Handicap International

Capacity Building of People with Disability in the Community (CABDIC)

In Cambodia

Evaluation

October 2-November 3, 2000
ACKNOWLEDGEMENTS

Many individuals were involved at different levels during this evaluation. It is with great appreciation that I thank the evaluation team members for gathering and analysing information during interviews and field trips in Phnom Penh, Takeo, Kompong Cham and Battambang Provinces: Ms. Jayaseeli Bonnet, Ms. Leakyna Roath, Ms. Henriette Jacobs and Mr. Sovathana Dos. Without their valuable input, this evaluation report would have had much less credibility.

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The team leader who wrote this report takes full responsibility for any misinterpretations, errors in analysis or writing in this document.

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Cover photograph by Amy Deleneuville
A happy client in Battambang Province with two CABDIC staff. This young girl was not able to walk one year ago. Because of intervention by a CABDIC fieldworker and with the help of her parents, she can now walk and has been successfully integrated in to the community school.
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1. EXECUTIVE SUMMARY

Officially created in January 1999, CABDIC (Capacity Building of People with Disability in the Community) focuses on early intervention among children with disability and capacity building in the community through self-help initiatives and awareness raising. CABDIC aims to increase the capacity of people with disabilities (PWD) and their family members by using existing resources in the community to improve their capacity to participate in society.

The team of Handicap International and CABDIC organised an evaluation on October 2 – November 3, 2000 to examine the project of CABDIC and assess progress in areas based on the different expectations of individual stakeholders. After interviews, examining documents and field trips to two provinces where CABDIC is working, recommendations have been developed that should help CABDIC better reach its objectives in the future.

A major achievement has been the completion of Community-Based Rehabilitation (CBR) training materials including a concrete curriculum, training design and accompanying materials. Two examples of training achievements are the printing of the “Play Activities on Child Development” book (the blue book) and the production of a CBR training video. Related to this area of training, the evaluation team noted very positive collaboration between CABDIC and other organisations for training opportunities.

In the Children-with-Disabilities component, existing working tools such as interview forms, recipients' assessments, follow-up and registration books have been revised and are being used with positive impact. One of the most important outputs has been the development of effective techniques for work with children with cerebral palsy. However, further refinement and revision is needed for a more effective process and product that can be expanded and sustained by communities.

Another significant achievement has been the development of SHGs made up of people with disabilities. The impact of these groups on the lives of people in the community seems to be very great but unfortunately is not well represented in statistics. New monitoring tools are being developed and it is hope that once these tools are completed, tested and used, the impact of SHGs will be better reported. While SHGs have clearly made impressive progress over the past 1½ year, the impact of these groups is insufficiently assessed at the moment. In addition, training in community awareness about disability issues has not been formalised. Concrete training information and activities need to be further developed in the future.

CABDIC, since it's beginning, has engendered training responsibility, policy and decision-making to Khmer staff. This is one important step in the direction towards possible localisation. There is still a great deal more to be done in this area including documented management systems that can facilitate and expedite a viable localisation process if it is decided to move in this direction.

Until now, Handicap International has managed the development of CABDIC together with the co-ordinator and a rehabilitation advisor in technical and operational areas, such as staff training, CBR approach and team management. Amazing progress has been made under this arrangement. Once consensus has been reached regarding the localisation of CABDIC, the project would benefit from an advisor with a background in localisation and management skills.

In the 21 months since the start of CABDIC, the project has made substantial progress. There has been impact and positive changes because of the program. Impressive work has been done in both the areas of interventions with children with disabilities and their families and the development of self-help groups (SHGs) made up of people with disabilities and representatives of children with disabilities. If this momentum can be maintained and even greater impact and benefit for beneficiaries monitored and reported, the future of CABDIC will be very promising.
2. INTRODUCTION

2.1 Background

2.1.1 Capacity Building of People with Disability in the Community (CABDIC)

The Capacity Building of People with Disability in the Community (CABDIC) Program of Handicap International (HI) began in January 1999. Before that, some CABDIC-type activities had been a part of the Program for Economic and Social Rehabilitation (PRES) and the Physiotherapy Program. Following long-term program reflection, PRES was separated into two distinct programs; PRES and CABDIC. CABDIC directs its interventions on community based rehabilitation work and early intervention. In general, these community-based activities deal with children with disabilities, self-help groups of persons with disabilities and awareness raising in the community about disability.

PRES is now an outreach program based in provincial rehabilitation centres which aims to assist people with severe disability to develop physical autonomy, economic independence and social integration through direct assistance (therapeutic and economic assistance), counselling, referrals and advocacy.

Some PRES staff, notably rehabilitation workers, were transferred to CABDIC and one of the PRES regional managers was promoted to the position of co-ordinator. An advisor with background in occupational therapy for the technical and operational aspects of the project assists him in addition to other HI advisors for strategy and management of the program.

Currently, CABDIC is working in eight provinces of Cambodia: Takeo, Kampot, Kompong Cham, Pursat, Battambang, Siem Reap, Kompong Thom and Banteay Meanchey. The CABDIC team consists of 33 staff: 16 field workers, eight team leaders, four field supervisors, one office assistant, one administrator/accountant, one assistant co-ordinator and one co-ordinator. One expatriate technical advisor supports CABDIC. An organigram of CABDIC can be found in Appendix 6.

2.1.2 The Evaluation

Purpose

The purposes of this evaluation were to evaluate the project of CABDIC and assess progress in areas based on the different expectations of individual stakeholders. The evaluation will provide recommendations on how CABDIC can better reach its objectives.

The major areas examined were:
- Self-help groups (SHGs)
- Child rehabilitation
- Awareness-raising
- Localisation and institutional support, including the link with Handicap International

In particular:
- The technical components of the program and their impact, effectiveness of interventions
- CABDIC’s connections with other HI programs, other NGOs and local authorities
- Sustainability of the program in the context of the current move towards ‘localising’ CABDIC and sustainability, in terms of technical skills, management, finance and the sense of ownership of the program
- Staff training and supervision
- Future needs for expatriate support in the program

The recommendations in this report will be discussed at the next HI general meeting and the CABDIC annual seminar, and incorporated in the CABDIC Plan of Action for 2001. Monitoring of the
implementation of the recommendations will be carried out using this Plan of Action and CABDIC's usual monitoring procedures. The results of the evaluation will be used as a guideline for a possible move towards localisation. A full Terms of Reference can be found in Appendix 3.

Process and Schedule

The evaluation collected and analysed data on the progress CABDIC is making on each of its seven objectives. These seven objectives are:

1. To strengthen administrative and technical skills of program team at all levels
2. To develop the abilities of children with disability and their family members to find their own solutions in relation with daily living skills
3. To raise society awareness about people with disability's abilities and rights, at all levels
4. To promote self-help groups of people with disabilities (SHG)
5. To facilitate access of people with disabilities to available services
6. To collaborate with the Ministry of Social Affairs, Labour, Veterans and Youth (MoSALVY) and the Disability Action Committee (DAC) on developing and monitoring the national strategy plan
7. To make the program sustainable

The evaluation was conducted in a highly participatory manner. The evaluation employed both quantitative and qualitative methods to gather and evaluate data and included:

- Meetings and interviews with key informants and community members and central and provincial level staff in UNICEF, MoSALVY and NGO partners. A list of persons whom the evaluation team interviewed is contained in Appendix 1.

- A desk review of relevant documentation, project reports and background documents. A list of the documents that were reviewed prior and during the evaluation is contained in Appendix 2.

- Briefing and discussion with teachers, children and their families, communities and CABDIC field staff.

- Direct observation of the range of activities conducted by CABDIC including visiting children with disabilities and visiting members of SHGs where possible.

- Interviews with children and families who have participated in CABDIC activities.

- Field visits to Takeo, Battambang and Kompong Cham Provinces to observe directly project activities of both major components, Children-with-Disabilities (CWD) and SHGs, and interview staff and beneficiaries from CABDIC, other NGOs, Department of Social Affairs, Labour, Veterans and Youth (DoSALVY) and members of the community.

- Analysis of program documents, including monthly monitoring reports, budgets, field supervisors' reports, the plan of action, children's follow up booklets, etc.

- Semi-structured interviews with CABDIC staff at all levels, key HI staff, children with disabilities and their families, members of self-help groups, representatives from MoSALVY at different levels, NGOs which have referral agreements with CABDIC and other NGOs, school
teachers and heads of schools where children have been referred and members of the community.

- Qualitative and quantitative data were analysed by the evaluation team with some participation from CABDIC field staff.

An evaluation of the methodology used for the evaluation can be found at Handicap International in the CABDIC office.

The timeframe for the evaluation was October 2 – Nov. 4, 2000. This included:

- Two days of preparation with the evaluation team
- Eight days of fieldwork
- Two weeks of report preparation by the evaluation team leader including a one day first presentation
- One week amending the first report including a final presentation

An Evaluation Agenda can be found in Appendix 4.

