including leadership, planning and coordination, financing, information and the workforce.
- DRIC effectively engaged with a range of systems, not limiting itself to disability-specific systems, to address wider systematic barriers to participation for persons with disabilities. Engaging with health, rehab, governance, social protection, education and public financing systems will be critical for future programming to affect long-term transformative change.

Service delivery

- Partnerships with CSOs can play an important role in service delivery, however sustainability will remain a challenge; investing in CSOs requires a longer-term strategic vision and awareness of the risks of funding and de-funding partners.
- Awareness-raising activities complement service delivery, as they contribute to promoting a more enabling environment, stimulate demand for services, and raise awareness about obligations from the supply side to provide accessible services.
- Referral pathways still need to be strengthened, as people in need of referral are not yet sufficiently aware of institutions to seek advice from, for example for vocational training, employment, access to health care or the disability allowance scheme.
- Rehabilitation is crucial to supporting people's participation in society. However, in Cambodia it is often still seen as a specific service for persons with disabilities and is yet to be recognized as a service for all people.
- Outreach services still play a critical role in reaching the most vulnerable people, and financing mechanisms for this type of service needs to be explored.
- As Cambodia develops, increasingly the government may be able to provide specialized services, however in the interim partnerships between government and non-government organizations could be explored to deliver the needed specialized services.
- Handover of services remains a challenge despite the willingness of involved parties–a phased and strategic plan is required. It could be possible to explore lessons from other experiences, for example, handover of the Krousar Thmey schools to identify challenges and lessons learned.
- Government budget allocation to inclusive and specific services for persons with disabilities needs to be built into line ministry budget formulation and results. This will require on-going advocacy, capacity development and monitoring, particularly by the DAC.

iv. A Specific Story (Optional)

See annex II

Annexes

I. Table of indicator-based performance assessment

II. Success stories

III. Adherence to the programme principles

IV. List of documents produced under DRIC

V. Mid-term review of DRIC, incl. status of implementation of recommendations from the Joint Management Response

VI. DRIC Lessons learned and recommendations from a Joint UN Programme

Annexes

ANNEX I

ii) Indicator Based Performance Assessment

	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Component 1: Supporting Government implementation of the NDSP			
Outcome 1: NDSP implemented through rights-based and inclusive approach **Indicator:** RGC reflects a rights-based & inclusive approach to disability **Baseline:** • New NDSP • Limited knowledge of rights-based & inclusive approach **Planned Target:** • 50% of NDSP responsible ministries/ institutions reflect a rights-based & inclusive approach to implementing policies & programmes	• Successful mobilization of national budget to implement the NDSP by line ministries from US$ 5,000 to US$ 1.2 million and increasing annually. The Disability Action Council has increased their national budget to support operations and programme implementation while the Department of Welfare for Persons with Disabilities of MoSVY has also increased their budget to implement the disability allowance and promoting the employment quota with public and private sector. This highly presented the improved capacity of RGC to respond to the needs and the rights of persons with disabilities. • 10 out of 19 line ministries are actively engaged in the implementation of NDSP. • The national disability law has been reviewed and analyzed with concrete recommendations for RGC to take forward.		• DAC progress report • Disability analysis report • NDSP reflection workshop report

• Disability Law in line with UNCRPD by 2018			
Output 1.1: Capacities of key government structures enhanced to promote rights-based and inclusive approach to implement NDSP			
<u>Indicator 1.1.1:</u> Recommendations of Functional/ capacity assessment reflected in the revised strategic plan/annual work Plan of DAC/DAC -SG	Completed – achieved as planned		• DRIC progress report
<u>Indicator 1.1.2:</u> DAC members and SG staff active in regional networks, exchange of experiences/good practice	As the national coordination body on disability, DAC members and DAC-S were invited to join different conferences, workshops and trainings related disability issue for instance the UNCRPD state parties meeting, disability data training, rehabilitation, workability forum and inclusive governance and so on.		• DAC annual report • DRIC annual progress report
<u>Indicator 1.1.3</u>: Civil servants, including women & persons with disabilities, participate in workshops or other capacity development activities	• Government officials and women with disabilities actively joined the workshops and other capacity development activities conducted by DAC, provincial DACs and DAWGs. • At least 35-40% of women including with disabilities attended.		• Training and workshop reports • Participants list • DAC annual report • DRIC annual progress report

Indicator 1.1.4: New Sub-Decrees / Prakas initiated to revise mandates of DAC, PWDF, DWPWD and/or DRA in accordance with functional/ capacity analysis to clarify roles & functions	• Completed. Role and responsibilities of DAC-SG, Department of Welfare for persons with disabilities, persons with disabilities foundation (PWDF) and Disability Rights Administration (DRA) have been reviewed and reformed in terms of institutional structures, leadership, management and functions. • Over the years, numerous policies, guidelines, sub decrees and Prakas related disability issue have been reviewed and developed by RGC.		• DRIC annual progress report • DAC annual report
Indicator 1.1.5: Extent to which funded activities in DAC-SG work plan achieved	• Partially achieved. • 95% of funded activities were achieved. There are few pending activities will be done after the DRIC programme and will be implemented with national budget.		• DAC annual report
Outcome 2: Increased capacity of DAC to coordinate implementation of NDSP **Indicator:** Annual progress report on implementation of NDSP presented to RGC **Baseline:** inception report **Planned Target:** Annual progress report presented to RGC by end of 1st quarter of each year starting 2016	• Reflection workshops on the implementation of NDSP were conducted annually to review the progress of the implementation of NDSP. • Annual summary progress report submitted to the office of Prime Minister and president of DAC.		• DAC annual report
Output 2.1: Implementation of NDSP is monitored transparently across the whole-of-government			
Indicator 2.1.1:	• 3 M&E trainings were provided to 70 staff of DAC-SG to improve their capacity in monitoring the programmes as well as the report writing.		• DAC annual report

DAC-SG staff trained to efficiently implement M&E framework to monitor NDSP	• A tool to collect data and information on the implementation of NDSP was developed. • DAC set up a M&E team within the disability rights unit.		
Indicator 2.1.2: DAWGs monitor & report on NDSP implementation in ministry/ institution	• 19 DAWGs were established at line ministries and several ministries developed action plans with allocated budget to support the implementation of the NDSP. • 23 provincial DAC were established and received the sensitization workshops on role and responsibility of DAC at sub national level by DAC-SG. • Around 200 government officials from DAWGs and provincial DACs have been invited to the NDSP reflection workshop and meetings.		• DAC annual report
Indicator 2.1.3: Regular NDSP review meetings held with participation of line Ministries, DPOs and civil society	• Completed. 3 consultative workshops were organized annually to review the NDSP implementation with line ministries, DPOs, CSOs and private sector.		• DRIC annual progress report • DAC annual report • NDSP reflection workshop reports
Output 2.2: In-depth analysis of existing disability-related data sources performed and recommendations for improvement of comprehensive disability-related data collection, analysis and utilization provided			
Indicator 2.2.1: Extent to which recommendations for improvement of disability	• The recommendations have been implemented for instance the Washington Group questions were applied to the national survey.		• Joint advocacy minutes • DRIC annual progress report

data adopted by relevant ministries/ institutions			
Output 2.3: Reporting under UNCRPD is completed on time following an inclusive consultative process			
Indicator 2.3.1: Ministries /institutions and other stakeholders, including persons with disabilities and women, participate in consultative workshop to finalise UNCRPD report	• At least 600 participants from government ministries, NGOs, DPOs and development partners were invited to join the consultative workshop conducted by DAC-SG.		• Consultative workshop reports • Annual DAC report • DRIC annual progress report
Indicator 2.3.2: Cambodian UNCRPD report submitted on time	• The report is nearly finalized. It is expected to be submitted to the Council of Minister after the national election (July 2018).		• Annual DAC report
Component 2: Supporting Disabled People's Organizations to raise the voice and protect the rights of all persons with disabilities			
Outcome 1: Increased capacity of CDPO/DPOs to fulfil their mandates **Indicator:** Extent to which CDPO & DPOs fulfil their mandates **Baseline:** Inception of program **Planned Target:** 70% satisfaction by 2018	• The capacity of DPOs has significantly improved in terms of governance, management and implementation to fulfill their roles and responsibilities to advocate and voices their rights at national and sub national level. • The most significant outcome was the recognition from sectoral government ministries, organizations and institutions to CDPO/DPOs as a representative for the voices of persons with disabilities in Cambodia. • 73 DPOs including 10 WWDFs have been registered to promote and advocate the rights of persons with disabilities at their community.		• CDPO annual report • Joint field monitoring report • DRIC annual progress report
Output 1.1: CDPO and DPOs capacitated to act as effective channel for raising the voice of all persons with disabilities			

Indicator 1.1.1: CDPO/DPOs actively participate in meetings of DAC or DAC committees/ working groups	• CDPO and DPOs are actively engaged in the meetings/workshops and conferences, organized by DAC and other formal and informal working groups.		• CDPO annual report • DRIC annual progress report
Indicator 1.1.2: CDPO/ DPOs regularly consult with ministries/ institutions to promote NDSP implementation	• CDPO and DPOs actively engage with the line ministries, NGOs and private sector to promote the NDSP implementation by having one to one meeting, consultative meeting to review the NDSP implementation to provide feedback and input for better implementation.		• CDPO annual report • DRIC annual progress report
Indicator 1.1.3: Extent to which outputs of DRIC-funded activities in CDPO work plan achieved	• Completed		• CDPO annual report • DRIC annual progress report
Output 1.2: 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			
Indicator 1.2.1: Percentage of activities specifically targeting women, girls, boys & men with different types of disabilities in CDPO's work plans	• Data collected on membership is disaggregated by men/women with/without disability and boys/girls with/without disability. • Participations of persons with/without disability in workshop/meeting/training activities at all level. • DPOs membership have reached 21,213 people as persons with disabilities (10,674 men with disabilities, 8,517 women with disabilities, 1,132 boys with disabilities and 890 girls with disabilities).		• CDPO annual report • DRIC annual progress report

Indicator 1.2.2: Percentage of women in governing body of CDPO, DPOs, Federations & SHGs increases by 10%	• Achieved beyond expectation. 30 % of CDPO governing board are women with disabilities while 42% are supporting staff. • CDPO and DPOs have Gender policy that has been reviewed and updated annually.		• CDPO annual report • DRIC annual progress report
Indicator 1.2.3: CDPO's membership of DPOs representing women, girls, boys & men with different types of disabilities at national & sub-national level increases by 20%	• Achieved beyond expectation. 10 DPOs and 20 SHGs were established – 44% of members are women including women with disabilities		• CDPO annual report • CDPO membership database • DRIC annual progress report
Output 1.3: CDPO and DPOs are actively involved in regional networks, exchange of experiences and good practices			
Indicator 1.3.1: CDPO/ DPOs participate in regional events	CDPO/DPOs were actively involved in the regional and Asia Pacific region as CDPO was a former chair of ASEAN Disability Forum for 5 years (2013-2017), as well as members of Disabled People International and International Disability Alliance.		• CDPO annual report
Indicator 1.3.2: Reports and other documents disseminated with lessons learned, exchange of knowledge, and good practices	Achieved beyond expectation. • CDPO Progress annual report • A study report on the implementation of the National Disability Strategic Plan (NDSP) • Disability inclusion checklist for National Election Committee (NEC) • Disability Rights Advocacy Toolkit and Media Guidelines for Reporting on Accessible Elections • Assessment Tools for Elections Management Bodies • Guideline on Political Participation for DPOs in Cambodia • Research on Women with disabilities experiences of disaster		• CDPO annual report • DRIC annual progress report

	• Research report on "Disability Inclusion in the Voter Registration Processes". The challenges, lessons learned and good practices: A Pathway of Disability Inclusion in Political Rights • DPO guideline • Research on Disability and Employment • Study on the Disability Inclusion within the Health sector – advocacy strategy for health		
Outcome 2: Effective inclusion and representation of diverse groups of persons with disabilities			
Output 2.1: Existing DPOs strengthened and new DPOs established to ensure representation of diverse groups of persons with disabilities			
Indicator 2.1.1: # of new DPOs to represent women & children with disabilities & persons with diverse disabilities	Achieved beyond expectation. • 10 DPOs including 5 women with disabilities forums established. • 42% of members are women including women with disabilities		• CDPO annual report • CDPO membership database • DRIC annual progress report
Indicator 2.1.2: # of capacity building activities for existing & new DPOs	• 30 refresher trainings and one training on resource mobilization provided to existing and new DPOs related to project management, disability inclusion and saving policy. • 11 trainings on project proposal, grant management, report writing, theory of change, health and employment advocacy, communication for advocacy, legal aid service, UNCRPD, disability law and MoU preparation. • 17 DPOs network meeting with different themes/topics related to disability issues. • Coaching and mentoring on organizational management and leadership provided to 29 DPOs including 10 WWDFs		• CDPO annual report • DRIC annual progress report • Training reports • Participant lists

Component 03: Supporting rehabilitation systems strengthening			
<u>Outcome 1</u>: Strengthened rehabilitation sector leadership, planning and coordination **<u>Indicator</u>:** Rehabilitation sector coordination mechanism functioning efficiently & effectively **<u>Baseline</u>:** Inception of program **<u>Planned Target</u>:** 80% satisfaction by 2018	• The options and recommendations proposed by the analysis of the transition process for the physical rehabilitation services were agreed by the MoSVY, PWDF and the four rehabilitation INGOs, CDPO and other project counterparts. It was adopted by the Minister of MoSVY in September 2016. As recommended by the report, a five years physical rehabilitation transition plan was finalized and a committee comprising members from PWDF and the 4 international organizations/NGOs is expected to be established in late quarter 2 of 2018. • In addition, a five years rehabilitation strategic plan for the MoH and MoSVY was finalized and is expected to be adopted in early quarter 3 of 2018. The establishment of the national rehabilitation coordination mechanism is one of the activities of this strategic plan and will be established following the adoption of the document.		• Analysis of transition process for physical rehabilitation services • Minutes of meeting with project counterparts on 31st May 2016 • Support letter from MoSVY's Minister on September 2016 • A five years physical rehabilitation transition plan • A five years rehabilitation strategic plan
Output 1.1: Government capacity to lead, regulate and plan the rehabilitation service sector			
<u>Indicator 1.1.1</u>: Quality information available on rehabilitation sector status,	• The secondary analysis of the 2014 Cambodia Demographic and Health Survey (CDHS) on health care utilization of persons with disabilities finalized and co-signed by NIS and WHO. This report	• Workforce report was not	• All these documents are available in

including finances, workforce and service provision for informed decision making enhanced service provision **Baseline:** Inception of program **Planned Target:** Capacity Needs Assessment; Disability analysis within CDHS and Rehabilitation Financing and workforce reports	is publicly available at http://apps.who.int/iris/handle/10665/259426. The report was disseminated on different occasions including at the national dissemination workshop on National Policy and Strategy for Older People Health Care. Hard copies are available upon request. • The capacity needs assessment report of the DWPWD, DPM, PWDF and CDPO finalized for internal use. Key areas of this report include the historical role and evolution of rehabilitation in Cambodia, the inter-ministerial and multi-stakeholder involvement at different levels, and the hard/software capacity at different levels including • The report on rehabilitation financing finalized. 38% of the total US$ 3.1 million of the annual operating expenditure for the physical rehabilitation centres were from the government budget, but other 57% were from international organizations/NGOs and other donors and 0.4% from clients' contribution. Although the information on rehabilitation financing as part of the health service was no available but it was estimated that 60% were contributed from the government budget, 35% from user fees, 4% from HEF and 1% from other. • In addition, analysis on the physical rehabilitation transition, and the assessment of health and rehabilitation services for persons with spinal cord injury in Cambodia were finalized.	conducted but it is planned to include in the WHO regional framework on rehabilitation baseline survey that will take place by early 2019	English, but only some, including the Physical rehabilitation transition analysis and the assessment of health and rehabilitation services for persons with spinal cord injury in Cambodia are available in Khmer
Output 1.2: Establishment of a rehabilitation sector leadership and coordination mechanism			
Indicator 1.2.1: Physical rehabilitation sector	• Technical working group between MoH and MoSVY was established to support the development of the national standards		• Support letter of MoH and

leadership and coordination mechanism established and functioning **Baseline:** Inception of program **Planned Target:** By 2016 5 entities represented; DPO member; At least 2 managerial meetings per year	on physical therapy professional practice (physical therapy standards). Numerous meetings between MoH, MoSVY, rehabilitation stakeholders including CDPO representative were organized and final standards is being prepared for adoption by the two ministries. • Three working groups, (on human resource, on procurement, and on Rehabilitation Management System) under the PWDF-international organizations/NGOs were established and are functional. • Two working groups under the two provincial rehabilitation demonstration projects (PRDPs) were established and are functional. The focus on these working groups was to strengthen the coordination and referral of clients between PRC and health care facilities. • Numerous meetings between PWDF-international organizations/NGOs on the handover of the PRCs and the Orthopaedic Components Factory (OCF) were organized. Key achievements include, pricing list of the OCF materials developed, working groups and their ToR established, List of PRC production materials revised, way forward to implement a 5-years physical rehabilitation transition plan agreed.		MoSVY on the establishment of technical working group for physical therapy standards • ToRs of the Human resource, Procurement, and Rehabilitation Management System • PRDP Report • Minutes of PWDF-international organizations/NGOs meetings
Output 1.3: Development of MoH's role in rehabilitation sector strengthening & service provision			
Indicator 1.3.1: MoH participates in rehabilitation sector leadership mechanism **Baseline:** Inception of program	• Rehabilitation Guidelines for Stroke adopted by MoH and a launching event and two separate three-day training workshops for over 50 health and rehabilitation workforces were organized. • As mention in indicator 1.2.1, the national standards for physical therapy professional practice is being adopted as a result of a		• Rehabilitation Guidelines for Stroke • New national physical therapy standards

Planned Target: At least 2 times per year	joint effort between MoH and MoSVY in collaboration with key health and rehabilitation stakeholders and CDPO. • A national rehabilitation forum was jointly organized by MoH and MoSVY that presided over by the two secretaries of state of the two ministries. • Basic rehabilitation intervention of some selected health conditions including disability screening and physical accessibility were included in the new operational and clinical guidelines of the minimum package of activities for the health centre. In addition, rehabilitation training modules is being finalized to support this minimum package of activities . • The Provincial Rehabilitation Demonstration Project (PRDP) was implemented in three provinces of Battambang, Kampong Cham and Tbong Khmom. As the results, two technical working groups established, numerous trainings were provided to health staff and local authorities, and the access of new clients to PRCs increased. • Physical therapy services were available in 46 of the 102 national and provincial health care facilities. • Physical accessibility for persons with mobility difficulty is included in the new national guidelines for WASH in health care facilities. • The Physical Therapy curriculum was upgraded from Associate Bachelor to Bachelor degree. Four years bridging course is being provided in the University of Health Science (UHS).		• Minutes of a national rehabilitation forum • New minimum package of activities guidelines (operational and clinical) • PRDP report and PRC annual statistics • Rehabilitation financing report • New national guidelines for WASH in health care facilities
Indicator 1.3.2: Disability and rehabilitation trainings for hospital, health centre &	• Two projects on PRDP were implemented in three provinces of Battambang, Kampong Cham and Tbong Khom. PRDP in Battambang covered 15 health centres and 3 referral hospitals		• PRDP Annual Reports (2014-2015 and 2016-2017)

village volunteers through PRDP **Baseline:** Inception of program **Planned Target:** # of trainings by end of 2016; # of Civil Servants trained	(RH), and PRDP in Kampong Cham covered four operation districts (ODs) 20 health centres. • The documentation of good practices, lessons learned and supporting tools on the PRDP in Kampong Cham was disseminated at the national rehabilitation forum. Promoting the collaboration and coordination with health care facilities, local authorities and village volunteers including service users in identification and referral of people to get rehabilitation were the key approaches of this demonstration project. • Similar approach was extended to Prey Veng, Phnom Penh, Kampong Chnang and Preas Sihanouk provinces in the first quarter of 2018. • As a result, 1,144 people including health and rehabilitation practitioners, local authorities, and persons with disabilities and service users were received relevant trainings on rehabilitation and disability. This number includes 326 government civil servants, 38 persons with disabilities and 393 women. • 120,350 leaflets and 500 posters on the referral pathway for clients with clubfoot, torticollis, fracture, amputation, and Hemiplegia were distributed		• Training reports on: rehabilitation guidelines for Stroke; Training of physical therapy on sciatica and fracture post-operation; Training on spinal Orthotic Management • Posters and Leaflets
Indicator 1.3.3: Good practice & lessons learned from Provincial Development Rehabilitation Project (PRDP) implemented in other provinces **Baseline:** Inception of program **Planned Target:** 2 provinces by 2017			• Report on: Learning from experience of the PRDP in Kampong Cham
Output 1.4: Development of a national vision for rehabilitation and support services provision			
Indicator 1.4.1: Working group established & functional to develop	In addition to the progress made as indicated in the Output 1.2, a technical working group on Rehabilitation Management System was established and other technical tools including the Quality Assurance	A national rehabilitation working group	

national rehabilitation strategy **Baseline:** Inception of program **Planned Target:** By end of 2017; # of entities represented in working groups; Quarterly meetings	(QA) standards will be finalized and will be consolidated in the new standard working procedures.	will be established upon the adoption of the national rehabilitation strategic plan aiming to strengthen coordination, support the implementation and monitoring of the strategic plan.	
Indicator 1.4.2: National rehabilitation strategy developed and adopted **Baseline:** Inception of program **Planned Target:** By 2018	• Numerous stakeholders were consulted and written comments were consolidated in the final draft Rehabilitation strategic plan and a translated version of this document is also available for the Preventive Medicine Department and the DWPWD to proceed with the adoption. Five strategic goals with 25 strategic objectives were identified, and key activities, indicators and a timeframe were developed and responsible institutions were identified. • In addition, a five years physical rehabilitation transition plan 2018-2022 was finalized and specific actions to ensure the sustainable handover and the establishment of an implementation		Final draft versions (Khmer and English) of Rehabilitation strategic plan 2018-2020 Final draft versions (Khmer and English) of a Physical

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<td>and morning platform were agreed by PWDF and international organizations/NGOs.
• A regional framework on rehabilitation for the Western Pacific is in the consultative process with all the Member States (MS), including the Cambodian government and key stakeholders. This document will be presented and adopted by all the MS at the 69th session of the Regional Committee for the Western Pacific.</td>
<td></td>
<td>rehabilitation transition plan 2018-2020 and its meeting minutes

Draft version of a Regional Framework on Rehabilitation for the Western Pacific</td>
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<tr>
<td colspan="4">Outcome 2: Increased access to quality rehabilitation services</td>
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<td>Indicator 2.1: Increase in # of people accessing all PRC services
<u>Baseline</u>: 27,225 people (2013)
<u>Planned Target</u>: Total # of clients; # of Women, # of Girls; # of Boys; # of landmine/ERW survivors; # of new/replacement prostheses; # of repairs</td>
<td>• A total number of 105,856 (26% female, 47%[1] <18y) all client received services from 11 PRCs from 2014-2017 with an average of 26,464 clients per year which represented of 3% decrease compared to 2013.
• The decrease also affected to most of the services which represented an average of 3% per year compared to 2013.
<table>
<tr><th>Key data</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th></tr>
<tr><td>All clients</td><td>27,225</td><td>26,203</td><td>26,920</td><td>26,490</td><td>26,243</td></tr>
<tr><td>New Clients</td><td>3,977</td><td>3,499</td><td>3,702</td><td>3,774</td><td>3,595</td></tr>
<tr><td>Prosthesis and orthosis production</td><td>7,180</td><td>7,126</td><td>7,161</td><td>7,110</td><td>6,992</td></tr>
<tr><td>Repairs</td><td>12,880</td><td>12,057</td><td>13,055</td><td>13,454</td><td>12,795</td></tr>
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<td>The main reasons contributed to this decrease were:
• The absence of clear handover plan from INGOs to PWDF
• The limited technical and financial capacity,</td>
<td>• Report on 11 PRCs statistics and key indicators, 2012-2017</td>
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[1] Excluding data of the two PRCs supporting by ICRC due to the absence of data on the number of children <18y in 2014.

PT treatment	44,536	41,043	60,609	52,609	59,803	
Source: PRC statistics and key indicators, 2012-2017						

especially in taking over the full management of the OCF from ICRC at the beginning of 2016. This resulted with the decrease in quantity of the orthopedic components production to supplies to the 11 PRCs. In addition, international organizations/NGOs were entitled to pay for these productions

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<td>instead of free of charge as they did in the past
• OCF and PRCs experienced a long delay in receiving production materials purchased with the government budget.</td>
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<td><u>Indicator 2.2</u>: Increase in people accessing services at Takeo and Siem Reap PRC
<u>Baseline</u>: 2383 people (2013)
<u>Planned Target</u>: Total # of clients; # of Women, # of Girls; # of Boys; # of landmine/ERW survivors; # of new/replacement prostheses; # of repairs</td>
<td>• The PRSS was started from last quarter 2014. A total of 9,925 (16% female and 18% <18years) all clients received services from Takeo and Siem Reap PRCs from 2014-2017.
• Per below table, the number of all clients received services from these PRCs was increased by 18% in 2016 and 17% in 2017, but decreased by 13% in 2014 and 6% in 2015 compared to 2013.
• Most of the services were increased in the last two years 2016 and 2017 compared to 2013, but decreased in the first two years 2014 and 2015 except the prosthesis and orthosis PO production and physical therapy treatment in 2015.

<table>
<tr><td>Key data</td><td>2013</td><td>2014</td><td>2015</td><td>2016</td><td>2017</td></tr>
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<td>.</td>
<td>• PRSS reports
• Report on 11 PRCs statistics and key indicators, 2012-2017</td>
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<tr><td>All clients</td><td>2,383</td><td>2,079</td><td>2,250</td><td>2,813</td><td>2,783</td></tr>
<tr><td>New Clients</td><td>464</td><td>297</td><td>323</td><td>575</td><td>281</td></tr>
<tr><td>PO production</td><td>438</td><td>378</td><td>571</td><td>488</td><td>443</td></tr>
<tr><td>Repairs</td><td>1,268</td><td>1,167</td><td>1,137</td><td>1,460</td><td>1,850</td></tr>
<tr><td>PT treatment</td><td>4,132</td><td>3,699</td><td>7,030</td><td>5,496</td><td>5,001</td></tr>
<tr><td colspan="6">Source: PRC statistics and key indicators, 2012-2017</td></tr>
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<td><u>Indicator 2.3</u>: # of people accessing rehabilitation services through PRSS
<u>Baseline</u>: Inception of program
<u>Planned Target</u>: Total # of clients; # of Women, # of Girls; # of Boys; # of landmine/ERW survivors</td>
<td></td>
<td>

9 out of the 11 PRCs and 1 OCF were supported through PRSS. A total budget of PRSS allocated in 2016 was represented 5% of a total 3,081,153 expenditures in 2016.[2]
A total of 61,922 (31% female and 41% <18years) all clients received services from these PRCs from 2014-2017.
An average of 5% decreased in most of the services in each year compared to 2013.

