



Children from Hagar House of Smiles project, Phnom Penh

Australian Red Cross
Cambodia Initiative for Disability Inclusion (CIDI)
Annual Report 2010-2011
July 2011

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Reading in Braille, Krousar Thmey School, Phnom Penh

1. Executive Summary

In 2010-11, Australian Red Cross (ARC) implemented the first year of the AusAID-funded Cambodian Initiative for Disability Inclusion (CIDI), an extension of the Landmine Survivors Assistance Program (LSAP) that had been running since July 2007. The CIDI program was the product of a redesign process to reflect a broader disability inclusion focus, inline with AusAID's *Development for All* strategy.

The broader focus was welcomed by the disability sector in Cambodia, and over the past year, CIDI's program design focus to strengthen partnerships and support increased capacity of disability inclusive programming within government and civil society has both raised the profile and perceived relevance of disability inclusion initiatives in the development context. The program has also enabled the increased provision of necessary support services to people living with a disability throughout Cambodia (as of June 2011, there were over 16 partners working in nine thematic areas in 20 provinces).

In order to support the goal of 'improving the quality of life of people with disabilities in Cambodia by supporting national efforts towards addressing the risks, causes and consequences of disability', the CIDI program is necessarily multidimensional in its approach.

In implementing CIDI in 2010-11, ARC acted as an intermediary to promote partnerships among the Cambodian Red Cross, Self-Help Groups, Disabled Peoples' Organisations, non-governmental organisations, and the Royal Government of Cambodia, to support the national policy context, inclusive and effective responses to needs and rights of people with disabilities and improved response to those at risk of disability.

This Annual Report outlines the CIDI context and starting position of the three core components in July 2010. It then describes the modifications in program design to respond to changing circumstances, followed by lessons learned with both immediate and proposed actions for 2011-12. The main section of the report is then concluded by a summary of monitoring and evaluation strategies, and the progress of expenditure in 2010-11.

Connected to the Annual Report is a collection of supporting documents. These documents provide additional information and detail on: CIDI's results in 2010-11 documented against the M&E framework; case studies; an example of a DIAF monitoring template; and data from partners providing a beneficiaries summary.

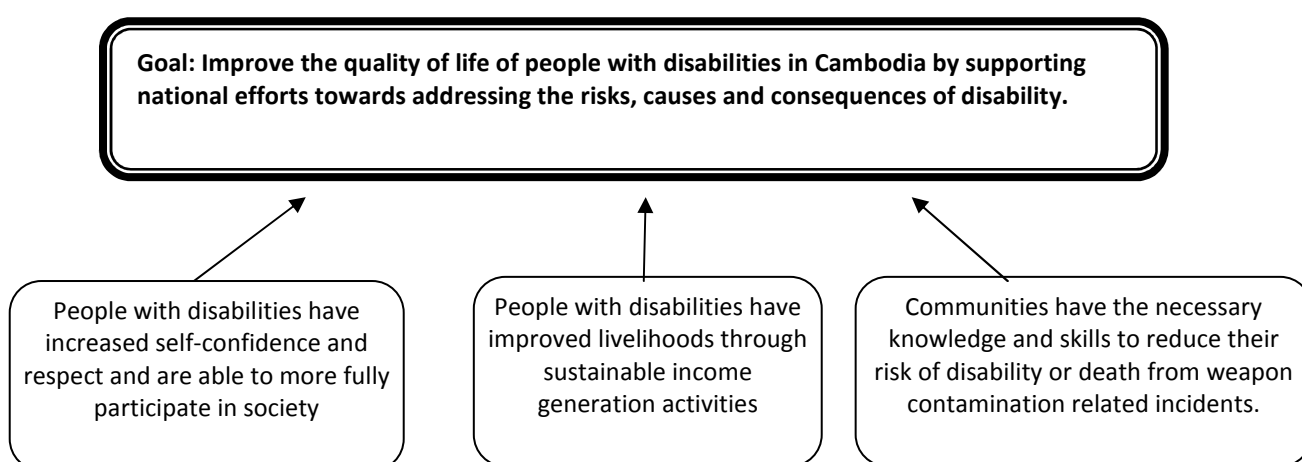
The CIDI program reflects a unique opportunity to support and advocate for increased disability inclusive programming in development sector approaches, reaching people who are potentially doubly disadvantaged by poverty as well as social and economic exclusion. There is strong engagement with this program in Cambodia, at both the national government and civil society level, providing a positive momentum as CIDI enters its second year in 2011-12, growing to reach all 24 provinces in Cambodia

2. CIDI Context – as of July 2010

The Cambodia Initiative for Disability Inclusion (CIDI) program is an extension of the Landmine Survivor Assistance program (LSAP), and the overall program goal and outcomes reflect its broadened scope. The CIDI has provided a transition from the landmine survivor focused LSAP to a broader disability focus, in line with the AusAID *Development for All* and Mine Action strategies.

The below information outlines the original design of CIDI, as it began in July 2010. Throughout the year 2010-11, the program was revised to reflect changing circumstances. Details for the changes are outlined in the subsequent section, *3- Changes to the CIDI Program & Work Plan 2010-11*.

The stated goal and high level outcomes of the CIDI program include:



This goal encompasses prevention of avoidable impairments by addressing the risks and causes of disability or death associated with weapon contamination, as well as addressing the consequences of disabilities. It recognizes that in order to improve the quality of life of people with disabilities, social, psychological and economic factors need to be addressed.

The theory of change underpinning these high-level outcomes was developed and the pathways to change are mapped via a series of intermediate outcomes and influencing strategies. This theory builds on a range of foundational activities that have been completed during the previous three year LSAP implementation. Please refer to CIDI Program Design documentation for additional information about the use of people-centred program logic and how this shaped the development of CIDI outcomes.

Program outcomes - summary

Program Outcome 1: A supportive policy context which recognises, respects and promotes the rights of people with disabilities.

Intermediate Outcome/s: Royal Government of Cambodia (RGoC) ownership and implementation of a legal disability inclusion framework.

The CIDI was originally designed to continue to encourage and support the RGoC and stakeholders in the implementation and monitoring of the National Plan of Action for People with Disabilities, including landmine/UXO survivors (NPA-PWD). A specific support

resource, the Australian Red Cross Disability Advisor (previously contracted under AusAID), continued to be located within the RGOC Ministry for Social Affairs, Veterans and Youth Rehabilitation (MoSVY), and provide targeted mentoring, capacity strengthening support to the RGOC leadership in disability inclusion, including supporting regular meetings of the national Disability Coordination Committee, developing resource mobilisation strategies and reporting systems that include documenting lessons learned, challenges, and solutions in implementation and monitoring the NPA-PWD.

Program Outcome 2: An inclusive and effective response to the needs and rights of people with disabilities.

Intermediate Outcome/s: Strengthened civil society capacity to provide rehabilitation and support services to people with disabilities (PWD).

In line with the *Development for All* strategy, and the Australia Cambodia country strategy, the expanded Disability Inclusion Assistance Fund (DIAF) incorporates education and infrastructure project

support to complement the other sectoral initiatives. The DIAF continues to provide support to organisations improving food and livelihood security of persons with disabilities and their families. Cambodian Red Cross ongoing provision of water and sanitation infrastructure and health and hygiene education programs for people with disabilities complements other DIAF-supported activities in this area, and builds capacity and understanding of relevant authorities and stakeholders in disability inclusive health programs.



Mobility assistance from outreach program in Siem Reap (HI-B project)

Program Outcome 3: An improved response to those at risk of disability or death due to weapon contamination.

Intermediate Outcome/s: Strengthened capacity of Red Cross to provide improved community based mine risk reduction programs.

Whilst Mine Risk Education and Risk Reduction (MRER) in some cases has been ineffective in preventing individuals from continuing to practise high-risk behaviours such as collecting wood and food in forested areas, it remains an important tool when combined with livelihood support and direct assistance. CRC's community based mine action program (CBMAP - formerly called MRER) integrates all of these elements to more effectively respond to the risks and needs of communities at risk due to weapon contamination. Through the CIDI, CRC continues to implement improvements, especially in disability inclusive development practices.

3. Changes to CIDI Program & Work Plan 2010-2011

In the dynamic operating environment of Cambodia, the CIDI program has benefited from maintaining a degree of flexibility, in order to adapt to changing circumstances and priorities. The below information provides a summary of key changes to the program during 2010-2011, all of which were conducted in consultation with AusAID.

Program Outcome 1

The change with the largest impact on the CIDI program design involved Program Outcome 1. A number of operational and management challenges emerged in relation to the

positioning of the Disability Advisor (DA) within the CIDI structure, in particular in relation to the role, responsibilities and reporting lines. Following meetings between AusAID, ARC and the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), it was identified that the DA position would be best located as a full-time position within MoSVY and fall under MoSVY's management structure.

In addition to this change, many of the requirements in the original design of Component 1 became outdated as the project developed. These requirements did not reflect the new relationships that were being developed, which were based on increased joint expectations and trust. At the same time, AusAID policy shifted to consider and subsequently implement a direct bilateral relationship with MoSVY.

With the resignation of the DA in March 2011, Program Outcome 1 was realigned to reflect these developments and consolidate the various changes.

In response, ARC revised their MOU with MoSVY, which outlined the revised nature of the relationship. In consultation with AusAID, ARC also allocated the remaining funds from Program Outcome 1 for 2010-11 to MoSVY as a direct grant, with reporting of this expenditure to be directed to AusAID.

Following discussion and instructions from AusAID, full reporting on Program Outcome 1 is not included in this Annual Report.

Program Outcome 2

In 2010-11, a multi year DIAF had been allocated for release (possibly anticipating an extension post June 2012). However, it was determined that it would be better to restrict any funds to partners to within the confirmed dates of CIDI. This would avoid a situation of having ongoing projects without a designated program managing agent. ARC's CIDI team therefore redesigned a series of shorter term, but still meaningful support mechanisms for partners within the CIDI network. The following were put in place in 2010-11:

- A one quarter extension to existing DIAF recipients
- The development of a small supplementary capacity development assistance grant (maximum USD5,000) for existing DIAF partners to enable them to respond to emerging issues within their current project
- Single year grants (instead of a new multi year grant) split into four categories
 - Mainstream organisations who commit to disability inclusion
 - Women with disability
 - Capacity Development of Disable Peoples' Organisations (DPOs)
 - Support to remote geographical areas



Ice breaker during the 1st CIDI partner meeting

These initiatives will continue into the 2011-12 program year, with all DIAF contracts ending on or before 30 June 2012.

Staffing

ARC hired a part time administrative support officer to help deal with the increasing numbers of partners in DIAF. In addition, it became cost effective to hire a driver full time and also gave the driver more job security and rights under

employment law. ARC has actively recruited people with disability where possible and the ARC CIDI team currently comprises 20% PwDs.

Program Outcome 3

Under Program Outcome 3, a new CRC project was added to the CIDI Program in January 2011, called '**Disability Inclusion in the Cambodian Red Cross Youth and Road Safety Project**'. This was possible due to additional external funding from the Norwegian Red Cross (NRC) for CBMAP activities. The rationale to support an additional disability inclusion program within CRC was to encourage greater CRC engagement with disability inclusive programming across their support programs to vulnerable communities. Road Safety is an increasing issue in Cambodia, with on average four deaths and 75 people wounded every day on Cambodian roads. Forty-six per cent of wounds recorded in the country are caused by road accidents, making it the first cause of disabilities with young people under 17.¹

CRC's road safety project has three components: empowerment of youth including young people with disability, road crash and disability prevention and awareness, and supporting emergency and first aid relief assistance for road crash victims.

This built on the experience of CRC in this field and importantly added a strong disability inclusion element which took people with disability away from merely being targets of change to agents of change as they became included in all aspects of the project.

The proposed new high level outcome for Program Outcome 3 is therefore, "Communities have the necessary knowledge and skills to reduce their risk of disability or death from weapon contamination and road safety related incidents".

Program Coordination

A new CIDI Coordinator began at the end of October 2010, replacing the former CIDI Coordinator, who left the position September 2010. The recruitment process and subsequent handover incurred additional expenses that had not been included in the original budget. This was discussed with AusAID, and the slight overspend in relation to international travel is linked to this recruitment process.

4. CIDI Program Achievements & Highlights 2010-2011

Please refer to Supporting Documents at the end of this report for in-depth information in relation to CIDI program progress against activities in the work plan, results and influencing strategies, recorded against CIDI's M&E Framework.

The Supporting Documents also include a summary table of CIDI beneficiaries, lessons learned from DIAF partners and some case studies.



Learning at the Krousar Thmey school in Phnom Penh

¹ http://en.handicapinternational.be/Cambodia_a551.html, website of Handicap International – Belgium

Key CIDI program achievements and highlights from July 2010 to June 2011 include:

Program Outcome 1

- ARC managed staff (DA and 2 MoSVY staff) supported the development of 2 prakas and 4 sub-decrees for the National Disability Law, conducted on-going review of the National Plan of Action, developed support documents for the ratification process of the United Nations Convention of the Right of Persons with Disabilities (UNCRPD), and supported the MOU committee for the handover process of the Physical Rehabilitation Centres (PRCs).
- ARC staff assisted in the review of Disability Action Council (DAC) structure and committee.
- Facilitated networking and support of the National Disability Coordination Committee (NDCC).
- Facilitated a dialogue process to enable a new and realigned working relationship between MoSVY and ARC.
- Supported relationship building (by encouraging networking, dialogue and attendance at Community Based Rehabilitation (CBR) regional conference) between DAC and CRC to a point where MoSVY invited CRC to be a member of DAC, and on the DAC Board.