The evaluation was conducted in CABDIC program areas in Battambang and Kompong Cham. These two provinces were selected in a systematic way and are believed to be a representative sample of the eight provinces where CABDIC works.

Numbers of SHGs (this usually included several people from each group) and children with disabilities and their families visited in Kompong Cham and Battambang Provinces:

<table>
<thead>
<tr>
<th>Self-Help Groups</th>
<th>Children with Disabilities and Their Families</th>
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<tbody>
<tr>
<td>Battambang</td>
<td></td>
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<tr>
<td>Ex-PRES3</td>
<td>Battambang</td>
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<tr>
<td>CABDIC</td>
<td>11</td>
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<tr>
<td>Kompong Cham</td>
<td></td>
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<tr>
<td>Ex-PRES1</td>
<td>Kompong Cham</td>
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<tr>
<td>CABDIC</td>
<td>7</td>
</tr>
<tr>
<td>Total Ex-PRES</td>
<td>4</td>
</tr>
<tr>
<td>Total CABDIC</td>
<td>4</td>
</tr>
<tr>
<td>Total SHGs</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Total Children</td>
</tr>
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<td></td>
<td>18</td>
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</table>

In addition, part of the evaluation took place in Takeo where CABDIC does not work. This was to measure the impact of CABDIC on disabled children's rehabilitation and school integration, community awareness, self-help groups and disabled people's access to services compared with other areas. This comparison was found to not be as useful as it could have been because areas selected were areas where PRES workers are supporting activities. The comparison study did show however that CABDIC clients have more mobility aids and people responded positively that they are using the devices. Regarding mobility aids, CABDIC clients were quick to point out that CABDIC staff taught them how to make the aids but they (the family) does maintenance and supplied basic materials such as wood, nails and labour.

1 For this evaluation report, the author uses the term ex-PRES for SHGs that are currently supported by CABDIC but were at one time co-ordinated by PRES although not the current PRES that is active today.
Another area of strength in CABDIC areas reported in the comparison was the willingness to help families with a disabled child if requested by the family. The results of this comparison can be found in Appendix 5.

The team leader spent time in both Battambang and Kompong Cham Provinces in order to get a real impression about the work of CABDIC at the field level.

An evaluation team was formed to be co-ordinated by an externally recruited evaluation team leader. The team leader co-ordinated the team, which included one staff-member from an NGO working with self-help groups and disabled children in Cambodia, one member who works as an advisor to CDPO and two HI staff-members from other programs. The team did not include CABDIC staff. The responsibility of the evaluation team leader was to finalise the evaluation design and plan the evaluation activities, collect and analyse the data and present the results.

Evaluation Team Members:

<table>
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<tr>
<th>Name</th>
<th>Organisation</th>
<th>Competencies Relating to Survey Needs</th>
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<tbody>
<tr>
<td>Delneuville, Amy</td>
<td>Team Leader, consultant based in the Lao PDR</td>
<td>International management and training, localisation, Community-Based Rehabilitation (CBR), self-help groups, child protection issues</td>
</tr>
<tr>
<td>Jacobs, Henriette</td>
<td>Handicap International, Cambodia</td>
<td>Child rehabilitation, Handicap International link, training</td>
</tr>
<tr>
<td>Bonnet, Jayaseeli</td>
<td>Cambodian Disabled People's Organisation (CDPO) Advisor, Cambodia</td>
<td>Management, localisation, self-help groups, training, awareness raising</td>
</tr>
<tr>
<td>Dos, Sovathana</td>
<td>Handicap International, Cambodia</td>
<td>Management, localisation, Handicap International link</td>
</tr>
<tr>
<td>Roath, Leakyna</td>
<td>American Friends Service Committee (AFSC)), field work, Kompong Som, Cambodia</td>
<td>Child rehabilitation, self-help groups, awareness raising</td>
</tr>
</tbody>
</table>

Presentation of the results

The evaluation team leader produced an evaluation report that ensures that all stakeholders have access to the information gathered, the analysis and the recommendations. Reports submitted at the end of the evaluation are:

- a full report of the evaluation in English, on diskette in WordPerfect or Microsoft Word, and a hard copy, to be submitted within two weeks of the completion of the evaluation
- a résumé of the evaluation in English to be translated into Khmer language for fieldworkers
- an evaluation report of the methodology used for the evaluation in English.
3. MAJOR RECOMMENDATIONS

3.1 Improve Statistic Gathering, Retrieval and Analysis

3.1.1 Monitoring

The CABDIC Monthly Monitoring Report is a comprehensive program monitoring tool and enables a great deal of valuable information to be recorded from the field level. Information regarding gender and age ranges is included in this form (except age range for SHGs). The information from this monitoring report, however, is not used to its potential for identifying the strengths and weaknesses of the program. The problem appears to be one of time, skills, knowledge and clear forms. The office assistant is currently the person entering data from the field level monitoring reports and preparing monthly summary statistics from all eight provinces. At the moment, he is only working part-time for CABDIC. It is recommended that CABDIC program have someone working full-time in this position. In addition, this person, along with management staff of CABDIC, should have training in reporting, data entry and data analysis, possibly available within HI.

One piece of information that should be included on this monitoring form is the number of family members of each direct beneficiary. Such information can provide useful data about the numbers of indirect beneficiaries (family members). The rehabilitation of a person with a disability has tremendous impact on and benefits the entire family and the community. He/she becomes a productive member of the village.

3.1.2 Data Management and Recording

In general, the section of CABDIC dealing with the database lacks sufficient data management and recording skills. Staff do not realise the relevance of this information and the usefulness for planning purposes (like strategic planning, etc.). Effective reporting depends on the users and reporters having a common understanding of why a monitoring report is required and what it will be used for in the future. Often CABDIC management-level staff are not clear what information is needed and tend to ask for more information than they really need. This miscommunication should be cleared up at the provincial by management staff of CABDIC.

Insufficient attention has been paid by CABDIC to systematic, comprehensive and disaggregated qualitative and quantitative data collection and to the identification of appropriate indicators and mechanisms to evaluate the progress and the impact of the project. Data must be up-to-date, accurate and relevant to be used for timely and appropriate decision-making. There is a need to improve the database system, perhaps by changing to Microsoft Access software or another program and provide training supervision of this activity (outside HI or within HI, for example, the Mines Program).

The statistics about children with disabilities (CWDs) and SHGs supported by CABDIC are neither well organised, nor easily accessible nor easy to understand. Gender and age range breakdowns were not originally available for each activity. Disaggregated data (to see the impact the program is having on different groups, not only females) including gender and age breakdowns should be routinely examined and reported to funders and provided to project managers at different levels in order to have access to relevant and timely information that facilitates easy analysis.

Gender breakdown is vital in order to ensure that the needs of women and men are addressed by the project. Information on age, ethnicity and other social characteristics may also be required. Monitoring outputs by gender should be recorded with the numbers of females involved in project activities and the number of females with disability benefiting from the project.

As the World Program of Action Concerning Disabled Persons (WPA) summarises:

*The consequences of deficiencies and disablement are particularly serious for women. There are a great many countries where women are subjected to social, cultural and economic disadvantages which impede their access to, for example, health care, education, vocational training and employment. If, in addition, they are physically or mentally disabled, their...*
chances of overcoming their disablement are diminished, which makes it all the more difficult for them to take part in community life. In families, the responsibility for caring for a disabled parent (or child) often lies with women, which considerably limits their freedom and their possibilities of taking part in other activities.

3.1.3 Presentation

Presentation of information should also be improved with inclusive dates of the information (example, Jan. 1999 - Dec. 1999), clear and complete titles and headings. Several senior-level CABDIC staff were asked to explain the headings on the “Monthly Statistics of Children Activity” form and could not explain all the headings, including the level where statistics are collected and checked. In addition, some staff understood the information in different ways meaning field level staff might be collecting the wrong data.

The monthly statistic compilation forms for SHGs and CWDs are not well set-up. There is too much information on each page and some totals are cumulative while others are not. Information should be prioritised and separated on different sheets. Most of the information looks useful and should be continued to be collected but it should not all be presented in one chart.

In the CWD activities, many of the children have been diagnosed with a certain type of impairment, for example, deafness, effects of polio, cerebral palsy, etc. Data as presented to the evaluation team only contained general headings (such as moving, communication, etc). It would valuable to have more specific information about the type of disability. For example, the category of movement encompasses 56% of the children seen by CABDIC. What more specifically are the problems of moving for more than one-half of the clients in this component? Effects of polio? Clubfoot? General headings provide a guide but it is important to look at more specific breakdowns in order to provide appropriate training, equipment needs, information about prevention, etc. This information needs to be checked carefully because some children might be listed incorrectly.

