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# External Evaluation of UNICEF support to Rehabilitation/Reintegration of Mine/UXO Victims and Disabled People

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# External Evaluation of UNICEF Support to Rehabilitation/Re-integration of MINE/UXO VICTIMS AND DISABLED PEOPLE

For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY





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Lastly, thanks to the UNICEF Child Protection Programme Officer Plong Chhaya and Administration Assistant Srey Mach.

*Cover photograph: 13 year old, Phum Pha was injured by a landmine in April 2004 while collecting mushrooms near her home in Sampov Loun district, Battambang province. OEB has been assisting her since 2005. (photo: UNICEF archive)*

## LIST OF ABBREVIATIONS/ACRONYMS USED

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AAR-JAPAN	Association to Aid Refugees-Japan (INGO)
BKO	Below knee orthotic
CABDIC	Capacity Building of Disabled People in the Community (Rehabilitation project of HI-B)
CBR	Community-Based Rehabilitation
CCMH	Child Centre for Mental Health
CFU	Community Follow-up (Veterans International Cambodia – in transition to CBR)
CNSP Programme)	Children in Need of Special Protection (precursor UNICEF program to Child Protection Programme)
CWD	Children with Disability
DAC	Disability Action Council
DoEYS	Department of Education, Youth and Sports (provincial and district)
DoSVY	Department of Social, Veterans Affairs and Youth Rehabilitation (provincial and district)
HI-B	Handicap International-Belgium
ICRC	International Committee of the Red Cross
IEC	Information, education, communication
INGO	International Non-government Organization
LNGO	Local Non-government Organization
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
Mol	Ministry of Interior
MoSVY	Ministry of Social, Veterans Affairs and Youth Rehabilitation
MoU	Memorandum of Understanding
NCDP	National Centre for Disabled People
OEB	Operations Enfant Battambang
SEO	Special Education Office (MoEYS)
PIT	Provincial Implementation Team (MoEYS Inclusive Education Program)
P&O	Prosthetist/Orthotist
PWD	People with Disability
SEILA	Decentralization Program of Royal Government of Cambodia
USAID	United States Agency for International Development
VI	Veterans International Cambodia

# 1. EXECUTIVE SUMMARY

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## SUMMARY OF FINDINGS

### **UNICEF - CHILD PROTECTION PROGRAMME: STRATEGY AND SUPPORT TO DISABLED PEOPLE**

Support for the rehabilitation and reintegration of mine victims and disabled people provided through the Child Protection Programme is well targeted and guided by an appropriately informed and considered strategy. The choice of projects covers several of the Programme's key focal areas including health and education, policy and mainstreaming of disability into humanitarian responses. Current partners provide the program good geographic coverage, effective use of existing resources and constructive engagement of government and community stakeholders. There is ample evidence that support from UNICEF's Child Protection Programme has played a significant role in reducing discrimination and promoting the full development and inclusion of children with disabilities.

Based on the findings of the evaluation, there does not appear to be any need for major shift in the direction of programming; *rather refinement of existing strategies and adjustments in the way the Child Protection Programme works with other programs and supported partners*. The evaluation recommends the Programme adopt a series of guiding principles and indicative strategies that will not only help better define its strategic framework, but provide clearer guidance to potential partners as to what is expected in terms of project design. Equally, resolving issues with how country level programming is translated into complementary and coordinated responses on the ground will significantly enhance program impact and achievement of UNICEF's Child Protection Programme stated objectives.

Over the next three to five years the program should focus on refining and further systematizing current strategies. It should also continue to fund partner efforts to build district and community level capacity and complete the transition of project activities to local players. As these transitions progress, levels of support needed by existing partners should decrease, allowing the Child Protection Programme to engage new projects.

Most of the change required therefore rests in the Programme adopting a more strategic focus in the support it offers partners, arguing for greater flexibility in funding, and for the immediate future maintaining adequate levels of funding to current partners in order to achieve the successful evolution and localization of existing projects.

### **PROJECT PARTNERS: PROJECT IMPACT, OPERATIONAL ISSUES AND SUSTAINABILITY**

The four projects are well designed and coherently structured. Although providing a similar mix of physical rehabilitation and education support activities, each project employs a slightly different methodological approach. While all projects comprise elements of community-based rehabilitation, NCDP's approach, utilizing a network of community volunteers supported by core rehabilitation staff most resembles a fully developed CBR program. VI on the other hand provides centre-based services complemented by community outreach and follow-up activities (CFU/CBR). The CFU/CBR services are being progressively devolved to community level through engagement of district DoSVY staff in the provision of client follow-up and monitoring. CABDIC delivers community level services through core staff, supported by commune council volunteers (emerging development) and OEB, through contracted DoSVY district workers.

There is ample evidence that all projects have had measurable effect in improving the life quality of people affected by disability (both disabled and their families), reducing discrimination and promoting understanding of the rights of disabled people. All projects appear to enjoy a high level of support among key stakeholders and are well engaged with a range of government and NGO services.

The evaluation identified a number of issues common to all projects. These range from issues with the conceptualization of certain activities, such as the formation of self-help groups and engagement of commune councilors, to difficulties coordinating programming with government services. While none of issues are serious enough to jeopardize the functioning of the projects, their successful resolution will only add to the overall quality, efficacy and impact of each partners work.

All partners have made concerted efforts to ensure the sustainability of project outcomes. Common approaches have involved raising awareness of disability and the rights of disabled people, building self-efficacy among primary care givers and groups of disabled people, mobilizing local authorities and commune councilors in support of responses and strengthening referral linkages with specialized services. More specific approaches have comprised building technical capacity among government staff and contracting them to implement activities or training and engaging community volunteers in CBR practice.

Strategies for ensuring sustainability among the four partners are at differing stages of development. All are contingent of underlying assumptions about community or government buy-in, effective mobilization of resources and ability to provide on-going technical support and assistance in the immediate to medium term future. While only two partners have definitely identified alternative funding to UNICEF Child Protection Programme, all possess the necessary profiles and capacity to mobilize funds in support of their activities. This however is not the major challenge; rather sustainability will be determined by how successful the partners are in guiding and supporting the transition of project activities to either community or government actors. In this respect, while funding security is an important element, high level strategic advocacy and sound technical advice on planning and managing effective exits is probably more relevant and of greater value. Although this could be secured outside of the Child Protection Programme, it would be unlikely to have the same influence and leverage. As such, there is a very sound rationale for continued UNICEF support to the existing partners during the next few years while these transitions are seen through and allowed to bed down.

## **RECOMMENDATIONS**

### **CHILD PROTECTION PROGRAMMING**

The evaluation recommends the Programme adopt a series of guiding principles and indicative strategies to further define its strategic framework. This will provide clearer guidance to potential partners as to what is expected in terms of project design. It will also assist in determining the nature and scope technical support required to projects as well as setting program monitoring and evaluation measures. The suggested principles and indicative strategies are outlined in the main body of the report, however in summary they centre around:

*Establishing service partnerships*

*Strategic engagement of local authorities and commune councils in high-level advocacy and mobilization of resources*

*Coordination and engagement with Government services*

*Comprehensive and consistent population surveying, including screening of children entering mainstream education to assess and monitor the scope and nature of disability in target areas*

*Articulation of clear exit strategies and planning for sustainability*

*Coordination and sharing of learning among UNICEF Child Protection Programme partners*

#### **Child Protection Programme technical and strategic support to partners**

There is a definite need for more strategic level support to partners to work through programming issues with government services implementing other UNICEF funded responses. Equally there is a need for UNICEF to undertake high-level advocacy to government on issues affecting impact of Child Protection Programme supported projects.

The Programme also needs to review the nature of technical support provided to partners and how this is

delivered. It should consider allowing identified and agreed capacity development to be incorporated into project designs/activities and part-costed to each project budget.

## **PROJECT LEVEL**

### Conceptualization of strategies and activities

There is a definite need for partners to explore more strategic forms of engagement with commune councils. Advocating for community consultation and self-representation of disabled people in annual commune and district development planning is one example of more strategic engagement.

The conceptualization of self-help or peer support activities (excluding those initiated by VI which are still in a very early stage of formation) needs to be expanded beyond savings and loan schemes. It is essential that partners encourage discussion of advocacy and community mobilization as complimentary activities. Building understanding and practice of self-advocacy and community activism, including mobilization of resources, is critical to developing self-efficacy and sustainability of the groups.

### Articulation of responses

Lack of articulation between the formal and informal education sectors and absence of remedial programs to address the 'bridging' or accelerated learning needs of older students unduly compromises the educational outcomes of home and community-based schooling of older children. In order to optimize educational outcomes in home and community-based schooling of older children, these two issues need to be resolved as soon and as effectively as possible.

### Engagement with government services/local authorities

Constructive engagement with government services at some level should be made a cornerstone of Child Protection Programme programming. Outside of ensuring coherency and consistency between project activities and government strategies, it also provides an effective point of contact for advocacy and engagement around strategic and practical implementation issues. This can provide opportunities to influence planning processes and draw relevant departments into responding to issues.

The use of DoSVY district staff and/or recruitment of commune councilors not only facilitate closer planning and coordination with their respective bodies, but also helps ground projects in the localities where they are working. This is achieved without needing to setup discreet operational offices in each area -representing a significant cost saving to the project- and provides the added advantage of working through staff with local profile and knowledge. Both approaches (ideally employed in tandem) should be promoted by the Programme as better practice models and partners encouraged to consider their adoption as core project strategies

### Staffing, resourcing and further technical support need

Further capacity building through training, learning exchanges and familiarization visits is needed to ensure technical competence (both pedagogical and rehabilitative) of partner and seconded/contracted staff and volunteers.

Ability to sustain motivation and commitment among volunteers, as well as maintain and strengthen their technical skills and capacity poses an on-going risk to projects relying on volunteer input. In this context, provision of allowances and training need to be considered essential core project costs.

Based on discussions of practice with project staff, there is a definite need to broaden understanding and conceptualization of advocacy and mobilization, particularly in a strategic sense, develop monitoring and review systems, and strengthen outcome monitoring and reporting.



### *Monitoring and reporting*

Child Protection Programme reporting formats need to be further developed to include aspects of outcome monitoring, discussion of constraints encountered, remedial action taken and lessons learned. These topics should be applied to all principal project activities

### *Sustainability and exit planning*

Before committing to further support, it would be reasonable for UNICEF Child Protection Programme to request partners provide a comprehensive statement of what they have achieved in terms of building sustainability, what outstanding tasks remain and what resources will be required to complete their planned withdrawal.

## 2. BRIEF BACKGROUND AND AIMS OF THE EVALUATION

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UNICEF commenced assisting Landmine/UXO victims in 1992 as part of its support program for disabled persons. Since 2000, it has increased its funding support toward more comprehensive multi-action disability programs. As part of the joint Royal Government of Cambodia - UNICEF Master Plan of Operations 2001-2005, UNICEF pays particular attention to children in post-conflict situations, which includes support to the physical rehabilitation and socio-economic reintegration of mine victims and other people with disabilities. This support is provided in partnership with four implementing partners through the following projects:

*Capacity Building of Disabled People in the Community (CABDIC)* implemented by Handicap International Belgium in Banteay Meanchey and Siem Reap provinces. UNICEF has supported CABDIC since 1997.

*Community-Based Rehabilitation Program* implemented by the National Centre of Disabled People (NCDP) in Kompong Speu province. UNICEF commenced supporting NCDP in 2001.

*Home-Based Care and School Reintegration for Children with Disabilities Project* implemented by Operations Enfant Battambang in Battambang, Banteay Meanchey provinces and Pailin municipality. UNICEF commenced supporting OEB in 2001.

*Rehabilitation Support Services Project* implemented by Veterans International Cambodia in Svay Rieng and Prey Veng provinces. UNICEF has been supporting the Rehabilitation Support Services Project since 1995. (formerly Physical Rehabilitation of Women and Children with Disabilities).

UNICEF's current support covers awareness raising on disability, community-based rehabilitation and community outreach services, provision of assistive devices (prostheses, wheelchairs, tricycles, orthotics), school integration and inclusive education, vocational skill training, establishment of self-help and peer support groups, income generation and emergency grants and capacity building of community volunteers and DoSVY staff.

The purpose of the evaluation was to assess and document lessons learned from the work undertaken so far and assist UNICEF in defining its longer-term strategic planning. It is envisaged that the evaluation report will be used as the basis to further inform victim assistance activities within the scope of the Child Protection Programme (formerly Children in Need of Special Protection - CNSP) and assist decision-making and priority setting.

The evaluation specifically aimed to:

Assess the relevance, effectiveness, efficiency and impact of UNICEF supported victim assistance activities

Identify and document lessons learned, challenges and other relevant issues

Recommend possible adjustments and future programming development in respect of overall strategy and implementation of future victim assistance activities

### 3. STRUCTURE OF THE REPORT

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The report comprises three principal sections. The first section presents the principal challenges encountered by all partners and subsequent lessons learned over the course of the projects.