Program Outcome 2

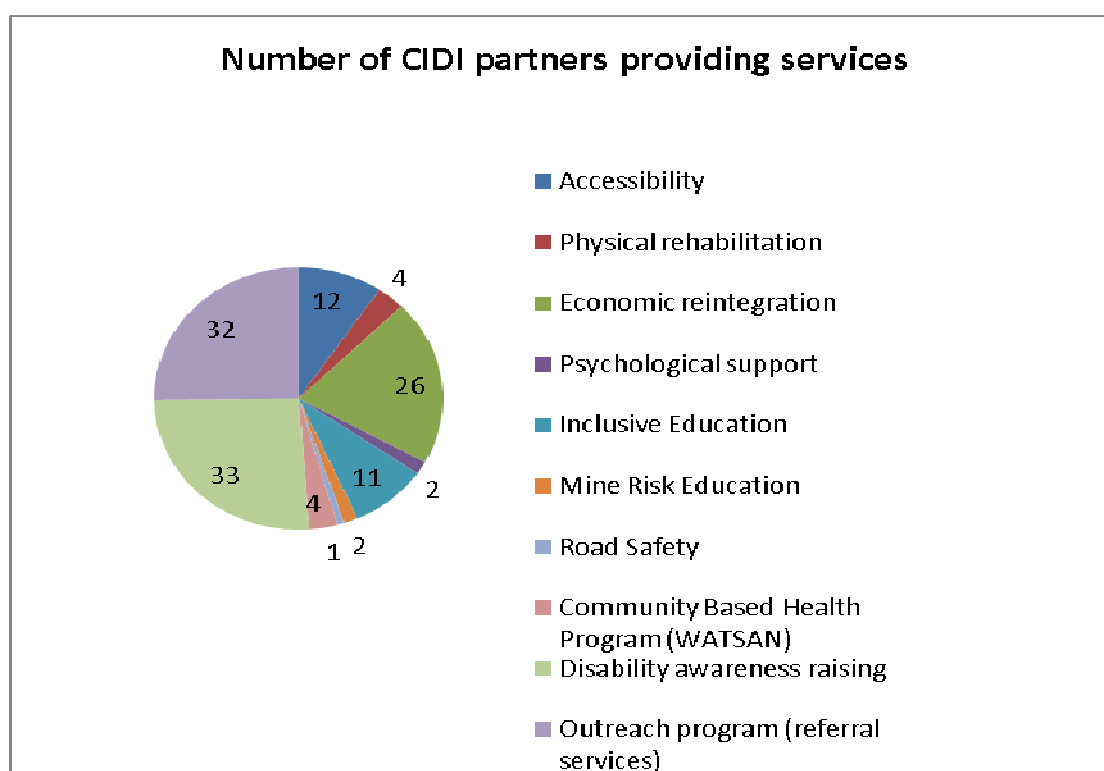
- Development of a CIDI partner network by establishing the online CIDI Forum to enable partners to share information about upcoming events, disability inclusion issues, tools and templates for program management and training.
- Partnership meeting and capacity building through training, including project design using people centred program logic model and one-on-one mentoring with staff from DIAF partner organisations.
- Management of 16 diverse DIAF partners (18 projects) from NGO / DPO sector working on 9 different thematic areas in 20 provinces.

"Thank you very much for giving Epic Arts and especially me opportunity to learn Project design with you and all partners that is great for us. I really enjoy for that training and get more knowledge. I will implement with my team to get done with this plan." – Leakhena.

- Regular and supportive M&E visits to partners throughout the year.
- Direct capacity development from CIDI staff to DIAF partners.
- Introduction of a more two – way and participatory monitoring system, where partners were invited to comment and monitor their experience of support received and management of the grant.
- Supplementary capacity development assistance to facilitate ongoing project consolidation and innovation such as the exhibition / installation 'Seeing in the Dark' (refer case study) which focused on awareness of visual impairment.



- Facilitated on-line learning on Community-Based Rehabilitation (CBR) and worked on a joint assignment (between all CIDI partners – CRC, NGO / DPO and RGoC), to support greater collaboration among the disability sector in Cambodia.
- Increased PwD engagement in CRC's Community Based Health Development (CBHD) program, with PwDs constituting 16% of Red Cross Volunteers (RCVs) being trained in target districts to deliver key community hygiene and nutrition messages and extension of PwD inclusion initiatives into other target areas of the program (outside of CIDI funding).
- Agreement to recruit a disability focal point person within CRC to integrate and coordinate disability inclusion across CRC projects and programs, that have nation-wide scope.



Program Outcome 3

- CRC's MRER program evolved into CBMAP, which placed mine risk reduction and awareness into a more holistic community based action program with greater focus on disability inclusion.
- CBMAP project's education component reached greater than anticipated numbers of the population.
- Disability inclusion became integrated in the CRC road safety work with young people.
- Collaborative meeting between CRC, and NGO sector (Eg HI-B, Krousar Thmey) to plan Road Safety project and share experience.
- Youth Road Safety baseline survey conducted in target areas.

5. Lessons Learned

Some key lessons learned during the reporting period are outlined below by outcome followed by a general section. Reflection on the lessons has led to minor re-design, much of which has been incorporated into the CIDI Annual Plan 2011 – 12. Where the reflection has led to action or proposed action, this is outlined below.

Program Outcome 1

Involvement by Royal Government of Cambodia (RGoC) in the project design is crucial if implementation is to be in line with local realities.

The initial phase of 2010-11 encountered numerous problems relating to this outcome. In retrospect, they were structural and embedded in the design phase of the component, which looked to be quite donor led. Whilst well intentioned, the placement into ARC structure of the AusAID disability advisor was not useful. The DA played a role straddling government and ARC, with the position placed 20% of time at ARC office and 80% at MoSVY. This led to some confusion in management and accountability and reporting. The roles and expectations between all parties were not clearly laid out, which led to some difficulties. In time, the DA, and reporting and line management shifted 100% to MoSVY.

Action: ARC revised its MoU and began to play a different, but in many ways more involved role in terms of support. This became driven by MoSVY and enabled ARC to play a demand led support role. For example, MoSVY requested support from ARC in report writing, in recruitment, development of ToRs, being asked for input into key strategic and positioning documents

Regular and frank stakeholder communication is crucial.

A positive lesson emerged from how the above issue was dealt with. All parties communicated well with each other and took an open and honest approach to dealing with the problem and finding solutions. This was a mature approach to partnership and indicative of the good relations growing amongst the players. This demanded great flexibility and patience as the process took a long time due to competing schedules and availability. The process would have been sped up if there had been a tri-partite meeting earlier between AusAID, ARC and MoSVY rather than numerous meetings between two players. The experience highlighted the need to look at a situation from a structural and functional perspective rather than get bogged down in the detail and the characteristics of individuals within the situation. Stronger focus on in-country networking and local relationship management enabled more positive partnership with government.

Program Outcome 2

Lessons learned from the DIAF process and beneficiary organisations include;

Duration of projects need to be realistic.

Whilst there is a lot to gain from small one year projects in terms of developing ideas and innovation, there needs to be careful attention paid to the types of projects that are supported for such a short time frame. It is important to be realistic in what can be achieved in one year projects, in particular, the targeted inclusive education projects have reported problems in this regard. This is well highlighted by the quote below:

"I would like to ask ARC to consider extending support until the end of the CIDI project, due to there are still needs to be consolidated to the work we have been working on and one year is limited for us since the project had been started in November 2010. We are committed to community based rehabilitation and inclusive education for children with disabilities...The DIAF/ARC project (2010-11) at Kampot is one aimed at developing the capacities and quality of life for children with disabilities and their families. This type of community support, which is relatively new in Cambodia, takes time. As a 'pilot' project it has involved assessing and working with individual young persons and developing appropriate programs to enable them to achieve maximum functional capacity, appointing staff who themselves need appropriate training in areas of assessment, informal and special education (capacity building), working with families (awareness-raising, empowerment) and liaising and working with government personnel at Central, Provincial and District levels (Advocacy/Networking....) Disability and development as a human rights issue takes TIME. Time to build systems and relationships - especially trust as people in Cambodia are still suffering from the trauma of the Khmer Rouge time. All of our strategies and interventions relate significantly to building relationships which relates very much to trust and slowly winning the confidence of the people so in the long term they will be able to become empowered and take responsibilities which is needed for long-term sustainability..."

- DIAF recipient of a one year grant

Action: All the single year DIAFs for 2010- 2011 end in October 2011. ARC is proposing 8 month extension until the end of the CIDI program – this is detailed in the Annual Plan 2011-12.

Need to be in line with ever changing realities within a project life span.

Well designed projects will inevitably discover new priorities and needs as they emerge organically. Often these are small initiatives that make a large difference in the ability of the project to reach its objectives and maximise its success. These are notoriously difficult to fund if there is no flexibility.

Action: ARC set up a new fund open to all existing DIAF recipients. This Supplementary Capacity Development Assistance (SCDA) has made a difference. It was launched in 2010-11 (after consultation with AusAID), and will continue throughout the course of CIDI. The conditions of the grant, (a maximum US\$5,000 available) is that it has to complement the existing DIAF grant (not new initiatives) and support the organisation to achieve the goals of the initial project. This has been well appreciated by partners who acknowledge the donor responsiveness to ever changing needs of a project life span.



Seeking feedback from community members regarding CRC's CBHD program in Battambang province.

Need to support DPOs and activities taking place nearer the grassroots level.

People and organisations in most need of assistance are often unable to access it. For example, calls for proposals are often in English and demand a level of knowledge on quite sophisticated project planning and monitoring tools. Therefore, grassroots organisations often lack the capacity to engage in the development process.

Action: A capacity development DIAF grant was launched in 2010-11 (agreed by AusAID and MoSVY) to enable strengthened capacity at this level, but through a guided and supported process, which was facilitated by the grant being designed to support larger organizations who in turn set up and manage direct capacity development for organisations or federations too small to be directly supported by CIDI. This has been well appreciated in the sector and has facilitated small grants to a further 22 small DPOs and federations, and almost 70 self help groups and in addition to the DIAF grant holders.

Capacity development of DIAF partners has facilitated growth of organisations.

ARC's CIDI team has provided feedback through a participatory approach to monitoring which has improved the capacity of partners in project planning, implementation and reflection. The one to one mentoring support to partner organisations has proved particularly effective as well as the capacity development trainings attached to the CIDI partner meetings.

Action: Further partner trainings have been planned in 2011-12, following a consultation on

I feel that CIDI of Australian Red Cross have filled a big gap between local partners/implementers and potential donors such as AusAID. I have worked in the disability sector for the last 15 years in Cambodia; this is the first time based on my own observation to witness such an effective and creative action of the middle agency, CIDI on behalf of the donor. What CIDI has fulfilled is what I have been searching for, a network bridge to guide potential local organizations who really in need of funding, capacity building and strengthening. CIDI and its Coordinator assist its partners by eliminating certain barriers. It takes a great deal of effort and a great personality to build a true partnership bridge. CIDI is doing an amazing job, making a great difference in the disability sector."

Punya Droz – disability activist

needs.

Strengthening a network of stakeholders in the disability sector has proved to be a catalyst for change.

CIDI has played a useful role in bringing partners and stakeholders together. This has been done through the partner meetings, the online learning event and the CIDI e-forum, another important creation of a platform for dialogue. Partners have also been encouraged to share learning and where possible they have been supported to share expertise. For example, CIDI supported a field exchange visit among the DIAF partners (Epic Arts and DDSP).

Action: Further support for this type of information sharing and learning has been factored in the proposed 2011-12 budget, and this is outlined in the Annual Plan 2011-12.

A targeted effort is needed to include Women with Disability in projects and program support.

The triple burden of discrimination (poverty, gender and disability) is clear in Cambodia as elsewhere in the world. This is particularly true in the rural areas. The lack of capacity for women with disability to engage in the development process is very apparent and was evidenced in the recent round of DIAF applications.

Action: A specific DIAF grant was set up for organizations working on WWD issues (in consultation with AusAID and MoSVY) in 2010-11. This attracted significant interest and enabled funding to organizations that would not normally have been able to be funded.

PwD are not one homogenous group as often believed.

PwD are just as diverse as any other sector in society comprising multiple needs based on gender, age, sexuality, location, wealth, type of disability etc... More research is needed to look into the diversity of needs.

Action: ARC plans to develop a small research strand to facilitate research by disabled people themselves to respond to the complex needs in 2011-12. It is acknowledged that the CIDI program needs to do more to reach people with vision and hearing impairment.

There is an urban – rural bias for services for PwDs.

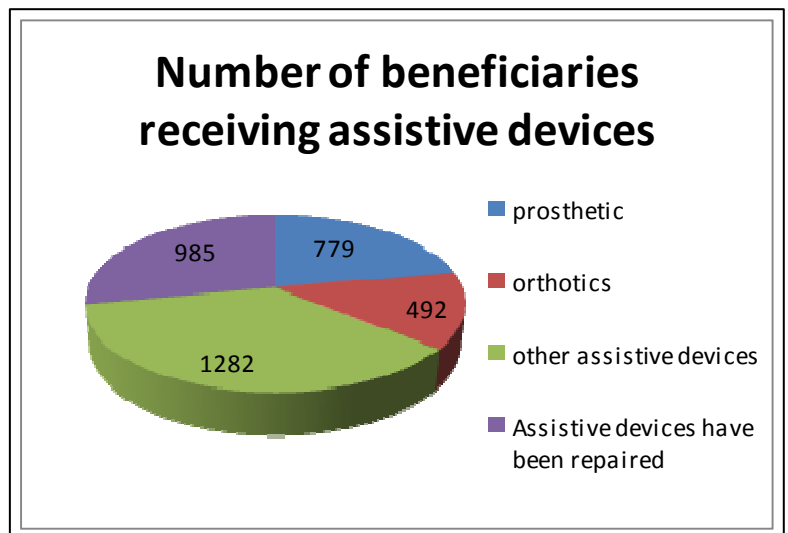
Many rural areas still lack even the most basic of services for people with disability and in some provinces there is an absence of local DPOs or NGOs working for or with PwD.