With respect to SHGs, statistics show that 65% of members of SHGs have a problem of movement. What are the major disability types in SHGs? Are they mainly persons with amputations from mine accidents? This can be important statistics to evaluate for future funding sources. Some donors have a mandate in the area of landmine survivor assistance and rehabilitation that includes advocacy for development of victim assistance programs, outreach programs and appropriate services for landmine survivors and their families, including information about devices and rehabilitation services available.

3.1.4 Progress Reporting

Progress reporting should collect data on unintended achievements. For example, it was mentioned during this evaluation that several SHGs and families with children with disabilities are themselves referring people with disabilities in their community to referral services (such as hospitals, provincial rehabilitation centres, etc). This should have been identified as a positive deviation from the plan (at least the plans that the evaluation team saw) and reflects a very significant impact of the program on community behaviours and the changing of them.

3.2 Re-examine the Localisation Process

The possibility of localising seems pertinent and feasible, feasible because there are many successful local NGOs working in the country, localisation is already included in CABDIC’s Plan of Action and some staff of CABDIC feel strongly that this is the next stage for CABDIC. Many individuals interviewed during this evaluation mentioned that donors are increasing the amount of money for projects conducted by local NGOs (although this should not be the main motivation for localising). It is also one step towards sustainability in the future. Some members of CABDIC have been planning for localisation since the beginning of the project in January 1999 and it is included in the current Plan of Action.

2 WPA, as quoted by Elander, Prejudice and Dignity-An Introduction to Community-Based Rehabilitation, UNDP, New York, New York, USA, 1999, 40.
All stakeholders in the localising process should be clear about the motivations for localising an INGO, how the initiative originated and the major benefactors of such an activity. Ideally, the motivation should stem from a genuine commitment to continuing the valuable service of the INGO sustainable at the local level. The initiative should originate from both expatriate and local staff. If local staff do not fully embrace the need for the exit strategy process, there may be significant staff turnover and miscommunication later in the transition process.

3.2.1 Consensus Gathering

During interviews with CABDIC staff, a LNGO, NGOs, HI staff and other key informants about localisation, a wide variety of responses was compiled; ranging from totally against, strong concern, misconceptions, extremely pro... With this in mind, before starting to localise, all CABDIC staff should be involved in a workshop to discuss the possibility of localising. This should include areas such as; Is localisation feasible? Is it relevant? Who has more access to funding resources, LNGO or INGO? What will be the relationship between CABDIC and HI at various times during the localisation process? Is the draft timeframe realistic? An external facilitator should conduct this workshop with experience in localisation. If consensus is reached in favour of localisation, the draft timeframe included in Appendix 9, should be examined regarding the process and strategies for localising without risking lose of impact and sustainability. Some stages in the process might have already been done but all steps considered important were included in the draft timeframe in order to give a clear picture of the stages that should occur. If not done carefully and slowly, frustration can occur for donors, Handicap International and CABDIC. If the attempt to localise fails, the process can be disempowering and a waste of time and money.

3.2.2 Handicap International’s Commitment and Advisor Recruitment

Localisation requires significant commitment and time from the parent organisation. It is important that the parent organisation facilitate the change to a local NGO by providing capacity building and technical support. HI Cambodia has access to resources, information and networks unavailable to CABDIC. The localised CABDIC might continue the program’s work through funding from HI and guidance towards new funding sources.

This would include recruiting an advisor for CABDIC with experience in localisation and management training for institutional strength and group capacity building to manage staff rules and procedures for day to day operation, strategic planning and organisational development. In addition, training in resource management in project design, proposal, budget and report writing, fundraising and development of public relation materials (annual report and brochures with clear philosophy and activities). Based on the results of the localisation workshop for consensus gathering, this full-time position should be considered as a priority. See Job Profiles, Appendix 13 and Defined Area of Desirable Capacity by Thida Khus in Appendix 10.

A Director’s Perspective:

To create a local NGO is not an objective in itself but a means to reach sustainability. We cannot sacrifice the impact to our beneficiaries because Handicap International’s mandate is to help people with disabilities.

Isabelle Plumat, Executive Director, Handicap International, Cambodia
3.2.3 Selection of the Executive Director

A second area for careful consideration should be the process of selecting the executive director. Recruitment should be open to both external and internal candidates in order to have a large pool of qualified candidates. The benefits of having someone from within and maintaining continuity might outweigh the benefits of an outsider with new vision. Staff loyalties need to be weighed against the qualifications necessary to create a sustainable organisation with strong leadership.

It will be important to select someone with the most key-qualities for sustaining the program and organisation mission. It should not be expected to find all the qualities in one person. A compromise can be made between the leader's qualities and those existing within other staff so they augment each other. It is possible to increase the leadership capacity that a director might lack through training, technical assistance, exposure trips and mentoring.

Determine the qualities that the executive director needs to adequately lead CABDIC after reviewing where it is now and where it wants to go. HI and CABDIC staff can then compare these qualities and future needs with the candidates considered for the position. HI and CABDIC can create a wish list of characteristics.

The Role of the Executive Director

- Maintaining the organisation's vision
- Directing the organisation toward its goals and objectives
- Inspiring and motivating staff
- Performing a range of representative and public relations functions for the organisation as a whole
- Interpreting information and influences relevant to the organisation
- Requiring both diplomatic and entrepreneurial qualities to adapt to an ever-changing donor, governmental and NGO environment
- Recognising the need for organisation change and growth and the ability to see his/her ability to effect these necessary changes
- Representing the organisation as a whole with a personal leadership stamp
- Having his/her political and social history in country reflect on the organisation indirectly.

3.2.4 Expansion

If the decision is made to localise CABDIC, it is strongly recommended that HI and CABDIC staff review its current rate of expansion. Any expansion at this stage will strain new systems and threaten the success of localising CABDIC. The evaluation team would like to suggest that HI and CABDIC staff limit the geographic coverage of the program by decreasing the number of provinces where CABDIC works and eventually increase the number of districts in certain provinces for ease of logistical management and also to facilitate monitoring and supervision of activities. Ideally, only four or five provinces should be selected for this reorganisation with selection based on a variety of criteria; such as; overall population, numbers of PWD, number of victims of mine accidents (using the existing data from the "Mine Incident Database Project") and provinces where there is a strong link between HI and provincial rehabilitation centres. In addition, once four or five provinces have been selected, both components of CABDIC (SHGs and CWDs) should be active in those areas. As it is now, some areas covered by CABDIC are only areas where ex-PRES SHGs are located without the CWD component. This makes the linkage and co-operation between the two activities weak and reduces the effectiveness of fieldworkers due to lack of time to sufficiently monitor all activities.

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Additionally, expansion to additional districts and provinces is not recommended until the impact of SHGs and CWDs activities can be better reported. Community based rehabilitation is a slow process. By limiting the number of provinces where CABDIC is working, it can be ensured that curricula and training materials are viable and tested and that staff are adequately trained. The curricula, instructional methods, administrative and supervision systems will require refinement and adaptation for the process of localisation. See Location of CABDIC Activities in Appendix 7.

3.3 Strengthen Strategy and Training for Self-Help Groups

3.3.1 Background

Initially the evaluation team was very sceptical about the impact and benefit of SHGs. After field trips to the provinces, all five members came back to Phnom Penh with a positive impression of SHGs and their activities within CABDIC. Three simple reasons why team members changed their minds about the viability and impact of CABDIC SHGs are:

- linkage between the activities (SHG and CWD)
- unintentional informal system of referrals being done by SHGs without the assistance of CABDIC that should be encouraged
- adamant positive response from each SHG member interviewed that their group will continue if CABDIC withdraws support

Although not adequately analysed with data collected and indicators developed for CABDIC, it would be possible to record some of these empowering indicators. A case study has been included in Appendix 14 that shows unexpected outcomes and indirect benefits of the program and how factors have contributed to change in people’s lives.

There is a definite need to improve access to credit and loans for persons with disabilities. Almost all poor people have difficulty in accessing credit, but access can become almost impossible for poor people who also have a disability. If they can find someone willing to lend, the interest rates tend to be exorbitant. It is a vicious cycle - the combination of being poor and disabled makes access to credit an almost insurmountable problem for PWDs.

SHGs seem to be sustainable in Cambodian culture. People have free time, they have the ability to save, they can make use of small loans for short periods and they need consumption loans. Moneylenders lend at high rates and people have no other access to capital, as there are no banks.¹

One very specific problem for CABDIC SHGs, which might affect sustainability, is simply the logistics of getting to a meeting. Many group members have physical disabilities that limit their ability to move around easily. This is an important factor and should be considered when forming new groups. The distance between individual members and the location of the meeting point needs to be carefully examined.