The second section outlines the principal findings of the evaluation in the four key review areas: Child Protection Programme support to partners, project impact, operational issues and sustainability. It provides an overview of the characteristics and experience of each project, noting major achievements, constraints and recommended action to address outstanding issues.

The third section proposes a strategic framework to inform future UNICEF Child Protection Programme support of mine victim assistance and disability in general. This comprises a series of guiding principles, indicative strategies and key project and program outcome and impact measures.

### 4. METHODOLOGY

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The evaluation reviewed four UNICEF Child Protection Programme supported projects providing physical rehabilitation and social integration assistance to mine victims and other disabled people over a period of two months between October and December 2005.

The work commenced with an extensive review of project designs, internal monitoring and donor reports, training and other project support materials. Based on these reviews, summaries of 2005 project activities were drafted and initial observations concerning project strengths and weaknesses drafted and circulated to partners for feedback. Along with the evaluation Terms of Reference, these summaries and initial observations were used to inform development of the evaluation design and question guides.

Other assessment tools drawn from a previous disability study conducted by the Cambodia Trust in 1999-2000<sup>1</sup>, were used to guide partners' self-assessment of project activities, draw out critical and unmet needs and identify potential outcome and impact indicators.

Following these preliminary activities, the evaluator met with senior management staff of CABDIC and Veterans International in Phnom Penh and the Assistant Director of the Disability Action Council to discuss individual project performance and broader sectoral issues. These interviews were followed by three weeks of field work, visiting at least one project site per partner. During these visits, the evaluator was able to observe a range of activities including home visits, self-help or peer support group meetings and community education sessions. This was complemented by interviews with individual beneficiaries (CWD, primary care givers and other family members and grant beneficiaries), focus group discussions with members of self-help and peer support groups and discussions with project staff and community volunteers from each organization.

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<sup>1</sup> The Cambodia Trust conducted a ten-month study into the life quality of people with disabilities in Cambodia in 1999-2000. The study sought to trial the use of a specific quality of life assessment tool to measure the impact of different rehabilitation interventions. As part of this study, researchers spoke to approximately 160 people disabled people about their most common needs. They also interviewed a similar number of people from different occupational and social backgrounds about the economic, social and physical environments of disabled people.

Based on these interviews, the study compiled a list of common needs and concerns of disabled people as well as a set of possible indicators that could be used by services to measure aspects such as social inclusiveness, participation in social, economic, cultural and civic life, incidence of discrimination and stigma.

"Study into the Quality of Life of Disabled People in Cambodia" 2000, Cambodia Trust

Further information was gathered from a range of local government stakeholders, (provincial and district level authorities, commune councilors, village leaders) and departmental officers and staff (provincial and district level DoEYS and DoSVY officers, DoSVY social workers, school directors and teachers).

The principal findings pertaining to each project, including key strengths, constraints and recommended remedial action were compiled as separate reports and submitted to each respective partner for comment. After responding to comments received, these reports were integrated into one draft global document, including initial observations concerning UNICEF programming and overall technical support and guidance to the projects. This document was then submitted to UNICEF for comment and subsequently revised. Proposed program recommendations were discussed with UNICEF and each respective partner at a scheduled partner meeting, adapted where necessary, and integrated into the final draft report.



## 5. CHALLENGES AND LESSONS LEARNED

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The following points provide a summary of the major challenges encountered and lessons learned among the four projects over the course of UNICEF Child Protection Programme support. Some of the thematic headings represent terms used by partners themselves, others were reached through analysis of common issues and responses identified during the evaluation.

### IMPROVING KNOWLEDGE AND UNDERSTANDING OF DISABILITY AMONG PRIMARY CAREGIVERS AND THEIR IMMEDIATE COMMUNITY

Entrenched cultural beliefs about disability reinforce inertia and discrimination. Without shift in family and community attitudes, it is extremely difficult to motivate parents/carers to take a greater interest in their child's rehabilitation, let alone encourage better utilization of available services and mobilization of community resources in support of PWD.

#### *Other lessons learned*

Importance of sensitization work with local authorities, community leaders and other opinion makers as a necessary step raising public awareness and addressing discrimination

More media exposure is needed to raise awareness and understanding of disability

### BUILDING LOCAL CAPACITY

Developing and sustaining capacity to respond at community level remains a recurrent issue. As the experience of the projects has shown however, no one single model is better placed in terms of resolving this. VI and OEB have opted to work through established government structures and recruit district level staff as a means of building capacity at local levels. CABDIC and NCDP on the other hand, have chosen to build capacity at village and commune levels through training community volunteers to support their work.

The one common element linking all four projects is engagement of disabled people themselves in developing greater self-efficacy. Again however, this has been approached in slightly different manners; whether through collective interventions based around the formation of self-help or peer support groups or through providing individual assistance in the form of start-up capital for income generating activities. Irrespective of the approach adopted, the key is that the work is clearly grounded at community level and involves substantial capacity building of local actors.

#### *Other lessons learned*

Services need to improve the capacity building capabilities of community-based development workers so they in turn can offer greater support to self-help and peer support groups

Importance of developing the capacity of self-help groups to assume roles as lead advocates for PWD

Self-help groups should be considered as focal points for delivering training to disabled people (for vocational/micro-business training or community organizing)

Self-help groups should consider separating specific objectives such as savings and loans from core functions so as not to preclude people who cannot participate financially in such activities.

Self-help groups should incorporate home visits so that people who are housebound can still participate

### EARLY INTERVENTION

All partners are highly conscious of the need for early intervention, whether in terms of physical rehabilitation, participation in education or livelihood support. Among the greatest challenges to early intervention are

prevailing cultural attitudes to disability, poor population surveying, geographic remoteness and social isolation. Partners have attempted to address these issues through ensuring that service delivery is well-grounded at community level, and as such better able to identify the extent of disability and need for services; utilizing wherever possible existing structures and community resources to outreach to remote areas; and engaging in extensive awareness raising and sensitization work.

*Key lessons learned and needs identified include:*

Importance of comprehensive and consistent population surveying to assess the scope and nature of disability in target areas. Involvement of commune councils in undertaking such surveying is considered essential

Need for services to reach more into remote areas

Need for improved access to medical/surgical services; equally in terms of prosthetic/orthotic and vocational training

## **EFFECTIVE COORDINATION**

Ensuring effective coordination with key stakeholders has been problematic at times for all partners. In part, this is due to the sheer number of government departments, local authorities, referred services and community bodies that each project has striven to liaise and work with. Other complications are the lack of integration of government programming, particularly within MoSVY, competing commitments of government staff working on various donor funded initiatives and poor collaboration between projects attempting to work through government ministries.

Partners have made concerted efforts to ensure appropriate coordination, engaging directly with stakeholders themselves or through proxies and sectoral forums. Most of these efforts have been highly successful, others less so. Either way, it is clear that partners are cognizant of the importance of coordination and appear committed to ensuring high levels of cooperation and information sharing.

*Other lessons learned*

Need for greater co-operation and sharing of information between disability organizations in order to improve people's understanding of what services are available and which are the most appropriate to their needs

## **MAINSTREAMING RESPONSES/PROJECT ACTIVITIES**

Most partners agree that there is need to increase the capacity and capability of generic programs to respond to the needs of disabled people, rather than continue to establish separate projects. Mainstreaming responses through the use of inclusive policies and programming is clearly seen as the preferred approach, not only in the interest of sustainability, but in terms of providing a minimum guarantee of services for those who unable to access specialized programs.

Partners have identified several key elements essential to the successful integration of CWD within mainstream schools. These include:

Importance of home-based schooling/tuition as an essential preliminary step, complemented by special bridging &/or accelerated learning programs that will enable older children to integrate with their peers in later grades. Tied to this is establishment of procedures/protocols for recognizing and grading prior learning

Importance of basic teacher training in special needs education and establishment of resource officers at the cluster school level

Assistance with school materials, texts, means of transport or travel arrangements

Fostering closer communication between teachers and families of disabled children to identify particular issues/ problems

### *Other lessons learned*

Need for ramps and stair railings within school buildings; latrines and water points need to be installed and made accessible to disabled students; need to promote inclusive sports/adaptation of sports equipment/facilities

## **STRATEGIC PROGRAMMING AND PROGRAM FLEXIBILITY**

To varying degrees, all partners have experienced some difficulty with maintaining program integrity as a result of activity-tied funding, and inability of donors to cover essential core program costs. As such, there is a preference among implementing partners for donors to support multi-sectoral programming rather than funding discreet, stand-alone interventions (e.g. programming that engages education [formal and non-formal], health and welfare responses). This would allow organizations to develop more holistic and integrated programs that respond to multiple and inter-dependent need, not dissimilar to the integrated programming envisaged in UNICEF guidance notes.

### *Other lessons learned*

Need to ensure a continuum of planning at all three levels of local government (i.e. that planning developed at commune levels is properly articulated and adopted in district and provincial development plans)

Greater budget allocations required for covering travel costs of beneficiaries and support/reimbursement of expenses provided to volunteers

## **FOSTERING OWNERSHIP**

An underlying risk in all project work is the failure to foster a conception and sense of ownership among stakeholders and beneficiaries. Without this, effectiveness and sustainability are seriously compromised. While perceptions of ownership were not raised as a concern by partners other than VI, it may nonetheless underlie issues of coordination and collaboration with DoSVY and DoEYS reported by CABDIC, NCDP and OEB.

## **OPTIMIZING USE OF AVAILABLE RESOURCES**

All projects mentioned resource limitations as a major challenge, particularly in view of the scope and extent of need in Cambodia. Another pressing issue is the limited capacity of services to meet current levels of need and provide effective follow-up/monitoring of referred clients. The importance of optimizing existing structures and resources - working through Government services, engaging local authorities in responses, utilizing community resources and support- is seen as pivotal to maintaining adequate levels of service.

## 6. OVERVIEW OF FINDINGS AND RECOMMENDATIONS

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### UNICEF CHILD PROTECTION PROGRAMME SUPPORT

#### **CURRENT PROGRAMMING**

Support for the rehabilitation and reintegration of mine victims and disabled people provided through the Child Protection Programme is well targeted and guided by an appropriately informed and considered strategy. There is ample evidence that support from UNICEF's Child Protection Programme has played a significant role in reducing discrimination and promoting the full development and inclusion of children with disabilities (CWD).

The nature of projects supported is consistent with UNICEF country disability guidance notes and highly relevant in the national context. The choice of projects covers several of the Programme's key focal areas including health and education, policy and mainstreaming of disability into humanitarian responses. Moreover, the choice of projects affords good geographic coverage, makes effective use of existing resources, and constructively engages government and community stakeholders in determining and implementing responses. Selecting projects utilizing similar yet still distinct models of service delivery also contributes to strengthening methodological diversity within the disability sector. It is evident from the evaluation that the Programme has a clear understanding of the principal rehabilitation and integration needs of disabled people in Cambodia, capacity to develop strategic frameworks and coherent country programming and assess proposed project support within that context.

Based on the findings of the evaluation, there does not appear to be any real need for major shift in terms of support to the rehabilitation and reintegration of mine victims and other disabled; rather refinement of existing strategies and adjustments in the way the Child Protection Programme works with other programs and supported partners.

The evaluation cited several instances where there appeared to be a lack of understanding, particularly at district departmental level of how to coordinate UNICEF supported initiatives with DoEYS and DoSAVY effectively. Rather than achieving the complementarities envisaged at country program level, it appears that operationally different program activities are being implemented in isolation from each other. This has led to district level staff being pulled in different directions and addressing their work in quite a fragmented manner.

There seems to be a need across UNICEF to examine inter-program and sub-program coordination. In this respect, the Child Protection Programme needs to take a closer look at how its supported activities dovetail with broader UNICEF programming, particularly with its education and social development sections. One example raised in the findings, is the issue of recognition and grading of prior learning achieved within non-formal education settings. The present lack of such articulation unduly compromises the educational outcomes of home and community-based schooling of older children conducted by Child Protection Programme partners. In addition to recognition and accreditation mechanisms, there is an obvious need for more remedial programs to address the 'bridging' or accelerated learning requirements of students entering mainstream education at a late age.

Although it may be possible for the Programme to assist partners in negotiating accreditation procedures with provincial Offices of Education, such mechanisms need to be formalized at a national level. This and the need for expanded remedial programs are tasks that clearly correspond to UNICEF's education section. As such, the Child Protection Programme needs to take up these issues within UNICEF (as well as with other key institutional partners), and ensure that identified needs of programme partners and beneficiaries are considered and where appropriate, integrated within their responses.



Similar issues are also evident with UNICEF's broader programming with MoSVY. Again as noted in the findings, one of the major brakes on consolidating and expanding engagement of MoSVY district staff in the support of UNICEF Child Protection Programme funded projects is their competing commitments to various other donor funded initiatives, including other UNICEF supported work. This is particularly obvious with VI's work in Prey Veng and Svay Reing and may well emerge as an issue for OEB if other projects seek to implement activities through DoSVY district staff. From discussions with current partners, linkages between various UNICEF funded programs need to be better articulated at operational levels. This would assist both NGO and government partners in developing more coherent and integrated programming, thereby reducing the risk of unnecessary overlap, inefficient targeting of resources and setting up competing interests.