Action: A DIAF was set up specifically for the remote geographical areas to enable organizations working or intending to expand services to the remote districts. This has increased geographical scope of DIAF partners and service provision to areas that were previously not reached.

There is a need to strengthen disability awareness across sectors of Cambodian society.

Many DPOs have disability awareness programs or packages, but they are very varying in approach and quality.

Action: ARC plans to bring partners together through CIDI to facilitate the development of a high quality 'toolbox' of approaches, which can be used in varying settings (e.g a one day workshop for mainstream organisations, a half day workshop for private sector etc...) in 2011-12. It is hoped this could also be a valuable income generation activity.



There are complex issues around the handover of the Physical Rehabilitation Centres (PRCs).

ARC supports activities in the PRCs. Useful feedback emerged through the monitoring visits – much is outside of the scope of this report, especially in relation to the funding issues surrounding the planned handovers to MoSVY from the various agencies currently managing them - for example, the Priority Operating Cost (POC), incentives and competing donor compliance. However, what will happen to the outreach services currently being provided remains a concern. PRCs outreach is crucial, but this component will not be included as they hand over to MoSVY. The outreach is now considered CBR but delays in transition will lead to a gap in services which needs to be filled.

As Cambodia's largest humanitarian organization, the Cambodian Red Cross has the capacity to reach isolated communities that have little contact with other support services, which is evidenced through its integrated health development program.

CRC's integrated health development program is effective in responding to the needs of vulnerable people in communities, in particular PwDs. It is also proactively reducing discrimination by encouraging PWD involvement in Red Cross activities, such as promoting them as volunteers within their communities. Volunteer involvement in the 'software' training elements of the program, complement the 'hardware' (water pumps and latrines) to encourage behavior change and improved hygiene practices.

Program Outcome 3

Mainstreaming disability into programs at CRC has proved effective in heightening disability awareness.

CRC has integrated disability issues into their CBMAP and Road safety programs. This move has led to an inclusive approach which places PwDs at the centre of activities that impact on their lives rather than being merely recipients of support.

Action: Disability has been mainstreamed in the new road safety project of CRC (more information see case study), which will continue in 2011-12.



Recipient of CBMAP micro-loan for mechanical repairs business in Battambang province.

Overall project lessons (relevant to all outcomes)

Small initiatives and innovations to bring the sector together are proving very effective.

The space provided for debate and dialogue is important for information sharing and raising awareness, improving networks and building confidence (for example, the CBR online training, CIDI – e-forum, or the working group on road safety).

Action: More training and continuation of the online forums are planned in 2011-12.

Local knowledge and relationships are invaluable to greater leverage with partners in CIDI.

ARC's CIDI team contains knowledgeable local staff who have worked in the sector for many years in both government and NGO settings, which has served to create trust and respect amongst the partner network.

The ARC role as “intermediary” is important in providing a bridge between donor and partner. This has created higher levels of trust amongst partners. Many report feeling more comfortable seeking advice and raising questions or being honest about their challenges, enabling them to be addresses at an earlier stage if required.

ARC's CIDI team needs to be able to update their own skills and take advantage of professional development opportunities to remain on top of the changing development and disability environment.

Action: Professional development plan to be put in place.

There is a need to work with mainstream organisations to lobby for and support disability inclusion.

Working on disability inclusion is impossible without support from mainstream development organisations. This requires an effort to engage and support development of skills and knowledge as well as provide spaces for exposure to issues that impact PwDs.

Action: A new DIAF was created in consultation with AusAID and MoSVY, aimed at supporting partnerships between disability and mainstream organisations to encourage the development of a culture of inclusion within mainstream organisations.

Projects involving arts, sport and disability forge new partnerships and help build confidence.

ARC found that the exhibition / installation they supported in Phnom Penh in collaboration with a Bangladeshi DPO “seeing in the dark” not only became an effective advocacy tool, highlighting issues faced by visually impaired people, but also it built confidence and raised self esteem amongst the participants.

“I would like to tell you that Seeing In The Dark is really an innovative and efficient advocacy tool on Blindness issue. Since the beginning of the implementation of this project, we have received many positive feedback from education stakeholders (His Excellency IM Sethy, Minister of Education of Cambodia, Officials from Ministry of Education, public teachers, parents, NGOs, donors, etc.). We plan to keep it permanently in our school in order to reach more stakeholders”

- Auray Aun, Executive Director, Krousar Thmey

Action: CIDI plans to facilitate more support to DIAF partners to encourage innovation in this area by offering human and financial support through the Supplementary Capacity Development Assistance grant as well as partner support activities.

Direct action on accessibility sparks off discussion and interest in mainstream society.

Action / activities that create interest and sensitization, for example, the installation of a ramp outside the ARC office, or the introduction of braille in our business cards as standard, provoke interest and dialogue about disability.

The CIDI program – through its partners, is able to effectively identify and respond to needs of PwDs.

With a network of around 55 organisations (including the capacity development sub-partners) and a system of participatory M&E practice built into the project cycle, CIDI is well placed to respond to, or at least listen to the direct needs of PwD. Please refer to the supporting documents for some lessons learned from DIAF partners.

Action: Continue to build in reflective practices into the M&E and continue to encourage partners to use innovative and inclusive forms of documentation, for example, the use of photography or ‘most significant change’ as a story telling technique.

The CIDI program can support dissemination and implementation of the NPA.

Again with its close links to MoSVY and DAC, and with an extensive network of DPOs / NGOs and practitioners, CIDI can help support dissemination, understanding and implementation through its partner meetings and visits. This has been requested by MoSVY.

Action: Facilitate MoSVY and DAC to use the CIDI networks more in 2011-12.

ARC’s project cycle approach to CIDI (design, implement, reflect, learn , design etc...) involving constant review enables response to new and emerging needs, for example, more support to intellectual disabilities, WWD and greater advocacy to mainstream development sector.

Including all aspects of disability is a challenge.

We need to reach a wider cross section of people with disability for example, vision and hearing impaired communities.

Action: CIDI will target organisations working with these groups and ensure their communications are appropriate. The Association for the Blind asked for information to be

sent directly to emails of colleagues who have talking computer software. Equally, CIDI needs to ensure information is available in braille, when required.

Importance of strengthening activities at the community level.

ARC has encouraged networking at the community level, for example, it facilitated local organisations to work together for PwDs. One example of this was by linking project beneficiaries of the CBMAP project with referral services at the nearest PRC. This was new learning for the project team, who had previously been unaware of the services available. Equally, disability inclusion is more effective when local authorities are engaged, for example, village chiefs and commune councils. It is crucial to engage with the development process of village development plans and commune investment plans. Local authorities need to be able to promote the full and effective participation of PwDs in local development policies and programs.

Action: The new DIAF supports numerous projects that do this, for example with BDPO, DPOS, CHRD and HI-B.

Employment of PwDs often requires a learning curve for the host organization.

Advocating for employment of PwDs is only one side of the issue about access to opportunities. Unless the host organisation is sensitised to the needs and requirements of PwDs in the workplace, challenges will remain. A commitment is needed on the part of senior managers to change organisation culture to be more inclusive and staff might need training in disability awareness, as well as modifications made to office equipment and facilities.

There is a lack of reliable data on disability in Cambodia.

This impacts greatly on the quality of programming for disability initiatives. Measurement and classification systems vary greatly and at best mention impairments as opposed to difficulties in functioning.

Action: Provide space for research (if identified as a priority by PwDs themselves) on this issue.

More needs to be done on linking human rights issues with the rights of PwDs.

Even amongst the CIDI partners many have a lack of understanding about the rights based approach to disability. Welfare and medical models can often manifest in language.

Action: CIDI plans increased networking and exposure and promotion of shared visits and mutual monitoring activities.

6. Monitoring and Evaluation Strategies in 2010-2011

Monitoring of all multi-year DIAF beneficiary organisations was completed as per schedule, with the exception of one partner (SSC) whose coordinator was not in post. A visit has been scheduled in the coming year. 4 (of 7) of the single year DIAF recipients were visited in this time period. The other 3 will be visited within their project year (Nov 2010 – Oct 2011). In total 20 M&E visits were made, with 6 organisations being visited more than once. Monitoring for MRER and WatSan activities under the CBMAP and CBHD projects of CRC also took place throughout the year. All organisations were provided with a feedback monitoring report. The ARC CIDI monitoring format also provides an opportunity for information sharing and networking opportunities with the organisations visited. Feedback was provided to all partners (CRC and DIAF organisations) and where needed the ARC CIDI

finance officer spent time in a mentoring role with some of the partners. One to one finance support was provided to CABDICO, OEC, Epic Arts, DDSP and CRC.

Source: M&E report for Veterans International

1. Can you please tell us how you felt about the M&E visit from ARC? – was it useful? If so, why?

We were very appreciative of the ARC team monitoring visit because we were able to show to the ARC Team the realities in implementing the activities funded by DIAF. The people were very happy to be able to showcase their achievements and their concerns were noted. The CBR staff in Kratie were proud that their support and work to persons with disabilities in the communities are seen and appreciated. The VI management team from the centers and Phnom Penh were also able to be with the staff in Kratie in sharing to the ARC team that we would like to continue to be faithful and transparent in the work we do and that we will continue to spend efficiently the funds we received from our donors.

2. Do you have any ideas that could help us improve the M&E visits in the future?

The ARC Team visit (we feel) was well designed/planned that even with a limited time, there were no wasted time and we all had fun. The ARC Team came well prepared and very honest in their assessments of the activities they saw. We noted the recommendations and concerns brought forward and included them when we do our monthly, quarterly reviews of our work plans and achievements/goals not achieved.

3. Any other feedback for ARC?

Please schedule more field visits to the other centers located in Prey Veng and in Kien Khleang.

A financial review mission took place in September 2010 from ARC HQ staff. The finance review focused on financial controls and procedures of two DIAF-funded organizations and CRC's CMAP program for the year ended June 2010.

The challenge remains to ensure full participation by stakeholders in the evaluation process. This year the M&E process changed to allow for the partner to evaluate ARC following a partner visit. The process has been highly appreciated and acts as a genuine attempt to be more participatory in the M&E process. A sample of the M&E component of a partner visit can be found in the Supporting Documentation section.

Joint M&E visits have also been encouraged and this year ARC and AusAID jointly visited CMAP and CABDICO projects in Banteay Meanchey province in June 2011. Similarly, joint M&E visits were made with the CBHD and CMAP teams of CRC in Battambang in June 2011 and in Banteay Meanchey in March 2011 respectively.

All trainings and partner meetings have been evaluated and documented. A training on participatory M&E for the CIDI network is planned for the coming year.



ARC-CRC joint monitoring visit to CRC CBHD program in Battambang

A CIDI program evaluation has been planned for 2011-12, which will take advantage of specialist technical support from ARC HQ. ARC intends to involve people with disability in leading the evaluation agenda.

Anticipated challenges include monitoring behaviour change in project interventions and the existence of transient populations in some of the project areas

7. Progress of Expenditure

The overall expenditure of the CIDI implementation for the reporting period was 82% of the budget. However, there were a number of funds dispersed in 2010-11 that were not acquitted in the same year, which means that the 82% figure against the budget risks being a bit misleading.

The total expenditure to date for CIDI Year 4 totals AUD 1,242,641 (or AUD 2,103,468 including DIAF 2010-11 disbursed funds not yet acquitted) against the Year 4 budget of AUD 1,515,904 (this budget figure includes AUD 269,074 Year 3 DIAF 2009-10 funds acquitted in Year 4).

Program Outcome 1 This component expended 99.1% of the allocated budget. The one-off grant to MosVY explained in section 3 has been incorporated under the 'non personnel inputs' line.

Program Outcome 2 DIAF expended 83.3% of its allocated budget. Surplus funds from foreign exchange gains and interest earnings were allocated to increase the DIAF 2010-11 funding round. In addition, there is \$860,827 worth of DIAF grants dispersed in 2010-11 that will be acquitted in 2011-12, that are yet to be included as 'actual' expenditure. If these amount were to be included as 2010-11 expenditure, Program Outcome 2 would be 165% overspent (which is due to dispersed funds from 09-10 being acquitted in 10-11).

Program Outcome 3 implemented by CRC expended 53% of their allocation for Community Based Mine Action Program (CBMAP) and Disability Inclusion in the Youth and Road Safety Program. This is due to additional external funding allocated to CBMAP, freeing up CIDI funding for additional support for DIAF partners in Year 5.

ARC Program Coordination expended 102% of the allocated budget with slight overspends related to the recruitment process for a new CIDI Coordinator. Year 4 of the CIDI focused on ongoing program implementation and monitoring of program activities. Australian Red Cross maintained regular communication of program progress with AusAID during the reporting period, primarily through regular contact with the CIDI Coordinator in country, and by distance with the Cambodia Program Coordinator in Australia. Three Project Coordination Committee (PCC) meetings were held with AusAID, with the Australian Red Cross Asia Manager attending one meeting in Phnom Penh for specific discussions regarding Program Outcome One. Three Management Oversight Committee (MOC) meetings were also held in the Year.