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SHGs focus on savings and credit by pooling savings regularly with the group and borrowing from the fund according to their needs. Group members can make consumption loans as well as productive purpose loans. Groups that are functioning well and have managed their money well over a period of time (six months minimum) are then eligible for a grant that does not come from CABDIC, although CABDIC does facilitate the submission of the proposal. This proposal is submitted to PRES, who then examines the proposal and if approved gives the grant to CABDIC for the group. Both PRES and CABDIC staff seem satisfied with this arrangement for the time being although it might be necessary in the future to look at the long-term sustainability of receiving grants from PRES, especially if CABDIC becomes a local NGO. The grant-giving relationship between PRES and CABDIC also allows CABDIC not to be directly involved in providing money to SHGs – it is facilitator, monitor and link from a money-provider to the group.

As of August 2000, CABDIC was supporting 60 SHGs in 21 districts of six provinces in 57 villages. The majority of SHGs are in Kompot, Takeo and Battambang Provinces. Each group is allowed to develop its own rules about how much to save, how often, who can borrow, fines, etc. CABDIC does not have a set of guidelines for development and facilitation in this area.

One impressive characteristic of CABDIC SHGs is the link between the SHG and the CWDs, component of CABDIC. Members are PWDs themselves but also can include a family member of a child with disability or sometimes an older child with a disability in the CWD activity. There are 586 members with disabilities and 111 representatives of children with disabilities from the 60 SHGs. Not all representatives of children with disabilities in CABDIC’s SHGs are beneficiaries of the CWD component (for example, in some areas only the ex-PRES SHGs are active without CWD activities) but in the areas where both activities are implemented, a dynamic link is established between the two activities. The actual number of SHG members who are also beneficiaries of the CWD component should be reported and monitored for analysis.

3.3.2 Self-Help Group Guidelines

A pre-set list of guidelines should be developed and field workers trained to facilitate fulfillment of these guidelines without sacrificing the self-esteem of the group. These basic guidelines will help groups set up structures to avoid foreseeable problems in the future.

The following list provides guidelines from PADEK’s SHGs. This does not mean that this list is appropriate for CABDIC SHGs, this should be discussed between staff of CABDIC based on their experience in the field and adapted to fit the situation of SHGs made up of persons with disabilities and flexible enough to reflect the reality of the situation.
Basic guidelines from PADEK's experience with SHGs in Cambodia are:
- non-members can not borrow money
- membership is closed (after functioning for a while, new members should not generally be admitted)
- groups should save the same amount at the same time
- groups should meet at least two times per month
- all members should participate
- cashiers should show the cash-in hand amount and physically produce the cash-in-hand at all meetings
- office holders should be encouraged to rotate (every year)
- office bearers can not make any decisions on their own
- interest rates on loans should be competitive and reasonable compared with market rates and high enough to offset inflation and build the common fund yet low enough for their members)
- PADEK field workers should attend a certain number of meetings per month

Individual group rules can vary; such as: format for meetings, level and frequency of savings, the amount someone can borrow and the repayment terms of the loan and interest rates, the purpose for which money can be borrowed (including non-productive purposes such as weddings or medical expenses), sanctions (such as fines) in case of default or fines if a member fails to save on time.

In many SHG projects, NGO support is withdrawn after three-five years. An additional area for guideline development is criteria for withdrawal of support by CABDIC from SHGs. Many of the ex-PRES created SHGs are almost four years old. It was not clear to the evaluation team if some of these SHGs have been identified to become independent or already are independent. If this is happening or will be happening in the future, a list of clear criteria for withdrawal should be developed before discontinuing assistance to a SHG. In addition, it was not clear to the evaluation team how it would be decided to withdraw support from an older SHG. See “Mechanisms for SHG Assistance Withdrawal - PADEK” in Appendix 11.

3.3.3 Criteria for Grants

Information provided by CABDIC staff at the management level, from 1996 – October 2000, CABDIC (via PRES) has given a total of 14 grants amounting to $2,191 to 14 individual groups, all of them ex-PRES SHGs. Dates were not available for when the grants were given and many if not all were probably given during the time before CABDIC when ex-PRES was setting up SHGs. Approximately 20 original CABDIC SHGs will be receiving grants around November or December of this year.

CABDIC should develop set criteria for giving grants to groups. PADEK's criteria for groups to be eligible for Working Capital Assistance (scored from 0-10 for each point, the amount given depends on the score and the amount in the group's common fund at the time of the request) is listed below as a guide.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Scoring Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular meetings</td>
<td>at least two meetings per month</td>
</tr>
<tr>
<td>Regular attendance</td>
<td>at least 75%</td>
</tr>
<tr>
<td>Regular savings</td>
<td>as per the decision of the group</td>
</tr>
<tr>
<td>Quality of meeting</td>
<td>all members participate and collective decision-making</td>
</tr>
<tr>
<td>Prioritisation of loans</td>
<td>preference to loans that are urgent</td>
</tr>
<tr>
<td>Regular repayment</td>
<td>repayment done per schedule</td>
</tr>
<tr>
<td>Overdue</td>
<td>overdue if at all present should be negligible</td>
</tr>
</tbody>
</table>
Loan default  no loan default, if there is, what are the group’s measures to overcome
Loan utilisation  members use loans for stated purposes, physical verification of assets
Rules  all members aware and familiar with all the rules of the group

Near the end of the evaluation, a draft SHG Appraisal Form dated September 2000 was found. This draft form contains areas for evaluation such as: planning, SHG understanding, meetings, making a plan, bookkeeping, money saving and group improvement. Although the form needs considerable work to improve the method used for evaluating SHGs, once it is revised, tested and used in the field, it could provide valuable input about the situation of CABDIC SHGs.

3.3.4 Training

Field level staff need additional instruction in facilitation, bookkeeping skills and disability awareness concerning the rights of people with disabilities. Facilitation skills include helping people to understand issues and arrive at decisions themselves in a participatory way that enhances ownership. If a group makes a decision that has a negative impact on some of the members, the field worker should be able to point out the problem but leave the final decision to the group.

Bookkeeping training needs to be done so that field staff can monitor the recording of minutes of meetings, attendance, saving, loans and cash balances. Once field staff are trained in bookkeeping, they should do refresher training for SHG office bearers. The evaluation team was not able to attend any SHG meetings because they were not scheduled during the week of fieldtrips. The documents presented by SHGs were confusing and even CABDIC fieldworkers did not understand the amounts or the transactions as recorded by the group.

A training curriculum should be developed concerning the area of community awareness and the rights of persons with disabilities. CABDIC has a two-page document entitled "Keys of Awareness Instruction", dated September 2000 that has been developed recently but it is not sufficient for the objective. During the evaluation, the only activities regarding community awareness that seemed to be happening were special displays and activities on certain holidays and informal discussion about disability awareness during meetings. This training need is mentioned again in section 3.7.1, Information, Education and Communication Materials.

3.3.5 Baseline Data

Baseline data can be used to show changes in the characteristics of a population over time. Ideally it is done at the very beginning of a project but can still be gathered to show changes from this point in time to, say, six months from now or a year from now. In addition, CABDIC recently starting activities in two new provinces (Kompong Thom and Siem Reap), it might still be possible to collect this information. It is recommended that baseline data be collected in two areas:

- relating to the social and economic conditions of each member to be collected when a member joins for comparative analysis later to show impact of the project on the lives of members
- community behaviours and attitudes regarding PWDs to be collected every six months by field workers and recorded in simple checklist format

CABDIC staff should be selective in the type of information required as baseline data so that field workers are not collecting so much data that it cannot be analysed. The selected information for collection should be relevant to the changes CABDIC would like to see in the community.
3.3.6 Auditing

Basic auditing should be included as an activity within the SHGs activities. It is very important for group strengthening, transparency and in looking at social and financial components. Auditing determines if the books have been kept properly and all procedures are being followed, it also looks at loan utilisation, the impact of loans on group members and their families, the ability of individual members to plan their enterprises, the quality of discussion and decision-making processes when loan requests are reviewed and power dynamics within the group. Auditing should ideally happen every six months by someone who has no direct responsibility for that SHGs (other field workers could audit another field workers SHGs) and should be done in the presence of the field worker and office holders.6

CABDIC staff should be trained in auditing. As far as the evaluation team could see, there was no solid tool for checking transparency and this should be seriously considered for the future. HI's finance department could be used for guidance in developing internal auditing methods.

3.3.7 Federations

Federations are representative bodies that support member groups to share, network and provide moral support to each other and is often looked at in terms of linkages with financial institutions and other agencies working in the area, including government departments, NGOs (and for CABDIC, eventually linking with CDPO) at the provincial level.7 These representative bodies can be formed at different levels. Federation meetings provide a forum for discussing other issues such as: agriculture, animal husbandry, health and literacy. In documents describing the SHGs of CABDIC, developing federations is mentioned several times but for federation to work, groups must be strong before it is even considered. Usually when federations begin to build, the NGO slowly begins to move out.