<table>
<tr><th>Key data</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th></tr>
<tr><td>All clients</td><td>16,662</td><td>16,020</td><td>15,626</td><td>15,121</td><td>15,155</td></tr>
<tr><td>New Clients</td><td>3,051</td><td>2,555</td><td>2,879</td><td>2,848</td><td>2,322</td></tr>
<tr><td>PO production</td><td>4,417</td><td>4,304</td><td>4,663</td><td>4,400</td><td>4,219</td></tr>
<tr><td>Repairs</td><td>5,328</td><td>5,253</td><td>5,065</td><td>5,402</td><td>5,745</td></tr>
</table>
</td>
<td>

The aim of the PRSS was to prevent further decrease in services due to the handover of the physical rehabilitation from international organizations/NGOs to

</td>
<td>

PRSS Annual reports
Report on 11 PRCs statistics and key indicators, 2012-2017

</td>
</tr>
</table>

[2] Rehabilitation financing report, WHO 2017

		PT treatment	35,032	33,324	41,382	31,877	31,661	PWDF/ MoSVY	
		Source: PRC statistics and key indicators, 2012-2017							
Indicator 2.4: % of users reporting satisfaction with quality of PRC services **Baseline:** TBD **Planned Target:** 75% user satisfaction	• Siem Reap PRC: 80 clients were surveyed in 2016 and 90% reported they were completely satisfied and 10% moderately satisfied. In 2017, 64 clients were surveyed and 91% reported they were completely satisfied and 9% were moderately satisfied. • Kampong Cham PRC: 236 clients were surveyed in 2016 and 98% reported they were highly satisfied, and in 2017, 220 clients were surveyed and 100% reported they were completely satisfied. • Phnom Penh, Kampong Chhnang and Sihanouk PRCs: 60 clients were surveyed in 2017 and 62% completely satisfied and 38% satisfied.								PRSS Reports from HI (2016 and 2017), PWDF (2016 and 2017) and Exceed (2017)
Output 2.1: Increase capacity of MoSVY and PWDF to effectively and efficiently manage Physical Rehabilitation Centres (PRC) and support their transition from INGO									
Indicator 2.1.1: # of PRCs implementing PRC management system **Baseline:** Standard Working Procedures **Planned Target:** New SWPs by 2016; New SWPs implemented in 11 PRCs from 2016	• As indicated in indicators 1.3.1, the new national standards on professional physical therapy practice is in the adoption process. • The global standards for Prosthetics and Orthotics (PO) were translated in Khmer to support the revision of the national PO standards as per request of DWPWD as well as KhAPO. • The reporting of the 11 PRCs statistics finalized and standardized across PRCs. In addition, web-based system for the PRC statistics reporting is being finalized. • The Client Satisfaction Survey questionnaire was finalized but implementation across PRC has not started yet.							In addition, following the establishment of the Technical Working Group on Rehabilitation Management System other technical tools including the Quality Assurance (QA)	• PT Standards and Global PO Standards in Khmer and English. • Report on 11 PRCs statistics and key indicators, 2012-2017 • Client Satisfaction

		standards will be finalized and will be consolidated in the new standard working procedures.	Survey questionnaire
Indicator 2.1.2: Tools to measure quality of services & satisfaction of users developed & operationalized **Baseline:** No standard tools available **Planned Target:** Standardized tools available by 2016; 11 PRCs using standardized tools from 2016		As mentioned above, each institution still applying their own Client Satisfaction Survey's questionnaires while this tool is not yet standardized across the PRC. However, this activity together with the review of the new standard working procedures is planned under	

<table>
<tr><td></td><td></td><td>the 5 years transition plan.</td><td></td></tr>
<tr><td><u>Indicator 2.1.3</u>: Sustainable service models developed & adopted
<u>Baseline</u>: Inception of program
<u>Planned Target</u>: Cost calculation tools available by 2016</td><td>• Price lists for local and imported orthopedic components of the Orthopedic Component Factory were developed.
• The cost allocation tools were developed in March 2016 and piloted for 6 months and it is implemented since then at the PRC of Kampong Cham PRC. HI plan to collaborate with the PWDF to introduce the tool to other PRCs in 2018 and VIC expressed its interest regarding this tool.
• Costing of PRC services was introduced for the provision of services to garments workers who covered by the National Social Security Fund (NSSF)</td><td>In collaboration with PWDF and other international organizations/NGOs HI is happy to share and introduce the data analysis methodology of the tool to the other PRCs.</td><td>• Price lists of OCF and PRC’s services
• PRSS Reports from HI</td></tr>
<tr><td><u>Indicator 2.1.4</u>: % of civil servants working in PRCs
Baseline: 36% of total workers
<u>Planned Target</u>: At least 60% of total workers by 2018</td><td>• In 2017, 35% of the 11 PRCs staff was government civil servants; however, the government staff (contractual and civil servants) was represented 69%.
<table>
<tr><th>PRC Staff Status</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th></tr>
<tr><td>Government civil servant</td><td>123</td><td>117</td><td>115</td><td>111</td><td>109</td></tr>
<tr><td>Government contractual</td><td>143</td><td>139</td><td>146</td><td>141</td><td>106</td></tr>
<tr><td>international organizations/NGOs contractual</td><td>75</td><td>69</td><td>60</td><td>65</td><td>95</td></tr>
<tr><td>Other (volunteer)</td><td>0</td><td>0</td><td>0</td><td>2</td><td>2</td></tr>
<tr><td>Total</td><td>341</td><td>325</td><td>321</td><td>319</td><td>312</td></tr>
<tr><td colspan="6">Source: PRC workforce-Excel file, 2013-2017</td></tr>
</table></td><td>• PWDF is a public institution</td><td>• List of PRC staff</td></tr>
</table>

Output 2.2: Community Based Rehabilitation implemented in line with WHO CBR Guidelines			
Indicator 2.2.1: Capacities to implement CBR in line with WHO CBR Guideline principles & approaches enhanced **Baseline:** Inception of program **Planned Target:** Bi-annual Rehabilitation and CBR forum; MoSVY & MoH participate in Asia Pacific CBR forum; MoSVY & MoH participate in global CBR forum	• Two national rehabilitation forums organized. The 1st forum was jointly organized by MoSVY, DRIC and CBR operators and 147 people participated. The 2nd workshop was jointly organized by MoH and MoSVY and over 90 participants attended. • The ToR of National CBR Coordination Committee finalized following the consultation with MoSVY, CBR operators and Disabled People Organization (DPO). • The rehabilitation sector study tour on leadership and CBR in Malaysia was organized in March 2016 and eight people at policy and operation levels from MoH, MoSVY, Disability Action Council (DAC) and DPO were participated. • The Secretary of State and the Director of DWPWD of MoSVY were supported to attend the 2nd World CBR Congress in Malaysia in September 2016. In addition, two people from the Disabled People Organizations were full sponsored by the 2nd world congress through WHO	The national CBR coordination committee will be ready by 2nd quarter 2017 after the approval from MoSVY's Minister	• Reports of the Rehabilitation forums • ToR of the National CBR Coordination Committee • Minutes of meeting • Rehabilitation sector study tour report
Indicator 2.2.2: National CBR Guideline reflects the WHO CBR Guideline principles and approaches **Baseline:** 2010 National CBR Guideline **Planned Target:** Revised CBR Guideline adopted by 2017	Canceled, clarification at global level on the current CBR guidelines is very crucial.	The future direction and clarification of the CBR is being discussed. At the global level due to the different understanding and	

<table>
<tr><td></td><td></td><td>implementing of CBR are different from one country to another. Some countries implement CBR as a rehabilitation intervention based in community and the others implement CBR as the inclusive development agenda.</td><td></td></tr>
<tr><td colspan="4">Output 2.3: Increased government financial investment in rehabilitation services delivery</td></tr>
<tr><td><u>Indicator 2.3.1</u>: RGC investment in physical rehabilitation increased against baseline
<u>Baseline:</u> 27% of total expenditure of 11 PRCs and Component Factory
<u>Planed Target</u>: At least 50% of total expenditure by 2018</td><td>A total of US$ 1,156,180 of the government budget was invested to the 11PRC, 3 repairs workshops and 1 OCF. This number represented 38% of the total expenditure of US$ 3,081,153 of these facilities. However, this investment was increased by 51% compared to a total amount of US$ 765,447 they invested in 2013.[3]
<table>
<tr><td>Institutions</td><td>2013</td><td>2016</td></tr>
<tr><td>RGC</td><td>765,447</td><td>1,156,180</td></tr>
</table></td><td>Information of the 2017 expenditures is not yet available. However, as per current government commitment</td><td>Rehabilitation financing report, WHO 201</td></tr>
</table>

[3] Report on Rehabilitation financing, WHO 2017

	international organizations/NGOs	1,918,700	1,749,332		only a maximum of 10% would be increase per year.	
	Other Donors (DRIC through PRSS)	-	163,641			
	Client volunteer fee	-	12,000			
	Total	**2,684,147**	**3,081,153**			
Component 04: Inclusive governance and inclusive community development						
Outcome 1 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 **Indicator:** **Baseline:** Inception of CDIDF **Planned Target:**						
Output 1.1 Persons with disabilities have increased opportunities to participate and contribute to community						

life in CDIDF-funded programme areas			
Indicator 1.1.1 Persons with disabilities are represented in Commune Council, WCCC and/or CCWC to contribute to decision-making processes **Baseline:** Inception of CDIDF **Planned Target:** 12 Commune Councils, 5 WCCC, 12 CCWC, 20 PWDs, 12 women	865 PwDs (F: 309, CwDs: 131)		• CDIDF partner reports • UNICEF monitoring reports
Indicator 1.1.2 Number of commune interventions carried out to remove barriers to participation for persons with disabilities **Baseline:** Inception of CDIDF **Planned Target:** 24 communes, 24 activities	509 communes		• CDIDF partner reports • UNICEF monitoring reports
Indicator 1.1.3 Persons with disabilities enjoy increased	196 SHGs with 1,937 members (F: 879 and PwDs: 126)		• CDIDF partner reports

participation and inclusion in community life **Baseline:** Inception of CDIDF **Planned Target:** 12 SHGs supported, # of members, # of PWDs, # of women			• UNICEF monitoring reports
Output 1.2 Improved access to services for persons with disabilities at the community level in CDIDF-project areas			
Indicator 1.2.1 Civil society organizations (CSO) supported to deliver services to persons with disabilities and track service provision **Baseline:** Inception of CDIDF **Planned Target:** 15 CSOs receiving CDIDF grants, 6 capacity building activities for CDIDF partners, 75% CSO satisfaction	Target met. 15 grant partners agreements with UNICEF and to achieve planned results and implement the corresponding activities. CSOs were regularly surveyed for their satisfaction regarding the partnership with UNICEF – in total 93% reported satisfaction with the partnership, including support received and the capacity development opportunities.		• CDIDF partner reports • UNICEF training reports • Satisfaction survey tool
Indicator 1.2.2 Persons with disabilities have access to	A total of 339,405 (F: 211,883) beneficiaries (with and without disabilities) directly and indirectly benefited from disability-		• CDIDF partner reports

community-based services through CDIDF projects **Baseline:** Inception of CDIDF **Planned Target:** 12 provinces, 12 districts, 24 communes, 12 new services, # of PWDs: # of women, # of girls, # of boys, # of mine/ ERW survivors	inclusive and specific support services in the 18 targeted provinces including Phnom Penh Capital. In total, 16,434 (F:8,256) persons with disabilities directly benefitted from the CDIDF initiatives, of which 8,693 (F: 3,632) were children with disabilities, representing 11 % of total direct beneficiaries.		• UNICEF monitoring mission reports
Indicator 1.2.3 Families indirectly benefit from CDIDF projects **Baseline:** Inception of CDIDF **Planned Target:** # of families, # of people	35, 244 indirect beneficiaries (persons with disabilities) were reported over DRIC implementation		• CDIDF partner annual reports
Indicator 1.2.4 Accessibility of public spaces in CDIDF project areas improved **Baseline:** Inception of CDIDF	152 ramps; 118 accessible toilets built and/or renovated in schools and Health centres and for persons with disability and families; 1 renovated house		• CDIDF partner reports • UNICEF monitoring reports

Planned Target: # of new ramps, # of new/ adapted spaces			
Output 1.3 On-going documentation /dissemination of experiences of the CDIDF to influence policy dialogue			
Indicator 1.3.1 Reports and human-interest stories produced and disseminated on CDIDF-funded projects **Baseline:** Inception of CDIDF **Planned Target:** 6 reports or human-interest stories	Target met. Progress and final reports from 15 CDIDF partners available. 13 blogs produced on CDIDF partner work. 5 capacity development workshop reports Numerous short good news stories from CSO partners are available.		• CDIDF partner reports • UNICEF monitoring reports
Outcome 2 Increased capacity of subnational decision-makers in selected provinces, districts and communes to achieve the rights of persons with disabilities **Indicator:** **Baseline:** **Planned Target**:			

Output 2.1 Government officials in selected provinces, districts and communes have greater knowledge and skills resources to improve the lives of persons with disabilities			
Indicator 2.1.1 Situation analysis identifies barriers to the participation of persons with disabilities and solutions for removal **Baseline:** None – no up to date sitan available. **Planned Target:** June 2014	Target met. Report is available in English and Khmer.		• Situation analysis report • Situation analysis summary presentation
Indicator 2.1.2 Selected provinces, districts and communes for implementation of activities **Baseline:** 9 provinces, 11 districts, 101 communes **Planned Target:** 9 provinces, 11 districts, 50 communes	Target met. Select geographic areas identified and agreed upon with MoI for 2014 and 2015 aligned to the previous UNICEF Country Programme – this was 9 provinces and 11 focus districts. In 2016, new target areas were identified and agreed upon between MoI and UNICEF to align with UNICEF's new Country Programme and geographic focus areas of work. Re-alignment with UNICEF's programming areas was to converge with other UNICEF interventions and maximize the reduced funds in a more		• Situation analysis • MoI/NCDD report • DRIC report

	concentrated manner. The capacity development work, training as rolled out in: - 1 district of Ratanakiri - 1 district of Kratie - 1 district of Battambang - 1 district of Siem Reap - 1 district of Kandal - 1 Sangkat of Phnom Penh Total number of communes included was 54 and 8 sangkats		
Indicator 2.1.3 Training of trainers (ToT) course on inclusion of persons with disabilities developed for sub-national decision-makers **Baseline:** Inception of programme **Planned Target:** By third quarter 2015	Target met. Training of Trainers package was 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. English version was completed in Q3 – the final Khmer versions required further revisions into 2016.		• ToT training package • DRIC consultancy report
Indicator 2.1.4 ToT on disability inclusion conducted for sub-national trainers **Baseline:** Inception of programme	Target met. First Training of Trainers (ToT) course was completed in Dec 2015 with 20 participants. The participants came from Battambang (2), Kratie (2), MoI/DDC (6), MoI/NCDD Capacity Building Advisors (2) and CDPO/DPO (8).		• MoI/NCDD reports • ToT consultancy report • UNICEF monitoring

Planned Target: ToTs, 10 national trainers, 45 sub-national trainers, 30% women, 2% PWDs	A second ToT was held in May 2016 with a total of 23 participants [F: 2 (9 %) and PwD: 6 or 26 %]. The participants were: 12 from MoI (DDC Deputy Directors (3), DDC technical staff (3), Deputy Governors (2), NCDD Capacity Building Advisors (2), Capacity Building Advisors – provincial level (2) and 11 [Programme coordinator (1), Programme Managers/officers (4), Technical Staff (4) and DPO Directors (2) from CDPO/DPO. In 2017, 2 additional ToT trainings were conducted in March and April respectively with a total of 64 participants [F: 14 (21%) and PwD: 3 (4%)]. Participants were sub-national level trainers from 5 provinces and 1 capital administration (Battambang, Kratie, Ratanakiri, Siem Reap, Kandal and Phnom Penh) from 6 units/divisions (PID, HRD, Capacity Building Adviors, District Advisors, PoSVY and DPO)] with participation/observation from 2 CDIDF partners: Caritas-CCAMH and KHEN).		
Indicator 2.1.5 Trainings on disability inclusion conducted for sub-national decision- makers **Baseline:** Inception of programme **Planned Target:** 5 trainings, 50 communes, 150 participants, 30% women, 2% PWDs	Target met. 73 sub-national trainings 3,184 - 842 women (26 %) - participants 5 provinces and Phnom Penh; 5 districts and 1 Khan (1 district in each province/capital); 54 communes and 8 Sangkats. Participation by persons with disabilities was limited; MoI had limited capacity invite and persons with disabilities were not easily mobilized.		• MoI/NCDD reports • ToT reports • UNICEF monitoring

Indicator 2.1.6 Sensitization workshops conducted to raise awareness on disability issues at provincial level **Baseline:** Inception of programme **Planned Target:** 2 workshops, 200 participants: 30% women, 2% PWDs	Target met in 2014. 2 provincial workshops were held in 2014 with 211 participants, 50 women (25%), 8 PwD (3%).		• Workshop reports
Indicator 2.1.7 Sensitization workshops conducted to raise awareness on disability issues at district level **Baseline:** Inception of programme **Planned Target:** 3 workshops, 200 participants: 30% women, 2% PWDs	Target met. 4 district workshops completed with 216 participants, 59 women (27%), 8 PwD (3%).		• Workshop reports
Indicator 2.1.8 Knowledge, attitudes and practices of local decision-makers to promote inclusive local governance and community development improved	Target met. Level of knowledge: 3% outstanding, 35% good and 49% basic Improved attitudes: 93%		• Questionnaire distributed at workshops • Assessment survey

Baseline: TBD **Planned Target:** 50% improvement in knowledge, 50% improvement in attitudes, 50% improvement in practices	Only anecdotal evidence of improvement in practices identified.		conducted by MoI in 2016
Indicator 2.1.8 Directory of accessible services for persons with disabilities developed and disseminated **Baseline:** Draft directory **Planned Target:** On-line database, 2,000 directories printed, 2,000 directories disseminated	Target not met and dropped. Activity and its corresponding indicator and target were dropped in 2016. A draft directory was produced as part of sitan at disseminated at the time. In 2015, UNICEF reviewed the online service directory, hosted by DAC, in collaboration with GIZ and HI.	Incomplete. This activity was dropped. GIZ provided assistance so UNICEF financial inputs no longer required. Funds were reallocated.	• Directory of services • DRIC report
Indicator 2.1.10 MoI/NCDD engaged to promote inclusive governance and community development in target areas **Baseline:** Inception of the programme	Target met. UNICEF regularly met with MoI and communicated via telephone and e-mail. A positive working relationship was established over the course of implementation. Annual Work Plans for 2014, 2015, 2016 and 2017 have been fully and successfully implemented.		• MoI/NCDD report, UNICEF meeting notes, MoI/NCDD work plan

Planned Target: Six weekly meetings with UNICEF, agreed work plan, ToT endorsed by MoI			
Output 2.2 Persons with disabilities have increased opportunities to contribute to decision-making processes in target areas			
Indicator 2.2.1 Persons with disabilities included in commune planning processes in target communes **Baseline:** 2014 -85 % of 41 surveyed communes 205-2017 - 57% of 22 communes **Planned Target:** 2014 - 100% of surveyed target communes, # of communes surveyed 2015-2017 - 100% of surveyed target communes, # of communes surveyed	Target on track. Baseline was established in 2014. However, in order to reflect the change in geographic focus, a new baseline and target was established in 2015. The new geographic focus areas had had less UNICEF support so the target was revised down. In 2015, 87% of communes included persons with disabilities. However, by end of 2017, 63% of surveyed communes reported including persons with disabilities in planning processes. 16 out of 22 surveyed communes/sangkats (73%) report having invested or planning to invest in social services related to persons with disabilities. Supports included transportation to access health services, school uniforms and books, assistive devices and water filters. Overall, there was a measured change in participation and prioritization of persons with disabilities.		• UNICEF area reports • UNICEF monitoring reports • Survey tool
Output 2.3			

On-going documentation /dissemination of experiences to influence policy dialogue			
Indicator 2.3.1 Reports and human-interest stories produced and disseminated **Baseline:** Inception of programme **Planned Target:** 4 reports or human-interest stories	Target met. MoI submitted reports on the sub-national training: • 2 reports on the ToT training • 2 consolidation reports on sub-national training on disability inclusion • 1 report on Impact Assessment on Disability Inclusion at sub-national administration 1 report on the final reflection workshop conducted in 2018		• UNICEF monitoring missions • Reports/documents produced.

ANNEX II

Success stories

On the occasion of the International Day of Persons with Disabilities in December 2017, DRIC organized a public photo exhibition on "Celebrating Abilities" in Cambodia's biggest shopping mall. The more than 20 exhibition pieces were on display for one week and during a special event with participation from the DRIC Programme Executive Board and with DRIC partners, there was a dance performance by Epic Arts attracting much public attention. The following are the exhibition pieces, adapted to fit the reporting format. Additional human-interest stories and communication material have been produced by the PCT and the PUNO and posted as blogs, or facebook posts. Many are available online as follows

DRIC Facebook page (and selected posts): https://www.facebook.com/dric.org.kh/

https://www.facebook.com/dric.org.kh/videos/1660586237340219/
https://www.facebook.com/dric.org.kh/videos/1557704360961741/

CDPO Facebook page: https://www.facebook.com/cdpo.org/

DAC Facebook page: https://www.facebook.com/DACCambodia/

UNDP blog posts

http://www.kh.undp.org/content/cambodia/en/home/ourperspective/creating-an-inclusive-and-equitable-society-for-persons-with-disability.html
http://www.kh.undp.org/content/cambodia/en/home/ourperspective/the-challenge-of-data-collection--how-many-invisible-persons-wit.html
http://www.kh.undp.org/content/cambodia/en/home/blog/time-to-rethink-and-rework-the-rules.html

Krousar Thmey (KT)

Krousar Thmey - football for blind children: https://www.youtube.com/watch?v=HtJvWeEfkXA
Krousar Thmey TV Spot 2017 on Special Education: https://www.youtube.com/watch?v=mkrLtjbVjaE
KT Radio Spot 2017 on Special Education: https://www.youtube.com/watch?v=UPAd620B6Uo
KT tutorial videos:
https://www.facebook.com/krousarthmeyfoundation/videos/1368361283263451/
https://www.facebook.com/krousarthmeyfoundation/videos/1369158219850424/
https://www.facebook.com/krousarthmeyfoundation/videos/1371746929591553/
https://www.facebook.com/krousarthmeyfoundation/videos/1372498582849721/
https://www.facebook.com/krousarthmeyfoundation/videos/1373350882764491/
https://www.facebook.com/krousarthmeyfoundation/videos/1373554009410845/

Epic Arts

Mark Ronson Uptown Funk ft Bruno Mars (Parody) Epic Arts Cambodia & UNICEF:
https://www.youtube.com/watch?v=j9LgmuEVex0
Dancing Makes Me Stronger - Thouen: https://www.youtube.com/watch?v=ixwkFo0FmtM
Be a leader – Sokny: https://www.facebook.com/everypersoncounts/videos/10159304089800261/
I have ability – Thou: https://www.facebook.com/everypersoncounts/videos/10159252956790261/
I can do my own thing – Savy: https://www.facebook.com/everypersoncounts/videos/10159028811810261/
I can learn – Buntheng and Nak: https://www.facebook.com/everypersoncounts/videos/10159121751360261/

UNICEF blog posts

http://unicefcambodia.blogspot.com/2015/12/disabling-karma-reflections-on-buddhism.html

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

https://unicefcambodia.blogspot.com/2016/11/volleyball-for-all.html

https://unicefcambodia.blogspot.com/2016/11/cambodian-teenager-defies-disability.html

https://unicefcambodia.blogspot.com/2016/10/deaf-students-reaping-rewards-from.html

https://unicefcambodia.blogspot.com/2016/08/bridging-gap-creating-equal-life-and.html

https://unicefcambodia.blogspot.com/2016/02/the-birth-of-cambodias-first-accessible.html

http://unicefcambodia.blogspot.com/2017/07/disability-not-inability-one.html

http://unicefcambodia.blogspot.com/2017/08/how-parents-support-groups-are-changing.html

http://unicefcambodia.blogspot.com/2017/10/simple-measures-big-difference-for.html

http://unicefcambodia.blogspot.com/2017/11/a-teachers-quest-to-leave-no-child-behind.html

http://unicefcambodia.blogspot.com/2018/02/epic-arts-how-inclusive-art-is-changing.html

http://unicefcambodia.blogspot.com/2018/03/listening-in-effectively-managing.html

https://unicefcambodia.blogspot.com/2018/05/specialist-care-provides-new-lifeline.html

Photos from CDIDF workshops (LftW)

https://www.youtube.com/watch?v=xiBJi3bDJYQ&feature=youtu.be

One Minutes Jr videos (not funded by DRIC)

https://www.youtube.com/playlist?list=PLBI5eSBaGY7mKE-V7OqztiB6Wee_CdEHL

Persons with disabilities have the right to participate in sports and cultural activities just like everyone else. Every year the Disability Action Council and Union of Youth Federations of Cambodia bring together persons with and without disabilities through the inclusive run in Phnom Penh. In 2016, more than 1500 participants - including 300 persons with disabilities - competed and celebrated the day.

Everyone has the right to work and earn a living. Sometimes all you need to get going is a little start-up support: With the help of a grant from NGO Exceed, Mr. Sot San and Mr. Hay Bonit received vocational training and opened a motorbike repair shop in Preah Sihanouk Province. They are now self-employed and independent.

Physical and social environments can affect a person's right to participate in their community and enjoy life. 10-years old Pen Phanna is overcoming barriers riding her adapted wheelchair to school. Thanks to her adapted wheelchair she can go to school and pursue her dream of becoming a teacher. Assistive technology helps persons with disabilities to reach their full potential and become independent

Khan Savry and Khorn Kea enjoy making the right to expression, opinion and access to information real through the radio show Voice of Persons with Disabilities. "I still remember the first time I sat in front of the microphone knowing that thousands of people are out there listening to me" says Mr.kea, who was born blind. "My voice was shaking! These days, I can imagine this as my future career".

When accessing their right to education, children with disabilities learn, thrive, and achieve like everyone else. Children with hearing or seeing impairments are enjoying an arts class at Krousar Thmey School for Deaf and Blind in Phnom Penh.

Every child with and without disabilities have the right to communicate and express their views. Children with hearing impairments enjoying class together at Krousar Thmey School for Deaf and Blind in Phnom Penh where teachers and students communicate with Cambodian Sign Language, using their hands combined with facial expressions.

All children are born with great potential and have the right to equal opportunities. 11-years old Chan Bona, who has an intellectual disability is writing on the school board. Thanks to family and teacher training provided by the NGO KHEN, Bona is attending school for the very first time in his life. Nothing makes him happier than to go to school, learn and play with his new friends.

Every child has the right to engage in play and recreational activities. For all children, what truly matters are love, respect and participation in family and community life. Put Channarin (left), Hong Sothara (centre), Ly Kimlong (right) are learning through playing while enjoying the celebrations of World Play Day organized by Hands of Hope Community in 2015.

Persons with disabilities have the right to participate in sports just like everyone else. Being part of a team and feeling support from your teammates is one of the best feelings: Battambang women's wheelchair basketball team practicing. Since their establishment in 2012, the team has participated in various national and international events. Their ultimate goal is to represent Cambodia in the 2020 Paralympics in Tokyo!

Everyone has the right to work. 18-years old Muth Chantha is learning to repair smart phones and software during his vocational training. Because of hemiplegia and frequent epileptic seizures, Chantha has seen his share of discrimination but this has never stopped him from going after the things he strive for in life. Currently enrolled in the first year of training, Chantha is determined to open his own shop soon.

It is not the visual impairment or blindness that prevents children from learning - not having access to accessible learning materials, learning environments and trained teachers does! Braille is a tactile system of raised dots that can be read using your fingers. It's like a code by which languages such as Khmer can be written and read without sight, ideal for people who are blind or have impaired vision.

Women and girls with disabilities face multiple social and economic exclusions, stigma and everyday challenges. Sokchan (middle) is the Director of the Women with Disabilities Forum in Battambang. She promotes the rights of women with disabilities and provides them with opportunities to earn a living through successful tailoring shop that she has opened in her hometown.

Everyone has the right to work. 18-years old Muth Chantha is learning to repair smart phones and software during his vocational training. Because of hemiplegia and frequent epileptic seizures, Chantha has seen his share of discrimination but this has never stopped him from going after the things he strive for in life. Currently enrolled in the first year of training, Chantha is determined to open his own shop soon.

Everyone has the right to receive good health care, including rehabilitation and assistive devices, to reach their full potential. This is 21-years old Choeung Sreyphin taking her first steps for the second time in her life. Sreyphin lost her leg in a motorbike accident in 2015. “I feel like my leg has grown back”. Those were her first words after she had her leg prothesis produced and fitted.

Persons with disabilities have the right to participate in sports and cultural activities just like everyone else. Every year the Disability Action Council and Union of Youth Federations of Cambodia bring together persons with and without disabilities through the inclusive run in Phnom Penh. In 2016, more than 1500 participants - including 300 persons with disabilities - competed and celebrated the day.