In view of these observations, it would be worthwhile for UNICEF and the Child Protection Programme to explore where improvements can be made on the ground, particularly in areas of interdepartmental and intersectoral collaboration (e.g. DoEYS, DoSVY, MoH, SEILA, IOs, NGOs) and what additional resourcing and support for operational planning and coordination of responses at district level is needed.

Another key area is support to NGO partners in conceptualization and design of self-help and self-efficacy initiatives, strategic engagement of local authorities and commune councils and practice in community mobilization. Specific technical support in developing understanding and practice in multi-sectoral programming, design of monitoring and evaluation frameworks and application outcome monitoring and reporting would also be beneficial.

As already stated, there does not appear to be a pressing need for major change in Child Protection Programme strategic directions, the make-up of funded activities or the profile of target groups. Rather what is required over the next three to five years is to allow the program and its existing partners the scope to refine and further systematize current strategies, consolidate building of district and community level capacity, and complete the transition of project activities to local players, whether they be LNGOs, CBOs or district level departments. As these transitions progress, levels of support needed by existing partners should decrease, allowing the Programme to engage new projects.

## **QUALITY OF TECHNICAL SUPPORT AND GUIDANCE TO PARTNERS**

According to the four partners, technical support and guidance provided by the Child Protection Programme in general has been useful and constructive, although at times too enmeshed in operational decision making of partners. While it is difficult for the evaluation to comment on this particular critique, that fact that many basic issues concerning project design and programming, strategic vision and coordination remain unresolved does suggest a weakness in levels of strategic support provided to the projects.

It is understood that the nature of the support offered has been primarily informed through first-hand monitoring and review of project activities, periodic meetings with partners, and on-going liaison with senior project management and operational staff. The apparent lack of attention to some the issues raised in the report therefore suggests that are problems with these monitoring and assessment systems. As mentioned under the section on monitoring and reporting, the current Child Protection Programme reporting formats are uniquely process focused; there is little discussion of challenges encountered, lessons learned or any requirement for critical reflection by the partners.

Equally, although coordination and collaboration between partners is encouraged, including the sharing of learning and recent practice, Child Protection Programme does not appear to have a defined strategy for assessing capacity development need of partners nor responding to this need. Moreover, outside of periodic partner meetings convened by the Programme there has been no other time dedicated to examine issues of capacity development or address critical training needs.

Committing time and resources to these issues is a shared responsibility; partners need to become more proactive in defining shared learning needs and articulating what technical support they expect of the

Programme. The Child Protection Programme in turn needs to consider how it can better integrate such support within its work with partners and consider allowing identified and agreed capacity development to be incorporated into project designs/activities and part costed to each project budget.

### **RECOMMENDATIONS: CHILD PROTECTION PROGRAMME - UNICEF COORDINATION AND WORK WITH SUPPORTED PARTNERS**

***Based on the findings of the evaluation, there is a definite need for more strategic level support to partners to work through programming issues with government services implementing other UNICEF funded responses. The Child Protection Programme needs to take a closer look at how its supported activities dovetail with broader UNICEF programming, explore where improvements can be made, particularly in respect to inter-sectoral collaboration in education and social development (e.g. DoEYS, DoSVY, MoH, SEILA, IOs, NGOs) and assess what additional resourcing and support is needed at district level to enhance operational planning and coordination. Equally there is a need for UNICEF to undertake high-level advocacy to government on issues affecting impact of Child Protection Programme supported projects.***

***The Child Protection Programme also needs to review the nature of technical support provided to partners and how this is delivered. Outside of periodic partner meetings convened by the Child Protection Programme there has been no other time dedicated to examine issues of capacity development or address critical training needs. Committing time and resources to these issues is a shared responsibility; partners need to become more pro-active in defining shared learning needs and articulating what technical support they expect of the Programme. The Child Protection Programme in turn needs to consider how it can better integrate such support within its work with partners and consider allowing identified and agreed capacity development to be incorporated into project designs/activities and part-costed to each project budget.***

***Likely areas of further technical support include the conceptualization and design of self-help and self-efficacy initiatives, strategic engagement of local authorities and commune councils and practice in community mobilization. Equally, specific technical support in developing understanding and practice in multi-sectoral programming, design and use of monitoring and evaluation frameworks would be beneficial.***

## **PROJECT IMPACT**

### **PROJECT PROFILES**

All projects enjoy a strong and respected profile with a majority of stakeholders. This includes government departments, local authorities, international and national disability organizations, PWD and their representative bodies. Stakeholders interviewed credited each organization with delivering highly relevant services in an effective, efficient and transparent manner. Having said this, there are some residual issues of coordination and collaboration with key government departments that may influence the profile of some the partners. These are discussed in more detail later in the report under 'Coordination and collaboration'.

### **IMPACT ON LIFE QUALITY OF BENEFICIARIES**

It is clearly evident from visits to clients, interviews with partners and document reviews that all projects have had significant impact on the quality of life of beneficiaries. Aside from improvement in the physical, psycho-social and economic well-being of beneficiaries (through own activities and referred services), the projects have brought about better generalized understanding of the cause and prevention of disability as well as reported change in community attitudes about the worth and ability of disabled people.

### **ACHIEVEMENTS AND PROGRESS MADE**

#### ***CABDIC & NCDP***

According to the CABDIC Coordinator, placing disabled people at the centre of the response is perhaps the most outstanding strength and achievement of the project. This observation is equally valid for NCDP's work in Kompong Speu. While their models of service delivery are slightly different, both projects have successfully engaged disabled people, whether as staff, commune or village level volunteers or members of self-support groups, in defining and implementing responses.

Common activities have included training of parents and carers in their child's physical rehabilitation, fostering and supporting self-help initiatives among groups of disabled people and engaging community members and local authorities in monitoring and follow-up of clients, advocating for better access to schooling and health services and raising public awareness and understanding of disability. This has contributed to building significant capacity at community as well as local government level.

The services provided are highly relevant, well informed and of good quality. Engagement of locality-based volunteers ensures that the projects are well grounded and informed at community level. There is ample evidence that the projects have had measurable effect in improving the life quality of people affected by disability (both disabled and their families), reducing discrimination and promoting understanding of the rights of disabled people.

Both projects enjoy a high level of support among key stakeholders and are well engaged with a range of government and NGO services.

#### *Specific issues/constraints affecting achievements & progress*

##### ***CABDIC***

- Limited practice of project staff and volunteers in community development and mobilization work
- Difficulty in sustaining motivation, technical capacity and skills of volunteers
- Breaking down dependence of PWD on external support and developing greater self-reliance
- Focus on savings and loan schemes leading to the exclusion of the poorest from self help group activities

### *National Centre for Disabled People*

- Chronic under-reporting of disability in surveying conducted by DoSVY, DoEYS and local government authorities/need to conduct own population surveying to accurately identify scope and geographic spread of disabled people.
- Limited collaboration/relationship with DoSVY
- High costs associated with facilitating access to specialized medical and surgical services (primarily travel related)

### **Operations Enfant Battambang**

Outside of building the capacity of parents and carers to play a greater role in their child's physical rehabilitation and development, the project's major achievement is undoubtedly the provision of enhanced education and training opportunities for disabled children. The provision of home-based and remote area schooling has provided children and families affected by disability access to basic education otherwise denied due to geographic remoteness, immobility or developmental impairment. This, and support for the integration of CWD within mainstream education has had significant and measurable impact on children's life quality and opportunity.

The project has successfully developed and refined approaches for working in tandem with government services and substantially value adding to existing structures and programs. Its extensive school-based education and awareness raising activities, as well as sensitization work with local authorities, appears to have been effective in raising community understanding about the cause and prevention of disabilities and understanding of the rights of disabled people and children in general. According to beneficiaries, community leaders and local authorities, these activities have directly contributed to reducing discrimination and social alienation.

### *Specific issues/constraints affecting achievements & progress*

- Low levels of education among beneficiary communities
- Under-resourcing and over-crowding of mainstream schools severely limits their ability to accommodate large numbers of CWD
- Seasonal work commitments of many parents/carers limit their ability to participate in training (home-care and physical rehabilitation), information sessions and other support/awareness raising activities.

### **Veterans International**

Improving life opportunities of disabled people was identified as one of the most tangible achievements of the project; opportunities for people affected by disability to work, study and fully engage in the social and cultural life of their families and communities. Another significant outcome was greater self-reliance and enhanced perceptions of self-worth among people affected by disability. This includes PWD themselves as well as their families. The project has also contributed to improving retention rates among CWD attending mainstream schools, raised understanding about the cause and prevention of disabilities and contributed to reducing discrimination and social isolation.

In addition to assistance provided to disabled people, the project has also built significant capacity among seconded staff (including provincial and district staff level of MoSVY). The four seconded provincial staff are now effectively managing all VI CFU/CBR activities, and seconded district staff, although requiring further training before being able to assume greater CBR responsibilities, have attained significant skills in rehabilitation practice. Excepting delays with the up-skilling of district DoSVY staff, project activities appear to be on-track.



### *Specific issues/constraints affecting achievements & progress*

- Limited practice of DoSVY district staff in some technical aspects of CFU/CBR
- Perception within DoSVY of project activities being ostensibly owned by VI, thereby limiting the extent to which MoSVY is prepared to buy into the project
- Little collaboration between donor funded projects working with MoSVY
- Competing commitments of DoSVY staff working on various donor funded initiatives
- Capacity for program innovation limited by activity-based funding; little scope to respond to emerging needs and deviate from planned activities
- Activity-based funding and reporting tends to fragment global strategies

### ***Common issues/constraints affecting achievements & progress***

- Resource limitations given scope and extent of need
- Entrenched cultural beliefs about disability reinforce stigma and discrimination (it is often difficult to achieve the necessary shift in familial and community attitudes needed to animate parents/carers, encourage utilization of available services and mobilize community resources in support of PWD)
- Limited capacity of services to meet need and provide effective follow-up/monitoring of referred clients

## **OPERATIONAL ISSUES**

### **PROJECT DESIGN**

Excepting a small number of issues with the conception of some activities, the four projects are well designed and coherent. They comprise a similar mix of activities aimed at addressing the most pressing physical and social rehabilitation needs of children with disabilities (CWD).

Common core activities include:

- Training and supporting parents and carers in their child's physical rehabilitation
- Providing centre or home-based rehabilitation and rehabilitation counseling to CWD
- Facilitating access to education for CWD, including home-based tuition (pre and post school entry) and supporting children in mainstream education
- Facilitating access to medical, surgical and/or prosthetic/orthotic services; vocational training opportunities and other relevant services
- Supporting self-help and self-efficacy initiatives among people affected by disability (including parents of CWD)

Other major common activities include community and/or school-based awareness raising, sensitization of key service providers and community leaders, and case-by-case advocacy on behalf of CWD and their families. All projects involve extensive capacity building of either community volunteers, as in the case of NCDP and CABDIC, or seconded/contracted government (OEB and VI). The composition of activities across all four projects is on the whole seen as appropriate and highly relevant.

As mentioned at the beginning of this section, there are a small number of issues pertaining to the conception of some activities (common to all partners) and programming with government services (relevant to OEB and VI).

#### ***Common issues with project design***

##### *Conceptualization of self-help and peer support groups*

The conceptualization of most self-help or peer support activities (excluding those initiated by VI which are still in a very early stage of formation) appears to be largely limited to the establishment of savings and loan schemes (whether involving cash or animals), or as in the case of OEB, dissemination of information and follow-up of clients/beneficiaries. While savings and loan schemes are highly relevant and often the first choice of beneficiaries, it is also essential that partners encourage discussion of advocacy and community mobilization as complimentary activities. Without this, there is a real risk that savings and loan schemes become the defining activity to the exclusion of efforts in other areas. Building understanding and practice of self-advocacy and community activism, including mobilization of resources, is critical to developing self-efficacy and sustainability of the groups.

##### *Engagement of commune councilors and development of higher-level advocacy*

There is a tendency among all four projects to try to draw commune councilors into supporting direct service activities, most commonly assisting follow-up of clients and beneficiaries. While this may represent a very practical form of engagement and one that no doubt helps build understanding among local authorities of the needs of disabled people, it is equally important to pursue other forms of strategic involvement. There is enormous need for high-level advocacy and mobilization of resources in favour of disabled people; tasks that clearly fall within the mandate of commune councils.

To varying degrees, all partners recognize the need for more strategic engagement with commune councils. CABDIC and NCDP in particular, have taken concrete steps to formalize coordination and involve councilors in community awareness raising and sensitization activities. This engagement however is still very much at a surface level; there is a definite need for partners to explore more strategic approaches. Advocating for community consultation and self-representation of disabled people in annual commune and district development planning is one example of more strategic engagement.