8. Supporting Documents

a) CIDI Activity Work Plan FY 2010-11 – progress against activities

CIDI Annual Activity Plan for Year 4: 1 July 2010 – 30 June 2011

PROGRAM ACTIVITY	July 10	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	June 11	Comments on Achievement to date
Program Outcome 1: A supportive policy context which recognizes, respects and promotes the rights of people with disabilities													
Intermediate outcome 1 RGoC Ownership and implementation of a legal disability inclusion framework													
1.1 Disability /NPA-PWD advisor provides support to strengthen capacity of MoSVY staff, DAC council members and the National Disability Coordination Committee.													The DA worked with MoSVY and DAC to; develop the supporting documents for the Disability Law, review the ToR of the DAC committee, and help coordinate linkages between the govt and NGO sectors. .
1.2 Assist MoSVY to address sustainability issues in the sector by formalising communication links between agencies operating in the sector and the Cambodian government through relevant ministries.													Some progress in linking MoSVY with NGOs, but limited evidence available to report that it has addressed sustainability. Little progress made in inter-ministerial cooperation in this period
1.3 Review NPA-PWD													2 MoSVY staff assigned to work part time to review the NPA-PWD. This continued until the restructure of the relational arrangements between ARC and MoSVY

PROGRAM ACTIVITY	July 10	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	June 11	Comments on Achievement to date
1.4 Facilitate & participate in Disability Awareness activities (e.g. International Day of Disabled Persons)													DA worked with MoSVY and DAC to organise the activities surrounding the International Day of Disabled Persons
Program Outcome 2: An inclusive and effective response to the needs and rights of people with disabilities													
Intermediate Outcome 2 Strengthened civil society to provide rehabilitation and support services to people with disabilities													
2.1 Provide technical support, coordination, training and follow up to DIAF organisations													<p>Provided technical support to CABDICO, OEC and Epic Arts on project design and financial management.</p> <p>One CIDI partnership meeting including DIAF partners conducted in March 2011 and followed by the training on project design using people-centred program logic to DIAF partners.</p> <p>Facilitated a CIDI event for partners by inviting the Bangladesh team to share their experiences in working with people with a disability, as well as provided technical support to Krousar Thmey to prepare the "SEEING IN THE DARK" exhibition for their 20th anniversary.</p> <p>Facilitated the CBR online training for CIDI partners to support development of IT skills among Cambodian staff in organizations, who identified that IT skills are often limited in the development sector in Cambodia.</p>
2.2 Revise of DIAF priorities/guidelines, call for proposals and select proposals													<p>DIAF guidelines revised and DIAF targeted call done with 7 partners selected- AEC, AAR-WCD, DDSP, Epic Arts, KPF, KT and OEC. The first monitoring to visit the progress of project's implementation was in April and May 2011.</p> <p>DIAF guidelines revised for different targeted calls</p> <p>(1) Non targeted for mainstreaming organization,</p> <p>(2) capacity development,</p> <p>(3) women with disabilities,</p>

PROGRAM ACTIVITY	July 10	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	June 11	Comments on Achievement to date
													(4) remote areas. 58 applications submitted to ARC and 17 organizations selected by the DIAF Selection Committee. (1) 7 non targeted selected, (2) 4 women with disability targeted selected, (3) 5 capacity development targeted selected, and (4) 1 remote area selected.
2.3 Carry out monitoring visits in support of organisational quality and development.													20 field monitoring visits conducted d to CABDICO (2), CRC-CBMAP (3), CT (2), DDSP (2), Epic Arts (3), Hagar (1), HI-B (1), HI-F (1), MODE (2), VI-C (1), OEC (1), KPF (1).
2.4. Training of RCVs and VHVs in two districts in Battambang and Preah Vihear provinces													<p>The red cross volunteers were recruited and trained:</p> <p>48 RCV and VHVs (M: 34, F: 14) in Kamrieng district Battambang province. <i>Note:</i> 8 men are PWD (mostly due to mine accidents) out of all RVC in Kamrieng district.</p> <p>42 RCV and VHV (M:34, F: 8) in Chorm Khsan district, Preah Vihear province. <i>Note:</i> 7 men are PWD (mostly due to mine accidents) out of all RCV in Chorm Khsan district.</p> <p>Total: 90 RCV and VHV (M: 68, F: 22) were trained and afterwards they conducted informal community education about hygiene and WatSan, HIV, Malaria and mine awareness. They attended regular monthly training and RCV follow-up meetings at the district level.</p> <p><i>Note:</i> 15 PWD (males) compose 16% of RCV who are PWD in 2 target districts funded by ARC/CIDI.</p>
2.5. Community health and hygiene awareness and education conducted by RCVs and VHVs													<p>RCV and VHVs conducted hygiene awareness and education to people in community:</p> <p>Kamrieng district Battambang province: Total 18 sessions with 915 participants in total (M:415 , F:500).</p> <p>Chorm Khsan district Preah Vihear province: Total 39 sessions with 1972 participants in total (M: 880 , F:1092).</p>

PROGRAM ACTIVITY	July 10	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	June 11	Comments on Achievement to date
													Total: 57 sessions with 2887 participants (M:1295, F: 1592), of which 55% of participants are female who attended the community education sessions. The sessions had 50 participants per session and were conducted using IEC material (Flipcharts, PHAST Kits and Poster focus on hygiene and Water Sanitation, HIV/AIDS).
2.6. Training, construction and installation of water and sanitation hardware for target households in two districts in Battambang and Preah Vihear provinces													<p>Kamrieng district, Battambang province: 10 RCV trained on construction and installation (M:7, F:3).</p> <p>Chorm Khsan district, Preah Vihear province: 18 RCV trained on construction and installation (M:11, F:7).</p> <p>Total: 2 training sessions with 28 participants (M:18, F: 10). The training focused on household latrine construction and was conducted by facilitator from Provincial Rural Development and Red Cross staff. After training, RCV continue practicing latrine construction for beneficiaries in target communities.</p> <p>Kamrieng district: Latrine: 50, Pump well: 1, Water Jar: 43.</p> <p>Chorm Khsan: Latrine: 120 (funded by ARC) and 32 (distributed from people in community), Rain Water catchment: 10pcs (funded by ARC).</p>
2.7. Ongoing monitoring and support to RC branches, RCVs and VHV's													The Red Cross Branch and Sub-Branch staff conducted regular monthly monitoring throughout the year and provided monthly one day training to RCVs and VHV's. The RCVs and VHV's conducted home visit and regular hardware checks to make sure that hardware is operation and to encourage people to use latrines.
Program Outcome 3: An improved response to those at risk of disability or death due to weapon contamination													
Intermediate Outcome 3: Strengthened capacity of Red Cross to provide improved community based mine													

PROGRAM ACTIVITY	July 10	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	June 11	Comments on Achievement to date
risk reduction programs													
3.1.1 DOs and RCVs conduct MRE by one-on-one consultations, home-visits, group consultations at community centres and in the field													56 individuals have received consultations in the new targeted area. DOs and RCVs conducted the group consultations at the community centre and home visit approximately 25,000 individually. 46,314 people received the mine risk education and information sharing on micro loan.
3.1.2 Produce and disseminate MRE materials such as education packages, notebooks, banners, calendars and T-shirts/ and caps													Produced and distributed to 6 branches such as: Note book: 3,900 Calendar: 3,000 Uniform for staff: 66 Jacket: 25 T-Shirt: 1540 Cloth MRE flip chart: 7 Cloth Micro loan flip chart: 7 MRE banner: 73,000
3.1.3 Identify individuals to receive small loans, develop business and prepare loan documents (including training support for activities such as vegetable growing and animal raising)													A total 329 beneficiaries received micro finance loans, 56 beneficiaries (females: 23 , males: 33) including 9 PWDs received from core program fund and 273 (females: 156, males: 117) including (43 PwDs of which 12 are women) from recycled fund at the branche. Agriculture training conducted for 175 beneficiaries, which focused on how to plant the crops and how to raise animals.
3.1.4 Provide emergency assistance to beneficiaries													36 cases received emergency assistance such as household materials, foods, transportation and medical assistance
3.1.5 Employ a full time Micro Loan Database Officer and 6 Field staff assistants													7 micro finance field assistants and 1 database officer employed.

PROGRAM ACTIVITY	July 10	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	June 11	Comments on Achievement to date
3.2.1 Annual refresher workshop for CRC Branch directors, DOs and RCV team leaders on loan management systems													This activity was postponed due to conflicting schedules and the need to plan an external evaluation
3.2.2 Conduct study tour to gain experience by with Micro Finance Institute in the target province													Regarding the study tour, the CBMAP team shared their experience internally allowing this budget line to be used to provide first aid training, which was identified as a priority.
3.2.3 Conduct micro loan training and one day coordination workshop with other organization stakeholders per branch													6 micro loan trainings conducted in 6 districts with 150 RCVs participation.
3.2.4 Facilitate & participate in Mine Awareness Day activities													6500 people attended the event in each of the 6 provinces
3.2.5 Develop /implement tools/methodologies to measure impact and behavior change													CBMAP uses the household baseline survey (before joining the project) and the impact assessment survey (after joining the project).
ARC REPORTS/MILESTONES													
Quarterly progress report field to HQ													
Implementing partner annual report / financial												By July	

PROGRAM ACTIVITY	July 10	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	June 11	Comments on Achievement to date
acquittal submitted to ARC												2011	
Mid-year progress report and financial overview	ARC to AusAI D							ARC to AusAI D (cancelled)					
Annual report/ financial acquittal													
ARC HQ monitoring trips													

b) Results (outputs and outcomes) achieved to date

Component 1 – reporting not required

Outcomes (what would success look like at this level?)	Performance indicator	Report against intermediate outcomes
i. Government allocates financial resources and appropriately qualified and committed staff to implement NPA-PWD	<ul style="list-style-type: none"> The type and number/funding amount of resources allocated by Government for the implementation of the NPA-PWD 	n/a
ii. The NPA-PWD is promoted and disseminated to key Ministries, stakeholders and beneficiaries	<ul style="list-style-type: none"> Number and type of dissemination activities conducted by Government Awareness and understanding of NPA-PWD by stakeholders in the Disability sector (including participants) 	<ul style="list-style-type: none"> NPA-PWD have recognized and including to the action plan and strategic plan of the stakeholders in the disability sector.
iii. MoSVY takes over and effectively manages the operations of the Physical Rehabilitation Centres	<ul style="list-style-type: none"> MoSVY reports positive progress against its performance targets for handover of the Physical Rehabilitation Centres (contained in the NPA-PWD) 	n/a
iv. The NDCC acts as a effective coordination mechanism within the disability sector	<ul style="list-style-type: none"> Civil society stakeholders in the disability sector recognize, contribute to and value the coordination of the 	<ul style="list-style-type: none"> Only one meeting was held in this reporting period. The coordination role of NDCC needs strengthening and redefining

Outcomes (what would success look like at this level?)	Performance indicator	Report against intermediate outcomes
	National Disability Coordination Committee.	

Component 2

Outcomes (what would success look like at this level?)	Performance indicator	Report against intermediate outcomes
i. PWD are included in the planning and implementation of the Disability Inclusion Assistance Fund (DIAF)	<ul style="list-style-type: none"> Composition of DIAF Selection Committee includes representatives of DPOs Number and types of organizations funded by DIAF 	<ul style="list-style-type: none"> One woman with disability was invited to be on the panel for the DIAF selection committee. 7 local NGOs (disability organizations) were successful under the targeted DIAF round. 17 local and international NGO including DPOs were successful for non targeted and targeted DIAF fund in June 2011.
ii. Civil society organizations provide a range of services and support to PWDs	<ul style="list-style-type: none"> Number and types of services provided by civil society, including DPOs, to PWDs 	<ul style="list-style-type: none"> Inclusive education, vocational training and barrier-free infrastructure environment (accessibility such as ramp, latrine and assistive devices) provided to PWDs Health and hygiene, income generation activities, education to mainstream organizations, capacity development to women with disabilities and DPOs, and accessibility to remote areas. See beneficiary summary table for data figures.
iii. Civil society organizations in the disability sector have strengthened capacity in program management	<ul style="list-style-type: none"> Increased number of Civil society organizations in the Disability sector able to produce funding proposals, develop budgets, acquit funds, demonstrate progress and report on outcomes of their programs/activities 	<ul style="list-style-type: none"> ARC's CIDI team conducted training on people-centred program logic, a methodology to help improve proposal development. They also provided one to one support to a number of partners on finance and capacity strengthening issues.
iv. Improved opportunities for Civil society organizations to	<ul style="list-style-type: none"> Number and type of civil society organization engaging in Learning 	<ul style="list-style-type: none"> 16 NGOs and CRC team from CBMAP and CBHD programs, and government (MoSVY/DAC) attended the CIDI partner