លោក សរ លេស

Mr. Sor Les

"ខ្ញុំជាអតីតទាហានមួយរូប។ ជីវិតរបស់ខ្ញុំបានផ្លាស់ប្តូរនៅពេលដែលខ្ញុំជួបគ្រោះថ្នាក់ជាន់មីននិងបាត់បង់ជើងខាងឆ្វេងនៅខែធ្នូ ឆ្នាំ១៩៨២។ ដំបូងវាពិតជាពិបាកណាស់សម្រាប់ខ្ញុំក្នុងការទទួលយកការពិតពីមួយថ្ងៃទៅមួយថ្ងៃ។ មួយឆ្នាំក្រោយពីនៃគ្រោះថ្នាក់នេះ ខ្ញុំក៏បានទទួលជើងសិប្បនិម្មិតជាលើកដំបូង ។ ក្នុងឆ្នាំ២០០៧ អង្គការ Exceed បានជួយជាថវិការដល់រូបខ្ញុំក្នុងការប្រកបរបរជាជាងជួសជុលកង់។ ខ្ញុំជួសជុលកង់និងប្រមូលទិញនិងលក់គ្រឿងបន្លាស់កង់នៅក្នុងស្រុកភូមិរបស់ខ្ញុំ។ ចំណូលពីមុខរបរនេះ ខ្ញុំអាចមានលទ្ធភាពសង់ផ្ទះមួយសម្រាប់ក្រុមគ្រួសាររបស់ខ្ញុំនិងអាចបញ្ជូនកូនៗអោយទៅសាលារៀន ។ ខ្ញុំមានផែនការពង្រីកអាជីវកម្មរបស់ខ្ញុំនិងចាប់ផ្តើមលាងម៉ូតូបន្ថែមទៀត។ ខ្ញុំធ្លាប់ទទួលរងការរើសអើងជាច្រើនប៉ុន្តែបច្ចុប្បន្ននេះខ្ញុំទទួលអារម្មណ៍ថាខ្ញុំក៏ជាផ្នែកមួយនៃសង្គមដែរ។"

"I am a former soldier. My life changed when I stepped on a landmine and lost my left leg in December 1982. I had to get by day by day, it was really tough. One year after the accident I got my first prosthesis. In 2007, the NGO Exceed supported me in starting my own business - a bicycle repair shop. I fix bicycles and travel from district to district to buy and sell bicycle parts. With the earnings from my shop, I have been able to build a house for my family and send my children to school. I plan to expand my business and start washing motorbikes as well. I used to face a lot of discrimination but now I feel like I'm a part of society."

ក្រុមជួយខ្លួនឯង ខេត្តបាត់ដំបង

Self-help group from Battambang Province

"យើងជាក្រុមជួយខ្លួនឯងដែលមានសមាជិកចំនួន១៨នាក់ ដែលពិការគថ្លង់ ពិការភ្នែក និងពិការកាយសម្បទា។ យើងចូលក្នុងក្រុមដើម្បីជួយ-គ្នាទៅវិញទៅមកនៅពេលមានបញ្ហាកើតឡើងនៅក្នុងជីវិតប្រចាំថ្ងៃ។ មុនពេលចូលក្នុងក្រុម ពួកយើងភាគច្រើនមានអារម្មណ៍ថាយើងមិនអាច ធ្វើអ្វីបានច្រើនសម្រាប់សង្គមនេាះទេ ហើយយើងក៏មិនត្រូវបាន អនុញ្ញាតិឱ្យធ្វើការងារអស់នោះដែរ។ បន្ទាប់មកអង្គការជនពិការបាន បង្រៀនយើងអំពីសិទ្ធិ ហើយអ្វីៗក៏ចាប់ផ្តើមផ្លាស់ប្តូរ។ ឥឡូវនេះយើងមានការគាំទ្រច្រើន។ ប្រសិនបើយើងជួបបញ្ហាយើងអាចរាយការណ៍ទៅ អង្គការជនពិការ ហើយពួកគេនឹងលើកបញ្ហានោះទៅពិភាក្សាជាមួយក្រុមប្រឹក្សាឃុំ។ ឥឡូវនេះយើងទទួល អារម្មណ៍ថា មានការរើសអើងតិច ជាងមុន។ យើងមិនត្រូវបានគេប្រមាថនិងដាក់ងារដូចមុនទៀតទេ។ យើងបានក្លាយជាផ្នែកមួយនៃសង្គមជាជាងទុកចោលមួយកន្លែង។ យើង រួមគ្នាបង្កើតសង្គមមួយដែលមនុស្សគ្រប់រូបរស់នៅដោយសេចក្តីថ្លៃថ្នូរ មានសមភាពនិងប្រើប្រាស់នូវ សក្តានុពលដ៏ពេញលេញរបស់គេ ។"

"We are a self-help group of 18 people with hearing, visual and physical disabilities. We joined the group to help each other with the challenges we encounter in our daily lives. Before joining the group, most of us felt like we couldn't do a lot in society and that we were not even entitled to participate. Then the Disabled Peoples Organization (DPO) started teaching us about our rights and things started to change. There's more support now. If we encounter problems, we report it to the DPO and they raise the issue with the Commune Council. We feel less discriminated against now. We don't get insulted or called names anymore. We've become a part of the society instead of just standing on the edge. Together we can create a society where everyone lives with dignity, equality and get to use their full potential."

លោក ស្លូត វ៉ាន់ដា

Mr. Slout Vannda

"នៅពេលដែលខ្ញុំនៅក្មេង ខ្ញុំធ្លាប់ជាមនុស្សមិនសប្បាយចិត្ត។ ដោយសារខ្ញុំមានពិការភាព ខ្ញុំមិនអាចជិះកង់បានទេ។ អនុវិទ្យាល័យនៅឆ្ងាយពីផ្ទះរបស់ខ្ញុំប្រហែល ៥គីឡូម៉ែត្រ ដូច្នេះខ្ញុំគ្មានជម្រើសអ្វីទេ ក្រៅពីដើរទៅសាលា។ ប៉ុន្តែដោយសារខ្ញុំមានពិការភាព វាពិតជាលំបាកខ្លាំងណាស់។ នៅរដូវភ្លៀង ជួនកាល ខ្ញុំមិនអាចធ្វើដំណើរទៅសាលាបានទេ។ ខ្ញុំបានសុំមិត្តភក្តិរបស់ខ្ញុំជិះជាមួយ ប៉ុន្តែពួកគេតែងតែបដិសេធសំណើររបស់ខ្ញុំ។ ចុងបញ្ចប់ ខ្ញុំត្រូវសម្រេចចិត្តបោះបង់ការសិក្សាយ៉ាងសោកស្តាយបំផុត។ ខ្ញុំត្រូវការជួយក្រុមគ្រួសាររបស់ខ្ញុំ ដូច្នេះខ្ញុំត្រូវរៀន ដើម្បីក្លាយជាជាងកាត់សក់។ វាមិនអីទេ ប៉ុន្តែខ្ញុំបានគិតថា ខ្ញុំត្រូវមានចំណេះដឹងច្រើន ដើម្បីមានការងារធ្វើល្អប្រសើរជាងនេះ ដើម្បីអាចជួយក្រុមគ្រួសាររបស់ខ្ញុំ ដូច្នេះខ្ញុំបានសម្រេចចិត្តថាត្រូវតែចូលរៀនវិញ ទោះបីជួបការលំបាកបែបណាក៏ដោយ។ ហើយនោះរួមបញ្ចូលទាំងការរៀនជិះកង់ផងដែរ។ ខ្ញុំបានព្យាយាមជាច្រើនដង ហើយបានបរាជ័យជាច្រើនដង។ ខ្ញុំថែមទាំងបានដួលបាក់ជើងរបស់ខ្ញុំទៀតផង។ ខ្ញុំបានក្រោកឡើងជិះកង់ ហើយបានដួលហើយក្រោកឡើងម្តងទៀតចុងក្រោយខ្ញុំអាចធ្វើវាបាន! ខ្ញុំមិនអាចភ្លេចថ្ងៃនោះទេ ថ្ងៃដែលខ្ញុំអាចជិះកង់ទៅសាលារៀនជាលើកដំបូងក្នុងជីវិតថ្មីរបស់ខ្ញុំ។ ខ្ញុំសប្បាយចិត្តខ្លាំងណាស់។ ខ្ញុំបានជិះវាទៅសាលារៀន ហើយសព្វថ្ងៃនេះខ្ញុំជិះម៉ូតូរបស់ខ្ញុំទៅធ្វើការជារៀងរាល់ថ្ងៃ។ ខ្ញុំធ្វើការនៅ អង្គការជនពិការកម្ពុជា ហើយខ្ញុំបានបណ្តុះបណ្តាលសមាជិករបស់យើងអំពីរបៀបធ្វើការតស៊ូមតិដើម្បីសិទ្ធិរបស់យើង។ យើងចង់ឱ្យមានការកែលំអជំរាលសម្រាប់ជនពិការកាន់តែប្រសើរឡើង។ ដូច្នេះ ជនពិការអាចចេញចូលទទួលសេវាកម្ម ដែលពួកគាត់ត្រូវទទួលបាន ដូចជា ការទៅសាលារៀនជាដើម។ ខ្ញុំសង្ឃឹមថាតាមរយៈការងាររបស់យើង យើងអាចមានលទ្ធភាពធ្វើឱ្យមនុស្សគ្រប់គ្នាទទួលបានជីវិតមួយដ៏ល្អប្រសើរ និង ពុំមានការបោះបង់ការសិក្សា ដូចអ្វីដែលខ្ញុំបានជួបប្រទះទេ។"

"When I was young, I used to be very unhappy. Because of my disability I couldn't ride a bike. Since the secondary school was about 5 km away from my village, I had no choice but to walk there. With my disability it was very difficult. During the rainy season sometimes impossible. I asked my friends to take me on their bikes, but they always said no. Eventually I dropped out of school. I needed to support my family so I taught myself to be a hairdresser. It was okay, but I felt strongly that with more knowledge I could get a better job and better provide for my family so I decided that I had to go back to school no matter what. And that included learning how to ride a bike. I tried countless times, and failed countless times. I even broke my leg. I got up on the bike, fell down, and got up again but I made it! I will never forget that day when I managed to ride my bike to school for the first day of my new life. I was so happy. I made it through school and these days I ride my motorbike to work every day. I work for the Cambodian Disabled People Organization where I train our members how to advocate for our rights. We aim to improve general accessibility so that all persons with disabilities can access the services they are entitled to. I hope that through our work we will be able to achieve a better life for all, and that no one will have to drop out of school for the same reasons I did."

កញ្ញា ផាន់ ស្រីពៅ

Ms. Pann Sreypov

"នាងខ្ញុំឈ្មោះ ស្រីពៅ។ ខ្ញុំមានពិការដោនស៊ីនដ្រូម ហើយខ្ញុំជាសិស្សសាលាបឋមសិក្សាយកបាត្រ។ ខ្ញុំពិតជាចូលចិត្តទីនេះណាស់ ពីព្រោះខ្ញុំស្រលាញ់ការសិក្សានិងរៀនសរសេរអក្សរ ។ នៅសាលារៀនពួកយើងមានសកម្មភាពជាច្រើន ហើយយើងតែងតែច្រៀងចម្រៀងជារៀងរាល់ព្រឹក នេះគឺជាអ្វីដែលខ្ញុំចូលចិត្តបំផុត។ ចម្រៀងដែលខ្ញុំចូលចិត្តគឺបទ "កូនចាបតូច"។ នៅទីនេះខ្ញុំមានមិត្តភក្តិជាច្រើនហើយមិត្តល្អរបស់ខ្ញុំឈ្មោះ បញ្ញា។ យើងនាំគ្នាលេង ហាត់ប្រាណ និងរៀនជាមួយគ្នា។ មិត្តភក្តិគឺសំខាន់ណាស់សម្រាប់ខ្ញុំ ហើយខ្ញុំតែងតែយកអាហារសម្រន់ទៅសាលាដូច្នេះខ្ញុំអាចចែកមិត្តភក្តិរបស់ខ្ញុំញ៉ាំទាំងអស់គ្នា។នៅផ្ទះខ្ញុំជួយលាងចាន បោកសម្លៀកបំពាក់ និងមើលថែប្អូនៗរបស់ខ្ញុំ។ ខ្ញុំមានម៉ាក់ប៉ា និងបងប្អូនស្រី៣នាក់ ខ្ញុំពិតជាស្រឡាញ់ពួកគេណាស់ហើយពួកគេក៏ស្រឡាញ់ខ្ញុំវិញដែរ។"

"My name is Sreypov. I have Down Syndrome. I am a student at Youk Bat Primary School. I really like it here because I love studying and learning how to write. At school, we do a lot of activities and we sing every morning, which is something I enjoy so much. My favorite song is "Little Bird". I have a lot of friends here and my best friend's name is Panha. We do exercises, play and study together. Friends are important to me and I always bring snacks to school so I can share with them. At home, I do the dishes, wash clothes and help to take care of my siblings. I have a mom, a dad and three sisters. I really love them and they love me too."

លោក ប៉ែន ម៉ូនី

Mr. Pen Mony

"គេតែងតែ សួរខ្ញុំថាហេតុអ្វីបានជាខ្ញុំខំប្រឹងរៀនម្លេះ។ 'តើឯងទៅរៀនធ្វើអី? គេមិនឱ្យធ្វើការទេព្រោះឯងជាជនពិការ' នេះគឺជាសម្តីដែលគេតែងតែនិយាយ។ ខ្លះបន្ថែមទៀតថា៖ 'អ្នកគួរតែសុំទានឬរៀនជួសជុលកង់វិញទៅទើបមិនបង្កការលំបាកដល់ក្រុមគ្រួសារអ្នក។' អ្នកអាចស្រមៃបានថាតើពាក្យសម្តីទាំងនោះប៉ះពាល់ដល់ក្មេងដូចជារូបខ្ញុំប៉ុណ្ណា។ ខ្ញុំតូចចិត្តខ្លាំងណាស់ ខ្លាចណាស់ និងពិបាកចិត្ត។ ក្មេងៗដទៃទៀត លោកគ្រូអ្នកគ្រូ សូម្បីតែញាតិមិត្តរបស់ខ្ញុំសុទ្ធតែធ្លាប់ឌឺដងនិងបង្អាប់ខ្ញុំ។ នៅពេលដែលខ្ញុំដើរទៅសាលារៀនខ្ញុំតែងតែព្យាយាមលាក់មុខរបស់ខ្ញុំ ដើម្បីកុំឱ្យអ្នកដទៃឃើញមុខរបស់ខ្ញុំនិងឌឺដងឱ្យខ្ញុំ។សូម្បីតែពេលរៀននៅមហាវិទ្យាល័យ ខ្ញុំតែងតែទៅសាលា ពីព្រលឹមនិងចេញក្រោយគេ។ ប៉ុន្តែខ្ញុំនៅតែបន្តការសិក្សាព្រោះមានមនុស្សម្នាក់ដែលតែងតែជឿជាក់លើខ្ញុំ នោះគឺឪពុករបស់ខ្ញុំ ហើយគាត់តែងតែ តាមលើកចិត្តខ្ញុំជានិច្ច។បន្ទាប់ពីខ្ញុំបានបញ្ចប់ការសិក្សានិងទទួលបានការងារធ្វើជាលើកដំបូង មនុស្សភាគច្រើនមានការភ្ញាក់ផ្អើលជាខ្លាំង។ វាហាក់ដូចជាពួកគេចាប់ផ្តើមជឿថាជនពិការក៏មានសមត្ថភាពដែរ។ ឪពុករបស់ខ្ញុំមានមោទនភាពណាស់! គាត់បានស្រែកយ៉ាងខ្លាំងចេញពីក្រអៅបេះដូងរបស់គាត់ថាកូនប្រុសរបស់គាត់ពិតជាអាចធ្វើអ្វីៗបានដូចអ្នកដទៃដែរ។ ខ្ញុំចងចាំស្ថានភាពនោះច្បាស់ណាស់ ព្រោះនៅពេលនោះខ្ញុំមានជំនឿចិត្តលើខ្លួនឯងនិងលែងលាក់មុខទៀតហើយ ។ ខ្ញុំចង់ឱ្យអ្នកគ្រប់គ្នាចូលរួមធ្វើការទាំងអស់គ្នាដើម្បីឆ្ពោះទៅកាន់ពិភពលោកមួយដែលអ្នកគ្រប់គ្នាត្រូវបានដាក់បញ្ចូល។ ពិភពលោកដែលគ្មានការរើសអើង ដែលគ្មានការលាក់មុខនៅពេលដើរទៅសាលារៀន។"

"I was always asked why I was studying so hard. 'What is the point of studying, you cannot be employed because you are disabled', people used to say. Some even continued: 'You should be a beggar or learn how to repair bikes so you won't be a burden to your family. You can imagine the impact of these words on a child such as me. I felt disappointed, scared and sad. Other children, teachers and even relatives used to tease me. When I was walking to school, I always tried to hide my face so others would not see and tease me more. Even during my university years, I went to school early in the morning and left after everyone else so they would not see me. But I kept on studying because there was one person who always believed in me: My father. He was there when no one else was and never stopped encouraging me. After I graduated and got my first job, people were very surprised. It was like they slowly started to realize that persons with disabilities have abilities. My dad was so proud! He screamed from the bottom of his heart that his son could do everything like everyone else. I remember it so vividly, because at that moment I got the confidence not to hide my face anymore. I urge everyone to work together towards a world where everyone is included. A world without discrimination. A world where no one will feel that they need to hide their face when walking to school"

លោក ប៉ន សុវណ្ណ

Mr. Pon Sovann

"ខ្ញុំមានអាយុ ២៥ឆ្នាំ ហើយឥឡូវខ្ញុំជាអ្នកហាត់ការម្នាក់នៅអង្គការមូលនិធិកុមារពិការ។ ខ្ញុំជាអ្នកទទួលភ្ញៀវ ថតចំលងឯកសារ សម្អាតការិយាល័យ និង ហាត់លេងហ្គីតាសម្រាប់ការសម្តែងរបស់ខ្ញុំ។ ខ្ញុំក៏មានឱកាសក្នុងការអនុវត្តជំនាញទំនាក់ទំនងនិងប្រាស្រ័យទាក់ទងជាមួយអ្នកដ៏ទៃផងដែរ។ ខ្ញុំពិតជាចូលចិត្តការងាររបស់ខ្ញុំណាស់។ ខ្ញុំមានពិការអូទីស្សឹម ហើយកាលពី២ឆ្នាំមុនខ្ញុំធ្លាប់ធ្វើជាអ្នកដឹកនាំក្រុម កូឡាប ជាក្រុមជួយខ្លួនឯងសម្រាប់យុវជនពិការខ្សោយសតិបញ្ញា។ ពេលដែលយើងជួបគ្នាយើងជជែកគ្នាលេង ស្តាប់តន្ត្រីនិងធ្វើអ្វីសប្បាយៗជាមួយគ្នា។ ខ្ញុំចូលចិត្តជិះកង់ លេងហ្គេមនៅលើ Facebook គូរគំនូរ លេងនិងស្តាប់តន្ត្រី។ ខ្ញុំមិនចូលចិត្តកន្លែងដែលមានមនុស្សអ៊ូអរទេ ហើយមិនចូលចិត្តឱ្យគេរំខានខ្ញុំនៅពេលដែលខ្ញុំធ្វើការ។ ក្តីសុបិន្តរបស់ខ្ញុំគឺមានមុខរបរមួយដោយខ្លួនឯងនិងបើកហាងលក់នំសាំងវិច។ សាំងវិចដែលខ្ញុំចូលចិត្តគឺសាមញ្ញបំផុតគឺមានតែនំប៉័ង សាច់និងសាឡាត់ជាការស្រេច។ អូ! ខ្ញុំក៏ចង់ដើរលេងជុំវិញពិភពលោកដែរ។"

"I am 25 years old and I am currently interning at Komar Pikar Foundation. I greet guests, do photocopies, clean the office and practice for my guitar performances. I also get to improve my communication skills and interaction with others. I really like my work. I have autism and for the past two years I have been a leader for the Rose group, a self-help group for youth with intellectual disabilities. When we meet we talk, listen to music and do fun activities together. I love riding bikes, playing games on Facebook, drawing, and playing and listening to music. I don't like crowded places and when somebody disturbs me when I work. My dream is to run my own business and open a sandwich shop. My favorite sandwich is quite simple - it's only bread, meat and salad. Ohh, and I also dream of travelling around the world!"

(Ms. Chea Bopha)

កញ្ញា ជា បុប្ផា

Ms. Chea Bopha

នៅពេលខ្ញុំមានអាយុ៩ឆ្នាំ ខ្ញុំមានជំងឺគ្រុនក្តៅយ៉ាងខ្លាំងរហូតពិការដើងទាំងពីរអស់មួយជីវិត។ រយៈពេលបីឆ្នាំដំបូងខ្ញុំមិនអាចធ្វើអ្វីដោយខ្លួនឯងសោះ សូម្បីតែញ៉ាំបាយ ងូតទឹក ផ្លាស់ប្តូរសំលៀកបំពាក់។ ខ្ញុំអត់មានរទេះរុញអញ្ចឹងវាពិបាកណាស់ក្នុងការចេញក្រៅ។ ក្រុមគ្រួសាររបស់ខ្ញុំតែងតែនៅក្បែរខ្ញុំជានិច្ចដើម្បីជួយខ្ញុំឆ្លងកាត់ការលំបាកទាំងនោះ។ ក្តីស្រឡាញ់ និង ការយកចិត្តទុកដាក់ពីពួកគាត់បានធ្វើឱ្យខ្ញុំមានអារម្មណ៍ធូរស្រាលបន្តិចម្តងៗ ហើយជីវិតរបស់ខ្ញុំចាប់ផ្តើមប្រសើរជាងមុន។ ចុងក្រោយខ្ញុំទទួលបានរទេះរុញមួយ ហើយខ្ញុំរំភើបខ្លាំងណាស់ព្រោះខ្ញុំអាចទៅសាលារៀនបានវិញ។ភាពសប្បាយរបស់ខ្ញុំត្រូវបានរលាយយ៉ាងឆាប់រហ័សនៅពេលដែលលោកនាយកសាលាប្រាប់ខ្ញុំថា:"គាត់មិនអាចធ្វើជម្រាលសម្រាប់សិស្សពិការតែម្នាក់បានទេ" ពាក្យសម្តីរបស់គាត់ធ្វើអោយខ្ញុំតូចចិត្តយ៉ាងខ្លាំង និង ចងចាំមិនដែលភ្លេច។ ប៉ុន្តែខ្ញុំមិនចុះចាញ់នោះទេ ខ្ញុំបានសម្រេចចិត្តចូលរៀនជំនាញវិជ្ជាជីវៈផ្នែកជួសជុលគ្រឿងអេឡិចត្រូនិចវិញ។ ខ្ញុំចូលចិត្តរៀននៅទីនោះណាស់ព្រោះខ្ញុំបានទទួលការស្រលាញ់រាប់អានពីលោកគ្រូ អ្នកគ្រូ ហើយខ្ញុំបានរាប់អានមិត្តភក្តិជាច្រើន។ បន្ទាប់ពីខ្ញុំ បញ្ចប់វគ្គបណ្តុះបណ្តាលជំនាញវិជ្ជាជីវៈផ្នែកជួសជុលគ្រឿងអេឡិចត្រូនិច ខ្ញុំក៏សម្រេចចិត្តបើកហាងជួសជុលមួយដោយខ្លួនឯង ប៉ុន្តែជំនួញនោះមិនទទួលបានជោគជ័យនោះទេ ដោយសារមនុស្សភាគច្រើនមិនជឿជាក់លើនារីពិការ ។ នោះជាពេលវេលាមួយដ៏តឹងតែងសម្រាប់ខ្ញុំ ប៉ុន្តែបេះដូងរបស់ខ្ញុំប្រាប់ខ្ញុំថាខ្ញុំត្រូវតែរឹងមាំនិងមិនត្រូវបោះបង់បំណងប្រាថ្នារបស់ខ្ញុំឡើយ។ ខ្ញុំមានកំលាំងក្រោកឈរសារជាថ្មីនិងជំនះនូវផលលំបាកទាំងឡាយបន្តិចម្តងៗ។ នៅក្នុងឆ្នាំ២០០៩ ខ្ញុំបានក្លាយជាស្ថាបនិកម្នាក់របស់អង្គការជីវិតរស់នៅដោយឯករាជ្យនៃជនពិការភ្នំពេញ(PPCIL) ជាចលនាមួយដើម្បីមានជីវិតឯករាជ្យ។ជីវិតរបស់ខ្ញុំមានការផ្លាស់ប្តូរទាំងស្រុង។ពេលនេះខ្ញុំរស់នៅដោយភាពឯករាជ្យ និងធ្វើការសម្រេចចិត្តដោយខ្លួនឯង។ ខ្ញុំចាំបានថាកាលពីមុនខ្ញុំមានភាពខ្មាស់អៀនច្រើន និង រស់នៅជីវិតមួយដែលមិនពេញលេញ។ ជីវិតមនុស្សតែងតែជួបបញ្ហា ដែលធ្វើឱ្យយើងបាក់ទឹកចិត្តនិងខូចចិត្ត ប៉ុន្តែយើងមិនត្រូវបាត់បង់ជំនឿចិត្តលើខ្លួនឯង និង សមត្ថភាពរបស់យើងទេ។ ការលំបាកទាំងឡាយដែលខ្ញុំបានឆ្លងកាត់បានលើកទឹកចិត្តខ្ញុំឱ្យខ្ញុំចេះជួយអ្នកដ៏ទៃនិងធ្វើជាគំរូល្អម្នាក់។ ខ្ញុំចង់ផ្តាំផ្ញើរដល់ជនពិការទាំងឡាយថា កុំបោះបង់ យើងត្រូវជំនះរាល់ឧបសគ្គទាំងឡាយនិងបន្តដំណើរឆ្ពោះទៅមុខជានិច្ចទៅកាន់ក្តីស្រមៃ របស់យើង ដ៏រាបណាយើងនៅមានដង្ហើម។ ទាំងអស់គ្នាយើងអាចបង្កើតសង្គមមួយដែលរស់នៅប្រកបដោយសមភាពនិងសេចក្តីថ្លៃថ្នូរ។"

"When I was nine years old an illness left me paralyzed for life. For the first three years, I couldn't do anything by myself - eat, change clothes or even go to the bathroom. I didn't have a wheelchair so it was hard for me to get out. Through all these challenges, my family was always there for me. Their love and care made me feel much better and step by step, my life started to improve. When I finally received a wheelchair, I was excited to go back to school. The happiness quickly faded however, when the school principal told me: "I can't have a ramp built just because of one student with a disability." I will never forget how disappointed I felt that day. But I picked myself up and I decided to take vocational training in electronics instead. I loved being there, I felt respected by all the trainers and I made a lot of friends. After I finished, I was excited to open my own repair shop, but it wasn't successful. People didn't trust a woman with disability to repair their electronics, so I was forced to close. It was a very tough time but my heart told me to stay strong and not give up. I found the strength to stand up for myself and overcome the difficulties one by one. Finally, in 2009 I became one of the founders of Phnom Penh Centre for Independent Living (PPCIL), a movement for independent life. My life has completely transformed. Now I live independently and make all decisions for myself. I still remember how shy I used to be and live a life that I could call my own. Life is a struggle and we can feel disappointed at times, but we must not lose confidence in ourselves and our abilities. All the difficulties I've been through motivate me to help others and be a good role model. My advice is: Never give up! Fight to stay on the journey towards realizing your dreams with every breath you take. Together, we can create a society where we all live with equality and dignity."