### **Programming issues with MoEYS and MoSVY**

It appears there are few if any protocols or mechanisms in place articulating non-formal and formal education. As such, schooling provided by OEB contracted teachers is neither formally recognized nor accredited by MoEYS. While this is not such an issue for under school-age children attending OEB school readiness programs, there are significant implications for students who have completed higher grades upon entering the mainstream education system. There is a definite need for OEB to address this issue and advocate for recognition of prior learning (in particular negotiating mechanisms with DoEYS for assessing students upon entry and grading them according to their academic competency). Non-recognition of the remote area schools also excludes MoEYS funding for the teacher's salaries, thereby affecting the long-term sustainability of OEB's schooling efforts.

VI faces a similar programming issue in its attempt achieve provincial-wide CBR coverage in Prey Veng through engaging DoSVY staff to support its community-based work in all 12 districts. VI funding and DoSVY programming restrictions severely limit the number of days that district departmental staff can commit to project activities (currently one day per month). While this level of engagement with district staff is still useful in terms of strengthening communication and cooperation between the project and DoSVY, according to CBR management, the current arrangement is of limited value in terms of actual support to project activities. Moreover, such minimal involvement doesn't allow district staff sufficient time to consolidate their training and develop stronger practice. This in turn affects their ability to progress to the requisite skill level necessary for them to be able to work more independently.

It seems that one of the main barriers to increasing the number of days worked by district DoSVY staff is the Departments competing commitments to other UNICEF funded projects. This is a fundamental coordination and planning issue that VI and UNICEF need to take up with MoSVY at central and provincial levels.

### **RECOMMENDATIONS: PROJECT DESIGN**

***The conceptualization of self-help or peer support activities (excluding those initiated by VI which are still in a very early stage of formation) needs to be expanded beyond savings and loan schemes. It is essential that partners encourage discussion of advocacy and community mobilization as complimentary activities. Without this, there is a real risk that savings and loan schemes will become the defining activity to the exclusion of efforts in other areas. Building understanding and practice of self-advocacy and community activism, including mobilization of resources, is critical to developing self-efficacy and sustainability of the groups.***

***There is a definite need for partners to explore more strategic forms of engagement with commune councils. Advocating for community consultation and self-representation of disabled people in annual commune and district development planning is one example of more strategic engagement.***

## QUALITY OF WORK

The overall quality of work of all four projects is of a high standard. All partners accept that some areas of their work need strengthening; either in terms of strategic programming or design of activities, technical competency of staff and volunteers or conceptualization of strategies and problem solving. These challenges are not uncommon to the four partners, but widely experienced within Cambodian development sector. The fact that partners recognize their limitations and are in the process of responding to these is encouraging.

The home-based physical rehabilitation components of the CABDIC and NCDP projects in particular seem to be well organized and appropriately structured. Likewise, the centre-based rehabilitation services offered by VI and OEB's support for home and community-based education and negotiation of vocational training opportunities are of a suitable high quality. OEB's engagement with both provincial and district offices of DoSVY provides a sound model for working with government services and offers the project greater reach and more consistent monitoring and follow-up of clients/beneficiaries than it could achieve working independently. Good relations with existing health services provide all projects with valuable access to additional professional assessment and treatment services where required (physical rehabilitation, medical and surgical).

Support for inclusive education and integration of CWD in mainstream public schools across all four projects is consistent with the broad objectives and guidelines of MoEYS/UNICEF Inclusive Education policies. Excepting some issues with OEB's engagement with DoEYS, there is a high level of collaboration and coordination between partners and the Department of Education. OEB nonetheless enjoys good relationships with individual school authorities in the localities where it is working.

The Inclusive Education PIT in Banteay Meanchey appears to be functioning well and members are keen to assume tasks currently performed by CABDIC (e.g. facilitating service referrals). Similarly, the PITs in Kompong Speu and Prey Veng were reported to have worked well for the periods they were funded. Members of the Kompong Speu PIT are apparently continuing to follow-up past activities, with referrals previously channeled to NCDP now being handled by DoSVY. The PIT in Prey Veng has ceased functioning although members are keen to resume work in the event of further operational funding becoming available.

Peer-support and self-efficacy activities of CABDIC, NCDP and VI appear to be adequately resourced and supported. The CABDIC self-help and NCDP peer support groups visited appear to be functioning well and have provided members tangible and worthwhile outcomes (economic benefit derived through the savings and loan schemes, lessening of social isolation, greater confidence and sense of group solidarity, improved community perceptions about the abilities of disabled people). All VI grant beneficiaries interviewed were extremely satisfied with their results to date and were able to describe positive change in their living situation. The one self-help group visited is in the early stages of forming; however there appeared to be general consensus among members around the objectives and direction of the group.

### ***Common issues with quality of work***

Although in the main, the projects are able to access professional assessment and treatment through referral to specialized services (and to all accounts this coordination is working well), building technical capacity of staff/volunteers and establishing shared treatment/management strategies is not necessarily implicit in these arrangements. As mentioned in relation to support provided by the Child Protection Programme, it would be useful if the projects were able to establish funded partnerships in addition to existing referral relationships, with specialized rehabilitation/ medical/educational providers that allowed them to buy-in services where required (e.g. provision of outreach clinics by CCMH, technical support in assessment and review of cognitive disability, etc).



Lack of articulation between the formal and informal education sectors unduly compromises the educational outcomes of home and community-based schooling of older children. Little recognition of non-formal schooling and the absence of remedial programs to address the 'bridging' or accelerated learning needs of older students<sup>2</sup> means that children who have already completed two to three years of informal schooling are often required to repeat these grades simply because there are no clear guidelines governing assessment and accreditation of prior learning or system capacity to provide remedial programs. This often leads to older age children dropping out of schooling altogether or only completing preliminary primary school grades by the time they attain a viable working age.

Outside of project level advocacy on a case-by-case basis, neither partners nor UNICEF appear to have taken up these issues with MoEYS at any strategic level. In order to optimize educational outcomes in home and community-based schooling of older children, these two issues need to be resolved as soon and as effectively as possible.

While many existing project staff are extremely competent and well practiced in a range of skills, capacity among newer or younger staff is understandably much less developed and often limited to technical aspects of rehabilitation. Based on discussions of practice with project staff, there is a definite need to broaden understanding and conceptualization of advocacy and mobilization, particularly in a strategic sense, development of monitoring and review systems, and strengthening of outcome monitoring and reporting. All project staff would benefit from training in behaviour change theory.

### *Specific issues with quality of work*

#### *Operations Enfants Battambang*

OEB needs to clearly define its conception of the parents/carers groups and decide whether their purpose is primarily to facilitate information dissemination and client/beneficiary follow-up or something more akin to building mutual support, self-efficacy and/or community activism. If the latter, then OEB must invest time in exploring what objectives/activities members would be interested in pursuing and how these could be best achieved.

As a first step, this is likely to require some revision of the geographic make-up of the group and deciding the most appropriate structure to adopt (e.g. smaller groups that meet locally with periodic activities at district level or larger groups that operate at commune level). Later on, questions of individual access and participation, identifying sources of financial and technical support, assessing training and capacity building need, etc will need to be addressed.

#### *Veterans International*

According to the physiotherapist responsible for supporting the CFU/CBR component of the project in Prey Veng, the technical capacity of some district DoSVY staff is still somewhat limited, particularly their understanding of anatomy and specific rehabilitative treatments. VI is in the process of upgrading the technical skills of all seconded district DoSVY staff, however as outlined earlier, in the interests of focusing efforts it may be better to concentrate on up-skilling a smaller number of staff and increasing their number of work days so that they can consolidate their knowledge and practice.

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<sup>2</sup> The evaluation understands that a pilot bridging program for 13/14 year olds will be implemented in collaboration with MoEYS in Kamrieng district, Battambang during 2006.

## **RECOMMENDATIONS: QUALITY OF WORK**

*While many existing project staff are extremely competent and well practiced in a range of skills, capacity among newer or younger staff is understandably much less developed and often limited to technical aspects of rehabilitation. Based on discussions of practice with project staff, **there is a definite need to broaden understanding and conceptualization of advocacy and mobilization, particularly in a strategic sense, development of monitoring and review systems, and strengthening of outcome monitoring and reporting. All project staff would benefit from training in behaviour change theory.***

***Lack of articulation between the formal and informal education sectors and absence of remedial programs to address the ‘bridging’ or accelerated learning needs of older students unduly compromises the educational outcomes of home and community-based schooling of older children. Outside of project level advocacy on a case-by-case basis, neither partners nor UNICEF appear to have taken up these issues with MoEYS at any strategic level. In order to optimize educational outcomes in home and community-based schooling of older children, these two issues need to be resolved as soon and as effectively as possible.***

## **PROJECT MANAGEMENT, STAFFING AND RESOURCING**

### **Management**

All four projects have clearly defined management structures that extend to seconded or contracted staff from partner departments or community volunteers working at commune or village level. Each national office is kept informed of activity progress and related issues through monthly field reports and regular visits by project management staff to project sites.

Partners draw technical support and guidance from a wide range of specialist services. In the fields of physical rehabilitation, CFU/CBR, this has included the Disability Action Council, ILO-Disability Resource Team, ICRC Prosthetic & Orthotic Centres in Kompong Speu and Battambang, Siem Reap Provincial Rehabilitation Centre, Battambang Emergency Hospital, Social Services of Cambodia and several other specialized medical/ rehabilitation services (National Pediatric Hospital, Kantha Bopha, CCMH, Jesuit Services Cambodia, AAR-Japan, etc). Technical aspects of the projects’ educational components (special needs education, community awareness raising) have been informed by MoEYS-Office of Special Education, Disability Action Council, UNICEF-Inclusive Education Program and MoSVY.

### **Staffing and resourcing**

Each project employs a slightly different approach to project staffing. This ranges from contracting in government staff to working through networks of village-based volunteers or co-opting commune councilors in support of project activities. Although one of the most common issues raised by partners was resource limitations, staffing levels in general appear adequate. Perhaps the one exception to this is the case of VI, where CFU/CBR supervisors report carrying much of the work assigned to DoSVY district level staff.

CABDIC field staff appear to managing considerable case loads, although to some extent this is offset through the training and use of volunteers from commune councils. This engagement not only expands the project’s implementation capacity and strengthens its community-based nature, but also draws local authorities into the response. This in turn will present opportunities for higher-level advocacy, which in itself, should contribute to the sustainability of project activities and outcomes. Additional capacity building through training, learning exchanges and familiarization visits is needed to ensure technical and operational competence of PIT members.

NCDP has built an important network of community volunteers who play a pivotal role in supporting its CBR and peer group formation activities (volunteers support a maximum of four cases and work at least two days per week, although many of those interviewed reported working at least 2-3 additional days per month). The training and use of community volunteers not only expands the project's implementation capacity but also provides NCDP a strong local profile in the localities where it is working. This is further strengthened through closer coordination with village leaders and commune councilors.

The OEB project employs five part-time DoSVY staff (0.6 FTE) and 35 teachers in five localities (four districts and Pailin municipality). The use of DoSVY district staff not only facilitates closer planning and coordination with the department, but also helps ground the project in the localities where it is working. This is achieved without needing to setup discreet operational offices in each area -representing a significant cost saving to the project- and provides the added advantage of working through staff with local profile and knowledge. The geographic spread of activities does mean however that a considerable amount of project management time is spent in travel.

Although the project coordinator and project assistant appear to be coping with current work loads, any addition of new activities or expansion into new areas (such as into Odtar Meanchey province as requested by DoSVY) will certainly require deployment of further staff and resources. While to some extent, the need for additional staff could be offset through recruitment and training of commune council volunteers, OEB needs to consider the best use of these volunteers; as mentioned earlier, engaging them in direct service activities is perhaps not the most strategic.

OEB is acutely aware of the need to develop strategies that will address the long-term sustainability of its school readiness and remote schooling program (as mentioned under project design and relevance, alternative funding will soon be required for more than half of OEB's contracted teachers). In response to this, OEB is pursuing a number possible scenarios including: negotiating MoEYS recognition and accreditation of its remote area schools; introducing community-funding (whether in cash or in-kind) to maintain those schools not able to be integrated into the public education system; and stepping-up efforts to integrate children who are currently home-tutored or remote area schooled into mainstream schools. OEB is keen to pursue self-funding arrangements wherever possible, however at this stage, it is unclear if beneficiary communities will be able to sustain the teachers long-term or whether top-up funding will be required.

VI CFU/CBR field staff are managing considerable case loads and report carrying most of the work despite engagement of DoSVY district field workers. This is largely due to the fact that these staff are only seconded to work one day per month and only two of the 12 are able to work independently. The minimal number of workdays doesn't allow district staff enough time to consolidate their training and develop stronger practice. This in turn affects their ability to progress to level 6 and commence working more independently.

