

**ADD INTERNATIONAL: CAPACITY
BUILDING LEARNING REVIEW**

CAMBODIA CASE STUDY

March 2016

Brenda Lipson

brenda@framework.org.uk

1. INTRODUCTION

External context for capacity building work

ADD staff and external commentators highlight a few features of the external context which they believe have in the past, or continue to, play an influence on how capacity building work is implemented within Cambodia. These include:

- The long-term repercussions of the Khmer Rouge period, which created a low-trust environment and debilitated the intellectual capital of a whole generation.
- The continued lack of investment in education which has led to many human resource challenges, including those of basic literacy skills let alone the more complex area of analytical capacity.
- The role of international aid from 1993 onwards, after the UN Mandate period, until the end of the last decade which has created a 'dependency mind-set' amongst many in the governmental and non-governmental sectors¹. The Cambodian civil society organisations were looking to the external actors as suppliers of solutions, and did not have the self-belief to establish their own development paths.
- The large amount of funding available also left a footprint in the attitude of many who were establishing new civil society organisations, whereby the primary concern was to obtain legal registration in order to access the funds.
- Short-term, relief oriented interventions characterised the early work of the international humanitarian sector and its engagement with emerging Cambodian organisations. When the international organisations shifted towards longer-term development work, they did not accompany their local partners in enabling them to make the change to longer-term thinking. In the words of one ADD staff member, there has been the attitude of "...give us the money and we will do something, without understanding why".
- The need to engage in effective dialogue with decision makers, rather than take advocacy approaches which seek to place them 'on the spot'.
- There has not been a culture of reflection on experience – it is most common for people to feel more comfortable with continuing with what they have always done, rather than reflect and think about what they might do differently.

The combination of these factors, and others specific to the situation of organisations of People with Disabilities (PWD), generate certain conditions which inform the choice of capacity building approach. In particular, ADD Cambodia's commitment to an empowering and participative approach which aims to build sustainable organisations of PWD is a direct response to many of the negative factors outlined above. It underpins the ADD Cambodia strategy, as they work to "...help disabled people (sic) have their own ideas and develop their own approaches".² This commitment is critical for working in a new context where international donors are increasingly withdrawing from the country, as they are defining it as a newly emerging middle-income country.

¹ "...despite an economy that has had near double-digit growth each year of the first decade of the new millennium, net aid received equalled, on average, 94.3 percent of central government spending between 2002 and 2010" Sophal Ear: 'Aid Dependence in Cambodia' page 31. Columbia University Press. 2013

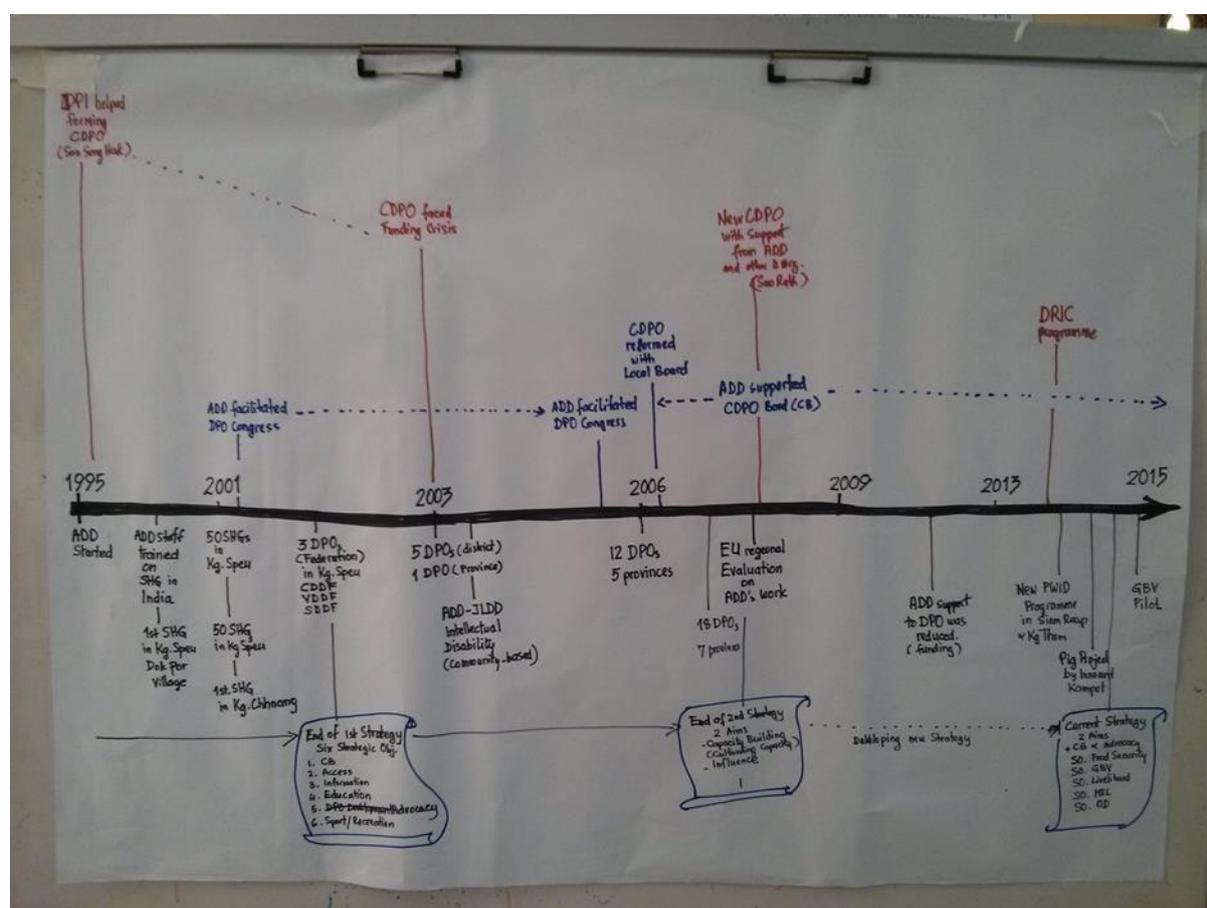
² Page 6 of Country Strategy 2015-19

History of ADD in Cambodia

ADD started its work in Cambodia in 1995, and a few years later staff from Cambodia were trained in India on Self-Help Group formation. Once back in the country, the lessons were applied and the first SHG was established (in Kampong Speu province). BY 2001, there were 50 SHGs in that province and the first was being established in a new province (Kampong Chhnang). The following year was the end of ADD's first country strategy period, and it saw the first three District DPOs (federations of SHGs) formed in Kampong Speu province. In 2003 a further five District DPOs were formed, as was the first Provincial level DPO (federation of the District DPOs).

At the same time as this grassroots-up capacity building was taking place, ADD also was involved with supporting the re-formation of the existing national network, Cambodia Disabled Peoples Organisation (CDPO). Initially this entity was established by INGOs and National NGOs working on disability issues, and had no participation from PWD themselves. In 2001, ADD facilitated the first national DPO congress and worked towards linking CDPO with these organisations, particularly after the national organisation experienced a fundamental identity crisis in 2003 after most of the donors withdrew their support.

By 2006, ADD had supported the formation of 12 DPOs in five provinces, and had facilitated a second national DPO congress together with the reformation of CDPO into a membership body with an elected board. ADD continued to provide capacity building support to the CDPO Board, which was leading a process of growth as more and more DPOs were being established across the country (not all by ADD). By the end of ADD's second country strategy in 2008, there were a total of 18 DPOs formed by ADD and operating in seven provinces of Cambodia.