The evaluation team feels that CABDIC SHGs are not strong enough to begin developing federations and will not be for quite some time. The gap between SHGs at the village level and CDPO is still too large for there to be a good link which is mentioned by CABDIC as one step in federating. However, some of the older groups might benefit from a simpler, lower-level cluster or network before the concept of federation is even introduced. Officer bearers' meetings can be a step in that direction. CABDIC should consider supporting opportunities for officer bearers of certain SHGs to meet together and cooperate for mutual benefit. SHG leaders that have been successful in management, group forming and bookkeeping can be invited for exchange visits with weaker groups.

3.3.8 Gender and Disability Breakdowns

Women are under represented in the membership of SHGs and very few have leadership roles (except for a few female treasurers). Because of this, women’s concerns are not adequately incorporated into meeting agendas and access to credit. The evaluation team saw mostly men in SHGs and almost all the leaders were men. In reality, women are often the caregivers for children with disabilities and understand the needs of a person with disability more than men. CABDIC staff should be encouraged to

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6 Ibid, 16.
7 Ibid, 84.
8 In Battambang, there was one exception to this: a new SHG has been formed that has women in all three lead roles.
9 Each group are composed of both men and women. It will be interesting to the watch the development of this SHG.
increase the participation of women in SHGs and facilitate the inclusion of women in office bearer roles. It should be mentioned that this area involves a number of complex issues that can be incorporated in this evaluation at this time due to time constraints. The number of women in SHGs and the positions they hold should be monitored monthly.9

Disability breakdowns in SHGs should also be regularly monitored in order to maintain a balance between disability groups. If the majority of CABDIC SHG members are persons with physical impairments, they might tend to control the group, leaving out the concerns and needs of persons with hearing, vision and learning impairments who have more difficulty integrating in society.

3.3.9 Data on Loan Uses and Repayment

CABDIC staff should breakdown loan uses into different areas. Some categories might be: agriculture, animal husbandry, business, housing, other assets (buy land, battery, generator, bicycle), health, and other consumption (weddings, education, food, funerals, travel, etc). With this information, field workers can develop special training if they notice that many people borrow for a certain purpose, such as duck raising. They can try to provide training about duck raising and management. A good database program such as Microsoft Access should be considered in order to make clear and accurate analysis of information about SHGs and at the level required (group or member).

At the central level, the evaluation team could not find any information about the repayment of loans within SHGs. This is an area that requires analysis in the future once the basic information is collected.

3.3.10 Use of Information

It has been mentioned to the evaluation team that a good technique for getting SHG members to repay loans is to tell the group that it is a loan and not a grant. If the SHG thinks the money is a loan that must be repaid to PRES, the group will be more responsible in repaying their loans to the group fund. First, this is incorrect. Second, it undermines the basis of good group functioning – namely, trust and could be seen as being “paternalistic.” Third, the word itself implies repayment of money and; therefore, could lead to abuse. The proposition by some CABDIC staff to use this method should be discussed at the next group meeting and clarification for why it should not be used given to all staff.

9 This area needs more research using statistics about disability/gender breakdown nationwide. During the limited time allocated for the evaluation, this kind of statistical analysis was not possible.
3.3.11 Revise Self-Help Group Promotion Procedure

CABDIC should revise the “Self-Help Group Promotion Procedure”, including clarification of federations and volunteers working in the community with eventual strategic guidelines. In several documents reviewed by the evaluation team, volunteers and federations are mentioned as part of project activities. It is necessary to develop a clear objective for volunteers and federations and create indicators for this area and the training and support for them within CABDIC staff.

The following is a list of recommendations for CABDIC’s “Self-Help Group Promotion Procedure” document (the full-document can be found in Appendix 14):

<table>
<thead>
<tr>
<th>CABDIC’s Self-Help Group Promotion Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 1-Research Information</strong></td>
</tr>
<tr>
<td><em>Suggest deletion of the following because they do not seem pertinent in this phase and are already mentioned in Part 3</em></td>
</tr>
<tr>
<td>- Counselling about disability prevention</td>
</tr>
<tr>
<td>- Abilities of PWDs</td>
</tr>
<tr>
<td>- Rights of PWDs</td>
</tr>
<tr>
<td><strong>Part 3-Training</strong></td>
</tr>
<tr>
<td><em>Develop curricula for:</em></td>
</tr>
<tr>
<td>- Information on disabilities</td>
</tr>
<tr>
<td>- Disability causes and prevention</td>
</tr>
<tr>
<td>- Abilities and Rights of PWDs, raising awareness of disability and social problems</td>
</tr>
<tr>
<td>- Problem solving, decision making, information recording, Action Planning, Group Leading, etc.</td>
</tr>
<tr>
<td>- Training in Referral</td>
</tr>
<tr>
<td>- Vocational Skills training through contact with vocational training services according to the needs of the members</td>
</tr>
<tr>
<td>- Savings and credit management</td>
</tr>
<tr>
<td><strong>Part 5-Proposal Agreement and Implementation</strong></td>
</tr>
<tr>
<td><em>Clarify what is meant by “credit scheme” after receiving a grant. Many CABDIC staff were confused about this concept.</em></td>
</tr>
<tr>
<td><strong>Part 7-Federations of SHGs</strong></td>
</tr>
<tr>
<td><em>Clarify the following statement:; including what is meant by volunteers and federations</em></td>
</tr>
<tr>
<td>- After one year (?), field workers should begin to discuss development of meetings of groups of representatives in the commune and select volunteers.</td>
</tr>
<tr>
<td>- Set up participatory federations (structures and committees)</td>
</tr>
<tr>
<td>- Design participatory plan of action and policy</td>
</tr>
<tr>
<td>- Provide specific training for community volunteers</td>
</tr>
<tr>
<td>- After 2 years, promote links with CDPO</td>
</tr>
</tbody>
</table>

3.3.12 Ex-PRES SHGs

Although ex-PRES SHGs originated on earlier dates (some in April 1998, some in Takeo from 1997), many of them were disbanded and re-organised at the beginning of CABDIC activities. It was decided to continue supporting these ex-PRES SHGs so as not to penalise the beneficiaries for a change in implementing group. The evaluation team noticed a different sense of identity, different sense of purpose in the ex-PRES SHGs, including a focus on money that does not seem to be major factor for CABDIC created SHGs. Fieldworkers also expressed a lack of interest in monitoring and supervising these groups because of this different dynamic. Data regarding ex-PRES SHGs is not completely
included in the CABDIC SHG data. In addition, information regarding the regularity of meetings for ex-PRES SHGs was not available for comparison with original CABDIC SHGs.

CABDIC staff should look carefully at these older, ex-PRES SHGs and decide if it should continue assistance to these groups. If withdrawal is considered, a list of criteria for withdrawal should be used. Another reason for easing out assistance to these groups is that some of these SHGs lack the strategic link between CWD and SHGs because some of the old SHGs are in areas where CABDIC does not have the CWD activity. A third reason for reconsidering support to these groups is that fieldworkers do not realistically have the time to monitor effectively all the SHGs and the time could be well spent on CWD and SHG activities in one area.

3.3.13 Links with CDPO

The relationship between CDPO and CABDIC SHGs should be examined for the benefit of both groups in the future. One useful connection between the two organisations has been the CDPO newsletters and brochures that CABDIC gives to SHGs. An area to increase co-operation in would be disability awareness, advocacy and the information about the rights of persons with disabilities. It is recommended that CABDIC work with CDPO to create training materials in these three areas to be used in the activities. Perhaps CDPO already has these training materials and CABDIC can adapt them to meet the needs of the program. CABDIC staff could also share their experiences on the radio call-in program of CDPO.

Only about five - ten individuals of CABDIC SHGs have become members of CDPO. Several SHG members reported that it is not easy to be accepted. The membership process for CDPO has since been changed and it should be easier for SHG members to join CDPO if they desire. CABDIC staff can and do facilitate the provision of information and explanations about the benefits of joining an organisation like CDPO.

3.4 Improve Children-with-Disabilities Component Activities

In general, the Children-with-Disabilities Component is very good. Through the intervention of CABDIC staff, many school administrators have agreed to let children integrated in regular schools attend without paying fees. CABDIC is well known for its successful rehabilitation techniques for children with cerebral palsy (including excellent referrals to rehabilitation centres), polio and clubfoot. A number of materials have been developed such as a set of ten posters for techniques for families with a child with a disability. During field visits, evaluation team members saw these posters on the walls of the houses of children with disability. In addition, there is a training document for production of 28 technical devices including references to where more detailed information about them can be found (technique posters, "Play Activities for Child Development" book and the CP booklet).