លោក ពរ សុគន្ធ

Mr. Po Sokun

ជាអ្នកសម្តែង និងជាអ្នកសម្របសម្រួលសិក្ខាសាលា របស់អង្គការអេពិកអាត។ ខ្ញុំរាំ សម្តែង និង បកប្រែភាសាខ្មែរទៅជាភាសាសញ្ញានិងភាសាអង់គ្លេសនៅក្នុងសិក្ខាសាលាដោយប្រើចលនាដែលមានការច្នៃប្រឌិត។ កាលពីដំបូងខ្ញុំជាបុគ្គលិករដ្ឋបាលម្នាក់ប៉ុន្តែនៅពេលដែលបុគ្គលិកនិងមិត្តភក្តិមួយចំនួនឃើញខ្ញុំរាំពួកគេរំភើបនិងលើកទឹកចិត្តខ្ញុំឱ្យរាំបន្ថែមទៀត។ ដំបូងខ្ញុំពិតជាអៀនណាស់និងមិនហ៊ានជឿលើពាក្យសំដីរបស់ពួកគាត់ទេប៉ុន្តែខ្ញុំសម្រេចចិត្តប្រឈមនឹងការភ័យខ្លាច ហើយ សាកល្បង។ វាពិតជាអស្ចារ្យណាស់។ សិល្បៈគឺជាក្តីសុបិន្តនិងជាមហិច្ឆតារបស់ខ្ញុំ។ ខ្ញុំចង់ធ្វើជាគ្រូបង្រៀនរាំដល់ជនពិការ។ មិនមានជនពិការច្រើនទេដែលដឹងថាពួកគាត់អាចក្លាយជាសិល្បៈករដូច្នេះខ្ញុំចង់ធ្វើជាគំរូសម្រាប់ពួកគាត់។ ខ្ញុំជាជនពិការដែលប្រើរទេះរុញដូច្នេះខ្ញុំអាចបង្ហាញពួកគាត់នូវក្បាច់រាំដ៏ល្អៗជាច្រើន។ តើសិល្បៈមានន័យដូចម្តេចសម្រាប់ខ្ញុំ? គឺគ្រប់យ៉ាងទាំងអស់។ សិល្បៈគឺសម្រាប់អ្នកគ្រប់គ្នាហើយសិល្បៈក៏អាចផ្លាស់ប្តូរមនុស្សបានដែរ។ សិល្បៈអាចធ្វើឱ្យយើងសប្បាយ រីករាយ ឆ្គួតវង្វេង ក្នុងពេលតែមួយ។ ទាំងនេះគឺជាអ្វីដែលខ្ញុំអាចប្រាប់ពីបទពិសោធន៍របស់ខ្ញុំ។ ខ្ញុំធ្លាប់ជាមនុស្សដែលអៀនច្រើនប៉ុន្តែបន្ទាប់ពីខ្ញុំរៀនសម្តែងនិងរាំខ្ញុំបានផ្លាស់ប្តូរទាំងស្រុង។ សិល្បៈបានក្លាយជាផ្នែកមួយនៃជីវិតរបស់ខ្ញុំ ខ្ញុំសើច ញញឹមនិងមានភាពរីករាយ។

"I am a performer and workshop facilitator with Epic Arts. I dance, perform and translate from Khmer to sign language and English in our creative movements workshops. At first, I worked in administration but when the others saw me dancing they were amazed and encouraged me to dance more. In the beginning, I was very shy and did not dare to believe them, but I decided to face my fears and give it a try. It was amazing! Art is my ambition and my dream. I dream of becoming a dance teacher for persons with disabilities. Not many persons with disabilities know that they too can be artists so I want to be a role model for them. I am a wheelchair user so I can show them all great and cool movements. What does art mean to me? Everything! Art is for everybody and art can change people. Art can make us happy, funny, crazy - all at once! That is what I can tell from my experience. I used to be very shy but when I learned how to perform and dance I completely changed. Art became part of me - I am all about laugh, smiles and fun now."

ANNEX III

Adherence to the programme principles during DRIC implementation period 2014-2018

To what extent have the agencies been successful in engaging the RGC in implementation of the Programme?	The implementing agencies have been successful in engaging their respective counterpart ministries, within and beyond the scope of the DRIC design, in developing strategy plans, capacity-building in advocating for the rights of persons with disabilities and to promote inclusion. Key functionaries from ministries have participated in regional learning events that have taken place during the reporting period. The three UN agencies have been able to raise awareness of the key ministries such as MoSVY, MoI, MoH, DAC, and PwDF in using the national disability law and UNCRPD as over-arching guidelines in planning activities under the programme. Through DRIC, other Government institutions have also been engaged in policy dialogue including MoP, NIS in relation to data and ID Poor, the Ministry of Information for disability inclusion in the Law on Information, the Ministry of Land Management, Urban Planning and Construction for the national accessibility guidelines as well as non-disability specific departments within MoH and MoSVY (e.g. Child Welfare), MoWA, etc. The departments and the key ministries involved in the programme are taking the lead in planning activities under the programme. For example, MoI, leads implementation on agreed upon annual work plans for disability inclusion training to sub-national authorities.
What has been the role of persons with disabilities in terms of their involvement?	During the inception phase of DRIC all implementing agencies have consulted representative bodies of persons with disabilities and ensured their participation through workshops and consultations. Persons with disabilities were represented in the grantees selection panels and involved in the monitoring and evaluation of grant activities. Throughout the implementation period of DRIC, the involvement of persons with disabilities in the programme has been a guiding factor for the implementing agencies. Persons with disabilities were members of the selection and governing committees constituted under the programme, including the DRIC Programme Board. In addition, persons with disabilities were engaged in planning and implementation of key activities and participated in sensitization programmes and development of training packages such as the training of the trainers' sessions for the disability inclusion training package. Specific examples include • CDPO/DPOs actively engaged with the key working groups of DAC and DAWGs to develop and review the policy related to disability, for instance the draft law on access to information, guidelines for inclusive election, review the implementation of NDSP etc. It presented the good sign of collaboration and respect toward persons with disabilities in terms of their expertise in disability.

	• Representatives of DPO included in the national CBR Coordination Committee and in the Joint Procurement committee of PWDF-IO/NGOs. • Representatives of DPO involved in the discussion in the development of the national Physical Therapy Standards and consultations of the Rehabilitation sector financing. • Delivery of Training of Trainer activities with the MoI and delivery of training at the commune level. • Representatives of DPOs have participated in the CDIDF capacity development activities led by Light for the World • Participation in key planning meetings on joint DRIC activities, e.g. Rehab Forum and NDSP Reflection Workshop • Participation in DRIC MTR and end of programme reflection exercises
Has gender equality been integrated into programme implementation?	Gender equality has been an integral part the programming in all four DRIC components. However, there have been challenges/limitations given the context and still relatively strong gender norms and practices in Cambodia (see challenges section in the narrative report). Efforts made by DRIC to integrate gender equality are as follows. The organizations receiving small grants through the grant scheme of the implementing agencies were specially asked to ensure equal representation of women with disabilities at every level of implementation. Organizations working for women with disabilities have been encouraged to apply for grants under the small grant scheme. CDPO and DPOs now have a gender policy that is updated annually and have included a special focus on gender in their advocacy strategy. Throughout the implementation period, all programme partners were asked to ensure equal representation of women and men with disabilities at every level of implementation and this specific aspect was monitored, including through field visits. Data on beneficiaries collected under DRIC in numerous studies was gender aggregated to the extent possible (men/women and boys/girls). By 2017, about 28 percent of DAC staff are women including women with disabilities and 30 percent of the DPOs are represented by women with disabilities and they constitute 45% of the persons with disabilities who have been actively participating in the CDPO projects. All the PRSS partners have been monitored to ensure equal access to rehab services of girls and women with disabilities in the PRCs. Participation of women and girls in training activities and community level activities (meetings, sporting activities, cultural activities, etc.) is emphasized from an equality perspective and monitored, including through CDIDF partners.
To what extend has the program covered cross-impairments?	The overall programme did not focus on specific types of impairments but the rights of persons with any type of disability and hitherto excluded groups such as children and persons with intellectual and psycho-social disabilities, speech

	difficulties and persons with spinal cord injuries were supported under the programme. When looking at accessibility, attention throughout the programme and through partners has been given to not exclusively focusing on physical accessibility but also for sensory and intellectual related accessibilities. Over the years of implementation, the programme witnessed steady increase in representation from minority disability groups within CDPO and Component 4 ensured that the CDIDF grantees take into consideration the issues related to wide range of disabilities. It is noted that while CDPO and DAC have mandatory roles to ensure all persons with disabilities are included into their programme and policy, the representatives of people with mental health disability remains low. Disabilities other than physical ones, are not part of the PRSS that focuses on the PRCs.
To what extent have DRIC activities led to mainstreaming disability?	Mainstreaming disability has been placed high on the agenda of the implementing agencies from the very early stages. The Mid-Term Review in 2016 noted that disability has been mainstreamed in the work of the agencies' agenda. The DAC has been actively championing mainstreaming disability through the DAWGs in the agenda of different ministries involved in implementation of NDSP. The programme witnessed disability mainstreaming in the health sector and the DAWG of the MoI has been put specific efforts into mainstreaming disability in the sub-national processes and has implemented sub-national disability sensitization workshops. By the end of 2017, work with the MoI has an explicit focus to mainstream disability into local governance processes and practices. This is focused on by raising awareness of disability and training activities on how to include disability into local governance processes of the CIP and DIP. Other examples include • The Ministry of Information has accorded license for the establishment of Radio stations to broad cast disability related programmes and the Election Committee is in the process reviewing their policies to ensure participation of persons with disabilities in the election process. • Accessible infrastructure was considered in the new Operation guidelines for the new MPA. The commune councils in the target areas of the PRDP project in Kampong Cham are actively involved in the identification, raising awareness and referral of persons with disabilities to the PRC. As a result, 8 people with physical impairments were subsidized by the Commune Investment Plan (CIP) budget of the commune to reach the kampong Cham PRC. • CDIDF grant partners, while providing disability specific support services, also support important initiatives to mainstreaming disability into community life through awareness raising activities; inclusive sport events; inclusive community meetings; access to mainstream education, etc. • Within UNICEF, mainstreaming of disability into other key programming areas include Social Protection, violence against children work and education

	programming. Within UNICEF communications, an effort has been made to mainstream disability with in communication products (pictures, stories, social media posts, etc.).
Have Child Protection measures been considered in the implementation?	Child Protection policies have been given due importance by all the implementing agencies and their partners. The child protection policies of the partner organisations are reviewed and strongly encouraged for those who do not have one. A child protection training for the CDIDF partners was conducted and later on a refresher was included in the capacity development activities for partners. The programme has paid attention to promoting the welfare for children with disabilities and child protection policies were reviewed annually. During programme monitoring adherence to Child Protection policy and principles was reviewed regularly by UNICEF with CDIDF partners. All PRCs applied a child protection policy as part of the current PRC Standard Working Procedure (SWP). All clients under 18 years old are permitted to come with a relative or accompaniment for getting PRC services. Child Protection is core to UNICEF programming and all UNICEF partners are required to sign the Child Protection Code of Conduct as part of the Programme Cooperation Agreement signed with UNICEF.
Highlight how there has been complementarity among the different components?	Throughout the implementation period, there have been activities under each of the components that have had bearings on the remaining components of the programme. Complementarities in the planning and coordination of activities as well as implementation and monitoring of results evolved significantly over time and significantly after the Mid-Term Review in 2016. The NDSP emphasized access to rehab services for persons with disabilities and refers to inclusive development for persons with disabilities at all levels of administration. The three agencies jointly supported the MoSVY also in the areas of Disability Classification/Cash transfer process, and the implementation of the NDSP. The review of NDSP implementation was hence beneficial for all components to understand the priority strategic objectives of the NDSP and how agencies informed their implementing partners to contribute the better implementation of the strategic objectives. Community Based Rehabilitation (CBR) was a key area of complementarity in identifying various needs of persons with disabilities and to maximize synergies with the RGC. All components encouraged community based approaches in reaching out to the needs of persons with disabilities and all agencies have been building the capacity and raising awareness of their respective partners in this regard.

	Complementarities are also evident in key advocacy initiatives around data, social policy and engagement with senior level Government officials. Implementing agencies have collectively advocated with Ministry of Planning (MoP)/National Institute of Statistics (NIS) and Development Partners (DPs) for inclusion of disability questionnaires into the population census in 2019 and other important surveys, including the ID-Poor screening process. The programme coordination team continued to strengthen the partnerships between the three agencies and between the UN agencies and government as well as between the civil society and the government. Capacity building to partners was done jointly through joint workshops and joint exchange studies. The creation of a more enabling environment and disability inclusive local governance is likely to impact the work of other components and the work with MoI reinforced and supported initiatives from both DAC and CDPO at the sub-national level.
Did the M&E system generate credible information that was used for management decision-making, learning and accountability purposes?	DRIC was monitored based on its M&E framework which was revised to some extent in 2016 following the MTR. The information generated from the M&E system was used by the implementing UN agencies and DFAT for internal DRIC purposes and has achieved its function in this regard. As per the challenges section in the main narrative report, while the framework was designed to be measurable, it was difficult to capture any transformative change DRIC has achieved. To complement the M&E framework, the agencies also applied internal M&E systems including project quality assurance that are updated on quarterly basis to ensure that projects/programs are on track. The main source of data collection throughout the programme implementation period were quarterly or half-yearly reports provided by partners with disaggregated data showing the impact of the programme on direct as well as indirect beneficiaries. In addition, regular monitoring visits to the field were conducted and the qualitative and quantitative data collected on the ground can be used to reflect on successes and challenges and to identify ways on how to engage with the respective partners accordingly.
What kind of qualitative and quantitative data has been generated for the reporting period?	Components 1 and 2 • Quarterly report from partners that will be used as the main M&E for respective components • Joint field monitoring reports • Minutes/notes of the regular meetings with project partners • Workshop/training reports Component 3 • Secondary analysis of 2014 CDHS on the health care utilization of persons with disabilities

	• Physical rehabilitation transition analysis • Capacity need assessment report of PWDF, PMD, DWPwD, and CDPO • Rehabilitation sector financing report • Assessment of health and rehabilitation services for people with spinal cord injury • Six-monthly PRSS and PRDP project reports, including quantitative data on clients received PRCs services, case studies. • Cases study collected through the PRSS and • National statistics of the 11 PRCs for the period of 2012-2017 • Minutes meetings with project counterparts • Component 4 • Data from partner activity reports – 16 partner activity reports in total. These include data on direct and indirect beneficiaries. • Data on analytics of social media posts are available from Epic Arts as well as relevant posts from UNICEF. • Stories on partner work have been produced and are available online. • Programme monitoring reports which provide assessment of progress to date. • Photos from partner activities are available.
Appropriate use of time and resources to achieve outcomes (Efficiency)?	DRIC was a AUS $ 10.9m / US$ 8.2 m project. About 51% (44% without PCT) covered staff salary/operations and 49% (56% without PCT) were grants/consultancies. It should be noted that due to its nature as coordination function, the budget for PCT covers mostly staff costs. There was a 7% General Management Services (GMS) charge per UN agency. The four components were implemented by dedicated staff as follows. Component 1 and 2: one national officer; Component 3: one national officer; Component 4: one international (P3), two national officers. In addition, the programme coordination team (PCT) comprised of one international (P4, from March 2017 onwards P3) officer and one national programme associate. The PCT communication function was covered by UN Volunteers (successively two national and one international). Feedback from partners shows that DRIC staff was very committed and the number of staff/ focal points involved appropriate and able to do a lot of work with only few resources. It should be noted that in addition to dedicated staff DRIC benefitted from other human resources and TA from UN staff, e.g. from regional and HQ but also other units within each IA. So, investment-wise, while the programme paid for seven specific staff, it actually got a much broader range of staff inputs. The annual work- and budget plans were developed jointly with DFAT and in consultation with all partners and reviewed regularly. The implementing agencies have procurement policies in place to provide greater efficiencies and funds

	allocation to government institution were monitored through the harmonized approach to cash transfer (HACT) and all procurement activities by national partners are monitored during annual audits that did not identified any concerns regarding cost-effectiveness and procurement planning. DRIC profited from the very good cooperation with local authorities and put much effort into developing the capacity of the RGC and other partners. Working through ToT (e.g. with MoI at subnational level) proved very efficient esp. since trainings can subsequently be rolled out to reach other participants, also post-DRIC. In addition, the programme built the capacity of its partners on financial management and reporting. Resources were well used with almost no equipment bought and at the same time making use of access to UN offices/resources at no (UNICEF, WHO) or little (UNDP) additional costs. Efficiency could have been further enhanced by more networking and improved leveraging of synergies between the components and the partners/organizations. Following the Mid-Term Review conducted in 2016, coordination and synergy across the components improved.

ANNEX IV

List of documents produced under DRIC

The following reports and documents have been published for the purpose of knowledge sharing, knowledge management and documentation of work undertaken by DRIC or its partners. All are available on request.

- Assessment of Health and Rehabilitation Services for People with Spinal Cord Injury in Cambodia, 2017 (final draft)
- Assessment Tools for Elections Management Bodies
- Bailey, Sheree and Sophak Kanika Nguon: Situation Analysis for Disability-Inclusive Governance and Community Development in Cambodia, 2014.
- Capacity assessment of key selected stakeholders to improve rehabilitation services under the Disability Rights Initiative Cambodia, 2016
- Disability inclusion checklist for National Election Committee (NEC)
- Disability Rights Advocacy Toolkit and Media Guidelines for Reporting on Accessible Elections
- DPO guidelines
- Ensuring Sustainability of Physical Rehabilitation Services in Cambodia, 2016.
- Gartrell Dr., Alexandra et al: EmployAbility Cambodia Achieving Disability Inclusive Employment, 2016
- Guideline on Political Participation for DPOs in Cambodia
- Hasan Ph.D., MQ: Disability Data Sources Cambodia, 2014.
- MoH and MoSVY: National rehabilitation strategic plan 2018-2022 (final draft)
- MoH and MoSVY: National standards for the physical therapy professional practice, 2018
- National Accessibility Guideline (final version and pending for official launch)
- NIS and WHO: Health Care Utilization of Persons With Disabilities in Cambodia, based on the Cambodia Demographic and Health Survey 2014, 2017
- PMD/MoH: Rehabilitation guidelines for stroke in Cambodia, 2016
- PMD/MoH: Rehabilitation training module, 2018 (final draft)
- PWDF: Physical Rehabilitation Centers in Cambodia, Statistics and key indicators in 2017 and Trend 2012-2017, 2018
- PWDF: Physical rehabilitation transition plan 2018-2022 (final draft)
- PWDF: Web-based of the Physical Rehabilitation Centers in Cambodia, 2018 (final draft)

- Research report on “Disability Inclusion in the Voter Registration Processes”. The challenges, lessons learned and good practices: A Pathway of Disability Inclusion in Political Rights
- UNDP: Access to Justice for Persons with Disabilities in Cambodia. Documentation of Law and Practices between 2012 - 2016, 2017

In addition

- Case studies, human interest stories etc. (refer also to Annex II / Success Stories)
- CDIDF partner reports (available on request)
- PRSS partner report (available on request)

MID-TERM REVIEW OF DISABILITY RIGHTS INITIATIVE CAMBODIA

MAYA THOMAS

MAY 2016

Contents

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I would like to acknowledge the inputs of the DFAT appointed Advisor, Mr. Peter Bazeley, in the MTR process. His presence, albeit for a shorter time of 10 days, provided a valuable platform for joint reflection and generating of common impressions/positions that contributed to the conclusions and recommendations in this report.

Maya Thomas

May 2016

ACRONYMS

ADB	Asian Development Bank
ADF	ASEAN Disability Forum
CBR	Community Based Rehabilitation
CEDAW	Convention on Elimination of All Forms of Discrimination Against Women
CDIDF	Cambodia Disability Inclusive Development Fund
CDMD	Cambodia Development Mission on Disability
CDPO	Cambodian Disabled People's Organisation
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)
DoSVY	District office of Social Affairs, Veterans and Youth Rehabilitation
DPI	Disabled People's International
DPO	Disabled Persons Organisation
DRA	Disability Rights Administration
DRIC	Disability Rights Initiative Cambodia
HI	Handicap International
INGO	International non-government organization
IO	International organisation
M&E	Monitoring and Evaluation
MoEF	Ministry of Finance and Economy
MoH	Ministry of Health
MoI	Ministry of Interior
MoLVT	Ministry of Labour and Vocational Training
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MTR	Mid-term Review
NDSP	National Disability Strategic Plan 2014-2018
NGO	Non-government organization
PCT	Programme Coordination Team
PHD	Province Health Department
PMG	Programme Management Group
PRC	Physical Rehabilitation Centre
PRDP	Provincial Rehabilitation Demonstration Project
PRSS	Priority Rehabilitation Service Scheme
PoSVY	Provincial office of Social Affairs, Veterans and Youth Rehabilitation
PwD	Persons with Disabilities
PwDF	Persons with Disabilities Foundation
SCI	Spinal Cord Injury
SDG	Sustainable Development Goals
SHG	Self Help Group
TOR	Terms of Reference
TRG	Technical Review Group
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNRC	United Nations Resident Coordinator
VIC	Veterans International Cambodia
WHO	World Health Organization
WWDF	Women with Disabilities Forum

EXECUTIVE SUMMARY

The Disability Rights Initiative Cambodia (DRIC) is a 5 year joint UN programme implemented by UNDP, UNICEF and WHO in Cambodia, and the end-of-programme outcome is to ensure that persons with disabilities have increased opportunities for participation in social, economic, cultural and political life through effective implementation of the National Disability Strategic Plan 2014-2018 (NDSP) and Convention on the Rights of Persons with Disabilities (CRPD).

The programme has four components, each of which is expected to contribute to achievement of the end-of-programme outcome: supporting Government implementation of the Convention on the Rights of Persons with Disabilities (managed by UNDP); supporting Disabled People's Organisations to raise the voice and protect the rights of people with disability (managed by UNDP); supporting rehabilitation systems strengthening (managed by WHO); and inclusive governance and inclusive community development (managed by UNICEF).

The Royal Government of Cambodia is a signatory to the UN CRPD and has legal and policy mechanisms and structures in place for promotion of equal opportunities and protection of rights of its citizens with disabilities. Implementation however has been slow, mainly due to financing and capacity issues.

The DRIC programme attempts to address some of the gaps through its enablers: strategy and policy assistance, advocacy, capacity building, systems strengthening, core funding and service delivery funding, as elucidated in the programme's theory of change.

In line with the DRIC monitoring and evaluation plan, a **mid-term review** (MTR) was commissioned to assess progress and to provide suggestions for the remaining tenure of the programme.

The **methodology** included clarification of scope of work and terms of reference; review of documentation and reports; definition of key stakeholders and sample of stakeholders to be met for the MTR from the identified locations; data collection and field visit between 7th to 25th March 2016; sharing of impressions and feedback to Programme Management Group and Technical Review Group at the end of the field visit; interpretive analysis of information collected; development of a draft report; feedback on the draft report from key stakeholders and finalisation of the report incorporating feedback.

Key findings

The DRIC programme goal, component goals and theory of change are by and large **relevant** and appropriate to address needs and concerns of persons with disabilities in the country. The programme design however has not proved to be very efficient.

The programme is largely on track in achieving the stated outputs, with the exception of component 3 which is the most complex and challenging. This review has brought out good practice examples across different components to illustrate effectiveness and potential for impact of the programme as a whole. In addition, there are indicators to show how disability is mainstreamed in the UN system.

The conclusion about effectiveness needs to be tempered by the fact that it was not stipulated at the design stage how much effect the programme was meant to have (or needed to have). This raises the question of whether the present effect is enough to justify the level of programme expenditure.

On the issue of **efficiency**, there are many concerns that can affect impact and sustainability of the programme. These have to do with coordination, communication and synergy across the components, external communication and coordination, and advocacy. It is also an expensive programme, principally due to high UN staff and operating costs, and needs to justify the high input costs by demonstrating evidence of sustained and lasting impact in the remaining years of implementation.

Sustainability of the DRIC programme as a whole is low, because of the high level of 'transactional' (paying for services) aid involved in the programme. There is as yet little evidence of norms and standards, and public expenditure, to demonstrate country ownership or to show that RGC can sustain the DRIC activities.

The budget cuts and scaling down have had an impact on DRIC, mainly on programme activities of partners. Within these constraints, it is still possible for DRIC to promote a valuable, principally '*transformational*', agenda: that is, bringing about change in the norms and standards by which the rights of persons with disabilities are protected and promoted in the country. This is also the '*normative*' role of UN agencies like those involved in DRIC. It is what is expected from the UN system, more than being a delivery mechanism for more transactional forms of aid. In the words of the UNRC: *"The Joint programme has the ability to embed disability issues into normative agenda of Government."* This can be made possible if the programme focuses on certain priority areas with potential for sustained impact across all components, as detailed in the section on recommendations.

Recommendations

Component 1

Recommendation 1: Monitor the NDSP review workshop follow up actions, and include advocacy for monitoring of disability inclusion in SDG implementation, as part of NDSP.

Priority: High

Responsibility: DAC and UNDP

1.1 Clarify roles of provincial DAC and provincial PwDF to avoid duplication and overlapping.

Priority: Medium

Responsibility: MoSVY, DAC and PwDF

Component 2

Recommendation 2: Develop more provincial DPO leaders, including women with disabilities, through training on leadership, language skills and exposure visits.

Priority: High

Responsibility: CDPO, UNDP

2.1 Develop links with other DPOs at district levels, including those supported by CDIDF of component 4, in building up provincial DPOs, instead of promoting new district and provincial level DPOs from scratch.

Priority: Medium

Responsibility: CDPO, UNDP, UNICEF, CDIDF partners

Component 3

Recommendation 3: Reduce the gap between PwDF and NGOs.

3.1 Communicate to all stakeholders about the delayed handover option for PRCs, especially the NGOs who are expected to raise funds to continue support to PRCs in the interim; and include MoEF in the discussion.

3.2 Set limited goals for the remaining tenure of DRIC, in consultation with PwDF and NGOs, for example, reviewing the PwDF strategy plan, structure and capacity, and finalising agreements on standardised operating procedures for PRCs.

Priority: High

Responsibility: WHO, MoSVY, PwDF, NGOs

Recommendation 4: Institutionalise mechanisms of capacity building and referrals within the health sector for sustainability.

4.1 Work with MOH to ensure that the health information systems at province, district and health centre levels include information on persons with disabilities.

4.2 Advocate with MOH to include training of health centre staff and village health staff on early identification, early intervention and referrals in the health sector's on-going training plans.

Priority: Medium

Responsibility: MOH, WHO

Component 4

Recommendation 5: Review the small grants scheme to focus more on fewer numbers of partners for long term sustainable development.

5.1 Review selection process for 2016 and 2017 to reconsider open selection and look at opportunities to extend and deepen partnership with existing CDIDF grantees.

Priority: High

Responsibility: UNICEF

Recommendation 6: Institutionalise capacity building mechanisms for disability inclusion at sub-national levels

6.1 Identify which agency or agencies will be the 'holder (s)' of this capacity building, in consultation with MOI, MoSVY and CDPO, and develop a set of master trainers to continue the training.

Priority: High

Responsibility: UNICEF, MOI, MoSVY

6.2 Continue to include PoSVY and DoSVY officials in future sensitisation programmes, in consultation with MoSVY and CDPO.

Priority: Medium

Responsibility: UNICEF, MoSVY, CDPO

Programme management

Recommendation 7: Promote synergy and convergence within DRIC, with TRG and PCT playing a more active role in identifying and promoting communication and convergence.

Some examples: using partner (CDIDF, PRDP, MOWA DaWG) good practice examples and innovative experiences as advocacy tools for CDPO and DAC; Kampong Cham PRDP as a case study on convergence; sensitisation of commune councils and CBR as cross cutting issues across components; capacity building at sub-national levels to include other ministries, especially PoSVY and DosVY, as participants.

Priority: High

Responsibility: PMG, TRG, PCT

Recommendation 8: Improve external communication and coordination

8.1 Improve donor relations by re-induction of DFAT into the PMG, provided both sides perceive the need for and value addition of, such engagement.

8.2 Highlight examples of DRIC work that reflect the current key words in DFAT – innovation, gender, private sector engagement – in reports and donor meetings.

8.3. Establish mechanisms of coordination (for example, regular meetings) with other large agencies (INGOs and bilateral agencies) in the disability sector in the country for information sharing and joint advocacy with government.