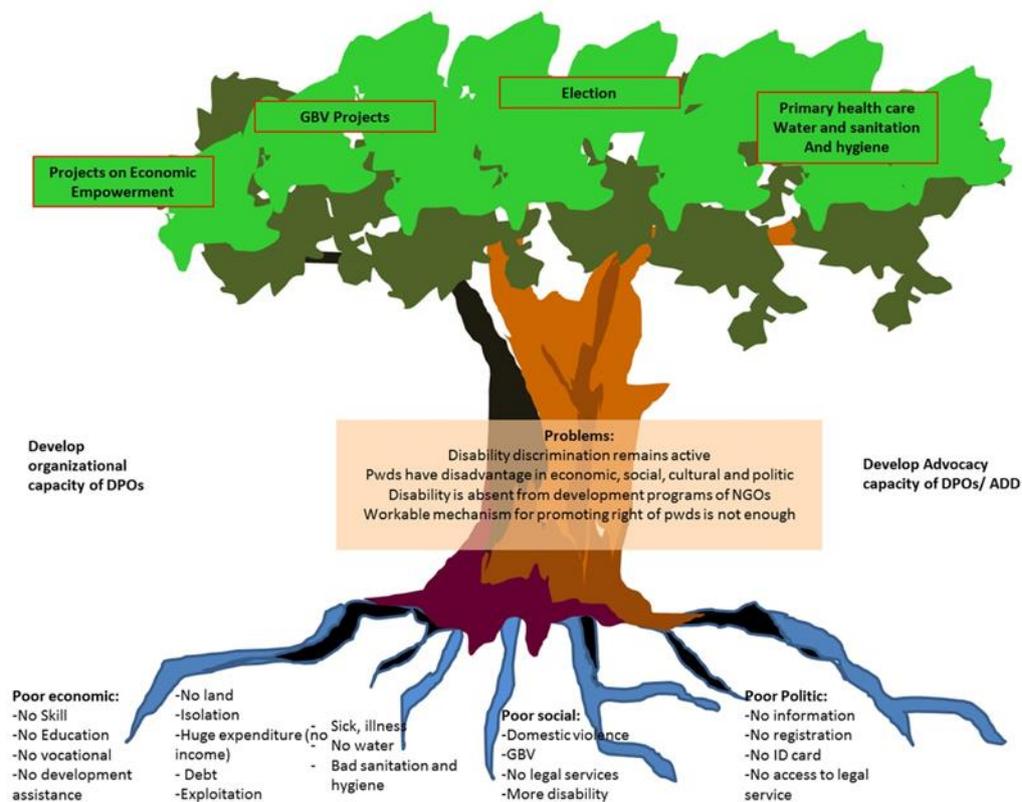
Timeline drawn by Srey Vanthon, Country Director

The period between 2009 and 2013 saw leadership changes within ADD Cambodia, as well as a reduction in the number of DPOs receiving funding support from the organisation. In 2013 some new initiatives started to emerge, with new geographic areas of intervention and some pilot work with people with intellectual disabilities, as well as on the thematic areas of livelihoods and gender based violence. These experiences have been consolidated by the team in a new country strategy covering the period 2015 – 19.

ADD today

Capacity building within the current strategy

Whilst the previous strategy was focused on organisational and advocacy capacity building as a stand-alone principal area of attention, the new strategy expresses these two areas of capacity building work as Aims which cross-cut the thematically focused programme.



This image represents ADD Cambodia’s situational analysis which informs their current strategy. The programme now combines the capacity building work with projects focused on the rights/needs areas of economic empowerment; gender-based violence; civil rights (participation in elections) and well-being (access to health care, water, sanitation and hygiene). In addition, the strategy adopts an approach which aims to integrate PWID within the ongoing work, as well as having a specific project targeting this hard-to-reach group of PWD.

The programme work is expressed in the strategy through three thematic Strategic Objectives, each of which have a dedicated sub-section on the capacity development activities to be implemented in support of the Objective. These activities include selection of partners, identification of key capacity aspects to be improved for effective implementation of the work (‘project’), use of Agreement to

Support to monitor the capacity development work agreed, and encouragement of other NGOs to include disability in their own work. In addition, there is a reference in one of the three thematic Objectives to strengthening capacity of both partners *and* ADD staff in advocacy. This internal capacity development focus is reinforced in a dedicated Strategic Objective 5 which outlines a number of priority capacity areas and topics for staff and team development (e.g. M&E, project design and implementation, communication, strategic leadership etc.). However, it is interesting to note that capacity building is not specifically mentioned as an individual knowledge area, skill, or organisational development capacity which needs dedicated attention.

Partnership

The partner portfolio has been changing over the past three years. From 2010 through to FY 13-14 all eighteen partner organisations were receiving funding from ADD. These organisations are all federative bodies operating at either commune level (federation of village-level SHGs - self-help groups); district level (federation of commune levels or village level organisations); or provincial level (federation of district level organisations).

The following year saw a reduction of these funded partners to seven district level DPOs, and the appearance of two new village level SHGs as funded partners. Five of the remaining eleven partnerships from the previous year were ended, and the others passed to the category of 'non-funded collaboration partners'. Three new partners appeared in this category - one at village level, one at provincial level and the other is the national body CDPO.

In the current FY year there is a dramatic increase in the number of organisations categorized as funded partners, as this now includes the 60 village level SHGs that have been emerging from the work being carried out in the new areas of interventions – Kompong Thom and Siem Reap (where there are no DPOs). Aside from these, the numbers of established DPOs which are currently funded has again more than halved, to a total of three district level partners. The four previously funded partners are now in a new category of partnership, which is one where there is an active engagement in project development with a view to them becoming once again funded partners (called category B). The nine non-funded collaboration partners (category C) are the same as in the previous year.

In synthesis, ADD Cambodia is now working with three types of partnerships:

- Category A: The DPO receives funding which is restricted to the implementation of a donor supported project grant. ADD may, or may not, have incorporated a specific capacity building component within the project design – depending on each specific case. Nevertheless, the partner will participate in capacity building work both within the project and more broadly as part of ADD's ongoing support.
- Category B: The DPO is not currently in receipt of funding, but is actively engaged with ADD in the development of project proposals for potential future restricted funding. The partner will participate in capacity building as part of ADD's ongoing support, as well as other initiatives led by ADD for all its partners.
- Category C: The DPO is not actively engaged in project development, but participates in learning and advocacy initiatives led by ADD. It also is able to approach ADD for any specific support in the form of advice, brokering linkages etc.

The team

The current strategy period has seen a concerted effort to build a senior management team, in order to provide effective shared leadership across the principal organisational function areas. This is still work in progress, with the latest member (the Programme Manager) only joining the team in November 2015. However, alongside this 'new blood' at senior level, ADD Cambodia benefits from continuity of overall leadership in the person of the Country Director. He was previously the country programme manager (before the CD post was introduced) in the years 2001 to 2009, and returned to the organisation in 2013. This combination of historical memory and reinforced strategic direction is proving a key element of the planned organisational development of ADD in Cambodia.

A number of the programme staff are themselves from a SHG or DPO background, and have therefore lived the experience of capacity development in their own lives and in the history of the organisations that they were part of.

A case example: Project Manager who joined ADD as staff in 2003

I was a PWD and met ADD in 1998 when they started working in my village. I became a member and leader of the SHG formed in the area. Then the SHG changed to be a DPO and I was the leader of that district level organisation.

Before being a member of the SHG I was very isolated, confined at home. I was afraid to go out. With ADD coming, I gained confidence and was open to talk about my disability and what I needed to support me. So I became open to everyone. My case also can represent the case of others – that breaks the invisibility.

Other staff came into ADD Cambodia from work in other NGOs or from other sectors, and have gone through a process of their own individual development with regard to the area of disability rights and empowerment. The majority of the non-management programme team do not speak English, and all communication and most of the documentation is in Khmer.

The funding

The start of the new strategic plan period sees ADD Cambodia with a total income of \$444,000, and a contribution of core funding from the UK of 43%. By the end of the period, in 2019, the aim is to almost double the income to \$828,000 and reduce the contribution from the UK to just 10%. As well as representing a fundraising challenge, this is a shift in the funding base from more strategic, unrestricted funds for movement building to smaller amounts for specific thematic project grants.