Outcomes (what would success look like at this level?)	Performance indicator	Report against intermediate outcomes
collaborate, including sharing resources, lessons learnt and good practices.	<p>forums/ partnerships/ training or workshops</p> <ul style="list-style-type: none"> • Number and type of Learning forums / training or workshops which bring together civil society organizations to discuss disability inclusive practices • Evidence of collaboration on projects and activities 	<p>meeting and training on people-centred program logic supported and facilitated by ARC.</p> <ul style="list-style-type: none"> • ARC coordinated a CIDI event for partners and government (MoSVY and DAC) to share lessons learnt and experiences from SARPV, a Bangladeshi organisation who had significant experience in disability and development. They also provided technical support to Krousar Thmey to prepare the 'Seeing in the dark' exhibition for their 20th anniversary celebration • The E-learning on CBR provided opportunities to learn about disability inclusive practices. The CIDI team conducted the first CIDI partnership meeting followed by training on project design using people-centred program logic. . • To improve communication amongst partners and electronic forum, the CIDI_forum was set up. This encouraged ARC and CIDI partners including DIAF partners, government and CRC to share information and update the events. Some have used this to advertise employment opportunities and invite people to join meetings and conferences. Also it helps improve knowledge of electronic communication, something that is limited in Cambodia

Component 3

Outcomes (what would success look like at this level?)	Performance indicator	Report against intermediate outcomes
i. CRC delivers disability inclusive approaches in its service and training activities	<ul style="list-style-type: none"> • Number of CRC staff responsible for weapon contamination risk education completed specialist training and received positive assessments • Number and type of CRC CBMAP 	<ul style="list-style-type: none"> • 150 RCVs received training on mine risk education and micro loans and are responsible for disseminating this information and supporting their community. • Mine awareness day and micro loan programs for PWDs fall within the CBMAP programs. These programs provided an

	programs/activities which specifically target and/or include PWD in direct implementation	understanding of mine risk and awareness. Micro loans provided to people who had a mine incident and landmine survivors in order to improve their livelihood.
ii. Survivors of weapon contamination incidents receive effective emergency assistance, rehabilitation and support services	<ul style="list-style-type: none"> Number and type of emergency assistance, rehabilitation and support services referred/provided by CRC to survivors of weapon contamination incidents 	<ul style="list-style-type: none"> 36 cases received emergency assistance, rehabilitation and referral to support services, such as household materials, food, transportation and medical assistance.
iii. Communities are made aware weapon contamination risks through a variety of media	<ul style="list-style-type: none"> Number and type of public awareness campaigns conducted by CRC to raise awareness of weapon contamination risks 	<ul style="list-style-type: none"> 46,314 people received MRE.

c) Influencing Strategies

The following outlines the specific strategies that Australian Red Cross has undertaken to support and influence the success of the outcomes of the program and related output indicators.

Influencing strategy 1: Continue to support the government to influence the implementation of the National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors (NPA-PWD), and build on the success to date.		
Key Activities	Key Output indicators	Report against strategies
i. Follow-up the progress of the NPA-PWD to assist the government progress this from the development to the implementation phase ii. Support MoSVY /DAC to prepare relevant sector documents such as the NPA-PWD, Disability Law and the CRPD iii. Support MoSVY to disseminate,	<ul style="list-style-type: none"> The implementation plan for NPA-PWD is completed The monitoring framework for NPA-PWD is completed and being reported against The NPA-PWD has been disseminated to key stakeholders Quarterly meetings held with 	<ul style="list-style-type: none"> N/a – reporting below included from former Disability Advisor in relation to Jul – Dec 2010. The monitoring framework for NPA-PWD was completed and approved by the chairs of Landmine Assistance Steering Committee (LVASC), and this monitoring framework will be reviewed by the NDCC. 1 NDCC meeting was conducted, chaired by the Secretary of

<p>implement and monitor the NPA-PWD</p> <p>iv. Contribute to/Facilitate an enabling environment in MoSVY by developing the capacity to take on more responsibility for NPA-PWD and other sector plans/ strategies/ conventions.</p> <p>v. Maintain and increase regular meetings with key government people in order to both support their success to date and influence ongoing and future initiatives related to PWD the NPA-PWD and the disability sector</p> <p>vi. Over time, establish relationships with other agencies who have an interest and / or influence on disability issues</p>	<p>key government stakeholders (including NDCC/DAC) to review progress with NPA-PWD</p> <ul style="list-style-type: none"> • New relationships established with other agencies who have an interest and / or influence on disability issues 	<p>State of MoSVY and the Secretary General of CMAA.</p> <ul style="list-style-type: none"> • CRC was invited to be the on the sub-committees of NDCC, adopted by the Minister of MoSVY. Those sub committees are disability data management, emergency and ongoing medical care, social reintegration, economic reintegration and laws and public policies.
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Influencing strategy 2: Coordinate and broker relationships between civil society, Red Cross and the Royal Government of Cambodia to strengthen the effectiveness of the national disability sector.		
Key Activities	Key Output indicators	Report against strategies
<p>i. Strengthen relationships between a range of actors/stakeholder in the disability sector</p> <p>ii. Establish opportunities for sharing/networking among stakeholders across all sectors</p> <p>iii. Production of consolidated DIAF report sharing outcomes, successes, lessons and recommendations</p>	<ul style="list-style-type: none"> • Formal and informal linkages between actors/stakeholders are made and mutual exchanges are occurring. • Learning forums/ partnerships/ training or workshops facilitated for mutual sharing and learning among disability actors and other stakeholders 	<ul style="list-style-type: none"> • ARC's CIDI team has facilitated a range of relationships and brokered partnerships, DIAF partners share experience through exchange visits, there are joint M&E visits made between partners, and also on one occasion with AusAID. Partner meetings, training and joint assignments related to the on-line CBR training have all brought the network together. Regular meetings with DAC and MoSVY often based around specific inputs on tasks have facilitated useful linkages. The new DIAF designed specifically to bring non disability organisations together with DPOs has encouraged a range of very interesting relationships with DIAF partners. conducted exchange visits to each other to share learning and experiences. For example, Epic Arts visited

	<ul style="list-style-type: none"> Consolidated DIAF report completed and disseminated 	<p>DDSP, CABDICO on how to manage SHGs and community federations. There was also a joint visit between DIAF partners and the CRC team to the same target areas to learn from each other and network at the community levels. As a result of this, the community benefitted because DIAF partners and the CRC team gained a better understanding of community needs and also how their respective services could complement each other.</p> <ul style="list-style-type: none"> Establishment of the online CIDI_forum brought all the CIDI stakeholders together to 'meet' each other and learn about the programs that are being provided to PWDs. They also use forum to share information and make any relevant announcements. In addition, CBR online training improved knowledge on CBR internationally. CIDI partners met face to face to discuss CBR (difficult through skype) and learnt from each other, which triggered networking and the idea for an exchange 'field visit', that is described above.
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Influencing strategy 3: Provide institutional capacity strengthening to civil society, Red Cross and the Royal Government of Cambodia.		
Key Activities	Key Output indicators	Report against strategies
<p>i. Disability Advisor provides institutional capacity strengthening to RGoC agencies responsible for disability inclusion eg, MoSVY, DAC</p> <p>ii. CIDI support coordinator (Organisational Support Coordinator) & CIDI team facilitates an institutional capacity strengthening program for civil society and Red Cross to deliver disability inclusive programs which better respond to the needs of PWD</p>	<ul style="list-style-type: none"> Specific inputs and support provided by ARC Disability Advisor (in line with Terms of Reference and capacity needs assessment) Specific inputs and support provided by Organisational Support Coordinator & CIDI team (in line with Terms of Reference and capacity needs assessment) 	<ul style="list-style-type: none"> n/a Capacity development provided to partners including civil society, Red Cross and government through monitoring visits, project design training, and involvement with the network such as invited to be on the interview panels and help write ToRs Supported DAC in the development of the ToR, roles and responsibilities of DAC committees and the DAC Program Coordinator. Supported Cambodian Red Cross to network with the national and international disability sector, which would not have happened without coordination through CIDI.

d) CIDI Beneficiaries Summary – data from partners

CIDI Beneficiaries Summary (Data from partners – 20 different projects)		Reporting period: July 2010 – June 2011 (except for DIAF multi year partners – data available until March 2011)
Number of prosthetics produced / provided		779
Number of orthotics produced / provided		492
Number of devices repaired		985
Number of wheelchairs produced / provided		246
Number of other assistive devices provided		413
Number of physical therapy sessions provided for persons with disabilities (PWDs)		9709
Number of clients received other services from the Physical Rehabilitation Centres (PRC's) (sports, educational activities, food and counselling) and transportation when they come to the centre for services		5608
Education for CWD:		
1 Pre-school service		8
2. Special Education		1054
3. Integrated Education		439
4. Speech therapy class		89
5. Mainstream to public school		454
Number of Braille books produced and distributed		1562
Number of teachers received training on how to teach CWD and PWDs		249
Number of children with disability (CWD) received support to attend education services		209
Number of ramps/ toilets/play ground built in schools for CWD		18
Number of CWD received home-based rehabilitation service		187
Number of CWD/PWD received technical aid/home visit (as part of home-based rehabilitation activities)		573
Number of CWD received daily individual care		118
Number of CWD/PWDs referred and registered to PRCs		6148
Number of parent and care givers have received physical therapy training		227
Number of ear health education sessions		52
Number of patients received ear consultations		1422
Number of patients received auditory rehabilitation intervention		166
Number of people received hearing aids and recovered from treatment		623
Number of disability awareness meetings/ campaigns/sessions conducted		276
Number of participants at disability awareness meetings/ campaigns/ sessions		30073
Number and type of IEC materials produced for disability awareness raising (leaflets, handbooks, posters and photos)		87142
Number of PWDs attended a National Olympic Game		28
Number of participants at Mine Risk Education sessions		52814

CIDI Beneficiaries Summary (Data from partners – 20 different projects)	Reporting period: July 2010 – June 2011 (except for DIAF multi year partners – data available until March 2011)
Number of field follow up visits by technical staff of PRC's and outreach staff to support PWDs using PRC's assistive devices	3854
Number of family of PWDs received small grants (direct)/ loan/ micro-credit (indirect) from the project	479
Number of people received vocational training and skills training (sewing, tailoring, barbering, motorcycle and bicycle repairing, animal husbandry)	234
Number of PWDs <i>referred</i> for job training and job placement	39
Number of PWDs referred to hospitals for surgery and or medical treatment	142
Number of mosquito nets and health and hygiene materials provided to the land mine survivors and poor families	1843
Number of water purifiers provided to families and/of disabled persons and vulnerable households	305
Number of ponds dug and water jars provided for families of PWDs and poor families	223
Number of water carts with tank (for accessing the water sources such as ponds, open-wells and hand-dug wells) provided to groups of people with disabilities	4
Number of Rain water catchment systems provided to PWD & their families	245
Number of water-user groups formed	2
Number of latrines provided to families of PWDs	28
Number of people trained on latrine use and health/hygiene education and HIV/AIDs prevention	1765
Number of Commune Committee of Disability (CCDs)	63
Number of pig/cow/rice-banks established for PWDs	18
Number of PWDs received emotional/psychological support	1674
Number of self-help groups established for PWDs	55
Number of SHG federation formed	12
Number of self-help groups of PWDs received grants	35
Number of family of PWDs received home repairs and adaptation support	12
Number of families receiving emergency survivor assistance	42
Number of disability awareness sessions broadcast through radio/TV channels	159

e) Supporting AusAID to reach a disability inclusive aid program

Examples of CIDI program activities addressing AusAID's *Development for All* strategy.

CORE OUTCOMES	CIDI ACTIVITY
1. Improved quality of life for people with disability	
Focused and targeted	support to RGoC (link to wording in CIDI prog design)
Targeted sectoral focus across all country programs	Two grant schemes launched in July 2010 under the Disability Inclusion Assistance fund focussing on inclusive education and accessible infrastructure. 7 partners successful in their applications from DPO and NGO sector – reports received and available
Disability specific initiatives	CIDI is a disability specific initiative itself, but within this, some specific initiatives are noteworthy: Capacity Development of DPOs – one of this years DIAF grant calls has facilitated support to small scale DPOs and encouraged a mentoring role at CDPO
Flexible support mechanisms for all countries	small grant mechanisms in place as well as learning forums and exchanges
2. Reduced preventable impairments	
Avoidable Blindness Initiative	Seeing in the Dark – link to case study – focuses on awareness-raising about the challenges faced by visually impaired. This exhibition was visited by the MoEd who committed publicly to support visually impaired more
Road Safety	CRC road safety – link to case study.
3. Effective leadership on disability and development	
	Training on project and program design for CIDI partners. Involvement of PwD in the selection panel for the grants initiative. Support of a disability focal point person in CRC. On-line CBR training provided for CIDI partners including PwD and govt. Plans to facilitate learning exchanges and attendance at regional and international conferences
ENABLING OUTCOMES	
1. AusAID skilled and confident in disability inclusive development	Open sharing of information on CIDI to Cambodia based AusAID staff and joint M&E visits
2. Improved understanding of disability and development	Reports and lessons learned from the initiative shared
GUIDING PRINCIPLES	
1. Active central role by persons with disability	PwD on grant selection committee and a CIDI resource group set up comprising PwD. 20% of CIDI team staff in Cambodia are PwD.
2. Recognise and respect rights	Practice and advocate for inclusion in all aspects of the project
3. Respect and understand	Case studies collected representing the lived experience

CORE OUTCOMES	CIDI ACTIVITY
diversity	of PwD
4. Take into account the interaction of gender and disability	After listening to feedback from partners and to respond to the triple burden of discrimination that WWD face, a special DIAF was created to address the needs to women with disability
5. Focus on children	Around 85% of DIAF grant holders and CIDI partners work with children
6. Support people – people links and promote partnerships.	CIDI network development of an e-forum has promoted greater linkages. CRC facilitated a private / public meeting for the road safety campaign. DPOs have been actively encouraged to participate in CIDI and where they need greater support (due to lack of capacity) this has been facilitated. A capacity development grant was initiated in the latest DIAF for DPOs. Partner to partner learning exchanges have been supported. A grant was launched aimed at mainstream organisations who will partner and learn from a DPO to practice disability inclusion in their programming.