Priority: Medium

Responsibility: PMG, TRG, PCT

Programme Coordination Team

Recommendation 9: Have the PCT play an effective coordinating role within and outside DRIC, focusing on issues of synergy, convergence, communication, stakeholder engagement and advocacy.

9.1 PCT to have an annual work plan in consultation with the agency focal points and approved by the PMG, on technical support to be provided, and on coordination issues (advocacy, synergy, cross fertilisation, external communication) to be addressed, with targets and indicators to monitor progress.

9.2 Review tasks of PCT as detailed in the original proposal, carry out analysis of how different functions are being fulfilled and what supports are required to do this effectively.

Priority: High

Responsibility: PMG, PCT

Monitoring and evaluation, reporting

Recommendation 10: Review and revise some of the outputs, targets and indicators as identified by the agencies, across all components.

10.1 Develop a few key indicators to capture change of a transformational nature, as pointed out in component recommendations above, and for DRIC as a whole.

Priority: High

Responsibility: TRG

10.2 Have the annual report reflect transformational change, synergy and innovative practice.

Priority: Medium

Responsibility: TRG, PCT

DRIC as a whole

Recommendation 11: Greater focus on advocacy with government, with the Programme Board playing a more active role, especially about financing for disability issues; capitalise on the Prime Minister's interest in disability issues, by arranging meetings with him to present DRIC.

Priority: High

Responsibility: PB, PMG

11.1 Engage with MoSVY and MoEF through partners or donors like DFAT for advocacy on financing for disability issues.

Priority: High

Responsibility: PB, PMG

11.2 Facilitate development of a clear national road map for disability issues in the country, with priority areas for action and financing plan, in consultation with Government, INGOs, NGOs and DPOs.

Priority: High

Responsibility: PB, PMG

Future of DRIC

DRIC was started to manage a large joint UN programme with different components, many of which were long time partners of AusAID, with the aim of leveraging the advantages of the UN system in influencing government. Subsequent changes – AusAID to DFAT, budget cuts – mean that DRIC in its present version, however relevant or effective, may not be feasible to maintain in the long run.

Funds permitting, the programme needs to be supported till 2018 to fulfil some of the transformational agenda mentioned earlier, and to promote country ownership.

Any future versions of DRIC should focus mainly on influencing normative agenda of government and on capacity building related to that. Core funding and service delivery need not be part of such a programme in the longer term.

With this understanding, the design and structure may be very different, as there may not be a need to support CDPO, civil society under the small grants scheme or PRCs, through the UN system. This brings up the question of whether there is a need at all for a joint programme: instead, donors like DFAT can choose to work with the UN on specific areas of advocacy with government, in collaboration with other agencies like GTZ, USAID etc that are promoting disability issues in the country.

BACKGROUND

The Disability Rights Initiative Cambodia (DRIC) is a joint UN programme implemented by UNDP, UNICEF and WHO in Cambodia. DRIC is a 5 year programme funded by the Australian Government with an assured funding till 2017. While the programme cycle commenced from January 2014, the substantive phase of implementation began in June 2014 and the programme is now in its second year of implementation.

The DRIC programme was designed to contribute towards improvement in the quality of life for persons with disabilities in Cambodia and the end-of-programme outcome is to ensure that persons with disabilities have increased opportunities for participation in social, economic, cultural and political life through effective implementation of the National Disability Strategic Plan 2014-2018 (NDSP) and Convention on the Rights of Persons with Disabilities (CRPD).

The programme has four components, each of which is expected to contribute to achievement of the end-of-programme outcome.

Component 1: Supporting Government implementation of the Convention on the Rights of Persons with Disabilities (managed by UNDP).

Component 2: Supporting Disabled People's Organisations to raise the voice and protect the rights of people with disability (managed by UNDP).

Component 3: Supporting rehabilitation systems strengthening (managed by WHO).

Component 4: Inclusive governance and inclusive community development (managed by UNICEF).

In line with the DRIC monitoring and evaluation plan, a mid-term review (MTR) was commissioned to assess progress and to provide suggestions for the remaining tenure of the programme.

OBJECTIVES OF THE MID-TERM REVIEW (as per the Terms of Reference – Annex 1)

- To assess whether the programme is on track against its component intermediate outcomes and the likelihood of achieving component end of programme outcomes
- To provide guidance for any programme modification that may be needed.
- To examine the relevance, effectiveness, efficiency and impact of the programme.

METHODOLOGY

The MTR used a consultative and participatory methodology with special attention on eliciting information on what really worked and why, and what could be done better. A collective thinking and reflection approach was followed in all the stakeholder discussions.

Since this is a mid-term review, selective and convenience sampling was used for collection of data, keeping in mind costs and logistics.

The steps followed in the methodology are detailed below.

1. Clarification of scope of work and terms of reference

2. Constitution of the review team

   Although a national consultant was expected to come on board, this did not materialise and 2 translators from Cambodian Disabled Persons Organisation (CDPO) assisted the consultant, by organizing appointments with stakeholders, and providing translation support during data collection.

   The consultant worked with the Department of Foreign Affairs and Trade (DFAT) Advisor, Mr. Peter Bazeley during the first 10 days of the MTR process, including stakeholder meetings/discussions.

3. Review of documentation and reports
   Annex 2 lists the documents reviewed.

4. Definition of key stakeholders and sample of stakeholders to be met for the MTR from the identified locations.

5. Data collection and field visit: This was carried out between 7th to 25th March 2016 (Annex 3 provides the MTR review schedule). A mix of methods were used for collection of mainly qualitative data from stakeholders, including document review, individual interviews, focus group discussions, collection of case studies, reporting of component intermediate outcomes and outputs by agency focal points and budget analysis based on work plans for 2015 and 2016. Annex 3 lists the stakeholders met during the MTR.

6. Sharing of impressions and feedback to Programme Management Group and Technical Review Group at the end of the field visit.

7. Interpretive analysis techniques (observation, participatory discussion and reflection, formation of impressions) for analysis of information collected during the field visit and stakeholder discussions.

8. Development of a draft report.

9. Feedback on the draft report from key stakeholders.

10. Finalization of the mid-term review report incorporating feedback.

REVIEW FINDINGS

The findings are discussed for each component, followed by a section on programme management, organised according to the review questions in the TOR.

The findings reflect the shared impressions of the MTR Consultant and DFAT Advisor, especially on programme management, and on conclusions and recommendations.

For each component, the report on intermediate outcomes and outputs provided by the focal points is presented, followed by the review findings.

Component 1: Support to Government implementation of the National Disability Strategy Plan (managed by UNDP).

Component end-of -programme outcome	Review questions
DAC, with the support of the DAC-SG, effectively coordinates implementation of the NDSP	• How does the programme address NDSP 2014-2018 priorities • Country ownership and the role of the Disability Action Council (DAC) in coordinating the implementation of the NDSP • Successes and challenges • Follow up of recommendations from previous consultancy reports under this component

Table 2: Component 1 Progress

Outcomes and outputs	Progress till January 2016
Intermediate outcome 1: NDSP implemented through rights-based and inclusive approach	
Output 1.1: Capacities of key government structures enhanced to promote rights-based and inclusive approach to implement NDSP	15 line ministries have received capacity development support aimed at enhancing implementation of NDSP. In addition, DAC has opened up local offices in all 25 provinces while capacity development support has been focused on 5 up to January 2016
Output 1.2: Law on the Protection and the Promotion of the Rights of Persons with Disabilities and implementing legislation revised in alignment with CRPD, CRC, CEDAW & other conventions to which Cambodia is a party	The UN system are strongly advocating with the government about the need to amend the Law to align with UNCRPD. Government has in principle agreed to initiate the process but without any concrete deadline proposed. The legal intergovernmental committee for this purpose was formed and functioning (2-3 sub decrees were passed)
Output 1.3: Increased government financial investment to strengthen capacities to coordinate and/or implement the NDSP	The funding from national budget to DAC remains the same as in previous year except for funding increase aimed at newly opened DAC sub national offices. The funding will be expected to rise next year and UN agencies will continue advocacy efforts in this direction.
Intermediate outcome 2: Increased capacity of DAC to coordinate implementation of the NDSP	

Output 2.1: Implementation of NDSP is monitored transparently across the whole-of government	Through the annual reflection workshop, 15 line ministries /agencies presented their work in implementation of NDSP. The workshop also included presentation of civil society (CDPO, DPOs) contribution to NDSP
Output 2.2: In-depth analysis of existing disability-related data sources performed with recommendations for improvement of comprehensive disability-related data collection, analysis and utilisation	Recommendation from data analysis report commissioned by UNDP to use WG questionnaire into the national data surveys/census has been adopted by Ministry of Planning and NIS. Functional analysis – most of the recommendations are followed.
Output 2.3: Reporting under CRPD is completed on time following an inclusive consultative process	Second draft of report was developed

Note: DRIC annual reports of 2014 and 2015 provide updated coverage statistics related to outputs and indicators.

National Disability Strategy Plan

This was developed and launched by DAC before the DRIC programme was initiated. DRIC role is to facilitate and support DAC in NDSP implementation.

The process of NDSP implementation is initiated, and the NDSP Review workshop of December 2015 has a set of clear follow up actions, that need to be monitored by DAC and DRIC jointly, keeping in mind what is feasible and realistic to achieve in the given time frame.

From NDSP Review workshop, December 2015:
DAC-SG will use the consolidated outcomes of group discussion to design the implementation plan for NDSP and follow up the agreed actions points that provided by participants to ensure the actions will be implemented.
DAC-SG will review the draft M&E framework for NDSP and submit to President for approval
DAC-SG will consider to develop the operational/implementation plan for NDSP based on the result of workshop
DAC will increase the collaboration and cooperation with all sectors to promote the implementation of NDSP including the private sector
DAC will work closely with DAWG and DAC sub national to ensure the national budget will be allocated for this working group to implement and monitor the NDSP.

One of the significant international milestones is the initiation of Sustainable Development Goals (SDG) which replaces the earlier Millennium Development Goals. DAC needs to include advocacy for monitoring of disability inclusion in relevant SDG in the NDSP implementation plan.

Revision of the 2009 Law

It is clear that the revision of the Law cannot take place before 2018, as it is a time consuming process that has to follow government procedure. Interestingly, the DRIC M&E Framework of February 2015 had omitted the output related to revision of the law, acknowledging that it would not be feasible to achieve. However, this matter was discussed in PMG and PB meetings and it appears that there was agreement to retain the output.

During the MTR, it was agreed by all concerned stakeholders (DAC, UNDP, other sections of MoSVY), that while the process of law revision can be initiated, it will not be completed in the next 2 years. Accordingly the output related to this will need to be revised. It is understood that the DRIC PB meeting has already taken a decision to do so.

Role clarity of key players in MoSVY

Following the recommendations of the Functional Analysis carried out with UN support, the Ministry is in the process of clarifying the roles and responsibilities of DAC, PwDF and the Department of Welfare for Persons with Disabilities, and a prakas is expected to be issued soon. This is essential for effective implementation of NDSP, as there is some continuing confusion about the roles of these agencies as perceived by themselves and by external stakeholders such as NGOs and DPOs.

Disability Action Working Groups

The DAWGs in line ministries are all less than a year in operation, and still in the process of formulating their actions, mainly at national levels at present.

In the Ministry of Women Affairs (MoWA) and Ministry of Labour and Vocational Training (MoLVT), disability inclusion was already in practice and both are good case studies to document and advocate for disability inclusion in other ministries.

MoLVT

Persons with disabilities are employed at all levels, including higher levels as heads of departments;
Ramps are built at ministry headquarters and offices at sub-national levels directed to do so as well;
Policy of non-discrimination towards women and persons with disabilities;
National Employment Agency (39 vocational training centres and 9 job placement centres in the country) can be accessed by persons with disabilities; all information is provided on the website;
Job fairs for recruitment of persons with disabilities;
Partnership with NGOs and DAC

MOWA – Policy, strategy and practice

Disability is part of 5 year Plan, in line with CEDAW;
Cambodia Gender Assessment includes persons with disabilities;
National Women's Council for CEDAW includes issues of women with disabilities in reports;
Women and men with disabilities are employed at the Ministry;
DAWG meetings are held quarterly;
Implementation at sub-national levels is low because of limited budgets;
Ministry has a plan to build vocational training centre for women with disabilities

MOI: *According to the Ministry officials, disability is now a cross-cutting issue, along with environment, security etc.*

Disability Action Council at provincial levels

At Kampong Cham, the provincial DAC is newly established, and the main activities have been meetings to discuss the NDSP, and assistance in preparing the CRPD report. There is no mechanism for regular meetings, although there is a proposal to hold quarterly meetings in the future.

From discussions with the PoSVY Director, it is clear that role clarity of provincial DAC and provincial PwDF is essential to avoid duplication of work and to promote better coordination with other sectors.

The PoSVY Director at Kampong Cham is knowledgeable and aware of disability issues, but in many other provinces the situation is reportedly not the same. It appears that there is a need for PoSVY and DoSVY officials in different provinces to be sensitised and trained on disability issues. This is something that UNICEF needs to consider in their future sub-national training plans.

Disability Action Council links with other DRIC components

With support and facilitation from UNDP, DAC is working with UNICEF and Handicap International (HI) to develop a web based directory of resources and with CDPO on advocacy. DAC has been involved and support the development of the sub-national disability inclusion training package that is funded through Component 4 of UNICEF's work and is regularly involved in cross-programme consultations.

Financing from Government

This continues to be a challenge, as admitted by DAC SG, and other departments of MoSVY. In 2014, when PRC costs were included, Government spending on disability was $850,000 (30%), an increase from the 11% spent in 2011.

There are plans to request for increased allocations from Ministry of Finance and Economy (MoEF), collectively by DAC and other ministries, for NDSP implementation.

On the whole, the DRIC programme is on track in achieving the outputs under this component, given the fact that the government (DAC) is the primary 'driver' of this component.

Component 2: Supporting Disabled People's Organisations to raise the voice and protect the rights of people with disability (managed by UNDP).

End-of-programme outcome	Review questions
Disabled People's Organisations effectively represent the needs and priorities and advocate for the rights of all persons with disabilities.	• Impact of CDPO advocacy and their role in representing the interests of the persons with disabilities. • Successes and challenges

Table 3: Component 2 Progress

Outcomes and outputs	Progress till January 2016
Intermediate outcome 1: Increased capacity of CDPO/DPOs to fulfil their mandates	
Output 1.1: CDPO and DPOs capacitated to act as an effective channel for raising the voice of all persons with disabilities	CDPO and DPOs have increased capacities to act as an effective channel for raising the voice of persons with disabilities through mass media and engagement with both private and public sector to promote disability inclusion
Output 1.2: Specific needs and priorities of women and children with disabilities, persons with hearing, visual, intellectual and psychosocial disabilities, and other excluded groups are included and addressed in CDPO/DPO plans and activities	30% of CDPO governing board are women with disabilities. At DPO level, 40% of the board members are women with disabilities (according to the gender policy which is implemented throughout the country) There are 10 Women with Disability Forums (WWDFs) compared to 6 at the beginning of the project. Gender has been mainstreamed across CDPO guiding documents and the DPO guideline Persons with hearing or visual impairments and those with intellectual disability are reported to be increasingly represented in CDPO and DPOs (both in governing bodies as well as in activities of the organisations) There is increased effort to include people with psychosocial disabilities in the DPO in Battambang province which will serve as a test ground for future
Output 1.3: CDPO and DPOs are actively involved in regional networks, and exchange of experiences and good practice	CDPO is a member and chair of ASEAN Disability Forum (ADF), and a member of DPI, representing the voices of Cambodian persons with disabilities around the globe. DPOs have been involved at regional level discussion in the framework of the project to

	the extent possible. However, there are limitations due to language and budget barriers.
Intermediate outcome 2: Effective inclusion and representation of diverse groups of persons with disabilities	
Output 2.1: Existing DPOs strengthened and new DPOs established to ensure representation of diverse groups of persons with disabilities	At least 2 or 3 new DPOs/WWDFs join the network annually. Also the existing DPOs/WWDFs have the capacity to implement their work plans and work directly with local authorities. They receive capacity development support through CDPO.

Note: DRIC annual reports of 2014 and 2015 provide updated coverage statistics related to outputs and indicators.

CDPO is an established DPO in Cambodia that has been working to raise concerns of persons with disabilities in the country, with support from different donors, including AusAid (now DFAT). From CDPO's perspective, the DRIC association has helped to improve collaboration/engagement with government at national (with DAC) and provincial levels (Provincial DPO as part of provincial DAC); being a partner of the UN has helped to increase visibility of disability issues and helped open more doors for CDPO, for example, with Ministry of Information and Ministry of Planning.

CDPO continues with their focus areas of advocacy, communications and awareness raising, DPO development and organisation development. The major achievements are described in their Annual Progress Report, 2015. Some noteworthy achievements include setting up of a radio station for awareness raising; advocacy with the National Election Committee to promote political participation by persons with disabilities; and with Ministry of Information for inclusion of disability in the draft Law on Access to Information.

Development of Disabled Persons' Organisations at province level

While 5 province level DPOs are now in operation, it is clear that there is no other DPO leader in the CDPO structure who is capable of doing what the CDPO Executive Director does. CDPO's work in the country and outside is entirely dependent on the Executive Director.

Representative Self Help Disabilities Organisation Batheay District (RSDOB)
RSDOB started in 2001 as a self- help group, and developed into a district level DPO, gaining recognition from MOI in 2009. It has 129 members (55 women, 13 girls) from 11 SHGs operating in 80 villages of 10 communes. It has recently become the provincial DPO (with 5 staff to support the director – 3 women) and the leader is a member of the provincial DAC. With his inputs, the provincial implementation plan includes the needs and concerns of persons with disabilities.
In the 10 communes where SHGs are present, disability is included in the Commune Investment Plan, and SHG members are invited to the Commune Council meetings. Persons with disabilities in these communes are more aware of their rights. The SHG members include persons with more complex disabilities and multiple disabilities in their activities by working with the families; SHG members refer those in need of rehabilitation services to health centres and the PRC, and carry out follow up at the village level through home visits, home adaptation and fund raising locally.
CDPO provides some finances from the DRIC programme, along with capacity building and technical support. Funding is a challenge. The DPO received $2000 from CDPO for its work last year. As a partner of CDPO, this DPO is not eligible for the UNICEF small grants scheme; besides, it is still not fully ready with all the necessary requirements to receive grants directly from donors.

Future plans include advocating with Commune Councils to allocate budgets for disability issues; and to have a focal point (a person with a disability) at each village to work with the Councils.

Instead of trying to promote more DPOs at district and province levels on its own, CDPO should explore links with DPOs at district levels that have been initiated by other NGOs, including those supported by CDIDF of component 4, in building up provincial DPOs and expanding geographical coverage.

This will also allow CDPO time to focus more on developing provincial DPO leaders like the leader of the RSDOB in Kampong Cham province, and to promote more women with disabilities in leadership positions. The RSDOB leader is confident, vocal and passionate about the cause. With more training on leadership, language skills and exposure visits, he can be a possible second line leader in CDPO.

CDPO is directly linked to component 4 of DRIC, as a participant in the training of trainer programme carried out by UNICEF. CDPO will also be part of future sub-national training programmes of UNICEF as a trainer. Indirectly, CDPO works with Component 4 through its engagement with CSO partners and provision of support/guidance to the provincial DPOs, district Federations and commune level SHGs. CDPO is part of component 3 as well, in the PRDP project.

CDPO can use good practice examples as well as evidence generated from other DRIC components (for example the MoWA DAWG, CDIDF partner experiences, PRDP in Kampong Cham) in their advocacy.

Overall, the DRIC programme is well on its way to achieving the intermediate outcomes in this component, because of the strong partner –CDPO- that has the capacity to do so.

Component 3: Supporting rehabilitation systems strengthening (managed by WHO)

End-of-programme outcome	Review questions
Improved rehabilitation services for persons with disabilities	• Work undertaken and progress in strengthening rehabilitation leadership, planning and coordination. • Support provided to Cambodian government to enable a successful transition of PRCs from INGO to government ownership. • Work undertaken in supporting increased access to quality rehabilitation services • Successes and challenges

Table 4: Component 3 Progress

Outcomes and outputs	Progress till January 2016
Intermediate outcome 1: Strengthened rehabilitation sector leadership, planning and coordination	While coordination at national level is being discussed, the coordination at provincial level is established and functional under the demonstration projects
Output 1.1: Increased government capacity to lead, regulate and plan the rehabilitation service sector	The final draft of Rehabilitation transition analysis is translated into Khmer and circulated to MoSVY and PWDF. The 2014 CDHS analysis on the Health care utilization for people with disabilities is being finalized. Two additional studies to be conducted during the 2nd quarter of 2016 (Rehabilitation financing and SCI situation analysis) The Rehabilitation Human Resource study will take place in 2017
Output 1.2: Establishment of a rehabilitation sector leadership and coordination mechanism	Two working groups under the PWDF-INGOs directors coordination meeting established with clear ToRs (HR and Finance/Procurement working groups) Two working groups at provincial level under the Demonstration projects (Battambang and Kampong Cham) established and functional. Following the study tour in Malaysia, MoSVY, PWDF, DAC, MoH (Director of Preventive Medicine and Director of Planning/ Health Information System) and CDPO agreed to establish a national Rehabilitation Task Force or Working group. Draft ToR will be shared among the members soon before the 1st meeting planned in May 2016.
Output 1.3: Development of MoH's role in rehabilitation sector strengthening and service provision	The national committee is not yet established but several meetings were held between Preventive Medicine department of MoH, Department of Welfares of MoSVY, PWDF director and CDPO to discuss about the establishment of Demonstration project, the development of Physiotherapist standard and the development of formal national working group. As part of the two demonstration projects, training was organized for health staff, local authorities and relevant stakeholders.

	WHO is working with MOH to develop guidelines for stroke rehabilitation. Documentation of good practice and lessons learnt is planned for early 2017.
Output 1.4: Development of a national vision for rehabilitation and support services provision	In progress. As indicated in Output 1.1, based on those reports a National Rehabilitation Action Plan will be developed with clear actions plan, objectives, expected outcomes and indicators to provides clear vision for the sector strengthening
Intermediate outcome 2: Increased access to quality rehabilitation services	An increase of clients is observed in most services while comparing data for 2015 vs 2014 and 2013. There was significant increase observed for the Prosthesis/Orthosis and Physiotherapy treatment services provided by the two PRCs managed by PWDF (Takeo and Siem Reap)
Output 2.1: Increased capacity of MoSVY and PWDF to effectively and efficiently manage Physical Rehabilitation Centres (PRC) and support their transition from INGOs	ToR for the review of PRC Standard Working procedure (SWP) is drafted The review of Clients Satisfaction Survey (CSS) questionnaires is being consolidated based on the comments from PRCs and INGOs representatives The cost calculation is being drafted through HI leadership in consultation with PWDF and INGOs representative No progress made in terms of civil servants working at PRCs and Components factory (36% of the total workers)
Output 2.2: Community Based Rehabilitation (CBR) implemented in line with WHO CBR Guidelines	A national Bi-annual CBR forum organized As result from this forum, a national CBR coordination committee is being adopted
Output 2.3: Increased government financial investment in rehabilitation service delivery	Based on the 2013 and 2014 expenditures of the 11 PRCs and components factory the RGC has allocated 27% of 2,636,743USD in 2013 and 28% of the total 2,633,712USD in 2014.

Note: DRIC annual reports of 2014 and 2015 provide updated coverage statistics related to outputs and indicators.

This Component has very ambitious intermediate outcomes and outputs, many of which may not be achievable in a 5 year programme cycle. It is also the most complex and challenging of the DRIC components, with multiple stakeholders and interest groups from ministries of health and social affairs and NGOs, operating at different levels (national and provincial), and handling different programmes – PRDP, PRSS, CBR. More detailed analysis is available in earlier consultant reports available with WHO.

Provincial Rehabilitation Demonstration Project (PRDP)

These are demonstration projects based in Battambong and Kampong Cham, to strengthen collaboration between Health Facilities of the Ministry of Health (MOH) and the Physical Rehabilitation Centres (PRC). The main purpose is to increase appropriate referrals between these facilities.

While the PRDP managed by the Provincial Health Department (PHD) in Battambong is less than a year in operation, Handicap International (HI) in Kampong Cham has been working on this model from September 2014.

PRDP, Kampong Cham
The focus is on 20 health centres in as many communes; the aim is to increase referrals to the PRC from health centres, referral hospitals, village health support group, Commune Council, village chiefs and PwDF at provincial level. A referral committee is set up, consisting of representatives from the province health department (PHD), provincial DPO, provincial PwDF and local authorities. Health centre staff have been trained, and Commune Councils have been sensitised. Data with HI show that there is an increase in appropriate referrals from health facilities to the PRC between September 2014 and December 2015.
The main challenges include limited funds for client transport costs to reach the centre, difficulties faced by families in spending time with clients at the centre and difficulties in reaching older, severely disabled clients living in remote rural areas.

The Kampong Cham PRC is a good example of synergy and convergence between different DRIC components and stakeholders and should be documented as such. It is also functioning well because HI is the primary driver.

Discussions with the Director of Preventive Medicine Department in Phnom Penh gave an indication that the Battambong PRDP may not be in a similarly strong position, and is viewed as a WHO project. However, the project is implemented by PHD and Battambang referral hospital, while the department of preventive medicine is mainly in charge of national coordination and provision of technical support. Since time constraints prevented a visit to Battambong, it is not possible to comment further on this.

The idea of the PRDP is good, but it is important to institutionalise the mechanisms of capacity building and referrals within the health sector for sustainability. MOH has included screening for disability in the 2016-2020 strategic plan for the first time. Physiotherapists are reportedly available at the health centre level. WHO needs to advocate with MOH and other relevant authorities to ensure that the health information systems at province, district and health centre levels include data on persons with disabilities. Likewise, training of health centre staff and village health staff on early identification, early intervention and referrals needs to become part of the health sector's on-going training plans. This will help to support the health component of a national CBR plan as well.

Priority Rehabilitation Services Scheme

There are 11 PRCs in the country, initiated by and international organisations (IO) and INGOs. PwDF is expected to take over financing and managing these PRCs and the Component Factory. In the interim the PRSS scheme of WHO is meeting some costs to ensure that client intake does not drop drastically as it did in the 2 PRCs that were fully handed over to PwDF. WHO support did lead to an increase in clients approaching these 2 PRCs, as shown in data available with WHO. However, without external support, it is unlikely that the PRCs and the component factory will be able to sustain themselves. The government's fund allocation to PRCs is reportedly increasing by 10% every year; however, available data show that government funds for PRCs are a small fraction of total PRC costs.

WHO has commissioned capacity assessment and transitional analysis studies in relation to handing over of PRCs to PwDF and the reports are in the process of being approved/translated. A delayed handover and extended transition process with continued financial support from INGOs/IOs is the option proposed by the external consultant and agreed by the government. This does not appear to be communicated to the NGOs clearly yet, however, a consultative workshop to consolidate and communicate the findings of the transition analysis report is planned by the second quarter of 2016.

From discussions with INGOs/IOs managing/handing over PRCs and the PwDF Director, it is clear that there are frustrations on both sides, leading to gaps and trust deficit between them. WHO is attempting to play the bridge/mediator role to reduce the gap. This is very important, as both are key stakeholders for PRCs (NGOs in terms of financial support for a delayed handover, and PwDF as the owner/manager of PRCs). WHO needs to have all stakeholders on board for the delayed handover option, especially the INGOs/IOs who are expected to raise funds to continue support to PRCs in the interim. MoEF is another key stakeholder that should be part of the discussion.

CBR

This part of component 3 is progressing as planned. UNICEF is also working with MoSVY on national CBR coordination, besides supporting CBR activities of NGOs through CDIDF. CBR has emerged as a cross cutting issue across the DRIC components; internal coordination/communication and experience sharing within DRIC is necessary for convergence and avoiding duplication on this issue. This is recognised and coordination efforts are initiated.

Advocacy and coordination

There is a need to strengthen advocacy efforts in this component, especially with MOH for institutionalising mechanisms for capacity building and information systems for disability inclusion, and with MoSVY/MoEF for increasing rehabilitation financing.