Study methodology

In addition to reviewing documentation, the consultant spent seven working days in Cambodia where she met with a total of ten DPO partners³ (at district, provincial and national levels) plus one SHG and two commune focal people who work in the formation of SHGs. In addition to this, she spent time with ADD staff and visited several external informants (see Annex for full list of informants and visit itinerary). A validation workshop was held with the staff where initial findings and conclusions were discussed.

³ The DPOs participating in the workshop clustered at around 6-9 years old, most having 3-4 staff and with 25 to 50 SHG members.

2. UNDERSTANDING OF CAPACITY & CAPACITY BUILDING

2.1. ADD Cambodia's understanding

Whilst there is no written definition of this, in the conversations with ADD staff the descriptions of capacity emphasised several features, beyond the standard reference to capacity as skills, knowledge, resources, relationships etc. At an individual level, staff referred to capacity as being expressed through *behaviour* as well as understanding. The staff clearly have an understanding of capacity operating at different levels – individual, organisational and movement-wide. Finally, there is great emphasis placed on the understanding of the *applied* nature of capacity – it is not something theoretical or conceptual. It has to be put into practice.

The Five CCs (FCC) model is referred to as a conceptual framing of the different components of organisational capacity, although the details of what it actually contains are not widely understood. Staff said they were not very sure about which elements fit within each of the dimensions, nor how to describe each element (beyond the heading provided in the model). There are no detailed capacity indicators available, although the team have developed some broad questions which serve as proxy indicators when using the model to assess capacity change (see below in section 3.4.)

With regard to capacity building, the country strategy states:

By our own meaning, “Capacity Development” is a two-way interaction process that involves formal and informal training and workshops, consultations and exchanging of ideas and experiences, partnership working and accompaniment with accurate and adequate reflection for mutual interest and learning. (page 14)

One senior member of staff expressed the understanding of capacity building as a complex process, and one that is linked to the ability to learn and put the learning into practice. This reference to capacity building as theory and practice combined is central to ADD Cambodia's shared understanding of the nature of capacity building. It is not that common to find such an explicit position on this amongst other INGOs engaged in partner capacity building.

The understanding of capacity as operating at different levels was reflected in references by staff to the need to be doing capacity building work at each of those levels, and to work to strengthen the links between them.

2.2. DPO views of what 'good capacity' looks like

In the workshop participants were asked to describe what they understood when they heard the word 'capacity'. A few responded with concepts – capacity as knowledge, skill, experience, and operating at individual and organisational levels. Most were descriptions – it is ability to do things; identity; networking; communication; sharing learning; leaders capacity to manage the organisation, communicate and stabilize the organisation to move forward (like a family); ability to make decisions; creativity; ability to speak, write; doing things with our acceptance, because we want to do it.

The participants were then separated into three groups⁴ and asked to produce flipcharts describing what a *strong self-help group/district DPO/provincial or national DPO* would look like. This was the first time there had been discussions amongst the DPO members on this topic. These descriptions were then separated out into the 5 CC areas by ADD staff during the lunch break.

⁴ Self-help Group composed of 2 commune focal people + staff from DPOs; District DPO group; Provincial/National DPO composed of staff from Provincial plus a CDPO board member.

A few comments from the ADD staff referred to the results as indicating an emphasis on activities rather than capacities, and also that there was not much which really stretched the understanding of a strong SHG/DPO beyond the most commonly understood concerns around their basic functioning.

WHAT DOES A STRONG ORGANISATION OF PWD LOOK LIKE?

Capacity Area	Self-Help Group	District DPO	Provincial/National DPO
To Be	<p>100% of members are disabled people</p> <p>Leader has strong commitment to obtain change</p> <p>The leader should be open to develop themselves</p> <p>SHG members agree and understand group's rules and policies</p> <p>SHG members are willing to share and get the solution for individual's issue</p> <p>SHG members are willing and participate actively in specific activities</p> <p>SHG members are the decision makers for SHG work</p> <p>There is a clear structure with roles and responsibilities, who is the leader etc.</p>	<p>Has a clear identity that can be recognised by different stakeholders</p> <p>Staff understand vision, mission and values</p> <p>The DPO represents the voice of PWD</p> <p>Constitution and regulation, plus registration in Ministry</p> <p>Staff understand the work flow through clear structure, including board of directors</p> <p>Leader in place</p> <p>Financial resources and staff</p> <p>Accurate database of DPO members</p>	<p>DPO leader has strong commitment</p> <p>Have constitution and recognized by government (registration)</p> <p>Staff understand DPO's policy including vision, mission</p> <p>Resources including building, computer, equipment and money</p> <p>Staffs are aware of child protection, gender, disability policies and understand how to implement them</p>
To Do	<p>When meeting with service providers/government they must ask for inclusion of PWDs</p> <p>Influence power holders to include disability into commune development plan</p> <p>SHG meeting to get more views and understanding of its members' issues</p> <p>Participate in campaigns, activities carried out by the Commune/NGOs for social benefit (not political)</p>	<p>Influence power holders to include disability into development plan</p> <p>Disability awareness raising through formal and informal meeting with stakeholder</p> <p>Has accurate data on different types of disability in area</p> <p>Responds to needs of the community in a timely manner</p>	<p>Collaboration with stakeholders, including other DPOs, to influence on specific policy</p> <p>Information + data in place to influence stakeholders</p> <p>Provincial DPO should respond and support the district DPO, and invite them to participate in the development of proposals</p> <p>Build capacity of DPOs at district/commune level, through coaching</p> <p>Disability awareness to community including family of PWD</p>

To Consider	<p>Considering source of resource including finance, CB, unity and provision goods and service</p> <p>Consider sustainability of group – there should be a plan.</p>	<p>Influencing power holders to empower disabled people to access public administration service including birth certificate and ID card</p> <p>Considering for resource and fund raising campaign when there are no projects funded by other NGOs</p> <p>Considering for public fund raising through public donation box</p>	<p>There is a strategic plan developed by the staff</p> <p>Influencing to have policy changed</p> <p>Influencing government and service providers to include disability into their programme and work</p> <p>Engaging pwd to power holders and service provider to access provision goods and service</p> <p>Creative in fund raising</p>
To Manage	<p>CB plan for SHG members</p>	<p>Financial and other policies for staff to follow</p> <p>Staffs are aware of, and implement child protection, gender and disability policy</p> <p>Staff understand internal procedures</p> <p>Taking care of resources including building and unity</p> <p>Has ability to raise funds locally via donation boxes etc.</p>	<p>Having the resources – money, building etc.</p> <p>Clear guidelines for staff recruitment, created with participation of all staff so they know what we want and can support us in recruiting staff.</p> <p>There is a plan for staff CB</p> <p>National or Provincial DPO should allocate budget to support local DPO</p> <p>Staff understand policies on finance and administration including cash flow</p>
To Relate	<p>Maintaining good relationship with authority and other NGOs in working area, and make sure they can get benefits from the services provided</p>	<p>Good relationships with different stakeholders</p> <p>Has strong support from the membership</p> <p>Relate to village, commune, district, province and other NGOs to work on specific policy and influencing work</p>	<p>Have a good knowledge of other stakeholders, NGOs and their programme in the working area of the DPO, and whether they are including PWDs.</p> <p>Networking with other NGOs and DPOs to work on specific activity</p>

Finally, it is worth noting that in Cambodia there now exists a reference document called DPO Guidelines, prepared by CDPO with UNDP funding. The consultant has not been able to analyse this document as it is only available in Khmer, but understands that it does contain descriptions of what is expected from a DPO – possibly in the form of standards, and possibly containing some capacity indicators. This document has backing from the Ministry of Social Welfare, and there are plans to produce a similar set of Guidelines for Self Help Groups.