There is a very comprehensive 15-day CBR curriculum and teaching methodology document (which includes CBR, SHGs and Child Stimulation) with objectives for each subject. The training is broken into three, five-day modules, allowing participants to go back to the field to practice and then return to the training with new questions. The material is in Khmer language and the trainers of the course are CABDIC staff.

Guest speakers are invited to provide information about a specific area (Krousar Thmey, ADD, CDPO, TPO, FO + PT supervisors, CIOMAL). Some children with disabilities and a family member are also invited to the training in order to provide concrete examples of rehabilitation techniques. Participatory techniques are used such as role plays and slides and photographs to visualize a person with a certain disability. A CBR training video has also been developed to accompany this curriculum to show in a
practical way how children with learning problems and strange behaviour live at home and interact with their families and field workers. It was mentioned that a training manual will be developed to go with this video.

One area regarding the CBR curriculum that should be seriously looked at in the future is the emphasis on children's rehabilitation. This area is very well covered but other areas included in the whole process of CBR have been left out or minimised. There should be a review of the curriculum in order to make it weighted more evenly between children's activities and SHGs and also include more in-depth training about community awareness and the rights of people with disabilities.

3.4.1 Transfer of Skills to the Caregiver

It was reported to interviewers during this evaluation that some families left their children with field workers while therapy was being done. It must be stressed that a parent or caregiver must be available to watch while initial rehabilitation techniques are being demonstrated and later doing the therapy themselves as field workers monitor and provide feedback. The usual process as reported by a CABDIC fieldworker is that a fieldworker does the rehabilitation techniques themselves first, then demonstrates and finally a family member does it. During the evaluation, many families seemed to rely on CABDIC fieldworker to do rehabilitation exercises with their child rather than demonstrate the exercises that they have been taught. The transfer of skills to the caregiver is an important part of sustainability and should be reinforced for continued improvement of the child. But the transfer of skills is not a simple task and can not be improvised. A simple planning tool should be developed to monitor this transfer of skill using the excellent support material already developed by CABDIC, such as, "Play Activities for Child Development" book and "Cerebral Palsy" booklet.

One point should be mentioned. Unfortunately, there will always be some families who; even with information about disabilities and appropriate techniques for rehabilitation will not be able to follow the advice of CABDIC fieldworkers. For many families it is not a question of not wanting to help a family member who is disabled but rather literally a question of finding enough food for the family for that day. This simple factor of human survival poses a constraint on the impact of transfer of skills to caregivers and the involvement of the family but reflects on the reality and severe poverty of many families in Cambodia. This is another reason, though, why the link between SHGs and the CWDs components should be strengthened. If a poor family with a disabled child has access to a savings and loan group, they might be able to improve their economic situation and then be able to spend one hour per day doing exercises with their child.

3.4.2 Technical Skills

Although evaluation team members were very impressed with the technical level of fieldworkers regarding interventions with children for disabilities, there were a few very simple mistakes made during therapy for children. One example was a field worker leaving a child with cerebral palsy in the "W" sitting position during the entire session (sitting with legs bent, knees in front, feet behind, see scanned drawing). This important rehabilitation technique is clearly written in the CBR materials and on posters.

Fieldworkers also incorrectly listed the disability type on the child's booklet or selected the lesser of two or three disabilities (example, for a child with cerebral palsy the main disability listed was epilepsy). The procedure is to write the main disability or the one that affects the child more profoundly. This child was receiving medicine for epilepsy (a successful referral) but could hardly walk and talk due to the effects of cerebral palsy. Excellent materials to assist children with all kinds of disabilities have been
developed, including a video for training field workers in CBR techniques to reinforce the training curriculum. This material should be revised or updated for refresher training for field workers with emphasis on improving weak intervention areas observed during field monitoring trips.

Several field workers and other CABDIC staff mentioned the need for additional training in areas of congenital disabilities, deafness and speech problems (example, caused by a cleft lip or cleft palate, cerebral palsy, etc).

3.4.3 Sensitisation to other Disability Issues

Most parents reported that they only received training about specific rehabilitation techniques. They were not informed about other areas of disability, such as, disability awareness. For example, one family calls their child by the name of his disability, not the child’s real name. CABDIC fieldworkers should provide information to the family about why this is not appropriate and encourage them to use the child’s name. Other families mentioned that their child with a disability would always be a burden on the family because it will not be possible for their child to get married when he/she is an adult. Information should be provided to families about the rights and abilities of PWDs.

3.4.4 School Integration Activity

Procedures

Another area of expertise that should be developed is that of school integration for children with disabilities. In CABDIC’s draft “Procedure for Assistance to Families with a Child with Disability”, school integration should be included as a major activity in and of itself. It is recommended that this draft procedure plan be expanded and developed to offer concrete steps in the area of integration. Guidelines for integrating a child with disabilities should be clearly explained in this procedure (or in a separate document). Along with the development of specifics procedures for integrating children with disabilities in community schools, CABDIC should be encouraged to begin collaborating with the Ministry of Education for guidance and information regarding this area of intervention.

School-readiness skills

Almost every child with a disability can benefit from the socialisation aspects of going to school. Now, CABDIC is focussing on integrating children with the effects of polio and children with cerebral palsy.

In the future, it should look at integrating children with other types of disability, such as learning disability, deafness and visual impairment. However, with these more difficult types of disabilities, there are areas that can be specifically targeted for improvement before the attempt is made to integrate a child, especially a child with a severe learning disability or a child who is deaf. For some children, the step towards integration should wait until a specific action plan specifically for integration has been followed. With careful assessment and planning, more children can be integrated with greater success.

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Children with Disabilities by Disability

October 2000

<table>
<thead>
<tr>
<th>Disability</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving</td>
<td>56%</td>
</tr>
<tr>
<td>Communication</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td>Seeing</td>
<td>6%</td>
</tr>
<tr>
<td>Learning/Behaviour</td>
<td>25%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>

Children = persons < 18 years of age

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* CABDIC uses the word pre-school skills but in order to avoid confusion, the evaluator has chosen to use the term school-readiness.
For some children with disabilities, a formal integrated school setting is neither appropriate nor realistic due to the type or severity of disability without prior development of basic skills in certain areas that are important for successful integration. Children require added emphasis on clear school-readiness skills that can only be developed over a certain period. For example, changing unwanted behaviour, such as rocking, short attention span, not knowing when something is dangerous and running away should be started in the home with the caregiver.

For school-readiness skills (and other logistical support important for successful school integration), staff of CABDIC can develop a simple checklist. By using this checklist, field workers might increase the amount of time necessary to work with caregivers in this area but eventually reduce the amount of time spent in re-integrating a child with disabilities who has dropped out of school. Some items on the checklist might include: Is a ramp necessary for entry into the classroom? Is there a system of transportation for the child to physically get to school and back? Does the child have toileting abilities (and if not, is there someone who can be a "friend" for the child in school to help with toileting)? Does the child need special devices (example, pencil wrapped with cloth)?

Follow-up

In both Battambang and Kompong Cham Provinces, families reported that some children with disabilities have stopped going to school for a variety of reasons, many times having to do with transportation (although this drop-out information was not reflected in the monthly statistics given to the evaluation team for Battambang). It is important to do regular follow-up on children integrated, identify quickly when there is a problem, and try to solve it before the child misses too much school and not going to school becomes a habit.

In Battambang Province it was noticed that field workers referred eight children who are deaf to Krousar Thmey School for Children who Deaf or Blind. The director of the school informed the team that there is no space in the school for these children for at least another year. In the meantime, CABDIC staff should provide information to the caregivers of these children in order to develop school-readiness skills. This will increase the success of these referrals next year into a formal school setting and not leave children at home without basic education. Included in this would be basic communication skills and sign language training that staff may have already from the book, "Play Activities for Child Development."

Materials
CABDIC workers have already produced some school-readiness devices at very low cost using locally available materials. Unfortunately, a number of devices were in bad condition or not even recognisable now due to wear and tear and weather. It would be in the long term cost effective to produce materials of higher quality instead of replacing every three to four months (or leaving a child with no school-readiness / stimulation devices).

It would be useful for CABDIC to develop several storybooks that could be donated to schools about a child with disability integrated in a normal school to promote the concept of integration. In addition, CABDIC could develop games and puppet shows for schools where children will be integrated to help teachers and students accept the new student.
Support to Teachers and Schools

Several directors in schools in which children with disabilities have been integrated have requested materials about disability for the school library and training for teachers about children with specific disabilities integrated into their schools. Teachers also requested general information about disabilities, sensitisation of other children and suggestions for adapted exercises for children with disabilities to do during exercise time. This is a very encouraging request for help to improve and build a system that includes and is structured to meet everyone’s needs. Basic training developed in the Child Development Chart and the "Play Activities for Child Development" book could be adapted by CABDIC staff for teachers and directors of schools integrating children with disabilities. In addition, if a child who is deaf lives too far from the Krousar Thmey School, special training for teachers in the community where the child will be integrated about communication and sign language should be considered.