f) Acronyms

AAR, WCD	: Association for Aid and Relief, Wheelchair for Development
AEC	: All Ears Cambodia
ARC-HQ	: Australian Red Cross- Head Quarters
AusAID	: Australian Agency for International Development
CABDICO Organization	: Capacity Building of People with Disability in the Community
CBHD	: Community Based Health Development
CBMAP	: Community Based Mine Action Program
CBR	: Community Based Rehabilitation
CDPO	: Cambodia Disabled People's Organization
CIDI	: Cambodia Initiative for Disability Inclusion
CMAA	: Cambodian Mine Action and Victim Assistance Authority
CRC	: Cambodian Red Cross
CRPD	: Convention on the Rights of Persons with Disabilities
CT	: Cambodia Trust
CWD	: Children with Disabilities
DA	: Disability Advisor
DAC	: Disability Action Council
DDSP	: Disability Development Services Program
DOs	: Development Officers
DPOs	: Disabled People Organizations
Epic Arts	: Every Person Counts Arts
ERW	: Explosive Remnants of War
HIB	: Handicap International Belgium
HIF	: Handicap International France
KPF	: Komar Pikar Foundation
KT	: Krousar Thmey
LSAF	: Landmine Survivor Assistance Fund
LSAP	: Landmine Survivor Assistance Program
LVASC	: Landmine Victim Assistance Steering Committee
MOC	: Management Oversight Committee
M&E	: Monitoring & Evaluation
MODE	: Minority Organization for Development of Economy
MoSVY	: Ministry of Social Affairs Veterans and Youth Rehabilitation
MOU	: Memorandum of Understanding
MRE	: Mine Risk Education
MRER	: Mine Risk Education Reduction
NDCC	: National Disability Coordination Committee
NGOs	: Non Government Organizations
NPA-PWD	: National Plan of Action for People With Disabilities including Landmine and ERW Survivors 2009-2011
OEK	: Operation Enfants du Cambodge
PCC	: Program Coordination Committee
POC	: Priority Operating Cost
PRCs	: Physical Rehabilitation Centres
PWD	: People with Disabilities
RS	: Road Safety

SCDA	: Supplementary Capacity Development Assistance
ToR	: Term of Reference
UXO	: Unexploded Ordnance
VBNK	: Vicheasthan Bandosbondal Neakropkrong Kangea
RC branches	: Red Cross branches
RCVs	: Red Cross Volunteers
RGoC	: Royal Government of Cambodia
VHVs	: Village Health Volunteers
VI-C	: Veterans International- Cambodia
WWD	: Women with Disabilities

CIDI partners	
AAR-WCD	Association for Aid and Relief, Wheelchair for Development
AeA	Aide Et Action
AEC	All Ear Cambodia
BDPO	Battambang Disabled People's Organization
CADR	Cambodian Association for Disabled Relief
CANDO	Cambodian NTFP (Non Timber Forest Product) Development Organization
CT	Cambodia Trust
CABDICO	Capacity Building of People with Disability in the Community Organization
CHEMS	Cambodia Health Education Media Service
CHRD	Cambodia Human Resource Development
CIAI	Italian Association for Aid to Children
CDPO	Cambodia Disabled People's Organization
COCD	Cambodian Organisation for Children and Development
CRC	Cambodian Red Cross
DAC	Disability Action Council
DDSP	Disability Development Services Program
DPOS	Disabled People's Organization Representative Kampong Speu
Epic Arts	Every Person Counts Arts
Hagar	Hagar International
HI-B	Handicap International-Belgium
HI-F	Handicap International- Federation
ILDO	Islamic Local Development Organization
KPF	Komar Pikar Foundation
KT	Krousar Thmey
MAC/LMDS	Muslim Aid Cambodia/Landmine Disability Support
MODE	Minority Organization for Development of Economy
MoSVY	Ministry of Social Affairs Veterans and Youth Rehabilitation
OEC	Operation Enfants du Cambodge
RCRC	Rose Cambodia Rehabilitation Centre
SSC	Social Services of Cambodia
VI-C	Veterans International- Cambodia

g) Five Case Studies

Case study 1: Bringing our partners together Online learning project

CIDI supported a ground-breaking partnership that brought together the Australian Red Cross, Cambodian Red Cross, the Royal Government of Cambodia and disability organisations across the country.

CIDI identified an online training program on Community Based Rehabilitation developed by the CBR Network of South Asia. The program had been operating in India for more than 7 years and had trained more than 2000 students.

The training focused on the United Nations Convention of the Rights of People with Disabilities and Inclusion of a rights based vision and approach in Community Based Rehabilitation (CBR) CBR was enthusiastic to share the training globally and ARC, through CIDI, facilitated bringing the program to Cambodia.

ARC's CIDI team shared information about the training project to its partner network including the Cambodian Red Cross and the Cambodian Government.

"Of course, the project was really important because it was bringing knowledge from one person to other. To me information sharing is not only important but also compulsory.

For example, there are many NGOs operating CBR programs in Cambodia. The facilitator shared her experience and knowledge about CBR to people in our sector. Sharing information in this sector is particularly important and necessary to improve the development of our community.

If the CIDI team had not informed the disability sector in Cambodia about the CBR online training offered from India, we would not have been able to participate."

- Srey Chan, CWID Coordinator, DAC

The training was offered free of charge. The Cambodian course ran for 10 days in January 2011 and involved two Skype based discussions and blog-based discussions. Materials were sent to participants as free downloads. The assignments were based on local culture and conditions, reflecting on global policies and local actions.

Participants of the January online training program included staff from the Ministry of Social Affairs, Veterans and Youth Rehabilitation, DAC, staff from the Cambodian Red Cross and the Australian Red Cross and CIDI partners including CABDICO, DDSP and HAGAR.

Collaborations of this kind are invaluable and demonstrate the value of innovation and knowledge sharing. Online learning proved to be a successful method of educating in the Cambodian context and brought together partners and disability specialists from across the country.

Join CIDI's online forum to receive updates on CIDI's workshops series and networking events. Join us at: http://groups.yahoo.com/group/CIDI_forum



Income generation

CIDI's aim is to ensure people with disabilities are able to participate more fully in society. Income generation projects are an important way for CIDI to support disabled people gain self-confidence and respect and a sustainable way to improve their own lives.

Case study 2 - Cow bank

DDSP is a local Cambodian NGO established in Pursat in 2003. It is one of the few rural Cambodian organisations providing community services to people with disabilities. With the support of a CIDI DIAF grant, DDSP purchased 33 cows to start a cow bank.

The 33 cows were distributed to families within 11 villages in two districts within Pursat province. The families are required to look after the cow until it produces a calf. The new calf is then put back into the cow bank for redistribution to other poor families in the area.

Having a cow makes a significant difference to the quality of life for a poor family. For a cow to reproduce it needs proper care. Families take their responsibility for the cow very seriously. If the cow produces a calf, they will enjoy significant financial benefits. The family can keep the original cow and can keep or sell the second calf, if their cow produces more than one.

In five years, DDSP's 33 cows could become 100 cows and dozens of families in the area could benefit. In the 11 villages serviced by the cow bank, there are 325 people with disabilities. Many of these are amputees from landmine incidents.

An Sorn is 46 years old and has 2 children. His family is very poor. An Sorn has polio. His family was one of two families living in Thlok Dongkor village in Pursat province to receive a cow from the cow bank. There are 23 people with disabilities in Thlok Dongkor village.

Looking after the cow provided work for his wife, Ms Kou and his family. Mr. Sorn's family was very happy to receive a cow. They looked after it like it was a new member of their family. The cow is now pregnant. He said the cow will benefit the whole community, especially other people with disability through producing calves.

DDSP said that the 33 families who received cows were very happy. They said that the community worked together to take care of it to make sure it could reproduce and keep the cow bank, and the community sustainable.

A cow bank is a long term project to improve the lives of vulnerable and poor families, sustainably. DDSP also support families in Pursat with shorter term income generation projects such as vegetable growing and home gardening while they wait for their cows to deliver benefits.

DDSP have said the ARC support has been invaluable to them and to the families they are helping in Pursat.

Case study 3: Road Safety and Disability Inclusion

Cambodia Initiative for Disability Inclusion (CIDI), as part of the Australian Red Cross is working together with the Cambodian Red Cross (CRC) to integrate disability into a wider national road safety program.

Currently 4 to 5 people are killed daily in Cambodia due to road crashes, with many more becoming disabled or injured. Over 60 per cent of road crash victims are young people aged between 9 and 30.

The CRC is a member of the National Road Safety Committee and is playing a significant role in road safety programs across the country, as part of the National Action for Road Safety.

The Cambodian Red Cross Youth and Road Safety project began in 2005 with the aim of preventing and reducing road crashes and the preventable impairments that may lead toward disability. In its first years, the project involved more than 2000 CRC young people from 24 high schools and universities in Phnom Penh capital, Battambang and Kampot Speu.

"Road safety is an important issue globally. But sadly little is being done to integrate disability into road safety programs – to actually involve people with disability in the planning process. Cambodia will be a world first to my knowledge. Ensuring the inclusion of disability will change the design of the program, and provide a structure for disability road safety programs around the country."

- David Curtis, ARC CIDI Coordinator

"In our blind and deaf schools, the solidarity between the deaf and blind children is very strong. The deaf students always lead the blind children and protect them on the roads. But especially on busy roads, more road safety is needed for children with disabilities. Blind and deaf children have different requirements for road safety than other children."

- School Director, Krousar Thmey School for Deaf and Blind Children

In 2011, the CRC are stepping up their activities with a focus on schools. The project targets young people and students aged between 9 and 30 years old and their families. It is to run across eight schools in three provinces in Siem Reap, Battambang and Banteay Meanchey.

Selected schools receive a road safety upgrade specific to their school. This could include signage, lights, pedestrian crossings etc. Education programs will also be included in the

project for students and their families.

As a result of successful collaboration between the CRC and the Australian Red Cross's CIDI team, an exciting initiative has been developed to integrate disability into the Youth and Road Safety project.

The project has been entitled *Disability Inclusion in the Cambodian Red Cross Youth and Road Safety Project* and the CRC have added disability inclusion into their project aims.

CRC have committed to including one school for the disabled in each of the provinces taking part in the project. CRC will also encourage young people with disability to be involved with the development and implementation of road safety projects. In this way, they will be more

"Road safety and the inclusion of disability is a very important project for Cambodia. Young people, especially those with disabilities will play a central role in all aspects of the road safety campaign. This means they will be more active in changing their own schools and communities and helping to reduce the road toll."

- Mr Sam Kosal, Cambodian Red Cross

effective agents to make change in their own schools and communities.

CRC and ARC CIDI team worked together to recruit a road safety consultant to identify the appropriate schools and provinces to participate. ARC has also linked CRC with Krousar Thmey schools to provide advice on road safety requirements for children with disabilities. This is a breakthrough to involve people with disability in the design of a road safety project rather than designing a project to prevent disability.

Case study 4: Seeing in the Dark , April 2011



An initiative by Krousar Thmey and the Australian Red Cross, through the Cambodia Initiative for Disability Inclusion.

Synath is 22 years old. She was born in Banteay Meanchey but has lived in Phnom Penh for most of her life. She was taken to the Phnom Penh School for the Blind and the Deaf when she was a baby. She is visually impaired.

Synath had never volunteered for anything before. She decided to volunteer as a guide for the *Seeing in the Dark* exhibition that came to her school and she found it to be a very powerful experience.

Seeing in the Dark is an experiential exhibition that raises awareness of disability issues. The exhibition allows sighted people to experience a simulated environment of darkness. Statistics of disabled people in Cambodia vary greatly, but it is believed ²an estimated 6 per cent of the Cambodian population are disabled and of those, 66 per cent are vision impaired or blind.

People with disabilities are amongst the most vulnerable groups in Cambodia. Vision impaired and blind people often lack equal access to education, training and employment. This lack of opportunity alienates them from fully participating in their communities and decisions that affect their own lives.

Seeing in the Dark is a unique collaboration between disability activism and art, that raises awareness of issues relating to vision impairment. It also provides an empowering and rewarding experience for those vision impaired people involved in the process, which can often increase self esteem and confidence.

² Cambodia Socio-Economic Survey, 2009, National Institute of Statistics, Ministry of Planning, Phnom Penh, December 2010

The project was developed through a partnership between the Cambodia Initiative for Disability Inclusion (CIDI) as part of the Australian Red Cross and Krousar Thmey, and installed at Krousar Thmey Phnom Penh School for the Blind and Deaf from 6 to 8 April, 2011. The opening of the exhibition coincided with the 20 year anniversary of Krousar Thmey and the 60th birthday celebrations of Cambodian Prime Minister Hun Sen. Visitors to the exhibition included the Royal Government of Cambodia's Minister for Education, Mr IM Sithy, teachers, local and international NGO staff, disabled people's organisations, the general public and media.

The exhibition was installed in two pitch black rooms. All forms of light were carefully blocked out by the project's installation team. Without light, visitors were guided through the rooms by treading against a rope on the ground, and with the assistance of a blind or vision impaired student acting as their guide.

Visitors were asked to move around the space and participate in various activities, including crossing a road, shopping and going to school, all in complete darkness, with a recorded soundscape to accompany the journey.