3. WHAT ADD HAS BEEN DOING

3.1. Overview on the approach to capacity building

ADD working process in Cambodia

The key to understanding ADD Cambodia's approach to capacity building can be found in the Five Phase Model which has been in implementation since the late 1990's (the model can be found in Annex 4). In synthesis it describes the process of starting to work in a new province; mapping the context and the PWDs; raising awareness on disability and disability rights; establishing Self Help Groups and developing understanding and skills of the members; forming federative bodies (DPO) from a collection of SHGs and developing the competencies of the leadership; setting up internal systems and obtaining legal registration; staff recruitment and subsequent competency development of those staff; ongoing development of management capacity; accompaniment of DPO staff as they work with their member SHGs or themselves work to form new SHGs; collaboration on practical projects; phasing out including working to ensure sustainable relationships and support for the DPO.

Each phase has a set of pre-defined steps, with the content of the capacity building work identified as part of what could be called a generic 'curriculum'. The first four phases, before starting the exit phase (which itself can last up to five years), would generally take between two and three years.

It is only in the geographic area where there are no pre-existing DPOs that ADD staff themselves become more 'hands-on' with the establishment of village level SHGs, although even here they are working to develop the capacities of key individuals to do the ongoing work of formation and support to the SHGs. Currently this is the case in the work with People With Intellectual Disabilities (PWID) in two provinces.

Case example: Establishing Self-Help Groups as part of the PWID project

In this project the ADD team (two project staff) first recruit a focal person for each commune. These people are members of the commune council (elected body), and they in turn, on the basis of criteria established by ADD, identify individual village mentors who are PWD. The role of the mentors is to identify and support the PWID. ADD trains the commune focal person, who in turn is responsible for training the village mentors (aided by ADD) on what intellectual disability is and about the social barriers faced by PWID, as well as the formation of the group. The commune focal person is also responsible for monitoring the work and gathering information.

"ADD does training on how to do PLA mapping with the commune focal people and the village mentors. It is one training with everyone together, about 35 mentors and 5 commune focal people. Then we go to each commune one by one. In the morning we do the planning (ADD facilitates this) and then the focal person and village mentor do the assessment with coaching from us. I watch and then meet with them after the assessment when we review what went well and what the challenges were. Sometimes there may be a question at the moment they do the PLA and the focal person or mentor can't answer, and so they learn from watching my response at the time." ADD project staff.

ADD has a stated commitment to an empowering approach to capacity building, and this can be seen not only in the work of the programme staff when forming and supporting the SHGs and DPOs. The general approach is shared by the financial team in their work to monitor the expenditure of the small grants and the project funds being managed by the partners. In the words of the Financial Manager, when reviewing the partners' financial reports the team ... " ... *want people to understand that this is not to find weaknesses and criticise, but is to identify and address them....the financial person who does the review must understand our role is about addressing the capacity issues.*"

Capacity building with whom?

The Five Phase Model indicates who are the 'targets' of the capacity building work at each step of the journey, and in the ongoing work there are a range of individuals, organisations and government institutions which are invited to participate in different elements of capacity building work.

At the individual capacity level (i.e. individual competencies) these include:

- Individual PWD
- Families of PWD
- Community members
- SHG leaders and members
- DPO elected leaders and staff (at district, provincial and national levels)
- Commune council members
- Local government officials
- Ministry officials
- NGO staff

The organisational level capacity building (i.e. focused on organisational systems, policies, processes etc.) takes place with individual organisations of PWD at village level and with the secretariats (and sometimes Boards and membership) of federative bodies at District, Provincial and National level.

Movement level capacity building, as well as the organisational strengthening of the National level CDPO, focuses on strengthening the vertical linkages up and down from villages to national federation. It also takes place via the facilitation of relationships and profile strengthening of the DPO sector in relation to government entities such as the Ministry of Interior and Ministry of Social Welfare.

Management of the capacity building work

Responsibility for this dimension of ADD Cambodia's work is shared between the Country Director and the Programme Manager. The Country Director focuses on the movement level capacity strengthening, including the work with CPDO, and the Programme Manager is responsible for the DPO strengthening and the project level capacity building work (including individual level capacity building). Currently neither has much time for dedicated attention to this area.

3.2. Capacity for what? (content)

The Five Phase Model contains a detailed reference to the capacity areas covered in the generic 'curriculum' of the structured capacity building inputs, as well as the areas prioritised in different moments along the 'journey' (see details in Annex 4)

The table below presents a selection of capacity areas which were referred to during the study visit, together with examples of how they are addressed through the capacity building work. The table presents these using the 5CC model:

Capacity area covered	Example of use
To Be	
Identity of DPO	ADD staff place emphasis on the representative nature of a DPO, aiming to serve the wider PWD community, not the interests of a few paid members/staff. This is done in formal structured inputs and informal accompaniment.
To Do	
Awareness of different aspects of disability	This is a core knowledge area, which is covered by ADD in the initial work to form a SHG, within the wider community, with local authorities and in the formation of DPOs. The focus is on building people's understanding of disability from a social perspective, aiming to influence people to accept disability as a human rights issue, a development issue and an issue of social stigma/discrimination. More recently it has involved raising awareness on intellectual disability.
Human Rights and Disability legislation	Similarly, part of the core 'curriculum' during the different phases of SHG/DPO formation.
Capacity to influence policy and practice	Some structured input on the topic of identifying duty bearers and setting up advocacy activities is provided for SHG members in the early phases of group formation. Also, ADD working alongside DPOs to raise awareness of local authorities e.g. by jointly organising a forum in a commune where important issues were raised.
Capacity to advocate for specific cases	Following the structured input (above) on influencing policy and practice, the DPO accompanies SHGs in specific cases. ADD provides coaching to DPO staff on this work e.g. on the challenges that a DPO was struggling to address when a SHG could not progress the case of a PWD wishing to obtain her identity card (witnessed during the consultant's visit).
Understanding of gender based violence	Joint training of DPO staff on this area with the input provided by a specialised local NGO (ADHOC).
Vegetable growing + pig rearing	Technical training and accompaniment provided by local agricultural colleges or ministry officials.
PLA – 4 elements	Adapted from PRA by the Country Director, this consists of formal training in tools for village mapping, family economy analysis, focus group discussion and village data. The training is followed by coaching during the appraisal exercise.
Facilitation skills ⁵	ToT of DPO staff, for the training and coaching of SHG leaders in the facilitation of group meetings to share issues and identify solutions.

⁵ This could also be placed in the 'to be' dimension – when applied to the SHG leaders themselves.

To Manage	
Resources management (human, assets, knowledge & finance)	For example, in financial management which covers cash controls; budgets; powers of authority; reporting etc. Training of DPO staff is provided by ADD programme staff, who are also available for follow up advice and coaching. Close accompaniment (monthly visits) for DPOs implementing projects. There is consideration being given to this work being carried out by ADD finance staff in future.
Mobilising resources	In addition to the facilitation of linkages with potential sources of funds (donors, government initiatives, pagoda donations), ADD staff see opportunities with some partners to build capacity for fundraising by “learning from doing”. This means involving them in the preparation of funding proposals e.g. to the EU for electoral work.
To Consider	
Project reporting	DPO staff trained in monitoring and reporting on project activities
Documenting individual cases	DPO staff are trained in gathering case stories for use as illustrations of outcomes for donor reporting, ADD communications, fundraising
To Relate	
Communication skills (for constituency building)	Structured ‘curriculum’ input with DPOs/SHG leaders on how to communicate with volunteers.
Communication skills (for building relationships)	Structured training is followed up by accompanying DPO staff in first meeting with local authorities
Building knowledge of who the actors are	In the latter phase of the relationship, ADD accompanies the DPO in a mapping exercise of NGOs in the area, for future relationship building/funding opportunities.
Movement development	Building an understanding of the links from grassroots to national is part of the ‘curriculum’ content for the DPO strengthening phase.