Coordination is needed with other DRIC components – on CBR, for example, or for presenting learnings from a CDIDF project on audiology (a new service in the health sector in the country) to MOH.

Coordination is also needed outside DRIC with agencies working in the health and rehabilitation sector in the country, GIZ for example, to share information and for collective advocacy with government.

Overall, considering the complexities and challenges involved in this component, there is a need to revise the outputs, targets and indicators. WHO should also consider setting realistic and limited goals that can be achieved in the remaining part of the programme cycle, especially in relation to the PRC handing over process.

Component 4: Inclusive governance and inclusive community development (managed by UNICEF)

End-of-program outcome	Review questions
Increased capacity of and collaboration between subnational decision makers, civil society and communities to achieve the rights of persons with disabilities	• Quality of work done in promoting inclusive community development for persons with disabilities and in bringing disability on the agenda of the national and local authorities • Effectiveness and efficiency of current small grant scheme mechanism in identifying partners • Impact of the sensitization programme conducted to raise awareness of the sub-national officials on the rights of persons with disabilities • Successes and challenges

Table 5: Component 4 Progress

	Progress till January 2016
Intermediate outcome 1: Persons with disabilities have access to community-based services through the CDIDF and support from their local decision-makers in reducing barriers to participation	Data collection on-going in 2016.
Output 1.1: Persons with disabilities have increased opportunities to participate and contribute to community life in CDIDF-funded project areas	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. 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). 75 SHG with 1,518 members (F: 622)
Output 1.2: Improved access to services for persons with disabilities at the community level in CDIDF-project areas	Progress against indicator targets are on track; some targets yet to be met during DRIC life cycle. 9 grants on-going from the 2014 round. 6 new grant partners identified in 2015. Total: 15 CSO partners. 1 financial training conducted for 6 new partners. 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. 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 and Phnom Penh. 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.

	89,897 indirect beneficiaries (were reported during Jan-Nov 2015. Note – updated based on EA data that Cambodian viewers of Uptown Funk 51,741 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.
Output 1.3: Documentation/dissemination of experiences of CDIDF to influence policy dialogue	Progress against indicator targets on track. Progress reports from 9 CDIDF partners available. 2 blogs produced on CDIDF partner works. 2 short beneficiary stories produced by KHEN and edited by UNICEF. 2 human interest stories produced by UNICEF
Intermediate outcome 2: Increased capacity of subnational decision-makers in selected provinces, districts and communes to achieve the rights of persons with disabilities	Data collection in 2016.
Output 2.1: Government officials in selected provinces, districts and communes have greater awareness to improve the lives of persons with disabilities.	Province and district sensitisation work completed. The sub-national disability inclusion training package has been drafted and pre-tested and the Khmer language version is finalised in consultation with key stakeholders from MoI, CDPO and MoSVY. 1 ToT conducted in December 2015 for 23 participants to produce a first cohort of master trainers to support roll-out at commune level in 2016. Commune and district training to start in 2016.
Output 2.2: Persons with disabilities have increased opportunities to contribute to decision-making processes in target areas	Data is still same as baseline. 75% per cent of surveyed commune report that persons with disabilities have been present during planning meeting Data will be collected in 2016 and 2017 using Magpi survey tool
Output 2.3: Documentation/dissemination of experiences to influence policy dialogue	On track against output indicator and targets. Activity reports, photo documentation, etc are available.

Note: DRIC annual reports of 2014 and 2015 provide updated coverage statistics related to outputs and indicators.

Cambodia Disability Inclusive Development Fund

Through this fund, UNICEF manages a small grants programme meant for NGOs carrying out different activities and services to promote inclusion of persons with disabilities (managed earlier by Australian Red Cross).

As of now, there are 15 CSO partners who are recipients of the grants, involved in CBR, inclusive education, homed based rehabilitation for persons with complex and multiple disabilities such as spinal cord injury and cerebral palsy, access to sports and arts, audiology services (new service in the country) and independent living.

The field visit to Kandal province included visits to 3 clients under the home based rehabilitation service provided by VIC, and discussion with a SHG promoted by CDMD.

A 22 year old young man with spinal injury, after a tree fell on him 3 years ago, is assisted with physiotherapy, pressure sore care, family training, wheelchair for mobility and training on activities of daily living skills; there is a proposal to provide vocational training after his health status improves.

A 5 year old little girl with moderate cerebral palsy (adopted by a woman in the village after being abandoned), receives physiotherapy and speech training. She is able to communicate better now, and indicates her needs.

A 9 year old boy with severe disabilities due to cerebral palsy has a special chair and receives physiotherapy. The chair enables him to sit outside his home and the family to take him out occasionally.

SHG-Peamraing Commune
This SHG was started by CDMD in 2012 and has 14 members (8 women). They came together with the aim of supporting each other. There are 22 persons with disabilities in this village that has a population of 1000. The group started a savings programme with contributions of 5000 riel each and their total savings has reached 4 million riel. They take loans in turns, mainly for agriculture; they maintain an emergency fund which if unutilised is added to the savings. The SHG leader also leads the district level federation.
The members participate in Commune Council (CC) meetings and are happy to report that this year the council included disability in their plan. There are children with Down syndrome in this village who do not go to school as they are made to feel that they are 'different from others'. The SHG plans to advocate with the CC for a special class for these children.
The situation of persons with disabilities is reportedly better in villages where SHGs operate. In this village, persons with disabilities are now more confident, earn more income, are more aware of their rights and about services available for them, they feel less isolated. No member has dropped out of the group and they are confident about continuing their activities without CDMD support in the future.

The CDIDF partners (12 out of 15 that the consultant met), report that the situation of persons with disabilities is improving in terms of increased visibility and awareness, attitude changes in the community, increased access to services (especially for groups with high support needs like SCI or cerebral palsy), reduced isolation, improved confidence, increased incomes for persons with disabilities and families, better social participation and sensitisation of CCs. Since most of these partners have been working in their respective areas for many years, it is not possible to say that the changes are entirely due to CDIDF support. The association with UNICEF has led to a 'better image' for the partners; improved their financial management systems; and made them feel part of the wider UNICEF network, giving them a better understanding of diversity of approaches. Some organisations became more inclusive, for example, including persons with disabilities on their boards.

The partners' suggestions to UNICEF include simplification of procurement procedures (which may not be possible as these follow global UNICEF standards), training on reporting requirements (to be addressed during 2016 partner capacity development0, greater advocacy on the part of UNICEF with government regarding funding, and review of the small grants scheme which is a short term one with limited potential for impact or sustainability.

Overall, DRIC is on track in achieving the intermediate outcomes and outputs in this part of component 4. There are lessons and good practice examples in CDIDF (SHG and CC partnerships,

the audiology project, the independent living project) that need to be shared and used for advocacy across DRIC components. There is a need to revise some indicators and targets, as pointed out by the UNICEF team, and to review the small grants scheme to consider how to balance higher coverage (more partners in the short term) with long term sustainable development.

Sub-national capacity building for disability inclusion

UNICEF had been working with Ministry of Interior (MOI) on governance and decentralisation for over 15 years, before DRIC was initiated. UNICEF viewed DRIC as an opportunity to include disability on the agenda of MOI, which is responsible for leading Cambodia's decentralisation process and hence governance and administration at provincial, district and commune levels. MOI has the potential to influence these sub-national structures more effectively than disability lad institutions due to their direct mandate in governing and leading how they work.

Sensitisation programmes have been conducted for provincial and district levels, a disability inclusion training manual has been developed for commune level and training is expected to roll out during the year. These exercises have been facilitated through MOI but with technical inputs and consultation with DAC, MoSVY, CDPO and CSO organisations such as CDMD, NCDP, HI and others.

Ramps are built in the MOI office.

Meeting with Kangmeas district level officials of MOI

14 officials were present (2 women) from different departments and including the deputy governor and district chief. Officials from health and education departments (sectors important for disability inclusion) were missing.

5 of the members, including the deputy governor and district chief, attended the 2015 sensitisation training, and are able to recall what struck them the most – accessibility, definition of disability, types of disability, mainstreaming of disability into district plan, need to improve living conditions of persons with disabilities, and videos shown during the programme. Subsequently, they have constructed a ramp at the district office and included needs of persons with disabilities into their 2015-2019 plan, with inputs from persons with disabilities. The main challenges are lack of budget for implementation, lack of awareness about needs of persons with disabilities and about accessibility, low level of knowledge and capacity in persons with disabilities themselves and need for more training for district level officials. However, commune budgets have reportedly increased in 2016 compared to the previous year, and they have the flexibility of reallocating funds from one budget head to another. In some communes, the CCs meet the salary costs of kindergarten teachers, with reallocation of funds meant for road construction.

The 2 Commune Councils that the consultant met (Sanda commune in Kandal province and Mean commune in Kampong Cham province) are aware of the need to include persons with disabilities into the Commune Investment Plan. Both communes have allocated some funds to help very poor persons with disabilities. They are supported by NGOs (CDMD in Sanda, HI in Mean), with training, collection of data on persons with disabilities and cost-sharing (for example, in building toilets or construction of a well). The commune chiefs appear to be more knowledgeable than other members – they have been trained by the respective NGOs. The main challenge for them is lack of funds to implement the plans for persons with disabilities, and they are dependent on the NGOs to help them.

Sensitisation of CCs on disability issues is not new in Cambodia; over the years, NGOs and CDPO in different provinces have been successfully working to sensitise CCs in their areas to include disability issues into commune development plans. Under DRIC the effort is to promote sensitisation through official MOI structures at the sub-national level.

MOI has established a Disability Action Working Group, but it is still very new. MOI considers MoSVY and PoSVY as providers of training and technical support.

Institutionalising of capacity building mechanisms for disability inclusion at sub-national levels is important, since changes in government personnel take place every 5 years. A matter of concern is lack of clarity about who will be the 'holder' of this capacity building in MOI. UNICEF will need to discuss this with not just MOI but other stakeholders such as MoSVY and CDPO.

At sub national levels, PoSVY and DoSVY officials also need to have their capacity built for disability inclusion. UNICEF needs to consider including these officials in future sensitisation programmes, in consultation with CDIDF partners who have been involved in such training, as well as component 1 and 2 stakeholders – DAC and CDPO.

Overall, this part of component 4 is on track, but more attention needs to be paid to institutionalising mechanisms of capacity building and for more coordination with DAC, MoSVY and CDPO on this issue. There is also a need to revise targets related to this part.

PROGRAMME MANAGEMENT

Governance

The DRIC programme has a Programme Board, a Programme Management Group (PMG) and a Technical Review Group (TRG) to provide strategic direction and to oversee implementation. The proposal document details the roles and functions of this structure.

Such a governance structure is needed for a large, multi-agency, multi-stakeholder programme like this. DFAT, the donor, is represented only on the TRG.

There are some indications, based on impressions gathered from discussions with different members of the DRIC team, that the PMG may not fulfilling the role of providing strategic direction for DRIC very effectively. This has been recognised and the recent annual retreat helped to fill the gap to some extent. Likewise the TRG meetings tend to focus more on operational matters than on important programmatic issues related to coordination, communication, synergy and so on. Both these mechanisms need to be improved.

Programme design, theory of change and guiding principles

The programme goal is relevant and appropriate, however the end-of-programme outcome of the whole programme explicitly mentions the NDSP, possibly because it was expected that DRIC would facilitate development of the NDSP. As it stands, the NDSP was completed before DRIC was initiated, so there is a question about aligning the whole programme outcome with NDSP implementation.

The structure and design to fulfil the theory of change appears to be an attempt to accommodate many pre-existing partners and programmes, and is consequently not a very efficient design.

The DRIC programme has stayed in line with the guiding principles described in the original proposal. It is to be noted that the programme has had an impact in terms of disability mainstreaming: the UN agencies have demonstrated their willingness to be inclusive beyond DRIC, for example, engagement with the UNRC to address disability in UNCT issues, promoting accessibility at UNDP office, mainstreaming of disability in all programmes of UNICEF, inclusion of disability in the UNDP strategy paper.

Convergence and synergy within DRIC

The way the DRIC programme developed over the last 2 years illustrates more of a silo approach, with less scope for cross fertilisation, convergence, learning and exchange between components. This can contribute to reduced efficiency, especially in the current context where funds are less and the need to prove impact and sustainability is high.

The review has brought out different issues where synergy and convergence are possible: using partner (CDIDF and PRDP) good practice examples and innovative experiences as advocacy tools for CDPO and DAC; Kampong Cham PRDP as a case study on convergence; sensitisation of commune councils and CBR as cross cutting issues across components; capacity building at sub-national levels to include other ministries, especially PoSVY and DosVY, as participants. Synergy and convergence are important because DRIC was designed to be a single programme and needs to be viewed as such by its stakeholders.

The TRG and PCT need to play a more active role in identifying and promoting internal communication/sharing and convergence within DRIC.

Stakeholder engagement, advocacy and communication outside DRIC

An example of the silo approach is the way DRIC is perceived by external stakeholders. Some NGOs, PRSS and CDIDF partners were not very aware of DRIC, as they related only to the agency in charge of their work, for example, WHO or UNICEF.

Stakeholders like DAC feel the need to know more about all DRIC stakeholders and what they do (for example, DAC has questions about why MOI is a stakeholder for sub-national capacity building instead of MoSVY and PoSVY; MoSVY departments want to know why they are not part of DRIC). This highlights the need for better stakeholder communication outside DRIC.

DFAT is currently represented only on TRG. To improve donor relations, DRIC needs to consider induction of DFAT into the PMG, if not at all the meetings, at least in 50%, provided both sides perceive the need for and value addition of, such engagement. DRIC can also consider the current key words in DFAT – innovation, gender, private sector engagement – and illustrate examples of DRIC work that reflect these issues, in reports for example.

There are examples of advocacy work done in DRIC: inviting the UN Special Rapporteur on Disabilities to Cambodia to advocate for the rights of persons with disabilities and to support DRIC initiatives; advocating for inclusion of disability in the World Bank environmental safety standards and in ADB projects; joint advocacy for inclusion of persons with disabilities in the urban ID poor programme; advocating within the UNCT for disability –inclusive UNDAF. PCT is part of the UNCT in addressing rights of persons with disabilities in street situations, and is working closely with DFAT in making the Health Equity Fund accessible to persons with disabilities.

UNICEF and UNDP are involved in joint work and coordination with other agencies; WHO can coordinate more with GIZ, an agency that is involved in the health sector. DRIC as a whole needs to coordinate better with other large agencies (INGOs and bilateral agencies) in the disability sector in the country for joint advocacy with government. The Programme Board will need to play a more active advocacy role too, especially about financing for disability and rehabilitation.

Programme Coordination Team

In the words of the UNRC: *"Governance mechanisms and coordination are absolutely essential for a joint programme like this where the agencies are independent*". The risk management register in the original programme design document emphasises the need for effective coordination. However, the way the PCT presently functions, does not help much to mitigate this anticipated risk.

The PCT role has been defined in the original project proposal document as one that combines coordination, technical support, and operational issues. However, it appears that the PCT at present spends much time on a secretariat role with more emphasis on administrative/operational issues, on technical support to some extent and far less on strategic coordination. It was not possible to do a detailed analysis of PCT roles and functions during the MTR; however, it may be necessary for the

PMG to revisit the original job description of the PCT to assess how to balance time and resources of the PCT to effectively fulfil the required functions.

The PCT needs to spend more time with each component; to play an effective coordinating role within and outside DRIC, focusing on issues of synergy, convergence, communication, stakeholder engagement and advocacy. Some mechanism such as quarterly coordination meetings, outside the TRG meetings, may need to be considered. The technical support that PCT can provide for the 3 agencies and for partners has to be decided in conjunction with the focal points/TRG, depending on their need.

The PCT should have an annual work plan in consultation with the agency focal points, on technical support to be provided, and on coordination issues (advocacy, synergy, cross fertilisation, external communication) to be addressed, with targets and indicators to monitor progress.

Monitoring and evaluation, reporting

The review has brought out the need to review and revise outputs, targets and indicators across all components, as pointed out by the agency teams.

It is also seen that while outputs are recorded in detail, the present monitoring framework does not capture change related to intermediate outcomes. This needs to be reviewed as well, and a few key indicators developed to measure change.

The same concern arises regarding the annual reports which are a compilation of reports from the 4 components. Documentation of changes, synergy and convergence, lessons learnt and innovative practices are not reflected well in the reports. It is understood that the MTPF reporting template does not have the flexibility to include such documentation. DRIC needs to explore if another report format may be developed for this purpose.

Impact of scaling down

Table 6 gives an indication of impact of scaling down, based on the figures from the DRIC work plan and budgets for 2015 and 2016. This is meant only for the purpose of understanding to what extent allocations were affected due to scaling down.

Table 6: Budget Analysis

Budget Head	Amount – year 1	% of total DRIC budget-2015	Amount – year 2	% of total DRIC budget-2016	Change from Year 1 to Year 2
3 UN Agencies – operating costs	508309	16	532609	21	+5%
PCT	310945	10	275127	11	-12%
Consultancy costs	161784	5	140162	5	-14%

M&E	52120 (Comp 2, 4)	2	37867 (Comp 2, 4)	1.5	-27%
Meetings, workshops	121977	4	30800	1	-75%
DAC/CRPD	150000	5	135000	5	-10%
CDPO	350557	11	265149	10	-24%
PRC/PRDP/PRSS	100000	3	256245	10	+156%
MOH related	56800	2	29173	1	-49%
CBR	24500 (WHO)	1	35500 (WHO, UNICEF)	1	+45%
CDIDF	1142130	37	795811	31	-30%
Capacity building at sub-national level	116000	4	87000	3	-25%
Total Budget	**3123538**	**100**	**2592210**	**100**	**-17%**

Source: DRIC work plan and budgets for 2015 and 2016

The main impact is seen on programme activities like partner grants and agency level meetings/workshops. The increase in the WHO component of support to PRSS etc is probably due to carryover/reallocation.

Risk management register

While some risks anticipated at the time of programme design remain relevant (especially those related to programme coordination), many others do not. The TRG should review the risk register in detail and identify which risks continue to pose a threat and whether the mitigating strategies adopted are sufficient or not.

Finance

The MTR did not examine in detail the review questions related to finances.

From UNICEF and CDIDF partners, it was clear that stringent financial systems are in place for the small grants scheme.

Considering DRIC as a whole, the budgetary input that went into it over the last 2 years, and the outputs/outcomes that DRIC has managed till now, it would appear that it has been an expensive programme, raising concerns about its cost-effectiveness.

CONCLUSION AND RECOMMENDATIONS

The Royal Government of Cambodia is a signatory to the UN CRPD and has legal and policy mechanisms and structures in place for promotion of equal opportunities and protection of rights of its citizens with disabilities. Implementation however has been slow, mainly due to financing and capacity issues.

The DRIC programme attempts to address some of the gaps through its enablers: strategy and policy assistance, advocacy, capacity building, systems strengthening, core funding and service delivery funding, as elucidated in the programme's theory of change.

While there are other joint UN programmes focusing on themes like gender, climate change, disaster risk reduction, and so on, the DRIC programme is at present the biggest in terms of scope of activities and budgets.

The DRIC programme goal, component goals and theory of change are by and large **relevant** and appropriate to address needs and concerns of persons with disabilities in the country. The programme design however has not proved to be very efficient.

The programme is largely on track in achieving the stated outputs, with the exception of component 3 which is the most complex and challenging. This review has brought out good practice examples across different components to illustrate **effectiveness** and potential for impact of the programme as a whole. In addition, there are indicators to show how disability is mainstreamed in the UN system.

The conclusion about effectiveness needs to be tempered by the fact that it was not stipulated at the design stage how much effect the programme was meant to have (or needed to have). This raises the question of whether the present effect is enough to justify the level of programme expenditure.

On the issue of **efficiency**, there are many concerns that can affect impact and sustainability of the programme. These have to do with coordination, communication and synergy across the components, external communication and coordination, and advocacy. It is also an expensive programme, principally due to high UN staff and operating costs, and needs to justify the high input costs by demonstrating evidence of sustained and lasting impact in the remaining years of implementation.

Sustainability of the DRIC programme as a whole is low, because of the high level of 'transactional' (paying for services) aid involved in the programme. There is as yet little evidence of norms and standards, and public expenditure, to demonstrate country ownership or to show that RGC can sustain the DRIC activities.

The budget cuts and scaling down have had an impact on DRIC, mainly on programme activities of partners. Within these constraints, it is still possible for DRIC to promote a valuable, principally '*transformational*', agenda: that is, bringing about change in the norms and standards by which the rights of persons with disabilities are protected and promoted in the country. This is also the '*normative*' role of UN agencies like those involved in DRIC. It is what is expected from the UN system, more than being a delivery mechanism for more transactional forms of aid. In the words of the UNRC: *"The Joint programme has the ability to embed disability issues into normative agenda of Government."* This can be made possible if the programme focuses on certain priority areas with potential for sustained impact across all components, as detailed in the section on recommendations.

Recommendations

Component 1

Recommendation 1: Monitor the NDSP review workshop follow up actions, and include advocacy for monitoring of disability inclusion in SDG implementation, as part of NDSP.

Priority: High

Responsibility: DAC and UNDP

1.2 Clarify roles of provincial DAC and provincial PwDF to avoid duplication and overlapping.

Priority: Medium

Responsibility: MoSVY, DAC and PwDF

Component 2

Recommendation 2: Develop more provincial DPO leaders, including women with disabilities, through training on leadership, language skills and exposure visits.

Priority: High

Responsibility: CDPO, UNDP

2.1 Develop links with other DPOs at district levels, including those supported by CDIDF of component 4, in building up provincial DPOs, instead of promoting new district and provincial level DPOs from scratch.

Priority: Medium

Responsibility: CDPO, UNDP, UNICEF, CDIDF partners

Component 3

Recommendation 3: Reduce the gap between PwDF and NGOs.

3.1 Communicate to all stakeholders about the delayed handover option for PRCs, especially the NGOs who are expected to raise funds to continue support to PRCs in the interim; and include MoEF in the discussion.

3.2 Set limited goals for the remaining tenure of DRIC, in consultation with PwDF and NGOs, for example, reviewing the PwDF strategy plan, structure and capacity, and finalising agreements on standardised operating procedures for PRCs.

Priority: High

Responsibility: WHO, MoSVY, PwDF, NGOs

Recommendation 4: Institutionalise mechanisms of capacity building and referrals within the health sector for sustainability.

4.1 Work with MOH to ensure that the health information systems at province, district and health centre levels include information on persons with disabilities.

4.2 Advocate with MOH to include training of health centre staff and village health staff on early identification, early intervention and referrals in the health sector's on-going training plans.

Priority: Medium

Responsibility: MOH, WHO

Component 4

Recommendation 5: Review the small grants scheme to focus more on fewer numbers of partners for long term sustainable development.

5.1 Review selection process for 2016 and 2017 to reconsider open selection and look at opportunities to extend and deepen partnership with existing CDIDF grantees.

Priority: High

Responsibility: UNICEF

Recommendation 6: Institutionalise capacity building mechanisms for disability inclusion at sub-national levels

6.1 Identify which agency or agencies will be the 'holder (s)' of this capacity building, in consultation with MOI, MoSVY and CDPO, and develop a set of master trainers to continue the training.

Priority: High

Responsibility: UNICEF, MOI, MoSVY

6.2 Continue to include PoSVY and DoSVY officials in future sensitisation programmes, in consultation with MoSVY and CDPO.

Priority: Medium

Responsibility: UNICEF, MoSVY, CDPO

Programme management

Recommendation 7: Promote synergy and convergence within DRIC, with TRG and PCT playing a more active role in identifying and promoting communication and convergence.

Some examples: using partner (CDIDF, PRDP, MOWA DaWG) good practice examples and innovative experiences as advocacy tools for CDPO and DAC; Kampong Cham PRDP as a case study on convergence; sensitisation of commune councils and CBR as cross cutting issues across components; capacity building at sub-national levels to include other ministries, especially PoSVY and DosVY, as participants.

Priority: High

Responsibility: PMG, TRG, PCT

Recommendation 8: Improve external communication and coordination

8.1 Improve donor relations by re-induction of DFAT into the PMG, provided both sides perceive the need for and value addition of, such engagement.

8.2 Highlight examples of DRIC work that reflect the current key words in DFAT – innovation, gender, private sector engagement – in reports and donor meetings.

8.3. Establish mechanisms of coordination (for example, regular meetings) with other large agencies (INGOs and bilateral agencies) in the disability sector in the country for information sharing and joint advocacy with government.

Priority: Medium

Responsibility: PMG, TRG, PCT

Programme Coordination Team

Recommendation 9: Have the PCT play an effective coordinating role within and outside DRIC, focusing on issues of synergy, convergence, communication, stakeholder engagement and advocacy.

9.1 PCT to have an annual work plan in consultation with the agency focal points and approved by the PMG, on technical support to be provided, and on coordination issues (advocacy, synergy, cross fertilisation, external communication) to be addressed, with targets and indicators to monitor progress.

9.2 Review tasks of PCT as detailed in the original proposal, carry out analysis of how different functions are being fulfilled and what supports are required to do this effectively.

Priority: High

Responsibility: PMG, PCT

Monitoring and evaluation, reporting

Recommendation 10: Review and revise some of the outputs, targets and indicators as identified by the agencies, across all components.

10.1 Develop a few key indicators to capture change of a transformational nature, as pointed out in component recommendations above, and for DRIC as a whole.

Priority: High

Responsibility: TRG

10.2 Have the annual report reflect transformational change, synergy and innovative practice.

Priority: Medium

Responsibility: TRG, PCT

DRIC as a whole

Recommendation 11: Greater focus on advocacy with government, with the Programme Board playing a more active role, especially about financing for disability issues; capitalise on the Prime Minister's interest in disability issues, by arranging meetings with him to present DRIC.

Priority: High

Responsibility: PB, PMG

11.1 Engage with MoSVY and MoEF through partners or donors like DFAT for advocacy on financing for disability issues.

Priority: High

Responsibility: PB, PMG

11.2 Facilitate development of a clear national road map for disability issues in the country, with priority areas for action and financing plan, in consultation with Government, INGOs, NGOs and DPOs.

Priority: High

Responsibility: PB, PMG

Future of DRIC

DRIC was started to manage a large joint UN programme with different components, many of which were long time partners of AusAID, with the aim of leveraging the advantages of the UN system in influencing government. Subsequent changes – AusAID to DFAT, budget cuts – mean that DRIC in its present version, however relevant or effective, may not be feasible to maintain in the long run.

Funds permitting, the programme needs to be supported till 2018 to fulfil some of the transformational agenda mentioned earlier, and to promote country ownership.

Any future versions of DRIC should focus mainly on influencing normative agenda of government and on capacity building related to that. Core funding and service delivery need not be part of such a programme in the longer term.

With this understanding, the design and structure may be very different, as there may not be a need to support CDPO, civil society under the small grants scheme or PRCs, through the UN system. This brings up the question of whether there is a need at all for a joint programme: instead, donors like DFAT can choose to work with the UN on specific areas of advocacy with government, in collaboration with other agencies like GTZ, USAID etc that are promoting disability issues in the country.

Limitations of the MTR mission

The absence of a national consultant hampered the MTR process to some extent; the translators were effective, but a national consultant could have provided some reflection and insights.

The involvement of a DFAT-nominated advisor added much value to the review: the two consultants worked well together and complemented each other's skills and experience. However the way the two agencies' separate contributions to the review were configured (different terms of reference with different timeframes and in-country schedules) created uncertainty among stakeholders, and reduced the overall effectiveness of what was otherwise a productive joint review process.

