

MID-TERM REVIEW OF DISABILITY RIGHTS INITIATIVE CAMBODIA

MAYA THOMAS

MAY 2016

Contents

Acknowledgement.....	3
Acronyms used.....	4
Executive Summary.....	5
Background	11
Objectives of the Mid-term Review	12
Methodology.....	12
Review Findings.....	14
Conclusion and Recommendations.....	34
Annexures	38
Annex 1: Terms of Reference.....	40
Annex 2: Documents reviewed.....	46
Annex 3: Stakeholders met and Mid-term Review Schedule.....	47

ACKNOWLEDGEMENT

I am grateful for the cooperation and participation of all stakeholders across all components of the DRIC programme and outside in the review exercise, in frankly sharing their impressions and opinions; special thanks to the UN Resident Coordinator, the DRIC Programme Board, Programme Management Group and Technical Review Group for their inputs.

Thanks are due to the Programme Coordination Team and the DRIC focal points from UNDP, WHO and UNICEF for arranging the MTR schedule and for logistics support; and to the CDPO staff for providing effective translation support.

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. Finalisation 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	<ul style="list-style-type: none"> • 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 <input type="checkbox"/>	<p>The UN system are strongly advocating with the government about the need to amend the Law to align with UNCRPD.</p> <p>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)</p>
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	Through the annual reflection workshop, 15 line ministries /agencies presented their work in

government	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.	<ul style="list-style-type: none"> • 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	<p>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)</p> <p>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</p> <p>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)</p> <p>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</p>
Output 1.3: CDPO and DPOs are actively involved in regional networks, and exchange of experiences and good practice	<p>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.</p> <p>DPOs have been involved at regional level discussion in the framework of the project to the extent possible. However, there are</p>

	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	<ul style="list-style-type: none"> • 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 2 nd 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 1 st 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 Battambang 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 Battambang 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 Battambang 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 Battambang, 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	<ul style="list-style-type: none"> • 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 Mol, 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 development), 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 led 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 be 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	24 th 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-22 nd March	Joint Programme Team and approval by Programme Management Group.
3	Preparation of the draft review report.	03 working days	23 rd March-25 th March 2016	
4	Presentation of the 1 st draft report internally with the implementing agencies and the donor agency and preparation of the 2 nd draft report.	02 working days	28 th -29 th March 2016	Joint Programme Team and approval by Programme Management Group.

5.	Presentation of the 2 nd draft before the DRIC implementing agencies/ partners and other stakeholders.	02 working days	30 th -31 st 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	1 st -4 th 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:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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	30 points

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

	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	25 th Feb-05 th April 2016
2	Peter Bazeley	DFAT Advisor	7 th to 17 th April 2016

Outline Mission Schedule				
Date	Time	Activity	Who	Remarks
Monday 07 th 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 2 nd 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 08 th 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 governance issues at UNRC's office/ UNDP building 5	DRIC-MTR consultant team, Mr. Pradeep and UN-RC	Confirmed

Outline Mission Schedule				
Date	Time	Activity	Who	Remarks
Wednesday 09 th 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 10 th March	09.00-11.00	Meeting with Director, Dept. of preventive medicine at MoH; Room #2, 3 rd 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 11 th March	08.00-10.00	Meeting with the PCT on issues related and coordination and technical support to the DRIC programme at <u>UNDP, Small meeting room</u>	DRIC-MTR consultant team, and PCT	Confirmed
	11.00-12.00	Meeting with the director of the component factory <u>at the factory (located in MoSVY, on the right side)</u>	Mr. Ma Channat, Director of OCF Contact person: Mr. Ma Channat Tel: 012 417 761	Confirmed (Interpreter needed)
Saturday 12 th March	09.00-11.00	Meeting with the director of CDPO and their programme staff at <u>CDPO's office</u>	DRIC-MTR consultant team, and Mr. Ngin Saoroath and his team Contact person: Mr. Saoroath, Tel. 012 851 841	Confirmed
Monday 14 th 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 2.Mr. Ly sarith, DICP Manager, Tel: 012 396 157	Confirmed (Interpreter needed)

Outline Mission Schedule				
Date	Time	Activity	Who	Remarks
	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 15 th March	06:00-08:45	Travelling to Kompong Cham Province		
Field visit to K. Cham	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 14 th March (Interpreter needed)
Wednesday 16 th March	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)
Field visit to K. Cham	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 17 th 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 18 th March	08.00-9.00	Meeting with DAWG from MoWA	H.E. Nhem Morokot, under-secretary of state, and chief of DAWG of MoWA Contact H.E. Nhem Morokot: 012 982 000	Ratha will confirm to Ms. Mao on 14 th March (Interpreter needed)

Outline Mission Schedule				
Date	Time	Activity	Who	Remarks
	14.00-15.00	FGD with key NGO partners at UNDP Main Conference Room	<p>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</p> <p>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</p>	
	4.30 PM	Meeting with Enrico Gaveglia, Dy Rep UNDP.	Building 3	Confirmed
Monday 21 st March	9.30 – 9.45	Programme Board Meeting	Building 5	
Monday 21 st March	10.00-11.30	Meeting with Mol, Department of Municipality/District, Commue/Sangkat Administration Affairs(DDC) at MOI	<p>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</p>	Confirmed (Interpreter needed)
	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

Outline Mission Schedule				
Date	Time	Activity	Who	Remarks
Tuesday 22 nd	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 YOEUUNG 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 23 rd 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)
Thursday, 24 th March	11-11.30 am	Ms. Ruth Stewart, Deputy Head of Mission	Australian Embassy	
	12.30- 1.30 pm	Ms. Claudie Ung, Consultant		

Outline Mission Schedule				
Date	Time	Activity	Who	Remarks
	3-5 pm	Agency Focal points and PCT	UNDP	
Friday, 25 th March	14:00-17:00	Debriefing of the assessment phase for PMG/TRG members at <u>UNDP Main Conference Room</u>	TRG members and PMG members	Confirmed