The Country Director was keen to emphasise a few features of their approach to the content of the capacity building work:

- The importance of working to form an appropriate organisational culture:
“..the culture of the organisation is key: when we work to develop organisations we want to work towards a different culture in terms of leading, representing and networking. Our work in supporting DPOs – the idea is that a group of people work together, with specific impairments, rather than have an organisation that is only trying to survive as a small organisation for the benefit of just a few people, rather than serving to the wider community.”
- Understanding what a DPO *has* to do and what they *should not* do...*“Everything they can do if they are addressing issues of their members but not the interest of donors or outsiders.”*
- Ensuring that the capacity building work strengthens the DPO capacity to think, to solve problems and to deal with unforeseen matters (including conflict resolution).
- That the capacity building activities aim at enabling the DPO to connect to the right network.

On reviewing the core ‘curriculum’ content and the data gathered during the visit, and comparing it with instruments developed by other INGOs for their capacity building work, it appears that there may be a few capacity areas that are not currently included in ADD Cambodia’s structured interventions. These areas include:

- Conflict management (detailed skills and processes)
- Accountability and transparency
- Identifying and responding to change (adaptability)
- Strategic thinking
- Governance/Executive roles and relationships
- Leadership styles + leadership succession
- Negotiation skills

Note: This is not to say that they aren’t covered in the informal, emergent capacity building work that takes place as part of the accompaniment process.

A hint of how this some of this fits together within the experience of one individual can be seen in the following illustration:

Experience of an ADD project staff member:

The project staff member described how he had experienced the work as being focused on strengthening individual capacity and skills to become leaders, to be free from discrimination and to be confident in public speaking. He himself was one of the PWDs who received support to become a leader of a DPO. He was then elected to be on provincial network and then become head advisor to the CDPO, providing input on how to build the disability movement.

When asked about what kind of capacity building support they would like to see in the future, DPO partners indicated that they would welcome refresher training on a number of topics (finance, project development and advocacy) and support in taking a strategic approach to their organisational management and planning. Further support in fundraising was also of interest, as was support in expanding their membership by increasing the geographic coverage of their organisations.

3.3. CB Methods

The description in 3.1. above (and the Annex 4 Five Phase Model) portrays a picture of a capacity building approach which seeks to mix a variety of different methods. Whilst there is evident reliance on the traditional structured training input, particularly to convey the content of the ‘core curriculum’ or technical skills, this is rarely used as a stand-alone method. The constant follow-up coaching is a feature of the work, and is used in different ways as can be seen in the table below. The choice of approach depends on different factors, such as the capacity level of the individual or organisation, the role of each actor or the topic. Staff indicate that they often move from one to another of these different coaching approaches.

Table of types of capacity building support provided

Method	Example of use
Five Phase model of formation of SHGs and DPOs at different levels	This provides the overall framework for the use of different methods at different moments along the SHG/DPO 'journey'.
Training with groups of DPOs (ToT)	<p>1. <i>Delivered by ADD</i> and including follow-up coaching: e.g. fundraising; M&E of programme and financial implementation; disability concepts⁶ and understanding different forms of disability; use of PLA tools; technical skills of community development⁷; self-help group formation; household financial management.</p> <p>2. <i>Delivered by others</i> e.g. loan management– pig project; gender-based violence</p>
Training within one DPO	<i>Delivered by ADD</i> , with follow-up coaching: e.g. planning and reporting skills; movement development; concept of disability, shg formation – repeat with DPO staff
Training with SHG	<p>1. <i>Delivered by ADD</i> e.g. on intellectual disabilities with the Commune focal person, village mentor or SHG</p> <p>2. <i>Delivered by others</i> DPOs do most of the training that takes place with the individual SHGs</p>
Coaching	<p><i>Type a: 'walk alongside'</i> GBV with DPOs – after training, ADD staff walk around community with DPO staff to see the issues and collect info.</p> <p><i>Type b: 'modelling'</i> Interviews for case studies – after training, M&E officer does the interview and DPO watch. They discuss it afterwards. Next time it is other way around.</p> <p>Facilitation skills – after training, ADD does facilitation of SHG discussion, with DPO watching. They discuss it afterwards.</p> <p><i>Type c: 'observation'</i> Ongoing – where ADD visits project, sees DPO/CFP/VM in action and feeds back at end.</p> <p>Also, in regular visits to DPO, the ADD staff person will observe and feedback on internal function areas e.g. on financial management, documentation etc.</p>
Advice	Responding to specific requests – phone calls, visits
Regular monitoring visits	In the previous strategy, these visits would take place on a regular basis with all DPO partners, as all were grant recipients. Currently, the visits are most regular with the three DPO project partners and the Commune Focal Persons.

⁶ This includes social perspective that contradicts medical perspectives; three level discrimination and capacity of PWD

⁷ This includes facilitation (problem identification), participation and engagement, minute taking, report writing.

Facilitating a contact	Inviting local authority officials to visit the community or the organisation, or accompanying SHG/DPO members to the Commune office.
Resource Acquisition	Back in 2004, ADD provided access for six communities to obtain buildings from the government's Social Fund. ADD has more recently acted as a guarantor for a DPO to access funds from Abilis Foundation.
Direct funding	In the previous strategy period, ADD provided very small amounts of funds to emerging District level DPOs as a means of enabling them to put into practice the newly acquired capacities whilst resourcing the activities agreed as concrete solutions by their members.
Peer sharing/learning	Peer sharing is core to the DPO formation phase, where ADD facilitates groups of SHGs to get together and share their experiences, identify common issues and plan actions together. In the project work, the two DPOs working on GBV visit each other, and have opportunities to share their experiences.
Training or information provision to others	ADD provides disability awareness/mainstreaming support to other NGOs (international and national).

Some more detailed examples of the methods in use:

"First step was facilitation – facilitation of the group discussion on the issue with the SHG, with the DPO staff person there. At the beginning ADD played leading role in facilitation, and then became a co-facilitator with the DPO becoming the lead facilitator." ADD staff member

"ADD in 2011 provided training on project writing and then we looked for possible donors. ADD enabled the organisation to get to the point where we could present a good proposal. They also linked GiZ to us (ChDDF)." The DPO obtained \$8,000 funding for work on access to health care.

"ADD walked together with our staff in the community where they invited local authorities to discuss about how to involve PWID (KDDO)"

"When we started (on the Gender Based Violence work), ADD provided training to our staff in the ADD office (ToT). We go to the authorities (local authorities and police), and provide the training with support – ADD step in and help if needed, with more information and clarifications etc. ... We selected volunteers for each village, these get training on GBV and on their role and responsibility as volunteers to collect info on incidents of violence....After the training with the authorities, we discuss with the village chief on how to work together, and introduce the volunteer. If there are cases, the volunteer will go to the village chief and call us (the DPO)." UDDF and SRTF staff talking about their work in the Gender Based Violence project.

2-way capacity building

ADD Cambodia staff stated their belief in the importance of a two-way capacity building practice, and the study visit identified a number of examples of this happening. One staff member described how they learnt from DPO partners that they could not just implement the five-phase model as a 'recipe' for all situations: *"...the DPO said it won't work here if I just follow guidelines, they made alternative suggestions and so the guidelines became flexible."*

DPO partners themselves also gave examples of how they believe they contribute to ADD's own learning. They emphasised that it is through their (the DPO) implementation in the daily activity that

ADD learns what is happening in the field, on what works well in practice and then can adapt or take that information into consideration in order to provide more advice and activities and fill in the gaps. ADD learns from the DPOs about the SHGs, and how to communicate and interact with PWDs in the practice.

“ADD had the livelihood project for vegetables and chickens but they didn’t know who should get what. My organisation saw that participation should be voluntary and the person should select which they want to work with. So ADD gave freedom of choice.” DPO member.