Experience Exchange

In the Lao PDR, the Ministry of Education, with support from Save the Children Fund-UK, has been implementing a very successful integrated education program since 1993. Its focus is on integrating children with disabilities in pre-school, primary school and recently lower secondary schools. An exchange visit by some members of CABDIC staff to visit this successful program in the region should be seriously considered.

3.4.5 Child-to-Child Approach

The development of some activities for school integration involving the methods of Child-to-Child would be very useful. By using CTC approaches, children can pass on disability messages to their families and communities by spreading knowledge they have learned in school, teaching by being an example, or work together to spread ideas and take action in the community. CTC is not peer learning (children teaching other children, usually in a classroom). CTC shares some common aspects but it includes characteristics such as finding things out from children and adults in the community and doing activities outside the immediate learning environment. It does not mean selecting children to assume the role of an adult teacher and training them to teach other children. It also includes the involvement of ALL children (for example, all students in one class), not just a few specially selected children. CABDIC has already included one short segment in the CBR training video about the CTC approach but the impact and possibility of using a CTC approach was not really developed.

Disability awareness needs to be tied closely to the context in which it is taking place and its effectiveness depends on changes in attitudes and behaviour. When used well, the CTC approach can help children look deeply at their attitudes and behaviour and that of others. This leads to looking for ways to improve and better integrate children with disabilities. Additional information about the Child-to-Child Approach can be found in Appendix 8.

3.4.6 Recruitment of Technical Advisor

The evaluation team recommends that a Technical Advisor be recruited for at least one more year in order to reinforce and monitor technical aspects of rehabilitation and reinforce the concept of CBR. This is especially important considering there have been several new staff members hired recently and need supervision and training in rehabilitation techniques. The technical person recruited could also help in developing materials for integrating children with disabilities in regular schools and approaches for children using Child-to-Child methodology. Another area that will need future attention is the concept and development of volunteers in the CBR process. If for financial reasons it is not possible to hire a
technical advisor full-time, a part-time technical advisor should be considered. See Appendix 13 for a Job Profile of this person.

3.5 Review Plan of Action

CABDIC staff should review the Plan of Action and strategy because some time has passed since the project was originally designed and the environment and actors may have changed. Indicators might need to be changed if they are too difficult to collect information about or not meaningful. During this review, project objectives should be revised, including a re-examination of project documents and key assumptions. This review might take place during the localisation workshop although this will depend on the time it takes management staff to prepare this activity.

3.5.1 Indicators

Indicators act as a check on the viability of objectives and form the basis of the project monitoring system. The indicators listed in the Action Plan of CABDIC are somewhat effective in measuring activities towards production of documents and training but these performance indicators, because of their quantitative nature, stress procedures rather than outcomes, effectiveness and impact. The quantitative indicators mentioned in the Plan of Action are insufficient because they do not mention quantity, quality and time. Data collected during monitoring is not necessarily related to the indicators in the Plan of Action.

More specifically, the evaluation team found that the indicators are quite vague and the plan itself does not seem to have been updated. Document listed for development should be mentioned by title. At the time of the evaluation, a Khmer version (or at least a summary in Khmer) was not available.

Changing behaviour is a long-term process, not easily attained and difficult to measure. It is not something that an organisation can expect to happen quickly and behaviour change usually requires sustained support. Changing attitudes and behaviour are enormous challenges. It is possible to propose strategies for increasing awareness of communities about disability but very difficult monitor and report changes in attitude and behaviour. Without accurate baseline data to observe changes from the very beginning, before a project even begins, it will be difficult to monitor success using indicators for community awareness.

Additional indicators need to be developed that measure impact and behaviour change. In addition to quantifiable indicators, it is also necessary to have qualitative indicators that respond to the specific objectives of the intervention and show changes that reflect the impact of the work in relation to the objectives. It would be advisable to mix some qualitative indicators with the very tangible quantitative indicators listed in the Plan of Action. It should also be remembered that indicators should be measurable at reasonable cost and time in collecting, recording and analysing data. The source of information and means of collection should be specified. This should include the format, (progress reports, project accounts, project records, official statistics, etc) and who should provide the information and how regularly (monthly, quarterly annually).12

One important dynamic taking place in SHGs is that they are making referrals to an outside service for a PWD without CABDIC assistance. This is a major accomplishment and so far has not been adequately reported. There is a form for case studies of SHGs dated September 2000 but just a form alone will not necessarily ensure that the information is systematically entered for analysis.

An impact indicator on the community (noted during the interviews) was the keen interest of teachers and school heads in more materials and training about disabilities for schools where children with disabilities are integrated.

Future quantitative indicators might be:

- The desired numbers and types of people contacted exhibit desired changes in action/behaviour/attitudes

- Desired number and types of people contacted have the desired reaction to information provided (example, people respond positively to a disability awareness radio media campaign)

- During interviews of participants before and after community awareness presentations, 75% of the participants are able to correctly list five Rights of Persons with Disability after the presentation

Qualitative indicators might be:

- Anecdotal evidence and observation of changing social norms (children telling their parents about a child with a disability in their community, school children speaking about a child with disabilities integrated in their classroom)

- Self-reported evidence of more positive conversations about the abilities of PWDs

To show changes in knowledge and behaviour about disabilities and community awareness, it is necessary to gather baseline data. It would be beneficial to the program to include short village surveys at the very beginning of CABDIC presence in an area. Every six months, these simple checklists/questionnaires could be repeated and data can be compared to current community awareness in the same areas in order to assess attitude and behaviour change. One possible comparison could be that after a period of program implementation, villagers should be able to answer questions with a better understanding of the abilities of persons with disability and display more assurance in their capacity to improve their situation. Another area of comparison would be how many children with disabilities attend school before CABDIC interventions, then six months later and then one year later.

3.5.2 Objectives

Objectives should be SMART: Specific, Measurable, Achievable, Relevant, Time-bound. These are the essential characteristics of any objective for good program planning and development. With clear objectives, it is possible to see program achievement and effectiveness. Clearly stated objectives also make for good monitoring. It might be that the initial objectives are no longer relevant. If this is the case, new objectives should be established.

The evaluation team found that two objectives do not seem relevant nor appropriate when looking at the activities and outputs in the Plan of Action.

**Objective 3: To raise societal awareness about the abilities and rights of persons with disability at all levels**

It might be necessary to breakdown this objective into specific components by explaining first what is meant by societal awareness during a brainstorming session with CABDIC staff. Once this is done, it will be easier to select indicators. As written, this objective is not specific enough to be measured. How will CABDIC raise societal awareness? Where? As it is stated, is it achievable? This objective is related to general activities that have no real links to the outputs. External factors also affect improvements in societal awareness at the end of specific activities. It is also a very long and complicated process and a difficult one to measure success.

Possible rephrasing to be adapted by CABDIC staff: To reduce prejudice and isolation by reinforcing and developing village, district, and provincial level support systems for PWDs. This will be done by promoting training of sensitisation, advocacy, social activities and participatory training to increase awareness of the rights of children and adults with disabilities in SHGs and CWD target areas.

\[\text{Ibid, 71.}\]
Objective 6: To collaborate with MoSALVY and DAC on developing and monitoring the national strategy plan

This objective seems like only one activity as part of a broader objective that could include basic building of capacity at the provincial and district levels of the Ministry of Social Affairs, Labour, Veterans and Youth (MoSALVY). By only targeting the DAC and the community, several levels are left out which could affect sustainability and capacity building. CABDIC should focus on being an effective service provider at the community level while providing basic capacity building at the district and provincials level.

Possible example to be adapted by CABDIC staff: To increase the capacity of national, provincial, district and community-level officials and organisations to respond to the rehabilitation needs of children and adults with disabilities through participatory training, provision of basic equipment and materials, and strengthening of facilities. Capacity will specifically be built with MoSALVY through training in management and planning for development of an effective CBR model for Cambodia.

In addition, CABDIC should consider changing the order of objectives, putting the objectives specifically impacting on persons with disability first. UNICEF suggests putting current Objective 1--"To strengthen administrative and technical skills of program team at all levels" at the end of the list of objectives. In the perspective of the donor, it is more important to see the project’s impact on PWDs and children with disabilities integrating in regular schools.

3.6 Reinforce Linkages with Different Levels of MoSALVY

At the national level, especially with the Disability Action Committee (DAC), CABDIC has very strong links and is well respected for its work in the development of a national strategy. Involvement of CABDIC staff in DAC subcommittees is seen as indispensable by DAC staff.