Involvement of DoSVY staff at a district level appears to be fairly pivotal in VI's planned adoption of a CBR approach to providing community outreach/follow-up. It is extremely important therefore that the level of engagement of DoSVY staff at a district level is commensurate with the tasks they are expected to perform. A possible solution may be for VI to consider reducing its geographic coverage and focusing on districts with the highest need or alternatively, restructuring how it works with DoSVY at district level (as suggested in the previous section). Equally, it would be worthwhile to review whether all district DoSVY field staff need to be trained to level six or that the CBR program could function with a smaller team of level six qualified district staff supporting their counterparts across several districts.

## **RECOMMENDATIONS: PROJECT STAFFING AND RESOURCING**

***The use of DoSVY district staff and/or recruitment of commune councilors not only facilitates closer planning and coordination with their respective bodies, but also helps ground projects in the localities where they are working. This is achieved without needing to setup discreet operational offices in each area -representing a significant cost saving to the project- and provides the added advantage of working through staff with local profile and knowledge. Both approaches (ideally employed in tandem) should be promoted Child Protection Programme as better practice models and partners encouraged to consider their adoption as core project strategies.***

***Further capacity building through training, learning exchanges and familiarization visits is needed to ensure technical competence (both pedagogical and rehabilitative) of partner and seconded/contracted staff and volunteers.***

***The ability to sustain motivation and commitment among volunteers, as well as maintain and strengthen their technical skills and capacity poses an on-going risk to projects relying on volunteer input. In this context, provision of allowances and training need to be considered essential core project costs.***

***Budget limits for IEC, literacy and other learning materials (Child Rights, reproductive health, primary health, etc) are currently inadequate and need to be increased.***

## **COORDINATION AND COLLABORATION**

All projects have made substantive attempts to ensure closer coordination and collaboration with major government, non-government and community stakeholders. Although the nature and scope of engagement with government departments varies, this is more an artifact of the approach each organization has adopted in terms of service delivery. CABDIC and NCDP have chosen to work primarily through community structures, while OEB and VI have opted to engage district level DoSVY staff in their responses. Both approaches entail some risk. In the absence of other closer coordination mechanisms, working through community rather than government structures does appear to peripheralize projects.

On the other hand however, the collaboration of government departments on external projects is usually dependent on partners contributing to staff salaries, payment of per diems and/or cover of travel costs. There is a long history of such collaboration coming to an abrupt end once such contributions are reduced or withdrawn. Though there are numerous factors for this, it nonetheless presents an immediate risk to the sustainability of project outcomes. Therefore the decision to work through alternative structures should not be dismissed. Nonetheless, it remains essential that organizations maintain closer coordination and collaboration with government structures through some form or another.

Coordination between CABDIC and provincial and district offices of Education, Youth and Sports and Social and Veteran's Affairs appears to be working well, with no significant issues raised by either department. There is good collaboration between CABDIC, DoEYS, DoSVY and commune councilors in respect to the Inclusive Education project and support for the integration of CWD in mainstream public schools. Collaboration with DoSVY social workers in respect to CABDIC's CBR work however is less developed.

As mentioned already, CABDIC has chosen to work with community volunteers rather than engage with DoSVY. While this may allow much broader reach and coverage than could be achieved through working with a limited number of DoSVY field staff, greater engagement with the Department of Social and Veteran's Affairs at an implementation level may pay longer term dividends. CABDIC could for example consider involving DoSVY staff in joint monitoring and training of community volunteers. This would enable CABDIC to

retain its community-based nature while helping to build closer operational links with DoSVY (it is likely this would require the project to cover travel and per diem costs of DoSVY staff).

This could certainly be of benefit during the up-coming localization of CABDIC, as well as help position the project to take advantage of any cost-sharing opportunities that may arise through SEILA supported decentralization. Either outcome would enhance the project's longer-term sustainability.

NCDP is well engaged with DoEYS, school authorities, commune councilors and village authorities. Equally, the project appears to enjoy good relationships with a wide range of NGO rehabilitation services (ICRC Rehabilitation Centre in Kompong Speu, CCMH, AAR-Japan, Veteran's International, Jesuit Services Cambodia) as well as government health centres and specialist hospitals. Collaboration with DoSVY has dropped off considerably since NCDP decided to cease contributing to departmental salaries and operational expenses (these were dropped from the 2004-2005 project budget owing to DoSVY's non-compliance with contractual inputs and apparent lack of interest in advocating for the inclusion of disability within SEILA planning).

Securing the inclusion of disability in SEILA planning however may prove difficult without the support of DoSVY. NCDP therefore needs consider how it can re-engage with the Department, convince it of the need for disability services, and effectively lobby for their inclusion within DoSVY planning. The terms of any such engagement should be very specific and focused more on ancillary tasks that fall within the Department's general mandate, rather than involving district staff in providing support to core project activities (e.g. client follow-up or facilitating referrals). For example, the project could consider contracting out its population surveying to DoSVY district staff. As the contractor, NCDP would retain the right to decide survey methodology and quality assurance measures.

OEB coordinates and collaborates well with DoSVY, school authorities, commune councilors and village authorities. It also enjoys good working relationships with a wide range of NGO rehabilitation services, despite some initial difficulties with scheduling referrals to ICRC-Battambang (OEB now the schedules most non-essential treatment during school vacation periods). Collaboration with DoEYS in Banteay Meanchey however appears less developed. This may be a result of several factors, firstly that OEB contracted teachers, unlike their DoSVY counterparts, are not linked into the Provincial Education Department; that most of the project's support for integration of CWD occurs at an individual school level; and that OEB to some extent, appears to rely on HI-B CABDIC as a member of the Inclusive Education-Provincial Implementation Team, for coordination and liaison with DoEYS. Whatever the reason(s), if the project wishes to address problems with articulation/accreditation of its non-formal schooling efforts, then it will need to develop a closer relationship of its own with the provincial Office of Education.

Equally OEB needs to consider how it manages its relationship with district level government and commune councils. It appears that during the most recent round of commune level development planning, OEB was unable to attend and instead delegated organizational representation to the contracted DoSVY worker. While the use of proxies per se is not questioned, delegating NGO representation to a government partner is not good practice, irrespective of whether there is total alignment in thinking between both parties. It is absolutely essential in such contexts that NGOs represent themselves; to not runs the risk of compromising perceptions of their independence with other stakeholders as well as potentially complicating relationships with government partners.

OEB also recognizes that it needs to widen its coordination/collaboration with other services and strengthen referral links with other specialist organizations (e.g. NGOs working in credit/micro-finance, income-generation/livelihood strengthening, etc. OEB staff have spoken to HI-B about collaborating with their social development partner, Action Nord Sud).

VI enjoys a high level of support from DoSVY, DoEYS, school boards, commune councilors and village authorities. Equally, the project enjoys good relationships with a range of NGO services as well as government health centres and specialist hospitals. VI participates in monthly sectoral coordination meetings as well as attending the SEILA working group managing the MoSVY/SEILA pilot project in Prey Veng and Svay Rieng.

Having said that, there is an obvious need for VI to work more closely with DoSVY to resolve the chronic understaffing of the project's community-based activities, particularly if district level DoSVY staff are to assume a principal role in providing community outreach/follow-up. It is extremely important that DoSVY district staff are engaged at a level commensurate with the tasks they are expected to perform, otherwise it is difficult to see that the transition of the CFU component to a CBR approach can be successfully achieved.

### ***Common issues with coordination and collaboration***

As mentioned earlier in the report, decentralization initiatives supported by SEILA should afford opportunities for NGOs to work more directly with commune councils in determining service planning. In the meantime however, provincial and district levels authorities will continue to play a major role in setting development priorities and influencing planning of government services. As such it is essential the organizations establish and maintain productive and valued relationships with provincial and district level authorities as well as with their commune counterparts.

While each partner has made efforts in this respect, there appears a tendency to rely on the offices of Education and Social Affairs to inform provincial and district authorities of project activities, rather than communicate directly with Governors first hand. This is more evident in the case of district level authorities. While this may not affect project implementation per se as long as provincial and district approval of activities has been secured, it may well limit the degree to which NGOs can influence district and provincial authorities during annual planning processes.

Equally, although there has been constructive coordination between partners at planning and operational levels (CABDIC and OEB, NCDP and VI), there is still room to strengthen collaboration and optimize sharing of learning and practice. While periodic partner meetings convened by the Child Protection Programme offer some scope for this, it would be useful if such exchanges could be incorporated into project designs/activities and part-costed to each project budget. For this to be any real value however partners need to become more pro-active in defining shared learning needs and articulating what technical support they expect of the Programme

### ***RECOMMENDATIONS: COORDINATION AND COLLABORATION***

***Until decentralization initiatives are much further advanced, provincial and district levels authorities will continue to play a major role in setting development priorities and influencing planning of government services. As such it is essential the organizations establish and maintain productive and valued relationships with provincial and district level authorities as well as with their commune counterparts.***

***Constructive engagement with government services at some level should be made a cornerstone of Child Protection programming. Outside of ensuring coherency and consistency between project activities and government strategies, it also provides an effective point of contact for advocacy and engagement around strategic and practical implementation issues. This can provide opportunities to influence planning processes and draw relevant departments into responding to issues.***



## MONITORING AND REPORTING

All partners regularly monitor and document project activities. Seconded or contracted staff report either fortnightly or monthly to their respective departments and contracting partners. At a minimum, monitoring and follow-up of clients occurs on a monthly basis and more frequently with new cases, in some instances at least once a week. All projects comply with their own internal as well as donor monitoring and reporting requirements.

### *Common issues with monitoring and reporting*

Project monitoring & reporting appear largely process oriented and output focused. Reading of each project's annual reports revealed little analysis of overall project outcomes or progress made toward achieving objectives. This is particularly puzzling in the case of VI, as the organization conducts quite extensive monitoring/surveying of clients to assess uptake of functional activities, improvement in socialization, participation and self-esteem. None of this information however appears to have found its way into the UNICEF project reports reviewed. To the contrary, comprehensive impact indicator reports are compiled and presented to USAID. It would be useful to include some of this impact assessment data in other donor reports.

With the exception of VI, assessment of qualitative impact is largely based on anecdotal case studies. These are often focused on the results of physical rehabilitation interventions, although some studies do include mention of socio-economic or educational outcomes from grants, self-help initiatives or support for inclusive education. Other major project activities such as capacity building of departmental staff and community volunteers, sensitization and advocacy work or community education are not represented. None of the annual reports include discussion of constraints or lessons learned.

### *Common issues with measuring impact on life quality of beneficiaries*

Assessing impact on the life quality of beneficiaries should involve the use of both quantitative and qualitative indicators. Education authorities routinely collect quantitative information such as participation and retention of CWD in education, levels of schooling obtained, etc. While these and other similar quantitative indicators can be used to provide some measure of life quality and improved life opportunities, measuring qualitative impact requires the use of more specialized tools (e.g. Quality of Life instruments; client satisfaction questionnaires; Knowledge, Attitude, Behaviour and Practice surveys).

Outside of anecdotal case studies, the projects seem to lack suitable tools and indicators to assess and measure the qualitative impact of interventions (at either community or individual client levels). Equally, outside of gathering some contextual information about the client and their family, the project doesn't appear to collect baseline data on community attitudes to disability. This lack of tools and baseline information limits the ability of the projects to adequately assess, review and inform its planning and practice.

## RECOMMENDATIONS: MONITORING AND REPORTING

***Child Protection Programme reporting formats need to be further developed to include aspects of outcome monitoring, discussion of constraints encountered, remedial action taken and lessons learned. These topics should be applied to all principal project activities. This will require donor and partners to reach agreement on common indicators and means of verification. As a first step, UNICEF should review what data partners currently collect and assess their project monitoring capacity. It would be useful to review other monitoring systems employed within UNICEF as well as relevant IOs to inform the design of a draft process and outcome-monitoring framework for discussion. It is likely that partners will require technical support with implementing outcome monitoring and this should be considered within UNICEF technical support plans to partners.***

## **FURTHER TECHNICAL ASSISTANCE NEED**

CABDIC, NCDP and OEB all recognize the need to strengthen the transfer of technical skills to community volunteers and parents/carers of CWD. Equally, there is an underlying issue of how projects can best access specialized professional support with client assessment and periodic review, outside of relying on standard referral arrangements. This applies to both physical rehabilitation as well as developmental/educational-focused interventions. As mentioned under 'Quality of work', it would be useful if projects were to establish funded partnerships with specialized rehabilitation/medical providers that enabled them to buy-in services where required (e.g. provision of outreach clinics by CCMH, technical support in assessment and review of cognitive disability, special learning needs, etc).

It is also likely that project staff, seconded/contracted partners (i.e DoSVY and DoEYS) and volunteers would benefit from further training and mentoring in advocacy and community mobilization, behaviour change theory, participatory monitoring and review (including use of qualitative outcome assessment tools) and outcome monitoring and reporting.