3.4. Planning, monitoring and evaluating the capacity building work

Within the context of project-oriented partnerships, the question arises about how DPOs are selected as participants in the future work. The Programme Development Manager described the experience of selecting partners for the Gender Based Violence project: *“We identified the issue was serious in the Province and visited DPOs to discuss it and see their working practice and systems in operation. We saw which ones were the strongest and selected them because they needed to have strong capacity as the project was just for one year.”* Nevertheless, this does not mean that there is no capacity building work to be done, and so the project Agreement to Support has a reference to this, generally in terms of activities to be carried out rather than in terms of specific capacity change objectives.

In this context of starting a project together, there is no systematic capacity assessment process leading to the discussion and production of an agreed development plan. There will tend to be a process of dialogue about the DPO’s potential engagement with the project, *“...when we develop a new project that we need them to be part of, we show them the content of what is possible, talk with them about it and raise awareness of the need.”* (Programme Development Manager). However this dialogue becomes more challenging when it comes to the capacity building dimension. Staff recognise that the capacity building work tends to be supply-driven (although they were not comfortable with the supply-demand terminology).

In the words of the Country Director, *“... I asked many DPOs to tell us about what they want to do to address a specific problem. Also I asked them what training they need. But, no one could reply. They could tell what they want to do, but they found it difficult to argue what problem they try to address. They want to have training on proposal writing, because they believe that good writing on a piece of paper could help them receive funds.”*

Other comments were made such as:

“..we see the need to build capacity on, for example, report writing, but we have difficulty to ensure that this is something the DPO wants.” (they are not aware of the importance and role of these reports)

“ADD is more proactive on the capacity building area. The DPO staff are mainly farmers with little education, so we tend to be more proactive. Coming up to the ATS⁸ we put things in but it seems that they don’t feel it necessary e.g. on accountability. They may not really understand what this means, because if anything happens it is ADD which discusses with the donor.”

“Sometimes the DPOs don’t identify the capacity building need. For example, coaching on gender, they may not see it as important.”

⁸ ATS – Agreement to Support

Once the project work is underway (and also possibly in the ongoing relationships with the non-project DPO partners), it would appear that the identification of support needs could be defined as an emergent process:

“We base it on the actual working relationship in the project. For example, in a financial report we see some things that need to be improved and we respond. Also we can identify that the organisation is dependent on us – no source of funding to respond to issues in their community. Also, we can see if they have policies for the things that are put down as expenditures.” ADD project staff.

There is ongoing review of progress between the project team and the DPO partners, usually a three-monthly event which reflects on what is going well and what is a challenge. If during the review, the project team find out that something more is needed then that is brought into the programme meetings held amongst the wider ADD team.

Currently there is no plan for capacity building work with non-project DPO relationships. The team wish to develop their understanding of what each category of partnership entails, and develop ATS models accordingly. The Programme Manager would like to develop and use a systematic capacity assessment process leading to the production of agreed development plans, but currently has no time to dedicate to this.

With regard to assessing capacity change, and producing reports on this for ADD centrally, several initiatives have been taken. Following the visit by the Learning and Accountability Advisor in early 2015, the Country Director and a few programme staff have used an adapted tool during visits to partners. This is the ‘tree-scale’ tool, where partners are asked to identify where they currently are situated and where they were the year before. According to the M&E officer, this exercise is rather subjective, and a little complicated for some of the project team. There are no clear indicators, although they did develop some guide questions. However, it depends on the interpretation of the DPO as to where they point to on the scale.

“We explain what ‘to be’ is about, summarising the different elements. Then ask the DPO - we ask them where were you last year and where are you now. Then we ask about why the change in position e.g. now I understand about my mission. We ask or question the point if necessary and renegotiate the position.”

In general, they can obtain some information but do not find it that useful, and nor do they use the information to guide the future work. The team have started to convert the information into quantitative data to input into the database, using a point scale based on the position along the seed-to-full tree scale e.g. 3.2. The FCC Rapid Assessment table developed in early 2015 has not been used.

4. ILLUSTRATIONS OF CAPACITY CHANGE AND HOW ADD CONTRIBUTED

Participants at the DPO **workshop** were asked to identify key changes they had experienced, at whatever level. Annex 3 provides the details of the responses, which can be synthesized as follows:

A few people referred to changes in the capacity of individual SHG/DPO members as being those of gaining knowledge and understanding of disability, gender based violence, PLA and how to work with the local authority. However, the majority gave examples of newly acquired knowledge and skills related to running their organisations and reporting on their work.

Examples of changes in the lives of individual PWD included the obtaining of identity cards, operating a small business and gaining physical access to key locations. One example referred to PWID gaining participation in the commune planning process.

Changes at the level of organisational capacity covered a broad spectrum ranging from references to obtaining clear identity, structure and policies; managing people and finances; successfully raising funds; to being able to undertake project work and build relationships with different stakeholders.

One example was given of change at movement level, with the reference to the rebirth of the national umbrella body and its effective functioning.

Changes identified in **interviews/visits**:

- ❖ ADD has contributed to ensuring the sustainability of SHGs, even when these were not initially linked to their own programme of work. One example refers to how a provincial level DPO (not an ADD partner) tried to form SHGs:
"... but they were not organised well so the SHGs disappeared, the members didn't know about how to run the group etc. So in 2007 ADD came and worked to strengthen the existing SHGs and at same time helped them to form the DPO and the DPO was registered in 2008." (DPO leader commenting on the emergence of another DPO). This DPO partner (UDRK) now has 34 SHG member organisations spread across six Communes, with a total of 872 individual PWD members.
- ❖ One DPO finance officer described how they have improved the management of their funds, by understanding that budgets should be spent according to the purpose of the project and not just be divided automatically into even, monthly amounts. The CD explained that ADD starts funding partners on an activity basis, then helps them to make plans for the month, before extending it to quarterly, six monthly and then annual basis.
- ❖ Both the Country Director and the Executive Director of CDPO provided details on how the national umbrella body was reformed.
"CDPO in the past was made up of NGO members and in 2003 faced funding difficulties. ... ADD provided support at district level to form the groups that would constitute the new CDPO...ADD supported with capacity building and small grants. ...After we formed more DPOs we formed this national structure and governance... in that period other groups were appearing and we could invite them to be members.... We should not set up the groups ourselves but support the movement and advocate. ...Since 2006 the budget has increased step by step – we now have nearly half a million dollars annual income. There are 65 DPO members with six provincial level organisations included. " CDPO Executive Director
"Here we wanted to help the existing movement, because although it wasn't democratic at least there was some commitment.... So here we decided to be beside the movement. ... In the past only CDPO and ADD worked to develop DPOs. Now people from different provinces realise the importance of DPOs and develop them in their own ways without support from ADD. Many are appearing and doing different things. They come together in CDPO." ADD Country Director
- ❖ One DPO partner talked about how they had increased their capacity for building relationships and communicating with different stakeholders:
"There was a PWD without a birth certificate - without this you can't own property, vote, etc. I talked to the commune chief, who then met with the PWD, and the PWD got the birth certificate free of charge. It takes time – to build the relationships, know who is who, keep contact. I learnt a lot from ADD on building these relationships. Through training at first, then I got reading materials. Also ADD staff accompanied me to introduce me to the chief and then the relationship was built." UDRK staff.

- ❖ A Ministry official described how the relationships work in practice, to resolve problems: *“ADD had been working in two districts –in 2009/10 there was a conflict, the DPO was not recognised by the district governor (Chhuk District). There were many complaints by ADD and so I was assigned to resolve the problem. I went there and worked with officials from my Ministry there, with the DPO and others. We held a meeting with the governor to raise his awareness – and the situation improved.”*
- ❖ New areas of work have emerged, and positive results are being obtained. A DPO leader referred to their experience with the work on intellectual disabilities. He indicated that after the training on PLA, when they did the PLAs in the communities, they realised that Intellectual disability was a common issue. They discussed the findings from all the PLAs at a joint workshop and they requested ADD to train them in working with PWID. He felt very positive about the work because he could see a big change, because of changes in knowledge and attitudes of the family members towards the disability, also changes in the commune and government officers - from being non supportive to supportive.