Links with DoSALVY, especially at the provincial and district levels should be strengthened. Clear information should be provided to these levels of MoSALVY in the form of visibility materials about CABDIC (posters, brochures), formal and informal meetings, monthly reports including activities and coverage (not just numbers of children) and opportunities for DoSALVY staff to be included in some CABDIC training. A concrete collaboration between DoSALVY staff and CABDIC could involve referring children and adults with disabilities to CABDIC workers. CABDIC should continue to focus on being an effective service provider at the community level while providing basic opportunities for linkage and co-operation at the district and provincials levels.

Capacity building at the district and provincial levels of the MoSALVY will help to enable project sustainability for the promotion and provision of rehabilitation services. If localisation is being considered for CABDIC, strong relationships with this level of the ministry will help to build cooperation for the future.

3.7 Develop Visibility and IEC Materials

3.7.1 Information, Education and Communication Materials

For many CABDIC staff, most of the community awareness raising activities come from attending public meetings where they, "raise awareness on disabled activities"; such as during school meetings. This is a start but more effort should be put in this area.

Information, Education and Communication (IEC) materials should be developed in disability awareness about the rights and abilities of persons with disabilities and policies concerning them. This area is very important for CABDIC and is specifically mentioned in objective 6: "to raise societal awareness" and is included in core training for SHGs and CWD components. Many organisations in Cambodia have developed materials country (CDPO, DAC, SSC, ILO,...). A starting point could be to review existing
material in the and develop specific materials to be used by CABDIC. These materials could also be used by other programs of Handicap International. More specifically, these materials should be developed in collaboration with the PRES program of Handicap International because it also has a similar objective regarding changing social attitudes.

IEC materials can be developed to inform communities and co-operating partners about the causes of disabilities, prevention and early identification. The causes of disabilities such as nutrition, accidents in the home, on the road and at work can be provided in easy-to-read brochures or colourful posters. Information to prevent the causes of disability, e.g. through good hygiene, wound treatment and prevention of secondary deformities such as contractures and bedsores should be provided. A large number of people with disabilities have acquired impairments due to illnesses that are preventable.

An interesting area for material development linked to a core activity of CABDIC would be in the area of integration of children with disabilities in school. Materials can be distributed at district and provincial levels at hospitals, health centres, schools and public offices such as the Department of Social Affairs, Labour, Veterans and Youth (DoSALVY). Other methods can include radio messages, puppet shows, CTC materials, storybooks, posters, and the materials currently being used by CABDIC.

Disability awareness raising materials can also include:

- Distribution of up-to-date information on available programs and services to PWDs, their families, professionals in this field and the public.
- Initiation and support of information campaigns concerning PWDs and disability policies, conveying the message that PWDs are citizens with the same rights and obligations as others, thus justifying measures to remove all obstacles to full participation.
- Encouragement of the portrayal of PWDs in a positive way showing full participation and equality.
- Initiation and promotion programs aimed at raising the level of awareness of PWDs concerning their rights and potential. Increased self-reliance and empowerment will assist PWDs to take advantage of the opportunities available to them.

CABDIC does provide community awareness messages during various holiday such as: Children's Day in certain areas and International Day for People with Disabilities. Activities vary each and no detailed information was available at the time of this evaluation.

Radio should be seriously considered for disability awareness messages by CABDIC. In terms of impact, radio is one medium with the potential for reaching large numbers of people. Radio can convey long-term messages over several years and can reach both literate and illiterate audiences. Radio broadcasts can be repeated and are inexpensive to produce and production can be considered at the provincial level through the provincial radio stations. However, it is important that messages are clear and accurate and should be field-tested before broadcasting. Radio programs offer the potential of long-term sustainability and it is possible for this message focus area to become a national tool. Radio messages were budgeted under CABDIC's Public Awareness budget lines (along with posters and a video) but nothing has been done in this area.

3.7.2 Visibility Materials

The evaluation team noticed a lack of knowledge about the program of CABDIC, except within the DAC. Simple visibility materials in Khmer language such as brochures and posters can be developed describing the goal of CABDIC with brief descriptions of the activities. A draft brochure in English was found near the end of the evaluation but seems to target funders and visitors more than local organisations at the provincial and district level. It is recommended that two types of brochures be developed targeting different groups of people, one for funders, visitors and international venues, another focussing on basic information for coordinating organisations at the provincial and / or district levels. Once these brochures are completed in draft form, they should be field tested for comprehension.
Secondly, visibility of CABDIC presence at provincial or district CABDIC offices should be improved. A sign clearly given the name of CABDIC on the building and along the road will help people to be aware of where CABDIC is located.

In order to capitalise on all IEC and visibility tools used by CABDIC, staff should support the development of message analysis. Information should include title and date developed, target audience, focus message, recommendations for how the message should be used. CABDIC should be encouraged to conduct pre- and post-tests of all materials developed and disseminated to determine their effectiveness, correctness, audience understanding and the credibility of the message. During the post-test period, impact indicators could be identified that shows quantifiable changes in the audience’s behaviour.

Many different types of materials have been mentioned here but it is up to CABDIC and HI Cambodia to prioritise which materials should be developed first and areas of emphasis (such as materials linked directly to core activities). Materials developed during this project should be made available to the DAC to be used as resources for other organisations working with PWDS.

3.8 Provide Information about Coordination between CABDIC and PRES

A meeting was held on March 28 and April 4 of this year between PRES and CABDIC to discuss collaboration. An agreement has been made that clarifies to some extent their individual roles in the rehabilitation process. There is a clear lack of understanding at all levels (except a few people in HI’s office in Phnom Penh) about the differences (and similarities) between CABDIC and PRES. CABDIC and PRES staff should develop a short paper describing the differences and areas of coordination in Khmer and English. This material can be shared with other organisations, all HI program staff, DAC and DoSALVY staff in the field to clarify any confusion that might exist about job roles or duplication of activities. It might be appropriate to develop this information after January 2001, based on the relationship at that time. A sample comparison document is included in Appendix 12.

CABDIC and PRES collaborate in the use of referrals for facilitating access to services. Both programs use the Directory of Services, updated by PRES. In the field, this system seems to working quite well and field workers feel comfortable with the delegation of roles in this referral system. CABDIC and PRES should mention this system of collaboration for referrals in the comparison document.

3.9 Provide Mine Awareness Training for CABDIC Staff

Training should be provided to CABDIC staff during working hours on the topic of mine awareness. CABDIC staff are travelling to areas not familiar to them and which are still heavily mined. Handicap International should contact the appropriate organisation to conduct this kind of training. It might be possible to do this training at the provincial level in order to keep cost to a minimum. Phnom Penh-based CABDIC staff should also have mine awareness training because they travel to field for monitoring activities.

Provinces Ranked by Total Mine Casualties for 1999-2000 (highlighted provinces are target areas of CABDIC)

1. Battambang
2. Banteay Meanchey
3. Otter Meanchey
4. Krong Pailin

5. Siem Reap
6. Preah Vihear
7. Pursat
8. Kompong Thom
9. Kompong Cham
10. Kampong Speu
11. Svay Rieng
12. Kampot

Note: The only province CABDIC is working in that is not listed in the top 12 mine casualty areas for 1999-2000 is Takeo Province because no mine casualties were reported during this reporting period.
Glossary of Terms and Abbreviations

ACLEDA  Association of Economic Development Agencies
ADD  Action on Disability and Development
ADL  Activities in Daily Living
AFSC  American Friend Service Committee
CABDIC  Capacity Building of People with Disability in the Community, project of Handicap International, Cambodia
CBR  Community-Based Rehabilitation
CCC  Co-operation Committee of Cambodia
CDPO  Cambodian Disabled People's Organisation
CRD  Cambodia Research for Development
CTC  Child-to-Child
CWD  Children with Disabilities activity of CABDIC
DAC  Disability Action Committee
DoSALVY  Department of Social Affairs, Labour, Veterans and Youth in Cambodia
HI  Handicap International
IEC  Information, Education and Communication
LNGO  Local NGO whose headquarters and governance are situated in developing countries
MOFA  Ministry of Foreign Affairs
MOI  Ministry of Interior
MoSALVY  Ministry of Social Affairs, Labour, Veterans and Youth in Cambodia
NCDP  National Centre of Disabled Persons
NGO  Non-governmental organisation
PACT  Private Agencies collaborated Together
PADEK  Partnership for Development of Kampuchea
PRES  Program for Economic and Social Rehabilitation, project of Handicap International, Cambodia
PRC  Provincial Rehabilitation Centre
PWD's  Persons with disability
SHG  Self-help group
SSC  Social Services Cambodia
TOT  Training of Trainers
TPO  Trans-cultural Psychosocial Organisation
UNICEF  United Nations Children's Fund
VBNK  Vichea Sathan Bondoc Bondal Neak Krop Krong Kangnea Akphivath (Institute of Training for Managers and Development)
VI  Veterans International