Annex 1 – Terms of Reference

MID TERM REVIEW TERMS OF REFERENCE FOR DISABILITY RIGHTS INITIATIVE CAMBODIA (DRIC)

Individual Contractor

Assignment Title:	International Consultant for conducting DRIC Mid-Term Review
UNDP Practice Area:	Disability/Governance
Cluster/Project:	Governance/Disability Rights Initiative Cambodia
Contract Type:	Individual Contractor (IC)
Duty Station:	Home-based and non-home-based (Phnom Penh)
Expected Place of Travel:	N/A
Contract Duration:	31 working days from February to April 2016

Introduction

This is the Terms of Reference (ToR) for the Mid-Term Review (MTR) of the Disability Rights Initiative Cambodia (DRIC), which is a joint UN programme implemented by UNDP, UNICEF and WHO in Cambodia. While the programme cycle commenced from January 2014, the substantive phase of implementation began in June 2014 and the programme is now in its second year of implementation. In line with the decision of the programme board and M & E plan of the programme, this independent MTR is foreseen to be carried out in the first quarter of 2016 and it will cover the programme implementation from June 2014 to January 2016. This ToR sets out the expectations for this MTR.

Programme background and information

The DRIC programme is a 5 year programme funded by the Australian Government with an assured funding till 2017. The programme was designed to contribute towards improvement in the quality of life for persons with disabilities in Cambodia and the end-of-programme outcome is to ensure that persons with disabilities have increased opportunities for participation in social, economic, cultural and political life through effective implementation of the National Disability Strategic Plan 2014-2018 (NDSP) and Convention on the Rights of Persons with Disabilities (CRPD). The delayed inception of DRIC activities and reduction in the budget due to currency fluctuation has, however, resulted in a few changes being made to the programme activities.

As part of the evaluation plan, the DRIC programme design has made provision for an independent Mid-Term Review (MTR) to understand whether the programme is on track especially to deliver against its component intermediate outcomes and the likelihood of achieving component end of programme outcomes apart from providing valuable guidance for any programme modification that may be needed. Mid-term review will also examine the relevance, effectiveness, efficiency and impact of the programme. Given the fact that the timeline of the review is just 19 months of project implementation, it might be quite early for the review to look at the aspect of sustainability at this juncture. The MTR will result in a comprehensive report detailing progress in achieving outcomes and outputs, the impact of activities, lessons learnt, challenges in implementation and recommendations for future action.

The MTR as envisaged in the DRIC M and E frame forms part of the Programme Coordination Team (PCT) work plan and budget. The Programme Board in its 4th meeting agreed to conduct the MTR during the first quarter of 2016 which will cover the time line from June 2014 to January 2016.

Scope of Work

The review will address a number of dimensions of the DRIC programme and its implementation during the period June 2014–January 2016.

a) Review how the programme addresses NDSP 2014-2018 priorities. Review country ownership and in particular the role of the Disability Action Council (DAC) in coordinating the implementation of the NDSP.
b) It is believed that the ratification of the CRPD has provided new advocacy opportunities for the Cambodian Disabled People's Organization (CDPO). The MTR will review the impact of the CDPO advocacy and their role in representing the interests of the persons with disabilities.
c) Review work undertaken and progress in strengthening rehabilitation leadership, planning and coordination.
d) Review support to Cambodian government to enable a successful transition of PRCs from INGO to government ownership.
e) Review work undertaken in supporting increased access to quality rehabilitation services.
f) Review the quality of work done in promoting inclusive community development for persons with disabilities and in bringing disability on the agenda of the national and local authorities and recommend areas of improvement.
g) Assess the current small grant scheme mechanism in identifying partners in terms of effectiveness and efficiency.
h) Assess the impact of the sensitization programme conducted so far to raise awareness of the sub-national officials on the rights of persons with disabilities
i) The Programme Coordination team is entrusted with the responsibility of the overall coordination of the joint programme and also responsible for the oversight and quality assurance of the programme-wide monitoring and evaluation. The MTR will examine the functioning of the PCT in fulfilling these responsibilities apart from its role in providing technical advice to ensure coherence of the technical components of the programme and the strategic positioning of the joint programme as a whole.
j) The activities under the programme has been scaled down on account of reduction in the available funds and this is due to the currency fluctuations. The MTR will examine this aspect and the impact of the scaling down of the activities in achieving the desired results.
k) The MTR will assess the process of Risk assessment and management of the programme on the basis of the Risk Management Register and share their findings with the implementing agencies.
l) As part of the mid-term review, the program's theory of change will be reviewed to know if any modifications are warranted.
m) The MTR will examine the extent of compliance of the programme to the guiding principles as elucidated in the programme design document.
n) Finance:
    - Consider the financial management of the programme, with specific reference to the cost-effectiveness of programme interventions.
    - Review the changes to fund allocations as a result of budget revisions and currency fluctuations, and assess the appropriateness and relevance of such revisions.
    - Does the programme have the appropriate financial controls, including reporting and planning, that allow management to make informed decisions regarding the budget and allow for timely flow of funds.
o) Programme Monitoring and Evaluation Systems
    - Review the monitoring tools currently being used. Do they provide the necessary information? Do they involve key partners? Are they aligned or mainstreamed with national systems? Do they use existing information? Are they efficient? Are they cost-effective? Are additional tools required? How could they be made more participatory and inclusive?
    - Examine the financial management of the programme monitoring and evaluation budget. Are sufficient resources being allocated to monitoring and evaluation? Are these resources being allocated effectively?
p) Stakeholder Engagement
    - Programme management: Has the programme developed and leveraged the necessary and appropriate partnerships with direct and tangential stakeholders?

- Participation and country-driven processes: Do local and national government stakeholders support the objectives of the programme? Do they continue to have an active role in programme decision-making that supports efficient and effective programme implementation?
- Participation and public awareness: To what extent has stakeholder involvement and public awareness contributed to the progress towards achievement of programme objectives?

q) Reporting
- Assess how adaptive management changes have been reported by the Programme Board and the Programme Management Group by the Programme Coordination Team.
- Assess how well the Programme Coordination Team fulfil reporting requirements.
- Assess how lessons derived from the management process have been documented, shared with key partners and internalised.

r) Communication and advocacy

s) The MTR will look at the advocacy and communication work which is in a nascent stage and suggest whether the strategies and approaches practiced so far can contribute to the achievement of the expected results.

Expected Outputs and Deliverables

No.	Deliverables/Outputs	Estimated Duration to Complete	Target Due Dates	Review and Approvals Required
1	Desk review of the documents and submission of the Inception Paper highlighting the work plan/scope of activities and methodologies of the MTR.	05 working days	24th February 2016	Joint Programme Team and approval by Programme Management Group.
2	Assessment of the programme: Consultation with the key stakeholders such as government officials/UN implementing agencies/NGO/CDPO and donor agency/INGOs from the disability sector. Visit to the select province/district/ commune and meeting with the partners/government officials/ persons with disabilities and their care-givers/ other stakeholders if required Focus group discussions with the TRG members/ PMG and interviews with select programme board members.	17 working days	29th Feb-22nd March	Joint Programme Team and approval by Programme Management Group.
3	Preparation of the draft review report.	03 working days	23rd March-25th March 2016	
4	Presentation of the 1st draft report internally with the implementing agencies and the donor agency and preparation of the 2nd draft report.	02 working days	28th-29th March 2016	Joint Programme Team and approval by Programme Management Group.

5.	Presentation of the 2nd draft before the DRIC implementing agencies/ partners and other stakeholders.	02 working days	30th-31st March 2016	Joint Programme Team and approval by Programme Management Group.
6.	Finalization of the report on the basis of the stakeholders' recommendation and submission of the final report.	02 working days	1st-4th April 2016	Programme Management Group and approval by Programme Board.
Total # of Days:		31 working days		

Institutional Arrangement

The Programme Coordinator under the overall guidance of the Programme Management Group will act as the focal point and will be responsible for:

- Coordinating Securing technical assistance.
- Organizing review meetings and field visits.
- Coordinating and providing feedback and guidance to the Consultants.

The Programme Coordinator will work closely with the focal points of the implementing agencies and report to the PMG at every stage of the review process.

- The Consultants will periodically brief the implementing agencies and their partners on their approach, progress and findings.
- The Consultants will engage with the Programme Management Group and the Technical Review Group for consultations and sharing information.
- In addition to the individual meetings with the government, the Consultants will engage with the key stakeholders including donors, NGOs and other civil society organizations.
- The Consultants will present their findings before the Programme Management Group, donor agency, implementing agencies and their partners.
- The international consultant will be supported by a national consultant (recruited separately) who will work under his/her direction.
- The consultant is expected to respect confidentiality and following necessary data and information access protocols.

Duration of the Work

The assignment will be 31 working days from February to April 2016. The consultant is expected to be on board from 17 February 2016 and complete assignment not later than 4 April 2016. The Consultant has to submit her/his outputs in accordance to the defined work plan and payment is issued only with satisfactory outputs accepted/approved by the joint programme team and UNDP ACD Programme. The consultant has to commit to deliver these outputs as planned.

Duty Station

The consultant will be based in Phnom Penh during the entire review and is expected to bring his/her own laptop/camera etc. The cost of the transport to be incurred for the field visit will be included in the lump sum and will be part of the remuneration package.

Minimum Qualifications of the Individual Contractor

Education:	• Master degree in disability/social-science, public administration, management, law and/or areas relevant for the assignment with particular skills relevant to conducting evaluations /analysis of organizational development
Experience:	• At least 10 years of relevant working experience in the area of analysis and evaluations of governmental institutions in low/middle income countries including the assessment of public policies /programmes /projects and capacity needs assessments of the disability stakeholders (government/UN agencies/NGOs/DPOs). • Experience of having worked with grass root disability NGOs and DPOs. • Knowledge of CRPD and experience in advocating for the rights of persons with disabilities is a requirement. Experience/knowledge of the disability context in Cambodia is an advantage. • Knowledge of the good practices in inter-ministerial coordination mechanisms and tools to promote the rights of persons with disabilities prevailing in some of the disability proactive low/middle income countries. • Demonstrated strong communications skills (oral and written), sense of initiative and excellent conceptual and analytical capacities
Competencies:	• Good facilitation and presentation skill. • Demonstrated ability to communicate effectively with various partners including the government, UN and other development donors and high quality liaison and representation at local and national levels. • Excellent organizational and time management skills. • Strong interpersonal skills, ability to work with people from different backgrounds to deliver quality products within short timeframe. • Be flexible and responsive to changes and demands. • Be client oriented and open to feedback. • Excellent computer literacy
Language Requirement:	• Full proficiency in English, and excellent report writing skills. • Knowledge of Khmer language, an asset.

Criteria for Evaluation of Level of Technical Compliance of Individual Contractor

- Consultants shall submit CV/P-11 together with a short note detailing the proposed approach and envisioned work plan.
- A written sample of the previous evaluations/assessments/analysis of public policies/programmes and projects undertaken in low-middle income countries in the context of disability rights.
- There will be a verification interview of the selected candidate by the selection panel constituted for this purpose.

Technical Evaluation Criteria	**Obtainable Score**
Substantive professional experience of working with the government sector and implementing public administration reform, as well as capacity undertake evaluations of governmental institutions in low/middle income countries including assessment of public policies/programmes/projects and capacity needs assessments of the disability stakeholders.	30 points

Previous experience in evaluating / reviewing disability rights programs/projects in low/middle income countries.	30 points
(Key criteria); Knowledge of CRPD/ inter-ministerial coordination and tools to promote rights of persons with disabilities. Experience of having worked with grass root disability specific NGOs/DPOs in low/ middle income countries and experience in advocating for the rights of persons with disabilities	30 points
Qualitative assessment of the sample work done earlier	10 points
Total	100 points

Annex 2 – Documents reviewed

Bailey S, Vanna M. Disability Inclusive Development AidWorks Initiative Number: INI486: Review Report, January 2013

Bailey S, Nguon SK. Situation Analysis for Disability-Inclusive Governance and Community Development in Cambodia, July 2014

Bailey S. Functional and Capacity Analysis of Key Governmental Structures Responsible for Disability Issues in Cambodia, December 2014

Bailey S. National Disability Strategic Plan 2014-2018 (NDSP) Monitoring and Evaluation Framework: Final Summary Report on UNDP Consultancy, February 2015

Bailey S. Ensuring Sustainability of Physical Rehabilitation Services in Cambodia: Analysis of Transition Process, September 2015

Disability Action Council. National Workshop to Review the Implementation of NDSP 2014-2018 and the Way Forward, December 2015

Disability Rights Initiative Cambodia – Joint Programme Document

Disability Rights Initiative Cambodia – Monitoring and Evaluation Framework, January 2015

Disability Rights Initiative Cambodia - Annual Programme Narrative Progress Report, 2014

Handicap International. Provincial Rehabilitation Demonstration Project Report, 2015

Hasan MQ. Disability Data Sources in Cambodia- 2014

People with Disabilities Foundation Strategic Plan 2014-2018

Priority Rehabilitation Service Scheme (PRSS) Reports, 2015

RGC. National Disability Strategic Plan 2014-18.

Schot S, Baart J, Kong V, Wintraecken E. Capacity Development for Disability Inclusive Local Governance in Cambodia- Inception Report, May 2015

Schot S, Wintraecken E, Baart J, Kong V. Capacity Development for Disability Inclusive Local Governance in Cambodia- Endof Consultancy Report, December 2015

UNDP, CDPO. Consultative Meeting Report: On improving the lives of people with hearing and visual impairments, mental health and people with intellectual disability in Cambodia, August 2014

UNDP. Progress Report: Supporting Disabled People's Organizations (DPOs) to raise the voice and protect the rights of people with disabilities, October 2015

UNICEF. Cambodia Disability Inclusive Development Fund (CDIDF) documents

UNICEF. Summary Report on the Disability Sensitization Workshops aimed at Provincial Level Decision Makers, August 2014

UNICEF. Consolidated Summary Report on the Disability Sensitization Workshops Aimed at District Level Decision Makers, February-March 2015

Annex 3 - Stakeholder meetings and MTR Schedule

Programme component	Stakeholders met
Component 1: Supporting Government implementation of the Convention on the Rights of Persons with Disabilities (UNDP).	Secretary of State, Ministry of Social Affairs, Veterans and Youth Rehabilitation Secretary General, Disability Action Council (DAC) Director, Department of Welfare for Persons with Disabilities, MoSVY Director, Disability Rights Administration, MoSVY Provincial Director, Provincial office of Social Affairs, Veterans and Youth Rehabilitation Under Secretary of State, Ministry of Women Affairs Deputy to Under Secretary, Ministry of Women Affairs Member of Disability Action Working Group, Ministry of Women Affairs Under Secretary of State, Ministry of Labour and Vocational Training Director of Planning and Law Department, Ministry of Labour and Vocational Training
Component 2: Supporting Disabled People's Organisations to raise the voice and protect the rights of people with disability (UNDP).	Director and members of senior management (1 woman), Cambodian Disabled Persons' Organisation (CDPO) Director and 5 staff (3 women) of Representative Self Help Disabilities Organisation Batheay District (RSDOB), Provincial DPO, Kampong Cham Province
Component 3: Supporting rehabilitation systems strengthening (WHO).	Director, Department of Preventive Medicine, Ministry of Health Director, People with Disabilities Foundation (PwDF) Provincial Rehabilitation Demonstration Project, Kampong Cham: HI Programme Manager, Centre Manager, Project Officer; PwDF Provincial Director; Technical Officer of Province Health Department Director, Component Factory, Phnom Penh Physical Rehabilitation Centre partners: Country Director, Handicap International; Country Director, Exceed; Director, International Committee of Red Cross; Manager, Veterans International Cambodia
Component 4: Inclusive governance and inclusive community development (UNICEF).	Deputy Director, Department of Municipality/District, Commune/Sangkat Administration Affairs, Ministry of Interior Deputy Director, Department of Planning, Ministry of Interior Deputy Director, Training Department, Ministry of Interior Advisor, National Committee for Democracy and Decentralisation 12 (2women) District Administration Officials of Kangmeas District, Kampong Cham Province 5 members (1 woman) of Commune Council, Sanda Commune, Kandal Province 6 members (1 woman) of Commune Council, Mean Commune, Kampong Cham Province Home visits: 20 year old man with spinal cord injuries, 5 year old girl with cerebral palsy, 9 year old boy with cerebral palsy, Kandal Province 8 members (5 women) of a self-help group in Peanraing Commune, Kandal Province

	12 CDIDF partner organisations
DRIC Programme Management	Programme Board Programme Management Group (PMG) Technical Review Group (TRG) Programme Coordination Team (PCT) Focal points from UNDP, WHO, UNICEF
Donor	Deputy Head of Mission, Australian Embassy Second Secretary, Australian Embassy Senior Disability Programme Manager, Australian Embassy
Other stakeholders	Representative of GIZ Social Protection and Health Other NGOs: Representatives of CIOMAL, Action on Disability and Development, Deaf Development Programme of Mary Knoll

DRIC-MTR Mission in Cambodia

07th March- 26th March 2016

Mission Team Members			
	Team Members	**Role**	**Participating dates**
1	Maya Thomas	DRIC-MTR International Consultant	25th Feb-05th April 2016
2	Peter Bazeley	DFAT Advisor	7th to 17th April 2016

Outline Mission Schedule				
Date	**Time**	**Activity**	**Who**	**Remarks**
Monday 07th March	09.00-11.00	Meeting between DRIC-MTR consultant team and Mr. Peter/DFAT consultant at DFAT's office	DRIC-MTR consultant team and Mr. Peter	Confirmed
	11.00-12.00	Meeting with DFAT 2nd Secretary/ senior disability programme manager at DFAT's office	DRIC-MTR consultant team, Mr. Arjun and Mr. Tokyo	Confirmed
	14.00-15.00	Meeting between the Consultants and PMG /TRG members at **UNDP Main Conference Room** on the Inception report	DRIC-MTR consultant team, PMG/TRG members	Confirmed
Tuesday 08th March	08.30-10.30	Meeting with the UNICEF team on issues related to component 04 at **UNICEF's office(House # 11, Street 75, Phnom Penh)**	DRIC-MTR consultant team, and UNICEF Team **Contact person:** **Ms. Nim** **Tel: 012 912 331**	Confirmed
	11.00-12.00 and 13.00-14.00	Meeting with the WHO team on issues related to component 03 at **WHO's office(No.61-64, Norodom Blvd corner st. 306, Boeng Keng Kang 1, Khan Chamkamon, Phnom Penh, Cambodia)**	DRIC-MTR consultant team, and WHO Team **Contact person:** **Mr. Vivath** **Tel: 012 915 674**	Confirmed
	16.00-17.00	Meeting with the UNRC/Co-chair of the programme board on the DRIC	DRIC-MTR consultant team, Mr. Pradeep and UN-RC	Confirmed

Outline Mission Schedule				
Date	**Time**	**Activity**	**Who**	**Remarks**
		governance issues at **UNRC's office/ UNDP building 5**		
Wednesday 09th March	09.00-11.00	Meeting with DAC officials at MoSVY	DRIC-MTR consultant team, H.E. Em Chanmakara and his team **Contact person: H.E. Em Chanmakara Tel: 012 823 848**	Confirmed **(Interpreter needed)**
	14.00-15.00	Meeting with the Director of DRA	DRIC-MTR consultant team, and Mr. Sun Chanthol and his team **Contact person: Mr. Sun Chanthol: Tel: 012 339543**	Confirmed **(Interpreter needed)**
	15.00-16.00	Meeting with H.E. SEM Sokha, Secretary of State and Co-Chair of the UN-Joint DRIC Programme Board Member, MoSVY	DRIC-MTR consultant team, and H.E. SEM Sokha **Contact person: Mr. Narit Tel: 078 911 912**	Confirmed**(Interpreter needed)**
Thursday 10th March	09.00-11.00	Meeting with Director, Dept. of preventive medicine at MoH; Room #2, 3rd Floor.	Dr. Pisethrainsey Tel. 012 862 022 Dr. Muy Sreang (012 925 741) **Contact Dr. Muy Sreang**	Confirmed **(Interpreter needed)**
	14.00-15.00	Meeting with Department of social welfare	DRIC-MTR consultant team, Mr. Lao Veng and his team **Contact person: Mr. Lao Veng Tel: 017 775 512**	Confirmed
Friday 11th March	08.00-10.00	Meeting with the PCT on issues related and coordination and technical support to the DRIC programme at **UNDP, Small meeting room**	DRIC-MTR consultant team, and PCT	Confirmed
	11.00-12.00	Meeting with the director of the component factory **at the factory (located in MoSVY, on the right side)**	Mr. Ma Channat, Director of OCF **Contact person: Mr. Ma Channat Tel: 012 417 761**	Confirmed **(Interpreter needed)**
Saturday 12th March	09.00-11.00	Meeting with the director of CDPO and their programme staff at **CDPO's office**	DRIC-MTR consultant team, and Mr. Ngin Saoroath and his team **Contact person: Mr. Saoroath, Tel. 012 851 841**	Confirmed
Monday 14th March Field visit to Kandal Province	06.30-09.00	Travelling to Kandal Province		
	09.30-12.00	Visit to the CDMD	**CDMD Contact persons: Ms. Chea Syna, Project Coordinator, Tel: 011 855 564**	Confirmed **(Interpreter needed)**

Outline Mission Schedule				
Date	**Time**	**Activity**	**Who**	**Remarks**
			2.Mr. Ly sarith, DICP Manager, Tel: 012 396 157	
	14:00-16:00	Visit to VIC (CBR outreach programme and SHG) in Kien Svay and Leudek districts.	**VIC Contact person: Mr Rithy Keo, Executive Director, Tel: 011 728 702**	Confirmed **(Interpreter needed)**
	16.00-18.00	Back to Phnom Penh		
Tuesday 15th March Field visit to K. Cham	06:00-08:45	Travelling to Kompong Cham Province		
	09.00-12.00	Visit to PRDP Project and PRC	**Contact persons: 1.Mr. Sit SONG, Program Manager-HI Tel: 012 798 944 2.Mr. Lorenzo, op.coord1@hicambodia.org**	Confirmed**(Interpreter needed)**
	14.00-16.00	Visit to **DAC Provincial office** and meeting with the relevant staff	H.E. Sy Vantha Dep. Provincial Governor, Chief of DAC. Mr. Touch Chhay, Director of PoSVY **Contact person: 012 826 767**	Ratha will confirm to Ms. Mao on 14th March **(Interpreter needed)**
Wednesday16th March Field visit to K. Cham	08.00-12.00	Visit to Kang Meas district and Mean Commune	Mr Sean: mengseanyam@yahoo.com , Mr Sitha: min.sitha@yahoo.com and Mr. Chhe: chhechheing@gmail.com will coordinate the visit. **Contact persons: 1.Mr. Min Sitha Tel: 012 995 143 2.Mr. Ing Chhe ;Tel: 012 216 154**	Confirmed **(Interpreter needed)**
	14.00-16.00	Meeting one DPO in K. Cham	Mr. Soy Sokhon/DPO-Executive director in Batheay district **Contact person: Mr. Soy Sokhon Tel. 016 951 192**	Confirmed **(Interpreter needed)**
	16.00-18.30	Back to Phnom Penh		
Thursday 17th March	08.00-10.00	Meeting with UNDP Team on component 01 and 02 **@UNDP, Fish bowl meeting room, Building #5**	DRIC-MTR consultant team, and Mr. Velibor, and Ms. Mao	Confirmed
Friday 18th March	08.00-9.00	Meeting with DAWG from MoWA	H.E. Nhem Morokot, under-secretary of state, and chief of DAWG of MoWA	Ratha will confirm to Ms. Mao on 14th March

Outline Mission Schedule				
Date	**Time**	**Activity**	**Who**	**Remarks**
			Contact H.E. Nhem Morokot: 012 982 000	**(Interpreter needed)**
	14.00-15.00	FGD with key NGO partners at **UNDP Main Conference Room**	Key NGO partners + HI: Gilles Nouzies, (Confirmed)Regional Director, at 012 441 982 and direction@hicambodia.org +Exceed: Mrs. Sisary Kheng, (Confirmed)Country Director, at 012 492 361 and ksisary@cambodiatrust.org.kh Carole Vann and So Visal, CIOMAL ADD: Mr. Srey Vanthon, vanthon.srey@add-cambodia.org DDP: Fr. Charles Dittmeier / Director, Deaf Development Programme Email: cdittmeier@gmail.com	
	4.30 PM	Meeting with Enrico Gaveglia, Dy Rep UNDP.	Building 3	Confirmed
Monday 21st March	9.30 – 9.45	Programme Board Meeting	Building 5	
Monday 21st March	10.00-11.30	Meeting with MoI, Department of Municipality/District, Commue/Sangkat Administration Affairs(DDC) at **MOI**	Mr. Sean: mengseanyam@yahoo.com Mr Sitha: min.sitha@yahoo.com and Mr. Chhe: chhechheing@gmail.com will coordinate the visit. **Contact persons:** **1.Mr. Min Sitha** **Tel: 012 995 143** **2.Mr. Ing Chhe ; Tel: 012 216 154**	Confirmed **(Interpreter needed)**

Outline Mission Schedule				
Date	**Time**	**Activity**	**Who**	**Remarks**
	14:00-15:00	Meeting with GIZ Social Protection and Health **at GIZ office (St. 306 nr 19 (middle house between 51 and 57 street)**	**Contact person: Mr. Piet De Mey Tel: 012 924 934**	Confirmed
Tuesday 22nd	9-11:30	FGD with the CDIDF grantees **@UNDP office, LAD Conference Room**	Confirmed grantees 1. NCDP: Mrs. Song Sokleap, Project Officer. 2.All Ears Cambodia: Ms. Hannah Chroston 3.VIC: Mr. Phan Hiep, VIC Program Manager 4.KHEN: Ms. An Kimsan&-Mr. Khun Bunlee 5.HHC: Mr. Chan Sarin 6. HI: Mr. Rithy YOEUNG 7. CABDICO: Mr. Yeang Bun Eang & Mr. Hong Try 8. PPCIL :Mey Samith (Mr.); Executive Director; Mobile: 012 873 086 9. CDMD: Chea Syna, Project Coordinator and Ly Sarith, Project Manager 10. Epic Arts: Sok Rachny (F);Ann Sothon (M); Anthony Evans (M) 11. DDSP 12. Komar Pikar Foundation	Confirmed
	1.00 – 2.30	Meeting with IOs supporting PRSS: Exceed, HI, VI and ICRC	Building 2, UNDP	
	3.00- 4.00	Meeting with DAWG from MoLVT at **MoLVT PCT**	H.E. Chap Rithy, under-secretary of state, and chief of DAWG of MoLVT **Contact H.E. Chap Rithy: 011 436 767**	Confirmed **(Interpreter needed)**
Wednesday 23rd March	9:00-11:00a.m	Meeting with the PwDF Director and relevant staff members at **PwDF's office.**	**Contact person: Mr. Rattanak Chour; Email: rattanakchuor@gmail.com); Tel: 012 555 097**	Confirmed **(interpreter needed)**

Outline Mission Schedule				
Date	**Time**	**Activity**	**Who**	**Remarks**
Thursday, 24th March	11-11.30 am	Ms. Ruth Stewart, Deputy Head of Mission	**Australian Embassy**	
	12.30- 1.30 pm	Ms. Claudie Ung, Consultant		
	3-5 pm	Agency Focal points and PCT	**UNDP**	
Friday, 25th March	14:00-17:00	Debriefing of the assessment phase for PMG/TRG members **at UNDP Main Conference Room**	TRG members and PMG members	Confirmed