## **SUSTAINABILITY**

Strategies for ensuring sustainability among the four partners are at differing stages of development. All are contingent of underlying assumptions about community or government buy-in, effective mobilization of resources and ability to provide on-going technical support and assistance in the immediate to medium term future. While only two partners have definitely identified alternative funding to UNICEF Child Protection Programme, all possess the necessary profiles and capacity to mobilize funds in support of their activities. This however is not the major challenge; rather sustainability will be determined by how successful the partners are in guiding and supporting the transition of project activities to either community or government actors. In this respect, while funding security is an important element, high level strategic advocacy and sound technical advice on planning and managing effective exits is probably more relevant and of greater value. Although this could be secured outside of Child Protection Programme, it would be unlikely to have the same influence and leverage. As such, there is a very sound rationale for continued UNICEF support to the existing partners during the next few years while these transitions are seen through and allowed to bed down.

## **DIVERSIFICATION OF FUNDING**

### ***CABDIC***

HI-B has secured a further year's funding for CABDIC from the Luxembourg Ministry of Foreign Affairs. This should see the project through the localization process as well as allowing a period for the new entity to bed down and consolidate its work. HI-B has also been working with current CABDIC management on strengthening capacity in funding development and proposal writing. HI-B will continue to provide further technical support in these areas after localization of the project in December 2005/January 2006.

Securing on-going and longer-term funding for the project may be difficult until the localization process has suitably advanced and donors can see how the organization is functioning. In this sense interim bridging funding, similar to what HI-B has secured from Luxembourg, is essential until the localized entity can develop a sufficient profile with donors. This is likely to take at least two years. It would also be of value if the project were to retain funding from existing partners, as this would demonstrate to other donors continued confidence in the newly localized entity.

### ***Operations Enfants Battambang***

OEB has a diverse funding base and enjoys a good profile with many international donors. It has recently secured funding from UNICEF for a pre-school project in Kamreing district and is negotiating funding from UNESCO/ASF for further informal education activities in Moug Russei district. The organization appears able to design and secure funding for its projects without requiring extensive external support or

technical assistance. At present, OEB does not appear to have finalized an alternative funding strategy for the Home Care Based and School Reintegration for Children with Disabilities.

### ***National Centre for Disabled People***

NCDP has a diverse funding base and enjoys a good profile with many international donors. Baptist World Aid -Australia currently funds NCDP's CBR programs in Phnom Penh and Kandal, along with providing technical support, and has apparently expressed interest in providing a similar level of support to the project in Kompong Speu.

NCDP has been discussing long-term strategies for transferring their CBR programs to community control. One scenario under consideration entails recruiting and training community volunteers to assume the role of the project's current CBR field workers. These positions would be initially resourced by NCDP with a view to securing independent funding within a set timeframe (up to five years). It is envisaged that future funding may comprise a mix of contributions from external donors, profits from peer support group activities and/or development funds from commune councils.

Outside of funding possibilities through BWA-A as mentioned above, NCDP does not appear to have finalized an alternative funding strategy for Community-Based Rehabilitation Program in Kompong Speu.

### ***Veterans International***

The evaluator was not able to ascertain whether VI has finalized an alternative funding strategy for its Rehabilitation Support Services Project.

## **EFFORTS MADE TOWARD SUSTAINABILITY OF PROJECT OUTCOMES**

### ***CABDIC***

#### ***Assuming of project activities/responsibilities by DoEYS and DoSVY***

As already mentioned, the Banteay Meanchey PIT appears to be functioning well and members are confident in their capacity to work independently of CABDIC. They are aware of other sources of technical support and able to access these if needed (e.g. Office of Special Education, DAC, etc). There appears little likelihood that DoSVY will explore partnering with CABDIC unless the project decides to contribute financially to the costs of departmental staff.

The main issue concerning sustainability of the PIT is whether the MoEYS will assume funding of the team after withdrawal of UNICEF support. Members of the Banteay Meanchey PIT hope that through involving commune councilors in the PIT that they may be able to encourage commune councils to partner with the MoEYS and assume a role in supporting inclusive education within their constituencies. If successful, this may provide some opportunities to share costs between the MoEYS and the councils, and strengthen the institutional and financial base of the PIT.

It would be strategic for CABDIC (and particularly the localized entity) to review how it works with DoSVY and consider low cost or cost neutral ways that will allow the project to engage with the department in a practical and productive manner.

### ***Capacity building of volunteers***

CABDIC now has eight volunteers supporting its CBR work with PWD in four communes of Banteay Meanchey. According to CABDIC staff and project reports, four new volunteers were recruited from two commune councils in Sisophon and two in Thmar Pauk districts. The strategy of engaging with commune councilors is sound, and should, if managed well provide valuable opportunities to raise the profile of the project and affect higher-level advocacy and mobilization of resources.

As acknowledged by CABDIC, field staff and volunteers require further training in certain technical aspects of CBR. This is particularly acute in the context of working with children with cognitive and/or multiple disabilities. Equally, staff and volunteers would benefit from training and mentoring in areas outlined under further technical assistance need (i.e. advocacy and community mobilization, behaviour change theory, participatory monitoring and review (including use of qualitative outcome assessment tools) and outcome monitoring and reporting).

In addition to recruiting and training volunteers from commune councils, the project should consider expanding its volunteer base, not only as part of its sustainability strategy, but to strengthen its operational capacity. Involvement of commune councilors in direct follow-up of clients is perhaps not the most effective use of these positions. CABDIC may be better engaging the support of self-help group members or other interested villagers in providing follow-up rather than expecting this of council members. It is important to ensure that all volunteers are used effectively and that expectations of their role and involvement are realistic.

### ***Localization of CABDIC and transition to LNGO management***

According to the HI-B Rehabilitation Department and CABDIC Coordinators, steps toward localization and transition of the project to LNGO management are progressing closely to plan. A board of directors has been identified and selected, organizational statutes and NGO registration documents drafted and awaiting submission to the Ministry of Interior (Mol) for approval. HI-B and CABDIC staff have held initial discussions concerning the disbursement and management of funds from the Luxembourg government, reporting protocols and the nature and scope of further HI-B technical support to the localized project. Following registration with the Mol, these arrangements will be formalized in the form of contractual agreements between both parties.

CABDIC staff have been discussing how to sustain project outcomes for some time and believe that the key lies in engendering greater self-reliance among disabled people, mobilizing community resources in support of their needs and building individual and community capacity to deal with issues as they arise. To move toward this, CABDIC recognizes that the project first needs to strengthen the technical capacity of field supervisors and managers in service planning and management and further build the skills and practice of community volunteers and PWD in income generation, small business development and other forms of livelihood/entrepreneurial activity.

As raised under funding diversification, a major risk to the localization of CABDIC relates to the continuity of adequate funding until the project can establish an independent profile with donors and demonstrate that it is functioning effectively. In this sense, interim, bridging funding, similar to what HI-B has secured from Luxembourg, will be essential. It would also be of value if the project were to retain funding from existing partners, as this would demonstrate to other donors continued confidence in the newly localized entity.

Once localized, CABDIC will be required to negotiate a Memorandum of Understanding (MoU) with relevant Ministry partners. While theoretically there should be few, if any obstacles to this, delays in securing such agreements with MoEYS or MoSVY would seriously affect continuity of the project's work and compromise outcomes for current beneficiaries. In such case, lending of institutional support to the localized project by UNICEF and HI-B during negotiation of necessary MoUs could be of considerable help.

### ***Operations Enfants Battambang***

#### ***Assuming of project activities/responsibilities by DoEYS and DoSVY***

Through contracting Social and Veteran's Affairs staff, OEB has not only raised the profile of disability within DoSVY, but also effectively drawn the department into responding to its disability mandate. District DoSVY staff are intrinsically involved in the operational planning and implementation of project activities and have developed substantial skills and practice in providing disability services. Promoting the uptake of disability within the Department and building staff capacity both contribute to longer-term sustainability of project outcomes. Additionally, working in closer partnership with the Department has ensured coherency and consistency between OEB's project activities and DoSVY's strategic directions.

According to the Provincial Director of DoSVY in Banteay Meanchey, the Department is keen to continue collaborating with OEB, and is open to assuming project activities relevant to its strategic plans and service mandate pending availability of funding. DoSVY is hopeful that this will eventuate with support from SEILA.

The situation with DoEYS is somewhat more complex. Given that MoEYS is reluctant to contribute to staff costs of non-formal education activities such as the remote area schools of OEB, the potential to develop effective partnerships is more problematic. Having said that, it would still be worthwhile for OEB to open a dialogue with DoEYS about articulation/accreditation of its educational activities and attempt to resolve issues at least on a case-by-case basis.

It would be strategic for OEB to review how it works with DoEYS and in the first instance, seek agreement on mechanisms for recognizing and grading education levels attained by OEB beneficiaries on a case-by-case basis. Longer-term, issues of articulation and accreditation between OEB's education activities and MoEYS, including resourcing will need to be addressed.

### ***National Centre for Disabled People***

#### ***Assuming of project activities/responsibilities by DoEYS and DoSVY***

There is sufficient evidence to suggest that with time, the CBR program could be effectively transitioned to community control and management. In fact it is quite feasible that with further capacity building, the current peer-support groups could become effective community associations linked into their respective commune councils and school boards. In this context, sustainability will not depend on DoEYS and DoSVY assuming project activities/responsibilities, but rather them committing to maintain current levels of collaboration and coordination with whatever entities, whether community associations or community-based organizations, that end up managing the CBR programs.

It respect to Inclusive Education, members of the Kompong Speu PIT report continuing to follow-up students and promote inclusive practice within schools despite funding to the team being withdrawn. In fact according to the PoEYS, many of the referrals previously handled by NCDP are now being channeled through DoSVY.

It would be strategic for NCDP to review how it works with DoSVY and consider low cost or cost neutral ways that will allow the project to engage with the department in a practical and productive manner.

### ***Capacity building of volunteers***

NCDP now has 24 volunteers supporting its CBR work with PWD in two districts of Kompong Speu (Samrong Tong and Phnom Sruoch). Capacity building of volunteers has comprised training in basic rehabilitation/physiotherapy exercises; design and use of assistive devices, including aids for daily living; peer group formation and facilitation; and orientation to NCDP strategic planning.

Volunteers interviewed were confident that they had the technical capacity to maintain a certain range of CBR activities beyond the life of the project (e.g. training and support of families with CWD, facilitating referrals and assisting peer group activities, community education/awareness raising), provided they were still able to

access some financial or in-kind support to cover travel costs, purchase of community education and training resources, etc. (currently NCDP provides volunteers a monthly travel allowance, bicycles, 10kgs of rice per month, medical/personal accident insurance, disability awareness resources, materials for making daily living aids).

Technical training of peer groups in animal raising (presently delivered by Department of Agriculture staff) is currently negotiated and funded by the project. Volunteers interviewed believed it would be difficult for them to manage this without on-going support from NCDP or assistance from DoSVY. To a lesser extent, this also applies to technical training in book keeping that the project plans to conduct with peer groups in the near future. NCDP is currently examining models for sustaining CBR activities beyond the life of the project. It would be advisable for NCDP to look at what support it can draw from government services such as DoSVY, DoEYS (in particular the Office of Special Education), Department of Agriculture and commune councils in helping to affect this transition.

As with CABDIC, field staff and volunteers would benefit from further training in certain technical aspects of CBR, particularly in working with children with cognitive and/or multiple disabilities. Equally, staff and volunteers would benefit from training and mentoring in areas outlined under further technical assistance need.

### ***Veterans International***

#### ***Assuming of project activities/responsibilities by DoEYS and DoSVY***

Despite issues of technical capacity, perceptions of ownership of project activities and competing commitments of district departmental staff with other donor funded initiatives, the project enjoys a strong and productive relationship with both provincial and district offices of DoSVY.

This has allowed VI raise the profile of disability within DoSVY and effectively drawn the Department into responding to its disability mandate. Working in close partnership with the Department has also ensured coherency and consistency between VI's activities and DoSVY's strategic directions; elements that are essential if the Department is to consider assuming project activities.

VI's involvement with the SEILA/MoSVY pilot project in Prey Veng and Svay Rieng will hopefully generate opportunities for greater collaboration and eventual uptake of the project's key community-based activities.

#### ***Capacity building of DoSVY staff***

VI has trained four seconded provincial level DoSVY staff and 12 district DoSVY staff in rehabilitation practice. The four-seconded provincial DoSVY staff are now effectively managing all CFU/CBR activities.

As acknowledged by VI, seconded district level DoSVY staff require further training in certain technical aspects of rehabilitation practice before being able to assume greater CFU/CBR responsibilities associated with the transition to a CBR model of community outreach and follow-up. Equally, staff and volunteers would benefit from training and mentoring in areas outlined under further technical assistance need.