Case example of a Self Help Group: Tang Kra Sang

There are 38 members in a village of 260 families (1,035 people). The SHG meets once or twice a month. It was formed by DPO (SRTF) visiting in 2005 and had 22 members at first.

Why join? To get support; to learn and be able to help self, learn about disability; break isolation; discuss problems and solve them

Benefits? Got help with attending hospital; built a house for a poor PWD; loan for a roof; piglet; six members got ID cards.

Examples of ways of working:

- Parents would not let their daughter attend school. The SHG discussed the case and went to see the family and the DPO. Together went to the school who spoke to the parents, who agreed to let her attend.
- A family had received palm leaves from the SHG in order to have a roof. The group spoke with the DPO about getting a tin roof. The DPO went to an NGO and got a donation of the roof. The SHG members could not accompany the DPO because of transport difficulties. However, there are times when they have gone with DPO staff when looking for support e.g. to visit local pagoda for donations.
- In the Gender-based Violence work, the SHG were aware of a case of a man who was drunk and beat up his wife (pwd). The group went to the commune council and the police, and also linked with the village security patrol. When the man tried to attack the woman again he was stopped. The group say that incidents of domestic violence have reduced and the men know that the women have the phone numbers for the police or village chief in case of attacks.

Continued overleaf....

Lesson learning: One member got a loan from DPO to set up business, then sold it with a profit and used money for health attention for daughter. However now she has no capital and is back in same position as before. Another member, setting up a small business selling phone cards, says she learnt from that and won't leave self without capital.

Outstanding challenge: In the meeting it emerged that a member of the SHG wants to get an ID but doesn't have the money to get photos. The group didn't have a solution, and nor did the DPO staff present at the meeting. They talked about awareness of the need to have identity cards, but did not have a practical response. After the meeting, the ADD team met with the DPO staff to review the meeting, and they discussed this point.

5. INFLUENCING FACTORS

Enabling

The senior staff identified the following as factors which provide an enabling environment for ADD's capacity building work:

- ✓ The SDGs and government policy and strategy are very clear about disability.
- ✓ There is an emerging awareness of the need to do more on disability – this presents ADD with increased opportunities for advocacy and capacity building work on disability and advocacy.
- ✓ The DPOs still recognise the role of ADD in capacity building – there is still a need for this work.
- ✓ The staff's lived experience as PWD and their attitude – seeking to strengthen the DPOs at every opportunity.

Hindering

The following were the reflections on what might be limiting the effectiveness of their capacity building efforts. Not all of these views were necessarily shared by all the senior staff, and unfortunately time was short and we were not able to discuss these in depth.

- ? There are differences in understanding with different institutions e.g. the Ministry of Welfare see us doing a certain role that doesn't fit our strategy.
- ? Staff capacity issues - there are challenges around the knowledge levels of staff on advocacy and lobbying plus the research/critical analysis capacity in staff. ADD needs the mix of people able to work at grassroots level, but also find the balance with people with language skills etc. to work with international connections/donors. At times the DPO staff are not open to learning, or still expect capacity building as a formal workshop.
- ? There are funding limitations- more restricted funds mean responding to more donor agendas.
- ? It is difficult to show impact – it takes a long time.
- ? There are limitations in the documentation system, information on the partners, written guidance etc.

6. CONCLUSIONS

The primary purpose of this learning focused study has been to capture the capacity building experience of ADD in Cambodia, and to present the data in a structured manner. It is not an evaluation and thus this conclusions section is not aiming to assess the work against a number of predefined objectives. Instead this section aims to convey some summary impressions and some points for reflection.

1. There is evidence of sustainable capacity building practice and outcomes: The SHGs formed by ADD are still surviving ten to twelve years on from their initial establishment. The DPOs have obtained levels of capacity which are proving to be sufficient to enable them to fulfil their mission and provide effective support to their SHG members and individual PWDs. The action learning principles of combining theory with practice are embedding learning and enabling newly acquired skills and knowledge to be effectively put into operation. In sum, the heritage of ADD's capacity building efforts is evident amongst the partners at all levels.
2. Similarly, there is a clear heritage of ADD's efforts in movement building, which has been a real strength in the history of ADD in Cambodia. The renovation of the national level organisation, CDPO, was a key outcome accompanied by the facilitation of linkages between SHGs/DPOs at diverse levels. ADD has succeeded in raising awareness with other actors - disability is now on their 'agenda' – as well as influencing others' approach to capacity building (Handicap International use the SHG formation method).
3. The content of the capacity building seems very relevant and quite often is responsive to emergent support needs (particularly in the non-formal capacity building work). However, at same time, it does appear to be quite 'supply driven' and heavily influenced by one model (the Five Phase model) which may need to be revised/updated in today's changing context. Partners are expressing interest in refresher initiatives and in more advanced content. The absence of a robust diagnostic method weakens any attempt at a more systematic or strategic approach in response to individual DPOs support needs.
4. The shift in funding mix and move to more restricted funding and thematic projects may well have big implications for the capacity building work. These moves are in line with global strategy, and there are real opportunities as this approach responds to the contextual reality and wellbeing concerns of PWDs, builds motivation and confidence and strengthens the external credibility of DPOs. However the concern is that the capacity building content may get restricted to project-related areas and squeeze out the 'softer' and more 'foundational' capacities such as leadership/governance; identity; organisational sustainability etc. It may be possible to continue to form SHGs, but may be more difficult to argue for funding to form district to national level DPOs (or to continue to strengthen them) as donors expect them to be in place and to have the level of capacity necessary to implement the project.

Other questions come to mind, in relation to the reduction of unrestricted funding, such as how will capacity building work with the non-project partners be resourced? Will movement level capacity building be affected? How to ensure sufficient funds to facilitate the development of ADD's own capacity to do capacity building? If, as ADD Cambodia staff believe, donors of new projects are not keen on seeing specific capacity building objectives within the design, then how will ADD ensure that there is effective learning about organisational change and its links with the thematic changes?

5. Strengths and challenges around ADD Cambodia's own capacity for capacity building work have been highlighted in this document. It is clear that a real strength lies in staff commitment to the

central guiding principal of empowerment, along with a constructive attitude expressed through a desire to accompany partners in their change process rather than seek to find weaknesses or apportion blame. There is a desire to obtain the practical application of conceptual models, and a history of initiating new approaches and tools in addition to what has come from ADD head office. There is a wealth of experience of working with an experiential learning approach'

The challenges lie in the need to further systematise some aspects of the work, and to invest in staff competencies in order that they may continue to play an effective coaching role in the new, thematic project context. The current partner-oriented action-learning approach could be built upon by taking dedicated time regularly to reflect on capacity building methods, processes of organisational change etc. It is even possible that some of these reflections on the nature of capacity building could take place in the company of other practitioners from other NGOs engaged in this work. Future project designs will need to consider how to ensure sufficient funds to fully cover sufficient staff time for all phases of the capacity building process – from initial capacity diagnosis through to engaging in robust monitoring and learning processes. Similarly, investment is required in the development of the instruments and processes that will be the cornerstone of the systematisation.

6. ADD's future role may see more engagement directly in advocacy work. The implications are being discussed, and one aspect that may be related to capacity building work is the need to have clear guidelines on when ADD takes action itself and when it supports others to do so.

Another point for consideration is in relation to the partnership with the national umbrella body, CDPO. The Executive Director of CDPO expressed an interest in ADD becoming more involved in the capacity building work of the membership, in partnership with their Technical Team. This may be something to explore, as may be the reflection on whether support to CDPO could also take other forms e.g. facilitating global linkages/knowledge exchange on movement building.