7th DRAFT- 16/09/16

JOINT MANAGEMENT RESPONSE TO THE MID-TERM REVIEW REPORT

MTR recommendations	Response	Specific action /Comments	Responsible Agency	Time line	Status
1. Monitor the National Disability Strategic Plan (NDSP) review workshop follow up actions, and include advocacy for monitoring of disability inclusion in Sustainable Development Goals (SDGs) implementation, as part of NDSP.	Agreed	• Disability Auction Council (DAC) will conduct the annual NDSP review workshop – it will be held in Nov/Dec 2016. • UNDP will support DAC to follow up on the agreed action points from last year workshop. Some of the actions are being implemented. • Programme Coordination Team (PCT) and Technical Review Group (TRG) to continue to support DAC in advocating for inclusion of disability –specific indicators. • With regards to advocacy to monitor the inclusion of SDGs, UNDP along with other agencies are supporting DAC for inclusion of disability –specific indicators within the Cambodian Sustainable Development Goals (CSDGs).	UNDP/ DAC PCT	Nov-Dec 2016 Nov 2016	Completed
1.1 Clarify roles of provincial DAC and provincial Persons with Disability Foundation (PwDF) to avoid duplication and overlapping.	Agreed	• Disability Rights Initiative Cambodia (DRIC) has already initiated action corresponding to a similar recommendation of the Functional Analysis Report (2015)			Completed
2. Develop more provincial Disabled People's Organization (DPO) leaders, including women with disabilities, through training on leadership, language skills and exposure visits.	Agreed	• The DRIC has already supported 22 DPOs including 09 DPOs for women with disabilities. Capacity building of the DPOs is an on-going process across the country to build the capacity of leadership/ management skill of the DPOs/Women with Disabilities Federations (WwDF) through Technical Support Group (TSG) and senior management group of CDPO. DPOs/WwDF are undergoing regular coaching, mentoring and training. • CDPO has developed the annual specific capacity development action plan for DPOs/WWDFs to align with the 5 years strategic plan of CDPO.	UNDP	On- going	Completed
2.1 Develop links with other DPOs at district levels, including those supported by Cambodia Disability Inclusive Development Fund (CDIDF) of component 4, in building up provincial DPOs, instead of promoting new district and provincial level DPOs from scratch.	Partially agreed	• This recommendation is not clear. CDIDF grantees are not necessarily DPOs but rather NGOs working in other fields beside disability. UN doesn't promote establishment of new DPOs but rather leave it up to people with disability to determine whether there is a need for new DPOs which will properly represent their voices and interests. However, we do recognize the need to reinforce the linkages and cooperation between various civil society organizations at subnational level (including those supported by DRIC under different components) and will use the following mechanisms to do so.	UNDP, UNICEF, WHO, CDPO and CDIDF partners	On- going	Completed

		• Provide technical assistance to provincial DAC and CDPO to coordinate/convene stakeholder meetings at the provincial level. • Invite select CDPO/DPO/Self Help Groups (SHGs) to CDIDF partners meetings and facilitate linkages between the current provincial DPOs and other DPOs and SHGs supported by other actors in the provinces including through component4. • It is not within the programme budget to support more DPOs; for the remainder of the programme, the focus will be on informally building up leadership capacity within the existing pool of DPOs.			
3. Reduce the gap between PwDF and NGOs.	Agreed	See response below in 3.1 and 3.2			Completed
3.1 Communicate to all stakeholders about the delayed handover option for Physical Rehabilitation Centers (PRCs), especially to the NGOs who are expected to raise funds to continue support to PRCs in the interim; and include Ministry of Economy and Finance (MoEF) in the discussion.	Agreed	• The rehabilitation transition process analysis report and a letter for the creation of rehabilitation transition committee (Ministry of Social Affairs, Veterans, Youth (MoSVY), MoEF, Ministry of Health (MoH), IO/INGOs (International Non-Governmental Organizations (INGOs) …) will be submitted to the Minister, MoSVY for his approval. • It is planned to recruit a consultant to assist the above committee to develop a 5-10-year rehabilitation transition plan. • The 5-10 years rehabilitation transition plan as a road map will be communicated to all the stakeholders for action.	WHO, MoSVY, PWDF, IO/NGOs	Oct –Dec 2016 Oct-Dec 2106 End of 2017	Completed
3.2 Set limited goals for the remaining tenure of DRIC, in consultation with PwDF and NGOs, for example, reviewing the PwDF strategy plan, structure and capacity, and finalizing agreements on standardized operating procedures for PRCs.	Agreed	• To work with PWDF, DWPwD and IO/INGOs to review the national Standard Working Procedure (SWP), including some specific tools such as Patient Management. System (PMS), Stock Management System (SMS) and Client Satisfaction Survey (CSS). • As recommended in the rehabilitation transition analysis and Capacity assessment reports, WHO along with NGOs will advocate with MoSVY and PwDF to consider CDPO and a representative of a NGO to be part of PwDF's board. • To review PwDF mandate, structure and responsibility in accordance the handover plan.	WHO/MoSVY/ PWDF	On-going On-going End of 2017	Completed
4. Institutionalize mechanisms of capacity building and	Agreed	Specific action indicated under recommendation#4.1 and 4.2			Completed

referrals within the health sector for sustainability.					
4.1 Work with MOH to ensure that the health information systems at province, district and health center levels include information on persons with disabilities.	Not in agreement	Not part of the programme design. However, WHO will continue to work with MoH to strengthen rehabilitation intervention into sector planning and programming. In the current context of Cambodia's development of the Health Strategic Plan 2016-2020 (HSP3) and the localization of SDGs, WHO together with partners will support MoH for the inclusion of specific rehabilitation indicators within these two high-level documents, that will be served as the key determining factor for improving health information systems. So also to support MoH in developing capacity of health staff working at all levels, including pre-service training. Additional actions; • To use findings from the secondary analysis of 2014 CDHS data (specifically the disability chapter supported by WHO) to advocate for continued use of Washington Group (WG) questions in future Cambodia Demographic Health Survey (CDHS).. • Together with PCT, UNDP, UNICEF and other Development Partners to continue advocating with Ministry of Planning (MoP) and MoSVY to include internally comparable disability data collection tool into their surveys, census and Administration data collection system.	WHO, MoH, PCT	On- going	
4.2 Advocate with MoH to include training of health center staff and village health staff on early identification, early intervention and referrals in the health sector's on-going training plans.	Partially agreed	The programme will continue to advocate with MoH strengthen rehabilitation intervention under relevant policies/programmes. Continue working within the framework of HSP3 to support inclusion of rehabilitation services – e.g. a) Review and update Minimum Package of Activities guidelines for the health center (MPA) and Complementary Package of Activities guidelines for the referral hospital (CPA), with attention to, but not limited to, the following: services for NCDs including services such as rehabilitation and palliative care, geriatric and adolescent reproductive health services. b) Strategic Objective 1.11 of HSP3 aims to promote early detection of NCDs, provide better management of acute events, and ensure availability and access to long-term care as well as palliative care and rehabilitative services. Continue supporting Preventive medicine Department (PMD) to review its rehabilitation training module according to the new MPA guidelines.	WHO, MoH WHO, MoH	On-going On-going	Completed

		To share key lessons learnt from the implementation of Provincial Rehabilitation Demonstration Project (PRDP) in Kampong Cham and work with MoH to replicate these lessons learnt to other health facilities. To the extent possible, link and share information on the tools development and trialing of a physical screening tool and developmental milestones for children for health centers by Handicap International and CCAMH with CDIDF funds	WHO, MoH and HI WHO, UNICEF, CDIDF partners (HI, CCAMH) and GIZ	On-going On-going	
5. Review the small grants scheme to focus more on fewer numbers of partners for long term sustainable development.	Agreed	• Communicate this change in the CDIDF to external partners (CDIDF grantees) as well as to DRIC Implementing Agencies (IAs). External interested parties are also informed that under CDIDF, in 2016 and 2017 there will be no new open call for proposal. Justification provided is the recommendation of the Mid Term Review (MTR). • No new open call for CDIDF proposals. • Propose to extend and amend existing partnerships. • Continue with support to children and families with disabilities but focus on transition from CDIDF funds, sustainability and building local partnerships. • Create networking opportunities between CDIDF partners – included where relevant other DRIC stakeholders. • Geographic Alignment with UNICEF targeted provinces, districts and communes to the extent possible. • Strengthening partnership and learning between UNICEF and CDIDF partners through regular network meetings.	UNICEF	September 2016	Completed
5.1 Review selection process for 2016 and 2017 to reconsider open selection and look at opportunities to extend and deepen partnership with existing CDIDF grantees.	Agreed	• No new open call for CDIDF proposals – propose to extend and amend existing partnerships. • Met with the existing 15 CDIDF partners on 19th May 2016 to communicate with them about ways forward with the remaining DRIC funding in 2016 and 2017. Funding is not guaranteed for all partners; it will be based on monitoring of projects, reports and the new Programme Documents that are submitted to UNICEF for consideration. • Envelope of $ available is approximately US$660,000 (for two years 2016-2017).	UNICEF	September 2016	Completed

		• Remaining implementation and funding period end of 2017 (December) = all activities must be completed and funds utilized. • Loosely, we estimate that organizations eligible for partnership extension can apply for up to approximately 50K; amounts to be discussed between UNICEF and each organization individually. • Currently working with 9 CDIDF partners from 2014 round to develop joint programme documents for partnership extension. • Pending programme monitoring visit + reports from the remaining 6 CDIDF partners from 2015 round in order to assess whether they are eligible for amendment to the existing PCA.			

6. Institutionalize capacity building mechanisms for disability inclusion at sub-national levels	Agreed	This recommendation covers recommendation #4; 4.1; 4.2; 6.1 and 6.2 • Finalize the draft Guiding Document on DAC, Disability Action Working Groups (DAWGs) and provincial DAC in both Khmer and English version. • Sensitization workshop on guiding document on DAC, DAWGs and provincial DAC to the council and working group members and relevant stakeholders including DPOs. • Develop Disability Inclusion Guideline for DAC, DAWGs and provincial DAC. • Support DAC to provide coordination and advisory role to DAWGs, provincial DAC and the cross sectoral agencies. • Develop capacity development action plan for DAC-Secretary General (SG) and DAWGs. • Continue to work closely with MoI during the sub-national roll-out of the disability inclusion training to further develop the capacity of sub-national trainers. • Engage to the extent possible, through MoI, DPOs and NGOs in the sub-national trainings. • Engage to the extent possible through MoI, MoSVY and DoSVY in sub-national roll-out of the disability-inclusion training for local authorities in the target provinces and districts. • Technical support to provincial DAC under our convergent provinces (Battambang and Kampong Cham-TBC). • Coordinate with DAC to provide technical support to DAWG of targeted ministries.	UNICEF/WHO/ UNDP	End of 2016 On going End of 2017 End of 2016 End of 2016 As soon as DAC provincial office is fully functional On-going	Completed

6.1 Identify which agency or agencies will be the 'holder (s)' of this capacity building, in consultation with MOI, MoSVY and CDPO, and develop a set of master trainers to continue the training.	Agreed	See the response under recommendation #06	UNICEF		Completed
6.2 Continue to include Provincial Office of Social Affairs, Veterans and Youth (PoSVY) and District Office of Social Affairs, Veterans and Youth (DoSVY) officials in future sensitization programmes, in consultation with DAC and CDPO.	Agreed	To date, MoSVY from the national level has supported the process to sensitize sub-national decision-makers about disability rights and the development of the disability inclusion training package. We will continue to engage MoSVY and DoSVY for the remaining duration of the programme	UNICEF		Completed
7. Promote synergy and convergence within DRIC, with TRG and PCT playing a more active role in identifying and promoting communication and convergence.	Agreed	This will be an agenda item during the monthly TRG meetings. .	TRG/PCT	Oct 2016 onwards	Completed
8. Improve external communication and coordination	Agreed	Reflected in the 2017 PCT work plan	PCT	Dec 2016	Completed
8.1. Improve donor relations by re-induction of Department of Foreign Affairs and Trade (DFAT) into the PMG, provided both sides perceive the need for and value addition of, such engagement.	Agreed	• DFAT to be part of the last 30 minutes of the PMG meetings. • The ToR of the PMG to be revised for the approval of the board during the Sep 2016 meeting.	PMG/DFAT	From the next PMG meeting to be convened	Completed
8.2 Highlight examples of DRIC work that reflect the current key words in DFAT – innovation, gender, private	Agreed	All the agencies will address these key concepts and highlight them in their reporting and meetings as found relevant and appropriate	All agencies/PCT	With immediate effect	Completed

sector engagement – in reports and donor meetings.					
8.3. Establish mechanisms of coordination with other large agencies (INGOs and bilateral agencies) in the disability sector in the country for joint advocacy with government.	Agreed	This will be reflected in the 2017 PCT work plan.	PCT	Oct 2016 onward	Completed
9. Have the PCT play an effective coordinating role within and outside DRIC, focusing on issues of synergy, convergence, communication, stakeholder engagement and advocacy.	Agreed.	• PCT to develop a work plan in consultation with the TRG which will include strengthening advocacy, reporting, external communication and coordination with stakeholders' apart from creating synergy within the programme and externally. • The Work plan to be endorsed by the PMG and approved by the board. This should be preceded by a review of tasks performed by the PCT on the basis of the ToR stated in the prodoc. • PMG to conduct a functional analysis of the PCT.	PCT and PMG	Oct 2016 onward	Completed
9.1 PCT to have an annual work plan in consultation with the agency focal points and approved by the PMG, on technical support to be provided, and on coordination issues (advocacy, synergy, cross fertilization, external communication) to be addressed, with targets and indicators to monitor progress.	Agreed	See response under recommendation 09	PCT	Dec 2016	Completed
9.2 Review tasks of PCT as detailed in the original proposal, carry out analysis of how different functions are being fulfilled and what supports are required to do this effectively.	Agreed	See response under recommendation 09	PMG	Nov 2016	Completed
10. Review and revise some of the outputs, targets and indicators as identified by the agencies, across all components.	Agreed	PCT to lead this exercise along with the TRG members during the development of the 2017 work plan. The M and E frame has to be revised if the programme will end in 2017.	PCT/TRG	Oct –Dec 2016	Completed

10.1 Develop a few key indicators to capture change of a transformational nature, as pointed out in component recommendations above, and for DRIC as a whole.	Agreed	• Document case studies that highlight transformational and qualitative change from the programme. • Capture qualitative change that has occurred in programmatic domains.	All agencies/PCT	October 2016 onwards	Completed
10.2 Have the annual report reflect transformational change, synergy and innovative practice.	Agree		PCT	2016 onwards	Completed
11. Greater focus on advocacy with government, with the Programme Board playing a more active role, especially about financing for disability issues; capitalize on the Prime Minister's interest in disability issues, by arranging meetings with him to present DRIC.	Agreed	To be included on the agenda for the Sep 2016 Programme Board meeting.	PB/PMG/PCT	Sep-Oct 2016	Completed
11.1 Engage more with MoSVY and MoEF for advocacy on financing for disability issues.	Agreed	Responded under recommendation #11 As part of the 5-10-year rehabilitation transition plan (under recommendation#3.1), MoEF will be invited to be part of the joint national rehabilitation committee	PCT/PMG/PB WHO, MoSVY and PwDF	April 2017 onwards	Completed
11.2 Facilitate development of a clear national road map for disability issues in the country, with priority areas for action and financing plan, in consultation with Government, INGOs, NGOs and DPOs.	Agreed.	In principle, the recommendation is accepted. The NDSP is a road map for disability sector in Cambodia until 2018. It is not possible for the DRIC to ensure that there is an extended road map beyond 2018	DAC	On going	Completed

ANNEX VI

Lessons learned and recommendations from a joint UN programme

I. Introduction

A Joint Programme (JP) is "a set of activities contained in a joint work plan and related common budgetary framework, involving two or more UN organizations and (sub-) national governmental partners, intended to achieve results aligned with national priorities as reflected in UN Development Assistance Frameworks (UNDAF)/One Programme or an equivalent programming instrument or development framework. The work plan and budgetary framework form part of a Joint Programme Document, which details roles and responsibilities of partners in coordinating and managing the joint activities."[1] Joint Programmes are considered an effective way to promote and achieve greater (UN) system-wide coherence as endeavored through continuous reform efforts and are therefore expected to play an increasingly important role in the next generation of UNDAFs in countries all over the world.

The Disability Rights Initiative Cambodia (DRIC)[2] was a joint UN programme funded by the Department of Foreign Affairs and Trade (DFAT) of the Australian Government and implemented by three UN agencies, the UN Development Programme (UNDP), the UN Children's Fund (UNICEF) and the World Health Organisation (WHO) from December 2013 to March 2018. During this time, DRIC made great achievements towards improving the quality of life for persons with disabilities in Cambodia in line with its end-of-programme outcome "Persons with disabilities have increased opportunities for participation in social, economic, cultural and political life through effective implementation of the National Disability Strategic Plan". The final report is available online[3].

While on the whole successful in achieving planned results, the programme inevitably encountered challenges. The objective of this brief is to provide general lessons learned and recommendations to be considered / applied to future UN joint programming. Complementing the mid-term review conducted in 2016, it draws from four and a half years of JP implementation and inputs from the implementing UN agencies, the donor as well as from partners and other stakeholders collected during a one-day reflection workshop in the final weeks of DRIC implementation. It is for the consideration of UN agencies and development partners / donors alike. The report will first highlight lessons related to (1) Programme design, JP governance and coordination, (2) Stakeholder engagement and partnerships and (3) Human and financial resources; it will then (4) provide lessons learned around five core areas that are relevant to UN agencies' work: Policy assistance, Advocacy and awareness raising, Capacity Development, Systems Strengthening, Service Delivery.

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[1] Guidance Note On Joint Programmes, UN Development Group, August 2014, page 3: https://undg.org/wp-content/uploads/2016/11/Guidance-Note-on-Joint-Programmes.pdf

[2] The programme document as well as other relevant documents such as the MTR can be accessed via http://mptf.undp.org/factsheet/fund/JKH00

[3] Ibid.

1. Programme design

- The programme design was very ambitious for less than 5 years of implementation and there was need to prioritize and chose where to focus efforts and resources on.
- The programme results were designed to be achieved over a period of 5 years with funding in a 3 + 2 years model. Despite the fact that funding was not guaranteed for the full five years, the programme design did not build in sufficiently medium-term results that could be achieved in a three-year (or four-year) scenario.
- The consultative process in the design phase was a good practice, in particular in terms of including persons with disabilities. The design could have benefitted from more consultation with a wider range of non-sector specific actors, incl. other development partners, UN agencies and with existing UN joint pogrammes.
- The potential of merits of a joint approach need to be spelled out clearer at the outset of programme design. More networking and synergies between the components and the partners/organizations could improve efficiency. In addition, the implementing UN agencies' respective areas of expertise and added value need to be well understood to create synergies both within the UN system and also with the donor. Synergies and how agencies leverage them need to be monitored and followed up on from early stages in the implementation through the coordination unit.
- The Theory of Change needs to link results explicitly; needs to be more specific and include better integration of risks/assumptions and bottlenecks.
- Activities were designed to be implemented in silos since the design did not include any explicit joint lower level results (outputs). The way in which the DRIC M&E framework was designed reinforced component rather than programme-wide results. In addition, a lack of qualitative indicators for M&E efforts makes it difficult to measure any transformative change achieved by the programme. Therefore,
    - The M&E framework and work plans should identify shared/common results and actions and a clearer joint programmatic framework and identify areas for joint implementation with more shared results and clear operational cooperation activities should be developed.
    - The M&E framework should be developed early on and include a mixture of quantitative and qualitative indicators, in particular to report on transformative change and system building. Qualitative information is important to enable upstream work rather than merely being measurable.
    - The M&E framework for the JP should be designed to allow whole of programme monitoring and capture data on programme wide results. The M&E framework needs to be equally owned by all implementing agencies.
    - A proper assessment of participating UN organizations' areas of comparative advantage in the field and their respective roles is needed; information sharing and collaboration between agencies could be operationalized in design and implementation of the programme.

- Coordination is an important function within a JP. However, the impact of coordination on supporting the achievement of joint results depends on the design of the programme, esp. the M&E framework.
- Coordination is also useful to create linkages not only between implementing agencies and the donor but also within the wider UN system. The participation of at least the joint programme coordinator in relevant UN inter-agency groups is relevant as is a regular exchange with the UN Resident Coordinator's Office.
- High-level / formal advocacy is needed to influence policy changes and the Programme Board should therefore serve as an effective platform for high-level discussion. The arrangement of the UN Resident Coordinator as co-chair is a good approach in this regard. JP efforts could however benefit from more active participation/involvement of the higher levels of governance structure (Programme Board, Programme Management Group) and more active strategic oversight.
- The JP allowed for some agility and the ability to respond to evolving needs with funds that were unallocated or underspent. This flexibility allowed the programme to engage with areas that were not designed in originally to the programme but that contributed to the programme results and complemented on-going activities.
- Throughout implementation, the lack of sound data and a clear understanding of the different types of data and how to use it by stakeholders was a challenge. A funded component dedicated to data was considered at the outset of design but due to limited resources was dropped.
- Gender equality needs to be addressed more explicitly in the design and planned results. Addressing the intersect between gender and disability can be challenging. Equally, in governance, where men tend to dominate, achieving gender equality in terms of participation is difficult.

2. Stakeholder engagement and partnerships

- JPs engage with a wide range of different actors in government, civil society and increasingly the private sector leveraging the full scope of agency specific network and connections. The JP is therefore in a unique position to link different stakeholder across the sector. To ensure ownership, the JP should use this opportunity to support the institutionalization of effective coordination among the stakeholders involved in the sector - with the government taking the lead.
- Donor engagement in the JP while depending on the preference of the donor is important to ensure transparency and that implementation is on track and results are being achieved in line with agreed principles and expectations. The donor engagement in DRIC evolved over time, notably following the mid-term review and it was recognized that the donor should play an active role in providing strategic guidance. The partnership and relation in the JP benefited from including the donor at all levels of the JP governance structure as well as in all relevant communication and exchange.

- A regular informal dialogue between the implementing UN agencies and development partners active in the sector functioned as an important exchange platform. A more formalized platform that, in addition to a core group is open to other stakeholders, incl. NGOs could help avoid duplications of efforts, in particular in an increasing resource constrained environment.
- More engagement with a broader range of DPs could potentially open opportunities for resource mobilization to secure additional funds or support to the sector
- To promote the joint approach also externally, the coordination unit should play a more active role in stakeholder engagement across the range of JP partners from the start.
- It needs to be clear from the very beginning how the handing over of activities to the government shall be carried out.

3. Resources (human and financial)

Human resources

- Communication is a key part of a joint programme, both internally and externally and therefore requires dedicated human resource. Communication efforts of the coordination unit could benefit from a longer-term (national) communications officer as integral part of the team.
- In terms of staffing, programmes need to design in some checks and balances for programme coordination functions to ensure effective external representation and transparent /clear communication as well as balanced support to the participating IAs and the donor.
- The coordination function should focus on coordination from the outset rather than programme technical expertise. Programme expertise should be drawn from the IAs. The PCT can play a role in supporting IAs to deliver messages, work planning and providing strategic oversight.
- The government regularly requests support through the form of an 'advisor'. This model, while it can be effective, is limited as it is highly dependent on the individual in the role of advisor and increases the risk of fungibility of responsibilities within the receiving institution.
- The amount of staff foreseen to support the implementation differed the different components (e.g. two components being implemented by one PUNO with only one national staff while another component by a team of one international and two national staff. While this was agreed in the JP design, for future programme, a balanced distribution of human resources vis a vis the work load should be considered.
- During the implementation period, all staff involved built strong capacities in the sector. By the end of the JP with no similar follow-up UN programme (due to a number of reasons), the question arises of how to retain these capacities in the system.
- The JP profited strongly from support from Regional Offices, HQ and other resources accessed within UN. This is a strong asset for UN JP.

Financial resources

- The initial budget was agreed on in Australian dollars leading to a decrease in funding due to currency fluctuation. This resulted in UN agencies having to scale down on activities and revise their budget and work plans accordingly. If possible, agreements should be made in USD. Programme designs should have a flexibility to scale back activities in anticipation of currency fluctuations which is a common occurrence and set results that can be scaled in accordance to level of investment.
- Learning from 'three plus two years' - funding approach by the donor, more efforts should be put into diversified funding/resource mobilization and also in building the partners' capacity in these areas. In addition, a well thought through exit strategy for the three different options (i.e. three – four – five years) could absorb some of the challenges and uncertainties of the partners.
- It should be noted that upstream work in particular cannot yield results as quickly and a 3-year programme has less opportunity to influence systems and affect transformational change. The donor should take into consideration the 'three plus two' model in the design and ensure expectations around results are aligned and participating UN agencies should establish realistic 3, 4 and 5 year results in such a scenario.

4. Policy assistance, Advocacy and awareness raising, Capacity Development, Systems Strengthening and Service Delivery

Policy assistance

- Provision of strategic policy assistance (in Cambodia) relies upon existing relationships with the Government. The unique positioning of the UN with the RGC has afforded the JP opportunities to engage with Government in meaningful ways to influence policy.
- Policy assistance is key but must be accompanied by a dissemination plan, capacity development and support for implementation.
- Future strategic and policy assistance should focus on implementation and budget allocation to the relevant policies, plans, coordination bodies, etc.

Advocacy and awareness raising

- Awareness raising is a building block to effective advocacy and programming.
- Advocacy must be complemented by capacity development and provision of tools that enable partners to put commitments into action.
- Informal advocacy has proven to be effective in the context however requires sustained engagement and good relationships with the relevant stakeholders. Building trustful partnerships and continue providing expertise and quality technical support has proven one of the success factors in this regard.

- Advocacy outside of the (disability) sector is key for mainstreaming and to address rights deprivations in other sectors – e.g. health, WASH, education, etc. Advocacy should not be restricted to disability specific space and institutions.
- Evidence for advocacy is key. Strengthened data will support advocacy efforts as it will provide an underpinning rationale for the various issues that are advocated for.

Capacity Development

- Capacity development is crucial to systems strengthening and building effective institutions. It is on-going in Cambodia across the sectors and there tends to be training fatigue, especially at lower levels of government. Alternative capacity development methods should be explored to be more innovative and ensuring sustainable results. Cross-learning, coaching, establishing models of good practices are examples of alternatives to the model traditional training often followed in Cambodia.
- Engaging Government institutions beyond the technical lead (MoSVY), is key to mainstreaming and promoting a more inclusive environment for persons with disabilities.
- Capacity development is a necessary complement to awareness raising.
- Capacity development must be complemented by agency (in terms of resources and decision-making) in order for it to be effectively applied or put into practice.
- NGO partners often have varied levels of organizational capacity. Investing in organizational capacity development, in particular for local NGOs is critical as it will improve the quality of the services provided and increase their sustainability potential as organisations.
- The achievements made demonstrate that the sustained engagement with the different RGC institutions has the potential to embed the intended change area on the Government's agenda and list of priorities.
- Capacity development needs to target the right person, however any turn-over or nomination in government is beyond the control of the programme.
- Despite the important gains made in strengthening government capacity and cross-sectoral commitment to disability as a priority both remain major challenges, partly due to a lack of a well-functioning coordination mechanism.

Systems Strengthening

- Systems strengthening requires long term sustained engagement and measuring progress and results requires a mix of quantitative and qualitative indicators to under the progress and impact.
- Systems strengthening as a transformative result area is well placed with UN agencies due to their work and relationship with the host government. The JP was able to leverage achievements in systems strengthening in part due to their longstanding and credible relationships with the relevant Government institutions.

- For cross cutting issues, ensuring system strengthening requires joint involvement and collaboration from several stakeholders. There is need to interact between different areas including leadership, planning and coordination, financing, information and workforce.
- The JP effectively engaged with a range of systems to address wider systematic barriers to participation for persons with disabilities. Engaging with health systems, rehab systems, governance systems, social protection, education, public financing, etc. will be critical for future programming to affect long term transformative change.

Service Delivery

- Partnerships with NGOs can play an important role in service delivery, however sustainability will remain a challenge; investing in NGOs requires a longer term strategic vision and awareness of the optics of funding and de-funding partners.
- Awareness raising activities complement service delivery as they contribute to promoting a more enabling environment, stimulate demands for services and raises awareness about obligations from the supply side to provide accessible services.
- As Cambodia develops, increasingly the Government may be able to provide specialized services, however in the interim, partnerships between Government and non-government organizations should be explored to deliver the needed specialized services.
- Structural issues e.g. unclear or unlogic reporting line management within government institutions, especially from the subnational o the national level can constitute significant challenges to the efficiency of operations.

II. Conclusion

The success of the JP shows the relevance of drawing on UN agencies' unique mandates and comparative advantages, especially its positioning with the government institutions affording opportunities to engage meaningfully and to influence policy.

Many of the challenges the JP encountered were due to design challenges, especially the lack of more qualitative indicators in the M&E framework that was developed to be measurable but did not allow capturing transformative change and promote joint results. This is likely a challenge that most JP will face and it is hoped that the lessons and recommendations as presented here will trigger more reflections on how to address these challenges in future joint programming.