## **RECOMMENDATIONS: SUSTAINABILITY**

*Partner strategies for achieving sustainability of project outcomes/activities are at different stages of development. CABDIC is moving toward localization by the end of 2005-early 2006; NCDP plans to devolve activities to its network of community volunteers are reasonably advanced; OEB and VI are working through transition of key activities to government and community actors. **Before committing to further support, it would be reasonable for the Child Protection Programme to request partners provide a comprehensive statement of what they have achieved in terms of building sustainability, what outstanding tasks remain and what resources will be required to complete their planned withdrawal. The next step would be for the Programme to support partners with the formulation of detailed exit plans, identifying and time lining key milestones to be reached over the course of 2006.***

## 7. STRATEGIC FRAMEWORK

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### GUIDING PRINCIPLES, INDICATIVE STRATEGIES AND SUGGESTED INDICATORS

The Child Protection Programme component of UNICEF's Country Programme Plan for 2006-2010, envisages on-going support for the rehabilitation and reintegration of Landmine/UXO victims and other disabled people under two project areas: Social Protection (Direct Service Provision - Access to Education) and Accidents, Injuries and Disabilities (Direct Service Provision).

In addition to the existing objectives, strategies, partnerships and alliances defining the 2006-2010 Child Protection Programme plan, it is recommended that the findings of the evaluation be used as a starting point for developing a framework of guiding principles and indicative strategies for the Programme. Such a framework would be of benefit in several ways. Firstly, it would assist the Programme in defining the strategic nature of its support; secondly, provide clearer guidance to potential partners as to what is expected in terms of project design, and lastly, help pin-point technical support need and provide a framework for relevant outcome and impact measures.

### PROPOSED GUIDING PRINCIPLES AND INDICATIVE STRATEGIES

#### ***Responses must build knowledge and understanding of disability among primary caregivers and their immediate community***

##### *Project interventions should:*

Address entrenched cultural beliefs about disability that reinforce inertia, stigma and discrimination and build understanding of the nature, cause and prevention of the disability

Promote recognition and acceptance of the rights of disabled people

Provide informed assessment of current and potential future abilities of the disabled person

Provide practical skills that will assist the rehabilitation and reintegration of the disabled person

Encourage utilization of available services and mobilization of community resources in support of people with disabilities.

#### ***Responses should contribute to developing self-efficacy among disabled people and those affected by disability (i.e., primary care givers, family members)***

##### *Project interventions should:*

Contribute to developing physical and psychosocial self-efficacy and/or economic independence of disabled people

Contribute to developing the capacity of groups of disabled people and those affected by disability to organize, self-advocate and mobilize resources in their support

Demonstrate how disabled people and others affected by disability will contribute to informing, implementing, monitoring and assessing project activities

Demonstrate respect for the rights to self-determination and self-representation of disabled people

### **Responses should aim for early intervention**

#### *Project interventions should:*

Be well grounded at community level, make effective use of existing structures and resources to identify and report disability, and comprise some element of awareness raising or sensitization in support of early intervention

Demonstrate effective use of available injury/disability surveillance data, population registers and other demographic survey information in planning, monitoring and impact measurement

Comprise strategies to address issues of access arising from social isolation, geographic remoteness and underdeveloped service coverage/referral linkages

### **Responses need to include and address capacity building objectives as implicit activities**

#### *Project interventions should:*

Demonstrate within all key project interactions, strategies for transferring skills and building capacity among involved stakeholders (e.g. implementing partners, supporting services, local government bodies, community structures, self-help or peer support groups, disabled individuals and their families)

Strengthen the capacity development skills of community level project/partner staff, volunteers, local leadership and involved community members so they in turn can offer better informed support to self-help and peer support groups in areas such as group development, advocacy, community education and mobilization

Include strategies for sharing learning and development of better practice with implementing partners and key project stakeholders (e.g. DoSVY, DoEYS, MoH, other key service providers and local actors such as community-based associations, relevant members of commune councils, etc.)

### **Responses need to demonstrate coordination of planning and implementation with key project stakeholders**

#### *Project interventions should:*

Be consistent with the aims and objects of relevant government and sectoral policy, articulate as closely as practicable with prevailing strategies and/or frameworks and where possible, complement existing interventions and activities

Have secured approval from relevant line departments and where possible, be integrated into district and commune level annual development plans

Demonstrate credible coordination mechanisms with relevant government services, provincial, district and commune authorities, community-based groups, key non-government service providers and peak sectoral bodies

Demonstrate a continuum of planning at all three levels of local government (i.e. that planning developed at commune levels is properly articulated and adopted in district and provincial development plans)

### **Responses need to appraise the likely sustainability of outcomes, describe proposed strategies for achieving this and include indicative exit planning**

#### *Project interventions should:*

Demonstrate how information gathered and assumptions made during situational analyses have been used to assess the likely sustainability of projected outcomes, and how this appraisal has informed development and planning of project strategies

Aim to utilize available resources and integrate with existing structures wherever possible, and contribute to building the capacity and capability of generic programs to respond to the needs of disabled people

Identify an indicative exit plan, describing the principal phases and projected timeframe, strategies and resources required, major risks and how these could be mitigated, and key milestones to be used to monitor and measure progress

## **INDICATIVE STRATEGIES**

### ***Establishing service partnerships (suggested strategy)***

While in many cases facilitating individual referrals represents the most cost-effective way of securing specialized services, the use of funded service partnerships with select providers may provide a more efficient alternative, particularly where there are significant numbers of regular referrals (as in management of epilepsy medication therapies). Such partnerships would allow partners to buy-in services as required (e.g. provision of outreach clinics by CCMH, technical support in assessment and review of cognitive disability, etc).

In the case of NCDP for example, being able to contract CCMH to provide monthly outreach clinics in Kompong Speu would present significant time and cost-savings over the current referral arrangement. This requires NCDP to transport up to 30 clients to the CCMH center in Takmau, many of whom have already spent hours traveling from remote areas into Kompong Speu before departing for the CCMH center.

While such a partnership may cost slightly more than what is currently spent on providing transport to the NCDP office in Kompong Speu and then onto the CCMH centre in Takmau, it offers a number of additional outcomes that standard referrals arrangements do not. The most obvious is improving physical access to CCMH services. Another is that the use of outreach clinics would help facilitate better face-to-face discussion between rehabilitation workers and specialist practitioners of treatment and management strategies. This greater interface between rehabilitation staff and specialist service providers would in turn contribute to building the technical skills of CABDIC and NCDP staff and volunteers.

### ***Strategic engagement of local authorities and commune councils in high-level advocacy and mobilization of resources (core strategy)***

As the government's decentralization program moves ahead, commune councils will begin to assume more substantive roles in determining the nature and scope of social, economic and political development within their constituencies. SEILA and MoSVY for example are currently involved in a pilot decentralization project examining how commune councils can be placed at the center of local social service planning. This could present opportunities for NGOs to negotiate collaborative and potentially cost-shared activities with their respective councils.

Strategic engagement of commune councils by NGOs is therefore an essential precursor. Not only in terms of cultivating confidence and respect, but more importantly in ensuring coherency of NGO programming with the priorities as assessed by the councils.

In general however, project engagement with commune councils tends to be focused on practical roles that councilors can play in supporting direct service activities, most commonly assisting follow-up of clients and beneficiaries. While such practical engagement may help build better understanding of the needs of disabled people among local authorities, there is a definite need for partners to explore more strategic approaches. Advocating for community consultation and self-representation of disabled people in annual commune and district development planning is one example.

Until commune councils are able to assume their full legislated mandate however, provincial and district levels authorities will continue to play a major role in setting development priorities and influencing planning of government services. As such it is essential the organizations establish and maintain productive and valued relationships with provincial and district level authorities as well as with their commune counterparts.

### ***Coordination and engagement with Government services (core strategy)***

Coordination and engagement with government services is essential in several respects. Outside of ensuring coherency and consistency between project activities and government strategies, it also provides an effective point of contact for advocacy and engagement around strategic and practical implementation issues. This can provide opportunities to influence planning processes and draw relevant departments into responding to issues.

### ***Comprehensive and consistent population surveying, including screening of children entering mainstream education to assess and monitor the scope and nature of disability in target areas (suggested strategy)***

There is a generalized lack of confidence in the methodology used by DoSVY with respect to identification and recording of disability in its population surveying, and consequently, limited credibility afforded to the statistics generated. As a result, most partners have opted to conduct their own surveying in operational areas in order to inform planning and identify underserved populations. Equally, screening and recording systems within the education system are grossly inadequate, with no accommodation for recording the special needs of students in standard MoEYS enrolment forms<sup>3</sup>.

While there are moves afoot to address these issues, it would remain useful until appropriate systems are in place, for organizations to continue their own population surveying, if for no other reason other than to better inform provincial and district level planning and quantify to DoSVY the extent of need and imperative to respond.

### ***Articulation of clear exit strategies and planning for sustainability (core strategy)***

Consideration and planning of a phased exit from projects and transition of activities to other players needs to be evident in all project designs. Understandably these plans are likely to change over the life of a project as partners move toward an eventual exit, however some conceptualization of how this process will occur, its principal phases, what strategies and resources will be required, what the major risks are and how these could be mitigated and which key milestones will be used to monitor and measure progress need to be examined at the outset of the project. Further development of these plans and monitoring their progress should form a major part of Child Protection Programme technical support to partners.

### ***Coordination and sharing of learning among Child Protection Programme partners (core strategy)***

Although there has been constructive coordination between partners at both planning and operational levels, there remains room to strengthen collaboration and optimize sharing of learning and practice. While periodic partner meetings convened by the Child Protection Programme offer some scope for this, it would be useful if such exchanges could be incorporated into project designs/activities and part costed to each project budget. It would also be useful if these exchanges were expanded to include other implementing partners of each organization, such as DoSVY, DoEYS and other pivotal service providers or local actors (e.g. community-based associations, relevant members of commune councils, etc.)

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<sup>3</sup> The Inclusive Education project PIT in Prey Veng have developed a useful screening process and register of students with special needs that should be looked at and considered as a potential template for informing the development of national level system.

## **SUGGESTED INDICATORS**

Review of current project designs shows that partners clearly have the capacity to assess and set appropriate process indicators. Where there is need however, is in defining and agreeing common and relevant outcome and impact measures. If the Child Protection Programme chooses to adopt a series of guiding principles and indicative strategies to better define its strategic framework, then it is logical that project outcomes and impact should be measured against these same elements. The suggested indicators therefore are framed in relation to the proposed guiding principles and indicative strategies.

### ***Awareness raising and training among primary caregivers***

#### ***Outcome indicators:***

- Percentage of primary care givers complying with agreed home-based rehabilitation programs
- Percentage of primary care givers able to accurately describe the typology and cause of their child's disability

#### ***Impact indicators:***

- Primary care givers requesting additional support and/or referral to services other than those provided by the UNICEF supported partner
- Participation of primary care givers in self-help and peer support activities

### ***Self-efficacy among disabled people and those affected by disability***

#### ***Outcome indicators:***

- Percentage of families affected by disability reporting improvement in their living situation (e.g. improved food security, living conditions, access to basic services, socialization and participation in community life)
- Percentage of self-help or peer support groups managing their own core activities within 18 months of formally establishing
- Percentage of self-help or peer support groups who have established independent and productive relationships with local authorities, government services and relevant NGOs external to the UNICEF supported partner
- Number of disabled people and/or their primary caregivers involved in planning, implementing, monitoring and/or assessing project activities of the UNICEF supported partner

#### ***Impact indicators:***

- Reduced socio-economic vulnerability among families affected by disability
- Mobilization of resources and services external to those provided by the UNICEF supported partner
- Greater involvement of disabled people and/or their primary caregivers in planning, implementing, monitoring and/or assessing project activities of the UNICEF supported partner
- Self-representation of disabled people in annual commune and district level planning processes; community education/disability awareness raising activities



## **Early intervention**

### Outcome indicators:

- Number of new cases referred to UNICEF supported partner by community level structures (i.e. community volunteers, local authorities, district level government officers from DoSVY, DoEYS, MoH)
- Percentage of cases provided services by community level structures (i.e. community volunteers, local authorities, district level government officers from DoSVY, DoEYS, MoH)
- Number of disabled students identified within first month of commencing school; referred and provided appropriate remedial assistance (whether physical or developmental/educational)
- Number of children with untreated disabilities presenting at government health clinics/hospitals referred and provided appropriate remedial treatment/assistance
- Number of children with untreated disabilities identified by government social affairs officers and referred for appropriate remedial treatment/assistance

### Impact indicators:

- Greater incidence of community level reporting of disability, referral to appropriate services and delivery of responses
- Effective disability screening, reporting and referral processes in place within schools, government health clinics/hospitals and social welfare structures
- Improved education, health and social welfare outcomes among disabled children

*Education:* Primary education completion rates among disabled children (within project areas)  
Average grade repetition rates among disabled children (within project areas)

*Health:* Rate of disabled children presenting to government health clinics/hospitals within project areas resulting in appropriate surgical and/or medical treatment

*Social welfare:* Rate of disabled children within project areas seen by DoSVY resulting in appropriate follow-up and action (referral to services, support in education & training, home visits)

## **Inclusion of capacity building objectives within project activities**

### Outcome indicators:

- Identification of desired capacity development/learning outcomes of all major project activities and definition of strategies to achieve these
- Demonstrated capacity among self-help and peer support groups to conceive and plan group development, advocacy, community education and mobilization strategies
- Collaborative assessment of capacity development and training need among UNICEF supported partners and key project stakeholders; development and implementation of shared training activities, learning exchanges and familiarization visits