Cambodian life was recreated through sound and touch. Visitors could hear sounds of traffic, they could feel the ground change from grass to stones to bitumen as they crossed the street, visited a shop and sat in a class room where they were asked to identify Cambodia on a relief map by touching it with their fingertips. Visitors had a unique sensory experience. More than 70 people visited the exhibition over three days. Each visitor was asked to write down their feelings about the experience as soon as they returned to the light. This was often very emotional.

Quotes from visitors:

"I feel very strange emotion and it was very difficult in the dark room. I needed to recognize what ever objects for going to class room and I also listened to the teacher explaining."
"Unbelievable and unforgettable experience. Very impressed to see the easiness with which blind people evolve. It's like if they could see, impressive. Congratulations for the project."
"Much disoriented at first. Then thanks to the assistance of a friendly hand, the way became easier. Really interesting experience, which make us feel close to the life of blind people! Congratulations to the initiators of the experience!"
"I would like all the blind people and children be brave and do not depend very much on others, they must help themselves. Help next generation to be responsible and have job as same as other people and to participate in country development."

The project also proved to be an important experience for those blind and vision impaired people involved.

Synath and Paearith were two of the 13 students who volunteered to act as guides. For them, *Seeing in the Dark* was very rewarding.

"At first I was afraid because I didn't want to lead visitors into any danger, but then I got more confident and enjoyed it very much."
"I had never guided anyone before and I was so happy to test my ability and I was so happy I could do it."
- Synath

Paearith is 25 years old and he is also blind. He has been at the Phnom Penh School for the Blind and the Deaf for 16 years. He said participating in *Seeing in the Dark* was the first time he had ever volunteered for anything. He said he enjoyed the interaction between blind people and sighted people.

“Being a guide meant that I could help people through the room and encourage them to think about the situation for blind people.”

“I showed people the situation in the room, I tried to support them through the room and through their feelings. I told them not to worry about anything.”

- Paearith

The concept of *Seeing in the Dark* was developed by UK-based artist, Simon Allan and disability development specialist, David Curtis.

It was first exhibited in Dhaka in Bangladesh in 2003. Three experienced disability development activists from Social assistance of the Physically Vulnerable (SARPV) in Bangladesh came to Phnom Penh in April to provide technical assistance to the Cambodian team based on their experience in Bangladesh. *Seeing in the Dark* has also been exhibited in India in 2005 and 2006.

ARC, through CIDI, worked with Krousar Thmey to bring the exhibition to Cambodia. It re opened for a further week in Phnom Penh in May 2011 and was used as an advocacy tool in the education sector.

“Seeing in the Dark is really an innovative and efficient advocacy tool on blindness issue. Since the beginning of the implementation of this project, we have received many positive feedbacks from education stakeholders (His Excellency IM Sethy, Minister of Education of Cambodia, officials from Ministry of Education, public teachers, parents, NGOs, donors, etc.). We plan to keep it permanently in our school in order to reach more stakeholders” – Auray Aun, Executive Director, Krousar Thmey

Case study five: Self Help Groups

Self help groups create opportunities for disabled and vulnerable people in Cambodia to work together, generate ideas and build self confidence. Members of self help groups are empowered to be included in their communities. Groups are given loans to start and manage small businesses or self sustaining projects.

CIDI supports local organisations that manage self help group projects in Cambodia.

Case study – Learning to repair motorbikes

CIDI has supported Veterans International (VI) for 3 years for a project called *Empowerment for Landmine/ERW Survivors and other Persons with Disabilities through Community Development Rehabilitation*.

Under this program, VI facilitates 46 self help groups. Each self help group has members with disabilities or who have a disabled family member.

Noun Khan is a 50 year old man with a wife and 6 children. He lives in Kambor village in Kratie province. His family are farmers, cultivating rice and raising domestic animals. They are very poor.

Khan lost his leg in 1984 due to a gunshot wound during a Khmer Rouge raid. He was sent to a military hospital in Kratie province where they amputated his leg above the knee. When Khan returned home to Kambor village, he felt helpless and was worried he would never be able to support his family.

VI's mobile workshop fitted Khan with a new aluminum prosthesis and he was able to walk again. Several years later, he was fitted with a lighter, better fitting polypropylene prosthesis.

VI also referred him to attend vocational training where he learnt motorbike repairs. With a VI grant, he started his own repairing business and was able to support his family again. VI facilitated a self help group in Khan's village with 10 members. Khan was nominated the chairperson. The main activity of the group was financial saving. Each member contributes money and then can request a loan from its savings.

As the team leader, Khan communicates with the group members and with the local authorities. The group is progressing well. Khan's business is also progressing well. He has borrowed some money from the group to expand his business. Khan has taught his son bicycle repairs and he now assists Khan in his shop. Khan said he was happy he was not a burden on his family and instead was the main source of income for his family and a respected member of his community.

h) Lessons learned: feedback from DIAF monitoring visits

CABDICO

Positive:

- There is good collaboration between PoSVY & PoEYS. PoSVY provided a free space for CABDICO to setting its office. The volunteers are also well motivated and participate in monthly meetings and home visited to beneficiaries with CABDICO field staff. CABDICO field staff spent 4 days in the field with communities and work closely with local authorities so that all information updated to authorities and they learnt lots of CABDICO's works.

Challenge:

- We note during the discussions with the family that discussions between CABDICO & the beneficiaries regarding sustainability of activities (rehab and school attendance) following exit of CABDICO have not been broached. ARC recommends that the exit strategy be built in from the beginning of the family support to ensure the family understand and start to have goals to achieve independence and sustainability themselves.
- SHG should be longer than 3 years as the finished HSG not really improve and can not see any sustainability even they still continue running their saving but it could not increase fund in the group as they save and loan with their own members. All the documents of saving, loan and regulation for loan not very well functioning and good filing.
- Federation should be established board of federation and the key persons should come from commune councils, CABDICO field staff, school director, teachers, health care centre, respected persons in the village.
- CABDICO should review all the documents of SHG activities like bookkeeping, saving record, regulation and letter for loan, etc. It was not clear and not really easy for outsiders to understand.
- Build the capacity of SHG leaders, treasurer on managing the documents and filing.
- Strengthening the disability awareness raising to communities and CABDICO field staff.
- CABDICO field staff should find out and link with NGOs who are the same target areas in order to look for possibility of supporting to communities.
- CABDICO branch office should re-design with functioning and good looking.

CT

Feedback

- There is a need to strengthen the outreach program and follow up with existing clients to monitor their progress after receiving the rehabilitation services. Migration is noted as a prohibitive factor in Sihanoukville.
- There is a need to discuss with MoSVY to donate land for PRC as the current center is under MoH and it is very challenging for PRC to move out in short notice.
- It would be useful to look at how clients can be linked to other support services if they exist that may be beyond the remit of CT. For example, signposting PwDs to support for income generation and micro credit services.

DDSP

Positive

- The community groups can be seen as 'maturing' with a more organised focused and empowered community. It is very encouraging
- Community groups designed the future plan with possibility achieve
- Disability awareness increased in the community

Feedback

- DDSP should review the working hour of DoSVY staff who in charge the project as well as VCDP
- DDSP should assist DoSVY to strengthening the capacity of VCDP and SHG managed by DoSVY
- DDSP field staff should work closely with VCDP and increasing the meeting once their capacity have built
- DDSP should design the strategy for community phase out as they are now stronger from day to day

Epic Arts

Positive:

- Staff work very hard and are clearly committed in working in the field
- Good collaboration with local authority and community
- It is likely that some changes will be made to the activities in line with the recent observations, reflections and feedback
- The community is very active in participating in the self help group
- The leader of SHG commit to work for community development
- Referral service is a very good activity as the beneficiary can get a wide rang of services from the partner organizations;
- Staff have commitment working with the communities and open for improvement ideas

Feedback:

- The saving record is not yet filled properly and they already started 3 months ago
- Film screening had many problems. Perhaps there is a small disjoint between choice of media (film) and content.
- The group leader talked very much and not gives a chance to other to share in the meeting. He would benefit from some training in participatory approaches. ARC will send some supporting information on group formation and group development.
- Staff have limited experience in SHG.

Hagar

Positive

- Good collaboration with school directors and MOEYS (Special Education Office of Primary School Department) has proved invaluable in achieving the goals
- Commitment and participation from parents is key to child development and needs to be encouraged
- Teachers in the integrated class need high commitment and patience in teaching
- 37 families are able to take care their children through training provided
- Hagar field staff of HOS program work very hard in the field

- Discrimination in the community has decreased as people see the ability of the children themselves.
- 3 ID children sent to mainstream class (1 children in grade 1 and 2 children in grade 2)
- Staff recognise and value the aspect of knowledge transference. One staff reported that this was the best part of his job – “getting people onside” and teaching others about assessment.

Challenges

- School teachers do not have skills on teaching the ID children
- Some schools need to be convinced of the benefits they will get from the project. Committing to integration creates an demand and they ask what do they get in return if they support the idea
- Difficult to work at the provincial level with PoEYS as they don’t understand well of disability issue
- Lack of implementation of the Master Plan of Inclusive Education for CWID isn’t implemented at provincial level

HI-B

Positive:

- PRCs handed over to MoSVY as planned and managing well.
- Director and deputy director are former staff of PRC with more than 10 years experience.
- PO and PT are graduated from PSPO and Technical School for Medical Care (TSMC)
- PO and PT are over 30 years old but have been approved to be civil servant under MoSVY
- Regular monthly meeting with PoSVY in order to let them know of what they are going to do once HI-B no longer support by 2012. Also it is useful for them to understand what materials are imported and the cost.
- Ongoing capacity development to MoSVY staff working in the PRCs through the development of a training need assessment.

Challenge:

- Outreach program is no longer under the PRC’s activities
- Most of the materials that are used for production are imported from outside countries which it is very difficult for MoSVY in allocate the budget to support once all the partners phased out.

HI-F

Positive:

- PRC’s services provided to all districts in Kampong Cham
- 12 districts covered outreach program
- Increasing the number of clients to receive the services from the centre
- Accessibility are available in the centre for any kind of clients
- The quality of PO and PT
- Development of clients system management (clients satisfaction survey)
- Quality assurance development
- Club foot services are very strong as the clients believe in the centre because they see their progress after receiving the treatments
- Good collaboration with local authority
- Technical support from head office on researching and study on the gaps of staff and program implementation

Challenge:

- Not enough staff as high demand and increasing of clients
- The room of PT sessions is very small as the other clients (children) cried a lot while they are treated and it bothered to other clients.
- The community knowledge is limited as some of them missed the appointment with the centre because of many reasons behind them, especially livelihood condition.
- Most of the PT and PO graduated in 2000 so their skill was not update and upgrade.
- The outreach program on livelihood improvement for community seemed very weak as there is nothing changes in the self help group.
- The knowledge and capacity of staff responsible for outreach seemed to be limited especially in organizing the community.

MODE

Feedback

- 3 clients visited – due to the lack of latrines, the communities often get sick which impacts on their ability to benefit from the income generation activities
- WATSAN program should take place in the community
- MODE should build relationship with other organizations where they work at the same area such as World Vision and ADRA to see if they can collaborate on a WATSAN program.
- MODE would do well to document the experience of community involvement well. Many people (donors etc... are interested in the notion of localised accountability these days and MODE could become known for their approach

VI-C

Positive:

- VI conducted the field trip and invited each PRC manger to join so that they could learn from each other. Also, the ARC team gained understanding of what the PRC managers did in different PRC.
- VI has ideas for creating a small class in the centre so that children would not miss their class while they came to the centre.
- PT and PO are graduated from PSPO and Medical Care Training Centre
- VI has specific tools for M&E
- Outreach program is one of the project supports to PRC

Recommendations found in the field visit:

- Outreach staff should work closely with the community and continue to provide capacity development in managing the group as well as more training on recording savings.
- Outreach staff should keep a record of the saving in SHG in case any problems occur and they can take action in time.
- VI should think about the strategies for phasing out once community can lead their community's activities such as HSG, rice bank etc.
- Clear strategies of handing over the PRCs to MoSVY
- VI can provide a useful link between community SHGs and local authorities. This would make things easier for the SHGs to operate as there would be increased understanding about what they are trying to achieve
- CIDI can look to help VI share ideas around how they can disseminate NPA and disability law into the community and with local authorities

CBMAP

Positive:

- People reduced coming to the mine areas after they understood the mine and other ERW risk
- Beneficiaries have improved their overall income for the family through the micro loan activities
- The majority of beneficiaries repay their loans on time
- There are regular meeting between CRC branch and RCVs
- The RCVs regularly visit and follow up the beneficiaries
- Strong commitment and hard work by RCVs. They often use their own motor-bike or bicycle out in the field.
- Good collaboration with local authorities, for example they provided the venue for conducting the coordination workshop at the district office
- RCVs and CRC staff understood their knowledge in disability awareness is limited

Challenges:

- Limited knowledge about disability within the community and discriminatory language is still being used
- PRC's services are limited as the community thought PRC provided services only to landmine and ERW victims..
- If families cannot access loans due to lack of ability to pay back, then how do we make sure we reach the poorest and most vulnerable?
- Some communication approaches are a little top down and didactic in style. More emphasis on participatory approaches would improve the communication and thus knowledge / behaviour change

i) Example of DIAF Monitoring Report

1. Project Details

Project title: Empowerment for Landmine/ERW Survivors and other Persons with Disabilities through Community Development Rehabilitation in Phnom Penh, Kandal, Kratie, Prey Veng and SvayRieng

Organisation: Veteran International (VI)

Contact details: Veterans International (VI)

Address: KienKhleang National Center for the Disabled, Road 6A, Phnom Penh, Cambodia

Contact Name: Ms. Josefina McAndrew

Position: Country Director

Work telephone: (855)-023 430 932

Mobile: (855)-017 382 843

Fax: (855)-023 430 932

Project Location: Phnom Penh, Kandal, Kratie, Prey Veng, and SvayRieng Provinces

Visited location during monitoring visited

Province	District	Commune	Village
Kratie	- Kratie	- Talos	- BosLeav
	- Chetborey	- Koloab	- TuolLhong
	- Snoul	- SvayChress	- Somret
			-Sombor

Total Disability Inclusion Assistance Funding: USD\$ 216,682.00

Total Requested for year 2: US\$68,682.00

Year	Budget request to LSAF / CIDI	
First year (2009-2010)	US \$58,000.00	Fifty Eight thousand US Dollars
Second year (2010-2011)	US\$ 68,682.00	Sixty eight and six hundred eighty two US Dollars
Third year (2011-2012)	US \$ 90,000.00	Ninety thousand US Dollars
Total (2009-2012)	US\$ 216,682.00	Two hundred sixteen and six hundred eighty two US Dollars.