Annex 1 Visit Schedule

Thursday 28 th January	a.m. Meeting with SMT team + Briefing session with Programme staff p.m. Individual interviews with ADD staff
Friday 29 th January	Workshop with DPO staff plus commune focal persons
Saturday 30 th January	a.m. Focus group discussion with UDRK and RSDOB p.m. Review of materials and data gathered
Sunday 31 st January	Visit to Kampong Speu province – meeting with SRTF + UUDF plus visit to meet members of Tang Krosang SHG
Monday 1 st February	a.m. Individual meetings with ADD staff p.m. Life With Dignity and VBNK meetings
Tuesday 2 nd February	a.m. Department of Welfare, Ministry of Social Affairs + CDPO meetings p.m. Preparation of analysis feedback meeting
Wednesday 3 rd February	a.m. Feedback workshop with all staff p.m. Further discussions with SMT

Annex 2 INTERVIEWEES

1. Name list of DPO staff attended whole day workshop on Friday, 29th Jan 2016⁹

Name	Sex	Title	DPO	Province
Eam Savong	F	Commune focal person	SHG in Siem Reap	Siem Reap
Oung Yoeun	F	Commune focal person	SHG in Kompong Thom	Kompong Thom
Som Sambath	F	DPO leader	UDRK	Svay Rieng
Sor Sarat	F	DPO Staff	UDRK	Svay Rieng
Tong Saray	M	DPO Staff	UDRK	Svay Rieng
Mouch Malis	F	DPO leader	KSDWF	Svay Rieng
Yin Pov	F	DPO staff	KDDF	Kompong Speu
Srey Ja	F	DPO staff	RSDOB	Kompong Cham
Soy Sokorn	M	DPO leader	RSDOB	Kompong Cham
Met Sophal	M	DPO leader	KDDO	Kandal
Ou Sarin	M	DPO leader	CHDDF	Kompot
Ek Samoeun	M	DPO leader	SRTF	Kompong Speu
Som Someng	M	DPO staff	SRTF	Kompong Speu
Out Phally	M	DPO leader	UDDF	Kompong Speu
Long Leng	M	DPO staff	UDDF	Kompong Speu
Ou Sombo	M	DPO leader	DPOS	Kompong Speu

⁹ Those highlighted were people who stayed an extra day and participated in a more detailed focus group discussion.

Name list of SRTF and UDDF staffs meeting on Sunday, 31rd Jan 2016 (Kompong Speu)

Name	Sex	Title	DPO
Ek Samoeun	M	DPO leader	SRTF
Som Someng	M	Programme staff	SRTF
Meng Sameth	F	Programme staff	SRTF
Koy Cheang	M	Accountant	SRTF
Out Phally	M	DPO leader	UDDF
Long Leng	M	Programme staff	UDDF

Members of Tang Krasang village self-help group

External Informants

Mr. Min Sor	Executive Director, Life With Dignity
Mr. Sok Sambath	Senior Human Development Advisor, LWD Learning Centre
Mr. Vanly Virya	Executive Director, VBNK
Mr. Lao Veng	Head of Department of Welfare for PWD, Ministry of Social Affairs
Mr. Ngim Saorath	Executive Director, Cambodian Disabled People's Organisation CDPO

ADD staff who participated in interviews

Mr. Srey Vanthon	Country Director
Ms Khorn Dinravy	Programme Manager
Mr. Uy Chanton	Programme Development Manager
Ms Oum Sokkanha	Finance and Operations Manager
Mr. Mer Chanpolydet	M&E and Communications Officer
Ms Suos Vansitha	Project Manager - GBV
Mr. Prum Samoeun	Project Manager – Pigs project
Ms Sok Thera	Project Officer – PWID

All other ADD staff participated in an initial workshop and in the final validation workshop

Annex 3 Changes reported in the workshop:

1. Individual level changes

Changes in the capacity of individual SHG/DPO members in any of the FCC areas:

- Staff knowledge about different types of disability and how to work well with the local authority. Identified as wholly due to the training and coaching provided by ADD. ADD walked together with his staff in the community where they invited local authorities to discuss about how to involve PWID. (KDDO)
- Individual knowledge about Gender Based Violence, felt to be of high significance. ADD contributed about 70% as others were involved such as ADHOC and police. (SRTF)
- Knowledge about what it means to be a strong Board member (RSDOB leader who is a CDPO Board member)
- Staff have capacity to do their role and they know their responsibilities, largely due to ADD training and coaching (KDDO)
- We have knowledge and skills on organisational management (DPOS)
- Former finance officer moved up to be leader (woman) due to ADD support (UDRK leader)
- Gained skills in Participatory Learning in Action – due to ADD’s formal training followed by accompaniment in the field (RSDOB)
- Report writing skills – ADD training and coaching (RSDOB)
- We have skills to write case studies of the project on the abuses of PWD. We gained this through training support, coaching through field visits and phone calls.(DPOS)
- Gained skill in case study writing, about gender based violence. Through ADD training and coaching and editing. (UDDF)
- Knowledge and skills in fundraising through training provided by ADD in a DPOs Network meeting (DPOS)

Changes in the lives of individual PWD:

- Individual people with intellectual disability have obtained identity cards. The DPO learnt how to work with them on this via ADD training to relevant people and coaching. (KDDO)
- Increased number of PWID obtained birth certificate and identity cards – through ADD support. They provided training to community people and PWID and their families. ADD met with commune officials to raise awareness about the law, then went to the village to meet with the focal person and PWID. They then accompanied them to the commune office to get the documentation (Slem Reap commune focal person)
- Even though the project is over the participants still continue their business – PWID still operate their grocery store 3 years later (KDDO)
- Participation of PWID in the commune planning process – they are invited to join the planning meetings (Slem Reap commune focal person)
- Accessibility for PWD e.g. ramps at the commune office, health centre. ADD went together with the commune focal person and talked about the advantages of having ramps, people having more access. (Siem Reap commune focal person)

2. Organisational level changes

- We have a clear vision, mission and identity as a DPO and are registered with the ministry of interior, largely due to ADD (KDWCDF)
- We have a written vision, mission and organisational policy on roles and responsibilities, due almost entirely to ADD (SRTF)

- My organisation has strong board of 5 members. There are clear roles and responsibilities and they work on their own. This came from my learning about this through the CDPO Board strengthening experience that ADD supported (RSDOB leader and member of CDPO Board)
- Stronger organisational management and staff management – through ADD training and coaching (UDRK)
- Improved organisational management, through formal training and coaching – face to face and phone. (UDDF)
- Improved financial management, nearly all due to ADD's capacity building support (RSDOB)
- We have policies - financial, staff management, child protection, disability policies etc. Largely due to ADD (KDWCDF)
- We now have a gender policy – this is due entirely to ADD's support. (SRTF)
- The way we work on fundraising has improved – before we did fundraising proposals by ourselves and they were not so good. Now we have worked with ADD on a joint proposal. We also have a donation box at public place. (UDDF)
- Most significant change around capacity to prepare new proposal for access to health care – will be funded by another donor, GIZ for 8,000 dollars. ADD in 2011 provided training on project writing and then we looked for possible donors. ADD enabled the organisation to get to the point where we could present a good proposal. They also linked GiZ to us (ChDDF).
- We have a fundraising strategy in place (KDDF)
- Human resources grew in number from two to six – ADD contributed to this achievement through advice and helping us get stronger. (RSDOB)
- Change as we are now managing projects for women and girls with disability –we are working together with ADD on a Gender Based Violence project.(SRTF)
- We were able to do our project due to funding from ADD (KDDF)
- We are able to work with people with intellectual disability – due entirely to ADD. (KDDF)
- We can now build relationships with different stakeholders, from village level up – this was totally due to ADD through the coaching (UDRK)
- We are building relationships with stakeholders at the provincial level (KDWCDF)

3. Movement level changes

- CDPO works very well, and is now composed of DPO members – not NGOs like before. ADD (Vanthon) gave us support and coaching and training on our responsibilities (RSDOB leader, member of the board)