### Impact indicators:

- Increased uptake of relevant project activities by supporting services, local government bodies, community structures, self-help or peer support groups, disabled individuals and their families
- Increased incidence of self-help and peer support groups undertaking self-advocacy, facilitating community education/disability awareness raising and mobilizing resources in support of own activities
- Establishment of a collective learning base among UNICEF supported partners and other key project stakeholders
- Adoption of agreed 'better practice' among UNICEF supported partners and other key project stakeholders

### ***Coordination of planning and implementation with key stakeholders***

#### ***Outcome indicators:***

- Involvement of UNICEF supported partners in provincial, district and commune coordination bodies covering education, social welfare and health sectors
- Participation of UNICEF supported partners in provincial, district and commune level planning processes

#### ***Impact indicators:***

- Consistency and complementarity of UNICEF supported partner responses with Government/sectoral policies, strategies and activities
- Inclusion of UNICEF supported partner responses in provincial, district and commune level development and service delivery plans

### ***Sustainability of outcomes***

#### ***Outcome indicators:***

- Evidence-based project strategies
- Appropriate utilization of available resources; evidence of integration and/or uptake of project objectives/activities by generic programs/services
- Appropriately informed and planned exit strategies outlining principal phases and projected timeframe for partner support, proposed strategies and resources required, major risks and key milestones to be used to monitor and measure progress

#### ***Impact indicators:***

- Successful integration of relevant project objectives/activities within Government planning or sustainable community responses
- Enhanced sustainability of project outcomes
- Effective staged withdrawal of partner support without adversely affecting project outcomes

## 9. ANNEXES

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### **REFERENCES, PROJECT AND IEC MATERIALS REVIEWED**

#### ***REFERENCES REVIEWED***

- DAC, *Education Policy for Children with Disabilities in Cambodia: A Concept Paper*. April 2001
- DAC, *Strategic Directions for the Disability and Rehabilitation Sector in Cambodia*, Second Edition, February 2001
- DAC Secretariat, Japan International Cooperation Agency (JICA), *Study on Persons with Disabilities: Country Profile-Cambodia*, February 2001
- MoEYS, *Education Strategic Plan 2006-2010*, November 2005
- MoSVY, *Five year Strategic Plan (2004-2008)*, undated
- Phillippa Thomas, *Poverty Reduction in Cambodia: Enabling Disabled People to Play a Role*, Disability K&R (Knowledge and Research), April 2005
- The World Bank, Human Development Sector Unit, East Asia and the Pacific Region, *Cambodia: Quality Basic Education for All*, January 2005
- UNICEF EAPRO, *Inclusive Education for Children with Disabilities: Lessons from the East Asia and Pacific Region*, undated
- UNICEF, *Programme Disability Guidance Notes*, March 2004
- UNICEF-Child Protection Programme, *Draft 2006-2010 work plan*, undated

#### ***PROJECT AND IEC MATERIALS REVIEWED***

##### ***Documents in common***

- Client case management records covering: client and family background, medical history, typology of disability, initial assessment of physical functioning/capability and independent living skills, progress reports, treatment records, etc.
- UNICEF CNSP 2004-2005 project proposal and 2005 annual report
- Cumulative project output statistics, background documents, 2005 work plans

##### ***Specific documents by partner***

###### ***National Centre for Disabled People***

- Peer group monitoring forms, checklist of organizational systems, management protocols/procedures
- NCDP CBR Volunteer policy
- School support materials

###### ***Operations Enfant Battambang***

- Progressive follow-up guidelines (adapted from UNFPA)
- Maternal and infant nutrition guidelines (adapted from UNFPA)
- Community based rehabilitation and inclusive education guidelines
- Guide to adaptive writing aids

### ***Veterans International***

Competency assessment and monitoring forms (CBR theory and practice, comprising six modules covering: typology of disability, types of mobility devices, basic physical therapy practice, daily independent living skills, physiology and technology, child development and social integration, child rights and disability awareness raising)

Impact assessment and monitoring framework (rehabilitative outcome indicators - OMAR)

## **ORGANIZATIONS AND INDIVIDUALS INTERVIEWED**

### ***DISABILITY ACTION COUNCIL***

Assistant Director

### ***CABDIC***

#### ***Head Office interviews with partner staff***

HI-B Department of Rehabilitation, Department Coordinator and CABDIC Program Coordinator, Phnom Penh

#### ***Interviews conducted during review of project activities in Banteay Meanchey province***

##### ***Partner staff***

CABDIC Supervisor, Banteay Meanchey provincial program; CABDIC District Team Leader, Thmar Por, Banteay Meanchey; CABDIC CBR staff (2), O'Chrou district, Banteay Meanchey

##### ***Department of Education, Youth and Sports***

Inclusive Education Provincial Implementation Team, comprising Provincial Office DoEYS Deputy Director, Provincial Office DoEYS Deputy Director (Primary Education), Deputy Director-Ko Koah Cluster School and District Office DoSVY Social Worker, Thmar Por district, Banteay Meanchey

##### ***Department of Social and Veterans Affairs***

Provincial Director, DoSVY, Banteay Meanchey

##### ***Local Authorities***

Commune councilor (CABDIC volunteer), Svay Chek commune, Thmar Por district

##### ***Beneficiaries***

Self help group members (10), Samroang district, Banteay Meanchey

13 year old girl with BKO attending Ko Koah Primary School, Thmar Por district

12 year old boy with club foot in Svay Sisophon town, Banteay Meanchey

8 year old girl with cerebral palsy, O'Chrou district

5 year old girl with cerebral palsy, primary caregivers (sister and mother) and other family members, Samroang district, Banteay Meanchey

3 year old boy with cerebral palsy, primary caregiver (father) and other family members, Srey Sophon district

##### ***Other***

External evaluator who had recently completed a comprehensive technical and programmatic review of CABDIC program

## **NATIONAL CENTRE FOR DISABLED PEOPLE**

### **Interviews conducted during review of project activities in Kompong Speu province**

#### *Partner staff and volunteers*

NCDP CBR Coordinator, 4 CBR field workers and 15 community volunteers (5 volunteers responsible for peer support groups, 5 for child support groups and 5 for women's/mothers groups)

#### *Department of Education, Youth and Sports*

Provincial Office DoEYS Director and Deputy Director (primary education), Special Education Office Director and Special Education Office Program Officer

School directors, deputies and teachers working with disabled students, Roleang Chouk Primary School and Trapeang Chouk Secondary School, Samroang Tong district, Kompong Speu

#### *Department of Social and Veterans Affairs*

Provincial Office DoSVY Director and Deputy Director (responsible for rehabilitation); District Office DoSVY Director, Deputy Director and Administrative Officer, Samroang Tong district

#### *Beneficiaries*

Women's/mothers group members (9), Samroang Tong district

Peer support group members (8), Samroang Tong district

12 year old girl with polio attending Roleang Chouk Primary School, Samroang Tong district

Four 16 year old boys (craniofacial deformity, epilepsy and 2 mild visual impairments) attending Trapeang Chouk Secondary School, Samroang Tong district

16 year old boy with hydrocephalus and club foot and primary caregiver (father), Samroang Tong district

21 year old man with paraplegia and other family members, Samroang Tong district

## **OPERATIONS ENFANT BATTAMBANG**

### **Head Office Interviews with partner staff**

OEB Executive Director, Education Program Coordinator and Program Assistant

### **Interviews conducted during review of project activities in Banteay Meanchey province**

#### *Partner staff*

Education Program Coordinator and Program Assistant

#### *Department of Education, Youth and Sports*

Inclusive Education Provincial Implementation Team, comprising PoEYS Deputy Director, PoEYS Deputy Director-Primary Education, Deputy Director-Ko Koah cluster school and DoSVY Social Worker, Thmar Por district, Banteay Meanchey

School Director and three primary education teachers, Sralao Primary School, Malai district

#### *Department of Social and Veterans Affairs*

Provincial Director, DoSVY, Banteay Meanchey; District Office DoSVY Social Worker (contracted p/t by OEB), Malai district, Banteay Meanchey

#### *Local Authorities*

Deputy District Governor, Malai district

Commune councilors from Malai, Sambour and Sralao communes, Banteay Meanchey

### *Beneficiaries*

Parents group (8 parents with 9 CWD), Malai district

16 year old girl (BKO) and parents, Malai district

17 year old girl (BKO) placed with a local business learning tailoring, Malai district

19 year old boy with polio placed with a local business learning motor mechanics, Malai district

## **VETERANS INTERNATIONAL**

### ***Head Office interviews with partner staff***

Country Director, Rehabilitation Coordinator, Associate Director-Administration, Finance and Human Resources, Deputy Director - Administration and Human Resources,

### ***Interviews conducted during review of project activities in Prey Veng province***

#### *Partner staff*

Site Manager - Prey Veng Rehabilitation Centre, Physical Therapist - Prey Veng Rehabilitation Centre (oversighting CFU/CBR), Rehabilitation Workers (seconded from Provincial Office DoSVY, responsible for CFU/CBR, grants program and self-help groups)

#### *Department of Education, Youth and Sports*

Ex-members of Prey Veng Inclusive Education Provincial Implementation Team, comprising Provincial Office DoEYS Director, Provincial Office DoEYS Director (Primary Education), Cluster schools Deputy Director and District Office DoSVY Social Worker, Ba Phnom district, Prey Veng

School Secretary and Grade 9 teacher, Ba Phnom Secondary School, Ba Phnom district

MoEYS seconded teacher providing primary schooling at Prey Veng Rehabilitation Centre

#### *Department of Social and Veterans Affairs*

DoSVY Provincial Office Social Workers, DoSVY District Office Social Worker, Ba Phnom district

### *Beneficiaries*

Self-help group members (19), Prey Veng district

15 year old boy with polio and 19 year old girl with club foot attending Ba Phnom Secondary School, Ba Phnom district

7 year boy with club feet, Prey Veng district

Grant beneficiaries:

Wife of a BKO amputee provided a mechanical millstone for grinding flour/cake making

Family of 7 year old boy treated for club feet, provided roofing and wall cladding materials for house improvements and a calf for animal raising



## QUESTION GUIDE

### Implementers, institutional partners and local authorities

1. What are the main achievements and perceived outcomes? (at project and individual activity levels)
2. Which activities / initiatives / actions have had the greatest impact? Why is this? What are the major constraints faced? How have these affected impact?
3. What outcomes have there been from capacity building and training of institutional and community partners? What tasks / responsibilities are institutional and community partners able to undertake competently? Are institutional and community partners committed to and capable of sustaining project outcomes? Can beneficiary and community groups plan and manage their own affairs?
4. What key lessons have been learned?
5. What changes have there been in beneficiaries' quality of life?
  - physical well-being
  - social and emotional well-being
  - material/economic well-being
  - civic participation
  - improvement in life opportunities, access to education and learning

How is such change assessed and tracked?

6. How is the project perceived by stakeholders?
  - Government
  - Other agencies
  - Local authorities
  - Communities
7. Have activities been carried out efficiently? Are there appropriate management structures and administration procedures in place? Are staffing and resource levels adequate for the projects to meet their objectives?
8. Is the overall quality of work, including monitoring and reporting (narrative and financial) of project outputs and outcomes of a high standard?
9. What coordination and collaboration is there between implementing partners as well as with other key stakeholders (government, non-government and community) Does this need to be improved and if so, how?
10. Has the capacity building and training of institutional and community partners been effective?

What are the main challenges/difficulties faced? How are these challenges/difficulties dealt with?  
How are the needs of PWD / CWD accommodated?

How has the training/support/formation received helped deal with these challenges/difficulties?)

What further support/development is required? What is the likely profile and duration of such support/development?

11. What monitoring and outcome indicators are used by the projects? Do these represent best practice? What other indicators measures should be considered?
12. What needs/issues should UNICEF address as a priority? What should future programming cover?

### **Parents, careers of CWD at school & disabled adult beneficiaries**

1. What are the main challenges / difficulties you face? (with care, support of child's rehabilitation, self-help, income generation)
2. How do you deal with these challenges / difficulties?
3. What else would enable you to better deal with these challenges / difficulties?
4. How has the training / support / formation you've received helped to deal with these challenges / difficulties?
5. Where else can you get support / advise?
6. What changes have you noticed in your child / about yourself?
  - physical well-being
  - social and emotional well-being
  - material/economic well-being
  - civic participation
  - improvement in life opportunities, access to education and learning
7. How have your hopes for your child / yourself changed? What future do you see now?
8. What needs / issues do you think UNICEF should address as a priority? What should future programming cover?

### **CWD attending school**

1. What are the best things about school?
2. What are the most difficult?
  - Learning & understanding
  - Support with study
  - Access & mobility
  - Attitudes of others
3. What support do you get from school staff and others? How is this of help?
4. What would you like to do when you leave school? When do you think you may leave school?
5. What changes have you noticed about yourself? What do you hope for in the future?

*Report by Bruce Powell  
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