Year 2 Start Date: 01/ April/ 2010 **End date:** 31/ March /2011

Date of visit: 09-10 February 2011 **File No:**N/A

1. Summary of people met, activities observed, outputs noted and discussions:

People met.

David Curtis, CIDI Coordinator and Meas Mao, CIDI support Coordinator of ARC visited the PRC in Kratie province, managed by VI-C in the morning of 9th February 2011 and met with the VI team, from each centre as following:

Ms. Pining McAndrew, Country Representative

Mr. Sors Samedy, PO Mentor

Mr. Nom Channa, PRC Manager in Kratie province

Mr. Keo Rithy, PRC Manager in Kien Khleang, Phnom Penh

Mr. Bak Tokyo, Deputy Country Representative

Mr. Ull Meng Hour, PRC Manager in Prey Veng province

Discussions (1): VI team introduced themselves to the ARC team (David and Mao) and Mr.Samedy presented the program's activities and achievements. The team had a tour around the centre to see activities such as physiotherapy sessions, prosthesis and orthotic production, as well as classrooms for the children while they stay at the centre for treatment or wait for new prosthesis and orthotics.

Activities observed

After touring the centre, we visited 3 clients who live near Kratie city.

Client 1: Male, 36 years old, lives in BosLeav village, Ta Los commune and Kratie town. The client has cerebral palsy. He was the first client to receive the service in PRC at Kratie where it started in 2000. He received a tricycle wheelchair and was also referred to attend motorbike repair training at the CWARS centre in Kratie town. VI supported the client with \$50USD for buying materials to start his own business. He can earn about \$2.50USD per day through his repairs business. The client is married and has one son.

Client 2: Male, 47 years old and lives in TuolLhong village, O'roesey commune and Kratie town. The client was in a landmine accident in 1978 when he was a soldier. He received service from PRC in 2004 and was referred to attend sewing training at CWARS centre at the same time. He has a tailor shop in the small market in Kratie town. His business is doing well and he has started another washing and ironing service and also a business filling gas canisters. He bought fabric for his sewing business and it is much easier for him to sew for his clients. He spends 3 hours making one T-shirt and can make \$4USD per shirt. He has 5 children under his support and said he can afford to support them as well as pay the rent for his shop which is about \$37USD per month.

Client 3: Female, 23 years old and lives in Kratie town. The client has deformity of the fingers and was referred to attend sewing training at CWARS centre by outreach program staff. She attended the training in 2004 and studied there for 6 months. After training, VI supported her by buying a sewing machine to start her own business. The client has trained her mother sewing. She has also bought a rhythm sewing machine which makes it easier to sew quickly and to respond to her client's needs. She said her living condition has improved. She said her mother is a widow and it is difficult for her to support 3 children.

After we met 3 clients in the town, we visited the self help group activities in 2 communes about 50km from Kratie town. The first SHG we visited lived in KoLoab commune. The group was established in 2006 with 10 members, facilitated by outreach staff of VI. The group leader assisted with the establishment of the group. The group aim to help each other and to promote people with disabilities working in community development. The group started saving 1,000 Riel or \$0.25USD each per month, which then increased to 3,000Riel or \$0.75USD in 2010. The maximum to get the loan is about 300,000Riel about \$74USD with 1.5% interested rate and the period of loan is 6 months. Right now cash in hand for total amount of saving is 160,000Riel about \$39.59USD managed by treasurer. In this saving activity, VI supported \$200USD to increase the capital for starting loan to the group. In this group, they also established cow bank activity to support group while they always rice shortage in the rainy season. The interest rate for rice bank is 11% and the period of loan is one year (they return in the harvesting season). The team asked some specific questions to the group as following:

1. What is the process for deciding to provide a loan to members?
 - Call the group meeting and make decisions about providing loans together.
 - Review the loan request and ask local authority to witness
2. How do you decide who is to receive a loan if 3 members come to ask at the same time?
 - Recheck the cash in hand
 - Call the group and make decisions together and agree who should receive the loan if the budget is not enough for all 3 members
3. What did they borrow the money for? For business only and not for ceremony or wedding.

Next we visited the group leader's house and his business for repairing bicycles and motorbikes. The group leader had learned motorcycle repair skills from CWARS centre where he had been referred for training by VI. A majority of the capital for opening his shop was borrowed from SHG. He always repaid the group during the period of the loan. His business is doing well and he is extending his shop and buying some new materials and spare parts. He can earn at least \$1.5USD per day. With this income he can support his family. He has also trained his son to do repairs.

We left Somret village and went to Chrova village to visit another client who joined the SHG activity. This client has polio. She has opened a small grocery shop in front of the local primary school and sells sugarcane juice. She borrowed money from the SHG three times. The loan has been used for:

- Extending her grocery business
- Buying a sugarcane juice machine

Client 6:-Male, 70 years old, lives in Chrava village, Koloab commune, Chetborey district. The client has congenital below knee amputation. He received the service from PRC in Kratie in 2005. He also joined the SHG and opened a small grocery shop at his house. He borrowed 250,000Riel or \$62USD in capital to start the business. He has borrowed money 7 times from the group. He said SHG had been very helpful and he was happy to have his own business near his house because he is very old and needs to stay in one place. The client used his income to dig a small pond at the back of his house to be used for home gardening during the dry season. He has also made fish sauce to sell and now has multiple businesses in the one place. He said he wanted to buy a water pump machine for his pond with the next round of loans.

The team left Koloab commune and travelled about 30 minutes to SvayChres commune to meet another SHG. The SHG in SvayChress commune was established in January 2010, facilitated by outreach program staff of VI. VI supported the SHG with 1,640,000Riel or \$400USD in capital. . The group started to save 1,000Riel or \$0.25USD and in 2011 they started to save 2,000Riel or \$0.50USD. The total of saving and interest is now up to 420,000Riel or \$103.70USD. The maximum loan to a member is 600,000Riel or \$148USD with 1.5% interest rate in 6 months period. The loan was used by members to:

- Buy cows and Buffalos for labor use in the rice field
- Rent a tractor to harrow the rice field

The group leader raised some issues relating to the group's relationship with the local authority. They said it did not support them as they were not aware what the SHG was doing. The group asked VI to introduce them to the local authority to build that relationship and improve collaboration.

Finally, we visited a client who is 15 years old and has clubfoot. He came to receive the service at PRC in Kratie when he was 3 years old. He is now studying in grade 8 at the middle school in his village. He said that he wants to work in an NGO and likes the field of community development.

2. **Impact of project (include number of beneficiaries (incl. landmine victims) and gender disaggregation to date against target figures)**

Main Achievement with beneficiaries in Kratie province: Landmine survivors and other persons with disabilities (PWDs) and their families have increased capacity to lead active and fulfilling lives and are equal members of the community with equal rights, opportunities and responsibilities as following:

- 7 disability awareness campaigns, involving 1694 people, were conducted at 4 communes located in the 4 districts in Kratie.
- The CBR staff made 8 visits to various health centers to advocate for the PWDs' access to free medical care. They also provided the health centers with posters on disability prevention and care. They also made 21 visits to various local authorities.
- 76 children integrated in schools were monitored. Only 1 dropped out because she got married. 25 of them got very good grades, 42 got good grades and 8 were fair.
- CBR staff continued to communicate with local authorities for partnership in CBR work. The local authorities were invited to join during the awareness campaigns and federation and SHG meetings. CBR staff had 17 meetings with the commune leaders and DoSVY.
- CBR staff starts to find contacts with DoWA
- 36 new PWDs were visited by PO/ PTs to ensure treatment goals were reached. 27 reached their short term goals, the short term goal of 2 PWDs would need to be revisited and 7 did not need any treatment goals.
- 760 PWDs and 238 family members participated in book reading, art and drawing conducted in 364 sessions. 227 PWDs and 131 families attended informal education. 364 sessions were conducted.
- 76 children received 29 bicycles and 62 school supplies including school uniforms. 3 children were supported of school fees.
- 4 PWDs were referred to Yodiffee Cambodia in Phnom Penh for vocational training.
- 11 PWDs and their families were provided with small grants for income generating activities.
- 2 PWDs provided with direct assistances.
- 4 new SHGs were formed with 34 members.

- 143 visits were made by CBR staff to monitor all community based rehabilitation.
- 20 PWDS were surveyed using impact indicator tools.

3. **Performance of organisation (management of activities, funds and documentation):**
VI-C did a good job implementing the project as planned. They have professional staff providing good quality services for people with disabilities in the centre as well as in the community outreach. They have a lot of ideas to build from
 4. **Activities and expenditure as agreed to date (note any variation and reasons):**
Yes
 5. **Lessons that can be learned from the project so far (positive/negative):**
Positive:
 - VI conducted the field trip and invited each PRC manger to join so that they could learn from each other. Also, the ARC team gained understanding of what the PRC managers did in different PRC.
 - VI has ideas for creating a small class in the centre so that children would not miss their class while they came to the centre.
 - PT and PO are graduated from CSPO and Technical School for Medical Care, TSMC.
 - VI has specific tools for M&E
 - Outreach program is one of the project supports to PRC***Recommendations found in the field visit:***
 - Outreach staff should work closely with the community and continue to provide capacity development in managing the group as well as more training on recording savings.
 - Outreach staff should keep a record of the saving in SHG in case any problems occur and they can take action in time.
 - VI should think about the strategies for phasing out once community can lead their community's activities such as HSG, rice bank etc.
 - Clear strategies of handing over the PRCs to MoSVY
 - VI can provide a useful link between community SHGs and local authorities. This would make things easier for the SHGs to operate as there would be increased understanding about what they are trying to achieve
 - CIDI can look to help VI share ideas around how they can disseminate NPA and disability law into the community and with local authorities
 6. **Risks and strategies (identify any risks and strategies to address these for the remainder of the project):**
 - VI is still debating their operational strategy in terms of trying to go “deeper or broader” – This will be an important discussion with far reaching consequences.
 7. **General comments/recommendations (rate the project and include comment on rating):**
- 5 Best Practice, 4 Fully Satisfactory, 3 Satisfactory Overall, 2 Marginally Satisfactory, 1 Weak):
4: VI did very good regarding to their good practice of project's implementation
8. **Is the organisation informed about the reporting requirements for the project (six monthly progress reports and end of project report and acquittal)?**

Yes –

9. Issues arising (for follow up by ARC and/or NGO):

ARC is keen to see VI's M&E tools. Sample forms to be sent to ARC. Dc shared idea of the community scorecard approach and will share info on this.

10. AusAID representative/s participating in the monitoring visit:

N/A

ARC Representatives participating to the monitoring visit:

Name:	David Curtis	Meas Mao
Position/s:	CIDI Coordinator	CIDI Support coordinator

Signed:

Date

FOR VI-C PARTICIPATING STAFF MEMBERS

1. Can you please tell us how you felt about the M&E visit from ARC? – was it useful? If so, why?

We were very appreciative of the ARC team monitoring visit because we were able to show to the ARC Team the realities in implementing the activities funded by DIAF. The people were very happy to be able to showcase their achievements and their concerns were noted. The CBR staff in Kratie were proud that their support and work to persons with disabilities in the communities are seen and appreciated. The VI management team from the centers and Phnom Penh were also able to be with the staff in Kratie in sharing to the ARC team that we would like to continue to be faithful and transparent in the work we do and that we will continue to spend efficiently the funds we received from our donors.

2. Do you have any ideas that could help us improve the M&E visits in the future?

The ARC Team visit (we feel) was well designed/planned that even with a limited time, there were no wasted time and we all had fun. The ARC Team came well prepared and very honest in their assessments of the activities they saw. We noted the recommendations and concerns brought forward and included them when we do our monthly, quarterly reviews of our work plans and achievements/goals not achieved.

3. Any other feedback for ARC?

Please schedule more field visits to the other centers located in Prey Veng and in Kien Khleang.

Thank you.....

j) Declaration

The following declaration must be made by an appropriately Authorised Officer of the Non Government Organisation.

I declare:

- this report is complete and accurate;
- the funds allocated to the Program were used in accordance with the Funding Order No.62, and the Program Proposal, including any variations to the proposal approved by AusAID.

Full Name: David Brown

Signature:

A handwritten signature in black ink, appearing to be 'D. Brown', written over a horizontal line.

Position in NGO: Asia Manager

Department: International Program
Australian Red Cross

Date: 29 July 2011